

Mass Murder

By Syringe Needle!
Part 37

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.

Pfizer “Secretly” Added Heart Attack Drug Tromethamine (Tris) to Children’s COVID Vaccines ... But Why?

By [Ethan Huff](#) Global Research, November 11, 2021

All Global Research articles can be read in 51 languages by activating the “Translate Website” drop down menu on the top banner of our home page (Desktop version).

Visit and follow us on Instagram at [@crg_globalresearch](#).

A [newly released document](#) shows that drug giant Pfizer added a “secret” heart attack drug to the children’s version of its Wuhan coronavirus (COVID-19) vaccine.

The *Food and Drug Administration* (FDA) Advisory Committee that [voted 17-0](#) to approve the jabs for children as young as five was notified that the children’s formulation of the drug contains tromethamine (Tris), a chemical that reduces blood acidity and stabilizes people who have suffered a heart attack.

“Each dose of this formulation contains 10 ?g (micrograms) of a nucleoside-modified messenger RNA (mRNA) encoding the viral spike (S) glycoprotein of SARS-CoV-2 that is formulated in lipid particles and supplied as a frozen suspension in multiple dose vials,” the “vaccine formulation” page of the document explains.

“To provide a vaccine with an improved stability profile, the Pfizer-BioNTech COVID-19 Vaccine for use in children 5-11 years of age uses tromethamine (Tris) buffer instead of

the phosphate-buffered saline (PBS) as used in the previous formulation and excludes sodium chloride and potassium chloride.”

[Moderna Rep: Everyone Taking COVID-19 Vaccine Is “Pretty Much” Part of a Clinical Trial](#)

This “new formulation,” the document further reads, must be stored at a different temperature than the adult version of the injection.

Without so much as a second thought concerning this ingredient change, the [FDA granted emergency use authorization](#) (EUA) for this new drug to be administered to children as young as five.

This FDA briefing document was titled “EUA amendment request for Pfizer COVID-19 vaccine for use in children 5 through 11 years of age,” and was given to the advisory committee prior to its vote.

FDA needs to be defunded and disbanded

Now, many want to know why Pfizer felt the need to replace PBS with Tris in the children’s version of its Fauci Flu jab. Does the company know that without it, “fully vaccinated” children will likely experience visible heart attacks? Is Tris being added to these children’s vials to try to cover up the cardiovascular events that they cause, or at least minimize them? Why is none of this being reported by the mainstream media?

There are many questions without answers. And since so few people are asking questions in the first place, there may never be any answers given unless the people start demanding them.

The FDA claims that it conducted a “*thorough and transparent evaluation of the data*,” but how can this be when the entire jab formula was changed under the cover of darkness?

According to *The Exposé*, there is “overwhelming evidence against the safety of the vaccine and now a change in the formula used in clinical trials EUA should never have been granted.”

Children do not even get sick from COVID-19 in the first place. So why do they need a useless and dangerous vaccine that contains hidden heart attack medications? (Related: [Study: COVID-19 vaccine poses significant risks to children’s health.](#))

Among the many side effects caused by Tris are respiratory depression, local irritation, tissue inflammation, injection site infection, febrile response, chemical phlebitis, venospasm (vein spasms), hypervolemia, IV thrombosis, extravasation (with possible necrosis and sloughing of tissues), transient decreases in blood glucose concentrations, hypoglycemia and hepatic necrosis with infusion via low-lying umbilical venous catheters.

These adverse events are far worse than a few COVID sniffles, assuming a child develops symptoms at all (spoiler alert: most children don't).

“They are changing the jab recipe all the time, as it is experimental, for all age groups,” wrote one commenter at the *Exposé*. *“If nobody can take legal action against the pharma companies then what is going to stop them? The answer is us.”*

One person pointed out that Tris is a synthetic skin care additive that is considered to be an “irritant.”

“Sounds delightful,” that person joked. *“Just what you want flowing around your body, through your heart, lungs and so on.”*

*

VAERS COVID Vaccine Data Show Surge in Reports of Serious Injuries, as 5-Year-Olds Start Getting Shots

VAERS data released today by the CDC included a total of **875,653 reports of adverse events** from all age groups following COVID vaccines, including **18,461 deaths** and **135,400 serious injuries** between Dec. 14, 2020, and Nov. 5, 2021.

The Centers for Disease Control and Prevention (CDC) released new data today showing a total of [875,653 adverse events](#) following COVID vaccines were reported between Dec. 14, 2020, and Nov. 5, 2021, to the Vaccine Adverse Event Reporting System (VAERS). VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S.

The data included a total of [18,461 reports of deaths](#) — an increase of 383 over the previous week, and [135,400 reports of serious injuries](#), including deaths, during the same time period — up 7,943 compared with the previous week.

Excluding “[foreign reports](#)” to VAERS, [643,957 adverse events](#), including [8,456 deaths](#) and [53,780 serious injuries](#), were reported in the U.S. between Dec. 14, 2020, and Nov. 5, 2021.

[Foreign reports](#) are reports received by U.S. manufacturers from their foreign subsidiaries. Under U.S. Food and Drug Administration (FDA) regulations, if a manufacturer is notified of a foreign case report that describes an event that is both serious and does not appear on the product’s labeling, the manufacturer is required to submit the report to VAERS.

Of the 8,456 U.S. deaths reported as of Nov. 5, [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., 427.6 million COVID vaccine doses had been administered as of Nov. 5. This [includes](#): 250 million doses of [Pfizer](#), 162 million doses of [Moderna](#) and 16 million doses of [Johnson & Johnson](#) (J&J).

The screenshot shows the National Vaccine Information Center's search results page. It features the organization's logo and tagline, "Your Health, Your Family, Your Choice." Below this, it states "Search Results" and "From the 11/5/2021 release of VAERS data: Found 875,653 cases where Vaccine is COVID19". A red warning message reads "Government Disclaimers on use of this data". A table titled "Table" lists various event outcomes with their respective counts and percentages. A note at the bottom explains that the total count is greater than the number of cases found due to multiple symptoms per case.

Event Outcome	Count	Percent
Death	18,461	2.11%
Permanent Disability	28,104	3.20%
Office Visit	136,769	15.61%
Emergency Room	57	0.01%
Emergency Doctor/Fluor	97,658	11.10%
Hospitalized	91,728	10.47%
Hospitalized, Fringed	294	0.03%
Recovered	266,167	30.28%
With Defect	632	0.07%
Life Threatening	22,943	2.62%
Not Serious	378,922	43.27%
TOTAL	875,653	100.00%

* Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 875,653 (the number of cases found), and the Total Percentage is greater than 100%.

Every Friday, [VAERS](#) publicizes vaccine injury reports received as of a specified 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](#).

Numbers this week do not yet include reports from the authorization of Pfizer’s pediatric COVID vaccine for the 5 to 11 age group. Reports [currently in VAERS](#) for children under 12 are due to “product administered to patient of inappropriate age.”

During a [meeting](#) on Oct. 26, by the U.S. Food and Drug Administration’s vaccine panel, Dr. Jessica Rose, a viral immunologist and biologist, said tens of thousands of reports have been submitted to the Vaccine Adverse Event Reporting System for children ages 0 to 18, and that 60 children have died — 23 of them were under 2 years old.

“It is disturbing to note that “product administered to patients of inappropriate age was filed 5,510 times in this age group,” Rose said. Two children were inappropriately

injected, presumably by a trained medical professional, and subsequently died. This is malfeasance.”

[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:

- [22,782](#) total adverse events, including [1,400 rated as serious](#) and [29 reported deaths](#). Two of the 29 deaths were suicides.

The most recent death includes a 17-year-old female from Washington (VAERS ID [1828901](#)) who reportedly died Oct. 29 from a heart condition after receiving her second dose of Pfizer. According to the VAERS report, the girl had COVID in August and fully recovered. She received her first dose of Pfizer on Sept. 3 and her second dose on Sept 15.

On Oct. 23, she presented to the ER with chest pain and elevated troponin. She had an abnormal echocardiogram, abnormal EKG and became increasingly tachycardic. She then suffered cardiac arrest.

“Unfortunately she was not able to be resuscitated and died,” the report states. “Cause of death possible acute myocarditis.”

Other 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 from a heart condition 15 days after receiving her first dose of Pfizer's vaccine and a 17-year-old female from Texas (VAERS I.D. [1815295](#) who experienced an acute [hyperglycemic crisis](#) 33 days after being vaccinated.

- [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](#).
- [552 reports](#) of myocarditis and pericarditis (heart inflammation) with [542 cases](#) attributed to Pfizer's vaccine.
- [131 reports](#) of blood clotting disorders, with all cases attributed to Pfizer.

This week's U.S. VAERS data, from Dec. 14, 2020, to Nov. 5, 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 Nov. 5, [4,260 pregnant women](#) reported adverse events related to COVID vaccines, including 1,337 reports of [miscarriage or premature birth](#).

- Of the [3,123 cases of Bell's Palsy](#) reported, 51% were attributed to [Pfizer](#) vaccinations, 41% to [Moderna](#) and 8% to [J&J](#).
- 723 reports of [Guillain-Barré syndrome](#) (GBS), with 41% of cases [attributed to Pfizer](#), 30% to [Moderna](#) and 28% to [J&J](#).
- [2,093 reports](#) of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- [10,857 reports](#) of blood clotting disorders. Of those, [4,790 reports](#) were attributed to Pfizer, [3,864 reports](#) to Moderna and [2,149 reports](#) to J&J.
- [3,071 cases](#) of myocarditis and pericarditis with [1,922 cases](#) attributed to Pfizer, [1,016 cases](#) to Moderna and [123 cases](#) to J&J's COVID vaccine.

Teen diagnosed with Guillain-Barré syndrome After COVID Vaccine

A 17-year-old girl was [hospitalized for Guillain-Barré syndrome](#) (GBS) — a [rare disorder](#) in which the body's immune system attacks its nerves — after receiving a COVID vaccine. Shelby Allen said she's thankful she isn't paralyzed and didn't die.

Shelby Allen, a 17-year-old from Dyer County, Tennessee, is hospitalized with a rare disorder in which the body's immune system attacks its nerves. She developed the condition after getting a COVID vaccine.

Allen started [experiencing back pain](#) and tingling in her arms after getting vaccinated. Symptoms progressed until she found herself unable to feel her arms and legs while bowling with her school's team. Allen's parents took her to the doctor in Jackson, Tennessee, where she was diagnosed with GBS and admitted to the ICU.

Allen's doctor "knew right off the bat" her reaction was caused by a COVID vaccine, but still recommended people get vaccinated. Allen is hoping she'll be able to walk by March for her high school graduation.

Taiwan temporarily halts second dose of Pfizer over myocarditis concerns

The Central Epidemic Command Center (CECC) said on Wednesday a panel of experts is [suspending second doses](#) of Pfizer-BioNTech's COVID vaccine for children 12 to 17 years old amid concerns it may increase the risk of [myocarditis](#).

Cases of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the outer lining of the heart) have been reported in children between 12 and 17 years old who received Pfizer's vaccine.

CECC cited U.S. statistics which show the risk of experiencing heart inflammation after receiving a second dose is 10 times higher than after the first dose.

Chen Shih-chung, who heads up the CECC, said the Ministry of Health and Welfare's Advisory Committee for Immunization Practices halted second doses of Pfizer for two weeks, during which time experts and CDC physicians will assess 16 cases of myocarditis among adolescents after Pfizer vaccination before making a decision on whether to go ahead with the second dose.

Hong Kong gives only a single dose to teens 12 to 17, while the UK recommends only one shot for children between ages 12 and 18.

More countries restrict Moderna vaccine over reports of myocarditis

France's public health authority recommended people under 30 receive Pfizer's COVID vaccine instead of Moderna, due to higher risks of heart problems in young adults, [Reuters reported](#).

The Haute Autorite de Sante (HAS), an independent advisor to the French health sector, cited "very rare" risks linked to myocarditis, confirmed by a French study published Monday.

"Within the population aged under 30, this risk appears to be around five times lesser with [Pfizer's Comirnaty](#) jab compared to Moderna's Spikevax jab," HAS said.

Germany's advisory committee, known as STIKO, said on Wednesday [people under age 30](#) should receive only Pfizer's vaccine, as it causes fewer cases of heart inflammation in younger people. STIKO also recommended pregnant women receive only the Pfizer vaccine, regardless of their age.

The recommendations were based on new safety data from the Paul Ehrlich Institute — Germany's authority in charge of vaccines, and new data.

The decision came after several other countries [restricted the use of Moderna](#) to older populations, including Canada, Finland, [Denmark and Sweden](#). France's medical regulator on Oct. 15 [recommended](#) using only Pfizer's vaccine for booster shots, despite the European Union's drug regulator last month [approving Moderna's booster](#) for all age groups over 18.

Pfizer asks FDA to authorize third booster dose for all people 18 and older

As [The Defender reported](#) Nov. 10, Pfizer and BioNTech on Tuesday asked the FDA to authorize a third dose of their COVID vaccine for all people 18 and older, even though advisory panels to the FDA and CDC in September [overwhelmingly rejected](#) a similar request.

The companies said their new request is based on the [results of a study](#), conducted by Pfizer and BioNTech, which has not been [published or peer-reviewed](#). The companies said the study of more than 10,000 volunteers showed vaccine efficacy against symptomatic infection of 95% or greater for people receiving the booster.

Pfizer did not disclose how many participants experienced asymptomatic infection, or whether the clinical trial — as did Pfizer's [clinical trial for 5 to 11 years olds](#) — included individuals with [natural immunity](#) acquired from previous SARS-CoV-2 infection.

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

**HENRY KISSINGER IN
A SPEECH TO THE WORLD
HEALTH ORGANIZATION
COUNCIL ON EUGENICS
FEB 25, 2009**



"Once the herd accepts mandatory forcible vaccination, it's game over! They will accept anything - forcible blood or organ donation - for the "greater good." We can genetically modify children and sterilize them - for the "greater good." Control sheep minds and you control the herd. Vaccine makers stand to make billions, and many of you in this room today are investors. It's a big win-win! We thin out the herd and the herd pays us for providing extermination services. Now what's for lunch.huh?"

Dr. Henry Kissinger

The Covid-19 Vaccine; Is the Goal Immunity or Depopulation?

[By Mike Whitney • Unz Review](#)

“There is absolutely no need for vaccines to extinguish the pandemic... You do not vaccinate people who aren’t at risk from a disease. You also don’t set about planning to vaccinate millions of fit and healthy people with a vaccine that hasn’t been extensively tested on human subjects.” [Dr. Mike Yeadon PhD](#), Pfizer’s former Vice President and Chief Scientist for Allergy & Respiratory Disease:

“What we know about coronavirus from 30 years of experience is that a coronavirus vaccine has a unique peculiarity, which is any attempt at making the vaccine has resulted in the creation of a class of antibodies that actually make vaccinated people sicker when they ultimately suffer exposure to the wild virus.” [Robert F. Kennedy Jr.](#)

Here’s what I think is currently going on in our country and across much of the western world. A public health crisis— that was manufactured and gamed-out before the initial outbreak in Wuhan, China —has been used to short-circuit long-held civil liberties, strengthen the authority of political leaders, collapse the economy, dramatically remake basic social relations, and impose absolute control over work, school, gatherings and recreational activities. Public policy is now set by unelected technocrats who operate behind the cover of lofty-sounding organizations that are entirely controlled by the world’s biggest corporations and richest oligarchs. President Dwight Eisenhower anticipated this troubling scenario 70 years ago when he said:

“Yet, in holding scientific research and discovery in respect, as we should, we must also be alert to the equal and opposite danger that public policy could itself become the captive of a scientific-technological elite.”

Bingo. This is the state of affairs in America today. All real power has been conceded to a globalist oligarchy that operates behind the curtain of corrupt government officials and public health experts. This begs the question of whether the hoopla surrounding the Coronavirus emerged as a spontaneous and appropriate reaction to a lethal and fast-spreading pandemic or whether the hysteria has been greatly exaggerated (Infection Fatality Rate is 0.26% or 1 in 400) to implement a transformational political-social agenda that will not only eradicate democracy and basic human rights, but also pave the way for dangerous vaccines that will dramatically curtail population growth, which is an objective that is widely shared among wealthy elites.

Would it surprise you to know that vaccines have been used in Africa, the Philippines, Nicaragua and Mexico to terminate fertility? Would it shock you to know that “do-goodie” mandarins —who want to save the world from overpopulation and global warming— have used toxic vaccines on unsuspecting young women who didn’t realize that they were being used as lab rats in a malignant eugenics experiment? This is from an article at [Global Research](#) :

“According to [LifeSiteNews](#), a Catholic publication, the Kenya Catholic Doctors Association is charging UNICEF and WHO with sterilizing millions of girls and women

under cover of an anti-tetanus vaccination program sponsored by the Kenyan government...

... all six samples tested positive for the HCG antigen. The HCG antigen is used in anti-fertility vaccines, but was found present in tetanus vaccines targeted to young girls and women of childbearing age. Dr. Ngare, spokesman for the Kenya Catholic Doctors Association, stated in a bulletin released November 4:

“This proved right our worst fears; that this WHO campaign is not about eradicating neonatal tetanus but a well-coordinated forceful population control mass sterilization exercise using a proven fertility regulating vaccine. This evidence was presented to the Ministry of Health before the third round of immunization but was ignored.”
[“Mass Sterilization”: Kenyan Doctors Find Anti-fertility Agent in UN Tetanus Vaccine?](#), Global Research)

It all sounds rather suspicious, doesn't it, especially since there was no tetanus crisis in Kenya to begin with. Kenya was merely the testing ground for vaccines aimed at achieving more diabolical goals. For example, why would a tetanus campaign only target women between the ages of 14 to 49 years old? Why did the campaign exclude young girls, boys and men who were equally susceptible to tetanus?

Why?

You know why. It's because the real objective had nothing to do with tetanus. Tetanus was merely the pretext that was used to conceal the activities of globalist elites working the kinks out of their depopulation strategy. Take a look at this press statement By the Kenya Conference of Catholic Bishops on the National Tetanus Vaccination Campaign:

“We are not convinced that the government has taken adequate responsibility to ensure that Tetanus Toxoid vaccine (TT) laced with Beta human chorionic gonadotropin (b-HCG) sub unit is not being used by the sponsoring development partners. This has previously been used by the same partners in Philippines, Nicaragua and Mexico to vaccinate women against future pregnancy. Beta HCG sub unit is a hormone necessary for pregnancy.”

When injected as a vaccine to a non-pregnant woman, this Beta HCG sub unit combined with tetanus toxoid develops antibodies against tetanus and HCG so that if a woman's egg becomes fertilized, her own natural HCG will be destroyed rendering her permanently infertile. In this situation tetanus vaccination has been used as a birth control method.” ([“Mass Sterilization”: Kenyan Doctors Find Anti-fertility Agent in UN Tetanus Vaccine?](#))

I know what you're thinking. You're thinking that they might have conducted these depopulation programs in Africa, but they'd never do anything like that in the United States where our ever-vigilant media would expose what they were up to. Right?

Unfortunately, the media is owned lock, stock and barrel by the same people who create crises to advance their own self-serving agenda. Covid-19 is probably no different in that regard. The fact that the infection is modestly lethal actually helps to achieve the broader goal of reshaping society, restructuring the economy, abandoning representative government, and reducing the population to more sustainable levels. These are the real objectives of this politically-driven farce. Check out this article in *Bloomberg* (2019) which helps to shed light on today's Covid developments. The article is aptly titled "Earth Needs Fewer People, Scientists Say":

"Forty years ago, scientists from 50 nations converged on Geneva to discuss what was then called the "CO2-climate problem."...Now, four decades later, a larger group of scientists is sounding another, much more urgent alarm. More than 11,000 experts from around the world are calling for a critical addition to the main strategy of dumping fossil fuels for renewable energy: there needs to be far fewer humans on the planet..."

"We declare, with more than 11,000 scientist signatories from around the world, clearly and unequivocally that planet Earth is facing a climate emergency," the scientists wrote in a stark warning published Tuesday...

When absorbed in sequence, the charts lay out a devastating trend for planetary health. From meat consumption, greenhouse gas emissions and ice loss to sea-level rise and extreme weather events, they lay out a grim portrait of 40 years of squandered opportunities. The scientists make specific calls for policymakers to quickly implement systemic change to energy, food, and economic policies. But they go one step further, into the politically fraught territory of population control. It *"must be stabilized—and, ideally, gradually reduced—within a framework that ensures social integrity,"* they write. (["Earth Needs Fewer People, Scientists Say"](#), *Bloomberg*)

Forbes published a similar article titled "Over 11,000 Scientists Declare Climate Emergency". Here's a short clip:

"Beyond simply sounding the alarm louder than in the past, the letter also offers immediate steps to be taken in six key areas to slow climate change and its impacts.... The steps represent a fairly drastic re-ordering of global society and its underpinning systems, starting with the phasing out of fossil fuels, replacing large-scale land clearing with reforestation efforts, stabilizing global population and greatly reducing the amount of meat and animal products we consume...." (["Over 11,000 Scientists Declare Climate Emergency"](#), *Forbes*)

Finally, there's this statement published in the journal *BioScience* by dozens of scientists and endorsed by further 11,000 from 153 nations. The scientists say the urgent changes needed include ending population growth, leaving fossil fuels in the ground, halting forest destruction and slashing meat eating:

"Scientists have a moral obligation to clearly warn humanity of any catastrophic threat and to "tell it like it is." On the basis of this obligation and the graphical indicators

presented below, we declare, with more than 11,000 scientist signatories from around the world, clearly and unequivocally that planet Earth is facing a climate emergency.”

“Still increasing by roughly 80 million people per year, or more than 200,000 per day (figure 1a–b), the world population must be stabilized—and, ideally, gradually reduced—within a framework that ensures social integrity. There are proven and effective policies that strengthen human rights while lowering fertility rates and lessening the impacts of population growth on GHG emissions and biodiversity loss. These policies make family-planning services available to all people, remove barriers to their access and achieve full gender equity....” ([“World Scientists’ Warning of a Climate Emergency”](#), Oxford Academic)

(Notice how population control is a recurrent theme, a theme that coincides with the “zero emissions” agenda of elites and self-anointed “philanthropists.”)

The fact is, there is a growing consensus among corporate leaders and other elites that we are facing a “*climate emergency*” that will require immediate and draconian changes to our political, social and economic structures. Is it too far-fetched to think that Covid-19 was conjured up in order to implement those changes without revealing the real reason? After all, the public is pretty evenly-split on climate change which means that the opposition would likely be organized, well-funded and ferocious. No doubt, that is something the oligarchs wanted to avoid altogether. A greatly-exaggerated global pandemic was the much better choice. With the media already in tow, and enough sell-out public health experts and Democrat governors to do the heavy-lifting, the prospects for success must have looked quite promising. 8 months into the current operation, the checkered flag is now within sight. State governors remain unopposed in their usurping of special “crisis powers”, Fauci and his ilk are still widely revered, masks are everywhere, rolling lockdowns and ever-tightening restrictions continue to be the order-of-the-day, and we are just weeks away from the icing on the cake, the thinning of the herd with a “*nanoparticle-based vaccine containing a synthetic chemical called polyethylene glycol or PEG*”. In other words, the stealth sterilization exercises that were conducted in Africa were merely a dress-rehearsal for the main event, the summary injection of billions of people worldwide in an effort to significantly reduce global population. Are we there yet?

Not yet, but soon.

The teams of psychologists who worked with governments (to sell the Covid terror) and who figured out that mundane reality must be turned on its head— through social distancing, masks, shelter-in-place orders, the closing of schools, businesses, public gatherings, and religious services— in order (to create a disorienting and terrifying environment) to usher in a new authoritarian system in which personal freedom extends no further than selecting one’s online purchases from either Costco or Amazon. These psychologists deserve much of the credit for the transformation of the western world into a lockdown police state ruled by scheming miscreants who will now decide our future for us.

THE VACCINE– The Culmination of 8 months of Relentless Disinformation and Hysteria While it's clear that the progress on the vaccines was deliberately delayed until after the presidential elections, (in order to hurt Trump's prospects for reelection.) very few realize the reason vaccines are being so quickly deployed. Simply put, the epidemic is rapidly winding down forcing the vaccine manufacturers to seek hasty approval so distribution can begin. This is a matter of great urgency which means the FDA will undoubtedly cave in to political pressure and approve prospective vaccines way before trials prove them to be safe. On Wednesday:

“the United Kingdom became the first country Wednesday to formally approve the Pfizer and BioNTech Covid-19 vaccine... The first inoculations are set to be rolled out next week... The vaccine has been authorized far more quickly than any other in history, its lightning development outpacing the 15 to 20 years it usually takes to develop these types of medicines.” (“U.K. becomes first country to approve Pfizer-BioNTech Covid-19 vaccine”, NBC News)

Naturally, safety does not factor into the creation of a vaccine that normally requires 10 years to develop but is swiftly slapped together and brought to market in a mere 8 months. By definition, such a vaccine is not safe.

More from NBC: “In the U.S., both Pfizer-BioNTech and Moderna have submitted applications to the FDA for an emergency use authorization..BioNTech CEO Uğur Şahin told NBC News’ Richard Engel that he was “confident that an authorization in the U.S. could also happen within the next two weeks.”

Meanwhile, the World Health Organization told Reuters that it had received data from the companies and was reviewing it for “*possible listing for emergency use*” — meaning it could be rolled out quicker in developing countries.” (NBC News)

Why are these turkeys being rushed to market?

As we noted earlier, vaccine distribution is being rushed due to the fact that the pandemic is winding down, in fact, for all practical purposes, it's already over. In the US, the hospitalization and fatality data are being deliberately inflated to perpetuate the hysteria, (we'll explain this later) while in the UK, the fatalities attributable to Covid (in the fake “*Second Wave*”) have never exceeded the 5-year average of “*excess deaths*”, which is the barometer for deciding whether there is an unusual spike in mortality or not. There isn't. The Second Wave does not exist. It is pure fabrication. Check out this blurb from Dr. Mike Yeadon, Pfizer's former Vice President and Chief Scientist for Allergy & Respiratory. Yeadon dismisses the “Second Wave” theory as unscientific nonsense. Here's what he says:

“Viruses don't do waves... I have repeatedly asked to see the trove of scientific papers used to predict a 'second wave' and to build a model to compute its likely size and timing. They have never been forthcoming. It's almost as if there is no such foundational literature... There have been no examples of multiple waves since and the most recent

novel coronavirus with any real spread (SARS) performed one wave each in each geographical region affected. Why a model with a 'second wave' in it was even built, I cannot guess. ..."

Despite the absence of any evidence for a 'second wave' – and the evidence of absence of waves for this class of respiratory virus – there was an across-the-board, multi-media platform campaign designed to plant the idea of a 'second wave' in the minds of everyone. This ran continually for many weeks. It was successful: a poll of GPs showed almost 86% of them stated that they expected a 'second wave' this winter.

As research for this piece, I sought the earliest mention of a 'second wave'. Profs Heneghan and Jefferson, on Apr 30th, noted that we were being warned to expect a 'second wave' and that the PM had, on Apr 27th, warned of a 'second wave'. The Professors cautioned anyone making confident predictions of a 'second' and 'third wave' that the historical record doesn't provide support so to do.

I looked for mentions by the BBC of a 'second wave'.. On Mar 3rd and 6th, there is mention of a single SARS-CoV-2 wave with most (95%) of the impact early on. What looks to be the final document, Mar 29th, still just refers to one wave. This is what history and immunology teaches....

Despite this bothersome oddity about a 'second wave' and almost as if there was a plan for one, the PCR (polymerase chain reaction) testing infrastructure in the UK began to be reshaped... the Portuguese high court determined two weeks ago that this PCR test is not a reliable way to determine the health status or infectiousness of citizens.... With the scientific validity of this test under severe challenges, I believe it must immediately be withdrawn from use." (["The PCR False Positive Pseudo-Epidemic"](#), *Lockdown Skeptics*)

No second wave??

Nope, it's 100% bunkum. But *"there was a plan for one"*, which is to say, there was a plan for amplifying the panic to achieve the objectives of elites. That's clear.

Yeadon then explains how the PCR tests were removed from NHS (National Health Service) labs and delivered to privately-owned *"mass testing centers"* that replaced *"highly qualified and experienced Health and Care Professions Council (HCPC) registered biomedical scientists"* with *"mainly by volunteer unregistered staff in unaccredited laboratories that have been established within a few weeks."* Naturally, this threw into question the overall reliability of their test results which, in turn, produced massive numbers of false positives that in no way reflected the diminishing impact of the virus.

As Yeadon's states: such mass testing brings with it, when using PCR as the method, a severe risk of what we call a *"PCR false positive pseudo-epidemic"*. This could never happen if we were not using PCR mass testing. When a more reliable test was used in

Liverpool (Lateral-flow test or LFT) showing that a smaller percentage of people were infected, the test was discarded in favor of the PCR test.

“By September, the great bulk of PCR testing was being run by large, private labs, some of which are called Lighthouse Labs.” That is when the number of infections began to spike sharply which was completely inconsistent with the behavior of epidemics in the past.

Yeadon: *“How we can square these claims of tens of thousands of daily “cases” and an unprecedented ‘second wave’ of deaths with the unfeasible quantity of testing using a technique considered by bench experts difficult to perform reliably even on a small scale?”*

That’s easy. The whole charade was rigged to make PCR false positives look like a real epidemic. Keep in mind, this isn’t my unprofessional observation, but Pfizer’s former Vice President and Chief Scientist for Allergy & Respiratory.

And just look at the extent to which this farce was maintained. Here’s Yeadon explaining how definitions are stretched to the breaking point to exaggerate the number of Covid fatalities:

“A “case” is a positive PCR test. No symptoms are involved. A “COVID-19 admission” to a hospital is a person testing positive by PCR before, on entry or at any time during a hospital stay, no matter the reason for the admission or the symptoms the patient is presenting. A “COVID-19 death” is any death within 28 days of a positive PCR test.”

So, let’s say you have a massive heart attack and die, but a PCR test shows you have harmless RNA fragments in your bloodstream, then the death is labeled “Covid”. Got that? Yeadon summarizes this hanky-panky in one terse sentence:

“We have very strong evidence that the PCR mass testing as currently conducted is completely worthless.” (Yeadon and a panel of experts have since submitted [a 10-point paper](#) to the *Eurosurveillance* editorial board challenging the science upon which the PCR test is based *“which has led to worldwide misdiagnosis of infections attributed to SARS-CoV-2 and associated with the disease COVID-19. We are confronted with stringent lockdowns which have destroyed many people’s lives and livelihoods, limited access to education and these imposed restrictions by governments around the world are a direct attack on people’s basic rights and their personal freedoms, resulting in collateral damage for entire economies on a global scale.”*)

According to Yeadon and his team of independent researchers:

“The pandemic was over by June and herd immunity was the main force which turned the pandemic and pressed it into retreat. In the autumn, the claimed “cases” are an artefact of a deranged testing system.... While there is some COVID-19 along the lines of the “secondary ripple” ...it has occurred primarily in regions, cities and districts that

were less hard hit in the spring. Real COVID-19 is self-limiting and may already have peaked in some Northern towns. It will not return in force...

“That’s it. All the rest is a PCR false positive pseudo-epidemic. The cure, of course, as it has been in the past when PCR has replaced the pandemic itself as the menace in the land, is to stop PCR mass testing.” ([“The PCR False Positive Pseudo-Epidemic”](#) Dr Mike Yeadon, *Lockdown Skeptics*)

Yeadon’s analysis is similar to that of Genevieve Briand, assistant program director of the Applied Economics master’s degree program at John Hopkins. Briand wanted to see the effect that Covid had on excess deaths using the CDC’s own data. What she found was extraordinary, but consistent with Yeadon’s analysis. Here’s a brief summary of what she discovered:

“From mid-March to mid-September, U.S. total deaths have reached 1.7 million, of which 200,000, or 12% of total deaths, are COVID-19-related....”

“After retrieving data on the CDC website, Briand compiled a graph representing percentages of total deaths per age category from early February to early September, which includes the period from before COVID-19 was detected in the U.S. to after infection rates soared.”

Surprisingly, the deaths of older people stayed the same before and after COVID-19. Since COVID-19 mainly affects the elderly, experts expected an increase in the percentage of deaths in older age groups. However, this increase is not seen from the CDC data. In fact, the percentages of deaths among all age groups remain relatively the same.

“The reason we have a higher number of reported COVID-19 deaths among older individuals than younger individuals is simply because every day in the U.S. older individuals die in higher numbers than younger individuals,” Briand said.

Briand also noted that 50,000 to 70,000 deaths are seen both before and after COVID-19, indicating that this number of deaths was normal long before COVID-19 emerged. Therefore, according to Briand, not only has COVID-19 had no effect on the percentage of deaths of older people, but it has also not increased the total number of deaths.

These data analyses suggest that in contrast to most people’s assumptions, the number of deaths by COVID-19 is not alarming. In fact, it has relatively no effect on deaths in the United States.

...“All of this points to no evidence that COVID-19 created any excess deaths. Total death numbers are not above normal death numbers. We found no evidence to the contrary,” Briand concluded.” ([“A closer look at U.S. deaths due to COVID-19”](#), *JB Wells News*)

The research of both Yeadon and Brand help to show how fake testing results, manipulated mortality data, relentless deception and disorienting state mandates (masks, lockdown etc.) have fueled public hysteria creating the compliant population our rulers seek. After 8 months of this psychic-drubbing, the elites are now ready to deliver the coup de grâce, a vaccine containing potentially-toxic substance that will change the course of history.

Do I exaggerate?

Perhaps, but there are plenty of reasons to be concerned. Keep in mind, the most enthusiastic proponents of these experimental vaccines (media) are the same people:

1. Who lied about Trump-Russia for 3 years nonstop.
2. Who aggressively censored any information on Hunter Biden's massive influence peddling operation.
3. Who covered up any information related to last month's stolen presidential election.

The media are the enemy of the people, and they have proved that many times over. But, how can we apply this rule to the roll-out of the new vaccines?

We can assume that the interests of the wealthy powerbrokers— who own the media and set their agenda— will take precedence over the people who are in line to be vaccinated. That's all. Their interests will take priority over your safety. That's the way it works.

So, one should be extremely wary of vaccines that are rushed to market in record time, just as they should be suspicious of the motives of people who see "skepticism" or "hesitancy" as a "national security threat". These people are not to be trusted. It's that simple.

Why, for example, would the British government enlist "[military intelligence](#) to seek out and stamp out what *The Times* calls "anti-vaccine militants" and related "propaganda content" in cyberspace"??

Why would the social media giants remove articles that are critical of the vaccines?

Why are all the media and public health experts pushing for mass vaccination?

Why?

The answer is obvious, isn't it?

It's because the wealthy powerbrokers that are orchestrating this operation, want to see We the People vaccinated en masse. That's what this is all about.

So, the question is: Why? Why is it so important to them? Is it because they want to save lives?

No, that's not it at all. There's obviously something else going on that we don't know about. Maybe it's climate change, maybe it's over-population, or maybe it's a collective determination to transform society into a technocratic dystopia. ("The Great Reset"). We don't really know, but one thing is certain, all this ballyhoo about Covid is a red herring. It simply diverts attention from the real agenda, which is why we should be cautious about the vaccines. Mass vaccination could, in fact, be the ultimate objective. Check out Yeadon's take on vaccines in a recent edition of *LifeSite News* :

"There is absolutely no need for vaccines to extinguish the pandemic... You do not vaccinate people who aren't at risk from a disease. You also don't set about planning to vaccinate millions of fit and healthy people with a vaccine that hasn't been extensively tested on human subjects...

Since it is demonstrable that "around 30% of the population had prior immunity," and if one includes some young children who are "resistant," 40%, and while considering that the infection rate is "somewhere [in] the mid-20s to low-30s per cent," this means that around 65 to 72% of the population currently has immunity to COVID-19.

And considering the reality of herd immunity, when susceptibility to a virus falls this low, at around 28 to 35%, *"that population can no longer support an expanding outbreak of disease,"* and thus the virus *"waned and disappears... The pandemic is effectively over and can easily be handled by a properly functioning NHS (National Health Service). Accordingly, the country should immediately be permitted to get back to normal life."* (["Former Pfizer VP: 'No need for vaccines,' 'the pandemic is effectively over',](#) *LifeSite News*)

Is he right? Are the vaccines an unnecessary risk that serve no earthly purpose? Here's more from Yeadon on the potential downside effects of the new mRNA-based vaccines which are "all the rage".

"The formation of so-called "non-neutralizing antibodies" can lead to an exaggerated immune reaction, especially when the test person is confronted with the real, "wild" virus after vaccination."

– The vaccinations are expected to produce antibodies against spike proteins of SARS-CoV-2. However, spike proteins also contain syncytin-homologous proteins, which are essential for the formation of the placenta in mammals such as humans. It must be ruled out that a vaccine against SARS-CoV-2 could trigger an immune reaction against syncytin-1, as it may otherwise result in infertility of indefinite duration in vaccinated women.

– The mRNA vaccines from Pfizer/BioNTech contain polyethylene glycol (PEG). 70% of people develop antibodies against this substance. This means that many people can develop allergic, potentially fatal reactions to the vaccination.

– The much too short duration of the study does not allow a realistic estimation of the late effects. As in the narcolepsy cases after the swine flu vaccination, millions of healthy people would be exposed to an unacceptable risk if an emergency approval

were to be granted and the possibility of observing the late effects of the vaccination were to follow.” ([“That Was Quick”](#), *Lockdown Skeptics*)

Let’s summarize:

1. The new messenger RNA vaccines could make recipients more susceptible to serious illness or death.
2. Spike proteins can “*trigger an immune reaction*” that will “*result in infertility.*” (Once again, Population control)
3. The new vaccines contain polyethylene glycol (PEG) which can be “potentially fatal.”
4. The trials were not long enough to determine whether the vaccines are safe or not. FDA approval does not mean “safe”. Quite the contrary. The FDA is “captured” in the same way the FAA is captured. (Think: Boeing 737 Max)

The new regime of Covid-19 vaccines is both unnecessary and risky. Readers should ignore the hype and do their own research. Take responsibility for your own health and welfare. Do not expect the media or public health officials to tell the truth. They won’t. They want to use you as a guinea pig in their deranged lab experiment. Do not cooperate, do not comply, do not acquiesce, do not give in.

No surrender.

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.

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: Full data charts were in this report posted last week if anyone wants to view the data.

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.



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 expertise. 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.



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.

“The Vaxx” 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!

I might add to this that Dr. Paul Craig Roberts has since been joined by other respected scientists and scholars who are themselves advancing the idea that this is an eugenics program to reduce the world’s population, by the growing evidence that shows the damages by both male and female are related to reproductive organs such as the ovaries, testes, and miscarriages of pregnant women.



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>