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~ AnnaMaria Cardinalli

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An interview with AnnaMaria Cardinalli

by [Jon Rappoport](#), [No More Fake News](#)

November 4, 2021

For my recent series of articles on the murder of infants to obtain fetal tissue for vaccine testing and research, I gained key information from investigative reporter AnnaMaria

Cardinalli's article, ["Catholic Conscience and the COVID-19 Vaccine,"](#) in Crisis magazine.

AnnaMaria agreed to do an interview on this and related subjects. The interview speaks for itself—and it should provide people [a VERY fundamental reason for rejecting the COVID vaccine.](#)

Q: It seems you've lived at least several lives side by side. You've earned a lofty worldwide reputation as an operatic contralto and classical guitarist; you're a licensed private investigator; you carried out extensive research for the US military in Afghanistan; you own a private security firm; you donate all your earnings to a Catholic order which wants to start an orphanage for exploited children. And I'm not covering all the bases. It's rather mind-blowing. Before we dive into the subject at hand, can you speak to this variety and achievement?

A: Ha! Your question is very flattering and I'm hardly at issue here, but I'll be happy to answer. The variety of work I've been involved in is so wildly unlikely that I could have never sat down and come up with it as a plan! The one factor underlying all it is my incredible fortune to have been raised soundly in the Catholic Faith by my mom, so despite my own many failings, I knew enough to put my life completely at the disposal of God's will from an early age. I find utterly astounding the adventures on which He'll lead a soul when He's given that freedom. Making music was always my personal hope, but the rest came as a natural consequence of responding to circumstances around me with whatever capacities I had the ability to respond. That's the very definition of responsibility ("response ability"), and a real means by which God guides our lives, don't you think?

Q: In your wide range of experiences, did medical issues ever pop up on your radar?

A: Medical issues arose in two ways. On one hand, when I worked for the FBI and was embedded with the Joint Special Operations Command In Iraq, I received truly fantastic, cutting-edge training in a collateral duty as a Tactical Operational Medic. Later, in Afghanistan, I participated in medical missions to help assess rural tribal community needs—particularly the medical needs of women and children. Through these military experiences, I found a passion for emergency medicine. I recently re-certified as an EMT to better assist my community's current medical mission to the homeless (sosvan.org), and I continue to pursue more advanced certifications.

On the other hand, I do not approach the issue of the cell line origins as a practitioner or any sort of medical expert, but as an investigative journalist, simply seeking out the facts and holding them to the light of common logic. My thinking is that the factors necessary to understand the nature of what we put into our bodies must be, at least on a basic level, accessible and comprehensible to the general population, and one need not be a medical expert to grasp them. Otherwise, how could most of us make an informed decision? We can't allow clear, critical truths to be obfuscated by the statement, "You're not an expert. You wouldn't understand."

Q: How did you become interested in the very specific origin of the fetal cell line, HEK 293? What made you think it might be important?

A: I was led to interest in HEK 293 via a long path. My experience in Afghanistan imparted to me a particular investigative focus on Human Trafficking. I've written and worked extensively on the issue, and the more I learn, the more I am overwhelmed by its prevalence, both internationally and on our own soil. In recent years, while the [China Tribunal](#) brought the harvesting and sale of organs belonging to unwanted citizens into clear focus overseas, [the Planned](#)

[Parenthood expose](#) by [David Daleiden](#) [more on that expose – covered by Celia Farber, [here](#) and [here](#)] and others brought the same practice to light in the US. Both these developments solidified the trafficking issue in my mind not only as one of forced labor or sexual exploitation but of the complete commoditization of the human person—the viewing of the human being as a mere collection of occasionally useful parts, lacking any other value. This should frighten every person, regardless of their faith background or lack of one, because history shows us over and over again that it’s when we fail to recognize our common humanity that atrocities prevail.

With regard to HEK 293 specifically, for Catholics like myself, it is a grave moral responsibility to examine whether any action one takes participates in, perpetuates, or encourages such evil. We are bound to inform our own individual consciences and act in accordance with them. So, when the COVID vaccine became available, I sought to find out all I could about the nature of its origins and was led right back into the human trafficking concerns that plague me. It was in this research that I came across the work of the biologist and vaccine developer Pamela Acker [author of [“Vaccination: A Catholic Perspective”](#); more [here](#)]. Her public acknowledgement of the necessary procedure for ensuring the viability of Human Embryonic Kidney (HEK) cells coincided with what medical professionals had shared with me privately.

For me, this was enough to raise concern that warranted further investigation before taking the vaccine. Sadly, the more the matter is investigated, as it was by the courageous, thorough, and insightful author of the [Gateway Pundit article](#), the more evidence arises supporting my worst fear—that a perfectly innocent living child, a healthy little girl, born alive and outside the womb, was killed for and by the harvest of her organs, and that this is a practice that may underlie great parts of the research industry. Believe me, I am longing to find firm and indisputable confirmatory evidence that this

nightmare scenario is NOT the case. However, your in-depth coverage of the subject following the Crisis and Gateway Pundit articles seems to continually contribute direct, expert-based medical evidence of the horrifying truth. Saddening as it is, I truly appreciate what you are accomplishing.

Q: The HEK (Human Embryo Kidney) 293 fetal cell line has been used to test COVID vaccines. That makes its origin vividly important now. How did you become convinced that the evidence pointed to the removal of an alive infant from her mother's womb, and then the killing of that infant, in 1972, in the Netherlands, in order to harvest her kidneys—which would be used to create the HEK 293 cell line?

A: I reiterate that I had to be convinced by simple logic that anyone, not medical researchers exclusively, could follow. In fact, the more specialized the language describing a medical moral issue becomes, the more it can be used to obscure the facts. I would almost laugh, if not for the gravity of the issue, at hyper-euphemistic descriptions one finds in the medical literature. It discusses, for instance, situations like the finding of electrical impulses in the cardiac tissue of the POC.

First of all, "POC?" Product of conception? What a way to talk around an issue! I'm a proud product of conception and have never met anyone who wasn't! Electrical impulses in the cardiac tissue? With fewer keystrokes, that could be called "a heartbeat." So, I'm a POC with intact electrical impulses in my cardiac tissue or, if anyone were looking to save on ink, "alive." Please, though, forgive my digression.

I worked to write very carefully in the Crisis article the simple facts that concerned me about the origins of the HEK 293 cell line. Rather than try to summarize that argument in this interview and thus potentially miss a critical component—may I please direct interested readers to the

article at the link below?

[Catholic Conscience and the COVID-19 Vaccine](#)

I became further convinced of the reality following the publication of the Gateway Pundit exclusive which offered some insightful analysis taking into account the recent Pfizer whistleblower revelations. I'd also like to direct anyone interested to that great article with a link below.

[Exclusive: Pfizer's Nervousness About Its COVID Vaccine's Origins Conceals a Horror Story](#)

It's not that I don't want to answer the question, it's that I want it to be answered as accurately as possible.

Q: When I read conventional medical literature that describes research on aborted fetuses, I see no mention of taking the infant from the mother's womb, alive, and then killing him/her. Is this a research "open secret" that is held back from the public and even many doctors? I read a 1975 federal report on medical research using fetuses. It went on for a hundred pages, and there wasn't one reference to killing infants in the process of removing their organs.

A: I think the first issue here is the extremely removed language typical of the descriptions of these procedures that I reference above, along with its tendency to state actions separate from their obvious consequences. It's a linguistic tendency that may well reflect the thinking and training of researchers and abortionists. In Dr. Kathi A. Aultman's testimony to the Senate Judiciary Committee Hearing on March 15th 2016, which you excerpted in your incredibly revealing post of October 27th [see [here](#); more [here](#)], the doctor describes her initial fascination with the cellular perfection of the little bodies she dissected, and explains that it was only years later that was she able to overcome her scientific dissociation to make the intellectual connection that the tiny perfect bodies were those of people whose lives she had ended.

I worry our society has removed death so far from life that we don't even recognize it, and that is a scary thing. Our grandparents die in facilities away from home rather than with their hands held in ours. Our food arrives packaged and devoid of any reminders of the animals from which it came. Fido moves to a faraway farm, while we play immersive games where graphically taken lives merely "reset." Therefore, unlike any generation prior to ours, most of us can go through life without regularly witnessing the reality of death, which makes for a very unnatural understanding of it—one far from the Catholic motto of *memento mori*. It's an understanding that might even allow a scientist to admire a human body on which she performed a procedure that ended the function of its "cellularly perfect" organs without grasping that she was its killer.

I suspect this kind of thinking in turn produces academic writing in which it is almost impossible to see anything untoward. Perhaps most authors themselves can't see it, aside from the presumably rarer instances of dedicatedly evil individuals who do see things clearly and actively choose to obfuscate the reality. Either way, this is why the literature will never say, as you had difficulty finding, "in the next step, kill the newborn," even if it is the obvious consequence of the procedure described.

If the doctors involved were capable of that kind of cause-and-effect thinking, perhaps they would have to first write, "in the next step, first anesthetize, then kill the newborn." If some of those doctors believed themselves Christians, they would have to write "in the next step, first baptize, then anesthetize, and then kill the newborn." Even if they believed themselves merely in possession of basic mammalian instincts, they would at least have to write "in the next step, first cuddle and comfort the crying newborn, then anesthetize and kill him." Of course, they can't go there without recognizing the child's humanity, so instead, the scientific dissociation

of cause-and-effect remains in place.

This critical thought barrier is evidenced particularly in the literature when we see organs harvested from living children outside the womb referred to as fresh “fetal” or even “embryonic” tissue. The biomedical research companies requisitioning the tissue make the same linguistic error and it goes constantly uncorrected. No. The medical term for a delivered fetus in its first moments and days of life outside the womb is a neonate. A newborn. Most of these people went to medical school and know the difference, but they persist in the error.

Perhaps if we could only require them to accurately use the language of “fresh neonatal tissue” in their requisitions and reports, some would be unable to proceed. Requesting a “heart of newborn” for the development of whatever a researcher might be concocting in the lab might finally sound to the ears of many too much like procuring the ingredients of a witch’s brew belonging to horror fiction. It certainly makes “eye of newt” sound resoundingly tame.

Other than the issue of logic and language, however, I don’t think the practice of infanticide by vivisection is particularly secret among those working closely in the arena of biomedical research, and it’s certainly known among the abortionists who supply the needs of the industry, although I agree with you that it’s not something that doctors whose scope never intersects the arena are aware of any more than most of us are. It’s simply not brought to our attention in the media. We focus where the media points us, and there appears some decided silence on the issue.

A breakthrough in public awareness of the direct killing of living unwanted newborns for the sake of biomedical research, which, almost incomprehensibly, generated far less media attention and public outcry than it should have, occurred with the David Daleiden hearings. There many doctors and scientific

procurement company representatives spoke openly of the practice, though often in the detached terms that would require careful listening. For instance, the CEO of Stem Express admitted dryly that “fetal hearts were perfused using a Langendorff apparatus.”

A [Langendorff apparatus](#) serves to preserve the functional viability of hearts ex-vivo (which means, literally, outside of a living body). That is, to specify the use of the Langendorff apparatus is to know that a heart requiring this preservation was, in fact, taken from a living body. To state the painfully obvious cause-and-effect reasoning generally left out here, the removal of a functioning vital organ from a living person (without the replacement of its function) is the direct killing of that person. No example is clearer than that of a beating heart. Ask an Aztec.

Dr. Theresa Deisher, a Stanford University School of Medicine researcher heavily involved with the use of adult stem cells, describes exactly how that killing must take place in order for the Langendorff perfusion to function. Both in her September 19th, 2019 testimony at the Daleiden trial and in a same-day [interview with Lifesite News](#), she explained that the individuals performing the vivisection would necessarily “cut open the baby’s chest and they would take the heart out beating and drop it in a buffer with potassium. She went on to state with rare clarity, “of course, if the heart isn’t beating, they can’t get any of these cells. Nobody wants a stopped heart.”

At another point in her testimony she explained again that, “some of the babies had to have beating hearts when they were harvested.” Logic alone dictates this fact, as she explained “once the heart goes into contraction, you can’t get it to come out of that position.” It “has to be beating and be arrested in a relaxed position” to be of use for research purposes.

Again, just with the use of basic reason, it goes without saying that not only are breathing hearts being removed, but that these procedures occur on living children outside the womb, not within it. The people doing the dissection are not opening the chest of the child in the sort of incredibly rare and highly specialized in utero surgery that might be done to repair a fetal heart condition. The cost and specialization would be astronomical and nonsensical, as they intend to destroy the child, not save it.

So, just by using the single example of hearts on the Langendorff apparatus, which is to say nothing of the "embryonic" kidney cells, (which may more accurately be called "neonatal" kidney cells) used in the COVID vaccine testing and development, I think I can answer your question by saying there is no "open secret" regarding infanticide for medical research. There is no secret at all. I am not revealing anything that is not already obvious, even to a non-expert, given to looking at the simple facts.

The shocking thing, at this point, is not that this is happening, but that we have yet to react, as a whole, in opposition to it. In fact, we accept it by welcoming into our lives the "benefits" of the tortuous murders of innocent children. If we are doing this unknowingly, then perhaps it is because we have bought into the suspension of cause-and-effect reasoning like that to which the researchers subscribe.

Your question leads me, however, to one more point, which I hope provides a wake-up point if nothing else has. Even more shocking than our acceptance of this evil is the fact that it is entirely unnecessary. We could have the same or perhaps greater benefits by other means, but we don't pursue the course of action that has proven successful in halting unethical bio research before and redirecting the course of the industry.

Why don't we do for our own species what we have succeeded in

doing for animals? Most people recognize that animal advocacy and speaking with our wallets through the boycotting of unethically-produced products is genuinely critical because lab animals are innocent creatures who cannot speak for themselves. Isn't that true of human "lab babies" too?

Also in the expert testimony cited above, Dr. Deisher made the point that using human fetal tissue for research has become more prevalent because increasing regulations on the welfare of animals have made the use of humans more convenient. More convenient! In a way, while horrifying, this is also wonderful news, because it means that animal activists successfully changed things, albeit with a terrible unexpected outcome. However, it means that we can do the same for our species too!

Does that mean that the kind of beneficial research advances which have previously come from the study of neonatal tissue need to stop? Do we have to decide on a sacrificial trade off, with improvement in the lives of those with debilitating illnesses on one hand and the murder of human babies with less compassion than lab rats on the other? Is that how science must proceed—in sanitized facilities behind closed doors that, just in case we become personally in need of its "benefits," we prefer not to give much thought?

Here's another shocker. Not at all. Adult pluripotent stem cells, obtained with adult consent and with no need for tortuous murders, actually negate the necessity of the use of fetal organs for stem cell research, because they can be cultured into any type of body cell. This technology exists now, but its use is more costly and less common than the worn-in ease of the baby butchering business. However, like any emerging technology, the more its use expands, the lower its costs become.

We can be the drivers of the expansion of its use, by making unethical research the expensive and inconvenient option. When I was a little girl, I was horrified to learn that lipsticks

were tested on mistreated lab rabbits and resolved to never condone that practice with my purchase. So did every little girl I knew. Now cruelty-free cosmetics are the expected and affordable norm. Please, if we could ban together as a caring society to save the bunnies, what should we be willing to do to save the babies?

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