

Are the COVID mRNA Vaccination Injections Thinly-Disguised Genocide?

By Dr. Lewis Coleman - March 13, 2024

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Are the COVID mRNA Vaccination Injections Thinly-Disguised Genocide?

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Preface: Among the most catastrophic events of our time is the so-called COVID "pandemic." Around the world, people are becoming aware that the entire episode, from the initial appearance of the contagion, until today, when countless recipients of the mRNA "vaccine" have fallen ill or unexpectedly died, may have been deliberately engineered by members of Big Pharma along with both elected and unelected government officials. Is the pandemic, then, deliberate genocide by the "elite" against earth's population? And are they planning to do it again with "Disease X" and proposals by the World Health Organization to seize control of society with even worse lockdowns, canceling of dissent, and deadly "vaccines" and treatment protocols? To help us understand the crisis, the American Geopolitical Institute presents new information on the mRNA shots by our lead science investigator, Dr. Lewis Coleman.

Despite a growing mountain of evidence, the public has yet to grasp the horrifying reality of the COVID contagion, combining both disease and "treatment."



Is it merely a worldwide botched mistake perpetrated by Big Pharma and over-zealous governments tripping over each other, or is it the most devious, devastating, and dystopian form of genocide yet devised?

The COVID “pandemic” has already reduced average American life spans for three years running, though its deadly effects won’t likely be fully realized until after 2030.¹ It will disproportionately devastate the healthiest, most intelligent, and most productive members of society. It will add to the inexorable decline of fertility and health caused by chronic illnesses induced by environmental pollution and emotional stress from societal dislocation—i.e., “lockdowns”—and frightful propaganda.²

The COVID contagion itself—a form of pneumonia—was only the tip of the iceberg. Like SARS, MERS, and recent poultry and mink epidemics, it was unquestionably caused by a weaponized version of the coronavirus, which is but one of several normally innocuous viruses that cause the “common cold.”^{3,4} Though COVID often caused loss of hair, smell, and taste, it was seldom lethal except in victims with pre-existing health problems, especially morbid obesity, mainly when they were subjected to inherently harmful mechanical hyperventilation⁵⁻⁷ after being drugged with Remdesivir.

Was the purpose to panic the public to submit to the worthless mRNA injections, which are far deadlier than the now-extinct COVID contagion? After all, COVID pneumonia was confined to the lung, while the mRNA injections introduce weaponized viral genetic material into systemic blood circulation, where it attacks the cells of the vascular endothelium to propagate itself and spread rapidly throughout the body. The result is widespread tissue damage, organ disruption, baffling sudden death in healthy young persons, and a lingering “Long COVID” syndrome that cripples survivors with chronic fatigue, muscle weakness, infertility, stubborn infections, and mental fog.⁸⁻¹⁰

Failure of Orthodox Medical Theory

Orthodox medical theory cannot explain the “Long COVID” syndrome, or how the mRNA injections have caused the epidemic of sudden, painless death in healthy young people, airline pilots, and trained athletes.⁹ Doctors mostly attribute these deaths to myocarditis and heart attacks, but myocarditis exhibits warning symptoms of chest pain and fatigue long before death, and heart attacks don’t cause the abnormal heart distension observed at autopsy, as if the victims were overdosed with epinephrine. Neither can they explain the strange fibrous clots in small peripheral arteries that are overlooked during autopsy but discovered during embalming.¹¹



After a lifetime of practice and research, I can now point out that these unprecedented observations are in fact explained by the recent discovery and description of the long-sought "mammalian stress mechanism" (MSM) that derives from the medical stress theory proposed by the once-renowned Hungarian-Canadian physician, Dr. Hans Selye (1907-1982).

Discovering the elusive MSM was the prevailing objective of medical research for some thirty years following the 1953 discovery of DNA by Watson and Crick, but Selye's ideas were abandoned and forgotten for failure to find any clue of a viable general theory.^{12,13} *This discovery represents the belated triumph of 20th century medical research, and it promises revolutionary improvements in surgery, medical treatment, health, and longevity. But the long-postponed results of Selye's revolutionary disclosures are still being assiduously ignored by professional medicine and powerful corporations that profit at the price of public health.*^{12 9 13,14}

What is the Mammalian Stress Mechanism (MSM)?

The MSM is a combination of bodily functions that efficiently and unobtrusively repairs tissues and regulates organs, but when it becomes hyperactivated by combinations of unrelenting environmental stress, it wastes its resources and produces excessive and defective versions of its biochemical products. *This process manifests as disease and explains the close associations of seemingly unrelated illnesses.* For example, diabetes, hypertension, cancer, obesity, and heart disease are all closely associated.

The following explanation gets somewhat technical, but don't worry about it. What's important is to grasp the general concept—how all forms of disease are caused by the same mechanisms, and how this opens new vistas for understanding and treatment.

The MSM consists of the entire nervous system, the vascular endothelium, blood enzyme factors VII, VIII, IX and X, and tissue factor (TF) in extravascular tissues.^{15,16} The vascular endothelium is the focus of MSM activity. It is a delicate layer of specialized cells that line the inner surface of all blood vessels and is the sole cellular constituent of capillaries. It isolates TF from the blood enzymes, and it manufactures and releases von Willebrand Factor (VWF), nitric oxide (NO), and other stress-related hormones into the bloodstream in accord with nervous activity.



fibrin." This polymerizes into submicroscopic strands that increase capillary flow resistance (i.e., closes the capillary gate), reduce organ perfusion, inhibit organ function, suppress pulsatile arterial blood turbulence, and bind blood cells into a viscoelastic clot that substitutes for the damaged vascular endothelium. The clot then re-isolates blood enzymes from TF, halts blood loss, and regulates tissue repair.

Sympathetic nervous activity also releases epinephrine from the adrenal glands, which releases VWF to close the capillary gate in peripheral muscles and tissues that lack direct autonomic innervation. This explains hemostasis in capillaries that lack muscular elements and cannot "constrict" to prevent blood loss.

Subconscious parasympathetic nervous activity releases nitric oxide (NO) from the vascular endothelium, which disintegrates insoluble fibrin into "fibrin split products" to open the capillary gate, reduce microvascular flow resistance, restore organ perfusion, and increase organ function.

The Importance of Carbon Dioxide to the Capillary Gate Component

Carbon dioxide is the primary regulator of the capillary gate component. It directly releases NO (nitric oxide) from the vascular endothelium to disintegrate insoluble fibrin and open the capillary gate, and it simultaneously releases oxygen from blood into tissues. This enables the mechanism of oxygen transport and delivery that continuously supplies oxygen to active muscles and cells deep within the body.⁶ *Carbon dioxide is an essential element of healing, which cannot take place in a human organism where it has been depleted; for instance, through hyperventilation such as COVID patients are subjected to in hospital settings. People who deride carbon dioxide as a pollutant are literally insane. It has thousands of commercial and industrial uses and is approved by FDA for medical use.*

Pulsatile Turbulence and the MSM

Orthodox medical theory assumes that the flow characteristics of blood are identical to those of water, but water is a "Newtonian" fluid that exhibits exponentially *increasing* turbulent flow resistance when it is accelerated in pipes, while blood is a "non-Newtonian" fluid that exhibits exponentially *decreasing* turbulent flow resistance when it is accelerated in arteries. This is because the biconcave shape, small size, and neutral buoyancy of mammalian red blood cells cause them to spontaneously form stacks that prevent the formation of turbulent flow patterns that exponentially exaggerate flow resistance. This enables the heart to efficiently eject its contents into the arterial tree in less than a tenth of a second during systolic cardiac contraction. Thus, mammalian arterial blood flow is "laminar" because it



is free of turbulent flow resistance. This explains why mammalian exercise tolerance is superior to reptilian exercise tolerance.

Arterial Patency and the MSM

The heart muscle relaxes at the conclusion of systolic cardiac blood ejection, causing an instantaneous reversal of aortic blood flow that closes the aortic valve. The decreased diameter of the distal aorta exaggerates this instantaneous flow reversal, which disrupts the red cell stacks and initiates a wave of pulsatile turbulence that propagates throughout the arterial tree.

Here we see that Mother Nature is a master engineer. Pulsatile turbulence inhibits arterial thrombus formation, "tunnels" through thrombi to restore arterial patency, mobilizes particulate deposits from the inner walls of arteries to prevent atherosclerosis, and generates Bernoulli forces that enable the palpable pulse and conventional blood pressure measurement. This explains why arterial thrombosis is far less common than venous thrombosis. Furthermore, the decreasing arterial diameter with distance from the heart exaggerates turbulent intensity, which explains why atherosclerosis is rare in fingers and toes but rather begins at the bifurcations and greater curvatures of large proximal arteries such as the aorta, where turbulent intensity is minimal. Thus, mammalian hemodynamic physiology combines pulsatile turbulence that maintains arterial patency with friction free laminar flow, thereby optimizing exercise tolerance.

Blood Pressure and the MSM

So now I need you to bear with me, because we are leading back to COVID. We need to know that conventional blood pressure is a misleading indication of cardiovascular function, because it measures the Bernoulli forces generated by the traveling turbulent pulse waves that are unrelated to the gentle force that propels blood from the heart to distal tissues. The arterial tree functions as a "secondary heart" that expands to accommodate blood ejected from the heart, and then slowly and gently contracts to restore its resting volume in the aftermath of the traveling waves of pulsatile turbulence. This produces a *gentle force* that propels blood to distal tissues but cannot be detected by conventional blood pressure instruments. Thus, trained athletes exhibit abnormally low blood pressure at rest and normal blood pressure during intense exercise when their cardiac output increases by a factor of ten, whereas essential hypertension invariably reflects a pathological state of increased cardiac work and stress rather than beneficial "cardiac reserve."

mRNA Injections and the MSM



Now to COVID. Are you still with me? So, the weaponized viral mRNA genetic material attacks the vascular endothelium. This releases both tissue factor and von Willebrand factor into flowing blood, and simultaneously activates both the tissue repair component and the capillary gate component. *This causes abnormally increasing insoluble fibrin generation and systemic inflammation that elevates coagulability but causes no overt symptoms until it rises above a critical threshold, whereupon spontaneous blood coagulation begins in small peripheral arteries throughout the body.* This process suddenly increases systemic blood flow resistance, inhibits the ability of the heart to discharge its contents into the arterial tree, disrupts the mechanism of oxygen transport and delivery, and potentially causes painless loss of consciousness that is soon followed by death.⁶ This explains the cardiac distention, or enlargement, observed during autopsy and the abnormal fibrous clots in small peripheral arteries that are overlooked at autopsy but are discovered during embalming.^{11,17,18}

mRNA Injections and the “Long COVID” Syndrome

Obviously, the mRNA injections do not invariably cause sudden death. **Many patients suffer non-lethal damage to the vascular endothelium that harms capillaries and cripples tissue perfusion and oxygenation.** This leads to the “Long COVID” syndrome. The resulting chronic tissue hypoxia (non-availability of oxygen) explains exercise intolerance, muscle weakness, mental fog, and stubborn infections with “facultative anaerobes” that thrive in poorly oxygenated tissues but should actually be poisoned by normal tissue oxygenation. This unhappy condition can be improved by anticoagulant treatments. The ideal anticoagulant for this purpose is streptokinase, which is an enzyme-like substance related to rattlesnake venom, that directly disintegrates insoluble fibrin, dissolves blood clots, and restores perfusion and oxygenation to infarcted tissues. When it was introduced in the 1980s streptokinase was hailed as a “miracle treatment” for heart attacks and strokes that reliably and efficiently restores perfusion and oxygenation to infarcted tissues.^{19,20} Unfortunately, it also caused harmless but frightening hypotension (low blood pressure), so it was supplanted by less effective TPA (tissue plasminogen activator) and by dangerous coronary artery bypass surgery and angioplasty, all of which are relatively ineffective compared to streptokinase.²¹⁻²³ Outrageously, streptokinase is mostly forgotten and no longer available in North America, though it remains available from its manufacturer in Germany and is being used in China and several other countries .

I strongly advise everyone reading these words who has received an mRNA injection to immediately contact your primary care physician for help in obtaining relief or treatment based on the foregoing analysis. Chelation therapy may also help in cleansing the blood. Another aid to recovery may be regular inhalation of small volumes of carbon dioxide, which has the effect of opening the capillary gate and promoting oxygenation of tissues. Again, medical use of carbon dioxide is authorized by FDA. As always, consult your primary care physician.



Summary

The discovery of the Mammalian Stress Mechanism is among the most important advances in the history of medicine and biology. It explains the nature of physiology, pathology, and stress, including the COVID contagion. It enables physicians to direct their efforts at the underlying cause of disease instead of judging their results based on fickle symptoms. If fully appreciated, its recognition would allow guided pharmaceutical research and development to come up with effective pharmaceuticals to revolutionize surgery, reduce illness, and introduce a new era of health and longevity that is free from the eternal curse of disease and premature death.

The MSM also implies a unified theory of biology that explains the nature of embryology, evolution, ethology, psychology, anatomy, intelligence, taxonomy, the Cambrian explosion, and the amazing life cycles of dinosaurs. It may even explain the origin of life and the purpose of periodic extinction, resolving the disparities of Darwin, Lamarck, and Baldwin, while also explaining the presence of saltation (abrupt evolutionary change). Knowledge of the MSM may also pave the way to understanding the genetic code and discovering the presently mysterious mechanism that transmits the chromosomal genetic blueprint to the cell surface, which enables the development of complex multicellular structures during embryological development. These advances would enable us to finally understand the process of evolution, with implications that presently reside in the realm of science fiction. Those seeking additional information may consult my website www.stressmechanism.com.

Conclusion

"It is the function of science to discover the existence of a general reign of order in nature and to find the causes governing this order. And this refers in equal measure to the relations of man-social and political-and to the entire universe as a whole."

-Dmitri Mendeleev

Medicine is a social science, and politics is nothing else but medicine on a large scale. Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution: the politician, the practical anthropologist, must find the means for their actual solution. The physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction.

--Rudolf Virchow



The only legitimate purposes of government are to protect its populations from attack by other governments, prevent crime, provide a universal currency to facilitate commerce, and otherwise promote the health, prosperity, and progress of its population. The American experiment, once so full of promise, has utterly failed.

The implications of the COVID contagion are staggering. Has the American government been hijacked by criminal ruling elites who are trying to wreck our fertility and kill us outright for reasons unknown? These individuals possess so much money and power that they own, control, and pervert all forms of mass media. They have deliberately suppressed the truth about COVID, passed laws that artificially define the mRNA injections as "vaccines," forced corporate and government employees to submit to multiple toxic mRNA injections as an employment requirement, shielded corrupt drug companies from legal repercussions, and imposed the deadly injections upon pregnant mothers and newborn babies. Anyone promoting this crime against humanity belongs in prison.

Dr. Lewis S. Coleman is Chair of the Science and Education Board of the American Institute of Stress. He is a board-certified anesthesiologist who completed his BS degree in biology at the Ohio State University, obtained his MD degree from New York Medical College, and completed his surgical internship and anesthesiology residency at UCLA, followed by 40 years in private practice. Coleman's basic sciences instruction at NYMC miraculously coincided with the two-year sojourn of Dr. Johannes Rhodin, who was retained by the school to reform its curriculum. Dr. Rhodin was a famous researcher and expert on the stress theory of Dr. Hans Selye. His lectures devastated the dogma of classical physiology and convinced Coleman that stress theory represented the future of medicine. Many years later, these lectures enabled Coleman to identify Selye's long-sought Mammalian Stress Mechanism. This promises to revolutionize medicine and provide a new era of health, longevity, and freedom from the eternal scourge of disease and premature death. Coleman sets forth his ideas in his important new book, [50 Years Lost in Medical Advance: The Discovery of Hans Selye's Stress Mechanism](#).

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