

Awareness Foundation COVID-19 Roundtable

Analysis by [Dr. Joseph Mercola](#) ✓ Fact Checked

STORY AT-A-GLANCE

- › The Awareness Foundation COVID-19 Roundtable is a sign of wakefulness and hope during times of censorship and suppression
- › It includes honest opinions and expertise from 14 high-profile doctors, including myself, with a focus on the potential dangers being posed by the experimental mass COVID-19 vaccination campaign
- › Experts discuss how COVID-19 vaccines may cause a coming tsunami of hospitalization and deaths, along with debilitating chronic disease, early signs of which are already appearing
- › All agree that there's enough evidence to halt the global COVID-19 vaccination campaign, either for everyone or — particularly — for those to whom the vaccines pose the greatest risks with little to no benefit, namely children and young people, pregnant women and those who have already recovered from COVID-19

In this time of extreme censorship and suppression of scientific debate, The Awareness Foundation COVID-19 Roundtable,¹ hosted by Katherine Macbean of the Awareness Foundation, is a sign of wakefulness and hope. It includes honest opinions and expertise from 14 high-profile doctors, including myself, with a focus on the potential dangers being posed by the experimental mass COVID-19 vaccination campaign.

Each has faced censorship when speaking out, and though there are some differing viewpoints, all agree that there's enough evidence to halt the global COVID-19

vaccination campaign, either for everyone or – particularly – for those to whom the vaccines pose the greatest risks with little to no benefit. This includes children and young people, pregnant women and those who have already recovered from COVID-19.

I highly recommend setting aside two hours to watch this roundtable discussion in full – it's a rarity in the present day to hear such candor and open debate. However, I've also compiled some of the highlights below, which include warnings about the dangers these experimental vaccines may pose to society.

A Tsunami of Chronic Disease and Death

Will COVID-19 vaccines cause a coming tsunami of hospitalization and deaths, along with debilitating chronic disease? One expert on the panel, Dr. Peter McCullough, an internist, cardiologist, epidemiologist and full professor of medicine at Texas A&M College of Medicine in Dallas with a master's degree in public health, said he's focused more on the short-term adverse effects from the shot. These nonfatal injuries fall into four major categories:

1. Neurologic
2. Immunologic
3. Hematologic
4. Cardiac

“What I'm seeing is just the late emergence of various neurologic syndromes. And it probably depends on where the seeding occurs of, uh, of, you know, the uptake of the genetic material in the brain or support cells in the brain, but there's a whole variety of cerebral, cerebellar, even peripheral nervous system abnormalities,” McCullough said, adding:²

“I've seen it in my clinic and they seem to be emerging three, four or five, six months later after vaccination ... So I'm getting increasingly alarmed here that this is not just a simple one- or two-day problem. And so there's great concern,

particularly in younger kids that over a course of three or six or nine months, they'll end up with heart failure or cardiac death.

... What I see is, potentially from these signals, not mass death, but just a large number of Americans and people around the world with a new chronic disease of some sort of neurodegenerative disease or cardiac disease. The patients that I'm aware of, these problems seem to be quite disabling."

Another panel member, Dr. Vladimir Zelenko, who has treated thousands of COVID-19 patients using hydroxychloroquine (HCQ), azithromycin and zinc sulfate,³ with great success, has a different take. He believes there is a very distinct possibility that everyone who receives the COVID jab may die from complications in the next two to three years:⁴

"I'm just going to give you the perspective of a clinician who deals with people that are dying ... 4 million dead people can testify to the unique clinical syndrome to put them there. Basically, a natural animal virus was changed to infect humans, and then its lethality was augmented to cause blood clots and lung damage.

And in concept here, we're dealing with a Hitler/Stalin type of mentality with weapons of mass destruction and the way to win this war – and it's very winnable – is in the following manner. It's a narrative war. So we need to spread the following two ideas ... Don't give into the fear and choose to destroy yourself, No. 1. No. 2, treat your problem early. If these two ideas could penetrate the fixed calls of humanity, then it's really the end of this crisis."

Dr. Tess Lawrie, whose company The Evidence-Based Medicine Consultancy has worked with the World Health Organization, agreed that the vaccines are unsafe for children and adults alike:⁵

"They're actually not safe for anybody, and it's clear. The databases are screaming. The databases are early warning systems, and the databases around the world are screaming that we are facing a tsunami of chronic disease."

Inflammatory Disorders, Cancer Markers on the Rise

Dr. Richard Urso, an ophthalmologist in Houston, Texas, is also concerned:⁶

“Early on, we were seeing things, mostly thrombotic, but later, as we get into two and three months [after vaccination], we’re seeing a lot of inflammatory issues. I’ve had a host of people with inflammatory ocular disorders, as well as having orbital inflammatory diseases.

I typically don’t see this rash number of people. For people who don’t know, my clinical practice is probably one of the largest in the United States, if not the largest, and we get a tremendous number, in volume, of patients who come through our office. And I’m seeing late inflammatory disease, and it responds quite well to inflammatory medicines.”

Some have brushed off the notion that the virus could be a bioweapon because it didn’t cause sudden, mass deaths. But this is a misconception. A successful bioweapon can be something that causes long-term, progressive, chronic-type diseases, noted Dr. Richard Fleming, a physicist, nuclear cardiologist and attorney.

In 1994, Fleming introduced the theory of inflammation and vascular disease, which explains why these inflammable thrombotic diseases, and the causes, including viruses like SARS-CoV-2, produce disease states like COVID-19.

“As I laid out in the theory in 1994,” Fleming said, “you’re going to see an inflammable thrombotic response. That’s the primary thing that people are noticing, be that heart disease or retinol disease.” The other factor is a prion component of this virus, “which is also a chronic smoldering disease.” Fleming noted:⁷

“If you’re going to actually develop something that’s going to have a massive effect on your ‘enemy,’ your goal isn’t to kill the enemy any more than it was the goal of the United States in Vietnam to kill the enemy.

The goal was to maim the enemy so that more of the enemy would be taken off the field. What we’ve seen is something that’s been implemented that is an ideal

by a weapon designed to demoralize and to feed people the enemy, and to cause a slow smoldering process.”

Fleming cited data from Pfizer that showed in the 12 to 14 days following the second injection of the Pfizer mRNA vaccine, elderly individuals had a 2.6-fold increase in symptoms of Alzheimer’s disease. “This is an inflammable thrombotic process affecting every organ system and prion diseases that not only affect the brain, but also affect the heart and other vital organs of the body.”⁸

Dr. Ryan Cole, a Mayo Clinic-trained, triple-boarded pathologist, also said that he’s seeing potential cancer-causing changes, including decreases in receptors that keep cancer in check, and other adverse events post-vaccine:⁹

“I’m seeing countless adverse reactions ... it’s really post-vaccine immunodeficiency syndrome ... I’m seeing a marked increase in herpetic family viruses, human papilloma viruses in the post-vaccinated. I’m seeing a marked uptick in a laboratory setting from what I see year over year of an increase of usually quiescent diseases.

In addition to that – and correlation is not causation – but in the last six months I have seen – you know, I read a fair amount of women’s health biopsies – about a 10- to 20-fold increase of uterine cancer compared to what I see on an annual basis. Now we know that the CD8 cells are one of our T-cells to keep our cancers in check.

I am seeing early signals ... what I’m seeing is an early signal in the laboratory setting that post-vaccinated patients are having diseases that we normally don’t see at rates that are already early considerably alarming.”

Do the Vaccinated Pose a Risk to the Unvaccinated?

Sherri Tenpenny has heard thousands of anecdotal reports that something is being transmitted from the vaccinated to the unvaccinated:¹⁰

“We're injecting a synthetically made messenger RNA and strips of synthetically made double-stranded DNA by different mechanisms, and if that transmission goes to the other person, they don't get COVID, they don't get COVID symptoms that we typically recognize as COVID. They get bleeding, they get blood clots, they get headaches, they get heart disease, they get all of these different things.”

Dr. Robert Malone, the inventor of the mRNA and DNA vaccine core platform technology,¹¹ doesn't agree that anything is being “passed” from vaccinated people to others, adding that while it may be possible for mRNA to be shed through breast milk to nursing infants, possibly causing gastrointestinal symptoms, anything else is just speculation.

Others suggest it could be more of a hormonal or pheromonal issue than some type of “shedding,” which may help explain why women are also reporting abnormalities with their menstrual cycles following vaccination. Dr. Lee Merritt, an orthopedic and spinal surgeon, brought up a 2015 report by the U.S. Food and Drug Administration, which looked at “shedding” in mRNA vaccines, which they call gene therapies.¹² She explained:¹³

“They talk about, they're very concerned about the shedding – and they do call it shedding, whether that's technically correct ... And they tell you in this thing who to protect, they tell you to protect neonates, immunocompromised people and elderly with bad immune systems.

They also say, we don't know what's being shed. They say it could be genetic material. It could be activated viruses and it could be a recombinant product. This is what's in the FDA data.”

Immediately Halt the Vaccine Program

All of the experts agreed that evidence suggests the mass COVID-19 vaccination program should be halted. “There is enough evidence now just from the European Medicines Agency alone, 1.7 million in reported adverse events and 17,000 deaths that

the four clinical trials should be stopped,” said Dolores Cahill, a professor at the school of medicine at the University College Dublin.

“They are detailed in the classifications, cardiac related immune, uh neuropathological and fertility associated.

So I think we all have duties as doctors and scientists to say, if something is causing more harm than good, which this clearly is, we should, I think, unify and called for a stop to the clinical trials worldwide, and also that any individual prime ministers and regulators that continue the trial would have to be liable for any adverse events.”

Malone believes that the vaccines have merit for certain populations, namely the elderly, but is advocating for prohibition on vaccination for infants and newborns, through young adults up to ages 30 to 35. “And specifically,” he said, “I’m trying to stop this crazy effort to force universities and schools to have universal vaccination.” In addition, he added:

“We can argue about risk-benefit for elderly, but the risk-benefit ratio for newborns through young adults is explicitly clear. It is upside down. It's not subtle there. You're going to kill more. And, and personally, I also feel that we can dig in really hard on the reproductive health in pregnancy, in women, that there just aren't data to support the use of this product because of the potential female reproductive health consequences.”

Dr. Urso added the other significant population that has far more to risk than gain from vaccination: the COVID-recovered. “The immune status should be more important than the vaccination status,” he said.

“So I think there's three groups that are easily winnable arguments [to avoid vaccination]: pregnant women, the young and ... the COVID recovered ... I mean, that's a, that's a lousy thing to do to get all these people that are COVID recovered, good immune status and give them a vaccination for something they don't need.”

How to End Fear and Optimize Your Immune System

The roundtable participants are planning to continue their discussion offline to formally request an end to mass COVID-19 vaccination for the mentioned groups as well as create a statement to end government interference with the practice of medicine. Many physicians have had their hands tied when it comes to prescribing early treatments for COVID-19, like ivermectin. As Fleming noted:

"... The reason why people die with COVID is because they're not receiving treatment, so I would argue that we need to make certain that people, the physicians, are allowed to treat without government interference and that we put a hold on the dissemination of the vaccines at this point in time, until we can further investigate them safely."

Dr. Sam White, whose reputation has been under attack since he released a video on social media detailing his concerns about the suppression of the science around therapeutics in the U.K., added:

"We could end the fear overnight by allowing access to therapeutics and changing the mainstream media narrative that there's no need for masks. There's no need for lock downs. This is more treatable than flu, as far as I'm concerned, we're just not allowed to do any treatment. If the public knew that it changes the narrative overnight."

While we work on changing the narrative, or at least opening up discussions of science outside of the narrative, it's always a good idea to optimize your immune system.

Toward this end, I recommend optimizing your vitamin D levels to 60 to 80 nanograms per milliliter and improving your metabolic flexibility so your body can seamlessly transition between burning fats and glucose as your primary fuel. One way to do this is to condense your eating window to about six to eight hours a day.

Even without changing your calories, this can make a profound difference, but from a perspective of choosing the right foods, one of the most important strategies that I've learned over my four decades of studying this is to avoid processed foods, nearly all of which are loaded with vegetable, or seed, oils.

These oils have a high content of linoleic acid, which contributes to mitochondrial instability and increases susceptibility to oxidative stress. This, in turn, increases immune dysfunction and mitochondrial dysfunction. These are simple strategies I recommend, as they're useful to improve your overall health and resiliency to fight any infection.

As mentioned, I highly recommend listening to the discussion in full to get all of the details that weren't included here. At the next meeting, the group plans to discuss how to move forward to challenge the narrative in greater detail, including fighting back against the organizations, such as the Wellcome Trust and the Bill & Melinda Gates Foundation, that are heavily investing in this.

Sources and References

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