

COVID-19 VACCINE DANGERS

DOLORES CAHILL AND ALEXANDRA H. CAUDE

An Interview with Veronika Byrne, Independent Journalist

Transcription by Luis B. Vega

vegapost@hotmail.com

www.PostScripts.org

The purpose of this article is to provide a written transcript of a very important interview that occurred between 2 of the most experienced Microbiologists/Virologists in the field addressing and challenging the 'official' false narratives of the COVID-19 plandemic. As video logs of such interviews are being pulled down and de-platformed, a written transcript of what has been divulged from such Scientists that dare to expose the truth about the dangers of the geo-engineered shot needs to be documented. The following is a transcript of one such interview session amongst brave women, the real 'Wonder Women' heroines of the day that are attempting to expose the COVID-19 Plandemic fraud and the dangers of the experimental vaccine that is being implemented. The so called 'vaccine' is not about immunity but gene manipulation, population reduction and total control.

The masses are not being told the truth about the ramifications and the technology that is intertwined with such an unproved and untested shot that technically does not qualify as an 'immunization vaccination'. The video interview of Dolores Cahill from Ireland and Alexandra H. Caude of France was conducted by Veronika Byrne, an Independent Journalist. The interview has since been mirrored on BitChute as it has been banned on YouTube. As the interview was an interactive dialog, the transcript will remove the many connecting words such as, 'uh', and the like. Numbers from 1 to 10 will be numerated for emphases. Certain passages will be colorized for special consideration. The entire dialog will be italicized. This interview is also a great way to see the perspective of non-American point of view and how other nations are grappling with 1 of the greatest frauds ever perpetrated against a dumbed-down, misinformed and controlled Humanity.

Veronika Byrne

Alexandra, it's very nice to meet you. I've never met you before and could you first introduce yourself and your credentials. I know you're an expert and you would normally speak in a in medical terms using medical terms. But if you could speak also quite simply, you know for examples like I am not an expert in that area and I don't understand a lot of things a lot of terms you know. So that many people would understand. If you could explain it kind of like to a 6-year-old you know what I mean he doesn't have a clue. And maybe never done a research. If you could introduce yourself Alexandra.

Alexandra H. Caude

So, my name is Alexandra Henrion Caude. I'm a Geneticist, a Scientist, I studied mostly in France, a little bit in the UK and in the United States. In the UK, I was with Professor Alex Jeffries working on the DNA fingerprinting. He was my 1st Mentor. Then I got another Mentor whose name is Axel Khan a French Doctor, French Geneticist. And then I eventually came to the United States, at Harvard Medical School where I did my Post-Doctorate and finally I got a 10-year position. In France is where I did all my career for over 20 years. I became awarded with the of Research Director it's a competitive exam that you have to take. And then I retired for personal reasons. And as well, I had to move in fact from France to going abroad where I founded my own research institute working on simple solutions, simple health solutions because I thought that everything was getting very complicated, specifically in genetics. So it was on one hand exciting on the other hand I felt that we needed to come back to thoughtfully examine some simple health solutions.

Veronika Byrne

So what is your knowledge? How long does it normally take to make vaccine?

Alexandra H. Caude

I'm not an expert of vaccines. I'm an expert on RNA.

Veronika Byrne

Sorry, probably I didn't get that.

Alexandra H. Caude

Yeah, which is quite important because a lot of people have been talking on subject that they don't master at all. So, I wish to be really clear to everyone in terms of the fact that I do not have any conflict of interest. And the fact, that I'm not an expert on vaccines. But I have been in the field of genetics and mRNA-based solutions or 'Genetic Based Solutions' for quite a while. And in that regard, I don't believe it is not correct and appropriate to call those solutions that are being developed by Moderna and Pfizer biotech, as to call them vaccines. Because what they really are is they are mRNA-based 'Therapeutics' mRNA-based drugs. And this is more related to 'Gene-Therapy' than anything. It would be better, more appropriate to call them Gene Therapy than it is appropriate to call them a vaccine.

Now it's not completely fully appropriate to call them Gene Therapy because people are not sick and because you are basically treating healthy people, so healthy in the therapy, therefore. So you see the strange thing we are at. And it's actually because we didn't have the time to think about it. Because those mRNA based solution were driven to treat cancer for/in Moderna as in biotech. That's what they were driving at and in the course of driving some, developing some cancer, some solutions again, cancer then they got hooked into this race, tremendous race and developed their 'mRNA' based vaccines. Basically we/you need... I don't know what was the shortest history for developing the vaccines. So I don't I want to say anything...

Veronika Byrne

No you don't have to... if you're not saying anything that you don't feel comfortable about

Dolores Cahill

The shortest trial periods are 5 days you know just to say that you can get the information from the patient information leaflets or vaccines. So sometimes in the last year or two in the CDC the trials have only run for 5 days or less. The actual trials have only run for 5 days or less. And if the Adverse Event doesn't appear during that time period, it can't be it may not be put on the Adverse Event Table List. And then it won't be considered an Adverse Event in the vaccine court in the United States, for example.

Alexandra H. Caude

But we were talking of vaccines development.

Dolores Cahill

I know but usually people would think that the trial period would be a long period you know. So the development you see if you have adjuvants that are already there. It actually doesn't need to take that long to make a different vaccine by adding a different active component you know; the adjuvant is tested. But anyway so it may, you know you would think the trial should be over years but now they could be just as short as one week the trial part.

Veronika Byrne

What about... do you know Dolores how long does it take to develop vaccine, any vaccine?

Dolores Cahill

You know, that is like... you know to do it need not take... you could actually do vaccines within 2 or 3 years. You could because really the main component is what is in the vaccine and are they safety tested. So, if you were to have like a Placebo Solution that was the Adjuvant and add. will say proteins from a particular pathogen that would stimulate a protective immune response, that could actually be done over a shorter period of time. But... and streamlined, so that the Adjuvant and the Placebo there would be real Placebos in trials and that the Placebo could be compared from one trial to another. And you would then do Post-Marketing Surveillance and you could actually compare... trials.

But they don't do the trials. *They don't do the process in a logical transparent way.*

Veronika Byrne

Dolores just uh for the audience that maybe see you for the first time if you could introduce yourself.

Dolores Cahill

Well just briefly, I'm a Molecular Biologist Immunologist and I've been working 20 years on the Auto Antibody Response, mainly in Autoimmune Diseases and cancer. But I have looked at the Auto Antibody Response for people who recover naturally from disease such as Meningitis with the aim of developing vaccine candidates for a protective Meningitis vaccine. You know, over 20 years ago I ran a biosafety lab and I've been advising governments in Ireland the EU and around the world for 20 years. And I had my own company for 21 years. I sold it last year in Manufacturing Diagnostic Assays and personalized Medicine Companion Diagnostics. I'm a professor in university for 15 years.

Veronika Byrne

So you're quite an expert.

Dolores Cahill

I'm not in everything right. I'm in Autoimmune Disease yeah. I do know about vaccines a little bit.

Alexandra H. Caude

The interesting thing is that you hear that between Dolores and I we are very complimentary. This is very stunning.

Veronika Byrne

It would be actually very interesting to hear you 2 in conversation of you both. I think Dolores is on another emergencies call. She's always on them.

Dolores Cahill

No, I'm not but I just leave Alexandra ahead. I just have to take a quick call. I let Alexandra answer first. I can listen.

Veronika Byrne

Okay and what would be, would you have any concerns about this COVID-19 vaccine for the people? What would you say to the people?

Alexandra H. Caude

*To the people, I'll share what I know and in a very transparent manner and what I have collected from the literature so it is like everyone can have this knowledge and can grab this knowledge. **It is that there is a peculiar aspect to Coronavirus Vaccines; which is that they seem to trigger and to elicit an Immune Response very, very particular. In the sense that it will somewhat help any virus further viruses to come in your cells and maybe to replicate.** This is called the/like the kind of reaction that goes along are like **'Antibody Dependent Enhancement'**. They are well known and because they are so well-known, some teams of colleagues have published the fact that **we carefully needed a Specific Informed Consent** as to the fact that due to our knowledge, our current knowledge on any sort of Coronavirus vaccines, whether muscle source, we should be extremely cautious.*

*Because we know they can elicit, trigger this kind of Immune Response that facilitate the virus to come in. This is a one aspect I would share. The other aspect I would share is that to the best of my knowledge, the most and the most advanced clinical essay in the field is to end up in mid-2022. This is like the most advanced one. And so if such is the case I that means that all the people who are currently vaccinated since today in the UK and other people very soon in the different countries, **they should be again informed and have a Specific Informed Consent as to the fact that they are part of a Biomedical Protocol because the vaccines all those vaccines are still in the process of being evaluated.** Because as I said the soonest one can end is mid-2022. This is for me very important to be transparent to the Patients. This is at least 2 Informed Consent that I believe should be somewhat spread and known to the people.*

Which I'm to once again, to the best of my knowledge is not being done at the moment. *There is no such thing as an Informed Consent as to the risk specific due to Coronavirus Vaccines. And there is no specific informed consent to the fact that people who are vaccinated for are under the regulation of an 'Emergency Trial'. And because they are in emergency assay that means that they are undergoing a Biomedical Report specific, not the usual granting process of putting... a drug on the market.*

Veronika Byrne

Yeah like I know from the past and even myself you know, I used to trust the Medics you know. I wouldn't even question any vaccines. I vaccinated all my children, and you know... I was myself vaccinated. But I think with this latest COVID-19 vaccine concerns are rising, and people are asking more questions and you know I don't think they will be...there will be more people, checking all the data you know before actually rolling-up the sleeve for the vaccine.

Alexandra H. Caude

Yeah it's important because like typically, they... the Protocols Report that the duration, as the duration of monitoring the serious adverse effect is/and of the whole studies is narrowed down from 24 months to 6 months. So one can really understand easily that if serious adverse effect take place, why normally would we take 24 months? Because it takes some time before you get to see those adverse effects. And those adverse effects may be meeting, encountering that your organism encounter a virus, another Coronavirus for instance. And within 6 months, chances that it happens is obviously much lower than within a 24-month frame. So I understand that there was this pressure to develop these vaccines. *But it's always the same in medicine and with all the drug development, the concern is always the safety. And it has to remain the safety because you don't want your solution to be worse than the disease.* And it seems to me in many aspects that the way *the whole race has been put up is taking the risk admitting that it is okay to take the risk of these adverse effects being worse than is the current disease.*

Veronika Byrne

Yeah and it seems like this particular vaccine has been rolling out like within a very short time frame. Like I don't know. I'm not sure 6 to 10 months is it?

Alexandra H. Caude

Yeah, that's what it is yes. It is that's what it will be yeah.

Veronika Byrne

And like even, like even what Dolores mentioned you know, the shortest would be about 2 to 3 years the shortest period...

Alexandra H. Caude

That's the 24 month I was mentioning and that's following-up on to the serious adverse effects.

Veronika Byrne

Yeah, so they are really um rushing it.

Alexandra H. Caude

Yeah, so yeah but once again, it's okay to rush but it's like always...as to the benefit the balance between benefit and risk. This is all I was referring. *And when you look at the median age of people who have actually died from COVID-19, one may wonder if this balance between risk and benefit is really in favor of rushing, so much as to having everybody on board...in fact of being vaccinated.*

Veronika Byrne

Basically...what I'm getting from you that is the adverse effects could be worse from the vaccine, COVID-19 vaccine than actually the coronavirus itself.

Alexandra H. Caude

As for any drugs, but in this particular case we are not taking the path to currently assess the situation. That's what it is.

For any drug that we would develop, there is always this need to carefully assess the benefits and the risk.

But in this case, the clinical design...the **Clinical Trial Design**, the design of the clinical trials is made in a way that you don't have the time to appropriately assess those risks. And this is one big concern. The other big concern is that in fact, we are... the reason I've understood that the reason of this rush of this race is due to the fact that we want a solution to the fact that everything has been halted...stopped and our economy and the world and that we want to return to normal. But every government who undergoes a 'Vaccination Procedure', they all tell you that even when people are/will eventually be vaccinated, it will not come back to normal.

And there is a reason to that 'threat'. The reason is that those clinical trials haven't been designed to assess the transmission once you're vaccinated. So, if I vaccinate, if I'm vaccinated obviously I hope I'm in the natural hope as the other vaccines that we you and I have received that we stop transmitting the disease. In this particular case, we are talking [about] those vaccine COVID-19 strategies of vaccination, they are not assessing the transmission [from] person to person the risk of transmission. **So once again, why would one get vaccinated?** So you know...this is really the critical issue of asking yourself the right question to me. Am I clear? Pardon me. Am I clear?

Veronika Byrne

Yes. I would like Dolores actually to jump in as another expert because she would probably know some questions to ask you.

Dolores Cahill

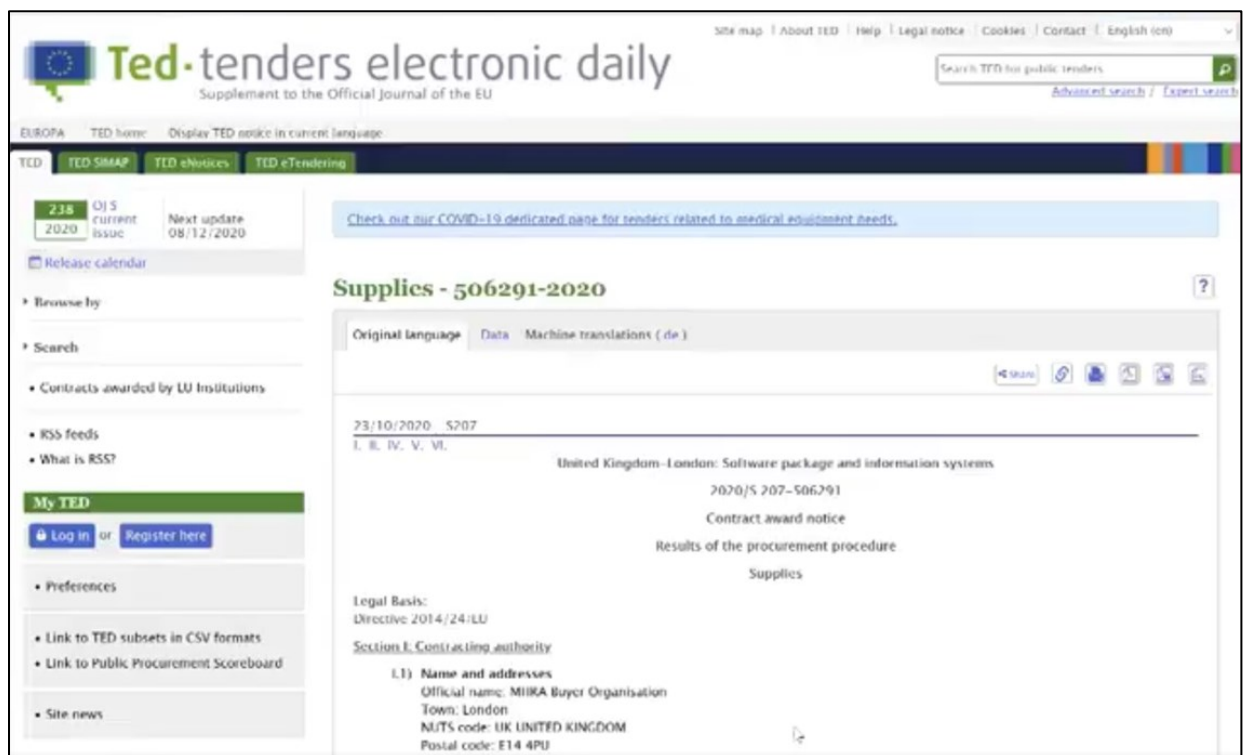
No, that's perfect and I did... I was just, I have some slides there as well, but I just wanted to agree with Alexandra. So I think what we always need to do in Public Health, and I've been involved in advising governments around, you know scientific committees and in health. It's a **Harm Benefit Analysis** so it's real common sense. **What is the harm of the COVID-19? And is there a treatment, you know? So the harm is like, how many people would get it and is it seasonal and can you treat it?** And what you know/was known since the first SARS 17 years ago. That coronaviruses actually... the risk of dying of SARS back 17 years ago was 1 in 8 million, right. **So, 774 people died from the first SARS in the whole world and there was just under 7000 million people.** So, when the World Health Organization declared the 'pandemic' on the 11th of March 2020, the risk of actually dying from it in the world was 1 in 1.8 million. **And coronaviruses are seasonal.**

They only cause, if it's coronavirus which the World Health Organization said the Causative Agent of COVID-19, the risk is only between December and April. So, in the world **56** people died every day in that period. So every day, **150,000** people die you know. **So the risk of dying without any particular treatment was 56 people in the whole world. So that means that the risk of dying of Coronavirus is not that low. But it's also been known for 20 years that Vitamin D, Vitamin C and Zinc help. And also Hydroxychloroquine and Zinc help.** So essentially, we have a disease, which actually was well known that could be totally prevented and treated, so that no one need die, if it was treated properly. And this was well known and in studies so this is important. **Because if you have a disease that can be treated and then after the end of April, Coronaviruses in the Northern Hemisphere don't affect anyone, really, there is then no, there was never a need to lockdown the world.**

But also there is no need to have a vaccine for it because you actually have treatments that are among the safest in the world like Vitamin D. So, I think what we need to do is do a **Harm Benefit Analysis**. So what Alexandra was saying as well and why I came out, you know in May is just to provide **evidence that the harm from RNA vaccines, which is you know not safe, was potentially significant.** Because when you do the analysis, in a common sense way, if animals get sick when you give them something, an intervention, those products, their medical products -people, you know they often make money. **If more people get sick than the actual from the disease they should not be given to people and they should not be licensed.** And what people, really in a common sense way need to know, there has been no RNA vaccine for coronaviruses in the past 17 years because when they did the analysis the animals got sick maybe one in ten one in three you know.

And therefore, if the chance of dying of COVID-19, when they called the 'pandemic' was 1 in 1.8 million, if the chance of being harmed by the vaccine is 1 in 10. **That means in a million people, right? You would know in 2 million people, maybe 1 person would get, would die from coronavirus COVID-19. But you could have 100,000 or 200,000 people that would have an adverse reaction from the vaccine. And so the harm of the intervention is multiple times the harm of the actual disease. So that really there is no justification on a common sense or a legal or a moral or ethical thing for the Intervention.**

So, I have I have one slide if you want to look at it maybe; might be of interest. So, really what we're talking about is COVID-19 disease. So in Ireland, we'll say 100 people from the Central Statistics Office have died from COVID-19 in-between January and the beginning of September. Out of a population of 5 million people under...[inaudible] people under 65. So the chances of dying in the Flu Season, we'll say is 1 in half a million in Ireland under 65. And we had 92 people over 65. So that's quite rare. So, the thing is that obviously, if you're going to give a treatment, if it has significant harm then the harm, simple Harm Benefit Analysis would mean that you shouldn't actually give a treatment that's worse. And this is... and we know in Ireland, a lot of the treatments were not properly given. So I just wanted to show you this is from the European Union Tenders.



You know when they're looking for a particular product and so in the European Commission they have a Tender. And it's for Artificial Intelligence by the Medical Regulatory Body for the COVID-19 vaccine. And it basically... (The screen, it's very zoomed in.) Yeah, so can you see that? It's a reason, it says, 'For extreme urgency under regulation related to COVID-19', that they are looking to monitor the adverse effects. Okay. **And the reason is that they are looking for an A.I. tool, Artificial Intelligence Tool. And this is because they expect that the Adverse Events from the latest COVID-19 vaccines, you see... are going to be events unforeseen.** The COVID-19 crisis is novel, and they expect this... is to monitor adverse offense...**an Adverse Events Analysis. And they've put out a 'Tender' because they think that the Adverse Events are going to be so significant.** So the risk will say, of getting the disease in Ireland is a 100 people out of a population of 5 million. And you know they, a lot of those people that died may have not got Vitamin D or inhaled Steroids or Hydroxychloroquine.

So they are now saying that the risk of the adverse reactions to the COVID-19 vaccine is very significant. That they need this new tool you know. **And what they're really doing is experimenting on the human population because they said the chance of dying from COVID-19 was so high, which it turns out not to be. The treatments have not been well communicated and made available and now they're saying that they need the vaccine. But they've said it's so urgent, they're skipping the Animal Studies which in other vaccine development for Coronavirus, the animals got so sick or died. That they did not progress,** so they are moving into human or Artificial Intelligence to monitor the Adverse Events. Because they predict that the current Adverse Events monitoring in the United Kingdom for the Medical Regulatory Board will not be able to cope with the large number of Adverse Events; adverse drug reactions that will come from these COVID-19 vaccines that will be given this week. So that's all I just wanted to share that.

Alexandra H. Caude

So, this is a very important point that Dolores is raising, is the fact that the Lethality Rate has been extremely different from one country to the other. And for some reasons in France, we are 10 times higher than the CDC reported Lethality Rate. And so, it's highly probable that it is due to the treatment. How can one? Because like in terms of ethnicity, I guess that you know, the European countries can somewhat be considered about to be the same. And yet, the Lethality Rate has been extremely um different from one country to the other. And they... because the ethnicity may be comparable, although there is distinct, it can be distinct, we can highly emphasize the point that Dolores is making about the treatment.

Dolores Cahill

And maybe, just so you know that the government of Ireland is reporting will say in that 8 month period, 1800 deaths. But because we have been involved in asking Doctors and Coroners to distinguish but they were doing it anyway. It is to say 'deaths with COVID-19' to distinguish and 'deaths from' you know. So it turns out that except for the 100 deaths what the government is reporting are like if you died of terminal cancer or you died in a car accident. The 1700 deaths that the Irish government are reporting to Euro-Momo in Our World in Data, our deaths with more than 1 significant underlying condition; like terminal cancer, an accident you know. A heart attack, Alzheimer's you know.

So they are still reporting 1800 but in that period from January to the 2nd of September because we were trying to hold the Coroners to account, for exactly how many died from COVID-19 as opposed to with a positive test. And that was 100. So, because of our legal situation that we can individual families can hold Doctors to account and their Medical Indemnity Insurance directly. The families were approaching me and my network to say they had a 'COVID-19 only Death' but their loved one died of Alzheimer's. And they were seeking to have the death changed and you can do that within Ireland within 3 months. And they were more or less saying to the Doctors and the Coroners, if you don't change it to make it reported, we will actually report this because it's a crime to falsify a Death Certs here and the Doctor can get up to 5 years in prison.

And so because of that the number dying from COVID-19 is now more accurately reported, so there is 100 deaths in Ireland from January to the 2nd of September from COVID-19 without any underlying condition. Even though the Irish government are falsely reporting COVID-19 deaths as 1800 and that has been reported by the Central Statistics Office. That's why the numbers are different Alexandra.

Alexandra H. Caude

This relates to another critical aspect of this strange crisis that we are facing. **It is that most Scientists if the vast majority, I think of Scientists who know the PCR Technique, the QTR- PCR Technique as we call it, who have experienced it themselves, are perfectly aware of the fact that it cannot be a diagnosis tool. It cannot be a reliable diagnosis tool, and this is so well... so clear that finally a first European Court in Portugal has admitted that those PCR Testing were wrong to as to use as a diagnosis tool.** And I believe a number of Court Justice Actions are underway in different countries because all is based on this PCR Testing. And this PCR Testing, the way it was done, it didn't have a Standard of Procedure. So, it didn't have a technique that everyone would use the same. Let's say maybe it was 25 cycles that you had to do, and each laboratory did different settings. So in France, we were more like 35 cycles and basically the more cycles you do, the highest chances that you find a positivity to the test.

And because of that, you cannot basically conclude anything as to the state, status...the clinical status of the patient. And this is very important because and on top of that most of the time they are not patients. They are customers who are curious as to knowing whether they are positive or not positive. So they are not, they cannot even claim they are patient and yet they are tested so this is one thing because all the clinical trials on the vaccines are based again on this PCR Testing.

Veronika Byrne

Dolores do you have anything to add?

Dolores Cahill

Yes. I would be, yeah I do, and I agree and maybe if you I will just share my screen again, if that's okay the previous screen, I could only see part of it. Can I just do it again? Can you? Okay. Can you see this one now? Can you see the screen Registration of Deaths in Ireland?

Veronika Byrne

It's uh, it's a very large page, so it only kind of shows the corner of it.

Dolores Cahill

Okay, sorry...that's sorry about that. Can you see it now no?

Alexandra H. Caude

I believe that Veronika you may be not using the right presentation as to your Zoom because for instance I can see full page, the commentary. (Ok, what do I need to do?) I wouldn't know, it's a question of layout

YOU ARE HERE: [HOME](#) / [STATISTICS](#) / INFORMATION NOTE - IMPACT OF COVID-19 ON VITAL STATISTICS QUARTER 1 2020

Information Note - Impact of COVID-19 on Vital Statistics Quarter 1 2020

Registration of Deaths in Ireland

The Quarter 1 2020 Release includes all births, deaths and marriages registered in the period from the 01 January 2020 to the 31 March 2020 inclusive. All births, deaths and marriages that occur in the State must be registered within three months from the date on which the vital event occurred. There were 8,674 deaths registered during this period and of these, there were no deaths registered that were assigned an Underlying Cause of Death (UCOD) of COVID-19. The first death registered that was due to COVID-19 was in week 14 (i.e. Quarter 2 2020). It should be noted that all deaths due to COVID-19 are reportable to the Coroner's Office. All deaths registered in Quarter 1 2020 have been included in the statistics and some cases have been assigned a provisional cause of death pending the outcome of further enquiries (e.g. awaiting the return of completed Form 104 from An Garda Síochána in respect of an unnatural death).

UCOD is classified according to the World Health Organisation's (WHO) International Classification of Diseases, Version 10 (ICD-10). The WHO outlined the [criteria for the classification of deaths from COVID-19](#).

For further clarification, please also see [information Note on the implications of COVID-19 on the processing of Death Certificates](#).

As a result of COVID-19 restrictions, the Department of Employment Affairs and Social Protection (DEASP) responded by putting arrangements in place for the electronic registration of births. Up until this, parents/qualified informants had to attend the Registration Office to register the birth. The time-lag between the COVID-19 restrictions and the introduction of this on-line registration facility may have impacted on the number of births registered in Quarter 1 2020. If so, these birth registrations will be included in Quarter 2 2020.

Veronika Byrne

Because normally when I normally, when I share the screen I can see everything.

Alexandra H. Caude

So, maybe if you have a look at the windows where you see the picture of us all you have different little rectangles or squares and I believe those are the ones that you want to click with different.

Veronika Byrne

I got it now! I got it now. Thanks very much Alexandra. Thank you. It's a learning process!

Alexandra H. Caude

Well you know, that's what Scientists are for. They are they are supposed to crunch anything that they don't understand.

Dolores Cahill

So, maybe just if it's okay I'm just going to go back to the last one just for people to see that the Tender just form, that they can search themselves. It's the European Union Tender. Can you see that? Not yet no. Oh you're not? You're not, you are screen sharing, hold on. Sorry about this is... I'm just going to do it again from scratch, apologies. This is very simply... I'm going to share this, is the last one that you couldn't see. This is that you can...

Alexandra H. Caude

If I may, if I made the rest while you are at it, the way you could tell the people where you are at, go to the right part of the of the page. It is just by stating the paragraph number and saying to go to the second last paragraph or something like that. Because then people can follow easily and so that you do not change the words that you're reading aloud because otherwise you/one can get lost easily.

Dolores Cahill

Okay, so I don't know if you can see the screen there can you know? (Yeah, I can now.) And if you just look, it says Tenders Electronic Daily, that's all. So, it's the tender (<https://ted.europa.eu/TED/main/HomePage.do>) and then you just scroll down and it's a Tender for/because of the urgency of the expected high volume of COVID-19 vaccine adverse drug reactions that they need to do -they're looking for Artificial Intelligence software tool to monitor the adverse drug reactions. So, that means...

Alexandra H. Caude

Once again Dolores, if I may Dolores is talking on/about the description of this tool and the paragraph is a number, is 214 and in 214, you get a short description of the tool. And the tool, the goal of the tool is to urgently seek an Artificial Intelligence to based tool to process the expected high volume of COVID-19 vaccine adverse drug reactions. So because they anticipate a high volume of COVID-19 vaccine adverse drug reaction, they are asking and they are proposing to spend 1,500,000 Pounds on an A.I. tool -based tool which when you go down, more down in terms of the procedure, they explain more in detail in the paragraph 411 and in the paragraph 411, they explain you well... they say you see 411 they say explanation on the 4th line. And the explanation, when you go down to the 3rd paragraph, they tell you about the reasons of extreme urgency. And I leave you Dolores because it's like you know by heart, the documents that you're showing and for us, it's a bit tricky I believe to follow.

Dolores Cahill

No problem. But that's fine. Thank you Alexandra. That's great and this is (That was actually helpful, yeah.) and then I just wanted to show you just one more. I'm just going to stop sharing and just do you one screen again. Just to go back out. This is kind of important if I can get it.

Alexandra H. Caude

So, this...in other words is just showing the fact that it is not Dolores and Alexandra who are somewhat puzzled as to adverse effects expected due to past experience with Coronavirus's Vaccine. It is the whole world and therefore they are even anticipating it as to putting together some A.I. tool. So this is quite important because you know people have been treating us of all these bad words, so that we are our voice cannot be spoken aloud,(Conspiracy Theorists) just those are evidence that everyone can see (Exactly.) and that's publicly available and so we are not putting anything together.

Dolores Cahill

Yeah, and then I'm just looking for the Central Statistics Office as well. Sorry to give you just some information about, you know the reporting of how many deaths in Ireland. And I just made a slide if I can. I'm not sure whether I can show it to you... is just, apologies for this, yeah. So, I just did... made a slide of this now but we can do the information, you know... it's from the CSO website and can you see that it's one slide? ...So it's called the Registration of Deaths in Ireland, yes. And so just to show you this is from the CSO, (<https://www.gov.ie/en/service/49c66f-registering-a-death-in-ireland/#deaths-resulting-from-covid-19>) impact of COVID-19 on vital statistics quarter 1, 2020. And if you look and in the sentence in the middle of the page, at the first death in the middle... the first day of the register due to COVID-19 was in week 14, quarter 2, 2020. **So, that meant that there was '0' deaths registered in Ireland from COVID-19 for all of January-February-March 2020.** And the first death is week 14 which is the week ending the 5th of April 2020.

Alexandra H. Caude

So once again are talking of the 5th line of this paragraph of this 1st paragraph stating the 1st death registered that was due to COVID-19 was in week 14.

Dolores Cahill

Exactly. And so that meant that the lockdown in Ireland started, you know the 12th of March 2020 and they/you know real lockdown was then, you know in the weeks around the 20th of March or whatever. But what I've been saying all along is that in Ireland and everywhere, we know how many you know...it's reported almost every day the deaths that happen every day and also in the hospital services will say the nursing organizations. Because they report how many people are in hospital, how many on waiting lists every day, how many are in hospital... **That the government would have known every day, you know January-February-March that there was no deaths and there was no increase in deaths.** And that there was really the same people in the hospitals and in the ICUs you know, as there was every other day. **And what I'm saying from a common sense is that the Minister for Health and the Prime Minister who was a Doctor at the time, that there was no basis to shut down the country.** Because they could have just said, we will keep a watching brief until there are some more deaths.

But there was zero deaths from COVID-19 in January-February-March. And in the total time from April to September, there was a 100 from COVID-19. So we have you know maybe 20 large hospitals, so you're talking about 1 person a day potentially. **So there was no need at any stage to lockdown the country. And this was at the same time for our health service and the manufacturer of drugs like Hydroxychloroquine were saying that it shouldn't be used. And that it was known that Vitamin D and C and Zinc would have helped. So there was potentially 1 person a day in Ireland dying, 1 person. We normally have 85 people that die a day, you know. So that there was absolutely, in real time no reason to do the lockdown and so now, you know. and that was without treatments been made available. So really, none of those people should have died. So that undermined the premise in Ireland and the UK for giving a vaccine that the European Union is saying will have such significant Adverse Events, they need a new reporting tool.**

Alexandra H. Caude

So this is a critical points and I believe the last point that we can raise is the fact that the most strategies are quite new. Those vaccine strategies as we said previously at least 2 and 1 to 2 of them among the most advanced strategies are based on mRNA. **And the presentation that has been made on RNA is, shall I say an archaic presentation or simplistic but simplistic is somewhat biased.** As to what is an mRNA, so an mRNA was reported as being a 'messenger'. This is in our understanding, of where would stand... the molecule and what it would do in the cell. So one can easily grab the image of messenger. But now, past those years where we described it as messenger, the picture has grown of our knowledge and the picture growing made the number of RNA types...subtypes in the big family of RNA quite huge. To the states that messenger can be seen as an RNA molecule within the RNA family. That interacts with a wide variety of molecules. That is to say, other arrays or proteins. **And because they interact with a lot of other RNA and other proteins, it is anticipated that once it goes into a cell, it will reach a cell as a cell type in a particular metabolic aspect;** for you Veronika or for I, at a particular moment it will be a different setting of molecules that we have in our cell like most cell type have some common molecules present.

Yet they change as well, so there is this big variety that one cannot anticipate. And it is not an A.I. tool that can anticipate the variety of molecules it will encounter. And that is why the Systemic Biology which is this idea of building and using the technology to anticipate how the molecules are going to interact with one another cannot face the RNA world yet. Because it's just so complex ...and **so what happens is that once the mRNA gets into your Cytoplasm, into your cell, it will interact with some micro RNA. So some tiny RNA and those are very important because they are Negative Regulators** and... this is a way the viruses work. **Is that once they get [in], they inject their 'Genome', their DNA or their RNA in the SARS-COV-2, which is an RNA, the RNA will titrate; will act as a 'sponge' of critical molecules...that your cell usually use for itself. And so it will really you use your material to its benefit. And so this is something that has been completely overlooked in 100% of all the presentation I've seen. From the labs that have been developing these mRNA vaccines and not only that but because it was not presented as such, which is like the current status of our knowledge, no one has reported the fact that it will eventually get some 'Epigenetic Consequences'.**

Meaning, that maybe it will not have some Direct Genetic Consequences but **because inheritance is not only your Genome but the modification around your Genome.** Meaning, the Epigenetic. **It is biased to only report about the Genome. You have to look at the Genome and the modification around your Genome that goes together. Because they allow...some part of the Genome to be read from other parts not to be read. So, it's very important, very critical and this has been completely overlooked.** So one can tell me, oh yeah but you know this is Epigenetic, so it won't change the story. So I will just illustrate the fact that it can change tremendously the story... by honeybees. Honeybees, when you look at the Queen, it is quite thin, long and whereas a Worker is quite short with the abdomen, with stripes and the behavior is just completely different. Yet they have the same DNA. The...only thing that changes between those 2 bees, Honeybees is that they have a different Epigenetic setting. **So this is just to give you a little example as to illustrate as to why those 'Epidemic Consequences' of inserting, injecting an mRNA on/and RNA into a healthy individual is...cannot be overlooked.**

As today, 2020 in year 2020, given the tons and loads of knowledge we have on this aspect. And in regard to SARS COV-2, there is huge literature again on the Epigenetic, specifically related to each Genome and the different parts of the Genome that interacts with different type of molecules. **So this is one aspect that I really want to make clear to the people, in a transparent manner. Because it cannot be said that... your Genome is not going to be modified because your Epigenetic will be will be modified.** So how can you relate such information? So this is one part. The other part is relating to the fact that as any genetic molecules within your cell, it can interact with protein as well. And because it interacts with protein that you may have already in your cell, unlike the statement, the mRNA can be 'reversed transcribed' through a 'Reverse Transcriptase' that would be in your cell for a number of reasons that I can document later.

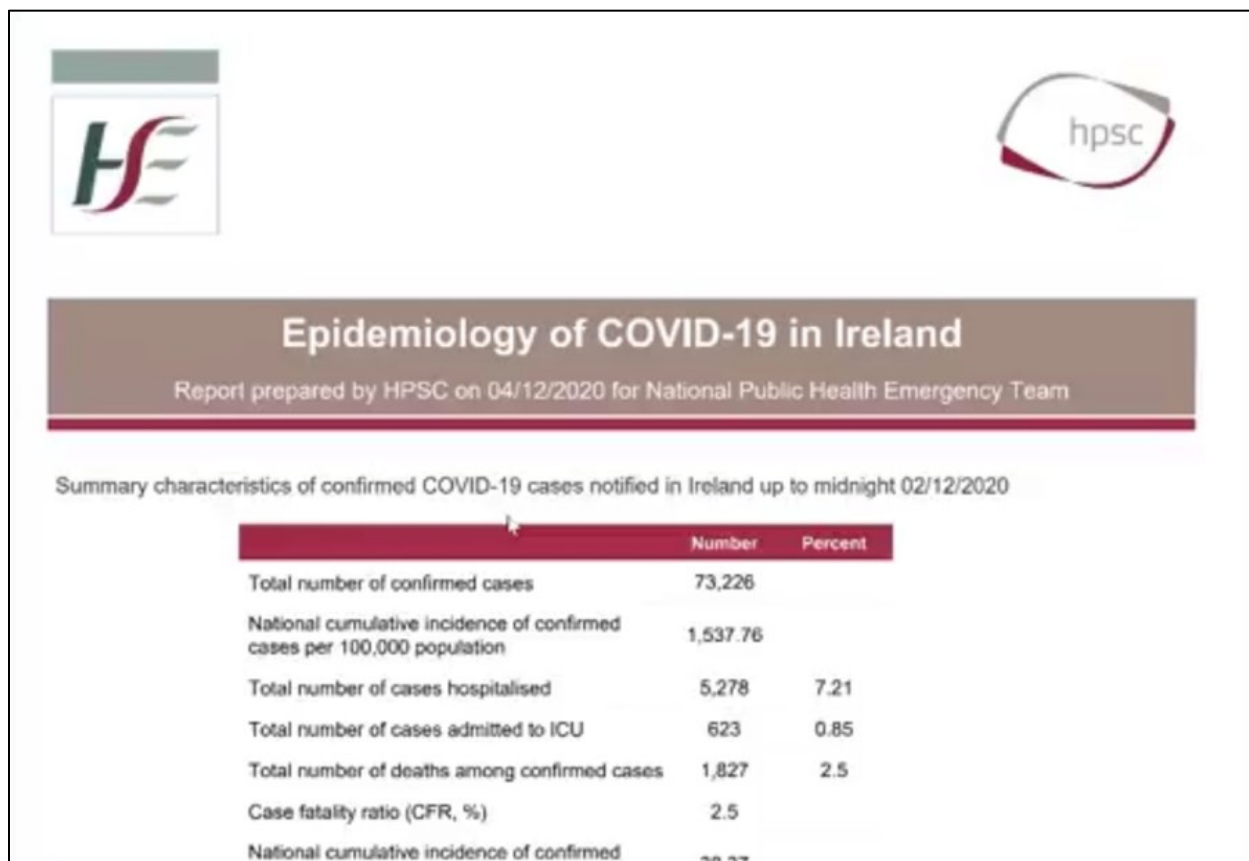
But this enzyme is thought to be missing in our cells, but it's not the case. **For instance, if I have an HIV... if I'm HIV positive, my cells will have 'Reverse Transcriptase' and so my mRNA vaccines can be transformed into DNA and can eventually get into my nucleus and eventually change my Genome at the DNA level this time.** So this is just to give you a very brief statement as to the fact that the picture of sending how and sending...genetic information is not neutral at all. And this is the reason why, so far it has...only been developed and studied, and not to the point of having a drug on the market or for very serious conditions; very serious diseases. So when the condition is really serious, of course you want to have any sort of solution. And therefore, a genetic based solution. **So I hope I made my point clear because we are not talking of Patients, once again we are talking of Healthy Individuals, all ages....I can give you a little...I will share a screen. I'm not able to share screen...you were the only one Dolores.**

Dolores Cahill

I know. Okay so Veronika is not hearing us, I think Alexandra. So I will just share the screen and then I'll let her when she gets in, we can share. Is that okay? Okay, so when Veronika realizes we can't but I just...

Veronika Byrne

Sorry, I was. Yeah you couldn't hear me. We are actually running out of time because there are other people waiting on another interview.



Dolores Cahill

Can I just very quickly share a screen, real quick? So this is just from the... if can you still hear me okay guys? ...So just for people you know, part of the thing what Alexandra is doing which I totally agree with, is about the harm of the... well that mRNA really is potentially a Gene Therapy; potentially has been thought of, for diseases that are very significant like maybe Cystic Fibrosis or other diseases. **But what's going on with these vaccines with mRNA is they've been given to healthy people.** So, I'm very, in a common sense way I want to just highlight to people, what is the harm of the disease COVID-19 first right to counter balance the harm of the potentially mRNA vaccines. And in Ireland, because we've done a lot of work on this as I mentioned, the first death from Covid-19 was in the 5th of April 2020. So none before that, but they also... the HSPC, so the Health Surveillance Protection Unit in Ireland is publishing the actual figures of COVID-19 in Ireland.

And so, the actual numbers from that I've been using, will say from the 2nd of September are on a table here, table 7. And I think this is quite important for people. I will then stop it to make you see the numbers. But it clearly shows on table 7, that it's 100 people [that] died from COVID-19. So this is the number first of all, from currently in December, okay. They're reporting 2000. And then you can subtract what they're reporting from the number which is 1939 okay. So that the actual number, is one subtracted by the other, okay. And I just wanted to show you the slide then from, and then I just need one more minute. The slide from the 2nd of September, which is when we came out to do these ones; to do and it was that this number was 100 okay. So this is just from a slide. This is from the same Epidemiology of COVID-19.

And the next slide, which I hope you can see shows that the death from January to the 2nd of September. So January-February-March-April-May-June-July-August, until the 2nd of September was 100 people died from COVID-19. The number without, with underlying conditions, were 1677 and the total number of deaths. So the difference is 100 people actually died from COVID-19. So that is out of a population of 5 million, over a period of 8 months when normally about 20,000 people would die. So, that therefore there is no need to be giving an mRNA vaccine for Coronavirus when 100 people died. We know that 8 were under 65 and so that it is totally on every level incorrect to be giving to healthy people an Intervention that could be considered Gene Therapy as Alexandra so eloquently explained that could have significant Adverse Events for something that 100 people out of 5 million died in 8 months. But which, if they had been given like Vitamin D or inhale Steroids and Zinc and Hydroxychloroquine, probably no one need have died.

Veronika Byrne

Thank you very much Dolores that was a very uh good um...

Alexandra H. Caude

And if I can have a screen myself? (Screen share Alexandra for you.) Yeah, thank you. Because I think once people will have seen the 'cartoon', although this cartoon is extremely complex. But then they will have a glance as to the current status of our knowledge. But Veronika, you have to give me the hand on to sharing the screen because I don't. You have to enable me to share this.

Veronika Byrne

I think Dolores was the host now, so Dolores has to do it I think.

Dolores Cahill

I did multiple... now try, if that's okay?

Veronika Byrne

Oh, I got it that's good.

Dolores Cahill

Apologies Veronica and...

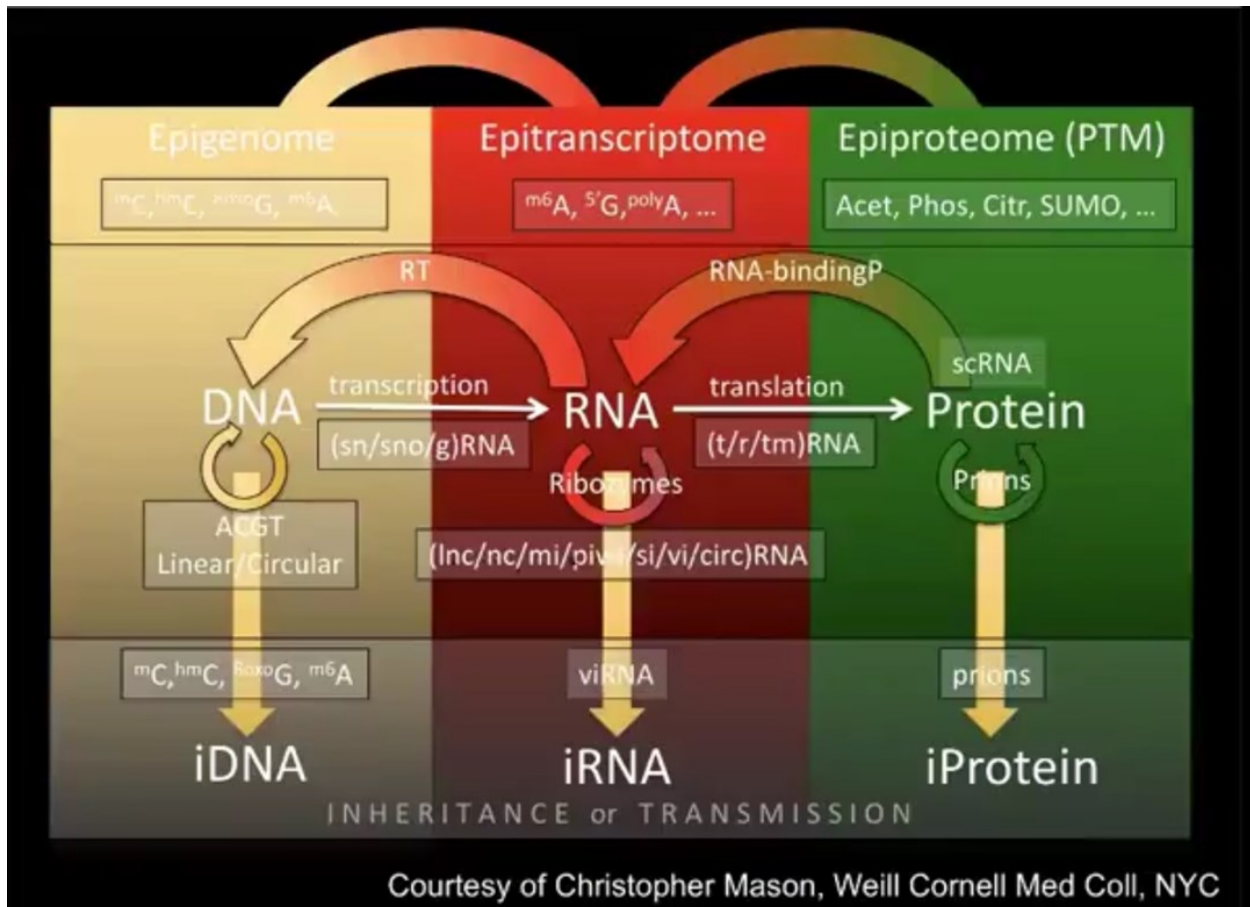
Veronika Byrne

No, thank you Dolores.

Alexandra H. Caude

Can you see my screen? This is actually a slide from a colleague at Weill Cornell Medical College. And I really like it because it casts you the DNA Level, the RNA Level and the Protein Level. And you see that all the arrows, whether Transcription, Translation or these colorful arrows with RNA binding Protein or Reverse Transcriptase, the famous RT Level are occurring, 'naturally occurring levels'. And that those RNA, Messenger RNA are just one part of the multiple variety of RNA. And sorry, this is not like, yeah the multiple level of molecules of RNA with many abbreviation as you see. And the fact that this is one level and at that, all this levels are related to the Epigenome.

On the upper part of the slide, the AP Transcriptome and the AP Proteome and all those Proteins, all those RNA and therefore as well, the DNA evolve in a common picture. So you know if you throw in the level RNA inside, that means that you are at the level, at the middle level. And obviously, you get the maximal flux, as to the interaction because you are just in the middle of the flux of information and communication. So indeed, and this always this possibility of Inheritance and Transmission. And this can occur if the vaccines or the mRNA information eventually goes, once injected through the circulation; goes to your Germ Cells; to your Spermatozoid or to your oversights. So this is just to, you know give you a little glance as to the complexity so far from the current image that one sees.



And I will just... to finish-up this call, I will just share this difficulty that our former Nobel Prize, Dr. Sanger who was actually very good at knowing the interaction at the different level. Because he was the one who discovered the Protein Level in 1935 with insulin, the RNA Level with 5s Ribosomal RNA in 1967 and the DNA with phi x 174 in 1978. So he knew a lot about sequences, and he coined this sentence, which is in 1988 that he had decided to retire. 'Our work had reached a climax and I rather felt then to continue with would be something of an anti-climax'... For sure, we don't want this COVID-19 vaccine strategy to be reaching an anti-climax. And this is the reason why I've been sharing with you all, my knowledge as to my little understanding as to the situation. I thank you very much.

Dolores Cahill

If it's okay, could I just do one more minute if that's okay?...

Veronika Byrne

Go ahead, go ahead.

Dolores Cahill

Yeah. Very good. So I just want to just do one paper which is significant. And I'm just gonna share my screen again. So I thank you Alexandra for everything that she's doing. And just to show one paper. So the point is that... Can you see the screen okay? It's one publication? And it's immunization with Corona Vaccine? Yeah, so this is a paper from I think 2012 in that Plus One and its, 'Immunization with SARS Coronavirus Vaccine Leads to Pulmonary Immunopathology on Challenge with the SARS Virus.' **So the issue when you inject Messenger RNA, will say if it had a Protein from the virus like the Spike Protein, this 'Plus Positive RNA' can go into our cells. The Spike Protein from the virus is expressed in our cells and may be exposed to the Immune System when those cells die. And the body starts mounting an Immune Response, including an Antibody Response.**

But then, so say if that happens in December and people would start doing that straight away, so within 2 or 3 weeks, that process would start. **But if in February-March-April, another Coronavirus is circulating naturally in 2021, that would be like a challenge with the natural, you know the SARS is one of the natural Coronaviruses. Or it could even be the common cold that what happened in this study, is that the Animal Models, after been challenged got very sick and that some of them died. So that it says, the last line of the abstract said, 'Caution in proceeding to the application of a SARS code vaccine in humans', is indicated.**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3335060/pdf/pone.0035421.pdf> **Published 2012**
 OPEN ACCESS Freely available online **PLOS one**

Immunization with SARS Coronavirus Vaccines Leads to Pulmonary Immunopathology on Challenge with the SARS Virus

Chien-Te Tseng^{1,2}, Elena Sbrana¹, Naoko Iwata-Yoshikawa^{1,2}, Patrick C. Newman¹, Tania Garron¹, Robert L. Atmar^{3,4}, Clarence J. Peters^{1,2}, Robert B. Couch^{3,4}*

1 Department of Microbiology and Immunology, The University of Texas Medical Branch, Galveston, Texas, United States of America, **2** Center for Biodefense and Emerging Disease, The University of Texas Medical Branch, Galveston, Texas, United States of America, **3** Department of Medicine, Baylor College of Medicine, Houston, Texas, United States of America, **4** Department of Molecular Virology and Microbiology, Baylor College of Medicine, Houston, Texas, United States of America

Abstract

Background: Severe acute respiratory syndrome (SARS) emerged in China in 2002 and spread to other countries before brought under control. Because of a concern for reemergence or a deliberate release of the SARS coronavirus, vaccine development was initiated. Evaluations of an inactivated whole virus vaccine in ferrets and nonhuman primates and a virus-like-particle vaccine in mice induced protection against infection but challenged animals exhibited an immunopathologic-type lung disease.

Design: Four candidate vaccines for humans with or without alum adjuvant were evaluated in a mouse model of SARS, a VLP vaccine, the vaccine given to ferrets and NHP, another whole virus vaccine and an rDNA-produced S protein. Balb/c or C57BL/6 mice were vaccinated IM on day 0 and 28 and sacrificed for serum antibody measurements or challenged with live virus on day 56. On day 58, challenged mice were sacrificed and lungs obtained for virus and histopathology.

Results: All vaccines induced serum neutralizing antibody with increasing dosages and/or alum significantly increasing responses. Significant reductions of SARS-CoV two days after challenge was seen for all vaccines and prior live SARS-CoV. All mice exhibited histopathologic changes in lungs two days after challenge including all animals vaccinated (Balb/C and C57BL/6) or given live virus, influenza vaccine, or PBS suggesting infection occurred in all. Histopathology seen in animals given one of the SARS-CoV vaccines was uniformly a Th2-type immunopathology with prominent eosinophil infiltration, confirmed with special eosinophil stains. The pathologic changes seen in all control groups lacked the eosinophil prominence.

Conclusions: These SARS CoV vaccines all induced antibody and protection against infection with SARS-CoV. However, challenge of mice given any of the vaccines led to occurrence of Th2-type immunopathology suggesting hypersensitivity to SARS-CoV components was induced. Caution in proceeding to application of a SARS-CoV vaccine in humans is indicated.

Citation: Tseng C-T, Sbrana E, Iwata-Yoshikawa N, Newman PC, Garron T, et al. (2012) Immunization with SARS Coronavirus Vaccines Leads to Pulmonary Immunopathology on Challenge with the SARS Virus. PLoS ONE 7(4): e35421. doi:10.1371/journal.pone.0035421

Editor: Stefan Puchtmann, German Primate Center, Germany

Received: January 31, 2012; **Accepted:** March 15, 2012; **Published:** April 20, 2012

And so, **the name for this thing is, Antibody Dependent Response or Cytokine Storm or Immunoprobng or Immune Super Priming, you know. So this is why there has been no vaccine for decades licensed for Coronavirus, is because you get this issue that the Messenger RNA starts expressing the virus. And then when it comes across the 'Natural Circulating Coronavirus', could be a month or a year or two years down the road, that then the people get very ill very quickly with this Cytokine Storm. And they also saw this in a Respiratory Vaccine RSV, if you see it in the middle of the screen here. Sorry... that's given where if you look at halfway down the paragraph most of the children who were giving this RSV vaccine which had the same issue, most of the children experienced severe disease with infection that led to a high frequency of hospitalizations and 2 children out of 35 died. And the conclusion from this was that the disease was enhanced by the prior vaccination.**

So what people need to know is that with these RNA vaccines, is that after you're vaccinated for the rest of your life, you will have much higher death as in the children in this study, because you were vaccinated. And why I came out with this in May 2020, is that we the people may not make the connection. And what we do not want is that if there is significant deaths, we'll say in February-March-April, next year that that is called COVID-19 or COVID-21. That we will have to monitor, if the people who are dying. And there is predictions that's why they are having the tender for large amounts of Adverse Events from the vaccine is that, if there is increased deaths, it is well known. And we don't want those deaths to be called COVID-19 or COVID-21.

They are... **this issue about vaccine making people sicker and have a higher chance of death**, not because of a circulating virus, but because of the vaccination weeks or months ahead. That's all. Thank you very much.

Veronika Byrne

Dolores, can you just explain a bit more, what exactly is the Cytokine Storm? Just so people understand?

Dolores Cahill

The Cytokine Storm is that... so this is well known in many of the vaccinations. So I would just give you... these are slides that I prepared for the interviews I did in May. **The Cytokine Storm is that when you put RNA Genes, you know mRNA or vaccine injected into your body, you bypass all of the Natural Immune Response, which would build-up an Immune Response to prevent the vaccine actually entering your body, okay.** So that suddenly, the mRNA from the virus gets into your body and it uses the human machinery, in the cells to express the Human Proteins. **So that suddenly, the virus has been injected into your body and then your Immune System sees the virus in your body, as something that should not be there. And it mounts an Immune Response.**

But the shocking thing is that normally, you're immune. You can get rid of the Virus Particles you know. Or you can do... it's a slow thing. **But when you inject it, this mRNA, why it's so deadly is that it now has ...goes into your Genes and starts expressing. And it starts stimulating the Immune Response from inside your body. And it literally, you can't get rid of it because the source of the Viral Protein. You now become like a Genetically Modified Organism.** **And your body is expressing the Virus Protein and so... slowly your Immune System starts to try and get rid of it. But you're remounting this super... you know, beautiful well exquisite antibodies to get rid of it. But you never can because it's now part of who you are...it's integrated.** And we now, the people getting this will become a Genetically Modified Organism that will be making a Virus Protein as well as their own human ones. So then when you naturally come across with say, the Corona Virus naturally or the RSV as these children did, the virus you breathe it in, and it goes on to your, you know your mucosal system and your bronchi.

And then normally you would just get rid of those virus particles' you'd mount an Immune Response. **But what it does is because that 1 or 2 viruses as you breathe in, will suddenly trigger an Antibody Response which normally happens over 2 weeks. But then suddenly, the Antibody Response will now activate and realize, Oh my God, this Viral Protein is in every cell of my body! So then, the antibodies start attacking your cells and your organs.** And so what I've been saying since May is that people will die... they will go into like Septic Shock you know. And then they will go into organ failure within 3, 4 or 5 days. And they will die if they don't get Vitamin C potentially within, you know 7 to 10 days. And so, what I've been saying and helping people get autopsies around the world, is that we can distinguish in an autopsy the difference.

So on the 19th of March 2020, the Public Health England declared that the Coronavirus or the 'Causative Agent' of COVID-19 was not highly infectious. And that was reported and is still there on the government website. So that means there is no reason for autopsies not to be carried out. And so in an autopsy, you can distinguish if you breathe in a virus and you die and if the virus is a Causative Agent of COVID-19 you could...A Pathologist can easily see the inflammation is in your lungs and your bronchi. But if it was to do with an Adverse Event from a reaction, all of your lungs will equally be inflamed. So a Pathologist can take material from the whole lungs and distinguish with, say an Adverse Reaction from the Influenza Vaccine made on dog tissue with Corona, right.

So you can look at the Adverse Reaction from that. But if we now have deaths from an Adverse Reaction to decide a Cytokine Storm, is that people will have organ failure and kidney failure. So that autopsies will have to be done on everybody who starts to die, you know which have been vaccinated in February-March and April. Because we can clearly distinguish between the Cytokine Storm reaction where the Immune System starts to attack the organs.

Alexandra H. Caude

I apologize for having been shut down. If I can just once again share my screen to add-up on what you just said? I think it will be important. It is this paper that I've been mentioning to you all as to the Informed Consent to be disclosed to any Vaccine Trial Subjects. **So any person who is currently being vaccinated, of the risk of coming 19 vaccines worsening clinical disease.** So with this aspect that Dolores just mentioned to you and with the fact that it is even more complicated than Dolores made it simple for you all to understand. Given the response of the TH2 Lymphocytes that is a specific response that can...take place in elderly. **So, it is highly expected that elderly people will be more at risk actually of all the procedure of the...all the effect that we are um putting in front of you all; sharing with you.**

So basically, this article, who was released the 28th of October in 2020, that I really like the conclusion. Because the conclusion leaves... no place for no interpretation. **It is an ethical aspect that we should be raising the specific and significant COVID-19 risk of ADE, so this Antibody Dependent Enhancement should have been and should be prominently and independently disclosed to Research Subjects currently in vaccine trials, as well as those being recruited for the trials and future Patients after vaccine approval in order to meet the Medical Ethics Standards of 'patient comprehension' for Informed Consent.** This is really important. We have seen in the past the... Nuremberg, sorry in English, I don't know.

Dolores Cahill

The trials and the code...

Alexandra H. Caude

The Nuremberg Code. So it is always... I really like to emphasize this aspect in any Scientist in any Medical Doctors, because it's something we should all have in our mind. That they have...been in the history, some courts who said, 'oh you knew enough not to do what you have been doing', and...I feel extremely concerned when I, even though it is not my topic of expertise, when I read that kind of conclusion. And when I read the literature that's behind, to raise that concern to the people.

Dolores Cahill

And Alexandra and everyone, I would just like to echo that. That's why we are calling it 'freedom' you know. It's around the Freedom Movement and the World Freedom Alliance. **And I have the Freedom Party is that we need everyone... needs to know that they have Bodily Integrity and the freedom to decide whether or not they want a Medical Intervention.** But also there is a moral ethical and legal obligation on Health Professionals and Scientists to ensure and Regulators and Politicians, **that people are not given Interventions that cause them more harm than good.** And that they need to be fully informed. So I just wanted to...[agree] with you Alexandra. It's a really fundamental thing the Nuremberg Code and whether people have Bodily Integrity and the right to full information; freedom of information, Informed Consent and Bodily Integrity. **And that's why the censoring as we see...** you know in political debate and in newspapers and on social media about the information...that people may actually have huge Adverse Events and deaths because of this.

And then when, if this happens in March, they will say, 'Why did Doctors and Scientists not speak out?' Which is why we're organizing rallies and as we know, some people detained... You know, Doctors have been detained by Peace Officers, just for trying to give information. And a lot of us, you know everyone here knows, you know that we are being censored and trying [to have] our reputations undermined. So I agree with what Alexandra is saying...There is a huge issue with these mRNA vaccines and people need to know about it and that's what we're trying to do. So, it's great to have the opportunity to speak with Alexander today. Thank you Alexandra.

Veronika Byrne

Amazing, Ladies. Thank you very much.

Alexandra H. Caude

Yeah, this is about being transparent really. It's like... and now I'm really happy if the Czech News will 'fact check' and all these things, will get hold on what we are sharing. Because once again, there is so much literature, scientific literature that neither Dolores nor I are responsible for that you know.

Veronika Byrne

Exactly. It's all out there. You just need to do a bit of a research and you know...

Dolores Cahill

And I think that's why Veronica, that's why we're showing it on the websites live, you know that everyone can find the information from the Central Statistics Office from the hspc.ie you know. And that like the virus was downgraded on the 19th of March with Public Health England. It's still on the government website in the United Kingdom. That means that Minister Hancock in the UK and Professor Boris Johnson and all the Civil Servants and Doctors have to know that autopsies can be done. And the figures are there, are Medical Interventions you know. This is this is essentially, if people are sick and dying next year, this was entirely preventable you know.

Veronika Byrne

Yes. Yeah, I understand that and thank you very much, Alexandra and Dolores. And I only... I can only guess. I can only guess what would be your answer when I asked you, would you take the vaccine, the COVID Vaccine?

Dolores Cahill

I said I would go to prison. If you gave me 10 million, I wouldn't take it. And I would sue someone from attempted murder if they did. Alexandra, what about you?

Veronika Byrne

I totally agree. I would do the same

Alexandra H. Caude

I can raise the amount of money. It can be a hundred [million] it can be loads of millions. I... it's just you know, there was this sentence asked to this question. Asked to our Prime Minister, would you take the vaccine? He was asked. Was it 2 days ago, yeah I think it was. And his answer was like, he has ordered 200 million...pre-ordered 200 million doses. We are only 67 million in France. Even if there are 2 doses, it just gives you the insight as to this energy... (people can choose double) In any case, having pre-ordered 200 million doses, he said, 'Oh, I have never thought about this question.' So, he's pre-ordering 200 million when we are only 67 million people and he hasn't even thought whether he would get the shot or not? So, now at the moment in France, there is this petition as to asking our governments to be delivered the vaccine at first.

Dolores Cahill

And then I think when Alexandra... what I've said is you know autopsies will allow transparency. Unfortunately, people have died. But what we need to have. And I'm saying I would organize it is a repository for randomly 1 in every 500 vaccines. Because obviously if they were going to be clever about it, they could have a placebo or PBS first, to reduce the Adverse Events and then come along with other ones. So we need a repository to randomly... for people when they're vaccinated to get a spare copy. That they're stored correctly and so that people if they have Adverse Events, they can actually match the Adverse Events to the contents of the vaccine.

And I would expect as well that people who are getting a 2nd or 3rd that is really worrying. Because the idea of the 'Super Priming' would probably happen on the 2nd and the 3rd vaccine. So that you would potentially see much more Adverse Events and deaths with the 2nd or 3rd vaccine. And if they are timed to coincide with say, January-February with the Coronavirus naturally, then you could have a significant increase in death. And I suppose while we're in the World Freedom Alliance, there are Lawyers, that we will have to hold people to account, you know. If there is significant deaths and it is related to an Adverse Event. **The vaccines are entirely unnecessary, and people need to be held to account and that's why Alexandra and I and everybody are speaking out in advance. Because in a criminal case, you know, if you can informed about it and that they should know, they should not be ordering those vaccines. They should not be recommending them as if they're safety tested.**

Yeah Ladies. Thank you very much.

Video Source

COVID-19 Vaccine Dangers

Irish Professor Dolores Cahill & French Geneticist Alexandra H. Caude

Dec 30, 2020

<https://www.bitchute.com/video/LdF54YYIJpGG/>

Anaphylaxis Following m-RNA COVID-19 Vaccine Receipt

Thomas Clark, MD, MPH, December 19, 2020

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-19/05-COVID-CLARK.pdf>

Antibody-dependent enhancement of virus infection and disease

Sol M Cancel Tirado, Kyoung-Jin Yoon

<https://pubmed.ncbi.nlm.nih.gov/12725690/>