

Mass Murder

Part 10

It's All About the Benjamins!

Doctors Are Paid Big Bucks to Vaxx Babies

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Here is a perfect example of the tactics that Big Pharma uses to incentivize doctors to push vaccines on the public. Insurance company **Blue Cross Blue Shield (BCBS)** **pays pediatricians \$400 for EACH fully vaccinated child under the age of 2. This means that for every 100 vaccinated patients, the doctor gets a \$40,000 bonus!**

Moreover, it is now very difficult to find a pediatrician who will accept a family who doesn't vaccinate. Even parents who partially vaccinate or follow a different schedule have a hard time finding a doctor.

Here's why: doctors have to vaccinate a certain percentage of their patients or they don't get their bonus. BCBS says *doctors need to vaccinate 63% of their patients to get the payout.*

BCBS outlines the incentive program for vaccinating babies in the [BCBS doctor incentives booklet](#). Below is an image of the childhood immunization incentives page.

2016 PROVIDER INCENTIVE PROGRAM 14



HEALTH CARE OUTCOMES: PREVENTIVE HEALTH

CHILDHOOD IMMUNIZATIONS – COMBO 10	
Product lines	BCN Commercial
Source	HEDIS
Description	<p>The percentage of children 2 years of age who meet the combination 10 criteria on or before their second birthday:</p> <ul style="list-style-type: none"> • (4) DTaP* vaccinations • (3) IPV* vaccinations • (1) MMR vaccination • (1) VZV vaccination • (3) Hib* vaccinations • (3) Hepatitis B vaccinations • (4) PCV* vaccinations • (1) HepA vaccination • (2 or 3) RV* vaccinations • (2) Influenza** vaccinations <p>*Vaccinations administered prior to 42 days after birth are not counted as a numerator hit. **Vaccinations administered prior to 180 days after birth are not counted as a numerator hit.</p>
Continuous enrollment	Must be continuously enrolled 12 months prior to child's second birthday
Age criteria	Children who turn 2 years of age during 2016
Exclusionary criteria	Children who are documented with an anaphylactic reaction to the vaccine or its components
Numerator	The number of children who completed vaccinations as defined above
Denominator	The eligible population
Level of measure	Provider level
Target: COMM	63%
Payout: COMM	\$400 per Combo 10 completed for each eligible member

The program specifies that patients under the age of 2 must receive 24 inoculations for the doctor to receive the \$400 per-patient payout. Notice the list includes the flu vaccine, even though evidence suggests that the flu vaccine actually weakens the immune system long-term. Furthermore, during the [2012-2013 flu seasons](#), the flu vaccine's effectiveness was found to be just 56 percent across all age groups reviewed by the CDC.

So how much money can a doctor make by pushing vaccines on trusting parents? Here's the breakdown:

The average American pediatrician has 1546 patients, though some pediatricians see many more. The vast majority of those patients are very young, perhaps because children transition to a family physician or stop visiting the doctor at all as they grow up.

As they table above explains, Blue Cross Blue Shield pays pediatricians \$400 per fully vaccinated child.

If your pediatrician has just 100 fully-vaccinated patients turning 2 this year, that's \$40,000. Yes, Blue Cross Blue Shield pays your doctor a \$40,000 bonus for fully vaccinating 100 patients under the age of 2. If your doctor manages to fully vaccinate 200 patients, that bonus jumps to \$80,000. (source: CognitiveTruths.com)

Doctors Receive Bribes for More Than Vaccinations

The complete BCBS doctor incentives booklet was posted by CognitiveTruths.com [here](#).

The booklet shows that payouts aren't available just for vaccines. Doctors receive bonuses for making sure that patients "*adhere to their prescribed drug therapy.*" This falls under BCBS category of "*disease management*" and includes statins, drugs for hypertension, and oral diabetes medications.

Doctors also receive bonuses for helping patients manage depression...*but only if they do so using drugs.*

These types of practices by the medical establishment give rise to many questions. *First, are doctors more concerned about earning their bonus than about children's health?* That would explain why so many doctors are no longer taking families that do not vaccinate. Further, do doctors even care if the one-size-fits-all approach to vaccination is safe? Finally, if doctors receive payouts for disease management, *then why would they want to cure their patients?*

This approach definitely illustrates the biggest problem of our medical establishment.

Let's face it, the establishment is creating long-term customers instead of curing patients. It's all about the bucks!

CDC Corruption: It Cannot be Trusted

Story at-a-glance -

- Dr. Henry Ealy and his team started looking at CDC data on COVID-19 cases and fatalities in mid-March 2020, quickly realizing the agency was vastly exaggerating fatalities
- Over-reporting of fatalities was enabled by a March 2020 change in how cause of death is reported on death certificates. Rather than listing COVID-19 as a contributing cause in cases where people died from other underlying conditions, it was to be listed as the primary cause
- As of August 23, 2020, the CDC reported 161,392 fatalities caused by COVID-19. Had the long-standing, original guidelines for death reporting been used, there would have only been 9,684 total fatalities due to COVID-19

- The CDC violated federal law, as the Paperwork Reduction Act requires data collection and publication to be overseen by the Office of Management and Budget. Proposed changes must be published in the Federal Register and be open to public comment. None of these transparency rules were followed
- We don't yet know who was responsible for altering the reporting rules in violation of federal law. To identify the culprits, formal grand jury investigation petitions have been sent to all U.S. attorneys and the U.S. Department of Justice, requesting a thorough, independent and transparent investigation; a direct public effort to gather signatures also commenced on the one-year anniversary of the CDC reporting change.

Why this is important –

The media and public officials report the news from exaggerated CDC figures on a daily basis, and those news reports were biased so as to frighten the public into believing Covid-19 was something akin to the Spanish Flu. Since the CDC has the authority and power to establish public policy, they manipulated the data and abused the facts in order to push their false narrative. The results were 20+ million lost their jobs, thousands of elderly died from medical malpractice, suicides and drug overdoses spiked, and much more!

Dr. Mercola Interviews the Experts

This article is part of a weekly series in which Dr. Mercola interviews various experts on a variety of health issues. To see more expert interviews, click [here](#).

In this interview, Dr. Henry Ealy, ND, BCHN, better known as Dr. Henele, a certified holistic nutritionist and founder/executive community director of the Energetic Health Institute, reviews how U.S. federal regulatory agencies have manipulated COVID-19 statistics to control the pandemic narrative.

He earned his doctorate in naturopathic medicine from SCNM. After graduating from UCLA with a bachelor of science in mechanical engineering, he worked for a major aerospace company as a primary database developer for the International Space Station program.

He holds over 20 years of teaching and clinical experience and was the first naturopathic doctor to regularly teach at a major university in the U.S., when he headed up a program at Arizona State University on bio anxiety management.

As he points out, he's an avid data collector. In October 2020, Henele and a team of other investigators published a paper in *'Science, Public Health Policy and the Law'*, titled, "COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Retrospective," which details how the U.S. Centers for Disease Control and Prevention has enabled the corruption of case- and fatality-reporting data in violation of federal law.

Accuracy of Data Is Paramount for Public Health Policies

The team started looking at CDC data on COVID-19 cases and fatalities in mid-March 2020. He explains:

"What I started doing on March 12 was going through all the data we could find from the Italian Ministry of Health and South Korea. We couldn't validate any of the data coming out of China. There was just no independent way to do it. What we were seeing out of Italy and South Korea was that we were going to be concerned about people who are over 60, over 70 years of age with preexisting conditions.

That was the main thing coming out of that data. So, we were expecting the same kind of trends here ... I started tracking the data on a daily basis from each state health department, and then making sure that what the CDC was reporting was matching up.

What we started to see, very early on, were some significant anomalies between what the states were reporting and what the CDC were saying. It was concerning, because the variance was growing with each day. We have an old saying: 'Garbage in equal's garbage out.' And that was the concern, because we knew public health policies are going to be based upon the data, so accuracy is of paramount importance.

Then we started delving in a little deeper into how the CDC was supposedly collecting their data. That's where we saw the National Vital Statistics Systems (NVSS) March 24 guidelines, which were very concerning, and we saw the CDC adopt the Council for State and Territorial Epidemiologists paper on April 14.

What was incredibly concerning about this was that it was all done without any federal oversight, and it was all done without any public comment, especially scientific comment. That became increasingly problematic. We started to see discrepancies in the state of New York alone, in the thousands of fatalities."

Special Rules for COVID-19 Fatalities Were Implemented

Importantly, in March 2020, there was a significant change made to the definition of what a COVID-19 fatality was. As explained by Henele, there's a handbook on death reporting, which has been in use since 2003. There are two key sections on a death certificate. In the first part, the cause of death is detailed. In the second part, contributing factors are listed.

Contributing factors are not necessarily statistically recorded. It's the first part, the actual cause of death, which is most important for statistical accounting. March 24, 2020, the NVSS updated its guidelines on how to report and track COVID-19-related deaths.

"They were saying that COVID-19 should be listed in Part 1 for statistical tracking, but [only] in cases where it is proven to have caused death, or was assumed to have caused death," Henele explains.

"What was really concerning about this document was that it specifically stated that any preexisting conditions should be moved from Part 1, where it has been put for 17 years, into Part 2.

So, it was basically taking this and saying, 'We're going to create exclusive rules for COVID-19 and we're going to do a 180 for this single disease ...' The big problem with that is that now you remove the ability for a medical examiner, a coroner, a physician, to interpret [the cause of death] based upon the collective health history of that patient ...

You remove their expertise, and you say, 'You have to count this as COVID-19.' That takes on an added measure when you incentivize it financially, and that's what we saw with some of the Medicare and Medicaid payouts ..."

Who's Responsible?

Who has the authority to do this? The answer is "no one." A federal agency has the ability to propose a data change, at which time it would be registered in the Federal Register. At that point, federal oversight by the Office of Management and Budget kicks in, and the proposed change is opened up for public comment.

Since they did not register the proposed change, there was no oversight and no possibility for the public to comment on the change. Basically, what happened is that these changes were simply implemented without following any of the prescribed rules. "They acted unilaterally, and that's not how [it] is supposed to work," Henele says.

As to who took it upon themselves to alter the reporting rules, we don't know. To identify the culprits, Henele and his team have sent out formal grand jury investigation petitions to every U.S. attorney and the U.S. Department of Justice (DOJ), requesting a thorough, independent and transparent investigation.

"We did it at both state and federal levels. We have sent physical copies to every U.S. attorney and their aides. We sent out over 247 mailings in October [2020]," Henele explains. "We sent out an additional 20 to 30 to various people at the Department of Justice ...

They would have the ability to call a grand jury, and that grand jury would have the ability to subpoena all those records to determine who were at fault ... All we need is one U.S. attorney. All we need is one person at the Department of Justice to take up the cause."

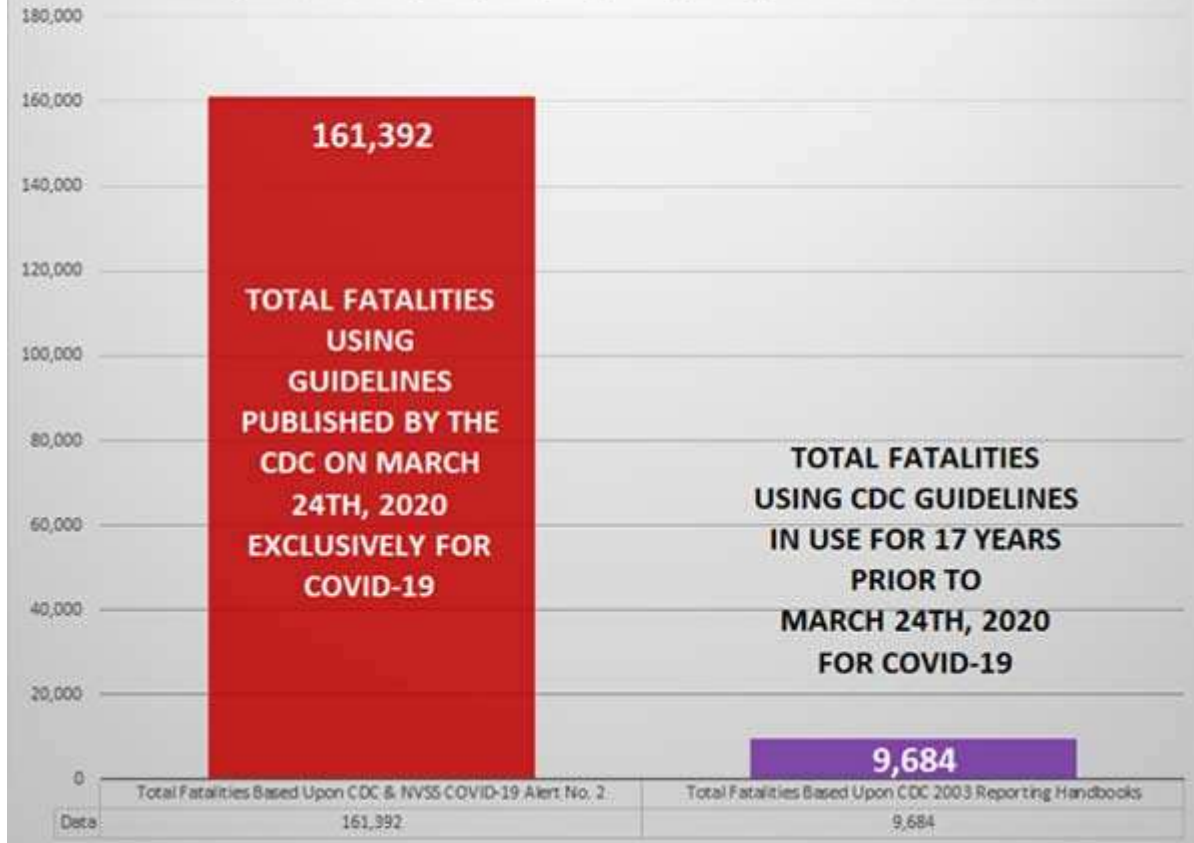
Dramatic Implications

The consequences of that change in the definition of the cause of death where COVID-19 is involved have been dramatic. For the full implications, I recommend reading through Henele's peer-reviewed paper, "[COVID-19: CDC Violates Federal Law to Enable Corruption of Fatality-Reporting Data.](#)"

COMPARISON OF TOTAL COVID-19 FATALITIES BASED UPON DIFFERENT REPORTING GUIDELINES

THRU AUGUST 23RD DATA SOURCE - TABLE 3

[HTTPS://WWW.CDC.GOV/NCHS/NVSS/VSRR/COVID_WEEKLY/INDEX.HTM#COMORBIDITIES](https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#comorbidities)



DEATH CERTIFICATE EXAMPLE FOR COVID-19

**IN THE PRESENCE OF
DEFINITIVE COMORBIDITY**

Name of deceased: **DOE, JOHN J.**

Date of death as stated to me _____ day of _____ Age as stated to me _____

Place of death _____

Last seen alive by me _____ day of _____

- 1 The certified cause of death takes account of information obtained from post-mortem.
- 2 Information from post-mortem may be available later.
- 3 Post-mortem not being held.
- 4 I have reported this death to the Coroner for further action.

Please ring appropriate digit(s) and letter

- a Seen after death by me.
- b Seen after death by another medical practitioner but not me.
- c Not seen after death by a medical practitioner.

CAUSE OF DEATH

- I (a) Disease or condition directly leading to death **PROBABLE COVID-19 (NO LAB CONFIRMATION)**
- (b) Other disease or condition, if any, leading to (a) _____
- (c) Other disease or condition, if any, leading to (b) _____
- II Other significant conditions CONTRIBUTING TO THE DEATH but **RENAL FAILURE DUE TO TYPE I DIABETES MELLITUS** not related to the disease or condition causing it _____

Approximate interval between onset and death

The death might have been due to or contributed to by the employment followed at some time by the deceased

I certify that this death certificate is accurate

Signature _____ Qualifications _____ Date _____

Residence _____

Consultant responsible for the above-named patient _____

DEATH CERTIFICATE EXAMPLE FOR H1N1

**IN THE PRESENCE OF
DEFINITIVE COMORBIDITY**

Name of deceased **DOE, JOHN J.**
 Date of death as stated to me _____ day of _____ Age as stated to me _____
 Place of death _____
 Last seen alive by me _____ day of _____

- | | | |
|---|--|---|
| <p>1 The certified cause of death takes account of information obtained from post-mortem.</p> <p>2 Information from post-mortem may be available later.</p> <p>3 Post-mortem not being held.</p> <p>4 I have reported this death to the Coroner for further action.</p> | <p>Please ring appropriate digit(s) and letter</p> | <p>a Seen after death by me.</p> <p>b Seen after death by another medical practitioner but not me.</p> <p>c Not seen after death by a medical practitioner.</p> |
|---|--|---|

CAUSE OF DEATH	Approximate interval between onset and death
<p>I (a) Disease or condition directly leading to death: <u>RENAL FAILURE</u></p> <p>(b) Other disease or condition, if any, leading to (a): <u>DUE TO TYPE I DIABETES MELLITUS</u></p> <p>(c) Other disease or condition, if any, leading to (b): <u>INITIATED BY LAB CONFIRMED H1N1 INFLUENZA</u></p> <p>II Other significant conditions CONTRIBUTING TO THE DEATH but <u>OR 'INITIATED BY LAB CONFIRMED H1N1 INFLUENZA</u> not related to the disease or condition causing it.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>The death might have been due to or contributed to by the employment followed at some time by the deceased <input type="checkbox"/></p>	

I certify that this death certificate is accurate
 Signature: _____ Qualifications: _____
 Residence: _____ Date: _____
 Consultant responsible for the above-named patient: _____

"We've accumulated about 10,000 hours of collective team research into this [paper]. It's been reviewed by nine attorneys and a judge for accuracy. It's gone through the peer-review process before being published. We feel it's tight.

On page 20 of the paper, we have a big graphic showing what the estimated actual fatality count should have been as of August 23, 2020. What was reported on August 23 was 161,392 fatalities caused by COVID-19.

Had we used the 2003 guidelines, our estimates are that we would have roughly 9,684 total fatalities due to COVID-19. That's a significant difference. That's a difference on the scale of as much as 96%. The range that we calculated was 88.9% to 96% inflation."

Indeed, this matches up with an admission by the CDC in late August 2020, at which time they admitted that only 6% of the total death count had COVID-19 listed as the sole cause of death. The remaining 94% had had an average of 2.6 comorbidities or preexisting health conditions that contributed to their deaths.

"For absolute 100% accuracy, we'd have to do something like what we were just alerted to by a whistleblower in Florida, where they've actually gone in and reexamined every single death certificate and the medical records with them. What they found was that roughly 80% of the fatalities were wrongfully classified as COVID-19 fatalities," Henele says.

Science Foundations Have Been Violated

Mainstream media have justified pandemic measures "based on the science," yet the very foundation of science has been violated. The ramifications are enormous, from the destruction of local economies and skyrocketing suicide rates to people being forced to die alone, their family members being barred from being at their bedside during their last moments.

"I lost my mother in in 2002," Henele says. "The grace of it all was that we were able to get her out of the hospital and fulfill her last request, which was to pass away in her bed with family around her. I grieve for every single person who's lost someone [during this pandemic] who was not able to be there.

Americans should not have to die alone because we're worried about some virus that they're telling us is a problem, when the data, even the data that we know to be inflated and fraudulent, still doesn't suggest the virility that they want us to believe."

Transparency Rules Have Been Grossly Violated

So, what exactly is the connection between the Paperwork Reduction Act and the COVID-19 fatality data? Why is it so important?

"Well, the Paperwork Reduction Act is really about establishing oversight," Henele explains. "It established the Office of Management and Budget, the OMB, which is under the executive branch. It established them as the key agency for oversight of all data in the entire federal government.

So, when you start seeing IHME [Institute for Health Metrics and Evaluation] out of the University of Washington — which is heavily funded by the Bill & Melinda Gates Foundation, to the tune of \$384 million in two installments — when you see their data being used at federal levels, you go and look at the Federal Register and you say, 'OK, where is the 30 to 60 days that we were supposed to have to comment on the use of that data?'

Public comment is part of the Paperwork Reduction Act. That's what it's all about. What we saw instead was just, 'Hey, this is what the IHME is putting out there. We're going to go with it.' Well, you can't do that if you're a federal agency ... IHME is ... technically an independent organization, but they don't have any governmental designation.

They're not a 501(c)(3), they're not a 501(c)(4), they're not a 501(c)(6). They're just this amorphous nongovernmental organization within our country, and it's kind of concerning. We're doing more research on that, but it's very, very concerning because they don't have anybody to account to."

Test-Based Strategy Has Been an Egregious Fraud

In addition to the manipulation of fatality statistics, the statistics of "cases" were also manipulated. Traditionally, a "case" is a patient who is symptomatic; someone who is actually ill. When it comes to COVID-19, however, a "case" suddenly became anyone

who tested positive for SARS-CoV-2 using a PCR test, or worse, assumed positive based on proximity to someone who tested positive.

The CDC specifically enacted what's called a test-based strategy, which we've never done before in medicine for anything. What that test-based strategy means is if you test positive, you got [COVID-19]. ~ Dr. Henele

I've detailed this fraud in many previous articles over the past year, including ["Coronavirus Fraud Scandal — The Biggest Fight Has Just Begun"](#) and ["The Insanity of the PCR Testing Saga"](#). "Cases" were also counted multiple times, as explained above. Henele expounds on this issue, noting:

"The CDC specifically enacted what's called a test-based strategy, which we've never done before in medicine for anything. What that test-based strategy means is if you test positive, you got [COVID-19]. But what they didn't do for the PCR testing was they didn't identify the agreed upon number of cycles across all states across all labs that are testing.

What most people don't know is that the closer you get to zero in terms of cycle times, the more likely that the result is going to be negative. The closer you get to 60, the more likely that it's going to be positive.

Well, we've never seen a document coming out of the FDA, coming out of the CDC, coming out of any of the state health departments, that says, 'We need all labs to be at this specific cycle [threshold]. And if a person is not deemed positive with that number of cycles, then they are not positive.' So, there's just flaw after flaw after flaw."

Data Manipulation Created COVID-19 Pandemic

Most labs used cycle thresholds above 40 — as recommended by the CDC and the World Health Organization — which exponentially increased the likelihood of a positive test, even among completely healthy and noninfectious individuals. The only justification for all of this is that it was done to perpetuate the narrative that we were in a raging pandemic, which was then used to justify the unprecedented destruction of personal freedom and the economy.

"The thing I have to give the folks that have been involved in this credit for is the incredible number of sleights of hands," Henele says. "It's a little bit here, a little bit here, a little bit here, a little bit here.

And when that happens, it leads to something that is very dangerous scientifically, and very dangerous for public health policy, which is control of data — the ability to manipulate data ... and if you can control the data, you get to control the narrative ...

If we're not going to have an absolute, transparent and verifiable data collection process that is based upon accuracy and integrity of that data, then you can turn that [pandemic emergency] dial up and down at your whim. My hope is that the objective scientist within

all of us understands that this is bigger than politics. This is beyond it. This is a severely broken system that we have to fix, and we better do it."

As discussed in many other articles, it appears the COVID-19 pandemic has in fact been a preplanned justification for the implementation of a [global technocrat-led control system](#), which includes a brand-new financial system to replace the central bank-manufactured fiat economy that is now at the end of its functional life. Fiat currency is manufactured through the creation of debt with interest attached, and the whole world is now so laden with debt it can never be repaid. If people understood how the central banks of the world have pulled the wool over our eyes, we would simply demand an end to the central banks. Currency ought to be created and managed nationally.

The central banks, of course, do not want this reality to become common knowledge, because then they will no longer be able to manipulate all the countries of the world, so they need the economic breakdown to appear natural. For that, they need a global catastrophe, such as a major war, or a fearsome pandemic necessitating the shutdown of economies.

Through this willful manipulation of case- and fatality statistics, the CDC has been complicit in willful misconduct by generating needless fear that has then been used against you to rob you of your personal freedoms and liberties and help usher in this massive transfer of wealth and global tyranny. As noted by Henele, *"People are going to be complicit in their own slavery. People are complicit in putting digital shackles around themselves and really restricting their civil liberties."*

Hopefully, people will begin to understand how pandemic statistics have been, and still are, manipulated to control the narrative and generate unjustified fear for no other reason than to get you to comply with tyrannical measures designed to enslave you, not just temporarily but permanently.

More Information

To understand how we got to this point, please consider reading Henele's paper, ["COVID-19: CDC Violates Federal Law to Enable Corruption of Fatality-Reporting Data."](#) As noted by Henele:

"I'm looking forward to the day when we look back on this, and go, 'Oh, we almost fell for one, but we woke up in time and we figured this out. And now we have a good balance of technology, but technology that doesn't have the right to censor us, technology that doesn't have the right to control us; we have figured out that having too much control in the hands of too few is not a good recipe for us as a species on this planet.'

We know it doesn't pass the smell test, so it's important to get informed and educated and it's papers like this — and this isn't the only one out there — that have done the homework. If we're going to trust someone, it's important to me that we trust people who've done the homework and have no vested interest in the outcome.

My team is a team of volunteers. We all do this in our spare time. We're not making any money. We're not going to seek to make any money off of this. We're doing this because we believe in this country. We love this country and we love the people of this country. When I see people suffering, I have to help. I got to get in and help.

So, if you are an American that wants to help, we are setting up resources for you to be able to get engaged and help us push this forward, maybe grease some of these wheels of justice, so we can get an independent grand jury investigation."

For additional information, or if you want to help, you can email Henele and his team at COVIDResearchTeam@protonmail.com. You can also use your voice and actions to support an investigation into the CDC's actions.

19,916 'eye disorders' including blindness following COVID vaccine reported in Europe

More than 10,000 reports of eye disorders after COVID shots in the U.K. alone.

May 1, 2021 (LifeSiteNews) – Hundreds of cases of blindness are among the 19,916 reports of “eye disorders” to the World Health Organization’s European drug monitoring agency following injection of experimental COVID-19 vaccines

The nearly 20,000 eye disorders reported to VigiBase, a database for the WHO maintained by the Uppsala Monitoring Centre(UMC) in Uppsalla, Sweden, include:

- Eye pain (4616)
- Blurred vision (3839)
- Photophobia or light intolerance (1808)
- Visual impairment (1625)
- Eye swelling (1162)
- Ocular hyperaemia or red eyes (788)
- Eye irritation (768)
- Itchy eyes or eye pruritus (731)
- Watery eyes or increased lacrimation (653)
- Double vision or diplopia (559)
- Eye strain or asthenopia (459)
- Dry eye (400)
- Swelling around the eye or periorbital swelling (366)
- Swelling of eyelid (360)
- Flashes of light in the field of vision or photopsia (358)
- Blindness (303)
- Eyelid oedema (298)
- Eye or ocular discomfort (273)
- Conjunctival hemorrhage or breakage of a small eye vessel (236)
- Blepharospasm or abnormal contraction of an eye muscle(223)
- Vitreous floaters (192)

- Periorbital oedema (171)
- Eye hemorrhage (169)

More than half of the eye disorders (10,667) were also reported to the U.K.'s Yellow Card adverse event reporting system. These would have followed injection primarily of AstraZeneca's and Pfizer's COVID-19 vaccines but included eight reports of eye disorders among the 228 reports concerning Moderna's vaccine, of which only 100,000 first doses had been administered by April 21.

Eye disorders were not reported in the clinical trials for vaccines which have been granted Emergency Use Authorization (EUA) only. The U.S. Food and Drug Administration's fact sheet for those administering Pfizer's experimental vaccine does not mention eye side effects. It does state, however, that *"Additional adverse reactions, some of which may be serious, may become apparent with more widespread use of the Pfizer-BioNTech COVID-19 Vaccine."*

VAERS reports:

VigiBase and Yellow Card reports do not offer details of the patients' experiences of adverse side-effects. However, those in the U.S. Vaccine Adverse Event Reporting System (VAERS) system include some reporting on the patient, his or her age, and the general case presentation.

One VAERS report describes a 33-year-old pilot from Mississippi who took Pfizer's vaccine and developed vision problems among numerous other symptoms.

"I noticed a headache in the very top of my head within an hour of getting the vaccine," he reported. *"I thought it was normal because everyone I know said they got a headache from it. Over the next few hours, the pain moved down the back of my neck and became a burning sensation at the bottom of my skull."*

"Two days after receiving the vaccine I flew my plane and immediately noticed something was wrong with me," the report continues. *"I was having a very hard time focusing. Approximately 2 hours into my flying I felt sudden and extreme pressure in my head and nearly blacked out. I immediately landed and stopped flying."*

The pilot experienced the same thing two days later when he tried flying again. The burning in his neck intensified and was accompanied by dizziness, nausea, disorientation, confusion, uncontrollable shaking, and tingling in his toes and fingers.

The patient was diagnosed with vertigo and prescribed a medication which provided "no relief," according to the VAERS account. He underwent extensive testing including balance, eye, and hearing tests, CT and MRI scans, and he was informed that an allergic reaction to the Pfizer COVID vaccine had increased the pressure in his spinal cord and brain stem.

“That pressure causes my vision problems and ultimately ruptured my left inner ear breaking off several crystals in the process,” the report states. “I cannot fly with this condition. I’m currently taking Diamox to reduce the pressure in my spinal cord and brain stem.”

More than 1,200 reports to VAERS include “eye pain” among the listed symptoms. One report filed by a 50-year-old physician from Wisconsin for himself said he experienced “severe sweating; fever; weakness” and the “worst headache of my life” following receiving a second dose of Pfizer’s Wuhan coronavirus vaccine in January. The doctor said he experienced “searing eye pain for the last 2 months” and “daily headaches” – events described as a “disability” and “permanent damage.”

One 26-year-old student in California received Johnson & Johnson’s vaccine on April 9 and reported experiencing “typical” post-vaccine symptoms of nausea, muscle aches, chills, fatigue which “dissipated.” On the fifth day following the shot, however, she went for a light walk in the morning and “completely lost vision in both eyes.” She also described her “excruciating headache behind eyes” as the “worst headache of my life.” At a hospital emergency ward she was given morphine which she reported did not help the pain and a head CT scan ruled out a clotting event. Her report filed six days later, said: “I’m terrified because I know something is very wrong.”

Michelle Jorgenson, 31, of Arizona got her first dose of Moderna’s vaccine in mid-January, and second dose mid-February and developed blurred vision along with symptoms of headaches, “brain fog” and fatigue. She’s undergone CT and MRI scans and doctors don’t know what’s causing her problems,” she said.

“It’s frightening, stressful, and uncertain. I’m 31, and I have never in my life had double vision before,” she says.

Jorgenson said illness is affecting her ability to both work and drive. “I’m not currently driving at all, as it is just not safe.”

She has cut her at-home work schedule from 40 hours per week to about 25 hours per week, “but that’s also a struggle, because of the double vision, headache, brain fog, and fatigue.”

Given that these mRNA injections are still classified EAU only, why is the FDA “poised to authorize Pfizer-BioNTech vaccine for adolescents by next week”?!?!?!?

Every American needs to wake up FAST to this rapidly emerging reality!

Given that these mRNA injections are still classified EAU only, why is the FDA “poised to authorize Pfizer-BioNTech vaccine for adolescents by next week”?!?!?!?

Ask yourself, why would you grant Emergency Authorization Use, when the alleged Covid-19 has not been an issue in the younger generation of the society unless you want to kill them off as well? The CDC's own data does not support giving shots to the young. The U.S Food and Drug Administration could by early next week expand Pfizer's Emergency Use Authorization to include children ages 12 to 15, an age group whose risk of dying from COVID is less than 0.1%

According to the CDC, between March 1 and Dec. 12, 2020, there were a total of [2,871,828 laboratory-confirmed cases](#) of COVID in children, adolescents and young adults aged 0 to 24 years in the U.S. out of a [total U.S. population](#) of approximately 331,000 million people.

Here's a [breakdown of COVID cases](#) by age group:

- 1,648,429 (57.4%) cases occurred in young adults aged 18-24 years
- 468,108(16.3%) cases occurred in children aged 14-17 years
- 226,874 (7.9%) cases occurred in children aged 11-13 years
- 331,029 (10.9%) cases occurred in children aged 5-10 years
- 212,515 (7.4%) of cases occurred in children aged 0-4 years

According to [CDC data](#), the death rate among adolescents ages 0 to 17 who get COVID and are subsequently hospitalized is **0.7%**, with many experiencing either mild or [no symptoms](#) at all. The COVID death rate in all [adolescent age categories](#) is less than **0.1%**.

A [study](#) in the '*European Journal of Pediatrics*' confirmed hospitalization and in-hospital death are rare in children diagnosed with COVID, with complications occurring mostly in those with serious underlying medical conditions.

Herd immunity and children

As [The Defender reported](#) in February, [Dr. Anthony Fauci](#), director of the National Institute of Allergy and Infectious Diseases, [admitted to The New York Times](#) that he "nudged" the level required to achieve herd immunity up to 90% from the previously estimated 70% after he saw polls indicating growing public unwillingness to get the vaccine.

Educators have been quick to reinforce Fauci's message that young people should get the shots, stating that [vaccinating students](#) is "*a crucial step in the return-to-normal for schools.*"

Although health officials [admit](#) "*kids do not generally suffer from severe COVID-19*" and are unlikely to directly benefit from the injections, they have no intention of excluding children from their herd immunity calculus. Instead, [they claim](#) "*inoculating [children] could reduce the spread to people at higher risk.*"

In short, public health leaders say, parents must "vaccinate the young to [protect the old.](#)"

The federal government [estimates](#) that one vaccine injury results from every 39 vaccines administered, and [recent VAERS data](#) show 118,902 reports of adverse events following COVID vaccines, including 3,544 deaths and 12,619 serious injuries between Dec. 14, 2020 and April 23.

As [The Defender reported](#) last week, the latest VAERS data included three reports of teens under age 18 who died after receiving COVID vaccines, including two 15-year-olds and one [16-year-old](#) who [died unexpectedly](#) from a blood clot 11 days after receiving her first Pfizer dose.

A 15-year-old female [died of cardiac arrest](#) after receiving the second dose of the Moderna vaccine, and a 15-year-old male died of [cardiac failure](#) two days after receiving the Pfizer vaccine.

Pfizer Cashing In on COVID Vaccine

Pfizer has been vocal over the past year about its desire to [create a third dose](#) of its vaccine, market its vaccine to [children as young as 12](#) by the time school starts in the fall and create [annual boosters](#) like [influenza vaccines](#) to create a consistent demand — all things that are pleasing to investors.

During a virtual [investor conference](#) in March, Pfizer's CFO, Frank D'Amelio, said the company sees "significant opportunity" for its COVID vaccine once the market shifts from a "pandemic situation to an endemic situation."

At that point *"factors like efficacy, booster ability, clinical utility will basically become very important, and we view that as, quite frankly, a significant opportunity for our vaccine from a demand perspective, from a pricing perspective, given the clinical profile of our vaccine,"* D'Amelio [told the analyst](#).

Pfizer's first quarter revenue [report](#) released today showed \$3.5 billion in revenue generated during the first three months of this year by the company's COVID vaccine — making it the biggest [source of Pfizer's revenue](#).

The company did not disclose profits, but now anticipates revenue of [\\$26 billion](#) for its COVID vaccine, up from its [previous estimate](#) of \$15 billion. Pfizer splits its vaccine revenue with BioNTech, which will [report its own first-quarter results](#) next week. [BioNTech said in March](#) that it had locked in revenue of nearly \$11.8 billion, based on vaccine orders at the time.

The vaccine is expected to keep generating significant revenue for Pfizer and BioNTech, as the company [anticipates](#) people will need [annual booster shots](#).

I still think it is all about the bucks and it is a Genocidal Depopulation Extinction Level Event! The statistical data does not support a pandemic, not even an epidemic.

COVID: Vaccinated people shedding and spreading genetic disaster to unvaccinated women?

by Jon Rappoport

MANY women are posting reports of disrupted and unusual menstrual cycles, heavy bleeding, and miscarriages.

What's more, some of these women haven't received the COVID vaccine, but they've been in close contact with others who have been vaccinated—leading to the question:

Can the COVID vaccine (which is actually an experimental genetic treatment) “shed” something harmful that can be passed from person to person?

Perhaps that sounds impossible, but in the world of genetics, much can go wrong. In fact, for the past 25 years, we've had an illustration of shedding right in front of our eyes: GMO crops.

If you recall, Monsanto assured one and all that these crops—genetically engineered to survive the sprayed herbicide Roundup—would flourish, while weeds would succumb to the chemical.

So what actually happened? The weeds were resistant and became super-giants. And the Monsanto genes drifted from farm to farm, contaminating crops that were never meant to be engineered.

The Monsanto genes were “shed” and they spread.

This spread was not only the result of obvious cross-pollination. Bacteria in the soil, and in human digestive systems, also picked up and incorporated the Monsanto genes.

Why couldn't “shed and spread” occur with a genetic COVID vaccine?

The COVID injection contains a piece of RNA. The RNA nanoparticles enter human cells, forcing those cells to manufacture a protein similar to a protein in the purported SARS-CoV-2 virus. The immune system mounts a neutralizing attack against that protein, thus “rehearsing” to defeat the virus if it comes along later.

That's the hypothesis.

In practice, who knows how many different dangerous and harmful processes can be detonated in the human body—plus the drifting of those genetic effects from person to person, whether vaccinated or not.

Yes, I know the experts will point out the difference between inserting genes into crops and inserting them into humans. They'll say the GMO crops are supposed to hold on to those new genes long-term, but the COVID injection only has short-lived genetic effects.

Supposedly, this is true. Supposedly!

The universe of genetic experimentation, however, is rife with problems, mistakes, unintended consequences, as well as efforts to make weapons that attack life at basic levels.

Consider, for example, gene drive technology, which asks the question: what species should we make extinct today?

Why are Bill Gates and the U.S. military involved in forwarding that technology?

A gene-drive scientist says, *“I have a plan. By manipulating genes, we can make invasive rodents extinct, on an island where humans are living.”*

In the next fraction of a second, a flurry of questions pops up.

The overarching question is: Does this mean genetic manipulation can make ANY species extinct?

Here is a passage from Gene Drive Files, a vital site with an enormous amount of referenced information on the subject:

“Gene drives are a gene-editing application that allows genetic engineers to drive a single artificial trait through an entire population by ensuring that all of an organism’s offspring carry that trait. For example, recent experiments are fitting mice with ‘daughterless’ gene drives that will cascade through mouse populations so that only male pups are born, ensuring that the population becomes extinct after a few generations.”

“Proponents have framed gene drives as a breakthrough tool for eradicating pests or invasive species. However, the Gene Drive Files reveal that these ‘conservation’ efforts are primarily supported by military funds.”

Gene drive technology could be deployed to wipe out troublesome plant-parasites, weeds, crops, animal pests, animals, and...humans. Mull that over with your morning coffee.

Several years ago, certain UN member nations were considering a recommendation to call a moratorium on the use of gene drives. However, Bill Gates showed up to try to squash the moratorium.

The Gene Drive Files reports: *“Documents received under Freedom of Information requests reveal that the Bill and Melinda Gates Foundation paid a private agriculture and biotechnology PR firm \$1.6 million for activities on Gene Drives. This included running a covert ‘advocacy coalition’ which appears to have intended to skew the only UN expert process addressing gene drives...”*

“Following global calls in December 2016 from Southern countries and over 170 organizations for a UN moratorium on gene drives, emails to gene drive advocates

received under a Freedom of Information request by Prickly Research reveal that a private public affairs firm 'Emerging Ag' received funds from the Bill and Melinda Gates Foundation to co-ordinate the 'fight back against gene drive moratorium proponents'."

There's more from the Gene Drive Files. It involves the military:

"A trove of emails (The Gene Drive Files) from leading U.S. gene drive researchers reveals that the U.S. Military is taking the lead in driving forward gene drive development."

"Emails obtained through a freedom of Information request by U.S.-based Prickly Research reveal that the U.S. Defense Advanced Research Projects Agency (DARPA) has given approximately \$100 million for gene drive research, \$35 million more than previously reported, making them likely the largest single funder of gene drive research on the planet. The emails also reveal that DARPA either funds or co-ordinates with almost all major players working on gene drive development as well as the key holders of patents on CRISPR gene editing technology."

"These funds go beyond the US; DARPA is now also directly funding gene drive researchers in Australia (including monies given to an Australian government agency, CSIRO) and researchers in the UK. The files also reveal an extremely high level of interest and activity by other sections of the U.S. military and Intelligence community."

As I've shown in past articles, the latest and greatest gene-editing tools (e.g., CRISPR), which are used for gene drives, are far from slam-dunk precise, despite official assurances.

For example, 'Nature Communications', May 31, 2017, "CRISPR/Cas9 targeting events cause complex deletions and insertions at 17 sites in the mouse genome." That's UNINTENDED genetic "deletions and insertions."

And how about this study? It was published in 'Genome Biology' on June 14, 2017, and is titled, "CRISPR/Cas9-mediated genome editing induces exon skipping by alternative splicing or exon deletion." An exon is "a segment of a DNA or RNA molecule containing information coding for a protein or peptide sequence." So you can see that exon skipping or deletion is a very bad outcome.

In other words, ANY gene editing done on ANY species opens the door wide to all sorts of errors and unforeseen consequences. Doomsday genetic warfare and mutually assured destruction are the far shore of insanity...but closer in, where more limited experiments are taking place, there is no safety zone, either. Insanity reigns there as well.

Read what adorers of genetic experimentation have gushed:

"I went to Monsanto, and I spent a lot of time with the scientists there, and I have revised my outlook, and I'm very excited about telling the world. When you're in love, you want to tell the world." (Bill Nye, the Science Guy)

“I know it’s a long shot and people would say it’s ‘too absurd’... but I’m doing this with hopes of making a Mickey Mouse someday.” (Arikuni Uchimura, quoted in “Japan bio-scientists produce ‘singing mouse’”, The Independent, 21 December 2010.)

On the other hand, there is this: *“Genetic engineering is to traditional crossbreeding what the nuclear bomb was to the sword.”* (Andrew Kimbrell, executive director of Center for Food Safety)

So...we have a new COVID vaccine, based on experimental technology that delivers genetic instructions to cells of the body—instructions to create a protein that would otherwise never be created.

We’re told nothing can go wrong.

We have many examples of genetic technology going very wrong.

Farms that were supposed to be protected from Monsanto gene-drift turned into GMO Monsanto farms. So why couldn’t unvaccinated people turn into vaccinated people, through “shed and spread,” without ever receiving the COVID injection?

The problem is, the officials and experts who would answer that question for us are riddled with conflicts of interest; and they pretend to know what they don’t know; and they’re afraid of losing their jobs if they contradict the party line; and they’re experienced professional liars.

They’ve rewritten the old fable, ‘The Boy Who Cried Wolf’. These professionals NEVER cry wolf, no matter what disasters are brewing.

So we can never believe what they say.

Now let’s consider a key Pfizer document titled: *“A PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOMIZED, OBSERVER-BLIND, DOSE-FINDING STUDY TO EVALUATE THE SAFETY, TOLERABILITY, IMMUNOGENICITY, AND EFFICACY OF SARS-COV-2RNA VACCINE CANDIDATES AGAINST COVID-19 IN HEALTHY INDIVIDUALS.”*

On page 67, we find a warning about potential adverse effects of the vaccine. The abstruse term *“study intervention”* pops up. It surely means *“vaccination.”* *“Environmental exposure”* means contact with elements of the vaccine other than by injection.

Warning of adverse effect: *“A female is found to be pregnant while being exposed or having been exposed to study intervention due to environmental exposure. Below are examples of environmental exposure during pregnancy:”*

“A female family member or healthcare provider reports that she is pregnant after having been exposed to the study intervention by inhalation or skin contact.”

“A male family member or healthcare provider who has been exposed to the study intervention by inhalation or skin contact then exposes his female partner prior to or around the time of conception.”

These warnings, from the vaccine manufacturer, Pfizer, are shocking. They imply that women can be harmed by breathing in, or contacting by skin, the vaccine as it moves from person to person. Which would be “*shedding*.”

And what is being transferred from person to person? What is in the vaccine? Genetic material. RNA.

—There is a Coda to this whole business. I write it because I don’t believe in ringing lots of alarm bells and leaving people with nothing but fear.

From personal experience, and 83 years of living, I know that people have an extraordinary ability to outlast elite insanity, no matter what.

Our faith, desire for freedom, creative force, resistance, outrage, immortal refusal to give in; these are the core of a story that has been unfolding for centuries and millennia. This story goes beyond the forces arrayed against us. Regardless of the machinations brought to bear on humanity; regardless of claims that “*there is no way out*,” we find ways.

We’re told: WELL, NO ONE CAN REMAIN HEALTHY IN THE FACE OF THAT. “That” is the latest psychotic experiment in which we are the non-voluntary subjects.

But many people do retain their strength, through their inner resources and their overriding faith, and their absolute refusal to knuckle under.

**A real pandemic
wouldn't need a
marketing campaign.**

Next Phase of COVID Vaccination is To Create Public Pressure, You Are Selfish and Destroying Herd Immunity if You Do Not Cooperate



As soon as government started controlling the behavior of people under the justification of COVID fear, there was a natural conclusion evident to the issues. The lady holding up the sign has it exactly correct. All of the approaches demanded by leftist governmental action framed 'non-compliance' with the dictates as the individual being "selfish."

The leftist pattern of framing your demand for individual freedom and liberty as selfish, has permeated throughout the COVID narrative. The vaccination demand now carries the exact same compliance narrative as the leftists blend vaccinations with the term "herd immunity."

The current media talking points say that if you don't take the non-FDA approved test vaccine, you are selfishly blocking a national effort to attain this "herd immunity."

The argument is actually quite silly. If your vaccine protects you from COVID; and if the vaccine actually does do what the government and media tell you it does; then why would you be worried about someone else's vaccine status? If the vaccine works, presumably you are protected; my not being vaccinated does not increase your risk or pose a threat.

To give you an idea how the COVID narrative is evolving, CNN ran [this segment](#) talking about how non-vaccinated people should be treated:

“To get America to herd immunity, being vaccinated should be incentivized. If that fails, CNN’s Michael Smerconish proposes the government and businesses should consider measures to exclude the unvaccinated from the workplace and events.”

<https://theconservativetreehouse.com/2021/05/02/next-phase-of-covid-vaccination-is-to-create-public-pressure-you-are-selfish-and-destroying-herd-immunity-if-you-do-not-cooperate/>

MINISTRY OF TRUTH: 12 state attorneys general demand Big Tech platforms eliminate all speech from people injured by vaccines



([Natural News](#)) Attorney generals from twelve states are calling on the world’s top social media networks to completely [eradicate any negative claim about covid-19 vaccines](#). Facebook CEO Mark Zuckerberg and Twitter CEO Jack Dorsey have already implemented “misinformation” policies that remove any dissent against government lock downs, mandatory masks, and [Big Pharma’s forceful vaccine push](#). However, the new Covid vaccines are so faulty and unsafe, vaccine injury and death claims are still spreading across social media.

After being noticeably censored on their own pages for sharing vaccine truths, Facebook users have flocked to Facebook groups to talk about the covid-19 vaccine side effects. One of these groups reported [tens of thousands of personal](#)

[testimonies](#) about the harms of these vaccines. This group consisted of more than 120,000 people and was growing by 10,000 people every week as vaccine injury reports poured in. The group has since been removed by Facebook, as The Ministry of Truth rewrites history and covers up its crimes.

The Ministry of Truth is taking over law enforcement to protect the vaccine industry.

George Orwell's Ministry of Truth is eerily taking form in the modern-day merger of Big Pharma, Big Government, Big Media, and Big Tech. Government and public health officials are becoming dystopian controllers of information and manipulative propagandists who carry out the deception of the vaccine industry. Government officials are working tirelessly with social media companies to control all information on covid-19, covering up their crimes and justifying their tyranny. Social media algorithms are already designed to limit the spread of covid-19 "misinformation," but it's never enough. No matter how hard *the powers that be* try to silence personal testimony of vaccine injury and death, the real truth continues to surface.

"Given 'anti-vaxxers' reliance on your platforms, you are uniquely positioned to prevent the spread of misinformation about coronavirus vaccines that poses a direct threat to the health and safety of millions of Americans in our states and that will prolong our road to recovery," wrote Connecticut Attorney General William Tong. The law enforcement official is joined by attorney generals from Delaware, Iowa, Massachusetts, Michigan, Minnesota, New York, North Carolina, Oregon, Pennsylvania, Rhode Island and Virginia. They all believe that lockdowns should be tied to vaccination status — human rights abuses the world has not witnessed since the rise of the Third Reich.

Top law enforcement officials are now enforcing the censorship and abuse

The most disturbing aspect about this: These are law enforcement officials who are criminalizing free speech and scientific progress. Law enforcement officials are not standing up for the rights of the vaccine injured, the oppressed, or the abused. They are actively working to oppress those who do not comply, who have been harmed by these medical experiments.

"The people and groups spreading falsehoods and misleading Americans about the safety of coronavirus vaccines are threatening the health of our communities, slowing progress in getting our residents protected from the virus, and undermining economic recovery in our states," declares the letter. Facebook "has not taken sufficient action to identify violations and enforce these guidelines by removing and labeling misinformation and banning repeat offenders," the letter contends.

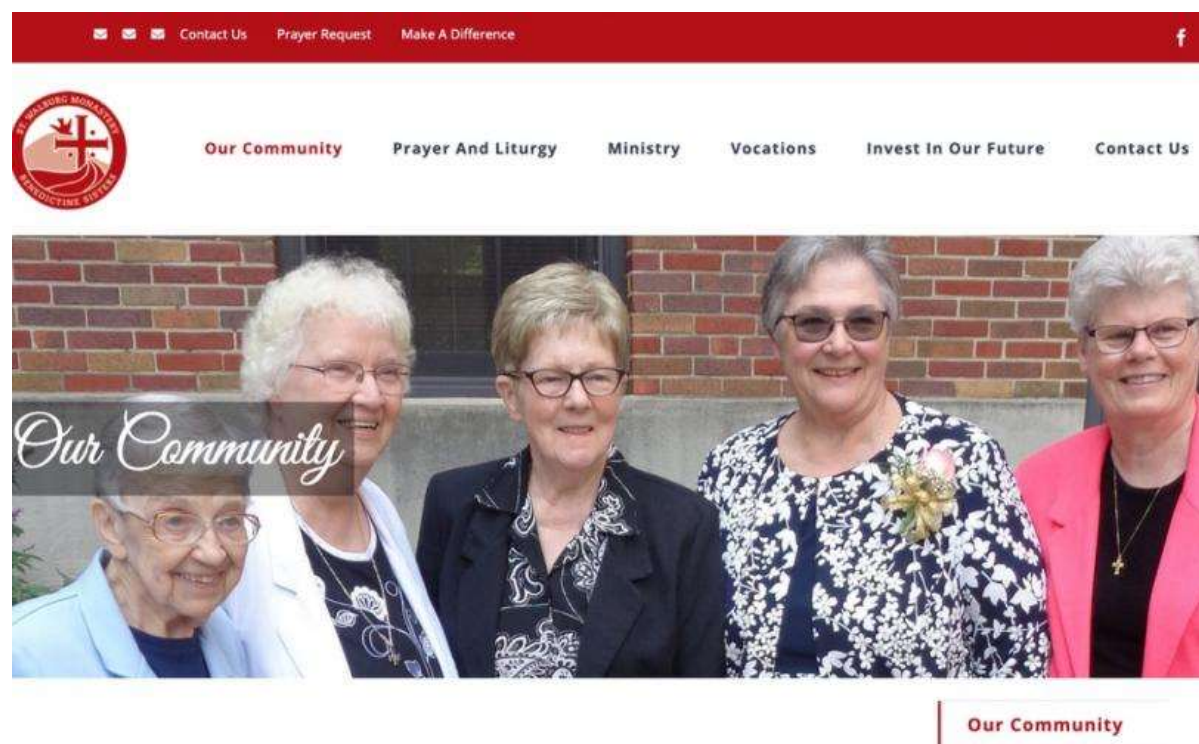
The law enforcement officials demand that Facebook take their abusive level of censorship a step further. Facebook has already blocked URL links of specific news sites such as [Vaccines.News](#) and blacklisted alternative streaming channels such as Brighteon, but now the attorney generals are demanding that Facebook prevent users altogether from using video streaming tools like Bitchute, Rumble, and [Brighteon](#).

The truth about vaccines is finding a way to seep through all the censorship. Instead of getting to the bottom of the vaccine injuries and deaths, public health authorities and crooked law enforcement officials are trying to suppress any voice who dares talk about the problems with the vaccines. All this censorship, manipulation, coercion and force is making more people wary, and rightfully so.

20 of 26 COVID-positive residents in a Kentucky nursing home outbreak were fully vaccinated a month earlier

A CDC report blames an unvaccinated healthcare worker for an outbreak; data compares a population of four unvaccinated elderly residents to the rest of the group.

Wed Apr 28, 2021 - 9:47 pm EST



April 28, 2021 ([LifeSiteNews](#)) – Nearly half of the 46 people who tested positive for COVID-19 in a Kentucky nursing facility in March had been fully vaccinated against the virus more than four weeks earlier, according to a [report](#) from the Centers for Disease Control and Prevention released last week.

Twenty of the 26 COVID-positive residents and four of 18 COVID-positive healthcare personnel had received both doses of the Pfizer-BioNTech two-shot coronavirus vaccine at on-site clinics January 10 and 31, a full month before the outbreak on March 1, making them “breakthrough” vaccinated cases of COVID.

Two additional COVID-positive residents who had been fully vaccinated eight days before the outbreak were excluded from the CDC’s analysis.

When the outbreak occurred, 79 of 83 nursing home residents had been fully vaccinated, including more than 90 percent who had received both Pfizer doses a month earlier. CDC experts insist the vaccine should be fully effective [two weeks after](#) vaccination.

Among staff, 61 of 116 (52.6 percent) received both shots a month before the outbreak and another five had received their second injections at a clinic in February.

Data from four unvaccinated residents

No healthcare workers, vaccinated or unvaccinated, were hospitalized or died. Three residents died. One was fully vaccinated. Two were not, according to the CDC. These would have been two of only four residents of 83 in the facility who chose not to be vaccinated and there is no indication from the CDC why they declined to be vaccinated.

“It is a good bet that most, if not all, of the sisters of St. Walburg have been naturally infected with the SARS-CoV-2 virus — AND that they were infected at around the time of their first vaccination,” Pennsylvania immunologist Hooman Noorchashm wrote in an open letter to the Sisters of St. Walberg after the incident, imploring them to be tested for infection before taking a second dose of the coronavirus vaccine.

“It is my opinion as a physician and immunologist that persons with recent or occult SARS-CoV-2 infections may be at risk of harm from indiscriminate COVID-19 vaccination — especially the elderly and frail with cardiovascular disease,” he said.

Noorchashm suggested that the sisters first have their blood tested for the presence of IgG antibodies and to perform another PCR assay for the virus immediately before any planned vaccination.

“If you are positive for either of these tests, it is my recommendation that you delay your second shots for a minimum of 6–8 months,” he said, though the sisters were scheduled to have their second shots in May.

If blood tests revealed any nuns to have had a recent natural infection, then they would already “almost certainly” be immune and vaccinating those with recent or current natural infections would risk reactivating, or activating, a *“potentially deadly inflammatory response in their bodies,”* he said.

The CDC report did not consider the possibility of the vaccination campaigns having activated a dormant infection.

Symptomatic index case

The CDC report blames an unvaccinated, symptomatic healthcare worker at the facility for the outbreak and used the incident to highlight the “imperative” that all healthcare personnel, as well as nursing home residents, receive experimental coronavirus vaccines. The vaccines have only been given Emergency Use Authorization (EUA) by

the U.S. Food and Drug Administration. Some media followed with reports that an unvaccinated worker had set off a coronavirus outbreak, [“killing 3 residents.”](#)

The CDC report did not explain how a symptomatic healthcare worker was on duty at the facility where it said personnel were screened daily for the coronavirus *beginning a year earlier* in March 2020 and have undergone twice-weekly SARS-COV2 testing since November 2020. It also did not explain how that person was identified as the “index case” when other vaccinated and unvaccinated workers were infected.

“Despite the overall numbers that occurred during this outbreak, vaccination was associated with a lower risk of being infected, lower risk of developing symptomatic disease, and lower risk of hospitalization and death,” Melissa Brower, a public affairs specialist at the CDC, said in an e-mailed statement. “In fact, vaccination was 86.5 percent and 87.1 percent effective against symptomatic COVID-19 in residents and healthcare personnel, respectively.”

The report estimated vaccine effectiveness against coronavirus infection among residents was 66 percent and among healthcare workers, who had a larger proportion of unvaccinated individuals, was 75 percent.

The researchers acknowledged that its calculation of “hospitalization and death outcomes might be biased” because of the lack of controlling for underlying health conditions.

BOMBSHELL: Pfizer’s own documents admit Covid vaccines will shed infectious particles to others

([Natural News](#)) The latest “conspiracy theorist” to come forward and warn about particulate shedding from those who were recently “vaccinated” for the Wuhan coronavirus (Covid-19) is none other than [Pfizer itself](#).

The pharma giant’s own documents openly admit that people who were recently jabbed for the Chinese virus can transmit whatever is contained in the syringe to others, including through skin contact.

“An occupational exposure occurs when a person receives unplanned direct contact with a vaccine test subject, which may or may not lead to the occurrence of an adverse event,” the Pfizer document warns.

“These people may include health care providers, family members, and other people who are around the trial participant.”

In other words, there is something contained in the injections that cause the injected [to become “superspreaders.”](#) Pfizer does not indicate what this is, however it does warn that the culprits are people who were recently injected.

Such transmission might occur from a simple handshake or a hug. It will almost certainly happen during sexual activity, which means those who are wanting to avoid

contracting whatever poison is inside these things should be sure that their partner did not receive an injection.

The document goes on to reveal that vaccinated women who are pregnant could suffer spontaneous abortions and other reproductive problems – and unvaccinated people who come into contact with them could as well.

Vaccinated mothers can also pass whatever is contained in the Pfizer injection to their babies through tainted breast milk as well.

Pfizer: Coronavirus vaccine shedding can occur through “inhalation or skin contact”

Pfizer further admits that vaccinated men can transmit viral components to women at the time of conception, meaning both women and their unborn babies could become infected with the poisons through outside contact.

A pregnant woman who is unvaccinated could also pick up the viral components from her doctor or another family member who was vaccinated. According to Pfizer, this can occur “by inhalation or skin contact.”

Oh, but the vaccines are not actually shedding, the media and the establishment claim. This is just a wild “conspiracy theory,” we are being told. Why, then, is Pfizer warning quietly in its informational materials that being in close proximity to a vaccinated person could cause health problems?

“If this vax is not shedding into other people, why would contact between vaccinated and un-vaccinated be an event worth noting?” asks *Taps Newswire*.

“If this vax is not shedding, then WHY does a guy who has been around a vaccinated woman, even if he did not touch her or have sex, need to worry about getting a different woman pregnant?”

Pfizer wants clinical trial participants who believe they might have been exposed “environmentally” to chemical shedding from someone who was jabbed for the Wuhan coronavirus (Covid-19) to report the incident via the company’s Vaccine SAE Report Form and EDP Supplemental Form.

Pfizer is doing this because outside exposure to vaccine components could kill a pregnant mother’s baby. The company does not plan to log any injuries or deaths from such exposure within its study, however, because it considers such information irrelevant to the study participants themselves.

“This is why we have green screen Biden,” *Taps Newswire* adds in speculation.

“They are ALL green screen now, we just caught Biden. They are green screen and working from sets because they have opened Pandora’s box and intend to hide out until everything is finished. This is why many people are claiming the White House is empty

and that they are working from a set ad are not actually there. Because they are not there. If they do ever go on camera, they are not where they say they are.”

More of the latest news about the threat that vaccinated people pose to the rest of us can be found at ChemicalViolence.com.

Scientists are working on vaccines that spread like a disease. What could possibly go wrong? Think “bioweapon”!

Once a COVID-19 vaccine is approved for public use, officials around the world will face the monumental challenge of vaccinating billions of people, a logistical operation rife with thorny ethical questions. What if instead of [orchestrating](#) complicated and resource-intensive campaigns to vaccinate humans against emerging infectious diseases like COVID-19, we could instead stop the zoonotic diseases that sometimes leap from animals to people at their source? A small, but growing number of scientists think it's possible to exploit the self-propagating properties of viruses and use them to spread immunity instead of disease. Can we beat viruses like SARS-CoV-2, the novel coronavirus, at their own game?

A virus that confers immunity throughout an animal population as it spreads in the wild could theoretically stop a zoonotic spillover event from happening, snuffing out the spark that could ignite the next pandemic. If the wild rats that host the deadly Lassa virus, for example, are vaccinated, the risks of a future outbreak among humans could be reduced. For at least 20 years, scientists have been experimenting with such self-spreading vaccines, work that continues to this day, and which has gained the attention of the US military.

The vaccine is the bioweapon. Specifically, the spike protein is the bioactive weapon, and it is designed to spread from person to person, being transmissible from the vaccinated in order to infect the unvaccinated.

Never forget that Bill Gates has long wanted to use mosquitoes to carry vaccines so that people could be vaccinated against their own wishes (and completely without informed consent). Now, it turns out, they don't need mosquitoes. They have high-obedience humans ready to carry out the same role.

People who are injected with the mRNA vaccine are having their bodies turned into **bioweapons factories**, churning out spike protein particles which they shed through their mouths and skin (and semen, by the way), infecting everyone around them. The spike protein is biologically active and causes blood clots, leading to strokes, heart attacks, pulmonary embolism and infertility effects. [Pfizer's own documents](#) reveal this phenomenon to be well known by vaccine developers.

What is now becoming obvious is that today's vaccines were deliberately designed to function as **self-replicating vaccines**, to spread the spike protein bioweapons to those who refuse to be vaccinated. As the Bulletin of the Atomic Scientists wrote last year,

[“Scientists are working on vaccines that spread like a disease. What could possibly go wrong?”](#)

This explains all the bizarre blood clotting effects now being experienced in *unvaccinated* people who are in close proximity to vaccinated people. We will be reporting much more on this in the days ahead.

Globalists have unleashed the “final solution” self-replicating vaccine and intend to end humanity once and for all

In today’s Situation Update, I reveal how globalists have embarked on a genocidal, planet-wide extermination effort to wipe out the human race, end all nations and kill literally billions of people. The Covid vaccine is the key element in this genocidal plan against humanity, and this explains why they are going to such desperate lengths to silence vaccine skeptics, censor doctors and scientists, and coerce as many people as possible into getting the vaccine injection.

Due to the transmissible nature of the spike protein and the hijacking of the body’s protein synthesis with mRNA vaccines, **globalists probably only need about 50 percent of any given population to be vaccinated**, and they have already achieved that goal in most nations.

They don’t even need the other half of the population to consent, because those people will be “vaccinated” with the transmission of the spike protein itself. This means nearly everyone will be infected with the spike protein, making nearly everyone susceptible to the possibility of a hyper inflammatory reaction when exposed to wild-type coronavirus strains that will be released later this year. (It’s a binary weapon system, get it?)

Hence the extreme importance of immune modulation, pursuing an anti-inflammatory diet, avoiding allergy-enhancing substances in food and medicine, etc.

The following video from Dr. Sherri Tenpenny and others explains very important concepts of how this spike protein is being transmitted by the vaccinated. Dr. Tenpenny is careful to note this isn’t the “shedding” of virus particles, but rather the “transmission” of spike protein particles based on the adenovirus that’s used to manufacture the vaccine:

<https://www.naturalnews.com/2021-05-03-extermination-machine-unmasked-vaccinated-people-are-making-healthy-people-sick.html>



For obvious reasons, public and scientific interest in vaccines is incredibly high, including in self-spreading vaccines, as they could be effective against zoonotic threats. The biologists Scott Nuismer and James Bull generated [fresh media attention](#) to [self-spreading vaccines](#) over the summer after publishing [an article](#) in the journal *Nature Ecology & Evolution*. But the subsequent reporting on the topic gives short shrift to the potentially significant downsides to releasing self-spreading vaccines into the environment.

Self-spreading vaccines could indeed entail serious risks, and the prospect of using them raises challenging questions.

Who decides, for instance, where and when a vaccine should be released? Once released, scientists will no longer be in control of the virus. It could mutate, as viruses naturally do. It may jump species. It will cross borders. There will be unexpected outcomes and unintended consequences. There always are.

While it may turn out to be technically feasible to fight emerging infectious diseases like COVID-19, AIDS, Ebola, and Zika with self-spreading viruses, and while the benefits may be significant, how does one weigh those benefits against what may be even greater risks?

How they work. Self-spreading vaccines are essentially genetically engineered viruses designed to move through populations in the same way as infectious diseases, but rather than causing disease, [they confer protection](#). Built on the chassis of a benign virus, the vaccines have genetic material from a pathogen added to them that stimulates the creation of antibodies or white blood cells in “infected” hosts.

These vaccines could be particularly useful, some scientists say, for wildlife populations where direct vaccination is difficult due to issues like inaccessible habitats, poor infrastructure, high costs, or lack of resources. The idea, essentially, is to vaccinate a small proportion of a population through direct inoculation. These so-called founders will then passively spread the vaccine to other animals they encounter either by touch, sex, nursing, or breathing the same air. Gradually, these interactions could build up population-level immunity.

Self-spreading vaccines have some of their roots in efforts to reduce pest populations. Australian researchers described [a virally spread immunocontraception](#), which hijacked the immune systems of infected animals—in this case a non-native mouse species in Australia—and prevented them from fertilizing offspring. The earliest self-spreading vaccine efforts targeted two highly lethal infectious diseases in the European rabbit population (myxoma virus and rabbit hemorrhagic disease virus). In 2001, Spanish researchers [field-tested a vaccine](#) in a wild rabbit population living on Isla del Aire, a small Spanish island just off Menorca. The vaccine spread to more than half the 300 rabbits on the island, and the trial was deemed a success.

In 2015, another team of researchers speculated on the development of a self-spreading vaccine for the Ebola virus that could be [used on](#) wild great apes like chimpanzees. Since then, scientists have come to see a wide array of animals—from wildlife such as bats, birds, and foxes to domesticated animals like dogs, pigs, and sheep—as [amenable](#) to self-spreading vaccines.

So far, researchers have not developed experimental self-spreading vaccines for humans; there is no clear evidence that anybody is actively working on the technology. Nuismer and Bull argue, rather, that self-spreading vaccines present [a revolutionary approach](#) to control emerging infectious diseases before they even spill over from animals into the human population.

Zoonotic spillover is certainly a pressing problem; alongside SARS-CoV-2, HIV, Ebola virus, and the Zika virus, there are over a thousand other new viruses with [zoonotic potential](#) that have been detected in wild animals over the last decade. Prevention is better than a cure, Nuismer and Bull say in a [New Scientist article](#). In their *Nature Ecology & Evolution* article, they claim they are “poised to begin developing self-disseminating vaccines to target a wide range of human pathogens” in animals.

Outside of an experiment, scientists would face massive technical and practical hurdles in identifying the most appropriate targets for intervention and ensuring immunity is

maintained in the wildlife populations. Despite these substantial challenges, the potential security implications of self-spreading vaccines are even more serious.

The principal security concern is that of dual-use. In essence, this means that the same research that is used to develop self-spreading vaccines to prevent disease, could also be used to [deliberately cause harm](#). You could, for instance, engineer triggers into a virus that [cause immune system failures](#) in infected people or animals, a bit like HIV does naturally. Or you could create triggers in a virus that cause a harmful autoimmune response, where the body starts attacking its own healthy cells and tissues.

The bioweapon question. While researchers may intend to make self-spreading vaccines, others could repurpose their science and [develop biological weapons](#). Such a self-spreading weapon may prove uncontrollable and irreversible.

We don't have to dig very deep for a historical example of weaponized biology. As the apartheid-era South African biowarfare program shows, social, political, and scientific pressures can lead to the misuse of biological innovation.

Codenamed Project Coast, South Africa's program was primarily focused on covert assassination weapons for use against individuals deemed a threat to the racist apartheid government. In addition to producing contraptions to inject poisons, Project Coast researchers developed techniques to lace sugar cubes with salmonella and cigarettes with Bacillus anthracis.

While there have been many biowarfare programs, including several that were far more elaborate and sophisticated, the South African program is particularly relevant in thinking through malicious uses of self-spreading vaccines. One of Project Coast's research projects aimed at developing a human [anti-fertility vaccine](#).

The idea took hold during a time of widespread concern over worldwide population explosion. Schalk Van Rensburg, who oversaw fertility-related work at a Project Coast laboratory, told South Africa's post-apartheid Truth and Reconciliation Commission, a forum for examining the sordid history of the era and laying the foundation for future peace and tolerance, that he thought the project was in line with the World Health Organization's attempts to curb rising global birth rates. He believed it could bring his lab international acclaim and funding. According to Van Rensburg, Wouter Basson, the director of the biowarfare program, said the military needed an anti-fertility vaccine so that female soldiers would not fall pregnant.

While some of the scientists involved in the project denied awareness of ulterior intentions or even that their fertility work was part of a military endeavor, Van Rensburg and Daniel Goosen, a lab director, told the Truth and Reconciliation Commission that the real intention behind the project was to selectively administer the contraceptive in secret to unwitting Black South African women.

In the end, the anti-fertility vaccine was not produced before Project Coast was officially closed down in 1995, 12 years after it was initiated. An early version was tested in baboons, but never in humans. South Africa isn't the only country to try and forcibly sterilize parts of its population. European countries, including Sweden and Switzerland, sterilized members of the Roma minority in the early half of the 20th century and some, like [Slovakia](#), continued even beyond that. More recently, analysts have [alleged](#) that the Chinese government is sterilizing women in Xinjiang, a province with a large population of Uighur Muslims.

It doesn't take a massive leap of the imagination to see how the aims of South Africa's anti-fertility vaccine project would have benefited from research into self-spreading vaccines, particularly if you combine it with current developments in pharmacogenomics, drug development, and personalized medicine. Taken together, these strands of research could help enable [ultra-targeted biological warfare](#).

An expanding potential for abuse. The Biological Weapons Convention, the treaty that bans biological weapons, is nearly 50 years old. Negotiated and agreed to in the depths of the Cold War, the convention suffers from [outdated modes](#) of operation. There are also significant compliance assessment [challenges](#). The convention certainly didn't stop South Africa from pursuing Project Coast in the early 1980s.

Self-spreading vaccine research is a small but growing field. At the moment, about 10 institutions are doing significant work in the area. These laboratories are primarily located in the United States, but some are in Europe and Australia, as well. As the field expands, so does the potential for abuse.

So far research has primarily been bankrolled by US government science and health funders like the National Science Foundation, the National Institutes of Health, and the Department of Health and Human Services. Private organizations like the Gates Foundation and academic institutions have also financed projects. Recently, the Defense Advanced Research Projects Agency (DARPA), sometimes thought of as the US military's research and development wing, has gotten involved in the research. The [University of California, Davis](#), for example, is working on a [DARPA administered project](#) called Prediction of Spillover Potential and Interventional En Masse Animal Vaccination to Prevent Emerging Pathogen Threats in Current and Future Zones of US Military Operation. According to [a pamphlet](#), the project is "creating the world's first prototype of a self-disseminating vaccine designed to induce a high level of herd immunity (wildlife population level protection) against Lassa virus ... and Ebola."

Military investment in biological innovation for defensive or protective purposes is permissible under the Biological Weapons Convention, but it can still send the wrong signals. It could cause countries to doubt one another's intentions and lead to tit-for-tat investment in potentially risky research, including in self-spreading vaccines. The result of research gone awry or biowarfare could be catastrophic for health and the environment.

At a time when the norm against chemical weapons is degrading, underscored most recently by the poisoning of Russian opposition leader Alexei Navalny with the nerve agent Novichok—a crime for which many European officials blame Russia—the international community simply can't afford to have the same thing happen to the norm against the use of biological weapons. It would completely defy the spirit of the treaty if it seemed like states would even want to pursue high-risk dual use activities in biology.

Early, open, good-faith [conversations](#) about scientific aims and advances that cause particular dual-use concerns, as self-spreading vaccines do, are essential to exploring the broader stakes of certain technical trajectories. The University of California, Davis program is pursuing ways to incorporate an “off switch” to safely control the technology. And DARPA says any field experimentation related to the project would follow biosafety protocols. But these pledges won't suffice. Our ambition must be to make a collective decision about the technical pathways we are willing, or not willing, to take as a society.

As the coronavirus crisis shows, we need real science now more than ever. Perhaps it's time to start taxing charitable foundations which engage in public policy-related activities. That could easily devolve into a mess, but the alternative could be that we increasingly have to live under the cracked worldview of out-of-touch billionaires like Bill Gates.

STAY AWAY FROM THE VAXXED, IT IS OFFICIAL, FROM PFIZER'S OWN DOCUMENTS

Wed 2:13 pm +00:00, 28 Apr 2021 posted by Weaver

THE ELITE HAVE ALREADY FLED OFF TO THEIR HIDEOUTS, THEY HAVE RELEASED THE GENOCIDE READ IT AND WEEP, WE ARE EFFED. PFIZER'S OWN DOCUMENTS STATE BOTH INHALATION AND SKIN CONTACT WILL TRANSMIT WHATEVER IS IN THE VAX FROM THE VACCINATED TO THE UNVACCINATED

Here is what just this small portion of this Pfizer document is saying:

1. If a man who was not vaccinated touches a vaccinated woman, or breathes any of the air she breathes, (in other words, walks by her in the office) and he then has sex with his wife, his wife can have an adverse event and she should avoid having children.

2. If a woman who was never vaccinated gets exposed to a woman who was vaccinated, she can:

A: miscarry,

B: spontaneously abort,

C. poison a baby via her breast milk

D: Have babies that have congenitive difficulties.

This is universal, and very bad. Here is a small section of text I translated to English:

8.3.5.3. Occupational Exposure

“An occupational exposure occurs when a person receives unplanned direct contact with a vaccine test subject, which may or may not lead to the occurrence of an adverse event. These people may include health care providers, family members, and other people who are around the trial participant.

When such exposures happen, the investigator must report them to Pfizer safety within 24 hours of becoming aware of when they happened, regardless of whether or not there is an associated secondary adverse event. This must be reported using the vaccine secondary adverse event report form. **SINCE THE INFORMATION DOES NOT PERTAIN TO A PARTICIPANT INVOLVED IN THE STUDY, THE INFORMATION WILL BE KEPT SEPARATE FROM THE STUDY.**

TO CLARIFY: Vaccine study participants become super spreaders of something, they don't say what it is, but it triggers secondary adverse events in people that never had the vax, when they are exposed to people who did have the vax.

THIS IS SO BAD that right here, in this little bit of quoted text, it warns that un-vaccinated men who have been exposed to a woman who was vaxxed will then pass whatever is in the vax to another woman.

Even the relatively small portion of the document I have put below here says the vax triggers spontaneous abortions and reproductive problems when un-vaccinated people are exposed to the vaccinated and that breast milk from a vaccinated mom can harm the infant. And if anyone does not believe it, then click the link above and wade through that enormous and intentionally confusing document. It's for real folks, the vax is indeed the kill shot.

Do not permit the vaccinated to come anywhere near you, it is now official.

Here is a small portion of this huge document, straight from Pfizer:

Terms:

Study intervention – A vaccine test subject.

AE – Adverse event in someone who got the vax.

SAE: An adverse event in someone who was exposed to someone who got the vax.

EDP: Exposure during pregnancy

8.3.5. Exposure During Pregnancy or Breastfeeding, and Occupational Exposure.

Exposure to the study intervention under study during pregnancy or breastfeeding and occupational exposure are reportable to Pfizer Safety within 24 hours of investigator awareness.

8.3.5.1. Exposure During Pregnancy An EDP occurs if:

* A female participant is found to be pregnant while receiving or after discontinuing

study intervention.

- * A male participant who is receiving or has discontinued study intervention exposes a female partner prior to or around the time of conception.

- * A female is found to be pregnant while being exposed or having been exposed to study intervention due to environmental exposure. Below are examples of environmental exposure during pregnancy:

- * A female family member or healthcare provider reports that she is pregnant after having been exposed to the study intervention by inhalation or skin contact.

- * A male family member or healthcare provider who has been exposed to the study intervention by inhalation or skin contact then exposes his female partner prior to or around the time of conception.

If this vax is not shedding into other people, why would contact between vaccinated and un-vaccinated be an event worth noting? If this vax is not shedding, then WHY does a guy who has been around a vaccinated woman, even if he did not touch her or have sex, need to worry about getting a different woman pregnant?

That's not all, the following is detailed, and far worse.

The investigator must report EDP to Pfizer Safety within 24 hours of the investigator's awareness, irrespective of whether an SAE has occurred. The initial information submitted should include the anticipated date of delivery (see below for information related to termination of pregnancy).

- * If EDP occurs in a participant or a participant's partner, the investigator must report this information to Pfizer Safety on the Vaccine SAE Report Form and an EDP Supplemental Form, regardless of whether an SAE has occurred. Details of the pregnancy will be collected after the start of study intervention and until 6 months after the last dose of study intervention.

- * If EDP occurs in the setting of environmental exposure, the investigator must report information to Pfizer Safety using the Vaccine SAE Report Form and EDP Supplemental Form. Since the exposure information does not pertain to the participant enrolled in the study, the information is not recorded on a CRF; however, a copy of the completed Vaccine SAE Report Form is maintained in the investigator site file. Follow-up is conducted to obtain general information on the pregnancy and its outcome for all EDP reports with an unknown outcome. The investigator will follow the pregnancy until completion (or until pregnancy termination) and notify Pfizer Safety of the outcome as a follow-up to the initial EDP Supplemental Form. In the case of a live birth, the structural integrity of the neonate can be assessed at the time of birth. In the event of a termination, the reason(s) for termination should be specified and, if clinically possible, the structural integrity of the terminated fetus should be assessed by gross visual inspection (unless preprocedure test findings are conclusive for a congenital anomaly and the findings are reported). Abnormal pregnancy outcomes are considered SAEs. If the outcome of the pregnancy meets the criteria for an SAE (i.e., ectopic pregnancy, spontaneous abortion, intrauterine fetal demise, neonatal death, or congenital anomaly),

the investigator should follow the procedures for reporting SAEs. Additional information about pregnancy outcomes that are reported to Pfizer Safety as SAEs follows:

- * Spontaneous abortion including miscarriage and missed abortion;

- * Neonatal deaths that occur within 1 month of birth should be reported, without regard to causality, as SAEs. In addition, infant deaths after 1 month should be reported as SAEs when the investigator assesses the infant death as related or possibly related to exposure to the study intervention. Additional information regarding the EDP may be requested by the sponsor. Further follow-up of birth outcomes will be handled on a case-by-case basis (eg, follow-up on preterm infants to identify developmental delays). In the case of paternal exposure, the investigator will provide the participant with the Pregnant Partner Release of Information Form to deliver to his partner. The investigator must document in the source documents that the participant was given the Pregnant Partner Release of Information Form to provide to his partner.

8.3.5.2. Exposure During Breastfeeding An exposure during breastfeeding occurs if:

- * A female participant is found to be breastfeeding while receiving or after discontinuing study intervention.

- * A female is found to be breastfeeding while being exposed or having been exposed to study intervention (i.e., environmental exposure). An example of environmental exposure during breastfeeding is a female family member or healthcare provider who reports that she is breastfeeding after having been exposed to the study intervention by inhalation or skin contact. The investigator must report exposure during breastfeeding to Pfizer Safety within 24 hours of the investigator's awareness, irrespective of whether an SAE has occurred. The information must be reported using the Vaccine SAE Report Form. When exposure during breastfeeding occurs in the setting of environmental exposure, the exposure information does not pertain to the participant enrolled in the study, so the information is not recorded on a CRF. However, a copy of the completed Vaccine SAE Report Form is maintained in the investigator site file. An exposure during breastfeeding report is not created when a Pfizer drug specifically approved for use in breastfeeding women (eg, vitamins) is administered in accord with authorized use. However, if the infant experiences an SAE associated with such a drug, the SAE is reported together with the exposure during breastfeeding.

Here's the clear part of this, that everyone can understand:

8.3.5.3. Occupational Exposure An occupational exposure occurs when a person receives unplanned direct contact with the study intervention, which may or may not lead to the occurrence of an AE. Such persons may include healthcare providers, family members, and other roles that are involved in the trial participant's care. The investigator must report occupational exposure to Pfizer Safety within 24 hours of the investigator's awareness, regardless of whether there is an associated SAE. The information must be reported using the Vaccine SAE Report Form. Since the information does not pertain to a participant enrolled in the study, the information is not

recorded on a CRF; however, a copy of the completed Vaccine SAE Report Form is maintained in the investigator site file.

I WILL TRANSLATE THAT TO ENGLISH:

An occupational exposure occurs when a person receives unplanned direct contact with a vaccine test subject, which may or may not lead to the occurrence of an adverse event. These people may include health care providers, family members, and other people who are around the trial participant.

When such exposures happen, the investigator must report them to Pfizer safety within 24 hours of becoming aware of when they happened, regardless of whether or not there is an associated secondary adverse event. This must be reported using the vaccine secondary adverse event report form. **SINCE THE INFORMATION DOES NOT PERTAIN TO A PARTICIPANT INVOLVED IN THE STUDY, THE INFORMATION WILL BE KEPT SEPARATE FROM THE STUDY.**

My comment: This is why we have green screen Biden. They are ALL green screen now, we just caught Biden. They are green screen and working from sets because they have opened Pandora's box and intend to hide out until everything is finished. This is why many people are claiming the white house is empty and that they are working from a set ad are not actually there. Because they are not there. If they do ever go on camera, they are not where they say they are.

India is having their disaster happen now because they started with the vaxxes first, and have more people vaxxed than any other country.

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If you have not viewed the Plandemic 2 video, I have included the link below that will confirm what I have stated before, Covid was a scam, and it is part of the plan to bring in the New World Order and the enslavement of humanity.

[Plandemic 2 | InDOCTORnation | Winter Watch](https://www.winterwatch.net/2021/04/plandemic-2-indoctrination)

<https://www.winterwatch.net/2021/04/plandemic-2-indoctrination>

There is no proof of a 'pandemic' given the number of total deaths in the U.S in 2020. 2020 was virtually identical to the numbers in 2019, 2018, 2017 & 2016. The official death statistical data confirms there has not been a so-called spike in deaths in the U.S. since the Covid plandemic was declared!

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New Study Confirms: The COVID Shot Spike Protein is Dangerous

Posted By: [VaxxterAdmin2](#) 05/04/2021

An explosive new study by researchers at the prestigious Salk Institute casts doubt on the current crop of gene-based vaccines that may pose a grave risk to public health. The article, which is titled "[The novel coronavirus' spike protein plays an additional key role in illness](#)", shows that SARS-CoV-2's "distinctive 'spike' protein"...."damages cells, **confirming COVID-19 as a primarily vascular disease.**" While the paper focuses strictly on Covid-related issues, it unavoidably raises questions about the new vaccines that contain billions of spike proteins that could greatly increase the chances of severe illness or death.

Now there is solid evidence that:

1. **Covid-19 is primarily a disease of the vascular system** (The vascular system, also called the circulatory system, is made up of the vessels that carry blood and lymph through the body.) and not the respiratory system.
2. **The main culprit is the spike protein.** (Spike protein—"a glycoprotein that protrudes from the envelope of some viruses" Merriam-Webster "Like a key in a lock, these spike proteins fuse to receptors on the surface of cells, allowing the virus's genetic code to invade the host cell, take over its machinery and replicate." Bruce Lieberman)

If Covid-19 is primarily a **vascular disease** and if the main instrument of physical damage is the spike protein, ***then why are we injecting people with billions of spike proteins?***

Do you think it's a good idea to bypass the first (defenses) of your immune system, and inject... **trillions of spike proteins** in your cells given the information that has just been released by the Salk Institute? Think about it.... Dr. Sherri Tenpenny has posted the full article below.

(read full article [here](#))

(original research – <https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/>)

CDC: 4,178 Americans DEAD Following Experimental COVID Injections – Deaths from COVID Shots now Equal 20 Years of Recorded Deaths Following Vaccines Since 2001

CDC: 4,178 Americans DEAD After Experimental COVID Shots



by Brian Shilhavy Editor, Health Impact News

The CDC has just released the newest total of deaths reported following the experimental COVID shots since they were granted emergency use authorization (EUA) in early December through May 3, 2021, and that total now stands at 4,178 deaths reported to VAERS.

The number of deaths recorded following the experimental COVID injections now equals the total number of recorded deaths following vaccines for the past 20 years.

Found 4,182 cases where Patient Died and Vaccination Date from '2001-01-01' to '2020-11-30'

Table

↓	↑ ↓	
Age	Count	Percent
< 3 Years	2,171	51.91%
3-6 Years	65	1.55%
6-9 Years	28	0.67%
9-12 Years	38	0.91%
12-17 Years	109	2.61%
17-44 Years	234	5.6%
44-65 Years	263	6.29%
65-75 Years	263	6.29%
75+ Years	532	12.72%
Unknown	479	11.45%
TOTAL	4,182	100%

We have previously covered the work of [Dr. Peter McCullough](#) ^[3], a consultant cardiologist and Vice Chief of Medicine at Baylor University Medical Center in Dallas, TX. He is a Principal Faculty in internal medicine for the Texas A & M University Health Sciences Center.

Dr. McCullough is an internationally recognized authority on the role of chronic kidney disease as a cardiovascular risk state with over 1000 publications and over 500 citations in the National Library of Medicine.

He is the most published scientist in the history of his field.

He was recently interviewed by [Alex Newman of The New American](#) ^[4].

During this interview he stated:

A typical new drug at about five deaths, unexplained deaths, we get a black-box warning, your listeners would see it on TV, saying it may cause death. And then at about 50 deaths it's pulled off the market.

Dr. McCullough compared what is happening today with the experimental COVID shots, which now have **4,178** recorded deaths, according to the CDC themselves, with the last time a vaccine was given an EUA in 1976 during the “Swine Flu Pandemic.”

In 1976 they attempted to vaccinate 55 million Americans with the experimental shot, and it had a recorded 500 cases of paralysis and 25 deaths, and so it was pulled from the market.

What we are seeing today with so many recorded deaths after the use of experimental pharmaceutical products is unprecedented, according to Dr. McCullough.

Watch the [entire interview here](#).

The U.S. Government is Deliberately Allowing Big Pharma to Kill American Citizens – Children are Next

The official response to all these recorded deaths in VAERS by the CDC remains: A review of available clinical information, including death certificates, autopsy, and medical records has not established a causal link to COVID-19 vaccines.

The only thing that changed this week, after the FDA gave the go ahead to resume using the Johnson and Johnson COVID shots that cause fatal blood clots, is that they added this disclaimer:

However, recent reports indicate a plausible causal relationship between the J&J/Janssen COVID-19 Vaccine and a rare and serious adverse event—blood clots with low platelets—which has caused deaths.

So they admit there is a causal relationship of the shots causing death, but they put it back on the market anyway, claiming that these adverse events are “rare.”

The next target for these killer injections are children, as Pfizer has applied for emergency use authorization with both the FDA in the U.S., and the EMA in Europe, to inject 12 to 15 year olds with their experimental COVID mRNA shots. (Source)

FiercePharma has reported that Canada has just approved the Pfizer shot for 12 to 15 year olds. It was announced on Pfizer’s website today.

And the majority of the world’s population seems to be oblivious to the fact that genocide is happening right in front of our eyes, and prefer instead to believe the government “health authorities” who are lying and telling everyone this really isn’t happening.

NOTE: The Defender's Report which is posted weekly runs a week behind. The Health Impact News report above lists the high points, deaths and serious side effects, whereas Robert f. Kennedy's Defender's Report analyzes the CDC report for more specific details and lags by one week in its reporting.

**BOMBHELL: Gates Foundation, DARPA funding self-replicating, weaponized vaccine technology that began under Apartheid, to exterminate Blacks... and now it's powering the Covid vax
Wednesday, May 05, 2021 by: Mike Adams**

(**Natural News**) Bombshell story synopsis: Research on race-specific, self-replicating (self-spreading), weaponized vaccines was being conducted by doctors and scientists under the Apartheid regime in the 1990s, with the goal of causing self-spreading infertility and deaths among Blacks.

- This same research continues today, predominantly in the United States, funded by DARPA and the Gates Foundation.
- The technology, known as “self-replicating vaccines,” spreads through the population like a virus, causing the spread of infertility and death, all for the purpose of extermination and population reduction.
- This same technology is now believed to be behind covid-19 vaccines, which are transmitting harmful spike proteins to the unvaccinated, causing widespread bleeding, bruising, blood clots and other harmful effects, *even in the unvaccinated.*
- Proponents of self-replicating vaccine technology are self-avowed depopulation advocates who wish to exterminate most of the human beings living today.

In 2020, the Bulletin of the Atomic Scientists published a well-researched article documenting the history of self-spreading vaccines, warning about its implications for humanity. Such technology is prone to “unintended consequences” and cannot be undone, warns The Bulletin in this article entitled, “**Scientists are working on vaccines that spread like a disease. What could possibly go wrong?**”

That article documents the horrifying history of our self-replicating, race-specific weaponized “vaccines” were under development by the Apartheid regime to exterminate Blacks and keep the White racist regime in power.

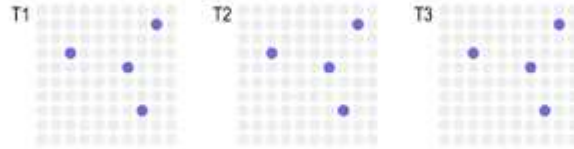
The article is outstanding and is extensively quoted below. The authors are Filippa Lentzos and Guy Reeves, both Europeans, which explains why they are able to publish dangerous truths that no American journalist would dare utter, out of fear of retribution from the tyrannical medical science establishment that now controls nearly every institution in the United States.

TECHNIQUE

Individuals are vaccinated and released.

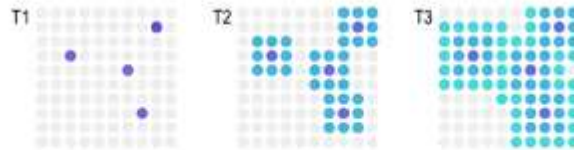


TRADITIONAL VACCINES



Only vaccinated individuals are affected and maintained.

SELF-SPREADING VACCINES



Vaccine spreads throughout the population over time.

A diagram of how a self-spreading vaccine could spread among bats. "Founder" bats inoculated with a self-spreading vaccine passively spread the vaccine to other bats they encounter over time, gradually building up population-level immunity. Credit: Derek Caetano-Anollés.

For the record, these two authors are not asserting in their article that covid-19 vaccines are self-replicating vaccines. That's a connection that we have only been able to make recently, after witnessing the explosion of bizarre symptoms emerging in *unvaccinated* people who are merely in close proximity to the vaccinated. Over the last two weeks, thousands of reports of this phenomenon have been received by the top whistleblowers and front line doctors who are sounding the alarm over the experimental "vaccine" injections being aggressively, coercively pushed in the United States, despite the complete lack of any credible evidence that shows such vaccines are safe and effective for widespread, long-term use in healthy, asymptomatic individuals.

From the Bulletin article (selected passages, edited for length):

A small, but growing number of scientists think it's possible to exploit the self-propagating properties of viruses and use them to spread immunity instead of disease.

For at least 20 years, scientists have been experimenting with such self-spreading vaccines, work that continues to this day, and which has gained the attention of the US military.

The biologists Scott Nuismer and James Bull generated fresh media attention to self-spreading vaccines over the summer after publishing an article in the journal Nature Ecology & Evolution.

Once released, scientists will no longer be in control of the virus. It could mutate, as viruses naturally do. It may jump species. It will cross borders. There will be unexpected outcomes and unintended consequences. There always are.

Self-spreading vaccines are essentially genetically engineered viruses designed to move through populations in the same way as infectious diseases, but rather than causing disease, they confer protection. Built on the chassis of a benign virus, the

vaccines have genetic material from a pathogen added to them that stimulates the creation of antibodies or white blood cells in “infected” hosts.

The idea, essentially, is to vaccinate a small proportion of a population through direct inoculation. These so-called founders will then passively spread the vaccine to other animals they encounter either by touch, sex, nursing, or breathing the same air. Gradually, these interactions could build up population-level immunity.

The principal security concern is that of dual-use. In essence, this means that the same research that is used to develop self-spreading vaccines to prevent disease, could also be used to deliberately cause harm. You could, for instance, engineer triggers into a virus that cause immune system failures in infected people or animals, a bit like HIV does naturally. Or you could create triggers in a virus that cause a harmful autoimmune response, where the body starts attacking its own healthy cells and tissues.

The bioweapon question. While researchers may intend to make self-spreading vaccines, others could repurpose their science and develop biological weapons. Such a self-spreading weapon may prove uncontrollable and irreversible.

Codenamed Project Coast, South Africa’s program was primarily focused on covert assassination weapons for use against individuals deemed a threat to the racist apartheid government.

One of Project Coast’s research projects aimed at developing a human anti-fertility vaccine.

The idea took hold during a time of widespread concern over worldwide population explosion. Schalk Van Rensburg, who oversaw fertility-related work at a Project Coast laboratory, told South Africa’s post-apartheid Truth and Reconciliation Commission...

Van Rensburg and Daniel Goosen, a lab director, told the Truth and Reconciliation Commission that the real intention behind the project was to selectively administer the contraceptive in secret to unwitting Black South African women.

It doesn’t take a massive leap of the imagination to see how the aims of South Africa’s anti-fertility vaccine project would have benefited from research into self-spreading vaccines, particularly if you combine it with current developments in pharmacogenomics, drug development, and personalized medicine. Taken together, these strands of research could help enable ultra-targeted biological warfare.

Self-spreading vaccine research is a small but growing field. At the moment, about 10 institutions are doing significant work in the area. These laboratories are primarily located in the United States, but some are in Europe and Australia, as well. As the field expands, so does the potential for abuse.

So far research has primarily been bankrolled by US government science and health funders like the National Science Foundation, the National Institutes of Health, and the Department of Health and Human Services. Private organizations like the Gates Foundation and academic institutions have also financed projects. Recently, the Defense Advanced Research Projects Agency (DARPA), sometimes thought of as the US military's research and development wing, has gotten involved in the research. The University of California, Davis, for example, is working on a DARPA administered project called Prediction of Spillover Potential and Interventional En Masse Animal Vaccination to Prevent Emerging Pathogen Threats in Current and Future Zones of US Military Operation. According to a pamphlet, the project is "creating the world's first prototype of a self-disseminating vaccine designed to induce a high level of herd immunity (wildlife population level protection) against Lassa virus ... and Ebola."

Learn the shocking truth about how covid-19 vaccines are deliberately designed as biological weapons to exterminate human populations... and why they're being pushed so aggressively before the death wave becomes undeniable

Mike Adams covered this bombshell breaking story in three podcasts below: A short, medium and long version of this information.

Here's the shortest version, a 10-minute summary and introduction to Project Coast and the weaponization of self-replicating vaccines:

[Brighteon.com/1a0b71ff-da6e-4111-9e35-df8d914fdbbc](https://www.brighteon.com/1a0b71ff-da6e-4111-9e35-df8d914fdbbc)

Here's a medium-length, 26-minute version, which provides more details from The Bulletin article, and explains why world governments are so desperate to silence all whistleblowers who have come to realize how covid-19 vaccines are a global extermination weapon system:

[Brighteon.com/fa7bb3f6-a548-4d0e-9ce8-5087f04252de](https://www.brighteon.com/fa7bb3f6-a548-4d0e-9ce8-5087f04252de)

And here's the full-length Situation Update podcast, which contains the medium-length version above, plus other news about vaccines and censorship:

[Brighteon.com/9c4989d2-2e8e-4c27-93c9-44d34edbe6df](https://www.brighteon.com/9c4989d2-2e8e-4c27-93c9-44d34edbe6df)

In the 1990s, they were trying to exterminate Blacks to keep Apartheid in power. Today, they're using the same technology to exterminate the masses of humanity in order to prevent a global populist uprising and keep the globalist criminal cartel in power.

Every Covid-19 vaccine injection is a war crimes violation. These war crimes are taking place at your neighborhood pharmacy right now. Right under your nose. And nobody is doing a damn thing to stop it.

Find more coverage each day — with another massive bombshell coming tomorrow — at Brighteon.com:

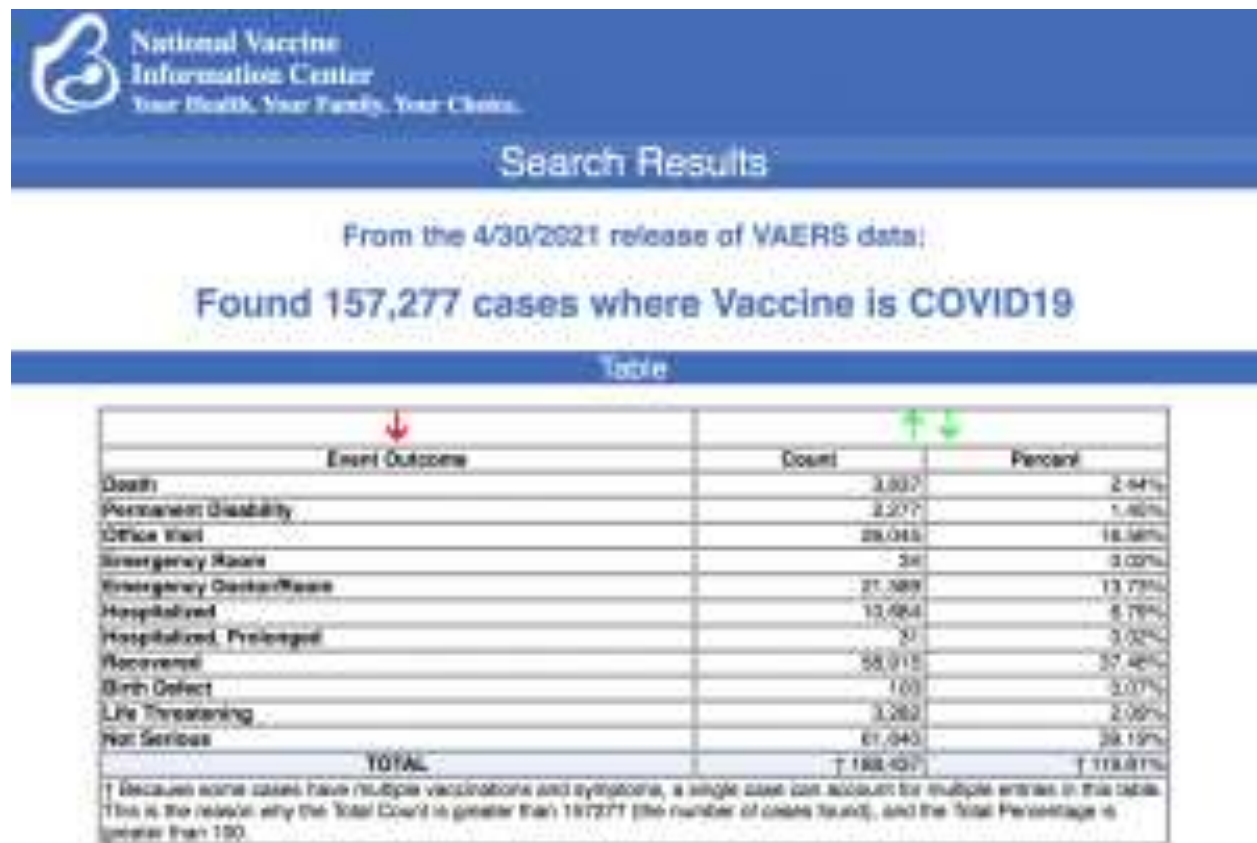
<https://www.brighteon.com/channels/hrreport>

Reported Vaccine Injuries Continue to Climb, Pfizer Seeks Full Approval for COVID Vaccine

VAERS data released today showed **157,277 reports of adverse events** following COVID vaccines, including **3,837 deaths** and **16,014 serious injuries** between Dec. 14, 2020 and April 30, 2021.

The Defender is experiencing censorship on many social channels. Be sure to stay in touch with the news that matters by [subscribing to our top news of the day](#). It's free.

The number of reports of injuries and deaths following COVID vaccines continues to rise, according to data released today by the Centers for Disease Control and Prevention (CDC). The data comes directly from reports submitted to the [Vaccine Adverse Event Reporting System \(VAERS\)](#).



[VAERS](#) is the primary government-funded system for reporting adverse vaccine reactions in the U.S. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed.

Every Friday, [VAERS](#) makes public all vaccine injury reports received as of a specified date, usually about a week prior to the release date. Today's data show that between Dec. 14, 2020 and April 30, a total of **157,277 total adverse events** were reported

to VAERS, including **3,837 deaths** — an increase of **293** over the previous week — and **16,014 serious injuries**, up 2,467 since last week.

In the U.S., **240.2 million** COVID vaccine doses had been administered as of April 30. This **includes** 105 million doses of **Moderna's** vaccine, 127 million doses of **Pfizer** and 8 million doses of the **Johnson & Johnson (J&J) COVID vaccine**.

Of the 3,837 deaths reported as of April 30, 24% occurred within 48 hours of vaccination, 16% occurred within 24 hours and **39% occurred** in people who became ill **within 48 hours** of being vaccinated.

This week's VAERS data show:

- 21% of deaths were related to cardiac disorders.
- 54% of those who died were male, 44% were female and the remaining death reports did not include gender of the deceased.
- The **average age** of death was **75.1** and the **youngest deaths** reported include two 15-year-olds (VAERS I.D. **1187918** and **1242573**) and a 16-year-old (VAERS I.D. **1225942**). There were other reported deaths in children under 16 that could not be confirmed or contained obvious errors.
- As of April 30, **805 pregnant women** reported adverse events related to COVID vaccines, including 235 reports of **miscarriage or premature birth**.
- Of the **1,597 cases of Bell's Palsy reported**, 51% were reported after **Pfizer-BioNTech** vaccinations, 40% following vaccination with the Moderna vaccine and 131 cases, or 10%, of Bell's Palsy cases were reported in conjunction with J&J.
- There were **162 reports of Guillain-Barré Syndrome** with 41% of cases attributed to Pfizer, 45% to Moderna and 19% to J&J.
- There were **44,348 reports of anaphylaxis** with 38% of cases attributed to **Pfizer's vaccine**, 47% to **Moderna** and 14% to **J&J**.

FDA set to authorize Pfizer vaccine for young teens

On May 4, The Defender **reported** the U.S. Food and Drug Administration (FDA) is preparing to authorize use of the Pfizer-BioNTech COVID vaccine in adolescents 12 to 15 years old by early next week.

The company **said** it also plans to ask the FDA to expand **Emergency Use Authorization** for its vaccine for children ages 2 to 11 in September.

According to **CDC data**, the death rate among adolescents ages 0 to 17 who get **COVID** and are subsequently hospitalized is 0.7%, with many experiencing either mild or **no symptoms** at all. The COVID death rate in all **adolescent age categories** is less than 0.1%, leading **some experts** to question whether vaccines should be targeted to an age group that so far appears to be mostly spared from severe COVID.

As **CNN reported** Friday, Pfizer filed for full FDA approval for its COVID vaccine for people ages 16 and up. The FDA requires vaccine manufacturers submit data on manufacturing processes, facilities and additional information that demonstrates the vaccine can be produced reliably and consistently.

Once all the required information is submitted, a goal date will be set for a decision by the FDA. Pfizer requested [priority review](#), which asks the FDA to take action within six months, compared to 10 months designated under standard review.

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Third U.S. male diagnosed with vaccine-induced blood clots, woman dies from brain hemorrhage after J&J vaccine.

On May 6, [The Defender reported](#) doctors at University of Utah Health treated the third male to develop vaccine-induced thrombotic thrombocytopenia in the U.S.

The man, under age 50, received J&J's vaccine in early April. Ten days later he experienced pain in his toes, which then progressed to his thighs. He later began experiencing chest pain. A CT scan [revealed](#) a [bilateral pulmonary embolism](#). Physicians discovered low platelets and blood clots in his legs and lungs, leading them to [suspect VITT](#) was the cause.

On May 4, [The Defender reported](#) a 35-year-old Michigan woman died from complications 11 days after receiving J&J's vaccine. The woman's family said her headache started on April 16 — eight days after being vaccinated. She died three days later. Her death certificate notes a natural death, specifically from an [acute subarachnoid hemorrhage](#), or bleeding between the brain and tissue around the brain.

The attending physician filed a report to VAERS. In an email to the family, the [CDC confirmed](#) her death had been reported to VAERS, but said the system is not designed to determine whether a reported adverse event was caused by the vaccine.

[Children's Health Defense](#) queried the VAERS data for adverse events associated with the formation of clotting disorders and other related conditions and found [2,808 reports](#) for all three vaccines from Dec. 14, 2020, through April 30.

Of the 2,808 cases reported, there were [1043 reports](#) attributed to Pfizer, [893 reports](#) to Moderna and [860 reports](#) to J&J — 847 cases more than U.S. health officials acknowledged during the April 23 meeting where it was [recommended](#) the pause be lifted on J&J's vaccine.

Denmark ditches J&J vaccine

On May 3, [The Defender reported](#) Denmark became the first country to exclude J&J's COVID vaccine from its vaccination program over a [potential link](#) to blood clotting disorders.

The Danish Health Authority said in a statement it had concluded “the benefits of using the COVID-19 vaccine from J&J do not outweigh the risk of causing the possible adverse effect in those who receive the vaccine.”

“Taking the present situation in Denmark into account, what we are currently losing in our effort to prevent severe illness from COVID-19 cannot outweigh the risk of causing

possible side effects in the form of severe blood clots in those we vaccinate,” the health authority said.

Denmark stopped using AstraZeneca’s vaccine last month after European regulators [found a possible link](#) between the vaccine and “[very rare](#)” blood clots.

CDC ignores The Defender, no response after two months

According to the [CDC website](#), “the CDC follows up on any report of death to request additional information and learn more about what occurred and to determine whether the death was a result of the vaccine or unrelated.”

[The Defender](#) reached out to the CDC on March 8 with a written list of questions about reported deaths and injuries related to COVID vaccines, the status of ongoing investigations reported in the media, if autopsies are being done, the standard for determining whether an injury is causally connected to a vaccine, and education initiatives to encourage and facilitate proper and accurate reporting.

We have made numerous attempts to contact the CDC via phone and email. As of May 7, 60 days after our initial inquiry, we still have yet to receive answers to our questions.

[Children’s Health Defense](#) asks anyone who has experienced an adverse reaction, to any vaccine, to file a report following [these three steps](#).



“For God hath not given us the spirit of fear; but of power, and of love, and of a sound mind” -(2nd Timothy 1:7)

In my research there are signs the CDC is "Under-Reporting" the statistical data in its public reporting through VAERS. This becomes a matter of concern as the side-effects and deaths continue to mount.

Blessings, Jesus is at the door!

Pastor Bob, Evanteachr@aol.com
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<http://jesusisthewaythetruththelife.com/node/22>

Feel Free to Share This With Everyone!
This information can be very important
and the difference between Life and Death!