Syringe / globe image by Arek Socha from Pixabay

"Why are we allowing people with underlying conditions to be guinea pigs for a vaccine that is still in clinical trials and emergency use?"

Last week, 58-year old mother-of-six Drene Keyes died of anaphylaxis hours after receiving her Pfizer shot. Those who administered the vaccine followed the recommended procedures and protocals, but they weren't adequate to protect Drene from the violent reaction that killed her. The anguished words above come from one of her surviving daughters, and precisely sum up the question I've been asking for weeks.

This definitely strays from my usual topics, but the more I have read through the summer about the much-ballyhooed Covid-19 vaccine, the more concerned I get. But I always want to "investigate everything carefully from the beginning, to write it out for you in an orderly sequence" (Luke 1:3).

With millions of vaccines being distributed as you read this, I hope I'm not hitting your inbox too late.

This is vital information, and so many are not hearing it! Whether to take the vaccine or not may be the most important decision you'll make this year, and here is my plea to you... don't do it!

If you don't believe me, I get that. But follow the links in this article. While the analysis is mine, or in some cases from others who also take a skeptical stance, you'll find the data goes back to places like the NCBI, Harvard, Oxford, the British Medical Journal, and other official publications and prestigious medical journals. So... if you don't like my conclusions, feel free to draw your own. But I challenge you to dispute the underlying data!

So here goes…

Four Reasons I will NOT take this jab

Reason #1: This is revolutionary technology

The best simple explanation I've found of the new approach used in these vaccines is here:

> *…messenger RNA (mRNA) vaccines… represent a significant departure from classical vaccines. Whereas [classical vaccines] introduce a vaccine antigen to produce an immune response, nucleic acid vaccines instead send the body instructions to produce the antigen itself. As one researcher explains, the nucleic acids "cause the cells to make pieces of the virus," with the goal being that the immune system then "mounts a response to those pieces of the virus."*

So classical vaccines work by prompting your immune system to engage in a natural immune response. The new Covid-19 vaccines work by reprogramming your cells to do something unnatural–to turn into a little cellular factory manufacturing "pieces of the virus."

Gee, what could go wrong?

> *Researchers quickly learned that both the DNA and mRNA vaccine options have serious downsides, and as a result, vaccines of this type* ***have never been licensed****…. Why? One answer may be that in preclinical studies, mRNA vaccines have displayed an "intrinsic" inflammatory component that makes it difficult to establish an "acceptable risk/benefit profile." mRNA enthusiasts admit that there is, as yet, an inadequate understanding of the inflammation and autoimmune reactions that may result.*

Reason #2: "Warp-Speed" Testing

Despite the groundbreaking technology, and despite the "serious downsides" displayed in past studies, the testing cycle for these vaccines has been truncated. I was really disturbed to read here just how badly.

- The trials achieved their vaunted effectiveness ratings by using PCR testing, which is known for its inaccuracy.
- The trials were too limited in scope to assess whether the vaccine prevents severe outcomes! Believe it or not, the actual aim of the studies was merely to establish whether the vaccine reduces the incidence of mild cold-like symptoms. *Perhaps* they established that, but (ahem),

> *Internationally esteemed British Medical Journal (BMJ) Associate Editor Dr. Peter Doshi, who is also a University of Maryland professor, wrote in the BMJ, "The world has bet the farm on vaccines as the solution to the pandemic, but the trials are not focused on answering*

> *the questions many might assume they are…. **None of the trials currently under way are designed to detect a reduction in any serious outcome such as hospital admissions, use of intensive care, or deaths.**"*
>
> *According to Dr. Doshi, Moderna's chief medical officer is well aware of this design shortcoming, having explained that to capture endpoints such as hospitalization or death, the trials would need to be "10 times the size" and run for a much longer time frame… Dr. Haseltine has argued that the trials seem "intended to pass the lowest possible barrier of success," allowing manufacturers to quickly petition for vaccine approval.*
>
> ***…A vaccine could be "effective in avoiding mild cases but actually [do] very little to address what we really care about, which is serious disease and deaths."***
>
> *Virologist, Dr. Luc Montagnier (who won the 2008 Nobel Prize for his discovery of HIV) and other scientists even dispute the label of "vaccine," arguing that these products represent a new form of gene therapy. **It is debatable whether a fast-tracked approval schedule is appropriate for an entirely new vaccine technology that, essentially, is intended to turn the body's cells into viral-protein-making** factories.*

- It's a big unknown how the results will translate to vulnerable populations. From the same article:

> *A third participant made the critical point that "many of the groups at risk for severe disease don't respond well to vaccines in the first place."*

For obvious reasons, the trials were restricted to healthy participants. And yet, the current recommendation is that long-term care residents should get priority in receiving the vaccines!

- The trials to date have also been too limited in scope to even attempt to assess long-term effects. It simply wasn't an objective. As you'll read in a minute, qualified medical professionals have put forth ***several significant, life-threatening concerns***.

  Are those concerns valid? At the moment, we just don't know! (Which is why the FDA mandates the completion of two-year, Phase III trials before a therapy is considered anything other than "experimental.")

So...

We are putting our elderly and infirm at an unknown degree of risk, for a benefit we have not really established.

By the FDA's own definition, these are experimental drugs which have been accorded an "Emergency Use Authorization."

We are the subjects of a gigantic medical experiment targeting hundreds of millions of people, and starting with some of our most vulnerable groups!

Why are we doing something that sounds so crazy on the surface? Because we've been told that the vaccine is our ticket back to something that resembles "normal." And the dear Lord knows how desperately we want that.

But have you noticed they are now walking back those claims? Despite the aggressive vaccine rollout, masks and lockdowns will still be needed.

> *In a New Year's Day interview with* Newsweek*, Anthony Fauci... reinforced the WHO's admission that health officials do not know if COVID-19 vaccines prevent infection or if people can spread the virus to others after getting vaccinated. According to U.S. and WHO health officials, vaccinated persons still need to mask and social distance because they could be able to spread the new coronavirus to others without knowing it.*

Or here it is on CNN:

> *"...even if you've been infected with the original virus... there is a very high rate of reinfection [with a new variant from South Africa]," Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, told CNN's Wolf Blitzer on Monday.... There is a possibility that the current vaccines won't fully protect against the new variants of the SARS-CoV-2 virus.*

And from the same article:

> *"We don't yet know whether being vaccinated means that you're no longer a carrier of coronavirus. That is, fully immunized people may still be able to spread Covid-19 to others," said CNN Medical Analyst Dr. Leana Wen.*

Or, there's this:

> *"There's nothing we can do to change the trajectory of the pandemic in the next several months." - Joe Biden, 1/22/21*

But I digress a bit. I say again: Gee, what could go wrong?

Actually, several substantive concerns have been put forward.

Concern #1

Here's the first one I'd like to draw your attention to. Cardiothoracic surgeon Dr. Hooman Noorchashm has sent this in an open letter to the FDA regulators, to Pfizer, and to the press:

> *So if a person with a recent or active COVID-19 infection is vaccinated, the highly effective and antigen specific immune response incited by the vaccine will, very likely, attack the inner lining of the blood vessel and cause damage, leading to blood clot formation. This* **could result in major serious problems like strokes and heart attacks***, at least in some people. I*

> *project that this risk will be highest in the elderly, the infirm and those with cardiovascular disease....*
>
> *Any anatomic location in the body where the viral antigens may be present, is also likely to be targeted and damaged by the vaccine immune response.*

Bottom line--those who've had Covid-19 recently, symptomatic or asymptomatic, and still have antigens in their system should not take the vaccine. (Are patients being informed of this risk?)

Dr. Noorchashm's recommendation? ALL vaccine recipients should be screened with both the PCR and the antibody tests before taking the jab.

Lyn Redwood, Director of Children's Health Defense observes:

> *Dr. Noorchashm's prognostications of harm in elderly individuals with cardiovascular disease coincides with the numerous reports of unexplained cardiovascular deaths following COVID-19 vaccination in Norway, Germany, the UK, Gibraltar and the U.S.*

Concern #2: Induced Infertility

The next two concerns are in the category of longer-term effects the abbreviated trials make no claim to evaluate. Is there a risk the Covid vaccines could impact fertility?

> *The mRNA vaccine triggers your body to produce antibodies against the SARS-CoV-2 spike protein, and spike proteins in turn contain syncytin-homologous proteins that are **essential for the formation of placenta**. If a woman's immune system starts reacting against syncytin-1, then there is the possibility she could become infertile.*
>
> ***This is an issue that none of the vaccine studies is looking at specifically. Mass vaccinating women of childbearing age against COVID-19 could potentially have the devastating consequence of causing mass infertility** if the vaccine triggers an immune reaction against syncytin-1. The petition states that this possibility must be "absolutely ruled out" before mass vaccination takes place.*

Concern #3: Pathogenic Priming

And yet one more concern that has been advanced:

> *In the development of vaccines against coronaviruses like SARS-COV-1 and MERS in the early 2000's, researchers found evidence of a serious problem [termed "pathogenic priming"]. Teams of U.S. and foreign scientists vaccinated animals with the four most promising vaccines. At first, the experiment seemed successful as all the animals developed a robust antibody response to coronavirus. However, when the scientists exposed the vaccinated animals to the wild virus, the results were horrifying. Vaccinated animals suffered hyper-immune responses including inflammation throughout their bodies, especially in their lungs.*

The discussion in the article gets a little jargon-y, but for me the takeaway is this.

> *...disturbing indications that might be a safety signal on pathogenic priming, especially in older adults...*

E.g., an unexpectedly high incidence of Bell's palsy, which the trials classed as a "non-serious" side effect. I've had a couple of friends who've been afflicted with Bell's Palsy , which paralyzes facial muscles for weeks or months. While it may not have been life-threatening, I don't think they considered it "non-serious"!

Reading on...

- ***Older adults may be at highest risk of serious chronic illness due to autoimmunity resulting from vaccine-induced pathogenic priming***.

It strikes me that a form of "hyper-immune response" is implicated in the most wrenching outcomes from Covid-19. The formal language used is "overactive immune cells" or "cytokine storm." I'm not smart enough to know how this viral behavior might relate to the "pathogenic priming" mentioned here.

But could we be setting up older adults for even worse future outcomes than they experience now? You'll read in a minute about a couple cases of cascading deaths within nursing homes that might seem to open the door to that possibility.

The key point is this. ***The trials weren't long enough to observe any potential long-term effects***, such as possible pathogenic priming or the onset of serious chronic illness due to autoimmunity. The trials were also conducted on healthy people, so who knows what happens when this groundbreaking "gene therapy" is deployed on people with a wide range of preexisting conditions?

Where Things Stand

The first weeks of the vaccine's rollout have been troubling to say the least. From the CDC's own database--which experts agree systematically under-reports the reality, since it relies on self-reporting--501 deaths, 690 anaphylactic reactions, plus more than 10,000 other injuries.

Every death is tragic! Considering what we covered above about possible autoimmune irregularities, I find this death particularly troubling:

> ***'Perfectly Healthy' Florida Doctor Dies Weeks After Getting Pfizer COVID Vaccine***
>
> *Miami medical examiner is investigating the death of 56-year-old Dr. Gregory Michael who reportedly died from a* **rare autoimmune disease 15 days after being vaccinated**. *Michael's wife wants her husband's death to serve as a warning to others.*

An update on his case:

> ***Johns Hopkins Scientist: 'A Medical Certainty' Pfizer Vaccine Caused Death of Florida Doctor***
>
> *Dr. Jerry L. Spivak, an expert on blood disorders at Johns Hopkins University, told the New York Times Tuesday that he believes "it is a medical certainty" that Pfizer's COVID vaccine caused the death of Dr. Gregory Michael.*

And here's another tragic case with some similarities.

> ***Young Man Develops 'Rare life Threatening Syndrome' after Covid-19 Vaccine***
>
> *24 hours after receiving the Covid-19 vaccine, a 23-year-old man developed a rare multisystem inflammatory syndrome, which causes, among other things, severe damage to heart function.*...

And here again is the case of 58-year old Drene Keyes, mentioned at the start of this article, who died of anaphylaxis hours after receiving her Pfizer shot. According to her daughter, Keyes...

> *had underlying health conditions, was obese, diabetic, and took cholesterol and blood pressure medications, the Daily Express reported. Still, Keyes qualified for the vaccine, and as Jones told WBRZ, her mother "was wanting to protect herself, and it did not turn out that way.... Why are we allowing people with underlying conditions to be guinea pigs for a vaccine that is still in clinical trials and emergency use?"*

Right?

This report, too. A 300-bed nursing home in New York state had zero Covid-19 deaths, until they started vaccinating the residents. **The vaccinations began on 12/21. The first three deaths followed on 12/29. They have now had 24 deaths.** Could it be that the vaccine did, in fact, make these men and women even more vulnerable to the ravages of the disease?

Here's a similar, sickening example from the U.K. Over one third of the care house's residents, 22 men and women, died within three weeks of receiving their vaccines. "No suggestion the vaccine was responsible"--at least according to the regulators.🤔

Hospital workers, one of the priority groups for receiving the vaccine, are refusing it. This article cites several examples.

> *"There is a high level of mistrust and I get it," Ms. Jenkins told Kaiser Health News. "People are genuinely afraid of the vaccine."...*
>
> *In short, as we noted previously, **nobody wants to be a guinea pig.***

Smart! Here's a head nurse passing out on live TV after receiving the vaccine.

Here's another article. It seems my doubts put me in good company:

> *…an unexpected spike in allergic reactions to the Pfizer/BioNTech vaccine (and now, Moderna too) may prove catastrophic to widespread acceptance… Europe rolled out a huge COVID-19 vaccination drive on Sunday to try to rein in the coronavirus pandemic but **even more Europeans than Americans are skeptical** about the speed at which the vaccines have been tested and approved **and reluctant to have the shot.***

Reason #3: Use of Aborted Fetal Tissue

I was ***so*** shocked and revolted to learn this, but it's no conspiracy theory. It is established fact that many of our vaccine technologies were derived using the remains of aborted fetuses. The leading Covid-19 vaccine contenders are no exception.

Now, to be clear, the elective abortions that furnished the material were performed decades ago– it's not like unborn children are being harvested on an ongoing basis to fuel this process today. At least, as far as we know.

I'll give you two different descriptions of how the human tissue is used, and I'll let you decide which rings more true for you. First, the more benign and scientific explanation:

> *To grow viruses, you always need a host cell. It can be a chicken egg, but human cells are preferable in human medicine….*
>
> *The original cells were transformed and immortalized in January 1973…. Normally, a cell has a finite number of divisions, but Graham managed to modify these cells so that they divide ad infinitum.*
>
> *This was his 293rd experiment, hence the name of the line (HEK stands for "human embryonic kidney cells")….*
>
> *In the case of COVID-19 vaccines, several makers have used HEK293 to generate what are called "viral vectors." These are weakened versions of common cold-causing adenoviruses that are loaded with the genetic instructions for human cells to manufacture a surface protein of the coronavirus. This elicits an immune response that the body remembers when it encounters the real coronavirus.*
>
> *Three vaccines that are in advanced trials use HEK293 lines—the Oxford vaccine co-developed with AstraZeneca, China's CanSino Biologics vaccine and Russia's Gamaleya Institute vaccine.*
>
> *Johnson & Johnson uses the other major fetal cell line, PER.C6. Several other companies, such as Moderna and Pfizer, have used HEK293 to develop "pseudoviruses" to test their drugs.*

> *Vaccines against Ebola and tuberculosis, as well as gene therapies, have also been created with HEK293 cells, said Graham.*

So… the descendants of aborted babies' kidney cells are used to grow the vaccines and to test them. (I say "babies" because, given this was Graham's 293rd experiment, more than one fetus was no doubt involved. And I've read of at least two other "viral vectors," used to produce common vaccines, that originated in aborted fetal tissue. It has been documented that more than 100 aborted fetuses were used to create the other two vectors.)

Here for balance is a more damning description of the process, furnished by Catholic Fr. Michael Copenhagen, based on an explanation by Dr. Leonard Hayflick, who developed the WI-38 fetal cell line:

> *It is best to set aside sterilizing semantics to look at the plain truth. A child is torn from its mother's womb, and then immediately dissected, if possible alive with beating heart so that the sample is fresh. A piece of the child's organ is then taken to a laboratory, immersed in an enzyme to break the tissue down into individual cells, and when a continually reproducing "immortal" cell line has been obtained after many such abortions, it is patented and the cells industrially multiplied in vats to become viral factories. When a sufficient amount of the infectious virus is grown in the cells, the brew is processed in a way which destroys the whole cells but leaves behind the virus along with significant amounts of the child's DNA and cellular protein. In the various states and territories, parents are required to administer this into the bodies of their children for the sake of the public good even though the vaccine could be produced in an alternative and ethical manner. Those who refuse it are banned from the public square.*

Ick!! And yes, Planned Parenthood executives have admitted under oath to the ghoulish practice of harvesting aborted babies alive at times, in order to provide higher-value organ products for medical purposes.

Again, this use of aborted fetal tissue is not new with Covid-19. In fact, from what I understand mRNA vaccines are not cultivated using viral lines, although HEK293 was used extensively in the R&D phase. So these vaccines are more benign in this sense than many others. Unlike many classical vaccines, there should be no DNA residue in the vaccine they inject into our veins.

But the point remains. If you've dutifully followed governmental vaccination mandates, as my family and I have, we are no doubt already complicit in this use of harvested fetal tissue.

Is this information enough to make you one of those dreaded "anti-vaxxers"? I will leave you to decide. Personally, now that I know this I do not intend to take another vaccine tainted with the DNA of aborted babies.

"You have burdened Me with your sins, you have wearied Me with your iniquities." (Is 43:24)

(If you want to know which vaccines actually contain ingredients derived from aborted babies, the CDC's list is here. Where you see MRC- or WI-, those are the fetal tissue-derived cocktails. The new vaccines aren't in the table yet.)

Reason #4: The History

Those who cannot remember the past are condemned to repeat it.
– George Santayana

Photo by Evgeni Tcherkasski on Unsplash

To begin with, let's go back a few decades. Most of us are not old enough to remember polio, but it was a horrifying epidemic, a debilitating disease that killed thousands and affected tens of thousands annually. Funding poured into vaccine research, and several candidates raced for adoption. Sound familiar?

> *The first effective vaccine came out of the University of Pittsburgh under the leadership of Jonas Salk. In contrast to the "warp-speed" work on the Covid vaccine, Salk's vaccine went through over two years of testing, culminating in successful completion of the largest medical experiment ever performed up to that time. 650,000 children participated while another 1.2 million served as a control group.*

Even so, once mass immunization began:

> *In April 1955, soon after mass polio vaccination began in the US, the Surgeon General began to receive reports of patients who contracted paralytic polio about a week after being vaccinated with Salk polio vaccine from Cutter pharmaceutical company, with the paralysis limited to the limb the vaccine was injected into. The Cutter vaccine had been used in vaccinating 200,000 children in the western and midwestern United States. Later*

> *investigations showed that the Cutter vaccine had caused 40,000 cases of polio, killing 10. In response the Surgeon General pulled all polio vaccine made by Cutter Laboratories from the market, but not before 250 cases of paralytic illness had occurred. Wyeth polio vaccine was also reported to have paralyzed and killed several children. It was soon discovered that some lots of Salk polio vaccine made by Cutter and Wyeth had not been properly inactivated, allowing live poliovirus into more than 100,000 doses of vaccine…*

So, in spite of the rigorous testing, once the vaccine got mass-produced and deployed in the real world, ***the vaccine itself caused more cases of polio*** than had been seen annually before its introduction!

Again, consider the contrast with our current drive for a Covid vaccine. Testing limited to "the lowest possible barrier of success," coupled with exacting storage requirements, at least for the Pfizer vaccine:

> *…Pfizer has not provided detailed information about the reasons for its mRNA vaccine's unprecedented minus-94-degree freezing requirements, which specify that the cool boxes may only be opened briefly twice a day, must have their dry ice replenished every five days, and that the vaccine can only be stored at refrigerator temperatures for 24 hours.*

What happens to the safety of the vaccines in the case of some slip-up? Why do these requirements apply only to Pfizer, and apparently not to Moderna?

Now, let's turn to more recent history–Bill Gates's history, to be precise.

> *Vaccines, for Bill Gates, are a strategic philanthropy that **feed his many vaccine-related businesses** (including Microsoft's ambition to control a global vaccination ID enterprise) and give him dictatorial control of global health policy.*

Gates is a leading investor in a number of Covid-19 vaccine ventures, and stands to make (another) windfall if any are adopted–or better yet, mandated. This follows on a shady history of involvement with several vaccine mandates in third-world nations which the Bill and Melinda Gates Foundation might tout as "philanthropic," but which nevertheless align very nicely with his business interests in vaccine manufacturing. Here is a sampling of the horrific results of those ventures.

- *2002: Gates' MenAfriVac campaign vaccinated thousands of African children against meningitis. In one village, approximately 50 of the 500 children vaccinated developed paralysis. South African newspapers complained, "We are guinea pigs for the drug makers." Nelson Mandela's former Senior Economist, Professor Patrick Bond, describes Gates' philanthropic practices as "ruthless and immoral."*

- *2009: the Gates Foundation funded tests of experimental HPV vaccines on 23,000 young girls in remote Indian provinces. Approximately 1,200 suffered severe side*

effects, including autoimmune and fertility disorders. Seven died. Indian government investigations charged that Gates-funded researchers committed pervasive ethical violations: pressuring vulnerable village girls into the trial, bullying parents, forging consent forms, and refusing medical care to the injured girls.

- *2010: the Gates Foundation funded a phase 3 trial of GSK's experimental malaria vaccine, killing 151 African infants and causing serious adverse effects including paralysis, seizure, and febrile convulsions to 1,048 of the 5,949 children.*

- *2017: Gates persuaded Indian authorities to up their polio vaccine mandate to 50 doses to children before the age of five. Indian doctors blame this campaign for a devastating non-polio acute flaccid paralysis (NPAFP) epidemic that paralyzed 490,000 children beyond expected rates between 2000 and 2017. Further, the World Health Organization (WHO) admitted that the global explosion in polio is predominantly vaccine strain. In fact, by 2018, 70% of global polio cases were vaccine strain.*

Media "fact checkers" may dispute some of these claims, but follow the links and decide for yourself.

Also, note that many of these dreadful outcomes were the kind of longer-term effects the Covid-19 vaccine trials would not have observed!

Here's the real clincher:

> *In 2010, Gates committed $10 billion to the WHO saying, "We must make this the decade of vaccines." A month later, Gates said in a Ted Talk that new vaccines could reduce population. In 2014, Kenya's Catholic Doctors Association accused the WHO of chemically sterilizing millions of unwilling Kenyan women with a "tetanus" vaccine campaign. **Independent labs found a sterility formula in every vaccine tested**. After denying the charges, **WHO finally admitted** it had been developing the sterility vaccines for over a decade. Similar accusations came from Tanzania, Nicaragua, Mexico, and the Philippines.*

Creepy, no?

Given this history…

Will you trust the man responsible for Windows with reprogramming the working of your genes?

Where's the Good News?

Okay!! So no doubt I've unloaded enough on you for today! But for those who put their faith in the Lord Jesus Christ, there is good news.

Yes, the world is on an ever-more-rapid slide downhill–but the Bible has told us for millenia that this was coming (2 Ti 3:1-4). The "man of lawlessness" must be revealed, and who can doubt we are seeing his advance guard?

Yes, we live in days when the forces of this world seem to be aligning against us. Again, the Bible has told us for millenia that days of mass delusion are inevitable (2 Thes 2:10-11).

I did write a seasonal message of hope a couple of weeks ago. I really did!! I'm going to steal its punchline here.

> *We may wonder why God allows evil to appear to triumph, our livelihoods to be destroyed, disease to take those we love. Why 2020, to put it succinctly. The presence of "God with us" whispers to our hearts that we can trust His plan, even if there are times when we can see no earthly good in it.*

Here are several Bible promises I'm clinging to:

> *The steadfast of mind You will keep in perfect peace, because he trusts in You. (Is 26:3)*

> *"Do not fear, for I have redeemed you;*
> *I have called you by name; you are Mine!*
> *When you pass through the waters, I will be with you;*
> *And through the rivers, they will not overflow you.*
> *When you walk through the fire, you will not be scorched,*
> *Nor will the flame burn you.*
> *For I am the Lord your God,*
> *The Holy One of Israel, your Savior…" (Is 43:1-3)*

> *"In the world you have tribulation, but take courage: I have overcome the world." (John 16:33)*

> *"He who overcomes, I will grant him to sit down with Me on My throne, as I also overcame and sat down with My Father on His throne." (Rev 3:21)*

Things may well get worse. But we can have faith that our amazing redeemer God has a dramatic plan for our ultimate good (Jer 29:11, Rom 8:28, Rev 21:1-8). If these long-foretold "birth pangs" (Matt 24:8) are what it takes to usher that in, then bring it on!

Keep your mind stayed on that truth, my dear friend, and you're ready for whatever 2021 might hold in store.

If you've never opened God's free gift of salvation through Jesus (Rom 3:23, 6:23), please please please be persuaded to do it now! It's simple. Just tell God from your heart that you admit you're a sinner that needs a Savior ("For all have sinned and fall short of the glory of God." Rom 3:23) that you're done running your own life, and that you're ready to make Jesus Lord of your life.

If you confess with your mouth Jesus as Lord, and believe in your heart that God has raised Him from the dead, you shall be saved. For with the heart a person believes, resulting in righteousness, and with the mouth he confesses, resulting in salvation. For the Scripture says, "Whoever believes in Him will not be disappointed." (Rom 10:9-11)

The decision that saves you is that simple!

Simple… But no one said living it out will be easy. Especially now, in these last days.