

Toxicologist Warns Against COVID Jabs

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

STORY AT-A-GLANCE

- › Janci Chunn Lindsay, Ph.D., a molecular biologist and toxicologist, has called for an immediate halt to COVID-19 mRNA and DNA vaccines due to multiple safety concerns
- › There's credible concern that the COVID jabs will cross-react with syncytin (a retroviral envelope protein) and reproductive genes in sperm, ova and placenta in ways that may impair fertility and reproductive outcomes
- › In the case of the COVID shots, important animal studies that help ascertain toxic and systemic effects were not done. We're now seeing danger signals that are not being heeded. Preliminary safety results of mRNA COVID shots used in pregnant women, published in April 2021, revealed an 82% miscarriage rate when the jab was administered during the first 20 weeks of pregnancy
- › CDC data reveal more than 300 children between the ages of 12 and 18 have died from myocarditis, a now-recognized side effect of the COVID jab, yet the shot is now authorized for children as young as 5
- › Since the COVID gene therapies do not prevent infection, but only lessen symptoms, they are actually a treatment, not a prevention. And there are far safer and more effective treatment available, including nebulized peroxide, ozone therapy, and hydroxychloroquine and ivermectin regimens

Janci Chunn Lindsay, Ph.D., is a molecular biologist and toxicologist and director of toxicology and molecular biology for Toxicology Support Services LLC. April 23, 2021,

she delivered a three-minute public comment to the U.S. Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Her expertise is analysis of pharmacological dose-responses, mechanistic biology and complex toxicity dynamics. In her ACIP comment (see video below), Lindsay described how she aided the development of a contraceptive vaccine in the 1990s that ended up causing unintended autoimmune destruction and sterility in animals which, despite careful pre-analysis, had not been predicted. She explains:

"We were developing what was meant to be a temporary contraceptive vaccine, which was very attractive because it prevented fertilization rather than preventing implantation – or it should have; that was the idea.

Unfortunately, even though quite a bit of analysis was done in different animal models to make sure that it did not have an autoimmune action, it did end up having an autoimmune action and caused complete ovarian destruction.

Now it's used in that manner [for permanent sterilization] in dogs, cats and other animals. So, that's a cautionary tale of how animal studies can help us avoid mistakes in humans when they're used properly, and when proper animal studies are done."

We May Be Sterilizing an Entire Generation

At the time, she called for an immediate halt to COVID-19 mRNA and DNA vaccines due to safety concerns on multiple fronts. In particular, she noted there is credible concern that they will cross-react with syncytin (a retroviral envelope protein) and reproductive genes in sperm, ova and placenta in ways that may "impair fertility and reproductive outcomes."

Not a single study has disproven this hypothesis, she noted. Another theory of how these injections might impair fertility can be found in a 2006 study,¹ which showed sperm can take up foreign mRNA, convert it into DNA, and release it as little pellets (plasmids) in the medium around the fertilized egg.

The embryo then takes up these plasmids and carries them (sustains and clones them into many of the daughter cells) throughout its life, even passing them on to future generations. It's possible that the pseudo-exosomes that are the mRNA contents would be perfect for supplying the sperm with mRNA for the spike protein.

So, potentially, a vaccinated woman who gets pregnant with an embryo that can (via the sperms' plasmids) synthesize the spike protein according to the instructions in the vaccine, would have an immune capacity to attack that embryo because of the "foreign" protein it displays on its cells. This then would cause a miscarriage.

"We could potentially be sterilizing an entire generation," Lindsey warned. The fact that there have been live births following COVID-19 vaccination is not proof that these injections do not have a reproductive effect, she said.

Lindsay also pointed out that reports of menstrual irregularities and vaginal hemorrhaging in women who have received the injections number in the thousands,^{2,3,4} and this too hints at reproductive effects. In this interview, we dive deeper into these mechanisms.

Something Has Gone Horribly Wrong

When asked how she ended up getting so passionately involved in this controversial topic, Lindsay replies:

"I became interested in the issue because science was not making sense anymore. For instance, herd immunity was being redefined. Herd immunity has always been defined by a combination of the natural infection with vaccination practices that work.

Suddenly, herd immunity was changed to only being attained through vaccination, and I knew that that was horribly wrong, yet it was being touted everywhere. It was certainly being touted by [Dr. Anthony] Fauci and others who know better.

Other things were also happening within the scientific world. Two of our top tier journals, The New England Journal of Medicine and The Lancet, published fraudulent hydroxychloroquine studies.

Ostensibly they had gone through peer review, and it should've been easy to catch the errors in these studies – as well as many other studies that allow for the emergency use authorization of these gene therapies – and they weren't caught.

Hydroxychloroquine and ivermectin are very safe. They've been used safely in pregnant women and children for decades, and suddenly they were being vilified as if they were not safe. As a toxicologist, I know they are safe.

So, these types of things really piqued my attention along with all of the stuff going on in the background with respect to the New World Order and the agenda set by the World Economic Forum, and our joining into this, along with so many other countries, despite their intent, their materials, which claim life will be changed as we know it.

We will 'own nothing and be happy [about it]' in just a few years. All of these things converged for me into a sense that something had gone horribly wrong, that our regulatory institutes were captured, and that our scientific journals were not being honest anymore ...

There's a paper that came out in 2006 called 'Disease Mitigation Measures in the Control of Pandemic Influenza.'⁵ This paper is wonderful. It goes through World Health Organization and CDC guidelines on how to react during a pandemic, what works and what doesn't work, and it clearly points out that masks don't work.

They knew at that point they don't work. Travel lockdowns don't work. It's a wonderful paper to basically go through everything we have done in response to this pandemic, and say that's an inappropriate way to respond, and we have scientific data that proves it. So, I encourage everybody to go back to that paper

... to really see how crazy we've gotten in the mandates that make no scientific sense at all."

Massive Danger Signal Is Being Ignored

As noted by Lindsay, in the case of the COVID shots, important animal studies that help ascertain toxic and systemic effects were not done. But we're still seeing danger signals that need to be heeded.

Preliminary safety results of mRNA COVID shots used in pregnant women, based on data from the V-Safe Registry, were published in The New England Journal of Medicine (NEJM) in April 2021.⁶

According to this paper, the miscarriage rate within the first 20 weeks of pregnancy was 12.5%, which is only slightly above the normal average of 10%. (Looking at statistical data, the risk of miscarriage drops from an overall, average risk rate of 21.3% for the duration of the pregnancy as a whole, to just 5% between Weeks 6 and 7, all the way down to 1% between Weeks 14 and 20.⁷)

However, there's a distinct problem with this calculation, as highlighted by Drs. Ira Bernstein and Sanja Jovanovic, and Deann McLeod, HBSoc, of Toronto. In a May 28, 2021, letter to the editor, they pointed out that:⁸

"In table 4, the authors report a rate of spontaneous abortions <20 weeks (SA) of 12.5% (104 abortions/827 completed pregnancies). However, this rate should be based on the number of women who were at risk of an SA due to vaccine receipt and should exclude the 700 women who were vaccinated in their third-trimester (104/127 = 82%)."

In other words, when you exclude women who got the shot in their third trimester (since the third trimester is AFTER week 20 and therefore should not be counted when determining miscarriage rate among those injected BEFORE week 20), the miscarriage rate is a whopping 82%.

Of those 104 miscarriages, 96 of them occurred before 13 weeks of gestation, which strongly suggests that getting a COVID shot during the first trimester is an absolute recipe for disaster.

“They concluded, very fraudulently, in my estimation, that it was safe to vaccinate in the third trimester, and said nothing about the clear safety signal in the first trimester,” Lindsay says. “It’s just so dishonest, so purposefully manipulative.”

As for the women who get the shot in their third trimester, there’s still no telling what the ramifications might be in the long term.

“We just don’t know, and that’s the problem,” Lindsay says. “There are all kinds of things that can go wrong with these types of therapies, and have gone wrong in animal models. We don’t know what will happen in the future for these women or for their children. This could be passed on.

We’re seeing now a lot of mention of constitutive expression, whether that’s failure of the mRNA to degrade or integration into the genome. That’s still being investigated.”

Children Are Dying From COVID Jab-Induced Myocarditis

Lindsay goes on to cite a CDC report that shows more than 300 children between the ages of 12 and 18 have died from myocarditis, a now-recognized side effect of the COVID jab.

We also know, based in part on whistleblower testimony, that more than 50,000 Americans have died within three days of these shots,^{9,10} and that’s just from one database (the Vaccine Adverse Event Reporting System or VAERS). There are 10 other databases that feed into the CDC that the public does not have access to.

“This many deaths, it’s appalling and alarming,” Lindsay says. “Dr. Peter McCullough says the safety signal for typical vaccines, other than this gene

therapy, would've been around 186 total. We're now up to [17,128 reported deaths in VAERS, as of October 15, 2021¹¹], but they haven't paused this in children.

They have not paused this while they're investigating the myocarditis. Instead, they're pushing it even more. Has this ever happened before? I mean, does this happen in a scenario where the population is at essentially zero risk for the disease? ...

The cardiac deaths alone in perfectly healthy kids, and pulmonary embolism deaths in kids, should've stopped this. They are at no risk [from COVID-19]. There is no reason to vaccinate them, absolutely zero reason to give them these gene therapies because they're at no risk [from the infection] ...

You know [the shot] is causing heart failure, pulmonary emboli, cardiac arrest in healthy teenagers, and you're not pausing to investigate the risk versus reward scenario? Something is horribly wrong.

Unfortunately, our regulatory institutions are not going to stop this. They've clearly been captured. It's something that we're going to have to do. Vaccinated and non-vaccinated must stand together to say, 'No, you're not going to experiment on my children' ...

With the RSV vaccines and the dengue fever vaccines, we had deaths in children that were much fewer in number that stopped those campaigns as well. It's very, very clear – if you don't get anything else out of this interview with me, understand that our regulatory and safety agencies have been captured.

They're not doing their job to protect you or your children. You must not trust them, because they are not doing anything according to practices that used to be adhered to. It's clear that they've been captured and compromised, and I hate to say that. I really hate to say that, but that's the only logical answer ...

We have all these breakthrough cases too. If you look at Michigan, and I've actually been privy to some other databases of true death numbers in different states [comparing] those who are vaccinated and those who don't, and I can tell you that the media is lying with respect to the unvaccinated making up 99% of hospitalizations. They're absolutely lying."

How the Jab Can Sabotage Fertility

Getting back to the fertility issue, Lindsay cites a Singaporean study that examined the COVID jab's ability to interfere with fertility by triggering anti-syncytin-1. The study included 15 women, two of whom were pregnant. She explains:

"They did something that I had asked to be done a long time ago, which was to measure anti-syncytin antibodies in an ELISA test. The syncytins are conformationally and genetically similar to the [SARS-CoV-2] spike protein, this fusogenic spike protein.

The thought by several experts was that you could have an autoimmune reaction to the syncytins by developing an immune reaction to the spike protein, and then that would prevent successful pregnancy.

But the syncytins are also important in a number of psychological diseases, such as bipolar depression. They're important on autoimmune disease, lupus and multiple sclerosis. They are present in skeletal muscle. There's some association with breast cancer. They're really important ancient retroviral elements.

What this study found was extremely interesting. It found that every single one of these women who had been vaccinated developed autoantibodies to syncytin-1. Now, the authors kind of dismissed this and said, 'Oh, but we don't think that those antibodies were high enough to mean anything.'

But there was a clear difference between the pre-gene therapy sera [blood sample] and the post-therapy sera ... What it shows is that there is an antibody

response, and the significance of it, we don't really know. But every single one of the women developed an antibody response that was different from the baseline ... and I think that's probably what's causing some of these pregnancy losses."

Are COVID Jabs a Population-Wide Immunocontraceptive?

When asked what she thinks the motive behind this mass injection campaign might be, considering the clear danger signals, she replies:

"I certainly think that to discount that it is a form of population-wide contraceptive would be naïve. There's a paper that came out in 2005. It's called 'Evaluation of Fusogenic Trophoblast Surface Epitopes as Targets for Immune Contraception.'¹²

This paper tried to find contraceptive peptides in persons that had infertility problems already that were isolated to placentation. So, it was taking a backwards approach, getting the sera from people who had fertility problems and trying to see what they had antibodies to that was causing the fertility problems ...

This work was sponsored by the WHO and the Rockefeller Foundation [and the National Institutes of Health]. No surprise there. It was then picked up by a company called AplaGen that took it to patent in 2007.

These are 12-mer peptides, and there's a series of eight of them that can be used to induce sterility. When they patented it, they also said that it could be used to ameliorate sterility. Interestingly, it was also associated with all of the things that we know syncytin is associated with, – lupus, skeletal muscle disorders, bipolar depression [and] a number of other things.

Even though they don't name syncytin proteins as the proteins that are targeted, they worked backwards from these peptides, and then said they were a series of other proteins. Sometimes we know that proteins can be called the same

thing in different discovery realms. So, that's going to take more research, but it was certainly interesting to me.

What it really points out is that there were efforts to use peptides or immunocontraceptive means at the placental trophoblast interface to cause sterilization ... So, it would be naïve to think that this was not on the plate for future use."

How Long Will Effects Last?

An obvious question is, how long might these effects last? Are they lifelong? Of course, any answer we come up with here will be hypothetical only, as the studies simply haven't been done. That said, with her background in molecular biology, Lindsay is at least qualified to theorize.

The mRNA is extremely fragile, which is why a nanolipid with polyethylene glycol delivery system is used. In addition, about 30% of the mRNA has been genetically modified to decrease degradation. As a result, the mRNA being injected is magnitudes sturdier than natural mRNA.

What's more, the nanoliposomes allow for superior penetration into tissues, and we now know it spreads throughout your body. It doesn't stay in your deltoid. How long this modified and stabilized mRNA remains viable is still unknown, however. A corollary question is whether this mRNA might be integrated into your genome to become a permanent fixture.

"The answer is, we don't know for sure," Lindsay says. "Of course, with the adenoviral vector vaccines [Janssen and AstraZeneca], they're more prone to integration into the genome. We know that from animal studies and past experiments.

With the mRNA technology, we've never stabilized something like this in this manner. What we do know is that recent studies have come out – Bruce Patterson's group and another group – both came out with the finding that the

spike protein is being expressed, [it's] present on monocytes, as far out as from the time that the people were given the gene therapy.

So, that gives us an indication that it is resistant, for sure, to degradation. The longer it stays around, and is resistant to degradation, the more likely that genomic integration events can occur. But I don't know the answer to whether or not it will become a permanent feature."

Make a Rational Choice

As explained by Lindsay, no coronavirus vaccine has ever been successfully brought to market, despite 20 years of effort. All have failed due to antibody dependent enhancement, where the vaccination facilitates infection rather than protects against it.

“ If all these gene therapies do is lessen the diseases, then they're not a vaccine, they are a treatment. You have to use your common sense to say, why wouldn't I use a treatment that has been known to be safe over 70 years as opposed to one that is brand-new, that is experimental? ~ Janci Chunn Lindsay, Ph.D.”

Now, we're to believe a safe and effective coronavirus "vaccine" has been developed in mere months. She also makes another important point. Since the COVID gene therapies do not prevent infection, but only lessen symptoms, they are actually a treatment, not a prevention.

And there are far safer and more effective treatments available, including nebulized peroxide, ozone therapy, and hydroxychloroquine and ivermectin regimens.

"If all these gene therapies do is lessen the diseases, then they're not a vaccine, they are a treatment," she says. "They are a treatment that you don't know the mid- or long-term consequences of, that have already caused a number of

adverse events. You have to use your common sense to say, why wouldn't I use a treatment that has been known to be safe over 70 years as opposed to one that is brand-new, that is experimental?"

Other Safety Signals

Aside from fertility issues, heart inflammation and blood clots, another side effect seen among the fully "vaccinated" is de novo Type 1 diabetes in adults. This makes sense considering Pfizer's biodistribution study showed the spike protein accumulates in the pancreas. The natural SARS-CoV infection can also have this effect.

Type 1 diabetes is a serious problem, as it leaves you metabolically handicapped for the rest of your life, dependent on extremely costly insulin injections. Doctors are also reporting an increase in pancreatic cancer and acute myeloid leukemia.

Where Do We Go From Here?

"Many scientists and physicians feel as I do, and are trying to figure out where we go from here," Lindsay says, "because our typical safety and regulatory agencies have been compromised." She believes we need to continue sharing the data and facts that mainstream media refuse to discuss, and continue urging those who have received the jab to at least protect their children.

"We need to stand together as one people and say we're not going to accept this, especially not for our children, and try to get to the bottom of this and see what's really behind all these efforts. Is it really about a virus, or is it more about other political motivations and campaigns, as it seems to be?"

I'm less optimistic about the idea of breaking through the brainwashing to get people to not sacrifice their children. So many have their minds set in cement with the wrong information. They could have their brother, sister, mother or father get the shot and die with the needle still on their arm, and they'd still go out to get a booster the next day.

I've seen it so many times. My friends, their parents, their siblings and loved ones – there's this barrier that prevents any openness to new information. They've made their decision. Mark Twain said, "It's far easier to fool someone than to convince them they've been fooled." And it's true.

So, while I agree that we must keep trying, and have faith that truth will prevail, I also think it's important to have realistic expectations. We're up against the most effective propaganda campaign in modern history. It's psychological warfare at its best.

From my perspective, being a pragmatic realist, I believe the best strategy is to reinforce and support those who didn't buy into the propaganda narrative to begin with, because they don't struggle with that cognitive dissonance. If we stick together and support each other, so none of us get sucked into the lunacy, then we can at least preserve the control group.

Ultimately, the truth will come out, as long as we can preserve the control group. In a year or two, or three, we will clearly be able to tell how devastating this intervention was simply by comparing the two groups. I suspect those who got the shot will be severely crippled in various ways, and those who didn't get the shot will have far better health in comparison.

"I absolutely agree that we have to preserve a control group. We also have to think of ways that we can help those that have been injured. I brought this out in a letter I recently wrote, advocating for Dr. McCullough.

People who have gotten this inoculation, if they have mid- to long-term effects, if you deny that any adverse effects are really going on, then the efforts going into those treatments for people who are having side effects are not going to be there. We have to accept that these [side effects] are real in order to help people who have already taken the inoculations, and I believe we have to try."

Sources and References

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