



FACT SHEET: COVID-19 GENE THERAPY VACCINES POSE RISKS TO HUMAN FERTILITY

All of the currently available genetic COVID shots contain lipid nanoparticles (LNPs) coating the mRNA or DNA, that trick the body into making billions of spike proteins in an uncontrolled way that cause inflammation and blood clots throughout the body. The experimental gene therapy products, *unlike traditional vaccines*, were **designed** and have been **demonstrated** to:

- 1) distribute Lipid nanoparticles (coating for mRNA or DNA) to tissues throughout the body, far from the site of vaccination in the arm muscle (*See illustration at end of this FACT SHEET*).
- 2) accumulate in tissues with high levels of ACE-2 receptors (ovaries, testes, lining of blood vessels, heart, lung, intestinal tract, brain). The coronavirus spike proteins bind to ACE-2 receptors to enter and infect our body cells.
- 3) generate spike proteins from cells throughout your body. How long does this occur? No one knows.
- 4) stimulate your body to produce antibodies to the spike proteins (which is the immune response).
- 5) This graphic shows many different ways ovarian and testicular structure and function are harmed by the experimental gene therapy shots. It conveys enormous and potentially permanent damage to fertility.

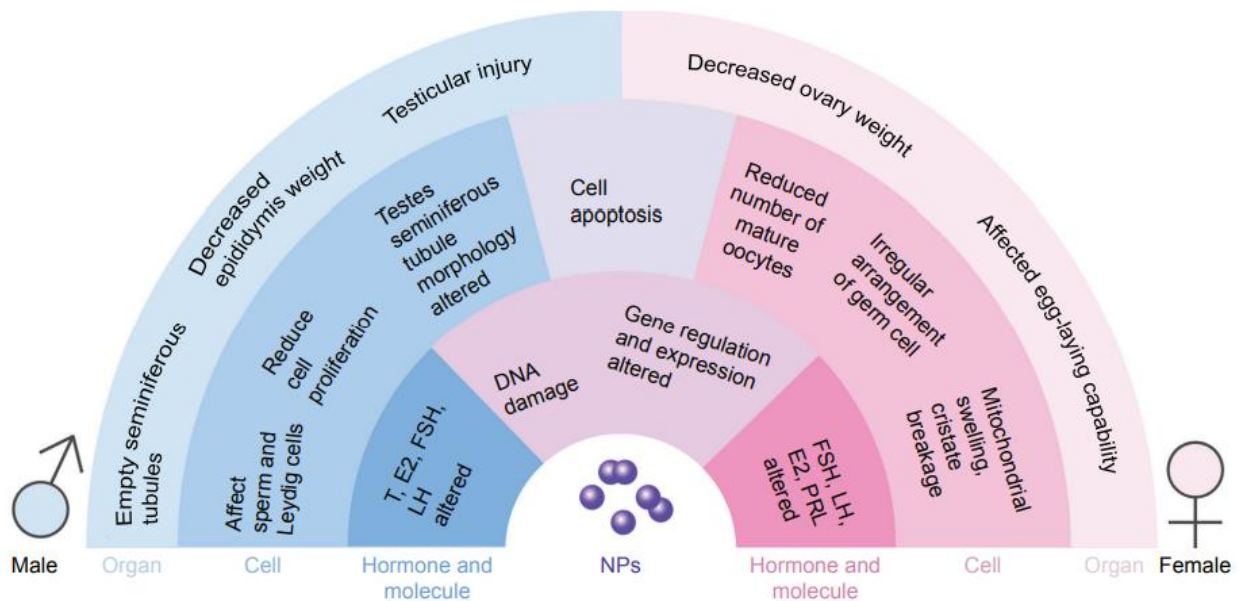


Figure 1 Adverse effect of NPs in the reproductive cell organs and molecules.

Abbreviations: E2, estradiol; FSH, follicle-stimulating hormone; LH, luteinizing hormone; NPs, nanoparticles; PRL, prolactin; T, testosterone.

Published in Int.J. Nanomedicine, 2018 by team of Chinese researchers (Wang R, 2018).

Fertility Risks: Male

- Male testicles have a high concentration of the ACE-2 receptors, which bind the spike proteins, causing injury and pain due to inflammation and microthrombi (blood clots).
- Lipid nanoparticles used in the COVID shots and spike protein damage lead to reduced testicular size, reduced sperm production, damaged sperm, reduced testosterone production (Brohi R D, 2017).



Fertility Risks: Female

- Studies of the Pfizer vaccine from 2012 and 2020 show that in two different species of mammalian lab animals, the LNPs used in the COVID shots were distributed throughout many organs of the body, and were **at least 20x greater in the ovaries** than in other organs of the body (Pfizer, 2021).
- **Pharmaceutical researchers knew in 2012 - 9 years ago - that LNP concentration in the ovaries was a risk to female fertility.**
- Lipid nanoparticles are known to cause inflammation and damage to organs such as the ovary.
- LNPs also provide a vehicle to carry genetic material (mRNA, DNA, viral particles) across the placenta in pregnancy, which puts a developing baby at risk when a pregnant woman is vaccinated with one of the COVID shots.
- Syncytin-1 is a protein that is necessary for the functioning of the placenta – for both fertilization and pregnancy. A recent study (Mattar CNZ, 2021) showed a 3x increase in antibodies against the placenta, which amounts to a vaccine-induced autoimmune attack against the placenta.

Pregnancy Risks and Unknowns

- Antibodies to the natural placental protein Syncytin-1 triggered by the experimental gene therapy "Covid shots" make it difficult to *become* pregnant. But it *also* means women vaccinated *while pregnant* risk vaccine-triggered antibodies attacking the placenta causing a miscarriage.
- There were no data evaluating long-term impact on pregnancy or fertility submitted to or reviewed by FDA in the data packages that served as the basis for the Emergency Use Authorization (EUA) of the COVID shots.
- No pregnant women were included among the patient groups studied in the clinical trials which supported EUA (FDA, Office of Chief Scientist, 2021).
- The VAERS database¹ contains over 16,000 adverse event reports following receipt of the COVID shots with impact on pregnancy² as of August 6, 2021.
- OpenVAERS website³ reflects over 3,400 reported adverse events associated with “pregnancy” as of August 6, 2021.
- A study published in the New England Journal of Medicine (Shimabukuro, et al., 2021) alleged no “...obvious safety signals among pregnant persons who receive mRNA COVID-19 vaccines.” Critical re-analysis of the data presented in the same article shows the actual spontaneous miscarriage rate to be closer to 82% for women vaccinated in the 1st or 2nd trimester of pregnancy (Blumrick, 2021).

¹ Vaccine Adverse Event Reporting System, administered by CDC: [Vaccine Adverse Event Reporting System \(VAERS\) | CDC](https://vaers.hhs.gov/)

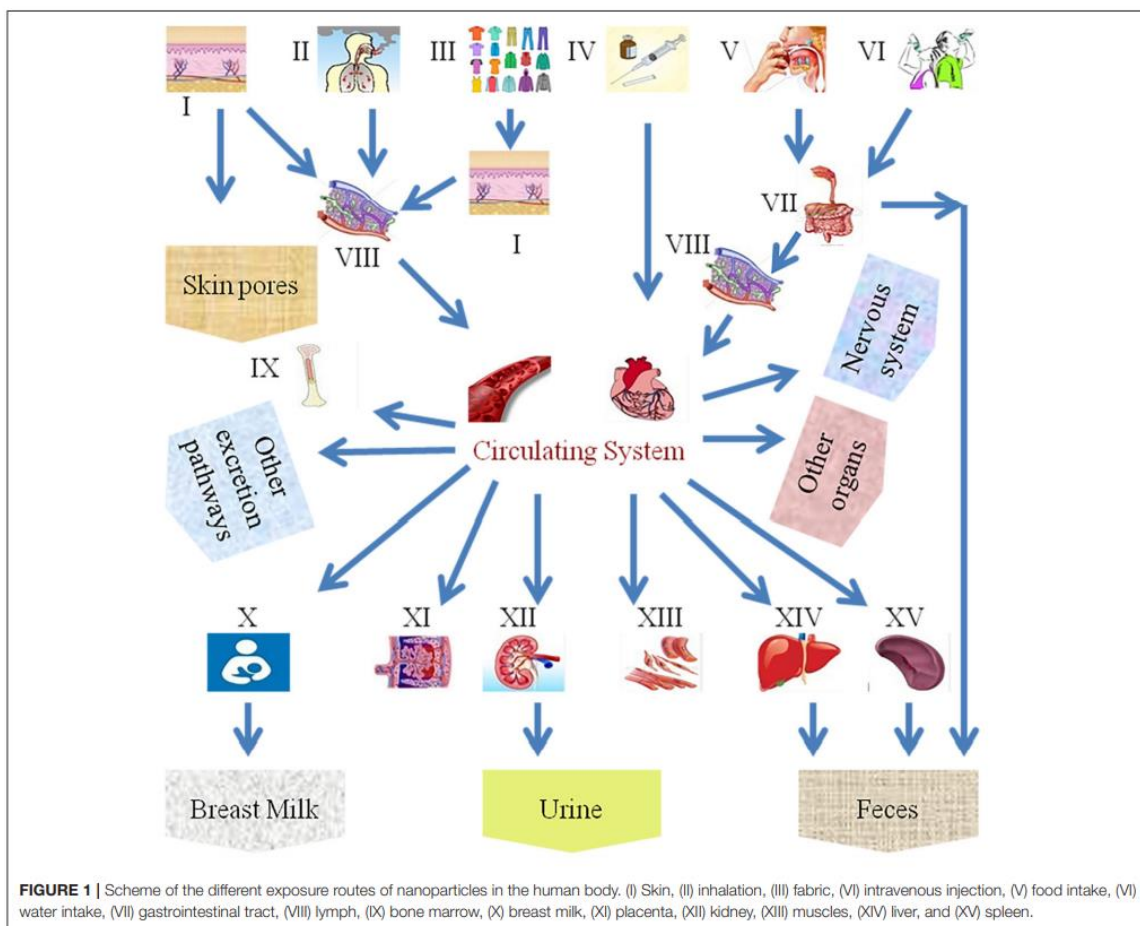
² Using the following search terms in the “adverse event description” field: pregnancy, pregnant, spontaneous abortion, miscarriage, birth defect, congenital anomaly.

³ [Openvaers.com](https://openvaers.com/)



No Off-Setting Benefit from the Gene Therapy Vaccines

- Young people and women of child-bearing age have no health benefit from gene therapy vaccines because they are at such low risk from COVID-19 (Ioannidis J, 2020).
- Early, effective, safe treatments are already available *for both prevention and treatment of COVID* illness. These medicines have been used worldwide, and clinical studies show **at least 85% reduction in risk of hospitalization or death** (Stricker RB, 2021).
- There is no societal benefit from mass vaccination of young people. Basic hygiene and common sense are the only proven approaches to stop the spread of respiratory viruses. If one becomes infected, safe effective widely available medicines are a safer alternative to experimental vaccines.



Published in *Frontiers in Pharmacology*, 2017 by team of Chinese researchers (Brohi RD, 2017).



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