

Dr. James Lyons-Weiler | Coronavirus Vaccine Safety Warning PA Medical Freedom Press Conference in Text Format



James Lyons-Weiler

Dr. James Lyons-Weiler is the president and CEO of The Institute for Pure and Applied Knowledge and a research scientist with a Ph.D. in Ecology, Evolution, and Conservation in Biology, and a postdoctoral in Computational Molecular Biology from Penn State University.

I extracted the text from the above video and began to proofread it my usual way but later I found it on <https://dryburgh.com/james-lyons-weiler-coronavirus-vaccine-safety-warning/> which saved me a lot of work!

Pennsylvania State Representative Daryl Metcalfe: Our third expert that traveled from not New York or Michigan but right here from the Pittsburgh area here in Pennsylvania, and has been with us before. We appreciate him coming back to the Capitol today to share his expertise. Dr Lyons Weiler is a research scientist, author, and president and CEO of the Institute For Pure And Applied Knowledge. Thank you doctor, for coming.

Dr Lyons Weiler: Thank you, representative Metcalfe. I want to thank the media for being here, and thank everyone online for sharing this across all social platforms. I'm an objective research scientist and I have two main points that I want to drive home.

The first one is the number 21%. I want you to remember that number and write it down. It's a very, very important number to you if you're an American citizen.

The second thing that, and I'll get to that in a minute, the second thing that I want to say is I'm not here in support of any particular bill. I run a not-for-profit and I can't say yay or nay on my opinion. What my personal opinion is is muted and I don't mind that.

But I can condemn the politicization of your health. The politicization and the commoditization of the American citizens' health, Pennsylvania's citizens' health is not a commodity. It is neither a monetary commodity, nor is it a political commodity, and shame on you if you have changed your position or held on to a position in the light of evidence from data from studies that tell you that your position is wrong, simply because you disagree with President Trump. **Shame on you!** You're hurting people! You're hurting society! You're destroying businesses! Shame on you!

Now that I got that out, I can talk about some science. Okay, historically, coronaviruses, vaccines for coronaviruses have had a terrible safety record. There is a condition known as disease enhancement due to pathogenic priming, and this was discovered in vaccinated animals and past vaccine safety studies when they did conduct vaccine safety studies on animals on coronavirus vaccines, where vaccinated animals got more serious disease after being vaccinated, and then when they acquired an infection from the wild type vaccine, more animals got serious infections, serious conditions, and more animals died.

In my peer-reviewed research, paid for the citizens of the United States of America through donations to IPAK, prior to the development of any COVID vaccines, I found that all but one of the proteins in the SARS-CoV-2 virus have what we call unsafe epitopes – right, which are parts of proteins that are capable of causing immune conditions. Autoimmune conditions, and immune responses against proteins in our own body. This is peer-reviewed research and I'll be happy to provide the press with reference after this.

About a third of the proteins that might be targeted by autoimmune conditions by SARS-CoV-2 viral proteins, either through infection or injection, target the immune system. But from the start, it looks like this virus has evolved the ability to attack our immune system as part of its disease-causing capacity. This pathogenic priming I predicted in my study, which parts of the human body would likely be most affected by pathogenic priming, and now studies by medical physicians, by medical teams around the world are confirming my predictions.

This is not simply a respiratory virus with respiratory symptoms. This affects many tissues across the body, and there's some grave concern if you're going to get infected.

But where's the grave concern if you're going to be injected with these same proteins?

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Not a single, to my knowledge, not a single vaccine manufacturer took heed of my warning to remove those unsafe epitopes from the vaccines before they

formulated their vaccines, in spite of being emailed my study with a plea to please consider taking out those unsafe epitopes.

Your body has 500 000 peptides throughout your life. The coronavirus has something like 28 proteins. What's the probability that there's going to be many proteins that match at small segments of immunogenic epitopes? Very high. We now have results from front runner vaccines from these hybrid trials, where they skipped over the animal trials. FDA in it absolutely ignoring safety margin in a stunning decision, decided to allow Moderna and other vaccine manufacturers to skip the most important step in vaccine safety for coronavirus, which is the animal trials. To see if there's pathogenic priming. To see if this particular vaccine or that particular vaccine might cause serious problems through pathogenic priming. It's unbelievable that the FDA made this decision.

And, you know, we made this specific recommendation that they do that, in my study that I published. All right. Now what they're doing is they even said, well, we don't have to do phase one human trials and phase two human trials separate, we're gonna combine them together. Because this is such a horrible epidemic, we need to get the science done fast.

Twenty-one percent [5:11 – 6.12]

They're missing out on another opportunity to find safety signals but they found them anyway. At the beginning of this time period where I'm speaking, I said to remember the percentage 21%. The only single data point, the datum that we have on what percentage of patients, exposed human patients, exposed to coronavirus vaccine, have had serious adverse events, is from the Moderna trial, and that number is 21%. 21% of people are having serious adverse events from this vaccine in that trial.

The other ones haven't published their data yet to the point where we can understand that. Like Dr. New said they're supposed to be transparent, but, you know, I'm really upset, as a professional scientist and as a citizen, that our public health officials have not given you the good word. The good word that it is now absolutely mundane routine medical care to take care of a patient with coronavirus.

Now mundane routine medical care [6.12 – 10.24]

It is absolutely known that you should not put them on the full ventilator pressure – that's what killed most people in New York City. It is absolutely known that corticosteroids now take care of the autoimmune-like conditions that people are experiencing that I predicted in my study. So those high incidences of autoimmunity from a treatment, not a vaccine, a treatment, a medical treatment, they're now routinely used across the United States. It's also known how to treat the incidental coagulopathy which only can be thought about as an outcome of something wrong with the viral proteins being in the body. And just this morning I read in the journal The Lancet, their position is that antivirals are generally effective against coronavirus, COVID-19.

The public needs to understand that tens of thousands and, soon, hundreds of

thousands of medical doctors around the world are going to join me and others in condemning the politicization of coronavirus and public health, in general, including vaccines. We have to understand that, you know, we're going to come together and have come together with joint resolutions about this political state to stand down on politicization of public health, stand down on it, even if you're a public health official. You need to be a scientist first, and a qualified one at that, to conduct public health. And you can't just repeat and regurgitate what the CDC has to say.

All right, so now we have really good news. Why do we not hear good news on treatments from our public health officials? Shame on them – they're keeping people in fear. Intentionally. Why? It's fair enough to speculate that perhaps after the election we will see a disappearance of their concern over coronavirus.

So those people who would like to add coronavirus vaccine mandates to our society's response have to understand a few things. First of all it's a disproportionate response given the rate of mortality. If you're not over 70 years old, you have less of a chance of dying of coronavirus than you do from influenza, thank goodness.

However, if you want to mandate coronavirus vaccines, understand that – if you're a medical physician hear me well – if you want to reject 21% of your patients, and that's a low number, that's a low ball number. If you want to kick 21% of your patients out of your practice, be my guest, those patients are probably better off without you.

So, the estimates of coverage that are required to be needed to protect the population from vaccine herd immunity are, and this comes from Paul Offit at the Children's Hospital over in Philadelphia, efficacy rates as high as 50% and coverage rates as high as 75%. The Pew report from the other day, a poll says that 51% of the population do not want this vaccine. They won't take it. Not just that they won't be the first to line up, they won't take it. How are we going to get to 75% with only 51%?

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Well, we need a much more efficacious coronavirus vaccine. It is imperative that we do not discount prior immunity in the population from prior exposure to coronavirus-like viruses or to coronavirus itself. And if you look at the infection case, the [infection fatality rate](#), not the case fatality rate where you get a diagnosis. You take the symptomatics and the asymptomatics, and put it together. The statistic that was published in May was less than influenza.

The press has learned that, yes, we're going to have a problem with long

sustained antibodies, but we've known that for coronaviruses from 1990. It's not new. The press has reported that. But the press now, and thank you for doing this, has reported that we have memory B-cells and memory T-cells in response to coronavirus, so our bodies will remember how to be immune to these coronaviruses without having to carry around antibodies to everything we've ever been exposed of, expressing those proteins in our body all the time. That would be metabolically unsustainable, it's not how human bodies work. It's not how mammalian bodies work.

PCR testing [10:25 – 11.46]

So this mystery of public health officials not working to reduce concern can only be seen as political, and please join me in condemning that.

Our reaction to coronavirus has already been worse than the virus itself.

A terrorist could never succeed as well at shutting down businesses with a bomb in the United States as we have by this ridiculous inaccurate testing.

Dr. Sin Hang Lee from Milford, Connecticut published a study that showed that the reference samples that are used to validate the COVID-19 test, 30% were false positives. When he sequenced the PCR product, 40% were false negatives. What are we doing with PCR testing?

And if you test everyone in a population with a CT scan, you're going to find cancers in everyone, and you're going to do biopsies on everyone at a rate where you're going to end up doing a lot of harm.

Every person that has a false positive rate when the infection rates are low, and there's something like two percent active infection maybe maximum per year with coronavirus across the United states right now, we're going to have far more false positives, even if the false positive rate's just one percent.

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What does that lead to? It leads to contact tracing of those 14 people that you saw in the mall the other day. You're shutting down those 14 businesses. Bomb after bomb after bomb after bomb shutting down our economy. That's cruel.

Exposing children to ammonium compounds [11:47 – 12.58]

And then on top of it, we're bringing quaternary ammonium compounds into schools. I'm going to spell a name for you. H R U B E C. Terry Hrubec. The H is not pronounced, Terry Hrubec. She did studies of these cleaners that we're

bringing into the schools and we're spraying all over the schools everyday or every week to fight coronavirus. She found, in mice, neural tube defects to the rate of 15% of the pups and a reduction in the reproductive capacity of both male and female mice of 50%. With these quat, they're called quats, look them up. I just did an Unbreaking Science episode. Look at hashtag Unbreaking Science. I interviewed Dr. Hrubec yesterday.

What are we doing to our children, exposing them to these cleaners that might shut down their reproduction, that might harm their immune systems, that might cause their children for two generations to be less reproductively capable, for two generations to have neural tube defects?

Look up and think about what we're doing. Our society is messed up because we don't think about intended consequences and we base our for-profit medical system on the externalization of costs on people like these families. She bears the cost, you all bear the cost.

Vaccine injury program is corrupt [12.58 – 14.01]

Let's bring liability back to the vaccine program in the United States.

The last thing I want to say that the National Vaccine Injury Compensation Program itself, I believe, is corrupt. I was an expert in that program and I quit that program after a special master attempted to bribe me to change my testimony for payment. You put that on the record. On top of it, the probability of anybody getting... you have no chance in the National Vaccine Injury Compensation Program because you heard earlier, HHS determines which vaccine injuries are real.

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HHS is the defendant in the case. HHS writes its own ticket to what you can charge it with. it's like me robbing a bank and saying, "You can't charge me for taking the fifties. I'm writing the rules in my own courtroom."

That that system is so, so backwards, it's unbelievable. So please do your own research, look up quats, look up quacks, look up coronavirus.