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Review Article

The CDC Denies Magnetic Elements in COVID Injectables While DARPA Promotes Mind-Control Research with Magnetic Nanoparticles Migrated to the Brain

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Abstract

The CDC denies that COVID-19 injections from Pfizer, Moderna, or Novavax can cause magnetism, even at the site of the injection. The CDC claims that the three ferromagnetic metals consisting of iron, cobalt, and nickel, and the rare earth chemicals used in magnets cerium, hafnium, lanthanum, gadolinium, and erbium are not in the US approved injectables. However, a 2024 study using inductively coupled plasma-mass spectrometry (ICP-MS), detected all these and many other undeclared elements in lots of Pfizer, Moderna, and five other brands of COVID-19 injectables. By contrast with the CDC denials, James Giordano, who has become Director of the Defense Advanced Research Projects Agency (DARPA), has argued since 2018 that the human brain is the battleground for DARPA's "disruptive technologies" of warfare using magnetic nanoparticles delivered "intranasally, intravenously, or intraorally" all without surgery to achieve "mind-control" by adjusting the frequencies, power, and directionality of the electromagnetic forces. The science of magnetofection is little known but has been under development for decades. We explain it here and ask, could militarized experimentation with magnetic nanoparticles be involved in causing the documented outcomes of proteinaceous clotting, cardio-vascular conditions, strokes, new autoimmune diseases, unprecedented rapidly developing "prion diseases", "turbo" cancers, and sudden deaths — many of these occurring in otherwise young and healthy recipients of the experimental COVID-19 injectables? The research discussed in this paper implies that an affirmative answer cannot be ruled out.

Keywords: ***biodefense research, biosemiotic depth hypothesis, iatrogenic magnetism, magnetofection, prion diseases, proteinaceous clots, stroke, sudden unexpected death, turbo cancer.***

Introduction

In Part 1 of this three-part paper, we first introduce the 2019 "biosemiotic [= biosignaling] depth hypothesis" from Oller and Shaw [1], then, we introduce the well-developed but little known science of "magnetofection": what it is, how it works, and why it may have been deployed in some lots of the COVID-19 injectables. We show on the basis of the biosemiotic depth hypothesis that — if and when magnetofection is deployed in gene therapy products like the modified RNA of Pfizer and Moderna that were distributed during the COVID-19 period beginning December 14, 2020 according to Our World in Data (see Santiago & Oller [2], pp. 861-862) — magnetofection is virtually certain to wreak havoc in the biosignaling systems that are invaded. It appears that the COVID-19 gene therapy products as documented in Parts 2 and 3, are, in fact, already doing so whether or not they are already using the science of magnetofection. They were and are designed, in any case, to penetrate, invade, and deceive the

body's protein building systems and to evade the immune defenses that would destroy them if they were not "cloaked" and deliberately hidden according to their manufacturers and biodefense promoters [3].

This entire first section can be summed up very briefly and it contains the essence of the whole paper: the biosemiotic depth hypothesis predicts that the deeper the penetration of foreign materials, toxins, disease agents, foreign nucleic acids, or combinations of these injurious materials, through the membranous barriers, beginning with the skin, that protect the body's biosignaling systems, *if all else is held equal*, the more serious will be the disorders and disease conditions that must logically follow. Magnetofection, as we explain in this paper, is designed for the sole purpose of enabling foreign nucleic acids and other toxic drug or pharmaceutical payloads to penetrate and invade the deepest vaults of the human body's biosignaling (biosemiotic) systems. The analyses presented in this paper are also informed by the emergence of biomedical technologies developed within the well-funded state-sanctioned Nano-Bio-Info-Cogno (NBIC) paradigm an interdisciplinary effort across research domains in nanotechnology, biotechnology, information technology, and cognitive science aimed at "changing the societal 'fabric' towards a new structure" [4]. Focusing attention on the current COVID-19 period of the deployed mRNA injectables beginning about December 14, 2020 in the US and continuing to the present time, we rely on the "biosemiotic depth hypothesis" [1] to explain what happens when the human body is subjected to the experimental conditions peculiar to the NBIC paradigm. Its purpose is to use brains and bloodstreams as sites of development for the forthcoming Internet of BioNano Things (IoBNT) [5,6] and for the technological warfare, not of the future, but of the present world as argued by James Giordano [7, 8,9,10] who has become the premier spokesperson for US bioweapons, biowarfare, and biosecurity as the Director of the Center for Disruptive Technologies and Future Warfare in the Institute for National Strategic Studies at the National Defense University [10].

In Part 2, we document the CDC denials regarding the presence of magnetic elements in COVID-19 injectables and the possible causal role of such elements in reports and demonstrations of bodily magnetism by Thorp et al. [11], and by Tuuminen et al. [12] in persons who received one or more COVID-19 injections, or who were exposed to others who received such injections. The published denials by the CDC, and by unnamed "health officials", are juxtaposed to results from Diblasi et al. [13] identifying magnetic elements in multiple lots of the COVID-19 injectables. Of course, the Diblasi study has been targeted by critics (e.g., Ulrich, 2024 [14]), but we three authors ourselves, and others (see Davidson, et al. 2024 [15]), have answered those complaints.

On the one hand, we accept the likelihood that some trace elements found by Diblasi et al. may be owed to contamination during manufacture [16,17], but, on the other hand, we have refuted the false assertion that the Agilent 7500 used in their research was not sufficiently sensitive to measure the sometimes minuscule amounts of toxic elements including iron, cobalt, nickel, chromium, arsenic, cerium, hafnium, lanthanum, gadolinium, etc. that were found. Most specifically, the presence of magnetic elements such as iron, cobalt, and nickel, along with traces of the permanently magnetic lanthanoids in the COVID-19 injectables must be, we believe, considered in the context of DARPA's strategy for ongoing biowarfare using electromagnetic fields to guide magnetic nanoparticles through the body's deepest membranous barriers into selected cells, cell nuclei, and brain regions. Also the reports generated by Thorp et al. [11] in 2021, and by Tuuminen et al. (2025) in this very journal [12], must be taken seriously.

The foundation of the DARPA plan for present-day warfare is precisely the procedure known as "magnetofection". DARPA has explicitly declared the purpose of using magnetofection to achieve "mind-control" without the knowledge of the targeted individuals (see Giordano [7,8,9,10]). Speaking in his capacity as the Director of DARPA's Center for Disruptive Technologies and Future Warfare in the Institute for National Strategic Studies at the National Defense University [9], Giordano has said plainly that the battleground of ongoing warfare does not necessarily involve armed combatants or persons who know they are engaged on a battlefield. In fact, he argues that the present-day war zone is now the human brain. In generalizing the kind of warfare at issue, Giordano, describes the current program as "an ambitious initiative aiming to develop [a] vast array of nanoscalar sensing and transmitting brain-computational interfaces (BCIs)" with the purpose of " 'mind reading' and 'mind control' " [9]. It seems that DARPA aims to usurp the role of God Almighty by becoming able to know human thoughts, and even to exceed God's authority by abolishing the free will of all the individuals targeted.

In Part 3, relying mainly on the law of large numbers and the central limit theorem (Pólya [18] and Le Cam [19]), we expand our argument to show how the presence of undeclared magnetic elements, in at least some lots of the COVID-19 injectables, as documented by Diblasi et al. [13], might account, in part at least, for the severe health outcomes being observed in large numbers of the recipients of those injectables [2,20,21,22, 23, 24]. Whereas the specific pathways of causation remain to be more precisely determined, it seems that the worldwide COVID-19 response directed by collaborating governments and private global entities along the lines played out at Event 201 [25] is causally implicated. Not only were people who directly received one or more COVID-19 injections impacted, but careful research suggests that some people who were merely exposed indirectly to the injectables by their working or living in close proximity to recipients of those nano-bio products [26] were also injured by the injections. The hypothesis that the injectables interacting with differential electromagnetic exposures are causing at least some of the observed problems merits closer examination.

It seems unlikely that either the injectables alone, or exposure to electromagnetic forces alone, could account for the overall increases in all-cause mortality being observed worldwide (see Oller & Santiago [22]; Santiago & Oller [2]; Beattie [19]; Rancourt [29]; Rancourt et al. [30].[1] However, those two factors operating in tandem, along with whatever

[1] One reader claimed that some of the authors we cite in this paper, notably Seneff, Rancourt, and others, are "known for anti-vaccine positions". However, that claim is an over-generalization and a *non sequitur* that just does not apply to our argument. The criticisms against the COVID-19 injectables in particular, and certain other pharmaceutical products, some of which also happen to be "vaccines", cannot be dismissed by lumping them all together under such a blanket generalization. The faults pointed out in the gene therapy misleadingly represented as a "vaccine", are specific scientific challenges to an industry under the supervision of agencies, mainstream journals, and editorial boards that have been captured by the very vested interests they are supposed to police. These facts

other toxic effects the COVID-19 injectables may contain, might offer a more plausible basis for explaining the harms that are being observed and reported.

Part 1: Introducing the Biosemiotic Depth Hypothesis and Magnetofection

Although magnetofection is a little-known science from the vantage-point of researchers examining the issues at stake in this paper, it is well-represented in peer-reviewed articles in the Web of Science Core Collection. A search on today's date, June 19, 2025, for the term "magnetofection", yielded 444 results dating from 2002 forward. According to an excellent review by Plank et al. [40] in 2011 (p. 1301), the roots of the science of magnetofection can be traced back to the 1970s. Magnetofection is at the very heart of biodefense research aimed at developing non-surgical ways to achieve "mind-control" over human beings [7,8,9].

As early as 2003, Berry and Curtis [41] pointed out that magnetofection aims to penetrate the "body's major defense system" specifically, the "reticulo-endothelial" barrier guarding the deepest levels of the body's native DNA and RNA systems governing the construction of our native proteins, organelles, cells, tissues, and whole organ systems. As Oller and Shaw [1] argued in 2019, prior to the onset of the COVID-19 crisis, the deeper the penetration of injurious toxins, disease agents, and/or foreign materials through the membranous barriers guarding the many layers of embedded containers-of-containers constituting the body's native systems, *if all else is held equal*, the depth of penetration must be pathognomonic (that is, diagnostic and prognostic) of the severity of the disease or injury. They wrote: "The depth hypothesis suggests a differentiation of autoimmune disorders as deeper than allergies, but less so than prion diseases, tumorigenesis, and metastatic cancers in that order" ([23], see especially p. 51).[2]

Given that the whole purpose of magnetofection, especially in its biodefense applications, is to penetrate the deepest barrier at the level of the reticulo-endothelium that guards the nucleus of our cells, it must be recognized *a priori* that an invasion of the human body at that depth has to be taken very seriously. Such an intrusion aims to impact biosignaling systems at the level of the body's most guarded communication systems. Those signaling systems are involved in the development, maintenance, repair, and defenses of the body. These are processes that are essential to health, well-being, and survival. If breaking through the well-designed barriers against foreign agents, toxins, and combinations of them should at the depth of the endothelium reticulum happen to include synthetic (foreign) nucleic acids magnetically or by other means guided into billions or even trillions of cell nuclei (whether aided or not by external electromagnetic energy), we should expect entirely new allergies leading to unexplainable sudden deaths resembling anaphylaxis, whole new chronic and rapidly developing immune disorders, rapid resurgence of quiescent tumors, sudden onset of metastatic cancers of multiple varieties, and suddenly developing combinations of these complications in unprecedented morbidities. In fact, we should expect exactly what researchers studying the outcomes of the rollout of the COVID-19 injectables are finding. When the penetration by foreign DNA, e.g. from plasmids, and by foreign synthetic mRNA in envelopes of lipid nanoparticles proceed to the germ cells, the risks be diagnosed subsequently. We are not saying that magnetofection has been deployed in the COVID-19 injectables, nor are we saying that it is the cause of any particular disease condition or any collection of them. Rather, we are saying that the whole purpose of magnetofection is to penetrate the deepest levels of membranous barriers of the body, just as was the purpose of the lipid nanoparticles in the Pfizer and Moderna products [3]. We are posing the question: has magnetofection been used in the COVID-19 injectables? Perhaps so, perhaps not. But the rapidly developing disease conditions following the rollout of the COVID-19 products that are designed, e.g., according to Nance and Meier [3] to penetrate the endothelial reticulum guarding the body's nuclear DNA, are consistent with the injurious outcomes that have been widely documented. The same critic, it seems, asked if any of the undeclared foreign elements detected in the COVID-19 products by Diblasi et al. [13] have been associated with cancerous tissues in the research literature. The answer is that indeed they have. Metaloids in general, especially, iron, copper, nickel, were found to be positively associated with "gastric precancerous lesions (GPL) and gastric cancer (GC)" by Qian et al. [42] and Zhu et al. [43]. They found that "metal(loid) exposure disrupts glucose metabolism, jointly influencing gastric precancerous lesions" and "gastric cancer". We are not asserting that the metaloids discovered by Diblasi et al. directly caused the injuries observed after the rollout of the COVID-19 products, nor have we asserted that magnetofection was necessarily involved, but rather we have argued that some composite of factors associated with the rollout of the COVID-19 products must have been causally involved in the rapid onset of so many novel disease conditions and injuries.

have been reiterated in mainstream journals documenting the corporate capture of prestige academic editorial boards, medical schools, and oversight agencies that are effectively owned by Big Pharma. One critique in particular, Liu et al. in 2017, had been cited 80 times according to the Web of Science on June 16, 2025. It documented payments to US journal editors [31] and editorial boards by manufactiureres of medicines, medical devices, and pharmaceuticals. Since that time, and before, conflicts of interest have been widely acknowledged and lamented in the mainstream literature [32-38], and they have been excoriated by Robert F. Kennedy, Jr. who is now at the helm of the US Department of Health and Human Services [39]. It is the captured mainstream medical journals and oversight agencies that are to be faulted for the absurd generalization that all "vaccines" — including the COVID-19 gene-therapy products — are "safe and effective". Such marketing claims masquerading as "science" are false. Independent researchers of good will and honorable intentions must examine the relevant facts from all possible angles and must follow the facts to whatever conclusions they warrant.

[2] A certain reviewer supposed that we are asserting that magnetofection is the cause of the host of rapidly developing disease conditions following the rollout of the COVID-19 injectables. We do not claim that. Our argument here merely applies the "biosemiotic depth hypothesis" proposed by Oller and Shaw [1] — showing why the invasion of the body's deepest membranous barriers with infectious or toxic materials is, *all else being held equal*, necessarily indicative of the severity of disorders and disease conditions that can

extend to the possibility of damaging or even destroying future generations. An experiment at the level of nucleic acids gone wrong, if the depth hypothesis advocated by Oller and Shaw is valid [1], could threaten the future existence of our species.

Plank et al. [21] (see especially p. 1301) credit their own team with having invented the term "magnetofection" in the year 2000. They say it is "a term for magnetically guided and enhanced nucleic acid delivery": they explain it as "nucleic acid delivery under the influence of a magnetic field acting on nucleic acid vectors that are associated with magnetic (nano)particles" as shown in Figure 1. By the year 1983, Widder et al. [44] had successfully used magnetically guided microspheres to diminish tumors in Holtzman rats. The method involved killing the cancer cells with the magnetic microspheres. Since then, research has progressed to nanosized single molecule magnets that are, in some instances, luminescent as well as magnetic [45], and that can penetrate the deepest and most protected vaults of biosignaling systems of the human body.

Well before the COVID-19 crisis, in 2018, Cruz-Acuna et al. [46] had demonstrated that linking programable (synthetic) RNA particles with magnetic nanoparticles (as simulated in Figure 1) resulted in "statistically higher transfection efficiency". That paper alone was cited 33 times on the Web of Science, and it seems to us unlikely that the science of magnetofection would have been overlooked by the engineers putting together the COVID-19 injectables. By 2011, Plank et al. [40] claimed that "1600 clinical trials" including "convincing therapeutic success in human clinical trials" had already been conducted with magnetofection.

Although magnetofection was not mentioned in 2021 by Nance and Meier [3], in their promotion of the Pfizer and Moderna products, they stressed the "cloaking" of the synthetic RNA loaded into lipid nanoparticles, so they could slip into cells undetected by the body's defenses. That disguising of synthetic mRNA was, they claimed, accomplished by substituting synthetic N1-mehylpseudo-uridine in place of uridine in the coding for SARS-CoV-2 spike protein (see Santiago [23,24,48]. Whether or not that "cloaking" may have received an additional penetrating power by being coupled with magnetic nanoparticles, the deliberate objective of the disguise was to hide the synthetic mRNA from the body's defenses. The subterfuge was desirable according to its proponents so that the synthetic mRNA could commandeer the ribosomal factories for producing proteins to generate many copies of the part of the spike protein the COVID-19 genetic engineers hoped would engender effective antibodies against the SARS-CoV-2 virus. The lipid nanoparticles, being slick with their fatty surfaces, could supposedly penetrate the deepest level of the nucleated cells to reach the ribosome and assure production of at least a sufficient part of the SARS-CoV-2 spike protein to produce immunity in recipients of the "vaccine". Given that the stated goal was to penetrate to the level of the body's ribosomal factories for proteins, the lipid nanoparticles could only have been rendered more efficient at penetrating cell barriers by also incorporating magnetic materials assisted by external electromagnetic forces [49-51]. However, regardless of the method used by the genetic engineers to penetrate the deepest membranous barriers of the body, doing so would be likely to precipitate morbidities. They can be expected to be similar to those attributable to toxicants, disease agents, and energetic bombardment by radiant energy. For some discussion see Shaw [52] while keeping in mind the "biosemiotic depth hypothesis" [1] along with the prediction that after the rollout of the COVID-19 products, there must be a

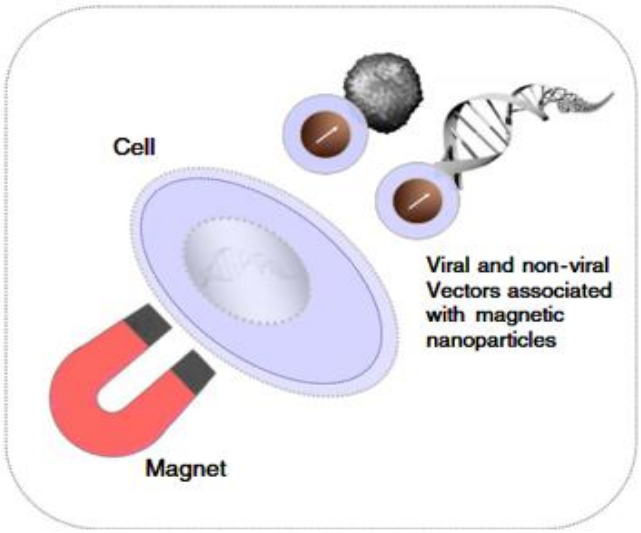


Figure 1: This figure is from Plank, C., Zelphati, O., & Mykhaylyk, O. (2011). Magnetically enhanced nucleic acid delivery. Ten years of magnetofection Progress and prospects. *Advanced Drug Delivery Reviews, 63*(14), 1300–1331. https://doi.org/10.1016/j.addr.2011.08.002. The caption published with the original figure reads "Principle of magnetofection: viral or non-viral gene delivery vectors are associated with magnetic nanoparticles. Magnetic force directs vectors towards target cells resulting in rapid and highly efficient nucleic acid delivery." It is reproduced here with the full permission of the publisher, Elsevier, "for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source" (see https://www.elsevier.com/connect).

sufficient though indefinite lag time for the foreign spike-protein, plasmid DNAs, and bogus mRNAs, to begin to be mass produced within the bodies of recipients. Then, the morbidities caused by the foreign penetrations should appear with surprising suddenness.

In Part 2 of this paper, we show that the CDC publicly denied the incorporation of magnetic elements in the US approved COVID-19 injectables. Setting that to one side for the moment, it seems unlikely that the genetic engineers constructing the synthetic mRNA for the Pfizer and Moderna injectables did not know how a magnetic field external to the body, as well as pulses of energy applied to the body, could forcibly pull magnetic particles into the most protected areas of the body [53,-56]. By 2007, Mykhaylyk et al. [57] had already demonstrated that penetration of cell membranes is "accelerated and transfection efficiencies can be improved up to several 1,000-fold compared with transfections carried out with nonmagnetic gene vectors". It seems entirely plausible to suppose that the genetic engineers working up the plan for COVID-19 gene therapy would know about a procedure that could enhance efficiency by such a stunning degree.

By 2010, Prijic et al. [58] had deployed superparamagnetic iron oxide nanoparticles (SPIONs) guided by "exposure to an external magnetic field". Combining the external magnetic power with "neodymium-iron-boron magnets significantly increased the cellular uptake of SPIONs, predominantly into malignant cells. The prepared SPIONs displayed adequate physicochemical and biomedical properties for potential use in magnetofection." And six years later, Kim et al. [59] reported that they were able to penetrate the

mitochondria with SPIONs having, they claimed, only "mild" cytotoxicity. Comparing their SPIONs with a different delivery system, they were able to speed up transfection resulting in "the dissipation of mitochondrial membrane potential and subsequently the activation of mitochondria apoptosis pathway". A year or so later, Uzhytchak et al. [60] reported "a simple approach that enhances magnetic cell labeling using pulsed magnetic fields. The rate of uptake of superparamagnetic iron oxide nanoparticles (SPIONs) and transport across the cell membrane were enhanced upon application of a high intensity (7T) short pulse width (~ 15 μs) magnetic field."

More recently, in 2024, Shirsat et al. [61] commented on a way to further enhance "the use of magnetic nanoparticles (MNPs) as functional nano-objects . . . by disrupting or rupturing the endocytic vesicles in terms of endosomal escape". The problem they seem to be pointing out is that the body's normal defense systems tend to capture and quarantine the nanoparticles by endocytosis. As a result, the engineered nanoparticles are left "frequently stuck inside endocytic vesicles, which mature into early and late endosomes and accumulate in the lysosome. Endocytosed MNPs are ultimately degraded in lysosomes or recycled towards the cell membrane. Thereby, they must escape endocytic vesicles on a priority basis. Endosomal escape is highly important for the effectiveness of nanoparticle-based treatments." In other words, Shirsat et al. [61] were seeking ways to enable the captured and immobilized MNPs to break out of the body's lysosome jails, so to speak, in order to continue delivering their payload of nucleic acids, peptides, or drugs inside the nuclei of protected cells.

What all of the distinct ways of enhancing magnetofection have in common is forcibly breaking through the bodily barriers of whole organ systems, tissues, cells, and organelles to the deepest subcellular levels. The barriers penetrated range from the blood-brain-barrier in all human beings, the placental barrier in pregnant females, proceeding down to the multiply layered membranes protecting the endothelial-reticulum in nucleated cells as well as the membranous boundaries of our trillions of energy producing mitochondria [62]. In theory, the penetration can presumably reach the exceedingly well-guarded nucleic materials of the germ cells inside male spermatazoids and female egg cells. The nucleus of nucleated cells contains the precious biosignaling strings of DNA compacted into the nucleosome at their deepest level. That nuclear DNA superintends the autonomic bodily functions and biochemistry of the individual that it characterizes. Similarly, the mitochondria house the much smaller strings of DNA from the matriarchal line, whereas the DNAs in germ cells pertain to future generations.

The fact that the lipid nanoparticles in the Pfizer and Moderna products were engineered to break through cell membranes to get into the cytoplasm of bodily cells, and from there to go on through the membranous structures guarding the nucleus of nucleated cells, may have even *required* some variant of magnetofection as illustrated in Figure 1. How else could the slippery lipid nanoparticles containing the payload of synthetic mRNA penetrate the membranes protecting the nucleus inside nucleated cells, or the membranous containers of the trillions of energy-producing organelles known as mitochondria? We have not located any more plausible explanation in the literature, though it is possible that some unintended retroviral invasion of the body's genome is taking place on the basis of some part of the synthetic spike mRNA in the lipid nanoparticle envelopes, or through the plasmid DNAs discovered in great profusion by Speicher, McKernon et al. [16,63] in the COVID-19 products.

Part 2: Denial by the CDC of Magnetic Elements in COVID-19 Injectables

A few months after the initial rollout of the first authorized Pfizer COVID-19 injectables on December 14, 2020 in the US, followed by Moderna and other products, reports of bizarre bodily magnetism [64-66] began to appear in the popular media. Was it merely coincidental that this strange magnetism began to be reported a few weeks or months after the rollout of the COVID-19 injectables?

On June 9, 2021, Sherri Tenpenny, MD, spoke before Ohio lawmakers urging them to abandon mandated COVID-19 injections [67]. She was quoted 12 days later by Funke reporting for *USA Today*: "I'm sure you've seen the pictures all over the internet of people who have had these shots and now they're magnetized. You can put a key on their forehead, it sticks. You can put spoons and forks all over and they can stick because now we think there is a metal piece to that."

At the same hearing, Joanna Overholt, demonstrated that a key would stick to her sternum, but because it failed to adhere to her neck, Funke implied that Overholt's demonstration failed. Funke wrote that ". . . the coronavirus vaccines are not magnetic, as *USA TODAY* and other independent fact-checking organizations have pointed out. And they don't rely in any way on 'magnetofection'. All three coronavirus vaccines approved for emergency use in the United States [Pfizer, Moderna, and Novavax] are free from metals. And even if they did have metallic ingredients, public health officials say the vaccines wouldn't cause a magnetic reaction. The claim that magnetism was added to COVID-19 vaccines to push mRNA through the body is FALSE, based on our research. None of the three coronavirus vaccines approved in the US contains metals, and if they did, public health officials say they wouldn't cause magnetic reactions."

Late in 2021, Broudy and Kyrie [68] suggested that decades of research and development of nano-scaled injectable technologies for in-body networks might help to explain the observations of apparent bodily magnetism, and they urged further experiments to address the following questions: Why do some members of the public who submitted to the COVID-19 experiment exhibit magnetic properties typical of heavy metals? What other signs or symptoms, besides magnetism, point to synthetic vaccine materials at the cellular level that are responsive to electromagnetic fields and/or conductivity?

At about the same time, though seemingly independently of the remarks by Broudy and Kyrie, Thorp et al. [11] actually performed an experiment to assess whether one or more injections of the COVID-19 products were causing a magnetic energy field in the vicinity of the injection site. In spite of the fact that the "vaccinated" persons contrasted with "unvaccinated" were, according to all the measures, Thorp et al. reported (see our Table 1), more likely to show magnetic effects, Thorp et al. concluded that the injectables were not the source of the measured magnetism in any of the participants. However, as shown in Table 1 it is obvious that in all of the 18 measured contrasts between the 108 participants who received one or more of the COVID-19 injections and the 148 participants who did not receive any injections, the contrast shows that the unvaccinated individuals were less likely to show the measured magnetic effects. Our Table 1 is taken directly from their data. The only differences are on our lines

numbered 4, 12, 14, 16, and 18 where we converted a reversed scale reported as the percent of participants with zero magnetism out of a certain number of tests, to the percent of participants showing magnetism in at least one of the tests. We did this to obtain the same directionality for each of these scales as in all the other scales numbered 1-3, 5-11, 13, 15, and 17. Our point was to compare the differences between those who received one or more shots against those who received none. Whereas Thorp et al. conclude from their multiple regression model that "comparison of the two groups showed no significant differences" in the degree of magnetism, they had entered upon their research with the apparent hope of proving the existence of "an organized energy field for the human body". In fact, the Thorps, two of the four coauthors had written about such an energy field previously. Because more than 60% of both COVID vaccinated and COVID unvaccinated participants showed evidence of magnetism by the measures applied, the authors concluded that they had produced a "conclusive demonstration of active magnetic attraction related to an internally generated energy field" that ought to "have far-reaching implications not only in terms of how the human body is conceived but, particularly, on the nature and treatment of disease" (p. 2).

It appears to us, however, that Thorp et al. [11] parsed the contrasts into so many parts that they failed to see the larger picture showing that the COVID-19 injectables do seem to play a statistically significant role in obtaining the measures they reported. The likelihood that all 18 of the contrasts in Table 1 would always favor the vaccinated participants as more magnetic than the unvaccinated is extremely slim. This follows from a simple one-tailed Student's *t*-test treating all 18 reported measures for vaccinated persons, on the one hand, and for unvaccinated, on the other hand, as the two input distributions. The one-tailed approach is justified by the implicit hypothesis that COVID injections from Pfizer, Moderna, and AstraZeneca may be causing the recipients to exhibit or be responsive to magnetic energy in all the ways that were measured. The fact that Table 1 shows approximately equal standard deviations for the two columns of data at issue namely the COVID vaccinated and the COVID unvaccinated participants as present in the middle of Table 1 it is appropriate for us to use the version of Student's *t*-test for independent samples with nearly equal variances. The upshot of this comparison is that the likelihood of the 18 contrasts being weighted in favor of the hypothesis that the COVID injections are causally involved in producing the differences observed is near zero, $p < 0.00000016$. Therefore, we disagree with the conclusion advanced by Thorp et al. that the injectables are not involved in causing bodily magnetism.

Table 1: Thorp et al. [1] Data for Percent of Magnetic Bodies of Recipients (n = 108) and Non-Recipients (n =148) of the COVID-19 Injectables (used under the Creative Commons License with "unrestricted use . . . provided the original work is properly cited")

Row #	Neodymium Magnets Stick	COVID Vaccinated	COVID Unvaccinated	Difference	
1	Magnetic right arm	67.6	56.5	11.1	
2	Magnetic left arm	66.2	61.1	5.1	
3	Magnetic 4/4	62.8	53.7	9.1	
4	Magnetic > 0/4	78.4	71.3	7.1	
	Paper Clips Stick				
5	Small paper clip right arm	65.5	63.0	2.5	
6	Small paper clip left arm	68.9	65.7	3.2	
7	Medium paper clip right arm	62.3	60.6	1.7	
8	Medium paper clip left arm	66.9	61.1	5.8	
9	Large paper clip right arm	60.7	59.6	1.1	
10	Large paper clip left arm	66.4	54.5	11.9	
11	Paper clips 6/6	54.1	46.5	7.6	
12	Paper clips > 0/6	78.7	70.7	8.0	
	Total Field Magnetism				
13	Total field magnetism 10/10	50.0	41.7	8.3	
14	Total field magnetism > 0/10	86.9	76.9	10.0	
15	Right field magnetism 5/5	52.5	47.5	5.0	
16	Right field magnetism > 0/5	79.7	70.4	9.3	
17	Left field magnetism 5/5	53.4	50.9	2.5	
18	Left field magnetism > 0/5	80.4	75.9	4.5	
	Means	**66.7**	**60.4**	**6.3**	**$p < 10^{-7}$ X 1.6, or**
	Variance	**114.1**	**104.0**	**11.0**	**1.59959E-07**
	Standard Deviation	**10.7**	**10.2**	**3.3**	

Independent Samples *t*-test for All 18 Contrasts with ~ Equal Variances Across the Independent Samples

On the other hand, we do not dispute their claim that the human body may naturally be inclined to produce or engage in some manner yet to be explained with an energy field that has the potential to produce or respond to electromagnetic forces. Nonetheless, contrary to their "confident conclusions" (p. 5), it seems unreasonable to us, to rule out some causal involvement of the COVID injectables in producing the widely observed and well-established bodily magnetic phenomena.

Whereas the experimental approach applied by Thorp et al. seems exquisitely suited to the determination of causal relations that are difficult to tease out of a complex matrix of intricately related and deeply confounded factors, we believe on the basis of the 2025

publication that has just appeared from Tuuminen et al. [12], Thorp et al. should have given more attention to the lag from the first injection to the time of appearance of bodily magnetism as well as to its waxing and waning over time.

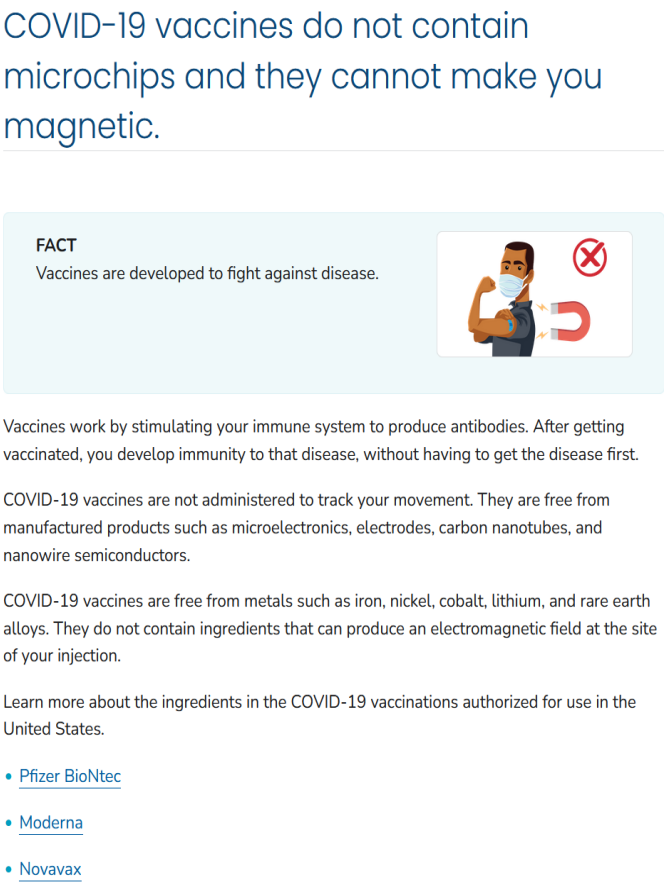
Soon after the question of bodily magnetism was raised in legislative chambers by people like Tenpenny, and in popular media by Mark Playne, and in peer-reviewed academic literature by Broudy and Kyrie [68], government officials posted the denial shown in Figure 2 which is a screen shot of the CDC webpage formerly at this URL and now visible at this one.[3] The critical denials in the figure are these

- COVID-19 vaccines . . . cannot make you magnetic
- COVID-19 vaccines are free from such metals as iron, nickel, cobalt, lithium, and rare earth alloys
- They do not contain ingredients that can produce an electromagnetic field at the site of your injection

These same denials by the CDC were widely echoed in the mainstream media, websites, journal articles, university websites, and many other outlets. To see just how widely the echo reverberated, a Google search for the question, "Can COVID-19 injections make me magnetic?" yielded 6,260,000 hits in 0.26 seconds, and the relevant hits we examined all were in agreement with the claims in Figure 2.

Our response to the CDC, however, given in our Table 2, shows that the denials in Figure 2 were either mistaken or deceptive. Either way, as we show, the claims made about the main COVID-19 injectables manufactured by Pfizer and Moderna that were approved for use in the US are false. According to the *Oxford English Dictionary*, the kind of false statements in Figure 2 would seem to qualify as fraudulent. The *OED* describes this sort of *fraud* by qualifying it as *criminal deception* by its use of "false representations to obtain an unjust advantage or to injure the rights or interests of another". Have the responsible parties at the CDC not engaged in fraud by making the false claims in Figure 2? Have those false claims not injured a lot of people? Research in the case of the COVID-19 injectables suggests that injuries either caused or made worse by those products include a host of disease conditions, disorders, and fatalities manifesting in recipients [20-24,27,48,69,70], and in some cases in persons merely in close contact with recipients [26].

Our Table 2, showing the key claims of the CDC in Figure 2 to be false, is based on two primary sources namely, [13] and the Dynamic Periodic Table [71]. Diblasi et al. did not study the Novavax product, but they did analyze three lots of the Pfizer product using ICP-MS. These lots included SELY6 (of which two samples were assessed, each on a different occasion, two months apart), FJ1966 (one sample analyzed), and FK8892 (one sample); and two distinct lots of the Moderna injectable, designated as 045C22A (of which two distinct samples were tested) and 940915 (of which one sample was examined). The results of those analyses are consolidated in Table 2. Diblasi et al. found 40 elements susceptible to some degree of electromagnetism in the presence of electromagnetic fields. Two of those 40 elements, specifically, sodium and phosphorus, were declared by both Pfizer and Moderna, and the presence of one


COVID-19 vaccines do not contain microchips and they cannot make you magnetic.

FACT

Vaccines are developed to fight against disease.

Vaccines work by stimulating your immune system to produce antibodies. After getting vaccinated, you develop immunity to that disease, without having to get the disease first.

COVID-19 vaccines are not administered to track your movement. They are free from manufactured products such as microelectronics, electrodes, carbon nanotubes, and nanowire semiconductors.

COVID-19 vaccines are free from metals such as iron, nickel, cobalt, lithium, and rare earth alloys. They do not contain ingredients that can produce an electromagnetic field at the site of your injection.

Learn more about the ingredients in the COVID-19 vaccinations authorized for use in the United States.

- Pfizer BioNtec
- Moderna
- Novavax

Figure 2. If bodily magnetism were not occurring commonly in individuals who received one or more of the COVID-19 injectables, why would the CDC publish this denial at about the time of the Tenpenny testimony before the Ohio legislators (CDC 2025, April 9)?

other, potassium, was announced by Pfizer, but not by Moderna, though it was discovered in lots of both of those brands of the injectables that were examined by Diblasi et al.

As can be seen in the rightmost column of Table 2, all seven of the samples contained sodium, chromium, and gallium; six of them contained arsenic, potassium, and strontium; five contained boron, phosphorus, nickel, palladium, barium, and cerium; four contained vanadium, cobalt, rubidium, aluminum, lanthanum, and hafnium; three contained tin, magnesium, titanium, manganese, copper, zinc, niobium, and erbium; two contained iron, lithium, calcium, selenium, molybdenum, ruthenium, antimony, praseodymium, europium, terbium, dysprosium, wolfram, lead, and uranium; and at least one contained zirconium, rhodium, silver, cadmium, neodymium, samarium, gadolinium, holmium, ytterbium, platinum, gold, mercury, thallium, and thorium. It follows from the results of the Diblasi et al. study that either the CDC officials did not know what the COVID-19 injectables contain, or they were deceiving the public. Even if the only wrong done by the captured federal agencies, notably the CDC and FDA, was contamination of the COVID-19 injectables for lack of

[3] During the time this paper has been in production and under review, the CDC has moved the material in Figure 2 to an archive site at https://archive.cdc.gov/#/details?url=https://www.cdc.gov/covid/vaccines/myths-facts.html.

Table 2: Chemical Elements Responsive to Electromagnetic Fields Found in Two or More of Seven Samples of the Pfizer and Moderna Products by Lot Number as Reported by Diblasi et al. (2024)

Chemical Elements	Symbol	Isotope	Pfizer SELY6* µg/L	Pfizer FJ1966 µg/L	Pfizer FK8892 µg/L	Pfizer SELY6* µg/L	Moderna 045C22A† (µg/L)	Moderna 940915 (µg/L)	Moderna 045C22A† (µg/L)	Magnetic? 1=yes; blank=no F=ferromagnetic; P=paramagnetic; D=diamagnetic			Quantities above the detectable limit
										F	P	D	
Sodium††	Na	23	4900000	27000000	58000000	4700000	1300000	47000000	180000		1		7
Chromium	Cr	52	30	56	57	72	23	58	46	-1‡			7
Gallium	Ga	71	0.35	0.55	2.2	0.72	0.11	1.4	0.47			1	7
Arsenic	As	75	27	18	22	13	1.31	20			1		6
Potassium†††	K	39	110000	7000000	64000000	66000		39000000	36000		1		6
Strontium	Sr	88		2.3	1.4	12	5.1	0.3	17		1		6
Boron	B	11	2200	1400	170	860		320				1	5
Phosphorus††	P	31		940000	6700000	390000		4300000	400000			1	5
Nickel	Ni	58		27	18	4.8		15	20	1			5
Palladium	Pd	105	0.1	0.51	0.8	0.25		2.8			1		5
Barium	Ba	137	69	64	3.3	33		11			1		5
Cerium	Ce	140	5.1	1.4		2.4	0.17		0.27		1		5
Vanadium	V	51	9.2			21	1.7		5.2		1		4
Cobalt	Co	59	0.87			1.7	0.18		2.6	1			4
Rubidium	Rb	85	1.5	1.1	1.9			1	2.9		1		4
Aluminum	Al	27	61		230000	34000			17000		1		4
Lanthanum	La	139	0.56			0.35	0.38		0.18		1		4
Hafnium	Hf	178		3.1	2			15	3.3		1		4
Tin	Sn	118	0.29				17	37				1	3
Magnesium	Mg	24		54000			170		13000		1		3
Titanium	Ti	48		1000	6200			9500			1		3
Manganese	Mn	55			19			3.6	15		1		3
Copper	Cu	63		90	71			44				1	3
Zinc	Zn	65		540		2700			4600			1	3
Niobium	Nb	93		0.6	0.8			2.2			1		3
Erbium	Er	167	0.062			0.0056	0.0045				1		3
Iron	Fe						270		2400	1			2
Lithium	Li	7	62			17					1		2

Calcium	**Ca**	**40**				**2400**			**4500**		**1**		**2**
Selenium	**Se**	**78**			**7.5**			**3.3**			**1**		**2**
Molybdenum	**Mo**	**96**		**12**				**3.9**			**1**		**2**
Ruthenium	**Ru**	**101**	**0.00084**						**0.007**		**1**		**2**
Antimony	**Sb**	**121**				**0.43**			**1.1**			**1**	**2**
Praseodymium	**Pr**	**141**		**0.14**					**0.025**		**1**		**2**
Europium	**Eu**	**152**	**0.022**			**0.025**					**1**		**2**
Terbium	**Tb**	**159**	**0.00024**				**0.011**				**1**		**2**
Dysprosium	**Dy**						**0.019**		**0.0051**		**1**		**2**
Wolfram	**W**	**183**		**4.8**					**11**		**1**		**2**
Lead	**Pb**	**208**	**45**						**130**			**1**	**2**
Uranium	**U**	**238**	**0.25**				**0.023**				**1**		**2**
Yttrium	**Y**								**0.22**		**1**		**1**
Zirconium	**Zr**							**550**			**1**		**1**
Rhodium	**Rh**	**103**				**0.044**					**1**		**1**
Silver	**Ag**							**5.1**				**1**	**1**
Cadmium	**Cd**								**3.2**			**1**	**1**
Neodymium	**Nd**								**0.14**		**1**		**1**
Samarium	**Sm**	**150**				**0.025**					**1**		**1**
Gadolinium	**Gd**	**157**				**0.02**				**1**			**1**
Holmium	**Ho**						**0.0045**				**1**		**1**
Ytterbium	**Yb**						**0.0082**				**1**		**1**
Platinum	**Pt**	**195**	**0.42**								**1**		**1**
Gold	**Au**								**1.8**			**1**	**1**
Mercury	**Hg**								**13**			**1**	**1**
Thallium	**Tl**								**0.28**			**1**	**1**
Thorium	**Th**							**0.82**			**1**		**1**
Dates of Testing			**3-Nov-23**	**27-Dec-23**	**27-Dec-23**	**3-Jan-24**	**03-Nov-23**	**27-Dec-23**	**03-Jan-24**				
Total Elements Above the Detectable Limits										**5**	**37**	**13**	**55**

*This lot was tested twice according to Diblasi et al.: once on each of the respective recorded dates.
†This lot, according to Diblasi et al., was tested three times, twice on 3-Nov-23, and once on 3-Jan-24.
††Declared as an element in both the Pfizer and Moderna products.
†††Declared by Pfizer as a component element but not by Moderna.
‡Chromium, a metal that is antiferromagnetic, was found in 100% of the Pfizer and Moderna lots.

adequate oversight, those agencies and their parent organization, the Department of Health and Human Services, were guilty of egregious negligence. When they all conspired to endlessly repeat the mantra of "safe and effective" with respect to the COVID-19 products, all of them engaged in what the *OED* terms *criminally fraudulent* behavior. It is criminal because they knowingly harmed the people those agencies are supposed to protect.

Not only are the magnetic metals present in the Pfizer and Moderna products, but all the ferromagnetic metals denied on the CDC website are, in fact, present in one or more samples of the Moderna product, and all except iron are present in lots of the Pfizer product. Iron is abundant in Moderna 045C22A. Nickel is present in five of the seven lots tested, three out of the four Pfizer lots (FJ1966, FK8892, and SELY6) and two of the Moderna lots (940915, and 045C22A). The third ferromagnetic element, cobalt, was found in two of the Pfizer lots (both designated as SELY6) and two of the Moderna lots (both designated as 045C22A).

In the fourth major section of Table 2, reading from left to right, a distinction is made between elements that are ferromagnetic (F), paramagnetic (P), or diamagnetic (D). The first category is interesting because, as explained by the Center for Nondestructive [Materials] Evaluation, Iowa State University [72], the elements in that first group are strongly affected by exposure to *an external electromagnetic field*: "Ferromagnetic materials . . . exhibit a strong attraction to magnetic fields and are able to retain their magnetic properties after the external field has been removed. . . . When a ferromagnetic material is in the unmagnetized state, . . . the net magnetic field for the part as a whole is zero. When a magnetizing force is applied, the domains become aligned to produce a strong magnetic field within the part. Iron, nickel, and cobalt are examples of ferromagnetic materials."

Bearing in mind that iron, nickel, and cobalt were found in one or more lots of the Pfizer and Moderna samples, the results of Diblasi et al. draw into question the key points of denial about magnetism in the CDC website as shown in Figure 2. Quoting again from the Center for Nondestructive Evaluation [of Materials]: "Paramagnetic materials have a small, positive susceptibility to magnetic fields. These materials are slightly attracted by a magnetic field and do not retain the magnetic properties when the external field is removed. Paramagnetic materials include magnesium, molybdenum, lithium, and tantalum." In the instance of these elements, again, the CDC claims are false. Only the last-mentioned element is not present in at least one of the Pfizer or Moderna samples tested by Diblasi et al.

Then, quoting again from the Center for Nondestructive Evaluation: "Diamagnetic materials . . . are slightly repelled by a magnetic field and do not retain the magnetic properties when the external field is removed.... Most elements in the Periodic Table, including copper, silver, and gold, are diamagnetic."[4]

Decades of research and development within the nanotechnology, biomedicine, information technology, and cognitive science (NBIC) paradigm [73] have helped researchers across a range of disciplines to understand how nanotechnology, biotechnology, information technology, and cognitive science can be made to converge and interact with natural biological systems. In-body networks, as explained by Angerbauer [74] in 2023 are developments that have emerged from NBIC initiatives propelled in part by the *21st Century Nanotechnology Research and Development Act* signed into law by George W. Bush on December 3, 2003 beginning in 2005 for four years with an annual start up request of $849 million dollars. It committed 10 government agencies to the development of nanoscale components for the directed self-assembly, autonomous performance, and self-healing of devices/robots for the Internet of Bio-Nano Things (IoBNT) as described by Lipps [75] in 2023.

Based on public declarations made by DARPA's premier spokesperson, Giordano [7-9], at the center of the ongoing research, innovation, and development are components of nanotechnology that, as we have already pointed out, and only wish to re-emphasize here, can be introduced non-surgically by injections, or inhalation, or even by contact with epithelial tissues. Once in the body, the nano-level devices can self-assemble and then be migrated to targeted organs, such as the human brain, by externally applied electromagnetic forces. It follows logically that such bio-nano autonomous devices must possess and, thus, exhibit magnetic properties.

When electromagnetic properties are invoked in biological systems, as Santiago [76] has pointed out in 2025, the still outstanding mysteries of quantum physics see the lectures by Feynman [77], and Klein [78] come into play. What is poorly understood, by theoretical physicists, even at the present time, is how the seemingly infinite continuous waves of light, sound, magnetic energy, or space-time itself can be "quantized" that is, how they can be converted from what appears to be an infinitely dense continuum, to something like a myriad of discrete units with spaces between them, such as photons of light, phonons of vibratory energy, magnons of magnetic energy, hybrid combinations, for example, electromagnons in which a phonon and magnon are combined [79], or even of the quantized trajectories of such entities [78]. In Klein's argument, space-time

[4] To address the request by one of the readers of an earlier draft of this paper for evidence that "the trace quantities (e.g., 0.18 µg/L cobalt) are sufficient to induce macroscopic magnetic effects in humans", we need only point to the findings of Thorp et al. in 2021 (see our Table 2 and the discussion of it above). The burden of proof regarding the "safe and effective" claim, falls strictly to the captured federal agencies, CDC, FDA, and USHHS that have so confidently proclaimed it with reference to the COVID-19 products. With respect to bodily magnetism, which is well-established by Thorp et al. in 2021, and also by Tuuminen et al. in 2025, we already have a *de facto* proof in hand that the observed bodily magnetism after one or more COVID-19 injections appears to be sufficient to cause at least the overall significant positive difference in magnetic qualities measured in the 256 participants in the experimental study published by Thorp et al. Their study is a resounding disproof of the strong version of the statement by the CDC that magnetic metaloids would be insufficient to cause the observed bodily magnetic phenomena that the injectables do indeed seem to be involved in causing, whether directly, or indirectly. No doubt other factors — e.g., possible effects of DNA plasmids, also the metaloids in the abnormal clots, and metaloids from other sources along the lines of DARPA's magnetofection program through the skin, bodily orifices, breathing, and swallowing for present-day warfare — are also involved, but metaloids, including the ones specifically found by Diblasi et al. in Pfizer and Moderna lots, cannot be excluded from playing some fractional causal role in the well-documented magnetic qualities demonstrated to be pervasive (in more than 60% of the persons tested) by Thorp et al. in 2021. The overall 6.3% difference favoring the COVID-19 vaccinated participants over those who were only exposed to the injectables indirectly (if at all) must largely, we suppose, be accounted for by the COVID-19 injections received.

itself is something like a quantized product of particle trajectories which, in theory, makes the particles themselves more fundamental than the spacetime they constitute by their movements. Also see the simple pragmatic proofs (both experimental and mathematical) offered by Oller [80] in 2023 showing indirectly at least that quantized entities are necessarily involved in all of the 11 dimensions of ordinary experience that must be granted real existence.

The comments about magnetism in general by Richard Feynman [81], in his famous lectures at California Polytechnical Institute, still seem to apply today: "There is an effective force between the magnetic moments of the different atoms of iron, which is much, much greater than the *direct magnetic* interaction [of side-by-side atoms interacting with each other]. It is an indirect effect which can be explained only by quantum mechanics. ***It is about ten thousand times stronger than the direct magnetic interaction, and is what lines up the moments in ferromagnetic materials*** [our emphasis added, after which Feyman continues].... Now that we have tried to give you a qualitative explanation of diamagnetism and paramagnetism, we must correct ourselves and say that *it is not possible* to understand the magnetic effects of materials in any honest way from the point of view of classical physics. Such magnetic effects are a *completely quantum-mechanical phenomenon*."

One of the critics of Diblasi et al. suggested that the quantities of the lanthanoids they found were so small as to be insignificant. That same critic said the quantities were so tiny, that they were even beneath the limits of detection of the Agilent 7500 device Diblasi et al. used. That objection about the limits of detection of the Agilent 7500 was effectively refuted by Davidson et al. [15] referring to eight independent uses of that Agilent model, but the critic's dismissal of the small quantities that were found as being too small to have any effect on recipients runs into difficulty with respect to Feynman's statement placed in bold italics just above. If the quantum multiplier of 10,000 is applied to any of the rare earth elements such as the lanthanoids specifically dysprosium (found in two samples of Moderna), terbium (found in one sample each of Pfizer and Moderna), erbium (found in two samples of Pfizer and one of Moderna), neodymium (in one sample of Moderna), holmium (in one sample of Moderna), and yitterbium (in one sample of Moderna), all of which have been used in constructing single molecule magnets [45] the objection to the small quantities is annihilated. If the smallest quantities of the chemical elements measured by Diblasi et al. were multiplied by 10,000, or 1,000, or even by 100, they could impact the outcomes seen with the injectables all out of proportion with the apparently minuscule measurable quantities found in the samples tested.

Furthermore, it is interesting that chromium, the only antiferromagnetic element in the entire Periodic Table [71], is present in all seven of the lots of both Pfizer and Moderna products. Next, having already accounted for the ferromagnetic elements of iron, nickel, and cobalt, we move on to the paramagnetic elements: Diblasi et al. found sodium, arsenic, potassium, strontium, palladium, barium, cerium, vanadium, rubidium, aluminum, lanthanum, hafnium, magnesium, titanium, manganese, niobium, erbium, lithium, calcium, selenium, molybdenum, ruthenium, praseodymium, europium, terbium, dysprosium, wolfram, uranium, yttrium, zirconium, rhodium, neodymium, samarium, holmium, ytterbium, platinum, and thorium. This leaves only the elements that are diagmagnetic: gallium, boron, phosphorus, tin, copper, zinc, antinomy, wolfram, lead, silver, cadmium, gold, mercury, and thallium that Diblasi et al. also found.

Summing up, of the 55 chemical elements listed in Table 2, 52 of them were never declared as present in the Pfizer or Moderna injectables.

We actually need not look far afield to find affirmative evidence that magnetofection is being publicly embraced by James Giordano, Director of the Center for Disruptive Technologies and Future Warfare. He wrote as recently as 2024: "The Defense Advanced Research Projects Agency (DARPA)'s Next-Generation Nonsurgical Neurotechnology (N3) project is an ambitious initiative aiming to develop [a] vast array of nanoscalar sensing and transmitting brain-computational interfaces (BCIs). An axiomatic attribute of such a system is obviating the burden and risks of neurosurgical implantation by instead introducing the nanomaterials via intranasally, intravenously and/or intraorally, and using electromagnetic fields [this is magnetofection] to migrate the units to their distribution within the brain.... its dual-use is obvious .... it doesn't require much of a stretch to recognize that this is fundamentally 'mind reading' and 'mind control', at least at a basic level" [9].

According to Robert J. Cindrich, the chief legal counsel and chairman of the 21st Century Biodefense program, the Battelle Memorial Institute is the entity that superintends the Los Alamos National Laboratory where the first atomic weapons were designed and assembled the Lawrence Livermore National Laboratory, and all offspring of the former Atomic Energy Commission laboratories with Los Alamos at the top. Battelle has about 30,000 high tech employees [82] and is "the world's largest, independent research and development organization". Cindrich promised [83] in 2010, nine years before the onset of the COVID-19 crisis, that Batelle would "provide comprehensive pre-clinical research and development services, including infectious disease model development and product safety and efficacy evaluations in a good laboratory practice (GLP) environment".[5] The current form of magnetogenetics research as understood from the US military in various "Press Releases" and in public statements from "Battelle" [9,83], Staff [8,9]; Giordano [9] is all about "mind-control". It is about the brain as the battleground not so much of the future as the present.

Giordano notes that the N3 project may "drift" out of control, or be "hacked", by evil powers. Who, in fact, can guarantee that DARPA itself has not already drifted out of control? Deruelle [87-89] argues that the whole program is already out of control. What moral compass justifies the sort of "mind-control" that Giordano is advocating? What ethical and legal constraints apply?

Huelss in 2020 has remarked on the vagueness of moral responsibility in the world of lethal autonomous/robotic technologies set loose in the "grey areas" of engagement moving from human controlled drones to machinic/robotic humans controlled by AI [90]. In such a context, Huelss suggests that the traditional concept of "law [itself] seems to lack leverage when it comes to the use of force executed by (new) technologies of warfare. This is particularly the case with regard to AWS [autonomous weapons systems]... [a] vague and unregulated weapons category.... the basic indeterminacy of law makes it important to shift the focus from law to norms, as standards of appropriate action, which are to be differentiated from more narrowly defined legal rules." According to Huelss, the problem is "how human actors can exert and keep control over machines, which is decisive for defining the

[5] Incidentally, the Battelle Memorial Institute is said to have refurbished 5 million N95 COVID-19 masks at an average cost of $31 per mask. Could the masks have cost that much to begin with?

legality of weapons systems. However, human agency, understood in this debate as the ability to control machines, is" according to Huelss, "increasingly influenced or compromised by technologies...."

Later, in 2024, Huelss [91] seems to underestimate the problem because the machines are being designed to be placed inside human beings in order to control us rather than themselves. However, Huelss retains focus on the role of agency as if the decision-making powers of human combatants could remain quite independent of whatever AI devices might be placed inside them through, for instance, DARPA's N3 initiatives: "The socio-technical imagination of a revolution in warfare has paved the way to accepting AI in the broad sense as a solution to long-standing problems such as speed, distance, situational awareness, or precision. This acceptance is linked to an expectation that such systems are now emerging and being developed by perceived adversaries and that there is an immediate necessity to win the race about AI arms."

Huelss seems unaware of the stated intentions of Giordano [7-9], speaking on behalf of DARPA, to gain "mind-control" over combatants in a manner that for practical purposes removes the distinction between friend and foe. Potential foes can be converted artefactually, in theory at least, into friends by using AI to gain control of their minds. So the battleground, as some are arguing [92,93], just as Giordano asserts has already moved to the human brain of every living human soul.

How are these campaigns against the brain effectively camouflaged from public view? In 2022, Hughes, Kyrie, and Broudy proposed an explanation in terms of the deceptive stratagem called "mass formation" [94] that can be deployed to "psychologically enforce moral disengagement from atrocities". They point out that much research "indicates that those who denounce their own society's immoral activity typically attract derision, and are perceived negatively by the bystanding group". Those who object to the "atrocities" are complained against as "selfish, arrogant, annoying, traitorous, and insulting". And, we should probably note that well-paid proponents of the mainstream narrative are apt to label all their thoughtful critics "conspiracy theorists" as well.

Part 3: A Host of New Morbidities

After the rollout of the COVID-19 injectables, cardiovascular disorders began to occur suddenly even in young and formerly healthy people wherever the injectables were being distributed [95-98]. New and more aggressive autoimmune conditions were observed to develop rapidly [99-101]. Creutzfeld Jacob Disease, and other prion diseases, along with a complex of new proteinaceous clotting phenomena began to be widely reported [2,22-24,69,70,102,103]. In addition, rapidly developing, so-called "turbo" cancers began emerging either from previously dormant tumors, or from completely new ones of many different kinds [11]. Such novel forms of cancer were even seen in young children where they had never been seen before [104].

Conclusions

Four facts give reason to question the CDC denial that the science of magnetofection may have already been applied in some of the experimental injectables in the US and abroad: (1) There have been credible experimental demonstrations and many independent reports of magnetic body parts, especially in the forehead of some recipients of the COVID-19 injectables; (2) there is a peculiar specificity of the denials by the CDC pertaining to just the magnetic materials found in the Pfizer and Moderna injectables necessary for magnetofection notably, the ferromagnetic elements iron, nickel, and cobalt, along with rare earth elements used in manufacturing single molecule magnets, and superconducting industrial magnets; (3) there is also the follow-up protest by unnamed "health officials", presumably also from the CDC, listing the same magnetically responsive elements later discovered in samples of the COVID-19 injectables and saying that even if they were present they could not possibly cause the bodily magnetism being reported (they protest too much); and (4) there is DARPA's aim to deliver without surgery magnetic "nanomaterials . . . intranasally, intravenously and/or intraorally" into living humans and to use "electromagnetic fields to migrate" those magnetized materials into the human brain for the purpose of "mind-control". Like many other researchers critical of the handling of the so-called "global public health emergency" designated as the COVID-19 "pandemic", we urge continued investigation into the up-to-now still unexplained phenomena discussed in this paper.

Conflicts of Interest

The authors declare that they have no financial or other conflicts of interest with respect to the contents of this article. No external funding was received from any source. Oller acknowledges that he is the Editor-in-Chief of the not-for-profit (no advertising) intensively peer-reviewed academic journal known as the *International Journal of Vaccine Theory, Practice, and Research*, Santiago and Broudy acknowledge that they are members of the Editorial Board of that scholarly journal. However, none of us has received any compensation in any form for the positions we take in this paper. On the contrary, the mainstream in which all of us must interact with other researchers, many of whom oppose us, is a torrid current generally flowing in a direction opposite to what we say here. Nevertheless, we assert that truth is on our side and will prevail in the long run. We invite all the researchers of good-will seeking truth in the larger world community to join with us in opposition to the captured oversight agencies and the fraudulent profiteers who pretend to be scientists while filling their pockets with ill-gotten gain. The truth will out and those marketeers misrepresenting themselves as scientists should be terrified. They cannot get away with what they have done.

List of abbreviations

AI: Artificial intelligence
AWS: Automated weapons systems
BCI: Brain computational interface
CDC: United States Centers for Disease Control and Prevention
COVID-19: Corona virus disease 2019
DARPA: Defense Advanced Research Projects Agency
DNA: Dioxyribonucleic acid
FDA: United States Food and Drug Administration
GC: Gastric cancer
GLP: Good laboratory practice
GPL: Gastric precancerous lesions
HHS: United States Department of Health and Human Services
ICP-MS: Inductively coupled plasma-mass spectrometry
IoBNT: Internet of bio-nano things
LAWS: Lethal automated weapons systems
MNP: Magnetic nanoparticles
mRNA: Messenger ribonucleic acid
N3: Next-generation nonsurgical neurotechnology

NBIC: Nanotechnology, biomedicine, information technology, and cognitive science
OED: *Oxford English Dictionary*
RNA: Ribonucleic acid
SARS-CoV-2: Severe acute respiratory syndrome corona virus 2
SPION: Superparamagnetic iron oxide nanoparticles
USHHS: United States Department of Health and Human Services

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Author Contributions

The conceptualization of this project was shared by all three authors with JWO as the primary writer of the overall text (and producer of the statistical analyses), DS provided background on biochemistry, and DB offered context for the Nano-Bio-Info-Cogno (NBIC) paradigm and the Internet of BioNanoThings (IoBNT). All authors read and approved the final manuscript.

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