

Mass Murder

By Syringe Needle!
Part 36

100% of Covid-19 vaccine deaths were caused by just 5% of the batches produced, according to official government data --Pfizer - unusually high AE from lots that went to 13-50 states --'Deadly' lots were distributed widely across the United States whilst other 'benign' lots were sent to just a few locations. [I wonder who got the 'benign' batches?] | 31 Oct 2021 | An investigation of data found in the USA's Vaccine Adverse Event Reporting System (VAERS) has revealed that extremely high numbers of adverse reactions and deaths have been reported against specific lot numbers of the Covid-19 vaccines several times, meaning deadly batches of the experimental injections have now been identified. But what's perhaps more concerning is that the "deadly" lots were distributed widely across the United States whilst other "benign" lots were sent to just a few locations... The reports pulled from the database were ones that had been submitted up to October 15, 2021, and they included all adverse reactions reported against the Pfizer and Moderna mRNA Covid-19 injections, as well as all adverse reactions reported against the influenza vaccines; which were used to generate a control dataset.

Burials up 15%, cremations up 10% in 2021 compared to 2020 when there were no Covid "vaccines"

Sunday, October 31, 2021 by: [Ethan Huff](#)



[\(Natural News\)](#) More than five cemeteries overseen by The Catholic Cemeteries [have seen](#) a 15 percent increase in burials and a 10 percent increase in cremations so far this year compared to 2020.

Executive Director Joan Gecik says that she believes the increases are due to a backlog of committal services that were postponed at the height of the “pandemic,” but the reality is that “vaccines” more than likely also play a role.

Those who still believe in the *plandemic* are already fearfully making reservations for burials and cremations of their loved ones for the summer 2022, expecting that the next “waves” will wipe out family members.

Calvary in St. Paul, Gethsemane in New Hope, Resurrection in Mendota Heights, and St. Anthony’s and St. Mary’s, both in Minneapolis, are among The Catholic Cemeteries facilities where changing trends are being observed in correlation with the job rollout.

“We have a high concern for safety for anyone coming to our cemeteries, including our employees,” Gecik said, noting that said facilities are asking people to wear face coverings outside and distance from their loved ones at all times.

“It is still going on,” Gecik added about the *plandemic*, making no mention about the potential role that Chinese Virus injections [might be playing](#) in this sudden uptick in body disposal requests.

Why are so many Catholics rejecting God and putting their faith in Covidism?

It is disappointing, to say the least, that a religious organization like this would have so little faith in God as to forsake the gathering of family members and loved ones due to fear about some invisible virus.

Even worse is the patent rejection of any consideration that the jabs might be causing more people to die, resulting in the need for more burials and cremations. How is this not even a thought in people’s minds?

The political correctness on display at The Catholic Cemeteries, which have reportedly gone through “various levels of safety protocols,” the group says, is truly disheartening in light of all that has been revealed over the past several years.

The organization says that rather than going with the Bible, it has chosen to instead follow the recommendations of the corrupt Centers for Disease Control and Prevention (CDC), a [private corporation](#) with a vested financial interest in vaccines that pretends to represent and support public health.

The Catholic Cemeteries is not even meeting in person anymore with grieving family members who lose a loved one, Gecik admitted. Instead, they are offering counseling digitally over Zoom or “*other means*,” she said.

“It’s kind of like being super sensitive to everything that is going on all the time,” Gecik added. “And that is how it was daily during (the height of) covid.”

In 2020, the five sites aforementioned saw 1,035 burials and a 44 percent cremation rate. In 2021 so far, there have been 1,187 burials and a 54 percent cremation rate.

“I tend to find that the vax has led to MORE fear and panic than before and everyone is only living for their boosters,” wrote one commenter at *Natural News*, sharing personal observations.

“I would rather die of a gunshot wound than allow myself to submit to what they, led by Fauci, represent. Doesn’t Xi (Jinping) see that the whole country is being USED by Fauci and no-one will get better until Fauci is arrested?”

Another commenter wrote the following simple phrase to illustrate what is happening to people’s bodies, and more specifically their cardiovascular systems, with these injections:

“Get clotted, go carotid!”

Congress made crucial change to vaccine definition weeks before COVID-19 Another coincidence!

The US government’s definition of ‘biological product’ up until December 2019 may have prohibited the mRNA COVID-19 products from being labeled as vaccines.

([LifeSiteNews](#)) – Without a quiet change to federal law just before the onset of COVID-19, the experimental, mRNA COVID jabs may never have been labelled as vaccines.

A previous article on [LifeSiteNews.com](#) described the major conflicts of interest observable during the process leading up to the U.S federal government’s emergency use authorization of COVID-19 mRNA vaccines. In December 2019 (before reported outbreak of COVID-19), the U.S. federal government signed a contract with one COVID-19 vaccine maker, Moderna, which “**stated** ‘mRNA coronavirus vaccine candidates [are] developed and jointly owned’ by both Moderna and the U.S. federal government, the article explains.

This article discusses the additional significant fact that, also in December of 2019, the U.S. federal government changed the definition of “biological product” in federal laws governing vaccine labeling, emergency use authorization, and approval. The U.S. federal government labels vaccines as “biological products.”

A thorough discussion of the significance of the change of the U.S. federal law cannot be provided here due to the technical, scientific, and pharmaceutical terminology and descriptions required. A basic summary is as follows: without the December 2019

change to U.S. law defining “biological product,” the mRNA COVID-19 vaccines may have been required to be labeled as something other than a vaccine.



Stated slightly differently, the U.S. federal government’s definition of “biological product” which was used up until a few weeks before the reported outbreak of COVID-19 may have prohibited the mRNA COVID-19 products from being labeled as vaccines.

It would probably be much more difficult for governments and/or employers to mandate receiving coronavirus mRNA substances labeled as drugs or other non-vaccine products. Guilt-tripping physicians, nurses, and others into receiving and supporting mRNA COVID-19 substances with the potential false accusation of “anti-vaxxer” would also be out of the question if the substances were not labeled as vaccines.

New definition of ‘biological product’ weeks before COVID

It should be noted that to become approved in the United States, vaccine manufacturers are required to submit a “[Biologic License Application](#)” to the U.S. federal government. ([Page 2](#)) U.S. federal law has vaccines included in the category of “biological products.”

Prior to the 2019 change to U.S. federal law, the legal definition of biological product was as [follows](#):

The term “biological product” means a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, protein (except any chemically

synthesized polypeptide), or analogous product, or arsphenamine or derivative of arsphenamine (or any other trivalent organic arsenic compound), applicable to the prevention, treatment, or cure of a disease or condition of human beings. (emphasis added)

The December 2019 change to the definition of “biological product” is found in the Further Consolidated Appropriations Act, 2020, and is as [follows](#):

SEC. 605. BIOLOGICAL PRODUCT DEFINITION.

Section 351(i)(1) of the Public Health Service Act (42 U.S.C. 262(i)(1)) is amended by striking “(except any chemically synthesized polypeptide).”

Thus, prior to the 2019 change which was made soon before the reported outbreak of COVID-19, “any chemically synthesized polypeptide” would not be regulated by the FDA as a “biological product.” This could be interpreted to mean that if a supposed “vaccine” was a “chemically synthesized polypeptide,” then apparently it would not be regulated as a biological product.

But chemicals labeled as “vaccines” require biologic product license applications; thus, it seems that according to the previous definition of “biological product,” any chemical entity that is a chemically synthesized polypeptide could not be labeled as a vaccine.

The significance of this change is that the mRNA COVID-19 vaccines chemically synthesize the SARS-CoV-2 “Spike” (also known as the “S”) protein. (As of the time of this writing in August 2021), both mRNA COVID-19 vaccines which were given “emergency use authorization” by the FDA are “nucleoside modified” which means that they are “chemically modified” and programmed to synthesize the SARS-CoV-2 S protein.

Thus, the wording of the previous definition of “biological product” seems to suggest that the mRNA COVID-19 “vaccines” could not legally be labeled as vaccines. That would be a major problem for public health officials and “vaccine” makers.

COVID vaccines and ‘chemically synthesized’ mRNA

Without getting overly technical, it should be noted that COVID-19 mRNA vaccines are the first products which use the technique of “synthetic” or “chemically synthesized” mRNA to be given emergency use authorization by the FDA. ([Pages 748-749](#))

After injected into humans, the chemically synthesized mRNA COVID-19 vaccines synthesize – or “produce” – a protein which is similar to the “spike” or “S” protein of SARS-CoV-2. [Proteins](#) “contain one or more polypeptides.” Thus, the synthesis of the “S” protein is also described as “polypeptide synthesis.”

A more specific explanation of the chemical synthesis of COVID-19 mRNA vaccines from the scientific literature is as follows:

The chemical components of mRNA vaccines are pleasantly unremarkable, consisting primarily of RNA plus “water, salt, sugar, and fat,” with two notable exceptions. The first is the lipid nanoparticles that encapsulate the mRNA and facilitate its delivery, which are excellently reviewed elsewhere. The second is the non-natural RNA nucleobase N1-methylpseudouridine (m1Ψ; [Figure 1b](#)), which enhances immune evasion and protein production. ([Page 748](#), emphasis added)

For this article, it is important to know that a chemical component of COVID-19 mRNA vaccines is N1-methylpseudouridine. The chemical N1-methylpseudouridine “enhances...protein production.” “Protein production” may also be stated as “protein synthesis” or “polypeptide synthesis.” Another way to state this is that N1-methylpseudouridine is a chemical which participates in the polypeptide synthesis of the “S” protein necessary for the mRNA COVID-19 vaccines.

This means, then, that the “S” protein necessary for the COVID-19 mRNA vaccines could be accurately described as a “chemically synthesized polypeptide.”

Now, refer to the definition of “biological product” before the December 2019 change to U.S. federal law. The law previously excluded “any chemically synthesized polypeptide” from the definition of “biological product.” That definition, then, would seemingly exclude the COVID-19 mRNA vaccines from being labeled as a “biological product.”

But since “vaccines” require a Biologic License Application, then it would seem that with the previous definition of “biological product,” COVID-19 mRNA “vaccines” could not be labeled as vaccines.

More evidence of a falsified pandemic?

It is unknown if the legal definition of “biological product” was amended by Congress to remove “except any chemically synthesized polypeptide” to permit foreseen chemically synthesized COVID-19 mRNA substances to be labeled as “vaccines.”

However, the fact that this significant change was made on page 595 of a 716-page law which is normally used for appropriating U.S. federal funding suggests the possibility of an attempt at being conspicuous.

The aforementioned change to U.S. federal law is also relevant to discussions in previous articles which described updates to U.S. federal laws made soon before COVID-19 suggesting the possibility that COVID-19 may be some sort of falsified pandemic exercise.

Specifically, the timing of the change – before COVID in December of 2019 – along with the apparent hurried status – burying the change on page 595 of a U.S. federal funding act – again suggests the possibility that COVID-19 may be a falsified pandemic exercise which U.S. federal government public health officials and politicians were preparing for by attempting to legally protect themselves with several significant

changes to laws, strategies, and plans governing and regulating public health “emerging threats,” pandemics, vaccines, or related subjects.

It is also worth repeating that the U.S. federal government partially owns an mRNA COVID-19 vaccine, and soon before their imposition onto Americans, the U.S. federal government seemingly ensured COVID-19 mRNA vaccines would be legal.

Of course, the timing and apparent conspicuousness of the 2019 change to the U.S. federal law which seemingly ensured that COVID-19 mRNA vaccines could legally be labeled as “vaccines” could merely be a coincidence. If keeping track of the large number of major coincidences regarding the COVID-19 pandemic, though, the reasonable person might at least be cautious of anything certain persons and entities communicate regarding the COVID-19 pandemic.

FASCISM IN ACTION: Multiple FDA committee members who green-lighted Pfizer “vaccines” for children have financial ties to Pfizer

Monday, November 01, 2021 by: [Ethan Huff](#)

([Natural News](#)) Several members of the U.S. Food and Drug Administration’s (FDA) vaccine advisory committee [have financial ties](#) to Pfizer.

Right after [voting unanimously](#) to recommend the Pfizer-BioNTech “vaccine” for the Wuhan coronavirus (Covid-19) “vaccine” in children as young as five, this committee was outed for direct conflicts of interest that clearly impacted its decision.

California is already chomping at the bit to mandate the jabs for kindergartners, pending federal authorization. Many other states controlled by leftists will likely try to follow suit, assuming there is no major pushback.

“... the meeting roster shows that numerous members of the committee and temporary voting members have worked for Pfizer or have major connections to Pfizer,” reported [National File](#) about the compromised FDA committee.

“Members include a former vice president of Pfizer Vaccines, a recent Pfizer consultant, a recent Pfizer research grant recipient, a man who mentored a current top Pfizer vaccine executive, a man who runs a center that gives out Pfizer vaccines, the chair of a Pfizer data group, a guy who was proudly photographed taking a Pfizer vaccine, and numerous people who are already on the record supporting Coronavirus vaccines for children.”

There is also recent FDA Commissioner Scott Gottlieb, whom [we reported](#) now sits on the board of directors at Pfizer.

The FDA is an absolute joke

The following list outlines which FDA vaccine advisory committee board members are compromised and how:

- Acting Chair Arnold S. Monto was a paid consultant at Pfizer as recently as 2018.
 - Steve Pergam received the Pfizer “vaccine” and was featured getting and promoting it by the Fred Hutchinson Cancer Research Center in Seattle.
 - Committee member Archana Chatterjee worked on a research project involving vaccines for infants that took place from 2018-2020 and was sponsored by Pfizer.
 - Myron Levine has mentored numerous U.S. post-doctoral fellows, and one of his protégés is Raphael Simon, Pfizer’s senior director of vaccine research and development.
 - James Hildreth, a temporary voting member, made a financial interest disclosure stating that he accepted \$1.5 million while serving as president at Meharry Medical College, which administers Pfizer’s covid injections.
 - Geeta K. Swamy chairs the “Independent Data Monitoring Committee for the Pfizer Group B Streptococcus Vaccine Program,” which is sponsored by Pfizer. Swamy was also listed by [Duke University](#) as “a co-investigator for the Pfizer COVID-19 vaccine trial.”
 - Gregg Sylvester used to work as vice president at Pfizer Vaccines where he launched numerous vaccines for the company, including one for children.
- Several other “temporary voting members,” including Ofer Levy of Boston Children’s Hospital, Eric Rubin, Jay Portnoy and Melinda Wharton, are all outspoken in their support for injecting children with Pfizer’s covid jabs.

The FDA’s vaccine advisory committee has never really been trustworthy or legitimate. It has pretty much always functioned as a rubber stamp for Big Pharma, approving and pushing all of the latest drugs, both pill and injections, on Americans.

“FDA advisory committee members in the past have frequently been the target of heavy politicking by industry representatives of whatever drug they were considering for a recommendation at in-person meetings,” reported *FDANews* back in December.

“That process has been somewhat altered by the fact that during COVID-19, meetings are being held virtually. But it’s likely that behind-the-scenes pressuring still goes on. The industry defends the attempts to influence committee members as simply efforts to best present their case.”

It is now an undeniable fact that the FDA cannot be trusted. Since it is run by the pharmaceutical industry, this fake federal agency is always going to push whatever brings in the profits, which in this case include Pfizer’s “Operation Warp Speed” injections.

IVERMECTIN: It’s called “horse de-wormer” for any American taking it for Covid, but for Congress, it’s their FIRST CHOICE for prevention and treatment

Sunday, October 31, 2021 by: [S.D. Wells](#)

([Natural News](#)) Ivermectin is a generic drug that no longer holds a patent, and this is the main reason the [most famous podcaster in the world](#), Joe Rogan, believes that the medical industry and mainstream media are bashing him for using it to beat Covid — because there's no money in it for pharma. Being worth only about 30 cents per dose, it's night and day compared to vaccine profits, which the Covid jab makers are raking in by the billions. Merck and Pfizer both have their own versions of Ivermectin prescription medications, that function in the same way, killing parasites and certain viral pathogens (they just aren't marketing them because of money, control and the clot shot "therapy" agenda).

Pulmonary and Critical Care Specialist, and President of Frontline (FLCCC) Alliance, Dr. Pierre Kory, has already prescribed Ivermectin for 200 people in Congress

Dr. Pierre Kory from FLCCC treated Joe Rogan, along with 200 members of Congress, with monoclonal antibodies, prednisone, Z-pak, NAD, vitamins and ivermectin. Yes, ivermectin, the medication the entire medical complex and mainstream media are calling "horse medicine" and "horse de-wormer."



Dr. Pierre Kory, on his website, reveals a very informative study done on Ivermectin for prevention and treatment of Covid-19 infection. It's a meta-analysis for informing clinical guidelines for use, and the paper was published recently (June of 2021) by the American Journal of Therapeutics. The conclusion? Simple:

“Moderate-certainty evidence finds that large reductions in COVID-19 deaths are possible using ivermectin. Using ivermectin early in the clinical course may reduce numbers progressing to severe disease. The apparent safety and low cost suggest that ivermectin is likely to have a significant impact on the SARS-CoV-2 pandemic globally.”

Dr. Kory goes on to tell us that ivermectin is a well-known, FDA-approved drug that’s been used successfully for 4 decades to treat specific diseases, in humans, not just farm animals. It’s one of the safest drugs ever, but that’s not what the Covid tyranny leaders want us to know.

Ivermectin is also on the World Health Organization’s list of ESSENTIAL medicines. Let that sink in for a minute. Is that what you’re hearing on the news, or from the doctors at the hospitals? Ivermectin has been prescribed over 3 billion times to humans. Is that also what you heard on the news or social media? Congress surely knows. They’re being prescribed ivermectin for the PREVENTION of Covid, all while pushing clot shots on Americans as our only option and telling us we lose our jobs and ability to shop for food if we don’t take them. How ironic.

One reason ivermectin is so effective at helping people beat Covid is because of its *“unique and highly potent ability to inhibit SARS-CoV-2 replication and to suppress inflammation,”* and that’s why [Dr. Kory’s whole team](#) prescribes ivermectin for their patients and relatives for prevention and treatment of Covid in all stages.

Even the FDA is bashing Joe Rogan for taking Ivermectin for Covid, while 200 Congressional members have already been prescribed it in secret

This whole toxic medicine push is just like mainstream medicine pushing toxic chemotherapy on nearly all cancer patients. The toxic spike protein injections, like chemotherapy, cause severe systemic inflammation and break down the immune system, sending it into a state of permanent shock (think myocarditis, more cancer and millions of microscopic blood clots forming). So the worldwide push is on to sell vaccines (they’re not free because taxpayer money funds them).

Now a very famous man has declared that Ivermectin is safer, more effective and worked for him for Covid, along with about 200 people from Congress who secretly get prescribed Ivermectin while telling the rest of the country it’s a national emergency that everyone gets the deadly clot shots.

The FDA, CDC and Congress are furious with Joe Rogan for telling the world [Ivermectin is better than vaccines](#), even though they all use Ivermectin. It’s the same with the Covid masks, that all the politicians remove as soon as the cameras stop rolling after interviews and press conferences.

Tune your truth news dial to [Pandemic.news](#) to stay informed of the engineered pitfalls of the Covid scandemic. It doesn’t take a scientist or doctor to see that [Covid vaccines](#),

Remdesivir, masks and ventilators are compounding the problems of the pandemic, creating a pandemic of their own.

SCIENCE HORROR: Vaccine Spike Protein Enters Cell Nuclei, Suppresses DNA Repair Engine – Will Unleash Explosion of Cancer, Immunodeficiency, Autoimmune Disorders and Accelerated Aging

by Mike Adams | NaturalNews.com

November 2nd 2021, 5:05 pm

The horrifying upshot of this finding is that people who have taken mRNA vaccines will experience suppressed DNA repair, escalating exposures that were once thought to be minor issues to significant threats to their health.

This finding can only be described as a true “horror” in its implications. [Stunning new research published in *Viruses*](#), part of the SARS-CoV-2 Host Cell Interactions edition of MDPI (Open Access Journals) reveals that vaccine spike proteins enter cell nuclei and wreak havoc on cells’ DNA repair mechanism, suppressing DNA repair by as much as 90%.

The research paper is entitled, “SARS–CoV–2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro” and is authored by Hui Jiang and Ya-Fang Mei, at the Department of Molecular Biosciences, The Wenner–Gren Institute, Stockholm University, SE-10691 Stockholm, Sweden, and the Department of Clinical Microbiology, Virology, Umeå University, SE-90185 Umeå, Sweden, respectively.

We have saved a copy of the research paper in a PDF document on NN servers at this URL:

<https://www.naturalnews.com/files/viruses-13-02056-v2.pdf>

In the conclusion of the paper, authors write, “We found that the spike protein markedly inhibited both BRCA1 and 53BP1 foci formation (Figure 3D–G). Together, these data show that the SARS–CoV–2 full-length spike protein inhibits DNA damage repair by hindering DNA repair protein recruitment.”

The DNA repair mechanism, known as NHEJ (Non-Homologous End Joining) is a kind of intracellular “emergency response” system that repairs double-stranded DNA breaks. Without the NHEJ mechanism, all advanced multi-cellular life would cease to exist. No human being, animal or plant can survive with the integrity of its genetic code being protected and constantly repaired through multiple mechanisms.

DNA damage can be caused by exposure to radiation, chemicals found in foods and personal care products, or even exposure to mammography equipment. Excessive sunlight exposure can also cause DNA breaks, and minor DNA mutations occur spontaneously in all living organisms. **Airline pilots, for example, are routinely exposed to ionizing 5G radiation due to flying at altitude.**

In a normal, healthy person, the NHEJ mechanism repairs the DNA and prevents a pathogenic mutation from occurring. But in the presence of the vaccine spike protein, **NHEJ effectiveness is suppressed by as much as 90%**, meaning it is unable to do its job due to the suppressed ability to recruit proteins for repair.

As a result, the following “errors” are introduced into chromosomes inside the nuclei of human cells, all due to the presence of the spike protein from mRNA vaccines:

- Mutations or “errors” in the genetic sequence.
- DELETIONS of entire segments of genetic code.
- INSERTIONS of incorrect segments.
- Mixing and matching / permutations of genetic code.

These errors, when expressed through cell division and replication, result in:

- An explosion of cancer and cancer tumors throughout the body
- Loss of production of immune system B and T cells (i.e. induced immunodeficiency)
- Autoimmune disorders
- Accelerated aging and reduced telomere length
- Loss of functioning of complex organ systems such as circulatory, neurological, endocrine, musculoskeletal, etc.
- Cellular damage resembling **radiation poisoning** as cells destroy themselves from within

Many of these effects are, of course, fatal. Others will burden vaccine victims with horrendous debilitating injuries and organ malfunctions that will require a lifetime of medical intervention.

Spike protein goes into the nucleus of the cell

From the paper linked above:

Mechanistically, we found that the spike protein localizes in the nucleus and inhibits DNA damage repair by impeding key DNA repair protein BRCA1 and 53BP1 recruitment to the damage site.

This means that the spike protein, which is generated in cell ribosomes after the cells have been hijacked by mRNA vaccines, doesn't always leave the cell and enter the bloodstream as we are told by mRNA vaccine proponents. In some cases, **the spike protein enters the cell nucleus**. There, it interferes with the DNA repair mechanism as described throughout this article.

“Surprisingly, we found the abundance of the spike protein in the nucleus (Figure 1A),” concluded study authors.

This means, without question, **mRNA vaccines result in chromosomal alterations in the body's cells**. It is confirmation that such vaccines are, indeed, wreaking havoc with

genetic integrity and are exhibiting side effects that have not been anticipated or described by mRNA vaccine proponents.

Dr. Thomas Levy writes about the toxicity of the spike protein on [Orthomolecular.org](https://www.orthomolecular.org): *Concern has been raised regarding the dissemination of the spike protein throughout the body after vaccination. Rather than staying localized at the injection site in order to provoke the immune response and nothing more, spike protein presence has been detected throughout the body of some vaccinated individuals. Furthermore, it appears that some of the circulating spike proteins simply bind the ACE2 receptors without entering the cell, inducing an autoimmune response to the entire cell-spike protein entity. Depending on the cell type that binds the spike protein, any of a number of autoimmune medical conditions can result.*

More alarmingly, Dr. Levy explains that **current evidence shows the spike protein continues to produce in the body, following the initial mRNA injection.** He explains:

While the underlying pathology remains to be completely defined, one explanation for the problems with thrombotic tendencies and other symptomatology seen with chronic COVID and post-vaccination patients relates directly to the persistent presence of the spike protein part of the coronavirus. Some reports assert that the spike protein can continue to be produced after the initial binding to the ACE2 receptors and entry into some of the cells that it initially targets. The clinical pictures of chronic COVID and post-vaccine toxicity appear very similar, and both are likely due to this continued presence, and body-wide dissemination, of the spike protein (Mendelson et al., 2020; Aucott and Rebman, 2021; Levy, 2021; Raveendran, 2021).

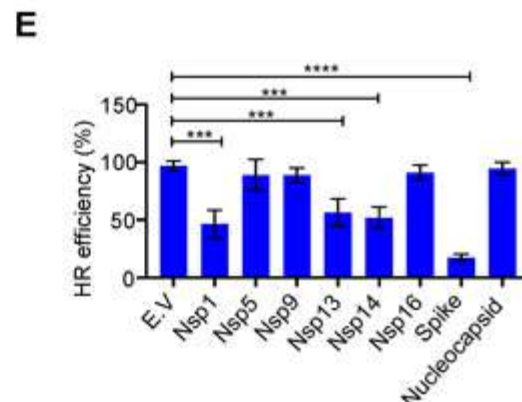
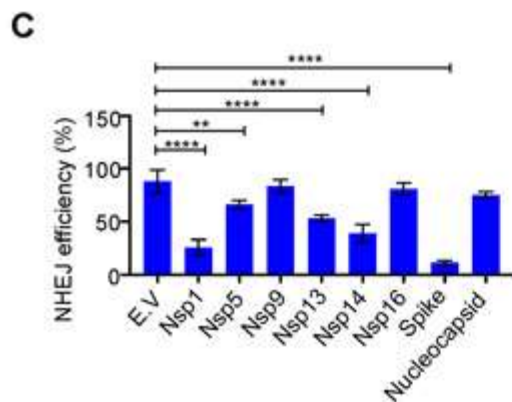
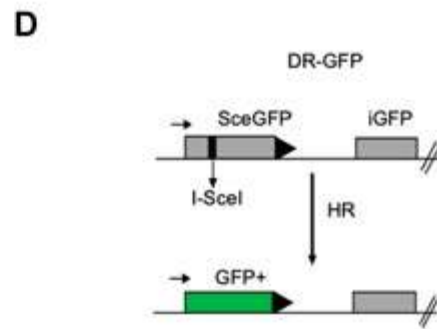
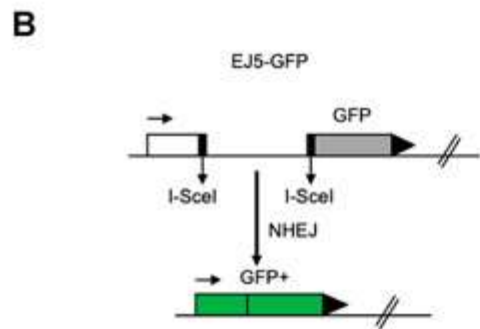
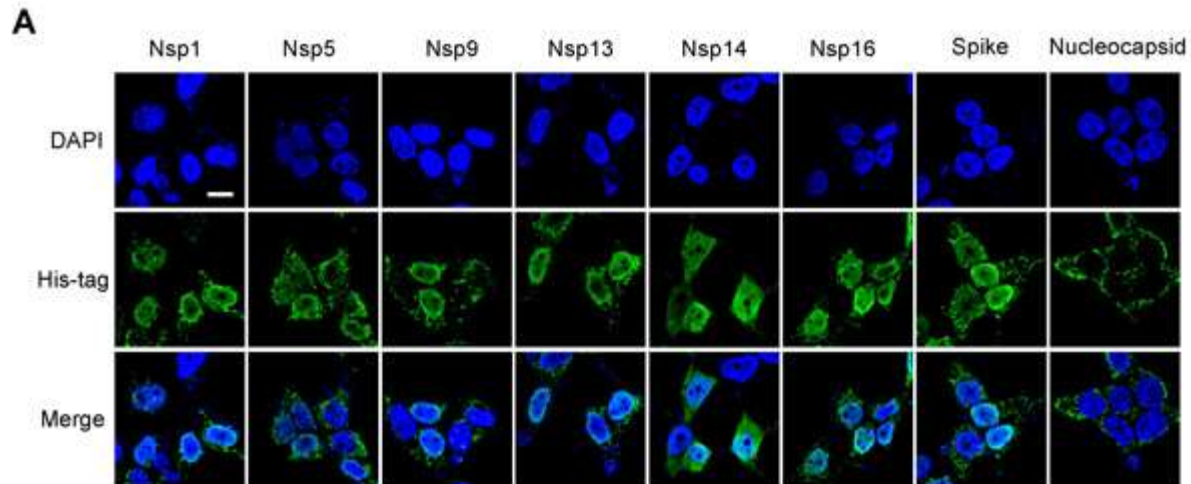
Full-length spike protein resulted in the greatest suppression of NHEJ DNA repair mechanism

See the figures below. SARS-CoV-2 viral fragments are named “Nsp1, Nsp5” and so on. The full-length spike is called “Spike” and the nucleocapsid — another structural part of the whole spike protein pathogen — is identified separately.

From the study:

Overexpression of Nsp1, Nsp5, Nsp13, Nsp14, and spike proteins diminished the efficiencies of both HR and NHEJ repair (Figure 1B–E and Figure S2A,B).

Figures C and E show the suppression of NHEJ repair by these various portions of viral fragments. (See the blue vertical graph lines representing activity / efficiency levels of the DNA repair mechanism).

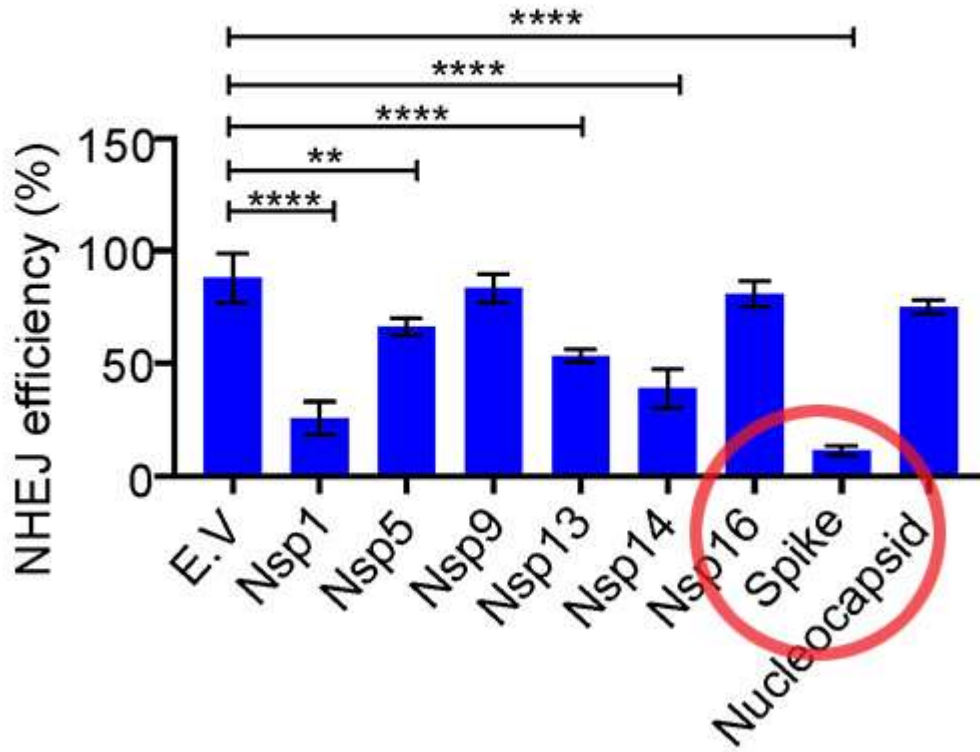


What these data show is that the greatest suppression of NHEJ activity is measured when the full spike protein is present. From the study:

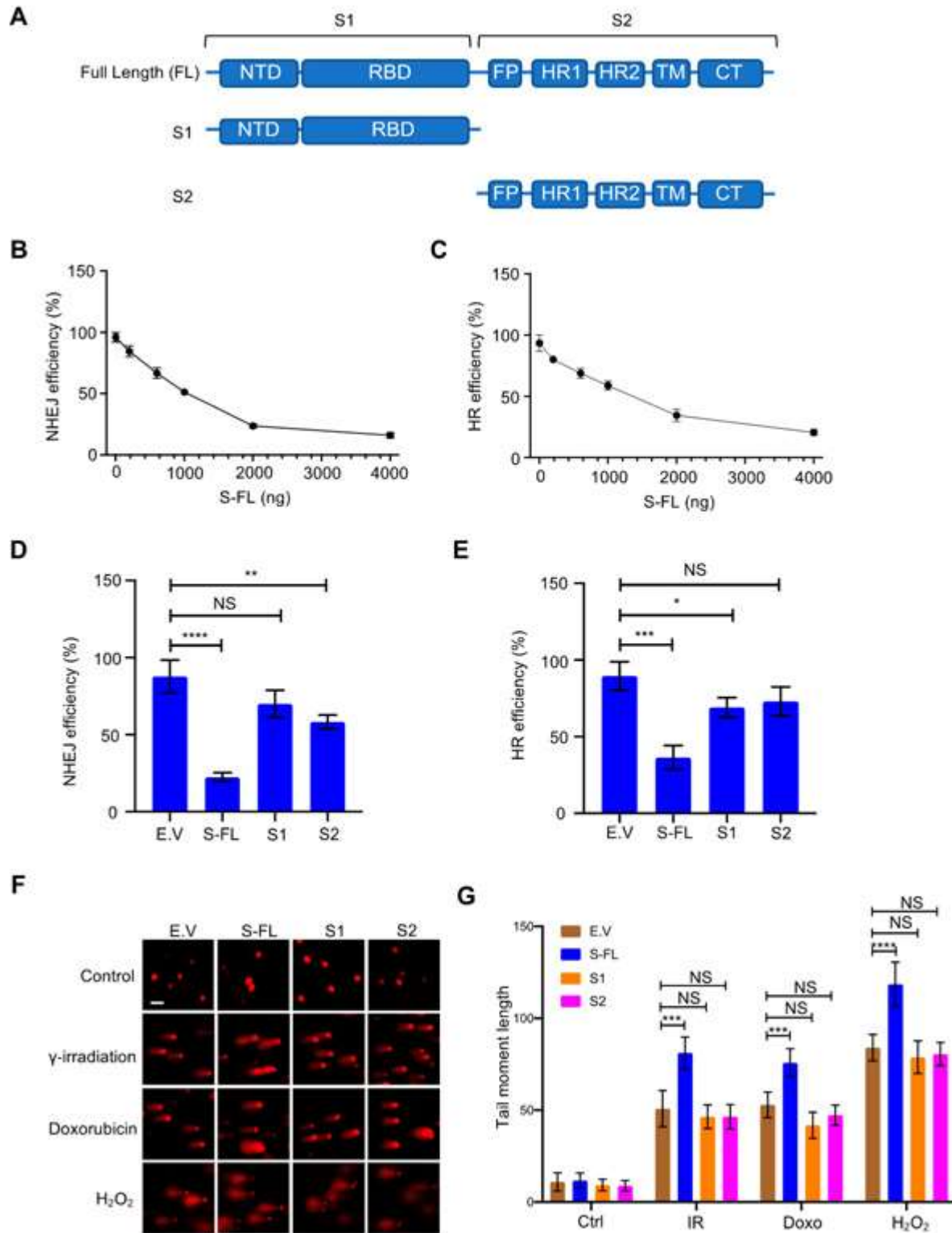
Together, these data show that the SARS-CoV-2 full-length spike protein inhibits DNA damage repair by hindering DNA repair protein recruitment.

This is the spike protein that's generated by the body's own cells after being injected with an mRNA vaccine:

C



In figure 2, below, we see that **the suppression of NHEJ activity exhibits a dose-dependent response to the presence of spike protein** (figures 2B and 2C). This indicates that the more spike proteins are present, the greater the suppression of DNA repair:



The bottom right figure, 2G, shows how the presence of the spike protein inhibits DNA repair following various insults to the DNA, such as radiation, chemical exposure or oxidation. Importantly, as the study authors explain:

Following different DNA damage treatments, such as γ -irradiation, doxorubicin treatment, and H₂O₂ treatment, there is less repair in the presence of the spike protein (Figure 2F,G). Together, these data demonstrate that the spike protein directly affects DNA repair in the nucleus.

5G exposure, chemtrail exposure, food chemical exposure, mammography and even sunlight exposure will wreak havoc in those who have taken mRNA vaccines

The horrifying upshot of this finding is that people who have taken mRNA vaccines will experience **suppressed DNA repair**, escalating exposures that were once thought to be minor issues to significant threats to their health.

In other words, people exposed to **5G** radiation, mammography exams, plasticizer chemicals in food products, and carcinogens in personal care products (laundry detergents, perfumes, shampoos, skin lotions, etc.) will be unable to repair the DNA damage caused by those exposures. Following relatively small exposures, they will begin to mutate and develop cancers throughout their bodies.

Don't forget that **5G exposure results in peroxynitrite production in the blood**, an extremely dangerous free radical that causes DNA damage in brain cells and tissue cells across the body.

This could even be described as a kind of **binary weapon system** where mRNA vaccines weaken DNA repair, and **5G** exposure (or chemical exposure in the food supply) provides the weapon that breaks DNA strands and leads to the body being unable to maintain genetic integrity during cell replication. This doesn't take long to be expressed in horrific physical ways, such as the attempted growing of internal organ tissues on the surface of the skin or face, which is why I have titled today's Situation Update podcast, "Monsters, Zombies and Mutants."

The presence of the spike protein interferes with normal immune function and leads to immunodeficiency (an AIDS-like condition)

This research also finds that spike proteins from mRNA vaccines can lead to immunodeficiency conditions, similar to AIDS. This is consistent with what we have previously reported about immune function dropping roughly 5% per week in those who have taken covid vaccines. From the study:

...[L]oss of function of key DNA repair proteins such as ATM, DNA-PKcs, 53BP1, et al., leads to defects in the NHEJ repair which inhibit the production of functional B and T cells, leading to immunodeficiency.

Immune function is also critically affected by the presence of the spike protein, potentially leading to cancerous mutations throughout the body's cells. As the study explains:

DNA damage repair, especially NHEJ repair, is essential for V(D)J recombination, which lies at the core of B and T cell immunity.

As Science Direct also explains:

Maintaining genomic integrity is imperative for the survival of an organism. Among different DNA damages, double-strand breaks (DSBs) are considered as most deleterious since they can lead to cell death if left unrepaired or chromosomal rearrangements when mis-repaired, leading to cancer.

*Further, mutations in NHEJ genes including Ku70 and Ku80 have been associated with **shortened life spans in mice** [54]. In addition, defects in DNA-PKcs (DNA-dependent protein kinase) resulted in **impaired telomere maintenance** and shortened life span in mice [55]. Taken together, these lines of evidence suggest that NHEJ plays an important role in preventing age-related increase in genomic instability and functional decline.*

In effect, this means **the spike protein's suppression of the NHEJ DNA repair mechanism also leads to reduced lifespan and accelerated aging.**

By some estimates, 50% of the people injected with mRNA vaccines will be dead within five years. Now we have a deeper understanding of the mechanisms by which those vaccine-induced fatalities may occur.

Hear the verbal explanation of all this in today's Situation Update podcast:

We will cover more about this in tomorrow's podcast as well. Get each day's new podcast at:

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

COVID injection DANGER: Pfizer jab causes blood clots under microscope

by: [Sara Middleton, staff writer](#) | November 4, 2021

([NaturalHealth365](#)) While the mainstream media initially attempted to suppress the stories of people experiencing blood clots, heart inflammation, strokes, and other frightening diagnoses following a COVID shot, the scientific evidence finally can no longer be ignored. Now, **Big Pharma companies Moderna and Pfizer have had to admit that their profitable mRNA jab can cause blood clots in some people.**

Yet, despite the known and unknown risks of these drugs, we continue to see local and national governments push vax mandates on their citizens. Many medical experts are concerned, especially given the growing [evidence of harm](#) these new drugs can cause.

Microscopic evidence shows Pfizer COVID shot causing blood clots in REAL-TIME

In just a short two-minute clip, clinician Dr. Richard Fleming shows how the COVID shot can lead to abnormal clotting in red blood cells.

Dr. Fleming has a bit of a controversial professional history and was temporarily barred by the U.S. Food and Drug Administration (FDA) from participating in any drug studies due to two fraud convictions stemming from 2009. Controversies notwithstanding, however, the evidence Dr. Fleming presents is alarming!

Adding the Pfizer vaccine to blood samples under a microscope, he explains, causes “red blood cells [to] lose their oxygen-carrying capacity and the red blood cells start to clot ... This is exactly what we are seeing with neurologic harm, with cardiac harm, with blood clots occurring in the body. This is proof positive that these vaccines cause this type of damage under the microscope, just by simply being added to the blood of a human being.”

You can watch the video below:

Do NOT ignore the health dangers linked to toxic indoor air. These chemicals - the 'off-gassing' of paints, mattresses, carpets and other home/office building materials - increase your risk of nasal congestion, fatigue, poor sleep, skin issues plus many other health issues.

[Dr. Richard Fleming: Pfizer Vaccine Causes Blood Clots Under Microscope](#)

Aside from jabs, these are other possible causes of blood clots (and blood clot symptoms to look out for)

Follow the science: COVID-19 shots can cause blood clots. COVID-19 infections can cause blood clots, too, but as we now know, getting a COVID shot doesn't mean you won't get COVID-19.

Of course, people have been getting and suffering from blood clots for a long time. What else can cause these potentially dangerous clots, which can travel to organs like the lung, brain, and heart and cause problems such as pulmonary embolisms, strokes, and heart attacks?

Here are some common blood clot causes to be aware of:

- Surgery
- [Obesity](#)
- Hardening of the arteries (atherosclerosis)
- Prolonged bed rest
- Family history
- [Pregnancy](#)
- Oral contraceptives
- Smoking
- Certain cardiovascular conditions, including abnormal heart rhythms and peripheral vascular disease

Blood clots can only be diagnosed by a medical professional, but there are some blood clot warning signs to look out for depending on where the blood clot is in the body. These include:

- Swelling, tenderness, warmth, or cramping in the leg
- Abnormal warmth or discoloration (e.g., reddish or bluish hue) in the leg
- Chest pain
- Unexplained cough
- Shortness of breath
- Pain in the back while breathing
- Passing out or fainting
- Racing heartbeat

Any of these new or unusual signs and symptoms in yourself or a loved one should prompt you to call 911 right away. Untreated blood clots can cause serious and life-threatening complications, so never delay seeking care.

In Italy, the government has had to confess up to the fact that Covid was not much more than a common cold. Anyway, here is the Italian bombshell report translated into English.

Franco Bechis, October 21, 2021

According to the new report (which had not been updated since July) from the Higher Institute of Health on mortality from Covid, the virus that brought the world to its knees would have killed far fewer than a common flu.

It seems a bizarre and contra-vax statement, but according to the statistical sample of medical records collected by the institute, only 2.9% of the deaths registered since the end of February 2020 were caused by Covid 19.

So of the 130,468 deaths registered by official statistics at the time of preparation of the new report only 3,783 would be due to the power of the virus itself.

Because all the other Italians who lost their lives had from one to five diseases which, according to the ISS, therefore already left them little hope.

Even 67.7% would have had more than three contemporary diseases together, and 18% at least two together.

Now I personally know many people, but none who have the misfortune of having five serious illnesses at the same time. I would like to trust our scientists, then I go to read the ailments listed which would be no secondary reason for the loss of so many Italians and I begin to feed some profound doubts.

According to the ISS, 65.8% of Italians who are no longer with us after being infected with Covid were ill with arterial hypertension, that is, they had high blood pressure. 23.5% were also suffering from dementia, 29.3% added some diabetes to their ailments, 24.8% also atrial fibrillation.

And that's not enough: 17.4% already had sick lungs, 16.3% had had cancer in the last 5 years; 15.7% suffered from heart failure.

6 Studies Showing Why Children Don't Need — and Shouldn't Get — a COVID Vaccine

By Paul Elias Alexander, Ph.D. | The Defender | November 4, 2021

When it comes to COVID, public health officials have consistently downplayed and/or ignored natural immunity.

Yet these public health experts and many doctors and scientists know that no vaccine can confer the type of robust, full, sterilizing and life-long immunity to COVID that natural-exposure immunity confers.

Officials at the Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH) know anyone exposed, infected and recovered from SARS-CoV-2 has acquired cellular immunity.

They know how natural immunity works, yet they continue to deceive the public on this issue by falsely insisting vaccines are the only answer to “ending the pandemic.”

The authors of a 2008 study on the 1918 pandemic virus showed how potent and long-lived natural immunity is, and how the immune system generates new antibodies if and when needed (re-exposed).

The researchers wrote:

“A study of the blood of older people who survived the 1918 influenza pandemic reveals that antibodies to the strain have lasted a lifetime and can perhaps be engineered to protect future generations against similar strains ... the group collected blood samples from 32 pandemic survivors aged 91 to 101 ... the people recruited for the study were 2 to 12 years old in 1918 and many recalled sick family members in their households, which suggests they were directly exposed to the virus ... The group found that 100% of the subjects had serum-neutralizing activity against the 1918 virus and 94% showed serologic reactivity to the 1918 hemagglutinin.”

“The investigators generated B lymphoblastic cell lines from the peripheral blood mononuclear cells of eight subjects. Transformed cells from the blood of 7 of the 8 donors yielded secreting antibodies that bound the 1918 hemagglutinin.”

“ ... here we show that of the 32 individuals tested that were born in or before 1915, each showed sero-reactivity with the 1918 virus, nearly 90 years after the pandemic. Seven of the eight donor samples tested had circulating B cells that secreted antibodies that bound the 1918 HA. We isolated B cells from subjects and generated five monoclonal antibodies that showed potent neutralizing activity against 1918 virus from

three separate donors. These antibodies also cross-reacted with the genetically similar HA of a 1930 swine H1N1 influenza strain.”

The very same CDC that fights against COVID natural immunity, argues just the opposite when it comes to chickenpox.

Guidance on the CDC website, “*Chickenpox Vaccination: What Everyone Should Know*,” states: “*People 13 years of age and older who have never had chickenpox or received chickenpox vaccine should get two doses, at least 28 days apart.*”

In this reasonable guidance, the CDC says you need the chickenpox jab if you “*have never had chickenpox.*” If you have had it, then you do not need the vaccine.

The CDC goes even further, stating: “*You do not need to get the chickenpox vaccine if you have evidence of immunity against the disease.*” So if someone has had chickenpox and recovered, and can demonstrate that via a laboratory test, they don’t need the vaccine.

Again, this makes sense. All parents know this, and have for generations. You do not need a vaccine for measles, if you already had measles and cleared the rash and recovered. Natural, beautiful robust immunity, typically lasts for the rest of a person’s life.

The same goes for the CDC’s guidance for the measles, mumps, and rubella vaccine (MMR). The CDC clearly states no MMR vaccine is needed if “*You have laboratory confirmation of past infection or had blood tests that show you are immune to measles, mumps, and rubella.*”

So, what is different for COVID-19? Is something other than science at play here?

We now have a major crisis as the race is on to vaccinate our 5- to 11-year-old children who bring no risk to the table, with a vaccine that has been shown to be sub-optimal and carrying risks.

We even have one of the FDA advisory committee members, Dr. Eric Rubin, who is also lead editor of the ‘*New England Journal of Medicine*’, stating: “*We’re never gonna learn about how safe the vaccine is until we start giving it.*”

This is a shocking statement by someone who played a role in the decision-making, and should lead us to examine if Rubin and others on that committee were conflicted in terms of relationships to the vaccine developers.

Rubin further stated: “*The data show that the vaccine works and it’s pretty safe ... we’re worried about a side effect that we can’t measure yet,*” he said, referring to a heart condition called myocarditis.

So then why would Rubin and others agree to expose our children to potential harm from a vaccine for an illness that poses little risk to children, if they have serious concerns and admit they have not and cannot yet measure the safety?

This depth of uncertainty should never exist in any drug or vaccine that the FDA regulates, much less a drug officials propose to administer to 28 million children. Something is very wrong here.

It is clear that children are at very low risk of spreading the infection to other children, of spreading to adults as seen in household transmission studies, or of taking it home or becoming ill, or dying — this is settled scientific global evidence (references 1, 2, 3, 4).

An April 2021 study in the Journal of Infection (April 2021) examined household transmission rates in children and adults. The authors reported there was “no transmission from an index-person < 18 years (child) to a household contact < 18 years (child) (0/7), but 26 transmissions from adult index-cases to household contacts < 18 years (child) (26/71, SAR 0=37).”

These findings add to the stable existing evidence that children are not spreading the virus to children but rather that adults are spreading it to children.

Why vaccinate our children for this mild and typically non-consequential virus when they bring protective innate immunity towards this SARS-CoV-2, other coronaviruses and other respiratory viruses?

Why push to vaccinate our children who may well be immune due to prior exposure (asymptomatic or mild illness) and cross-reactivity/cross-protection? Why not consider assessing their immune status?

Dr. Geert Vanden Bossche writes that children’s innate immunity:

“... normally/ naturally largely protects them and provides a kind of herd immunity in that it dilutes infectious CoV pressure at the level of the population, whereas mass vaccination turns them into shedders of more infectious variants. Children/ youngsters who get the disease mostly develop mild to moderate disease and as a result continue to contribute to herd immunity by developing broad and long-lived immunity.”

Here are six studies that make the case for not vaccinating children:

1. A 2020 Yale University report indicates children and adults display very diverse and different immune system responses to SARS-CoV-2 infection which explains why they have far less illness or mortality from COVID.

According to the study:

“Since the earliest days of the COVID-19 outbreak, scientists have observed that children infected with the virus tend to fare much better than adults ... researchers reported that levels of two immune system molecules — interleukin 17A (IL-17A), which helps mobilize immune system response during early infection, and interferon gamma (INF-g), which combats viral replication — were strongly linked to the age of the patients. The younger the patient, the higher the levels of IL-17A and INF-g, the analysis showed... these two molecules are part of the innate immune system, a more primitive, non-specific type of response activated early after infection.”

2. Studies by Ankit B. Patel and Dr. Supinda Bunyavanich show the virus uses the ACE 2 receptor to gain entry to the host cell, and the ACE 2 receptor has limited (less) expression and presence in the nasal epithelium in young children (potentially in upper respiratory airways).

This partly explains why children are less likely to be infected in the first place, or spread it to other children or adults, or even get severely ill. The biological molecular apparatus is simply not there in the nasopharynx of children. By bypassing this natural protection (limited nasal ACE 2 receptors in young children) and entering the shoulder deltoid, this could release vaccine, its mRNA and LNP content (e.g. PEG), and generated spike into the circulation that could then damage the endothelial lining of the blood vessels (vasculature) and cause severe allergic reactions.

3. William Briggs reported on the n=542 children who died (0-17 years (crude rate of 0.00007 per 100 and under 1 year old n=132, CDC data) since January 2020 with a diagnosis of COVID linked to their death. This does not indicate whether, as Johns Hopkins’ Dr. Marty Makary has been clamoring, the death was “causal or incidental.” That said, from January 2020, 1,043 children 0-17 have died of pneumonia.

Briggs reported:

“There is no good vaccine for pneumonia. But it could be avoided by keeping kids socially distanced from each other — permanently. If one death is “too many,” then you must not allow kids to be within contact of any human being who has a disease that may be passed to them, from which they may acquire pneumonia. They must also not be allowed in any car ... in one year, just about 3,091 kids 0-17 died in car crashes (435 from 0-4, 847 from 5-14, and 30% of 6,031 from 15-24). Multiply these 3,000 deaths in cars by about 1.75, since the COVID deaths are over a 21-month period. That makes about 5,250 kids dying in car crashes in the same period — 10 times as many as Covid.”

Briggs concluded: “there exists no justification based on any available evidence for mandatory vaccines for kids.”

4. Weisberg and Farber et al. suggest (and building on research work by Kumar and Faber) that the reason children can more easily neutralize the virus is that their T cells are relatively naïve. They argue that since children’s T cells are mostly untrained, they

can thus immunologically respond (optimally differentiate) more rapidly and nimbly to novel viruses such as SARS-CoV-2 for an effective robust response.

5. Research published in August 2021 by J. Loske deepens our understanding of this natural type biological/molecular protection even further by showing that *“pre-activated (primed) antiviral innate immunity in the upper airways of children work to control early SARS-CoV-2 infection ... the airway immune cells in children are primed for virus sensing...resulting in a stronger early innate antiviral response to SARS-CoV-2 infection than in adults.”*

6. When one is vaccinated or becomes infected naturally, this drives the formation, tissue distribution and clonal evolution of B cells, which is key to encoding humoral immune memory.

Research published in May 2021 showed that blood examined from children retrieved prior to COVID-19 pandemic have memory B cells that can bind to SARS-CoV-2, suggestive of the potent role of early childhood exposure to common cold coronaviruses (coronaviruses). This is supported by Mateus et al. who reported on T cell memory to prior coronaviruses that cause the common cold (cross-reactivity/cross-protection).



There is no data or evidence or science to justify any of the COVID-19 injections in children. Can the content of these vaccines cross the blood-brain barrier in children? We don't know because it wasn't studied.

There is no proper safety data. This is criminal pre-meditated murder! The focus rather has to be on early treatment and testing (sero antibody or T-cell) to establish who is a credible candidate for these injections, as it is dangerous to layer inoculation on top of existing COVID-recovered, naturally acquired immunity.

There is no benefit and only potential harm/adverse effects.

Dr. Alexander is considered a global expert on COVID-19 generally and in some areas highly expertised. Dr. Alexander holds masters level study at York University Canada, a masters in epidemiology at University of Toronto, a masters in evidence-based medicine at Oxford and a doctorate in evidence-based medicine and research methods from McMaster University in Canada.

Three American politicians who should be arrested immediately for lying to the American people and causing massive deaths and injuries through the COVID-19 vaccination program.

by **Brian Shilhavy**

Editor, Health Impact News

There are currently two different and opposing narratives in the public regarding the safety of the COVID-19 shots.

One view claims they are safe, and the other view claims they are not.


Both views cannot be true. One view is correct, and one view is wrong.

The view of the pharmaceutical companies producing the shots and earning great profit from them is that they are safe, and this view is backed up by the U.S. Government regulatory agencies and the officials who lead them.

Here is their official statement through the CDC, as of November 1, 2021.



What You Need to Know

- COVID-19 vaccines are **safe and effective**.
- Millions of people in the United States have received COVID-19 vaccines under the most intense safety monitoring in U.S. history.
- CDC recommends everyone 12 years and older get vaccinated as soon as possible to help protect against COVID-19 and the related, potentially severe complications that can occur.
- CDC, the U.S. Food and Drug Administration (FDA), and other federal agencies are monitoring the safety of COVID-19 vaccines.
- Adverse events described on this page have been reported to the [Vaccine Adverse Event Reporting System \(VAERS\)](#) .
- VAERS accepts reports of any adverse event following any vaccination.
- Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem.

[Source.](#)

Please note that in order for the pharmaceutical companies and the government health agencies to make a claim that COVID-19 “vaccines” are “safe,” there must be a safety monitoring system in place in order to make such a claim. Otherwise, their claims would be without basis, because nobody would know whether those claims are true or not.

The CDC admits this in this statement on their website. And they go on to explain that this safety monitoring system is called VAERS, the *Vaccine Adverse Event Reporting System*.

Based on the VAERS reporting system, the [CDC goes on to state](#):
Serious adverse events after COVID-19 vaccination are rare but may occur.

For public awareness and in the interest of transparency, CDC is providing timely updates on the following serious adverse events of interest:

They then list four adverse events they have noticed from VAERS, and also make a statement regarding deaths.

Here are the four adverse events they admit are recorded in VAERS:

- Anaphylaxis after COVID-19 vaccination
- Thrombosis with thrombocytopenia syndrome (TTS) after Johnson & Johnson’s Janssen (J&J/Janssen) COVID-19 vaccination
- CDC and FDA are monitoring reports of [Guillain-Barré Syndrome](#) (GBS) in people who have received the J&J/Janssen COVID-19 Vaccine.
- Myocarditis and pericarditis after COVID-19 vaccination are rare.
- Reports of death after COVID-19 vaccination are rare.

Notice how they frequently use the word “rare” to describe these adverse events following COVID-19 vaccinations. But how many people even know about these “rare” side effects *prior* to receiving a COVID-19 shot?

Two of the side effects are only linked to one of the three FDA authorized COVID-19 “vaccines,” the J&J shot, which is the one least used.

The nice thing about the Government VAERS database is that it is open to the public, and anyone can search it. I use the MedAlerts front end to search the database, and [you can find that here](#).

So anyone around the world can do their own search of the data in the VAERS database and fact-check the CDC’s claims, which represent the view of the pharmaceutical industry and the government health agencies and their heads.

And that’s what I am going to do in the rest of this article.

Please note that I am not dealing with the issue of under-reporting in VAERS in this article. Everyone admits that the data in VAERS is vastly under-reported, which is why

when the CDC states that an adverse reaction that they admit is seen in VAERS is “rare” based on how many doses of the vaccine have been distributed, we should not take their statement at face value, because *they actually do not know how rare it is*.

So I am only going to deal with the available data to fact-check their claims, the very same data that they are using.

What I am going to do is compare the data on adverse reactions to the COVID-19 shots to the data recorded for the past 30 years for all other vaccines, as this will be a truer “apples to apples” comparison, and it is also a simple one that anyone can search themselves.

At the end of this analysis of the available data, nobody in the pharmaceutical industry or in the government health agencies can say that the data is wrong, because it is **their data**. They also cannot claim ignorance, because the statements they make regarding the “safety” of these COVID-19 vaccines is based on this data in VAERS, according to their own published statements.

And what we will see when we look at the data as compared to all other data from non-COVID-19 vaccines, is that they are lying, and that the COVID-19 vaccines are most definitely causing blood clots, heart disease, and deaths.

If they are lying, then they are complicit with causing these crippling injuries and deaths, and they should all be arrested immediately for being complicit to mass murder.



CDC Claim: Deaths following COVID-19 Shots are “Rare”

Let’s begin with deaths, since this is obviously the most serious adverse event following COVID-19 vaccination.

Here is the CDC claim as of November 1, 2021:

Reports of death after COVID-19 vaccination are rare. More than 423 million doses of COVID-19 vaccines were administered in the United States from December 14, 2020, through November 1, 2021. During this time, VAERS received 9,367 reports of death (0.0022%) among people who received a COVID-19 vaccine. FDA requires healthcare providers to report any death after COVID-19 vaccination to VAERS, even if it's unclear whether the vaccine was the cause. **Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem.** A review of available clinical information, including death certificates, autopsy, and medical records, has not established a causal link to COVID-19 vaccines. However, recent reports indicate a plausible causal relationship between the [J&J/Janssen COVID-19 Vaccine and TTS](#), a rare and serious adverse event—blood clots with low platelets—[which has caused deaths pdf icon\[1.4 MB, 33 pages\]](#). Notice that according to the CDC the only “plausible causal relationship” between a COVID-19 vaccine and death is with the J&J shot, which is linked to blood clots. And they claim that this is among 9,367 reports of death following COVID-19 shots for the past 10 months.

I am not even sure where they get this number of “9,367” from, because when we search the VAERS database for deaths following COVID-19 shots, it returns a value of 17,619. ([Source](#).) If we exclude all the foreign reports, we still get a different value than what they are stating, with 8,068 deaths. ([Source](#).)

So they are applying some other kind of filter to get this death count, it would seem.

For the purpose of this analysis in this article, I am going to use ALL the data in VAERS and not filter out anything, since we already know the data is vastly under-reported.

Now to determine if these reports of deaths are “rare,” let's look at how many deaths there are from ALL vaccines that are NOT COVID-19 vaccines for the past 30+ years.

The easiest way to do this is to simply run a search for all deaths in the database, and then subtract the deaths from the COVID-19 vaccines, which as I stated above is 17,619. [This number has passed the 18,000 number as of November 6, 2021.]

[Here is the result](#): 26,680 deaths from ALL vaccines in the database as of October 22, 2021, which covers a period of over 30 years.

17,619 of those deaths are following COVID-19 vaccines for the past 10 months. That means that for all other vaccines over the past 30 years, there have only been 9,061 deaths recorded, about 300 deaths per year. But into October of 2021, there have been already been 17,619 deaths following COVID shots.

Does this sound “rare,” or is this a national catastrophe where heads should roll and people should be locked up in jail and prosecuted?

And remember, this is THEIR DATA! They know this.

And now they are targeting children 5 to 11 years old.

Fetal Deaths

Also, the CDC and the FDA are recommending the COVID-19 shots for pregnant women, claiming it is safe for them.

But is it? What does their own data in VAERS report about fetal deaths following COVID-19 injections of pregnant women?

Through October 22, 2021 they have recorded 2,369 cases where the mother lost her baby after receiving a COVID-19 shot. ([Source.](#))

How does that compare with fetal deaths in pregnant women following ALL vaccines that are NOT COVID-19 vaccines for the past 30+ years?

For the past 30+ years there have been 2,192 cases where the mom being given a vaccine lost her baby, about 73 a year. ([Source.](#))

But this year, 2,369 unborn babies have already died following a COVID-19 shot injected into the pregnant mother.

Does this sound “safe” to you? Would pregnant women continue getting COVID-19 shots if they knew these statistics in the government’s own database?

CDC Claim: Blood Clots from COVID-19 Shots are “Rare”

The admission that the CDC makes for [COVID-19 vaccines causing blood clots](#) is:

Thrombosis with thrombocytopenia syndrome (TTS) after Johnson & Johnson’s Janssen (J&J/Janssen) COVID-19 vaccination is rare. As of October 27, 2021, more than 15.5 million doses of the J&J/Janssen COVID-19 Vaccine have been given in the United States. CDC and FDA identified 48 confirmed reports of people who got the J&J/Janssen COVID-19 Vaccine and later developed TTS. Women younger than 50 years old especially should be aware of the rare but increased risk of this adverse event. There are other COVID-19 vaccine options available for which this risk has not been seen. Learn more about J&J/Janssen COVID-19 Vaccine and TTS.

To date, two confirmed cases of TTS following mRNA COVID-19 vaccination (Moderna) have been reported to VAERS after more than 401 million doses of mRNA COVID-19 vaccines administered in the United States. Based on available data, there is not an increased risk for TTS after mRNA COVID-19 vaccination.

What the CDC is clearly doing here is only reporting one kind of blood clot, Thrombosis with thrombocytopenia syndrome (TTS). They claim that this is the only kind of blood clot they found, and it is only 48 cases with J&J, and 2 cases with Moderna.

But there are many kinds of blood clots, so we should not just limit our search for only TTS. If we just search for ALL cases involving any kind of “thrombosis” following COVID-19 shots, we get a value of 13,930 cases of blood clots. ([Source](#).)

When we search for each of the 3 FDA authorized COVID-19 vaccines where blood clots are recorded along with deaths, we get **626 total deaths when blood clots are present**: [381 deaths for Pfizer](#), [118 deaths for Moderna](#), and [127 deaths for J&J](#).

So this horrible side effect is not related to only one manufacturer.

How does this compare with cases of “thrombosis” from ALL vaccines that are NOT COVID-19 vaccines for the past 30 years? With the available data we find only 489 cases of any kind of thrombosis for ALL vaccines for the past 30+ years, resulting in only 18 deaths. ([Source](#).)

This is not a “rare” event following COVID-19 shots. This is criminal.

And frontline doctors are confirming that they are seeing high rates of blood clots in patients who have been vaccinated for COVID-19.

Canadian doctors were the first ones to blow the whistle on this. This past July we published an interview with Dr. [Charles Hoffe](#), a doctor who has been practicing medicine for 28 years in the small, rural town of Lytton in British Columbia, Canada.

He was the first one to state publicly that these blood clots were not rare, as he tested vaccinated patients in his province in Canada and found that 62% of them had evidence of small blood clots.

The blood clots we hear about which the media claim are very rare are the big blood clots which are the ones that cause strokes and show up on CT scans, MRI, etc. The clots I’m talking about are microscopic and too small to find on any scan. They can thus only be detected using the D-dimer test. ([Source](#).)

Since then an emergency medicine doctor, Dr. Rochagné Kilian, has come forward to tell the public what she was seeing in fully vaccinated patients, and the high rate of blood clots. She lost her job in order to bring this information to the public, so it is well worth listening to.

CDC Claim: Heart Disease from COVID-19 Shots is Rare

Here is what the CDC admits for heart disease following COVID-19 shots:

Myocarditis and pericarditis after COVID-19 vaccination are rare. As of October 27, 2021, VAERS has received 1,784 reports of myocarditis or pericarditis among people ages 30 and younger who received COVID-19 vaccine. Most cases have been reported after mRNA COVID-19 vaccination (Pfizer-BioNTech or Moderna), particularly in male adolescents and young adults. Through follow-up, including medical record reviews, CDC and FDA have confirmed 1,005 reports of myocarditis or pericarditis. CDC and its

partners are investigating these reports to assess whether there is a relationship to COVID-19 vaccination. [Learn more about COVID-19 vaccines and myocarditis.](#)

Notice that they admit to 1,784 reports of myocarditis or pericarditis in people under age 30, and yet still choose to call these events “rare.”

Again, myocarditis and pericarditis are just two kinds of heart diseases, so let’s select **all cases** where a “carditis” is listed as an adverse event following COVID-19 shots. When we expand the search of the available data, we find 9,859 cases of carditis, resulting in 136 deaths and 327 permanent disabilities. ([Source.](#))

This is a lot more than what the CDC is telling us, because they only included 2 kinds of “carditis.”

How does this compare with reported cases of “carditis” following ALL vaccines for the past 30+ years that are NOT COVID-19 vaccines?

For the past 30+ years there have been only 913 cases of “carditis” following ALL vaccines, resulting in only 95 deaths, about 3 deaths per year. ([Source.](#))

Heart disease following COVID-19 shots is most certainly not rare! Young people, especially athletes, are having heart attacks in record numbers this year, as almost every day now we are seeing news reports of young, healthy athletes having heart attacks, like this [professional hockey player who was in the news yesterday.](#)

There’s a [list of athletes dying, mostly from cardiac arrest, here.](#)

America is Run by Criminals and Mass Murderers

Your government is lying to you. They have this data, because it is *their data*. They know all of this.

But who will bring them to justice?

Sadly, these people in government who run the “health” agencies are simply pawns and puppets in these crimes against humanity.



The real decision makers who are guilty of mass murder are in corporate America. We have already shown how each of the pharmaceutical companies that currently have a COVID-19 “vaccine” authorized by the FDA also employ a former FDA Commissioner. See:

[All 3 FDA-Authorized COVID-19 Vaccine Companies Employ Former FDA Commissioners](#)

Charles Hugh Smith [published an article today](#) highlighting just how corrupt and evil corporate America has become.

Some excerpts:

It’s becoming a routine story: a whistleblower emerges with copious documentation, revealing the ethical / managerial rot at the very top of Corporate America icons. Recently it was Facebook that was revealed as devoting far more resources to masking corporate guile than to actually improving longstanding ethical and quality issues.

Now it’s Pfizer’s fast and loose treatment of supposedly rigorous protocols that’s been heavily documented. The prestigious *‘British Medical Journal’* (BMJ) stated that the whistleblower provided “*The BMJ with dozens of internal company documents, photos, audio recordings, and emails.*” [BMJ Investigation: Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial.](#)

The purpose of playing fast and loose is to maximize profits regardless of any other factors. And while corporations exist to maximize profits, the trend in Corporate America is to sacrifice everything to maximize profits and keep the putrid sewage hidden from regulators, the media and the public.

This isn't about profit, it's about hiding the rot that has seeped into every nook and cranny of Corporate America. The foundation of the stock market's extreme valuations is corporate profits, and the stock market bubble is now the precarious foundation of the entire U.S. economy: should the bubble pop, everyone knows the economy and the financial system will both crash.

The usual corporate strategy—defame the whistleblower and blow smoke to cover the rot—loses traction when the rot is documented by internal memos, recordings, etc. It's difficult for the lackeys of Corporate America to dismiss the British Medical Journal as just another tin-foil-hat outlet of "fake news," especially with all the documentation now made public.

Lost in the obsession to profiteer and hide the rot is the notion that corporations have responsibilities to the public and their customers/users, not just to greedy managers and shareholders. These responsibilities have been tossed into the muddy ditch.

Regulations only exist in name in America. Corporate America plays by its own rules. Corporate America is no longer regulated in any consequential fashion, as the list of Pfizer's actions reveal:

- Participants placed in a hallway after injection and not being monitored by clinical staff
- Lack of timely follow-up of patients who experienced adverse events
- Protocol deviations not being reported
- Vaccines not being stored at proper temperatures
- Mislabeled laboratory specimens, and
- Targeting of Ventavia staff for reporting these types of problems.

The last item appears in virtually every whistleblower case: the corporation doesn't rush to fix its glaring ethical and quality issues, it rushes to silence the whistleblower and "manage the narrative" to protect its precious profits. Never mind that the public pays the price for corporations saying one thing and doing another, for hiding what they dare not let regulators, users, customers and patients learn about their practices and behind-closed-doors goals.

The *Prime Directive* of Corporate America is to hide the rot that's permeated the entire corporation, starting at the top.

We shouldn't be too surprised that Corporate America is rotten to the core—the entire status quo is rotten to the core. Ethics and regulations are annoyances to be

skirted, and if some random regulator catches insiders in the act, the corporation pays an inconsequential fine and then returns to BAU—business as usual, rotten to the core. **Any citizen who desires to be well-informed would be well-served to read this report closely: [BMJ Investigation: Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial](#).**

He goes on to write about an amazing database someone has put together which documents all the “Corporate fines and Settlements” over criminal cases since the 1990s. Pfizer, for example, has paid out over \$8 BILLION in fines for criminal activities over the years.

As further documentation, I am honored to share a remarkable data base of [Corporate Fines and Settlements](#) from the early 1990s to the present compiled by Jon Morse. Here is Jon’s description of his project to assemble a comprehensive list of all corporate fines and settlements that can be verified by media reports:

“This spreadsheet is all the corporate fines/settlements I’ve been able to find sourced articles about, mostly in the period from the 1990s up to today (with a few 80s and 70s). This is by far the most comprehensive list of such things online. At least that I could find, because the lack of any decent list is what made me start compiling this list in the first place.”

What’s noteworthy is the sheer number of corporate violations of laws and regulations—thousands upon thousands, the vast majority of which occurred since corporate profits began their incredible ascent in the early 2000s—and the list of those paying hundreds of millions of dollars in fines and settlements, **which reads like a who’s who of Corporate America and Top 100 Global Corporations.**

I encourage you to open one of the three alphabetical tabs at the bottom of **[the spreadsheet on Google Docs](#)** and scroll down to find your favorite super-profitable corporation.

Many have a long list of fines and settlements, and many of the fines are in excess of \$100 million. Many are for blatant cartel price-fixing, not disclosing the dangers of the company’s heavily promoted medications, destroying documents to thwart an investigation of wrong-doing, etc.

In other words, these were not wrist-slaps for minor oversights of complex regulations— these are blatant violations of core laws of the land.

Jon offered this commentary on Corporate America’s slide to the bottom of the moral cesspool:

“With the increases in concentration of wealth there has been a culture of idolizing wealth, one example is how prosecutors no longer find it appropriate to put bankers and

CEOs in jail. I think one side-effect of the culture changing has been an increased willingness to break the law to increase profits.

The settlements with the banks along with the ongoing investigations have shown that virtually every market is being manipulated; the stocks, metals markets, LIBOR, FOREX, everything. The companies would only break so many laws if they felt they would have a reasonable chance of getting away with it; they would also need a reason to do it, which is provided by the infinite growth model our economy is based on.”

Thank you, Jon, for compiling a tremendously important and valuable database, and for connecting this staggering list of violations to the cultural worship of maximizing private gains at any cost. I am reminded of socio-economist Immanuel Wallerstein’s description of the current system of central-state/private-corporation collusion as *“a particular historical configuration of markets and state structures where private economic gain by almost any means is the paramount goal and measure of success.”*

Read the [full article here](#).

It is time to STOP the killer COVID-19 vaccine campaigns, and way past time to round up all of these murderers and lock them up.



These talking heads on TV use what is called an “appeal to authority” to try and convince the public to get these shots. The data and the science is NOT on their side, and they are not nearly as intelligent as they want you to believe they are.

I know there is great risk right now in refusing the COVID-19 shots for some people, as your livelihood and means to earn income could be at stake.

But this is NOT a sustainable path we are on, and at some point those who refused the shots are going to be needed again, and chances are you will, at some point, be able to earn income again.

Just remember one indisputable FACT:

If you risk getting a COVID-19 shot, you could die or become crippled with very serious injuries. Deaths and injuries are happening at a record pace, and they are not “rare” as is being claimed, based on the data.

If you do not take a COVID-19 shot, you cannot die from that shot.

It really is that simple.

Parents who subject their children to these shots are guilty of child abuse, and attempted murder. Keep your children home, and safe, no matter what the cost, if you truly love them.

3 More Reports of Teen Deaths After COVID Vaccines, as Reported Injuries Exceed 850,000

VAERS data released today by the CDC included a total of **856,919 reports of adverse events** from all age groups following COVID vaccines, including **18,078 deaths and 131,027 serious injuries** between Dec. 14, 2020, and Oct. 29, 2021.

Data released today by the Centers for Disease Control and Prevention (CDC) showed that between Dec. 14, 2020, and Oct. 29, 2021, a total of 856,919 adverse events following COVID vaccines were reported to the Vaccine Adverse Event Reporting System (VAERS).

The data included a total of 18,078 reports of deaths — an increase of 459 over the previous week. There were 127,457 reports of serious injuries, including deaths, during the same time period — up 3,570 compared with the previous week.

Excluding “foreign reports” to VAERS, 634,609 adverse events, including 8,284 deaths and 52,685 serious injuries, were reported in the U.S. between Dec. 14, 2020, and Oct. 29, 2021.

Of the 8,284 U.S. deaths reported as of Oct. 29, 10% occurred within 24 hours of vaccination, 15% occurred within 48 hours of vaccination and 26% occurred in people who experienced an onset of symptoms within 48 hours of being vaccinated.

In the U.S., 418.6 million COVID vaccine doses had been administered as of Oct. 29. This includes: 246 million doses of Pfizer, 157 million doses of Moderna and 15 million doses of Johnson & Johnson (J&J).

Search Results

From the 10/29/2021 release of VAERS data:

Found 856,919 cases where Vaccine is COVID19

Table

Event Outcome	Count	Percent
Death	18,374	2.11%
Permanent Disability	35,112	3.88%
Office Visit	133,870	15.62%
Emergency Room	81	0.01%
Emergency Doctor/Room	95,896	11.19%
Hospitalized	96,698	11.28%
Hospitalized, Prolonged	290	0.03%
Recovered	290,473	33.91%
Birth Defect	810	0.09%
Life Threatening	30,110	3.51%
Med Services	370,634	43.26%
TOTAL	1,121,254	1,118.80%

† Because some cases have multiple symptoms and outcomes, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 856,919 (the number of cases found), and the Total Percentage is greater than 100.

The data come directly from reports submitted to VAERS, the primary government-funded system for reporting adverse vaccine reactions in the U.S.

Every Friday, [VAERS](#) makes public all vaccine injury reports received as of a specified date, usually about a week prior to the release date. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed. Historically, VAERS has been shown to report only [1% of actual vaccine adverse events](#).

[ORDER TODAY: Robert F. Kennedy, Jr.'s New Book — 'The Real Anthony Fauci'](#)

This week's U.S. data for 12- to 17-year-olds show:

- [22,584](#) total adverse events, including [1,383 rated as serious](#) and [28 reported deaths](#). Two of the 28 deaths were suicides.

The most recent deaths include a 12-year-old girl from South Carolina (VAERS I.D. [1784945](#)) who hemorrhaged 22 days after receiving Pfizer's COVID vaccine, a 13-year-old girl from Maryland (VAERS I.D. [1815096](#)) who died 15 days after receiving her first dose of Pfizer's COVID vaccine from a heart condition and a 17-year-old female from Texas (VAERS I.D. [1815295](#) who experienced an acute [hyperglycemic crisis](#) 33 days after being vaccinated.

Another recent death involves a 12-year-old girl ([VAERS I.D. 1784945](#)) who died from a [respiratory tract hemorrhage](#) 22 days after receiving her first dose of Pfizer's vaccine.

- [59 reports](#) of anaphylaxis among 12- to 17-year-olds where the reaction was life-threatening, required treatment or resulted in death — with 96% of cases attributed to [Pfizer's vaccine](#).
- [547 reports](#) of myocarditis and pericarditis (heart inflammation) with [539 cases](#) attributed to Pfizer's vaccine.
- [126 reports](#) of blood clotting disorders, with all cases attributed to Pfizer.

This week's U.S. VAERS data, from Dec. 14, 2020, to Oct. 29, 2021, for all age groups combined, show:

- 19% of deaths were related to cardiac disorders.
- 54% of those who died were male, 42% were female and the remaining death reports did not include gender of the deceased.
- The [average age](#) of death was **72.7**.
- As of Oct. 29, [4,206 pregnant women](#) reported adverse events related to COVID vaccines, including 1,320 reports of [miscarriage or premature birth](#).
- Of the [3,090 cases of Bell's Palsy](#) reported, 51% were attributed to [Pfizer](#) vaccinations, 41% to [Moderna](#) and 8% to [J&J](#).
- 705 reports of [Guillain-Barré syndrome](#), with 41% of cases [attributed to Pfizer](#), 31% to [Moderna](#) and 28% to [J&J](#).
- [2,072 reports](#) of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- [10,686 reports](#) of blood clotting disorders. Of those, [4,698 reports](#) were attributed to Pfizer, [3,815 reports](#) to Moderna and [2,119 reports](#) to J&J.
- [3,030 cases](#) of myocarditis and pericarditis with [1,899 cases](#) attributed to Pfizer, [998 cases](#) to Moderna and [123 cases](#) to J&J's COVID vaccine.

CDC signs off on Pfizer COVID vaccine for kids 5-11

CDC Director Dr. Rochelle Walensky on Nov. 3, [endorsed](#) the Advisory Committee on Immunization Practices' (ACIP) recommendation that children 5 to 11 years old be vaccinated against COVID with Pfizer's pediatric COVID vaccine.

The [younger age group](#) will receive one-third of the dose authorized for those 12 and older, in two shots administered at least three weeks apart. The doses will be delivered by smaller needles and stored in smaller vials to avoid a mix-up with adult doses.

The CDC was [concerned](#) that COVID cases in children can result in hospitalizations, deaths, [multisystem inflammatory syndrome](#) (MIS-C) and complications, such as "long COVID," in which symptoms can linger for months.

During the [ACIP meeting](#), the CDC said a total of [745 children under 18 have died](#) of COVID since the beginning of the pandemic — although the COVID team admitted 79%

were confirmed to be hospitalized for COVID, while the rest were hospital admissions for other causes.

The CDC's authorization was based mostly on a Pfizer-BioNTech study of 4,600 children worldwide, of whom approximately 3,100 got the low-dose vaccine and about 1,500 got a placebo. Of the 3,100 children in the vaccine group, only 264 children were tested for antibodies to determine the efficacy of Pfizer's vaccine.

Vaccine-injured speak out at event hosted by Sen. Ron Johnson

During an [event hosted Tuesday](#) by U.S. Sen. Ron Johnson (R-Wis.), people whose lives were ruined by COVID vaccines said they feel abandoned by a government that told them it was their patriotic duty to get the shot.

Johnson held a [discussion](#) with a panel of experts, including clinicians, scientists, lawyers and patient advocates, and with people injured by [COVID vaccines](#), who gave powerful testimonies about their experiences.

Johnson and the expert panel discussed the importance of [early treatment for COVID](#), healthcare freedom and [natural immunity](#), the impacts of mandates on the American workforce and the economy, COVID vaccine safety concerns and the lack of transparency from federal health agencies in response to his [COVID oversight requests](#).

'Truth isn't being told about these vaccines,' says cancer survivor injured by Pfizer vaccine

In an [exclusive interview](#) with [The Defender](#), Diane Ochoa, a 63-year-old cancer survivor from Georgia said she was diagnosed with rare autoimmune disorders [Guillain-Barré syndrome](#) (GBS) and [chronic inflammatory demyelinating polyneuropathy](#) (CIDP) after getting her second dose of Pfizer's COVID vaccine.

On April 16, Ochoa got her second Pfizer dose, through her employer and, within 45 minutes, felt ill. She experienced nausea, extreme diarrhea and pain throughout her entire body that progressively worsened and ravaged its way throughout her body.

Ochoa saw numerous doctors before she was diagnosed and has spent the past six months trying to heal from her conditions, which left her in "horrific pain," unable to walk without assistance or provide for herself.

Ochoa said she's concerned about the *"lack of studying they've done on this vaccine,"* and about the potential for others to suffer long-term consequences even if they didn't suffer an immediate repercussion as she did.

"My nightmare at night is that our littles might have to endure this because the truth isn't being spoken about these vaccines," Ochoa said.

Schools are paying kids to get COVID vaccines

Some schools are paying kids to get vaccinated against COVID. [According to TIME](#), schools in Phoenix are giving out \$100 gift cards. In Los Angeles, students can win gift cards or a free prom or homecoming ticket if they get the shots.

Louisiana is [offering \\$100](#) to children who get vaccinated, and officials in San Antonio, Texas, announced parents can claim a \$100 gift card for H-E-B grocery stores. In New York City, [children as young as 5](#) are getting paid to get vaccinated.

“We really want [kids to take advantage](#), families take advantage of that,” New York Mayor Bill de Blasio said Thursday. “Everyone could use a little more money around the holidays. But, most importantly, we want our kids and our families to be safe.”

Some critics say paying kids to get vaccinated is bribery, but school districts incentivizing kids feel it makes sense because it keeps students and staff safe.

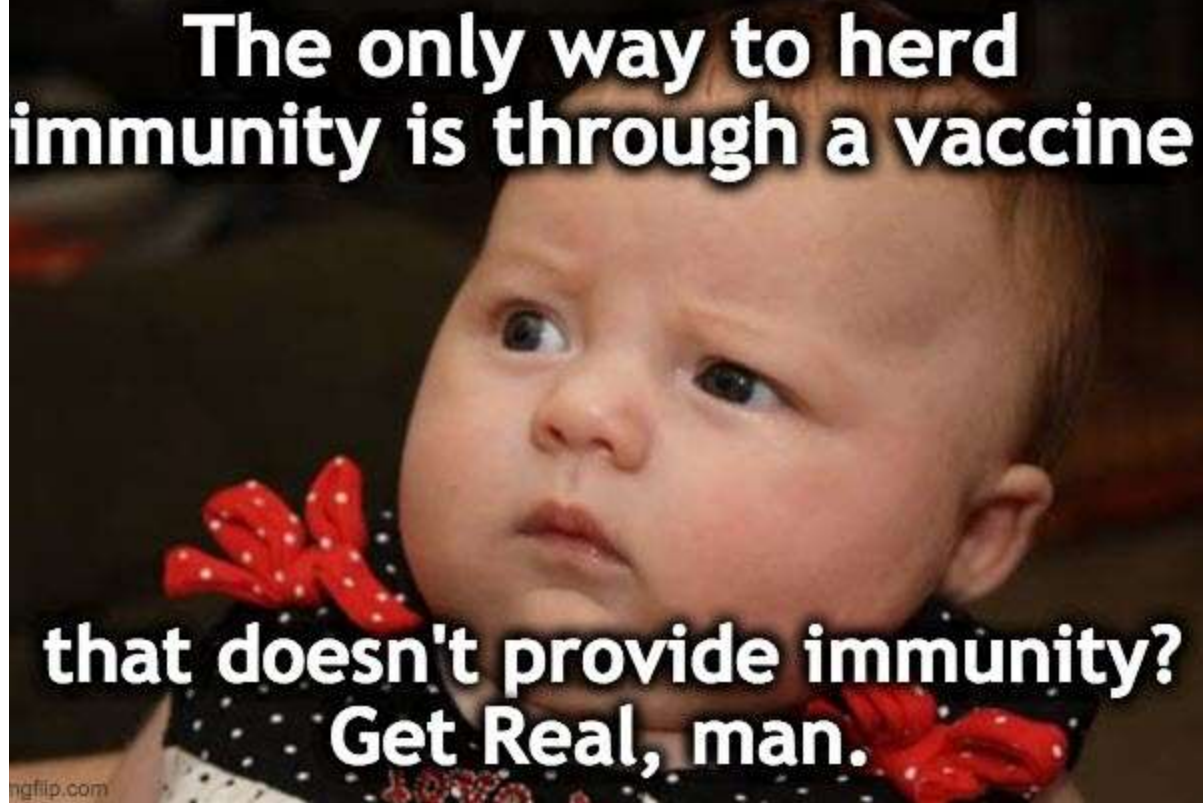
[Children’s Health Defense](#) asks anyone who has experienced an adverse reaction, to any vaccine, to file a report following [these three steps](#).

The “Vaccine” Is a Depopulation Device

Dr. Paul Craig Roberts has been stating the same claim that I have for the nearly two years so far. The “vaccine” produces the new strains or variants, and the new vaccine will produce new variants requiring new vaccines. All the time your immune system is being destroyed. Humanity will end up with zero natural immunity.

As many censored scientists said at the beginning, it is a depopulation plot. It is as simple as this – when you mess around with your God-given immunity, the end results are diminished health and permanent damage that inevitably shortens your life!





What's Insane in This?

BREAKDOWN OF COVID DEATHS IN THE U.S. BY AGE

According to the U.S. Centers for Disease Control (CDC), very few people under age 19 have died of Covid. Of the total deaths attributed to Covid (700,951),

181 were age 0-4 and

406 were 5-18, for a total of 587

deaths in the 0-18 age category (or .08% of the total)

("Provisional Covid-19 Deaths," data.cdc.gov, Oct. 6, 2021).

The CDC does not list comorbidities for children, so it is impossible to know whether they died of Covid alone or of cancer, heart or kidney disease, etc., exacerbated by Covid, **but of the pediatric deaths by influenza in the 2019-2020 season, 43% had a pre-existing medical condition** ("2019-20 Season's Pediatric Flu Deaths," CDC, Aug. 21, 2020).

More than half of the deaths attributed to Covid by the CDC were of the elderly 75 and over (378,496 or 54%). The U.S. life expectancy is about 78 years old.

FROM NBC NEWS on Thursday, October 14th: The Biden administration has purchased 65 million pediatric doses of the Pfizer/BioNTech vaccine, enough to vaccinate (poison) the estimated 28 million children who would be eligible should

the Food and Drug Administration approve Pfizer's request to vaccinate children ages 5 to 11, **said an official of the Department of Health and Human Services.**

Pfizer and BioNTech said this month that they had submitted an emergency request for authorization for children ages 5 to 11, and an FDA advisory committee plans to meet to discuss the request on October 26. The vaccine doses for the youngest age group wouldn't be interchangeable with those for adults, who have different dosage and dilution requirements.

What **demonic psychopath** would call for the vaxx of children which has a survival rate of:

Age	Covid Survival Rate
0-19	99.9973%
20-29	99.986%
30-39	99.969%
40-49	99.918%
50-59	99.73%
60-69	99.41%
70+	97.6% (non-institutionalized.)

'Food for Thought' Let This Sink In...

'Pfizer' is a German word.

I don't think they want you to figure this out...because you can use an English to German translator on Google...

...or you can try the German to English translator and you get the same thing. 'Pfizer'

My research shows Pfizer is the German word for "Lucifer".

Now you get it. Think about that the rest of your day.



Carrying out their orders, the White House is moving “quickly” to shove multiple rounds of [spike protein bioweapons into U.S. children](#). The White House outlined a plan to inoculate 28 million children between the ages of 5 and 11, in a coordinated attempt to injure, disable and commit mass genocide against children, with no recourse in place. The spike protein is the “kill” shot and has been admitted to have been a huge mistake. It destroys your natural God-given immune system, degrading a person’s immunity by as much as 10% a month. Do you understand what that means?

Most will die within a year of being vaxxed! The best estimate by Dr. Sherri Tenpenny, Carrie Madej, Dr. Lee Merritt and fellow doctors is two years, and a few exceptions as long as five years!

Many school districts across the nation have held parental rights hostage for over a year, abusing children with mask mandates, while harming them physically,

psychologically and behaviorally with no remorse or recourse. Held hostage, children are routinely subjugated by government forces – forces that have been enabled and empowered by district and school officials. Cowardice has masqueraded as “safety” for too long now, and school children are about to be forced into an experiment that is now a proven depopulation scheme. As the heavy hand of force suffocates children and breaks down their psychology, a global genocidal experiment inches closer to each school district, taking advantage of local cowards, and their restrained, submissive state.

For over a year, it has been proven that [children are NOT at risk for severe illness or death](#) from a natural covid respiratory infection. The vaccine experiment, on the other hand, deliberately harms children and can cause needless suffering and death.

A few pediatricians and primary care physicians across the country have already signed up to distribute the first 25,000 doses. Not waiting around for regulatory oversight, the White House has already secured enough Pfizer jabs to harm 28 million kids. The FDA only exists to give the illusion that the jabs are safe, as the White House works with Pfizer to mass distribute toxic injections with no accountability whatsoever.

Government threatens to keep lockdowns and restrictions in place until children are mass injected. **This is nothing less than Mass Murder by Syringe needle! It is a Eugenics program for “Depopulation” of the Australia, Canada, New Zealand, UK, and the USA. Proof of this is found in the link below to an article by “The State of the Nation” web page:**

[RED ALERT: OPERATION COVID-19 Has Two Exceedingly Evil Goals](#)

The genocidal spike protein rollout will be accompanied by a well-funded propaganda campaign. According to the AP report, *“the administration believes trusted messengers — educators, doctors and community leaders — will be vital to encouraging vaccinations.”* The White House not only sees children as experimental property, but they also view doctors, teachers and local government authorities as mindless propaganda pushers who will dutifully regurgitate pharmaceutical propaganda and parrot a vaccine narrative *like puppets*. This federal “advertising” campaign will promote vaccine safety and effectiveness, even though the clinical studies are based on fraud, with no justification to inoculate children in the first place.

U.S. Surgeon General Dr. Vivek Murthy told *NBC* that vaccination will not only protect children but also give them back activities that *“are so important to our children.”* In other words, Murthy wants children to believe that government lockdowns and abuses are the fault of those who don’t vaccinate, even though these restrictions were deployed by government officials with the intent to control, psychologically manipulate and intimidate the population into compliance with false authority, global suffering and depopulation schemes.

“COVID has also disrupted our kids’ lives. It’s made school harder; it’s disrupted their ability to see friends and family, it’s made youth sports more challenging,” said surgeon general Dr. Vivek Murthy. All these issues of abuse and control have been brought into

existence by out-of-control governments. All these abuses can be ended, without vaccinations and further coercion. However, Murthy expects school, local and state officials to mandate the shots for their schools, just as they dutifully forced quarantines masks, and other needless abuses. He, along with CDC Chief Rochelle Walensky, also expects children to wear masks until vaccination rates are high in pediatric populations.



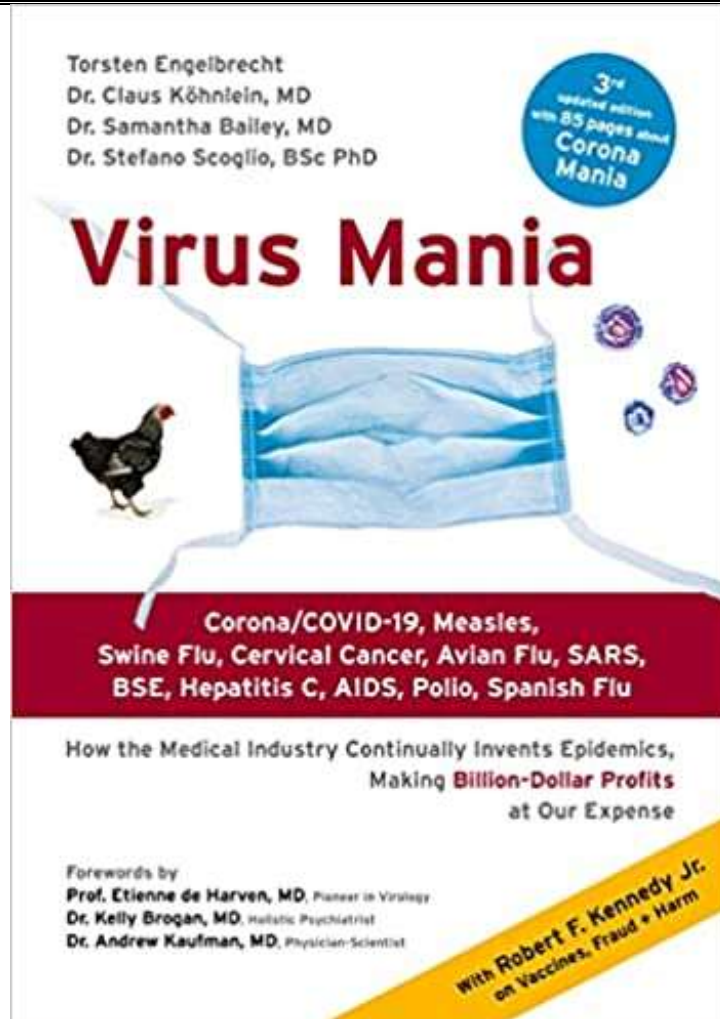
This is Dr. Anthony Fauci, a Jesuit-trained coadjutor and it is a historical fact that Jesuits are the founders of the vaccine racket. Dr. Edward Jenner and Louis Pasteur were peddling their snake oil vaccine racket over a century ago, and it was later incorporated into the Rockefeller school of medicine at the University of Chicago's philosophy of allopathic medicine.

Louis Pasteur was exposed less than a decade ago as being a complete fraud. But you were never told he was a quack. At his death, his family sealed away his research, journals, and by his own admission, he acknowledged that he never proved the "Germ" theory of pathogens. This is the basis of the present group of public health servants like Dr. Fauci and others of his crowd making billions in profits from their money-making scam.

You can read all about this in the book '*Vaccine Mania*'. It is an important book, probably my most informative read in early 2020!

Virus Mania: Corona/COVID-19, Measles, Swine Flu, Cervical Cancer, Avian Flu, SARS, BSE, Hepatitis C, AIDS, Polio, Spanish Flu. How the Medical ... Making Billion-Dollar Profits At Our Expense 3rd Edition

by [Torsten Engelbrecht](#) (Author), [Claus Köhnlein](#) (Author), [Samantha Bailey](#) (Author), [Stefano Scoglio](#) (Author)



The Ultimate Cheatsheet for Critical Thinking



Want to exercise critical thinking skills? Ask these questions whenever you discover or discuss new information. These are broad and versatile questions that have limitless applications!

Who	<ul style="list-style-type: none"> ... benefits from this? ... is this harmful to? ... makes decisions about this? ... is most directly affected? 	<ul style="list-style-type: none"> ... have you also heard discuss this? ... would be the best person to consult? ... will be the key people in this? ... deserves recognition for this?
What	<ul style="list-style-type: none"> ... are the strengths/weaknesses? ... is another perspective? ... is another alternative? ... would be a counter-argument? 	<ul style="list-style-type: none"> ... is the best/worst case scenario? ... is most/least important? ... can we do to make a positive change? ... is getting in the way of our action?
Where	<ul style="list-style-type: none"> ... would we see this in the real world? ... are there similar concepts/situations? ... is there the most need for this? ... in the world would this be a problem? 	<ul style="list-style-type: none"> ... can we get more information? ... do we go for help with this? ... will this idea take us? ... are the areas for improvement?
When	<ul style="list-style-type: none"> ... is this acceptable/unacceptable? ... would this benefit our society? ... would this cause a problem? ... is the best time to take action? 	<ul style="list-style-type: none"> ... will we know we've succeeded? ... has this played a part in our history? ... can we expect this to change? ... should we ask for help with this?
Why	<ul style="list-style-type: none"> ... is this a problem/challenge? ... is it relevant to me/others? ... is this the best/worst scenario? ... are people influenced by this? 	<ul style="list-style-type: none"> ... should people know about this? ... has it been this way for so long? ... have we allowed this to happen? ... is there a need for this today?
How	<ul style="list-style-type: none"> ... is this similar to _____? ... does this disrupt things? ... do we know the truth about this? ... will we approach this safely? 	<ul style="list-style-type: none"> ... does this benefit us/others? ... does this harm us/others? ... do we see this in the future? ... can we change this for our good?

Yale Epidemiologist Cautions About Child Vaccination

By Tom Woods | Principia Scientific International | October 29, 2021

The next wave of vaccination mandates will involve children. Since anyone raising concerns about this is considered an enemy of society, it's been impossible to have a rational discussion about it.

Here's what Harvey Risch, professor of epidemiology at the Yale School of Public Health and the Yale School of Medicine had to say about it this week.

"As far as I can tell, it's a top-down structure, and most doctors do not get their information by going back and reading the original studies and making up their own minds. They get fed the information from pharma reps or from what they're told from societies. The conflicts are legion. So it's no surprise that most doctors don't pay attention and think what they're told..."

"If the child has chronic conditions that make their risk appreciable, then there is a reason that they should be considered for vaccination. Other than that, if it were my child, I would homeschool them. Honestly, I would organize with other parents to take them out of the school and create a homeschooling environment."

There is no choice. Your child's life is on the line.

"It's not a high risk. Vaccination is not a high risk that's going to kill every child by doing so. However, it's enough of a risk that on the average the benefit is higher for homeschooling than it is for vaccination and being in school."

Martin Kulldorff of Harvard is saying something similar:

"They can be infected, just like they can get the common cold, but they're not a big threat. They don't die from this, except in very rare circumstances. So if you want to talk about protecting children or keeping children safe, I think we can talk about traffic accidents, for example, which they are really at some risk.... And there are other things that we should make sure [of] to keep children safe. But COVID is not a big risk factor for children."

Kulldorff points to the experience of his native Sweden. Beginning with the first wave in the spring of 2020, Sweden "decided to keep daycare and schools open for all children ages 1 to 15.

And there are 1.8 million such children who got through the first wave without vaccines, of course, without masks, without any sort of distancing in schools.

If a child was sick, they were told to stay home. But that was basically it. And you know how many of those 1.8 million children died from COVID? Zero. Only a few hospitalizations. So this is not a risky disease for children."

He concludes: *“If you’re a child, even if you haven’t had COVID, the risk of serious disease or death is minuscule ... So it’s not at all clear that the benefits outweigh the risks for children.”*

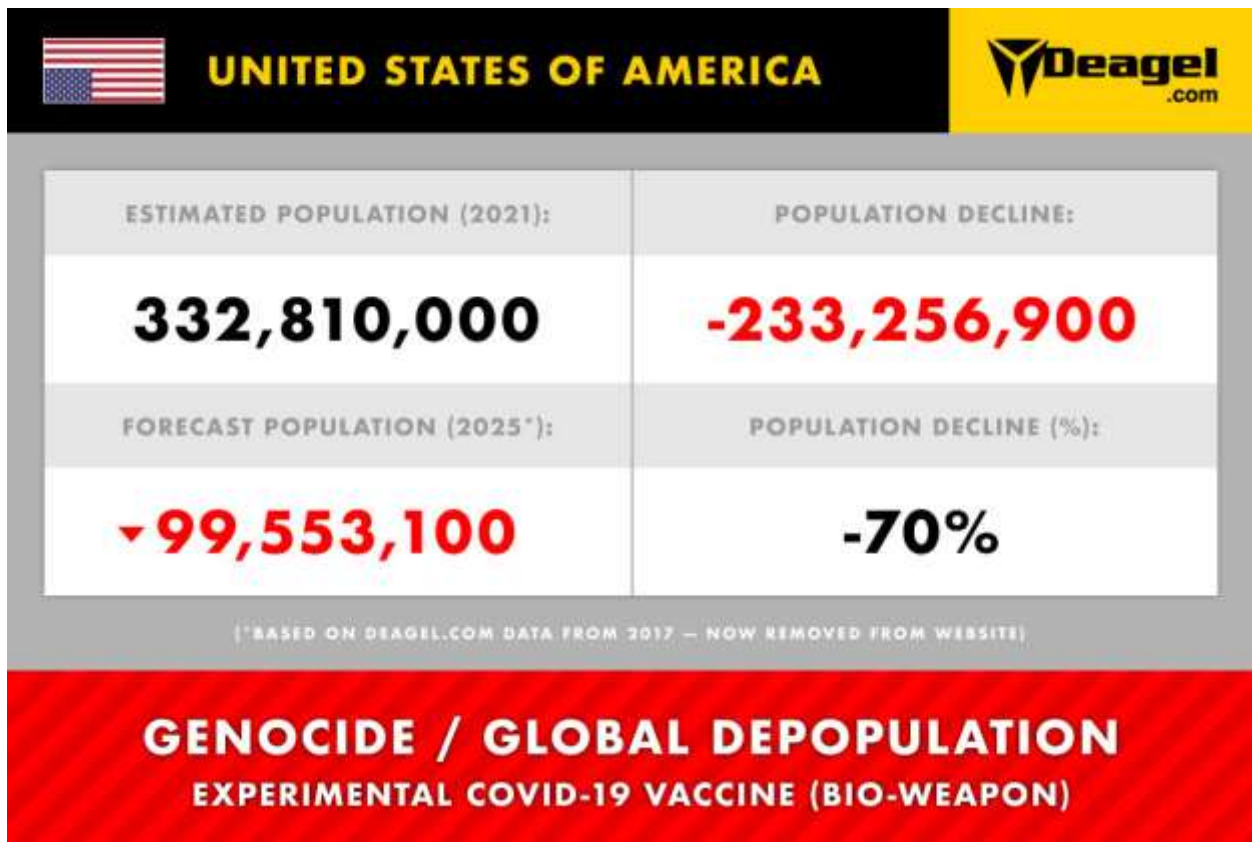
Try discussing this with friends and relatives on social media, and you run the risk of being silenced.

We are not even allowed to discuss these things. And when in our lifetimes has free discussion been more urgently needed?

There’s no censorship in my group, the Tom Woods Show Elite.

Here we discuss important matters like adults.

If you’re in a position where you don’t need such a thing, you are among the lucky few.







This is not about a virus, it never was, but it is really about “Depopulation” and the ultimate control of the world’s population that survives the die-off over the next year or two.

Blessings,

Pastor Bob, EvanTeachr@aol.com
www.pastorbobreid.com
<http://jesusisthewaythetruththelife.com/node/22>