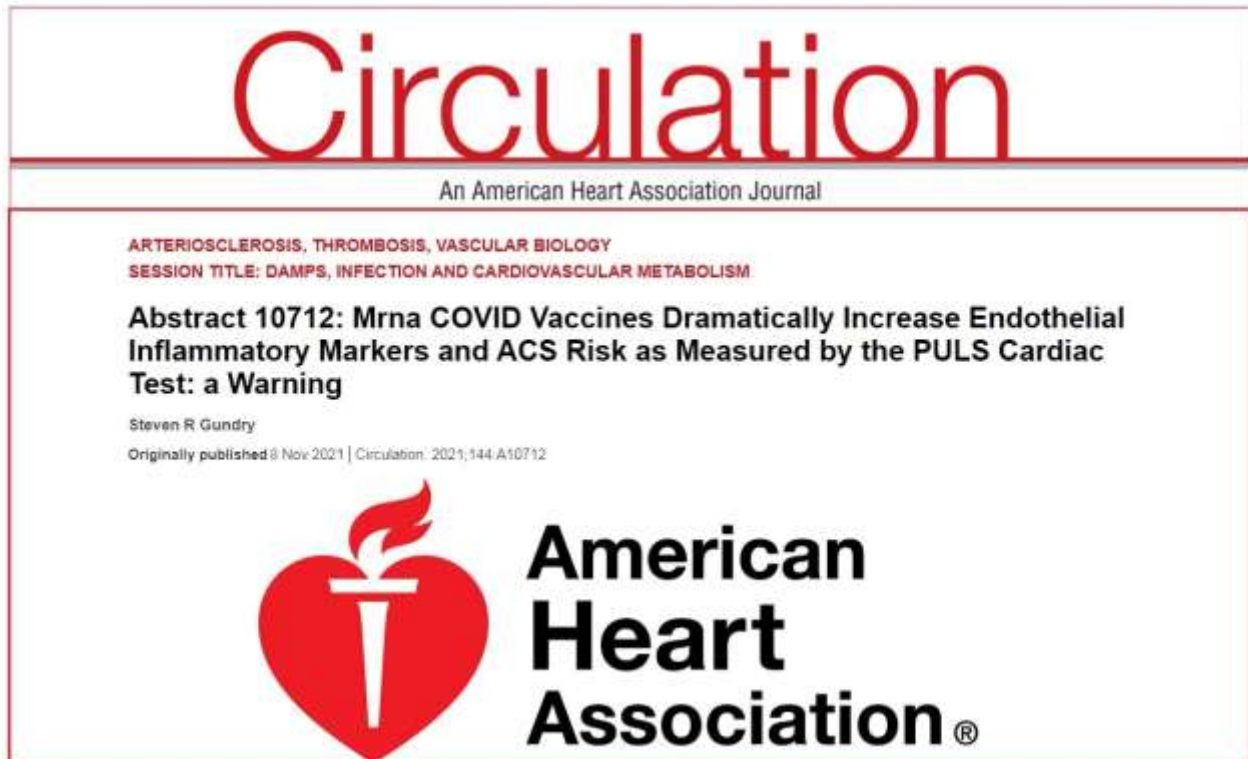


# Mass Murder

By Syringe Needle!  
Part 39

American Heart Association Journal Publishes Data that UK Medical Doctor Claims are “Proof” that COVID-19 Vaccines are “Murder”  
Posted On November 23, 2021



by Brian Shilhavy

Editor, Health Impact News

The American Heart Association Journal, *Circulation*, has just published an abstract <sup>[1]</sup> on mRNA COVID-19 shots that UK medical doctor Vernon Coleman has stated: Finally! Medical Proof the Covid Jab is “Murder” <sup>[2]</sup>

Here is the Abstract <sup>[1]</sup>:

Abstract

Our group has been using the PLUS Cardiac Test (GD Biosciences, Inc, Irvine, CA) a clinically validated measurement of multiple protein biomarkers which generates a score predicting the 5 yr. risk (percentage chance) of a new Acute Coronary Syndrome (ACS). The score is based on changes from the norm of multiple protein biomarkers including IL-16, a proinflammatory cytokine, soluble Fats, an inducer of apoptosis, and Hepatocyte Growth Factor (HGF) which serves as a marker for chemotaxis of T-cells

into epithelium and cardiac tissue, among other markers. Elevation above the norm increases the PULS score, while decreases below the norm lowers the PULS score. The score has been measured every 3-6 months in our patient population for 8 years. Recently, with the advent of the mRNA COVID 19 vaccines (vac) by Moderna and Pfizer, dramatic changes in the PULS score became apparent in most patients. This report summarizes those results. A total of 566 pts, aged 28 to 97, M:F ratio 1:1 seen in a preventive cardiology practice had a new PULS test drawn from 2 to 10 weeks following the 2<sup>nd</sup> COVID shot and was compared to the previous PULS score drawn 3 to 5 months previously pre- shot. Baseline IL-16 increased from 35 $\pm$ 20 above the norm to 82  $\pm$  75 above the norm post-vac; sFas increased from 22 $\pm$  15 above the norm to 46 $\pm$ 24 above the norm post-vac; HGF increased from 42 $\pm$ 12 above the norm to 86 $\pm$ 31 above the norm post-vac. These changes resulted in an increase of the PULS score from 11% 5 yr ACS risk to 25% 5 yr ACS risk. At the time of this report, these changes persist for at least 2.5 months post second dose of vac. We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination.

Here are [Dr. Vernon Coleman's comments](#) <sup>[2]</sup>:

It's the 22nd November 2021 and this is the moment when the jabbing has to stop.

A couple of hours ago Darren Smith, the editor of the excellent The Light Paper, sent me a paper from the medical journal 'Circulation' which proves that the covid-19 jabbing experiment has to stop today. I believe that any doctor or nurse who gives one of the mRNA covid jabs after today will in due course be struck off the appropriate register and arrested.

The journal 'Circulation' is a well-respected publication. Its 71-years-old, its articles are peer reviewed and in one survey it was rated the world's no 1 journal in the cardiac and cardiovascular system category.

I'm going to quote the final sentence of the abstract which appears at the beginning of the article. This is all I, you – or anyone else – needs to know.

**'We conclude that the mRNA vaccines dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy and other vascular events following vaccination.'**

That's it. That's the death bell for the covid-19 mRNA jabs.

The endothelium is a layer of cells lining blood vessels and lymphatic vessels. T cells are a type of white cell.

We always knew these jabs were experimental. My video in December 2020, just under a year ago, warned about these specific risks. I read out a list of possible adverse events published officially by the American Government.

But now we have the proof of the link.

The mRNA jab is, remember, known not to stop people catching covid. And it is known not to stop people spreading it. I don't believe anyone disputes these facts.

And yet vast numbers of deaths and serious injuries have occurred among people who have been jabbed. Look at the item entitled '[Updated: how many are the vaccines killing?](#)'<sup>[3]</sup> on my websites.

Now we have the evidence to stop the jabbing programmes.

In the study quoted in Circulation, a total of 566 patients aged 28 to 97 were tested. They were equally divided among men and women.

'At the time of this report,' says the author, 'these changes persist for at least 2.5 months post second dose of vaccine.'

At the very least, the use of these jabs must stop now. Immediately, until more long-term tests are done.

If there were any journalists left in the mainstream media, this news would be lead item on all TV and radio programmes and be on the front pages of all newspapers.

Thank heavens for free speech platforms such as BNT which enables me to bring you this news.

I've said for a year that this jab was an experiment – certain to kill and injure.

We've always known that to experiment on people without their full consent and understanding – after disclosing all the risks and potential side effects – is a crime.

Now the evidence exists that must stop this experiment.

If the covid jab experiment continues after today then we know for absolute sure that this is not a medical treatment, it is a cull.

Please share this video immediately with everyone you know.

Thank you.

Comment on this article at [HealthImpactNews.com](https://www.healthimpactnews.com)<sup>[4]</sup>.

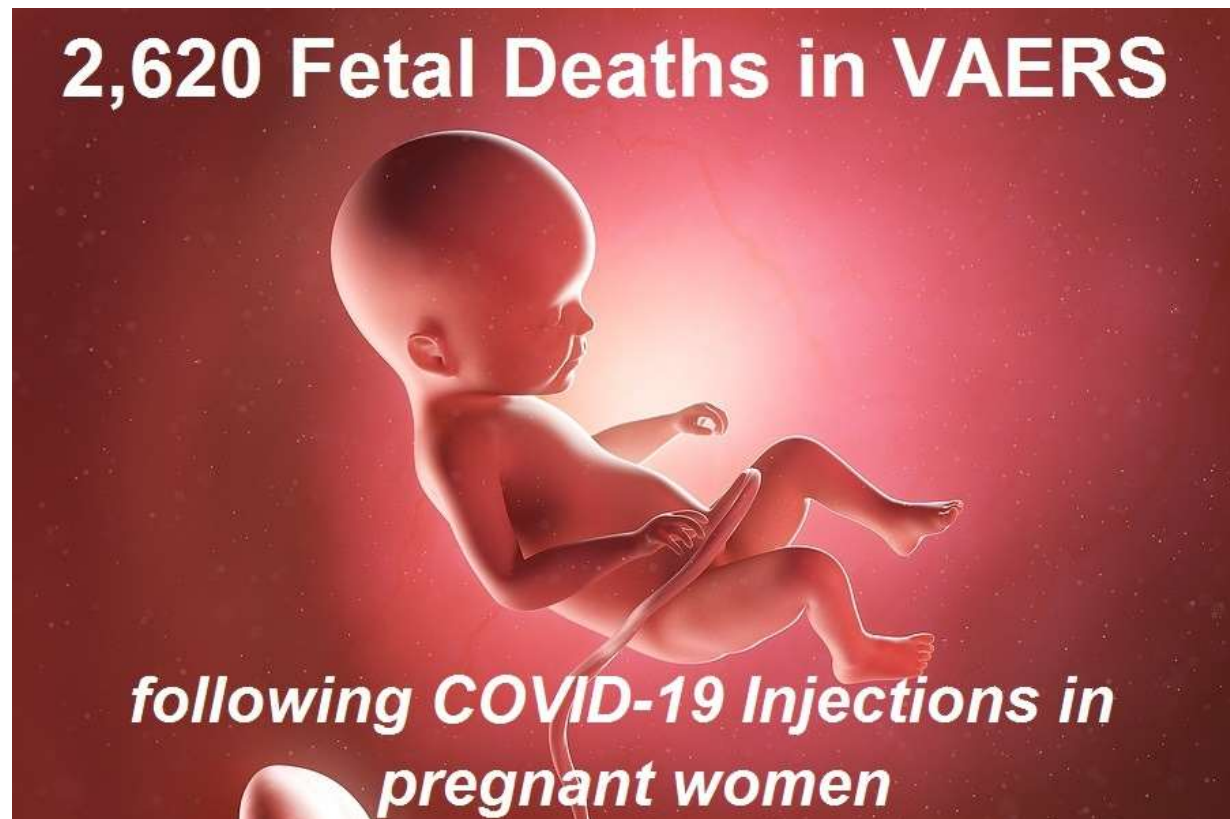
**BOMBSHELL: Video Emerges Where Fauci and Others Planned for a “Universal mRNA Flu Vaccine” Which Became the “COVID-19 mRNA Vaccine” Because People were not Afraid Enough of the Flu Virus**



**Israel on verge of state of emergency, two weeks after 'Omega' COVID-19 variant 'war game drill'** --All three Omicron cases in Israel were detected in those who were vaccinated, [according to The Times of Israel](#). By legitgov | 26 Nov 2021 Today, the *Independent* reported: [Israel on 'verge of state of emergency' over new coronavirus variant](#) --Country extends ban on travel to and from Africa after new strain detected in three travellers. [Euronews.net reported](#) on Friday: "The B.1.1.529 variant, named 'Omicron' by the World Health Organization (WHO), has been described as having an 'extremely high' number of mutations, according to South African scientists who first detected the Beta variant." Agence France-Presse, November 12, stated: [Israel holds 'war game' in case of lethal new coronavirus strain](#)--The exercises, which simulated the outbreak of an 'Omega' Covid-19 variant that bypasses vaccines and sickens children, prompting mass hospitalisations --The 'world first' drill covered different aspects of a crisis, including mass inoculation, ordering curfews and imposing a flight ban. [Disclose.TV tweeted](#): "NOW - Israel is on the verge of a state of emergency just two weeks after its 'Omega War Game' virus exercise, says PM Bennett."

**Israel detects its first case of new, highly mutated COVID-19 strain --** Two other returnees from Malawi also suspected to have contagious B.1.1.529 variant; all three were vaccinated| 26 Nov 2021 | The first case of a new, highly mutated

coronavirus variant that first emerged in South Africa was detected in Israel on Friday, the Health Ministry announced, a development that experts have been fearing. The person was identified as an Israeli who had returned from Malawi. The ministry said two others were suspected of also being infected with the new strain, currently known by its scientific name, B.1.1.529, and were awaiting final test results. All three were vaccinated, the ministry said, adding that their inoculation details were still being verified.



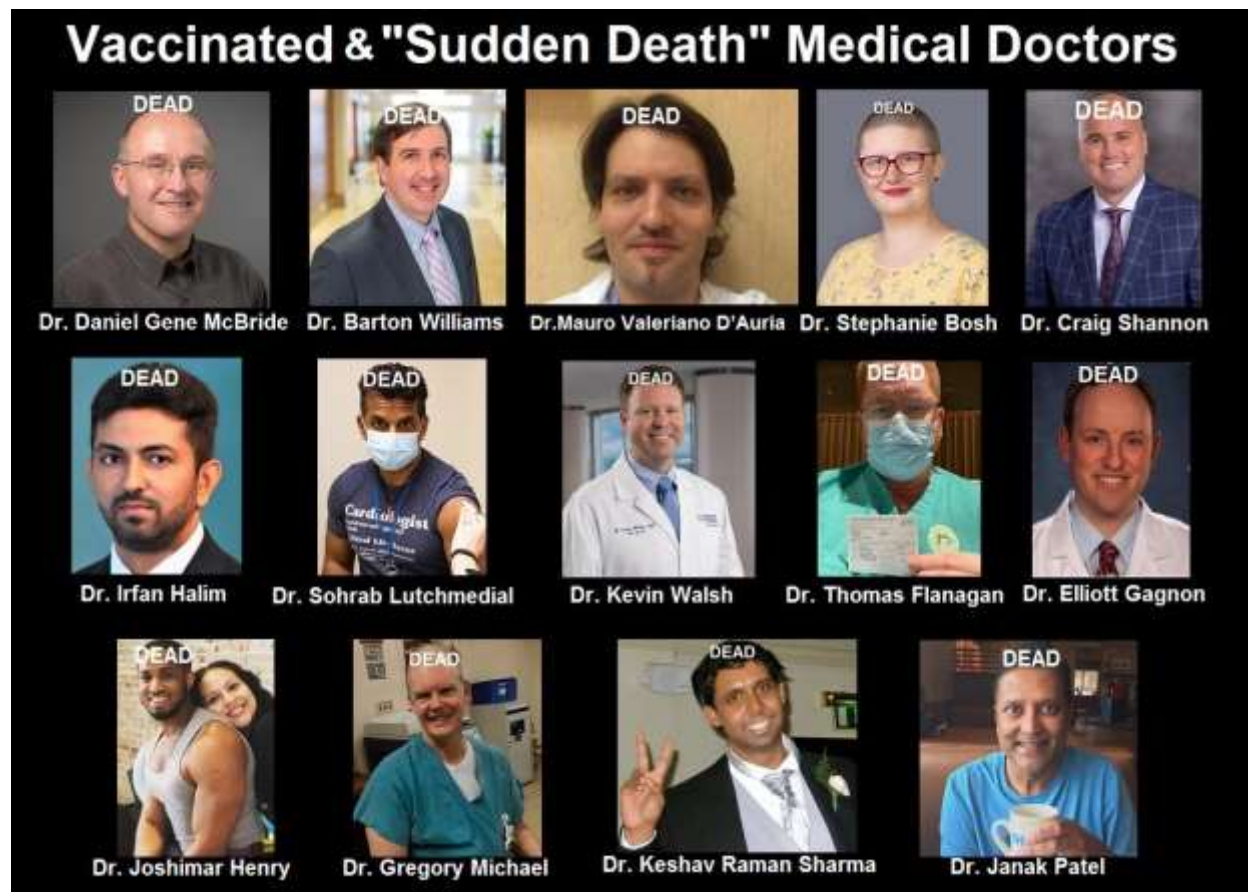
**WHO names new COVID variant 'Omicron'** | 26 Nov 2021 | The new COVID-19 variant first detected in South Africa was given the name Omicron by the World Health Organization on Friday. An advisory panel classified Omicron as a highly transmissible virus of concern and gave it its name under its Greek letter system. It marks the first time in months that WHO has classified a COVID-19 variant with such a name -- and is only the fifth variant to be given the designation amid the pandemic.

This is the next fear-mongering act to scare people into lockdown, getting vaxxed, etc. I will have an article in the next few days ready for posting. Covid-19 is not a virus, it is a **"Bioweapon"** that has been laced with 18 fragments of the HIV1 genome and 4 fragments of the SARS2 genome. Other than Dr. David Martin, or myself, no one has used this term. I called it a "bioweapon" as early as last January, 2020. The methodology and manner by which it was engineered shows meticulous engineering that could have only come from a BS4 level lab and access to military templates for its



reproduction. This is all about "Depopulation" and the information discovered by a group of Indian scientists discovered the proof as early as March, 2020. Their work was pressured by Mister "science" Dr. Anthony Fauci to withdraw their paper or face the loss of future research grant money, a tactic used by the NIAID, NIH, CDC, WHO and others. Although the group of Indian scientists did so, their work was still available for scientists to review. Dr. Luc Montagnier, the 2008 Nobel Laureate for discovering the cause of AIDS, confirmed that Covid-19 is a "Bioweapon".

## Vaccinated Doctors are Dying and Unvaccinated Doctors are Quitting or Being Fired: Who will Run the Hospitals?



## **Reap what you sow? Doctors dropping like flies in deaths described as "died unexpectedly" and "died suddenly" since mid-October**

Several hospitals around the country have fired so many staff that they have actually shut down or closed ERs, and entire sections of hospitals. I have seen at least a dozen or more reports of this drastic action.

## **COVID outbreak hits Canadian army base, even though all soldiers are fully vaccinated**

--Soldiers based on CFB Petawawa located in Ontario all got infected after participating in a training course that took place between November 13 and 14. | 23 Nov 2021 | Canadian Forces Base (CFB) Petawawa has been hit with a COVID outbreak resulting in hundreds of fully vaccinated Canadian soldiers being forced into quarantine. According to a CTV News report, soldiers based on CFB Petawawa located in Ontario all got infected after participating in a training course that took place between November 13 and 14. Everyone who participated in the course had been fully jabbed. Col. Eric Landry, Commander of 2 Canadian Mechanized Brigade Group, said that at first "a positive case was identified" and placed in quarantine, according to CTV News.

## **14 ACIP Members Who Voted to Jab Your Young Children — and Their Big Ties to Big Pharma**

On Nov. 2, members of the Centers for Disease Control and Prevention's vaccine advisory committee voted 14–0 to recommend Pfizer's pediatric COVID shot for children 5 –11 years old. Were their decisions driven by science and conscience — or their ties to drugmakers? By [Children's Health Defense Team](#)

Following the Oct. 26 meeting of the U.S. Food and Drug Administration's (FDA) Vaccines and Related Biological Products Advisory Committee (VRBPAC), [Children's Health Defense](#) argued it is [time to shun](#) the individuals — and institutions — that are selling out America's children without even a prick of [conscience](#). At the close of this article about the members of the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP), we reiterate our list of suggestions for shunning.

On Nov. 2, the members of ACIP [voted 14–0](#) to recommend Pfizer's Emergency Use Authorization (EUA) COVID shot for children 5 –11 years old.

Committee members readily voted "yes" despite many [unknowns about long-term safety](#), including a complete lack of data on the risk of [heart problems](#) like the ones experienced by [some adolescents](#) who received COVID vaccines.

Neither the disgracefully [unscientific](#) vote nor CDC Director Rochelle Walensky's [prompt endorsement](#) came as a surprise. Though billed as "[independent](#)," the 14 ACIP members — like the [17 members](#) of FDA's VRBPAC who voted the same way the previous week — have deep ties to pharma, with [careers](#) that hinge on promoting and rubber-stamping the United States' destructive one-size-fits-all vaccination agenda.

Describing the VRBPAC and ACIP meetings as "a [total sham](#)," Children's Health Defense President Mary Holland said, "Sadly, approval from these committees means nothing in terms of safety."

Political scientist Toby Rogers agreed, [stating](#) the ACIP meeting “*was not a scientific review. It was banal bureaucrats announcing plans for a Blitzkrieg and the bought white coats were cheering them on.*”

With their vote to give young children the [dangerous injections](#), ACIP members signaled that they, too, deserve to be shunned, along with the powerful institutions with which they are affiliated. The latter include the nation’s top universities and leading pediatric hospitals.

Without exception, all the universities at which ACIP members have appointments — [Brown](#), [Drexel](#), [Harvard](#), [Michigan State](#), [Ohio State](#), [Stanford](#), [University of Maryland](#), [University of Washington](#), [Vanderbilt](#) and [Wake Forest](#) — have mandated COVID vaccines. This is premeditated manslaughter if not murder!

Pediatric hospitals, meanwhile, are playing a [frontline role](#) as COVID vaccination sites. Promoting the injection for 5-year-olds, First Lady Jill Biden [visited](#) Texas Children’s Hospital straight away, applauding the hospital for the 39,000 pediatric vaccine appointments it had already [scheduled](#).

Also worthy of shunning are the 20,000 individual vaccine providers who were pre-positioned to “hit the ground running” and “[get shots in little arms.](#)”

Within two days of ACIP’s and Walensky’s verdicts, these providers had administered the jab to [thousands](#) of 5- to 11-year-olds, and within the first week, according to the White House, [900,000 children](#) had been injected.

Community vaccination sites such as [pharmacies](#) and pop-up clinics have attracted recent attention for egregious [vaccine administration errors](#) in young children:

- In Texas, a pop-up clinic gave adult doses of the Pfizer jab to 6- and 7-year-old boys “[two days before](#) a proper dose of the vaccine was even approved for that age range.”
- In Virginia, a pharmacy (subsequently ordered to stop administering the shots) gave [112 children](#) in the 5–11 age group the wrong COVID vaccine formulation.
- A pediatric practice in California also gave 14 children an [incorrect dose](#) of the Pfizer jab, not disclosing “whether the kids got too much or too little.”
- In addition, pharmacies have “[mistakenly](#)” given adult COVID shots to children under age 5 whose parents had requested flu shots.

With censorship rampant, many parents may be unaware of these transgressions. They also may not know that the experimental product FDA and CDC are unleashing on children is coming under increasing fire from Pfizer whistleblowers.

The same day as the ACIP vote, The BMJ published a whistleblower’s hair-raising account of “[data integrity issues](#)” in Pfizer’s “[helter-skelter](#)” clinical trials. According to Brook Jackson — a trained clinical trial auditor — Ventavia Research Group (one of the contract research organizations engaged by Pfizer) “*falsified data, unblinded patients,*



*employed inadequately trained vaccinators, and was slow to follow up on adverse events.”* Quality control staff, Jackson further reported, were “*overwhelmed by the volume of problems they were finding.*”

When Jackson shared her concerns with both Ventavia and FDA in September 2020, Ventavia fired her. FDA ignored her warnings and granted EUA status to Pfizer’s injection in December.

**Melissa Strickler McAtee**, until recently a quality control employee at Pfizer’s plant in McPherson, Kansas, [described](#), in an interview with Project Veritas, Pfizer’s efforts to deceive the public about the use of [fetal cell lines](#) in creating the COVID shot.

Equally disturbingly, Strickler McAtee told other journalists that Pfizer’s vaccine exhibits an unusual [fluorescent blue glow](#), stating she had “*never once [previously] seen anything do that, not even close*” during her 10-year career inspecting “hundreds of thousands of units” of vaccines. She also reports that her co-workers at the plant are being unprecedentedly kept in the dark about what the vaccine’s [ingredients](#) are.

Pfizer has a lengthy history of [quality control problems](#) in addition to a business model predicated on [habitual fraud](#). The Kansas plant, which Pfizer acquired when it strategically purchased injectable drug company Hospira in 2015, has been repeatedly “[dinged](#)” by FDA for problems with quality, cleanliness and contamination.

In the three years leading up to its acquisition by Pfizer, Hospira had to issue [more than 40 recalls](#), and Pfizer/Hospira has continued to be a [frequent offender](#) on FDA’s recall list since 2015, receiving another [warning letter](#) from FDA in 2017.

FDA’s tsk-tsking of Pfizer clearly represents a hollow rebuke, however, as this week’s FDA request to a federal judge made plain: FDA is asking for 55 years to [make public](#) the data and information it relied on to license Pfizer’s COVID-19 vaccine.

These and other clinical trial shenanigans strongly intimate that “the data that the FDA and CDC have been pretending to base their decisions on for the last year, are [fiction](#).”

Below are the ACIP members who signed off on Pfizer’s pediatric vaccine, and their conflicts of interest.

#### **ACIP Chair Grace Lee**

[Dr. Grace Lee](#) (gmlee@stanford.edu) chaired the November ACIP deliberations. Lee has been associate chief medical officer for practice innovation at Stanford Children’s Health and a pediatrics professor at Stanford School of Medicine [since 2017](#), after having spent two decades at Harvard and Boston-area hospitals.

In addition to policy work focusing on [financial rewards and penalties](#) to reshape hospital performance, Lee has built her reputation by shoring up the [pretense](#) that the nation has a functioning vaccine safety surveillance system.

Lee served as past principal investigator for the CDC's [Vaccine Safety Datalink](#) (VSD), a large database that includes comprehensive longitudinal medical and vaccination records for two million children and seven million adults. Although VSD analyses have the potential to permit enlightening vaccinated-unvaccinated comparisons of health outcomes, the CDC has sole access to the data.

In the words of CHD's chief scientific officer [Dr. Brian Hooker](#), CDC has "[\*shut \[VSD\] up like a fortress, despite the fact that it's taxpayer-funded.\*](#)"

In VSD-based publications — some of which include fellow ACIP member Matthew Daly — Lee has made a habit of downplaying vaccine risks. For example, she encourages women to get Tdap (tetanus-diphtheria-acellular pertussis) shots [during pregnancy](#), even while data show an increased risk of placental and amniotic fluid infection in vaccinated pregnant women.

She also has whitewashed risks of flu shots in children under age 5 despite finding "[\*an apparent dose-response for vaccine and allergic reactions in the 1- to 3-day risk window.\*](#)" She dismisses post-vaccination [anaphylaxis](#) risks as "*rare,*" though the [package inserts](#) for most vaccines on the childhood schedule prominently list anaphylaxis as an adverse event.

Another VSD study co-authored by Lee documented a [safety signal for febrile seizures](#) linked to influenza vaccination of children in their first five years, particularly if administered along with pneumococcal vaccination; massaging the troubling conclusion with vaccine doublespeak, Lee and colleagues proposed placing their findings "*in a benefit-risk framework to ensure that population health benefits are maximized.*"

While in Boston, Lee served as associate director of the FDA-funded [Mini-Sentinel Project](#), one of several newer vaccine safety surveillance mechanisms trotted out over the past decade.

As noted by CHD Chairman Robert F. Kennedy, Jr. in a [letter](#) to Biden advisor David Kessler in December 2020, studies published using Sentinel data — all authored by the same small pool of insiders — focus on an extremely narrow subset of adverse outcomes and reflect methodological decisions "*that could easily constrain researchers' ability to detect outcomes of interest.*"

When a Sentinel study of the two rotavirus vaccines routinely given to American children identified a "*significant risk*" of intussusception after dose 2 — a bowel complication that forced CDC to revoke its recommendation for an [earlier rotavirus vaccine](#) — Lee and co-authors deployed more doublespeak, once again [advising](#) the public to consider the risk "*in light of the demonstrated benefits of rotavirus vaccination.*" Discussing myocarditis last June, Lee [admitted](#), "*clinical presentation of myocarditis cases following vaccination has been distinct, occurring most often within 1 week after dose two, with chest pain as the most common presentation.*"

This did not stop Lee from joining with other public health officials in passing off myocarditis as “*an extremely rare side effect*” and claiming that young people are likely to “*recover on their own or with minimal treatment.*”

Many experienced health professionals, including [Dr. Ryan Cole](#), [Dr. Aaron Kheriaty](#) and [Dr. Steven Pelech](#), fiercely dispute the notion of “*mild*” myocarditis.

Also of note:

In September of this year, Lee co-authored a [paper](#) in JAMA belatedly conceding that a large segment of the population (“women and those with a history of allergic reactions”) is at “*elevated risk*” of experiencing allergic reactions to mRNA COVID vaccines due to the presence in the injections of polyethylene glycol (PEG). CHD issued [urgent warnings about PEG](#) and its entirely predictable anaphylaxis risks a full year earlier, in September 2020.

Stanford receives [extensive vaccine funding](#) from the Gates Foundation, including for the development of 3D-printed vaccine [microneedle patches](#) (a strategy that would allow “vaccination without a shot”).

Stanford is the [second-largest university beneficiary](#) of funding from the David and Lucile Packard Foundation, which is aggressively funding COVID vaccination of [U.S. Latinos](#).

Not only does Stanford [require](#) all students to be COVID-vaccinated, but it also urges vaccination for students’ children.

### **Lynn Bahta**

Lynn Bahta, RN, MPH (lynn.bahta@state.mn.us) is an immunization program [clinical consultant](#) for the Minnesota Department of Health, with a 25-year career focused on promoting [vaccination](#).

During the pandemic, Bahta has been giving [talks](#) about “vaccine hesitancy in the time of COVID,” offering “*key communication strategies to build confidence among those who are hesitant.*”

Vaccine “*hesitancy*” appears to have been her [bailiwick](#) long before COVID, however, and her publications suggest a particular interest in coaxing Minnesota’s immigrant, migrant and refugee populations into [higher vaccination rates](#).

Loyal to the fraudulent [CDC party line](#) that denies any link between MMR (measles-mumps-rubella) vaccination and autism, Bahta has [published](#) articles dismissing the well-founded autism concerns of Minnesota’s Somali community as “[misinformation](#).”

Somali children in Minneapolis suffer the highest known rate of severe autism in the world. Somali parents allege that the reaction of public health officials like Bahta has been one of [indifference](#).

Discussing COVID vaccines, Bahta [claims](#) that the “great majority, usually over 90%” of adverse reactions “are not serious.”

In fact, while [stating](#) that she “never disagrees with people who believe they were injured by vaccines because it’s difficult to know,” she clearly sides with public health officials in viewing “unverified reports” to the Vaccine Adverse Event Reporting System (VAERS) as “misunderstood by the public and exploited by skeptics in a way that is undermining immunization efforts against COVID-19.”

Bahta disingenuously opines that “people naturally but incorrectly associate injuries with recent events.”

Also of note:

Bahta’s was one of the core “yes” votes in favor of recommending [Moderna’s COVID shot](#) last December.

When ACIP deliberated over [COVID booster shots](#) in September, Bahta was willing to recommend boosters for adults age 50 and up and individuals with underlying conditions but not for some groups of younger adults. At the time, Bahta argued for the need to “stay with the science,” stating, “I don’t think we have the data.”

By November, Bahta apparently was untroubled by the paucity of safety data available for the 5–11 age group, [stating](#), “We know more than what we don’t know.”

### **Beth Bell**

[Beth Bell](#), M.D., MPH (bzb8@uw.edu) is a clinical professor in the Department of Global Health at the University of Washington (UW) School of Public Health. Until 2017, Bell spent most of her career at CDC, including as Director of the National Center for Emerging and Zoonotic [animal/insect-to-human] Infectious Diseases.

At UW, Bell is on faculty at the [UW Alliance for Pandemic Preparedness](#) (formerly called, until fall 2020, the [MetaCenter for Pandemic Preparedness and Global Health Security](#)), which “harness[es] [big data](#) and forward-thinking strategies to devise more unified approaches to current and future health security risks.”

“Health security” and [biosecurity](#) are the linchpin buzzwords that global technocrats are using to push for complete control over people’s “ability to work, to socialize, to travel, conduct business, access public services and to purchase essential goods and services.”

Like many of the individuals who make their way onto FDA and CDC committees, Bell started her CDC career as an [officer](#) in the Epidemic Intelligence Service (EIS), a branch that journalist Jon Rappoport has dubbed the “[medical CIA](#).”

As Rappoport notes, EIS graduates' occupancy of "key positions in the overall medical cartel" furnishes an "unparalleled opportunity" to control information — and disseminate disinformation.

During COVID, Bell has positioned herself as a champion for vaccination "[equity](#)," stating *"If we're serious about valuing equity, we need to have that baked in early in the vaccination process."*

Bell's comments about wanting to make sure "[socially vulnerable](#)" communities and people of color have access to COVID shots echo troubling racially oriented remarks made by [Melinda Gates](#) early on in the pandemic. Located in Gates' backyard, UW not only benefits from [close ties](#) with and extensive [funding](#) from the Gates Foundation — an organization tainted by allegations of [medical experimentation](#) and an underlying [eugenicist ideology](#) — but also enjoys [extensive support](#) from [Microsoft](#).

Also of note:

As co-author of a [CDC paper](#) summarizing ACIP's May recommendation that 12- to 15-year-olds get the Pfizer shot, Bell and colleagues [inaccurately](#) argued that *"COVID-19 in adolescents is a major public health problem"* and that *"desirable [vaccine] effects"* outweigh *"any undesirable effects in most settings."* The authors did not mention the teens who are dying of post-vaccination [cardiac arrest](#).

Regarding COVID booster shots, Bell first [stated](#), *"I have my own concerns that we appear to be recommending vaccines for people who I don't think need it";* she later agreed, however, that *"moving forward with the recommendations makes sense for the sake of being clear."*

Regarding COVID jabs for young children, Bell [claimed](#), after the November vote, *"if she had a grandchild, she'd get the grandchild vaccinated as soon as possible."*

### **Oliver Brooks**

[Oliver Brooks](#), M.D. (oliver.brooks@wattshealth.org) is chief medical officer and a member of the executive team at [Watts Healthcare Corporation](#) in Los Angeles. Watts Healthcare provides primary care services under the Department of Health and Human Services (HHS) and also receives [federal funding](#) for other services, including those related to HIV/AIDS.

Brooks is immediate past president of the National Medical Association (NMA), which he [describes](#) as *"the oldest and largest organization representing African-America's physicians and the guardians of the health of African-Americans."* As such, Brooks — like Beth Bell — made *"health equity"* his calling card, with vaccination of minority groups one of his signature goals as NMA president.

CDC celebrates Brooks' *"leadership roles focusing on disparities in [vaccine coverage rates](#)."*



Brooks [speaks](#) frequently “*on the science and the implementation perspective of vaccine utilization,*” is a board member and past president of the California Immunization Coalition, chairman of the Immunize LA Families Coalition and member of the national Leadership Panel for the Adolescent Immunization Initiative.

During the pandemic, Watts Healthcare has received millions in funding from [Kaiser Permanente](#) to promote COVID vaccination in L.A.’s Hispanic and African American communities.

In March 2021, Watts Healthcare also received [\\$4.3 million](#) via the American Rescue Plan to increase the federally qualified health center’s “*ability to get more shots in arms.*” The nonprofit is further beholden to the federal government for a [\\$5.18 million](#) coronavirus-related Paycheck Protection Loan approved in April 2020.

Brooks [co-chaired](#) California’s COVID-19 Vaccine Work Group, working to “*get the vaccine out more rapidly*” through “*more points of distribution.*” Early on in the vaccine rollout, one of those “points of distribution” in San Diego was forced to [pause](#) vaccine administration when numerous recipients suffered severe allergic reactions.

Since 2014, Brooks has received [\\$118,439](#) (350 general payments primarily for consulting or speaking engagements) from biopharmaceutical companies that include Pfizer as well as Sanofi Pasteur, Novartis, Seqirus, Gilead, GlaxoSmithKline, Merck, Meda, AbbVie and Theratechnologies.

[Double your impact! When you make a donation to Children's Health Defense, your donation will be matched — up to \\$2 million! Donate Now!](#)

Also of note:

At [over \\$271,000](#), Brooks’ annual salary is second only to that of the Watts Healthcare CEO.

Watts Healthcare and another South LA nonprofit received [\\$3 million](#) in COVID-related funding from the Oprah Winfrey Charitable Foundation in July 2020. The media tycoon — one-time member (along with Bill Gates, Warren Buffett, George Soros, David Rockefeller, Ted Turner and others) of an elite “[club](#)” of billionaire philanthropists — [urges compliance](#) with mask mandates and uses her influential platform to tell those who are not vaccinated to “*reconsider.*”

### **Wilbur Chen**

[Wilbur Chen](#), M.D. (wchen@som.umaryland.edu) is a professor at the University of Maryland School of Medicine, with research interests “*in developing vaccines against pathogens which afflict low- and middle-income countries*” as well as in vaccine development for the elderly. Chen has [headed up](#) vaccine trials for influenza viruses, enteric pathogens and “agents of bioterror.”

Chen is co-investigator for two entities funded by the Anthony-Fauci-led National Institute of Allergy and Infectious Diseases (NIAID): the Vaccine Treatment and Evaluation Unit (composed of [10 academic centers](#) throughout the U.S.) and the Collaborative Influenza Vaccine Innovation Centers (a [network](#) of research centers developing “novel vaccine candidates and delivery platforms”).

In advance of the ACIP vote on the 5–11 age group, CHD joined numerous citizens in [arguing](#) (unsuccessfully) that Chen be removed from the committee for blatant financial conflicts of interest. In 2020 alone, Chen accepted \$437,251 from vaccine makers GlaxoSmithKline (GSK) and Emergent BioSolutions — a fact “[researched and exposed by average citizens](#)” rather than disclosed by CDC. Chen’s payments [since 2014](#) total over \$476,880 and include monies from Janssen, Seqirus, MedImmune, Astellas Pharma, Valneva Austria and BioFire Diagnostics in addition to the two companies already mentioned.

Chen also receives [research funding](#) from the Gates Foundation and from the Seattle-based global health organization PATH. PATH’s former CEO, Christopher Elias, now serves as president of the Gates Foundation’s [Global Development Division](#), leading efforts in areas such as vaccine delivery and family planning; Elias was a leading [Event 201](#) participant.

Also of note:

In addition to serving as a voting member of ACIP, Chen is a core member of NIAID’s Data and Safety Advisory Board.

During COVID, Chen has been a staunch advocate of “[aggressive nonpharmacologic intervention and control measures](#),” including “aggressive recognition and isolation and quarantine of cases and contacts.”

Despite the well-documented risks and [failures](#) of influenza vaccination, Chen continues to [insist](#) that “*Vaccination is by far the best method to prevent and control influenza.*”

Chen recently voted to make a highly reactogenic Ebola vaccine [obligatory](#) for healthcare personnel, lab workers and support staff at facilities that handle Ebola specimens, arguing against letting workers make their own risk-benefit decisions.

### **Sybil Cineas**

[Sybil Cineas](#), M.D. (sybil\_cineas@brown.edu), a Harvard Medical School graduate, is an associate professor of medicine, pediatrics and medical science at Brown University, and, as associate program director of Brown’s combined [residency program](#) in internal medicine and pediatrics, is “*highly involved in the training of residents and medical students.*”

According to CDC, Cineas has “20+ years of experience teaching about and promoting vaccination.”

Like fellow ACIP members Beth Bell and Oliver Brooks, Cineas frequently cites [health equity](#) to justify her vaccine votes. For example, as a member of the [ACIP Hepatitis Work Group](#), which recently [recommended](#) hepatitis B vaccines for everyone age 59 and younger while issuing a more qualified risk-based recommendation for adults age 60 and up, Cineas wanted to recommend universal hepatitis B vaccination for all ages. She argued, “*A simplification of this recommendation [would] reach more individuals at risk ... and promote health equity.*”

Also of note:

CDC has given Brown researchers [\\$4.9 million](#) to study COVID vaccine effectiveness in seniors; the researchers state that “*the urgently needed research will be used to inform recommendations about vaccine booster shots for nursing home residents.*”

### **Matthew Daley**

[Matthew Daley](#), M.D. (matthew.f.daley@kp.org) is a senior investigator and practicing pediatrician at Kaiser Permanente Colorado, described by CDC as having “*extensive research experience in the areas of vaccine safety, parental vaccine hesitancy, and immunization services delivery.*”

Daley’s published studies on vaccine “*hesitancy*” cover topics such as [social media interventions](#) to increase vaccine acceptance, [barriers](#) to adolescent human papillomavirus (HPV) vaccination, [under vaccination patterns](#) and [parent-provider trust](#). (In one study, parents reported trusting pediatricians on topics such as nutrition but “did not believe their pediatrician provided ‘balanced’ information on both the benefits and risks of vaccination.”)

Daley also conducts Vaccine Safety Datalink (VSD) studies on a variety of topics, including safety of newly licensed vaccines, vaccine safety during pregnancy and, according to the CDC, safety of the childhood immunization schedule.

After the Institute of Medicine acknowledged that studies “*to examine the long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule have [not been conducted](#)*” — and identified the VSD as “*an important resource for conducting this research*” — Daley and CDC co-authors wrote a [white paper](#) to describe how this could be done but shrouded their remarks in so many caveats about potential studies’ “*inherent complexity*” as to make their feasibility seem highly doubtful.

Daley’s VSD studies, some co-authored with ACIP colleague Grace Lee, have identified potential safety signals, but in each case, Daley and co-authors have found reasons to reject or mask their own conclusions.

Examples include attributing a statistically significant association between hepatitis A vaccination during pregnancy and [small-for-gestational-age](#) infants to “*unmeasured confounding*”; putting forth “*seasonality*” as the likely contributor to a statistical signal for [Bell’s palsy](#) in adults age 25 and up following H1N1 influenza vaccination; and

dismissing as “rare” two types of adverse events ([anaphylaxis and fainting](#)) significantly associated with live attenuated influenza vaccination in children 2 through 17 years of age.

Also of note:

After the vote recommending the COVID shots for younger children, Daly [professed](#) to not be surprised by parents’ hesitation, stating that parents “*may be more risk-averse about their child.*” However, though Pfizer’s clinical trial in children was too short and too small to assess the risk of myocarditis, Daley confidently asserted that “*younger children are at a greater risk of developing myocarditis after a COVID infection than from the vaccine.*”

A [current VSD/CDC study](#) by Daley is assessing “*factors associated with COVID vaccination or non-vaccination*” in the general population and among pregnant women.

### **Camille Kotton**

[Camille N. Kotton](#), M.D. (ckotton@partners.org) is clinical director for Transplant and Immunocompromised Host Infectious Diseases at Massachusetts General Hospital and an associate professor at Harvard Medical School. CDC describes Kotton as a “*national expert in vaccination and zoonotic infectious diseases in the immunocompromised,*” including solid organ transplant recipients.

Since 2014, Kotton has received [over \\$304,000](#) in general payments and associated research funding from companies like Merck, GSK, Roche, Quiagen Sciences, Oxford Immunotec, Astellas Pharma, Shire, Takeda Pharmaceuticals, BeiGene and Biotest.

In voting to give younger children the COVID injections, Kotton [stated](#), “*the safety data in children looked very good*” and added, “*she would feel comfortable having her own children immunized if they were in that age group.*”

Although few children suffer ill effects from COVID-19, Kotton argued that children should be vaccinated “*both to prevent death as well as to prevent major long-term effects of having this devastating infection.*”

Also of note:

Kotton promotes routine vaccination of individuals with [inflammatory bowel disease](#) (IBD) despite evidence of IBD’s [association](#) with some vaccines.

Kotton has [co-authored](#) papers on vaccine development with “Godfather of Vaccines” [Stanley Plotkin](#).

In the past, Kotton has disclosed [conflicts of interest](#) due to her [financial relationships](#) with (and vaccine “*adjudication*” for) companies like Merck, Astellas, Roche and others.

### **James Loehr**

[James Loehr](mailto:staff@cayugafamilymedicine.com), M.D. (staff@cayugafamilymedicine.com) owns Cayuga Family Medicine in Ithaca, New York. According to CDC, for 30 years Loehr has counseled patients “every day on the benefits of vaccines.” Loehr was a member of ACIP’s influenza working group for more than 10 years.

In 2015, Loehr authored an article with detailed instructions telling physicians how to “*minimiz[e] costs and maximiz[e] reimbursement*” to “[make immunizations profitable](#).”

Describing how Cayuga Family Medicine “*enjoys steady revenue from immunizations, with vaccine reimbursement sometimes exceeding that for the rest of the visit,*” Loehr outlined a series of strategies to improve a practice’s financial viability through vaccination, including becoming a “*savvy vaccine shopper,*” taking advantage of manufacturer discounts and doing “*a bit of additional work*” when coding for the service to obtain extra reimbursement for “*brief counseling*” and multiple vaccine components.

At an October ACIP meeting focused on Moderna boosters that was, according to Stat, driven by a “*sense of the [inevitability](#) of [the] outcome,*” Loehr stated, “*There are probably many people who are going to get a Moderna booster who don’t need it. However, given the situation that we’ve already approved a Pfizer [booster] and there are enough people who are looking for a booster, I am inclined, reluctantly, to just go ahead and recommend a similar pattern for the Moderna booster.*”

Loehr was similarly wishy-washy the previous month when he [stated](#), “*I ... feel that we’re getting too much ahead of ourselves and that we have too much hope on the line with these boosters.*”

He then added, “*However, having said that, we shouldn’t let the perfect be in the way of the good. And if we can do a little bit of good by giving boosters to people over 65 I’m in favor of that.*”

Loehr is a past [Vaccine Fellow](#) of the [American Academy of Family Physicians](#) (AAFP). Speaking for AAFP, Loehr has noted that the medical trade group “does not support [nonmedical immunization exemption policies](#).” AAFP does support COVID-19 [vaccine mandates](#) for health and long-term care workers, and last August, it also started lobbying FDA to authorize the vaccines for [children under age 12](#).

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

Also of note:

Like most of his ACIP peers, Loehr promotes himself as an expert on “*strategies for [addressing and overcoming](#) vaccine hesitancy,*” stating that “*most patients...are not truly resistant to immunization*” but just want “*clarification and reassurance.*”

**Sarah Long**

[Sarah Long](#), M.D. is a professor of pediatrics at Drexel University College of Medicine and a physician at St. Christopher’s Hospital for Children in Philadelphia. In addition to



her role on ACIP, Long has served on VRBPAC and as a member of the American Academy of Pediatrics (AAP) Committee on Infectious Diseases.

Long was [widely quoted](#) in the press following her “yes” vote on COVID injections for children. Though she expressed several concerns and voted “no” in September regarding [Pfizer boosters](#) for healthcare workers, Long “*threw her [full support](#) behind the pediatric recommendation.*”

Fully aware that “*CDC was not able to conduct a full benefit-risk analysis for myocarditis post-vaccination in this age group,*” Long is nevertheless [telling mothers](#) that the shot’s risks are preferable to the myocarditis that could arise from COVID illness.

Without citing any evidence, Long [states](#) that “*vaccine-related events are completely different, and much less dire, than typical myocarditis,*” adding that “*she’d rather treat many people with vaccine-associated myopericarditis than a single case of viral myocarditis.*”

Claiming that “*Nobody has died of myopericarditis, and children are dying of coronavirus,*” Long has concluded that “*of course it’s a benefit-risk ratio that comes out in the direction of vaccination.*”

The [hundreds of teens](#) who have experienced post-vaccination myocarditis — some now dead — might beg to differ.

Ironically, Long’s [bio](#) includes numerous “*awards and honors for her outstanding work to improve the health and well-being of children.*” After the “yes” vote on COVID shots, she reportedly [joked](#), “*I, believe it or not, have no questions. I have just a comment: I am very supportive of this recommendation in its fullest extent, as a ‘should,’ not a ‘may,’ for all children in this age group.*”

Long continued, “*I think the data support that we have one more vaccine that saves lives of children, and that we should be very confident to employ it to the maximum to do what it is meant to do, without significant concerns of serious adverse events. So, I couldn’t be more supportive.*”

Also of note:

Drexel University received half a million dollars from the Gates Foundation in June 2020 “*to evaluate the use of a [digital health platform](#) to make care for COVID more accessible to marginalized populations.*”

The Gates Foundation is also supporting the work of other Drexel researchers in areas such as [diagnostic test development](#).

### **Veronica McNally**

[Veronica V. McNally](#), JD (valent29@law.msu.edu) is a law professor and an assistant dean at [Michigan State University](#). McNally is ACIP’s “*consumer representative.*”

Having lost an infant to pertussis, McNally describes herself as a “*public health advocate*” in addition to being an attorney.

She is founder and president of the [Franny Strong Foundation](#) — framing a mission to “*promote pertussis awareness and boost childhood immunization rates for all vaccine-preventable diseases*” — and founded the [I Vaccinate Campaign](#), which, on November 16, excitedly [reported](#) that “*nearly 1 million kids ages 5-11 will have their first COVID shots by the end of today.*”

McNally is seemingly unaware of the many [failures of a pertussis vaccination program](#) that is widely acknowledged to be making vaccinated children more rather than less susceptible to pertussis over their lifetimes.

Also of note:

McNally is a CDC darling, having been named “Childhood Immunization Champion” for Michigan in 2018 — the same year in which she was appointed to her four-year term on ACIP.

### **Katherine Poehling**

[Katherine A. Poehling](#), M.D., MPH (kpoehlin@wakehealth.edu) is a professor of pediatrics and epidemiology at North Carolina’s Wake Forest University School of Medicine. CDC cites her expertise “*on the community impact of vaccines, specifically pneumococcal and influenza vaccines.*”

As an ACIP insider, Poehling has headed up past [ACIP presentations](#) on pneumococcal vaccines.

Poehling has published on “[ethics and academic pediatrics](#)” but apparently sees no conflict in sitting on ACIP while receiving, according to Open Payments, [over \\$523,000](#) in general payments and associated research funding from MedImmune and AstraZeneca since 2014.

Poehling endorses CDC’s astonishingly fact-free claim that COVID has caused “*substantially more misery than other childhood diseases,*” [stating](#), “*that information helped convince her to strongly support COVID-19 vaccines for elementary school children.*”

Poehling also buys into Long’s non-evidence-based assertion that COVID-19 disease is responsible for more [heart problems](#) than the vaccine. During a May review of Moderna data, Poehling enthusiastically favored making [multiple vaccines](#) available — to “*increase access.*”

Also of note:

When endorsing [COVID boosters](#) for the immunocompromised, Poehling stated, “the benefits are tremendous and the potential negative impacts are minimal and so I agree that we should recommend.”

Many of Poehling’s publications seem intended to address the burden of diseases such as [influenza](#) for which vaccine “*solutions*” can then be promoted. It seems likely that her published articles about [respiratory syncytial virus](#) (RSV) will be used to lay the groundwork for an [mRNA vaccine for RSV](#).

### **Pablo Sanchez**

[Pablo J. Sanchez](#), M.D. (sanchez.940@osu.edu) has been a professor of pediatrics at Ohio State University since 2013 and directs Clinical and Translational Research in Neonatology at Nationwide Children’s Hospital in Columbus. Sanchez previously held positions at University of Texas Southwestern Medical Center.

Sanchez’s 80-page self-congratulatory [curriculum vitae](#) reveals that he is a consummate insider fluidly bridging academia, public health agencies and private industry. Sanchez’s invited participation and lectures include appearances at public health agencies like CDC, the World Health Organization (WHO) and the Pan American Health Organization (PAHO); COVID-vaccine-promoting trade groups like the [AAP](#) and [March of Dimes](#); and biopharma companies like AbbVie, GSK (formerly Smithkline Beecham), ICN Pharmaceuticals, Inhibitex, MedImmune and Ross Laboratories.

Sanchez also lists hundreds of thousands in research monies received from these same entities.

Since the 1990s, Sanchez has been funded by Abbott Laboratories, American Lung Association, BioStar, Biosynexus, Burroughs Wellcome, CDC, F. Hoffman-La Roche, Gerber Foundation, MedImmune, NIAID, NICHD [National Institute of Child Health and Human Development], Pediatric AIDS Foundation, Ross Laboratories and Smithkline Beecham/Glaxo/GSK.

According to Open Payments, since 2014, Sanchez has pocketed roughly \$221,000 in general payments and associated research funding from AbbVie, AstraZeneca, F. Hoffmann-La Roche, MedImmune, Medtronic, Merck, Novartis, Sanofi Pasteur, Seqirus and Sobi.

The database lists AstraZeneca, MedImmune and Merck as the “[top companies making associated payments](#),” with notable payments from Merck in Fall 2020.

In June, Sanchez hedged his bets on the topic of COVID vaccines and myocarditis. While declaring that the benefits of vaccination outweigh myocarditis risks, he also [noted](#), “*we need to be very upfront in terms of mentioning this as a potential risk of COVID messenger RNA vaccination. Hopefully, the parents and patients are aware of this before vaccination.*”

Sanchez did not repeat these remarks at the November meeting when he okayed the jab for 5-year-olds.

Also of note:

In 2010, Sanchez served as a “Pfizer visiting professor.”

Sanchez served on VRBPAC from 2007–2010 as well as on FDA’s vaccine-focused Pediatric Advisory Committee from 2010–2012. In Texas, he chaired the Texas Pediatric Society’s Committee of Infectious Diseases and Immunizations from 2004–2009 and served on the committee from 1995–2013.

Many of Sanchez’s [publications](#) focus on amplifying concern about illnesses attributed to viruses— such as [cytomegalovirus](#), [herpes simplex](#), [RSV](#) and [Zika](#) — for which Moderna and other companies now anticipate developing mRNA vaccines.

### **Helen Keipp Talbot**

[Helen Keipp Talbot](#), M.D., MPH (keipp.talbot@vumc.org) is associate professor of medicine at Nashville’s Vanderbilt University, where she has held various appointments since 2002. Talbot’s research and [publications](#) (sometimes [co-authored](#) with fellow ACIP member Poehling) center on [adult vaccination](#), [influenza vaccination](#), [human coronaviruses](#) and vaccine trials for respiratory illnesses such as [RSV](#). The focus on coronaviruses pre-dates COVID; from 2007–2009, Talbot was principal investigator on an NIH-funded study on the “[epidemiology of human coronaviruses](#).”

According to Talbot’s [curriculum vitae](#), her recent research funding comes from both the federal government (CDC, National Institutes of Health [NIH]) and Sanofi Pasteur, primarily for the study of pandemic preparedness (in 2015) and influenza vaccination. Sanofi and MedImmune have been recurrent funders since 2009, along with AstraZeneca, Gilead, Protein Sciences, VaxInnate and [Wyeth](#) (since [acquired by Pfizer](#)).

Open Payments lists Talbot’s receipt of roughly [\\$1.4 million](#) in research payments and associated research funding since 2014 (417 total payments) from these companies, along with 29 general payments totaling \$17,000.

In December 2020, Talbot was the “[lone dissenter](#)” objecting to ACIP’s recommendation that long-term care residents “*be at the front of the line*” for COVID vaccines. At the time, Talbot argued that vaccination of long-term care residents was “*risky*” because they “*have a high rate of medical events that could be confused as side effects of vaccination and undermine confidence in the vaccines.*”

Talbot stated, “*And I think you’re going to have a very striking backlash of, ‘My grandmother got the vaccine and she passed away.’”* Talbot elaborated: “*I fear a loss of confidence in the vaccine.... [T]here will be temporally associated events and people will be scared to use the vaccine.*”

Talbot exhibited no scruples in voting to administer COVID vaccines to young children. On the same day as the “yes” vote, Talbot [told](#) the press, “*I have vaccinated my kids*” (who, presumably, were at least 12 years of age at the time of injection).

Also of note:

In 2008, Talbot received a Sanofi Pasteur Advanced Vaccinology Course travel grant. Talbot is on the [editorial board](#) of the journal Vaccine.

#### And ... **Rochelle Walensky**

No overview of ACIP would be complete without noting the conflicts of interest surrounding CDC Director Rochelle Walensky, who used ACIP’s vote to immediately green-light vaccination of younger children.

As [reported](#) by independent media outlet RedState (but not by the mainstream media), Walensky’s husband, Loren Walensky, became scientific co-founder and board member of early-stage biotech company Lytica Therapeutics in October 2019.

In December, the Biden administration announced Rochelle Walensky’s pending appointment as CDC director, and in February 2020, Lytica received the first installment (\$5.3 million) of a \$16.9 million grant from HHS, [representing](#) the “*only funding this new company [had] received to date — nearly two years after its founding.*”

Even before becoming CDC director, Walensky had been “*directly associated with HHS for more than a decade,*” including close participation on committees and panels with Anthony “Tony” Fauci. According to RedState’s exposé, “*when ‘insiders’ were surprised that Walensky was picked [to head CDC], it was revealed that Fauci had a lot to do with her appointment.*”

Loyal to Fauci, Walensky has written opinion pieces for leading media outlets “*about how to fairly and effectively distribute [Remdesivir](#),*” the [ineffective](#), [expensive](#) and [dangerous](#) drug [promoted](#) by NIAID and Fauci as virtually the sole treatment option for hospitalized COVID patients.

A former Boston colleague of Walensky’s [stated](#) the CDC director “*has a lot of Tony in her,*” including the “*ability to take complex information and convey it in clear and concise messaging.*”

#### Shunning and Nuremberg 2.0

As bad as the ACIP (and VRBPAC) decisions were, vaccine-risk-aware observers are even more shocked that CDC and FDA are “*blithely*” allowing Pfizer’s shot to be [administered](#) to children and adolescents with other vaccines at the same time.

As Informed Choice Washington [put it](#) last May regarding the authorization for kids ages 12 and up:



*“As unethical as it is to expose children to investigational liability-free products that have seen unprecedented levels of vaccine adverse reactions and deaths reported ... when ACIP opened up the shots to be co-administered with other vaccines, including those with adjuvants, they stepped fully into crimes against humanity. Not a single clinical trial has been done administering the COVID-19 shots with any other vaccine. There is zero safety data.”*

Other observers agree with this assessment, [arguing](#) that “Every single person associated with the ACIP meeting today must be tried for crimes against humanity at Nuremberg 2.0.” Some are also calling for a [second Nuremberg trial](#) for “perpetration of COVID-response policies that led to forced shutdowns, destroyed businesses, impoverished families, broken lives and a spike in suicide rates.”

In the meantime, it is time to shun ACIP members. And because it is inconceivable that ACIP members would behave in such a corrupt manner without the approval and say-so of their institutions, shunning actions necessarily must also extend to the universities and other institutions that have these individuals’ backs.

Send a Notice of Liability to each ACIP member — see [examples](#) at the Doctors for Covid Ethics website.

Check the campaign contributions of ACIP members at OpenSecrets.org. If they are donating to a politician who represents your state or Congressional District, call or write your representative and ask why they are accepting donations from people who are seriously compromised by the pharmaceutical industry and harming our children.

Refrain from appointing ACIP members to the Boards of community organizations — or revoke their current Board appointments. These types of “good citizen” positions should not be offered to people who are not behaving as “good citizens.”

All universities benefit from state and local appropriations; contact your legislators, explain that academic operations at these universities are clearly supporting federal corruption and demand that the legislators revoke the appropriations.

Write to the board of trustees or person who manages the university endowment. Demand they disclose their investments in companies that are harming our children and explain how these investments support active participation in federal corruption by those affiliated with the university.

Stop donating to the universities and academic departments in question and let them know why. When asked for an update by your university alumni group, ask to be removed from the alumni email list and database, and explain you have stopped donating to the university as a result of its support of federal corruption.

Cancel your season tickets and other participation in sports and cultural events at the university. Explain why

If you are involved in recruiting for your company, remove these universities from your recruiting lists. Write to the university's placement office to explain why.

Ask local newspapers to publish copies of the letters you write to university officials. Organize to support members of the independent media in researching and publishing information regarding ACIP members' conflicts of interest, as well as the university conflicts of interest that compromise the institutions' intellectual resources and activities in science, medicine and technology.

Write to the university chaplain and ask for prayers for the university to be released from the spirit of corruption. Provide details.

Identify the banks involved in managing the university's bank accounts, financial assets, endowment and pension funds; where applicable, demand to know why the university is doing business with banks that have compromised our federal government accounts and are financing policies at the federal level that are harming our children.

Do not buy or hold stocks in companies with which ACIP members are connected.

Do not buy products or drugs that ACIP members have developed or patented.

Make it clear — through letters to the editor and letters to the institutions — that you will not forget ACIP members' decision to enable the needless harming of young children.

## **Corporate media hysteria pushes puke up another COVID “scariant” campaign in desperate FEAR PLOY for totalitarian control**

Friday, November 26, 2021 by: Mike Adams

[\(Natural News\)](#) As you've noticed over the last two days, the global corporate media psyop spell weavers have puked up another “scariant” called “Nu,” and they are now hyperventilating over it, claiming it has over “30 horrifying mutations” and might spread faster than anything in history. [The WHO decided to call in Omnicron rather than “Nu” or “Xi”]

The underlying message, of course, is that everybody should stop resisting and immediately obey the demands of (corrupt) government.

The thing spreading the fastest, of course, is the media hysteria. A passenger plane that departed from South Africa and landed in Amsterdam was [prevented from de-boarding, stranding South African passengers on the plane](#), all due to mass media hysteria over the new covid “scariant.”

People are panicking as they realize all the vaccines and boosters they already took are now worthless.

Part of the message being delivered in this mass media scariant panic is that all the vaccines and boosters that people already took are apparently worthless against this new variant. This means that everybody's vaccine compliance "*vaccine passport*" status essentially resets to zero.

The Associated Press is reporting that Israelis are already losing their minds over this new covid scariant and that Prime Minister Naftali Bennett is on the verge of declaring an "*emergency situation*." According to the AP, the new variant is being detected in fully vaccinated individuals traveling to Israel. Bennett is already stoking the flames, warning that travel and borders will be locked down while the Israeli military hunts down people who recently traveling from those countries and throws them into covid quarantine camps:

*The government later said that all countries in sub-Saharan Africa would be considered "red countries" from which foreign nationals are barred from traveling to Israel. Israelis are prohibited from visiting those countries and those returning from them must undergo a period of isolation.*

*The Israeli military will work to locate all individuals who have been to red countries within the past week and instruct them to go into isolation while testing is carried out, it said.*

With the Australian military now hunting down and forcibly vaccinating indigenous people (Aborigines), the world's terrorist governments are ramping up their final assault on humanity, and this coordinated "Nu variant" media hysteria campaign is designed to drive to much fear into the minds of world citizens that they will go along with full-blown tyranny and genocide.

Will you comply if the media terrorizes you enough?

As I explain in today's short Situation Update podcast, this is all a campaign to try to achieve global compliance with government tyranny. The media are all acting as journo-terrorists, pushing mass hysteria to drive people into compliance (and more vaccines). Big Pharma is drooling over the potential new profits from a whole new wave of vaccines, which will of course set off more mutations and lead to yet more variants in 2022 and beyond.

The entire thing is a rigged criminal scam rooted in fraud and evil. This will never end by complying with it. The people of the world must peacefully rise up and stand strong against the fear campaigns, the bioterrorism and government-run genocide.

The reason this "*scariant*" was just released in a coordinated media fear campaign, of course, is because humanity is waking up and learning to resist covid tyranny. So the globalists are doubling down on their attacks against humanity, defrosting more bioweapons from Fauci's freezer collection while pounding the psyche of the population with relentless media fear campaigns.

The good news in all this? If you have natural immunity against covid, you're naturally immune to all the variants, too.

But the oblivious masses who already took the early covid jabs have destroyed much of their immune function, meaning they are now extremely vulnerable to any new real variant that might emerge, assuming they really exist at all.

Notice, too, how convenient the timing is with all this, where the media now has an excuse for why so many vaccinated people are dying and have compromised immune systems. It's the variant's fault!

Bottom line? If you comply, you die.

Do not comply.

Full details in today's podcast here:

[Brighteon.com/f13adc33-72bf-47ca-99bd-f3f85523592f](https://www.brighteon.com/f13adc33-72bf-47ca-99bd-f3f85523592f)

**That is right, as of right now there are at least a dozen variations, mutations, strains, whatever you wish to call them of COVID-19.** Months ago, I read several articles that explained there were several different strains or variants around the world even. The virus mutates from one "generation" to the next. Do you know what this means?

It means a vaccine is worthless.

Let's think about this another way. Each year Big-Pharma whips up a new batch of flu vaccine which is never the same. Always different, and its Big-Pharma's best GUESS as to which flu strain will be the most predominant. Sometimes they GUESS right.

So it is all a GUESS, a calculated GUESS is still a GUESS. Do you want to accept a foreign substance into your body based on someone's GUESS? I don't and won't, it's that simple for my family, period, end of story.

At this point, the continued promotion and discussion about vaccination only furthers the point I have made over the last 22 months. The COVID-19 crisis is a manufactured crisis and it is about control of people and their lives. Covid-19 is a "Bioweapon". It was created to cause harm and death in order to take control away from sovereign states and bring on the Fourth Global Industrial Revolution.

COVID-19 is not about a virus, but control. End of story! Locking down your town, city, state, and country is all about control. Hey, in many places liquor stores are open. Marijuana stores are open. They are "essential", but churches are "not-essential".

That is obviously about control. Folks, every time we go to the store, the public gathers. Yet, we are being told we should be concerned about gathering at church?

Jesus Christ destroys lies, no wonder they do not want us going to church. They get it. Maybe it is all chance we keep running into these people. I cannot answer that one, I just know my encounters. This has been a spiritual war from day 1! Day 1 was October 31, 2019 when China's "Smart Cities" was activated in Wuhan, China.

Folks, if you enjoy being told what to do, and that you must accept a vaccine later down the road. Then go ahead and keep your mouth shut. It's really easy to do. Just do not say anything. Anyone can do that.

On the other hand, if you do not enjoy your freedoms being removed, and you do not like the idea of government forcing you to do something you do not want to do, then reach out to your elected officials in a professional manner and tell them how you feel. You're taxes cover their paychecks, you are their boss.

**(Natural News) Data from the Vaccine Adverse Event Reporting System (VAERS) showed 2,620 more fetal deaths after getting the Wuhan coronavirus (COVID-19) vaccine than the reported number of fetal deaths from all other vaccines in the past 30 years. One "symptom" tracked is for ectopic pregnancy.**

Upon performing a search in VAERS for ectopic pregnancies following COVID-19 shots in the past 11 months, there have been [52 cases in 11 months where pregnant mothers received COVID-19 vaccine shots](#), and then later found to have ectopic pregnancy.

To compare, there had been 30 cases where pregnant mothers received vaccines approved by the *Food and Drug Administration* (FDA) and reported ectopic pregnancies in the past 30 years for an average of one ectopic pregnancy per year.

This means that there had been a 50-fold increase in ectopic pregnancies in women who had COVID-19 vaccine shots compared to other women receiving safe, FDA-approved vaccines in the past 30 years.

There had been many examples of these fetal deaths being reported, but the government continues to turn a blind eye even as reports continue to flood in.

For instance, two medical doctors and some protesters in Canada recently gathered at the Lions Gate Hospital in North Vancouver, asking the Royal Canadian Mounted Police to press charges against health officials after it was reported that there had been 13 stillborn deaths within 24 hours.

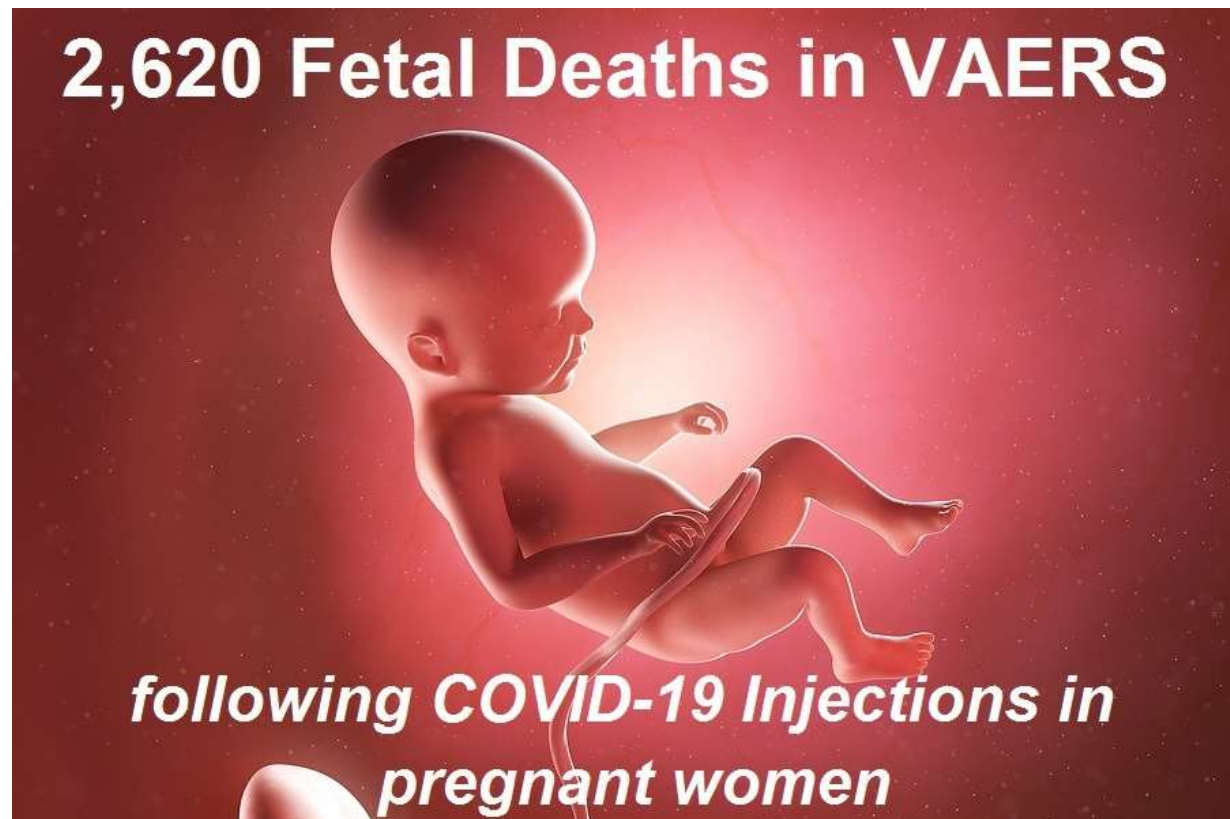
#### **Learn more about ectopic pregnancy**

Pregnancy always begins with the fertilization of an egg. This fertilized egg usually attaches itself to the lining of the uterus. But in ectopic pregnancies, the [fertilized egg](#)



[implants and grows outside the main cavity of the uterus](#), usually in a fallopian tube. It can also occur in other areas, such as the ovary, abdominal cavity or the lower part of the uterus (cervix).

Because of the location of the fertilized egg, an ectopic pregnancy can't proceed normally. The fertilized egg cannot survive in other parts of the body, and it may even cause life-threatening bleeding if left untreated.



Most pregnant women don't notice any symptoms of ectopic pregnancy early. However, ectopic pregnancy does present the usual signs and symptoms of pregnancy such as a missed period or breast tenderness and nausea. (Related: [Is the new "morning after pill" a Covid vaccine?](#))

Women who take pregnancy tests find their results to be positive, but the pregnancy cannot continue as normal. As the fertilized egg grows in an improper place, signs and symptoms become more noticeable.

Often, the first warning signs include light vaginal bleeding and pelvic pain. If blood leaks from the fallopian tube, there may also be shoulder pain or an urge to have a bowel movement, depending on where the blood collects and which nerves are irritated. There are some factors that make women more likely to have ectopic pregnancies, including inflammation, infection from sexually transmitted diseases, fertility treatments, previous tubal surgery and even the choice of birth control.

One can't prevent an ectopic pregnancy, but there are ways to decrease the risk, such as limiting the number of sexual partners and using condoms to prevent sexually transmitted infections. Smoking is also a risk factor, so women are advised to quit smoking when trying to get pregnant.

### **Is COVID-19 vaccine really safe for pregnant women?**

A separate study that reported preliminary findings regarding the safety of COVID-19 vaccines in pregnant persons noted that the clinical trials for mRNA-based COVID-19 vaccines did not include pregnant women, limiting safety data in the group.

With more pregnant women in the general population receiving the vaccines since, they were able to [provide information to assess safety data](#).

The results showed that 3,958 pregnant women enrolled in surveillance system registries, and that injection-site pain was reported to be the most common among pregnant women. However, the pregnancy outcomes were concerning.

Of the registered women, only 827 participants completed their pregnancy. Out of these, 86.1 percent gave live birth, 12.6 percent had spontaneous abortions, 0.1 percent had stillbirths and 1.2 percent had other outcomes like induced abortion and ectopic pregnancy.

VAERS data from December 14, 2020, to February 28, 2021, alone showed 29.9 percent pregnancy-related reports out of 221, most of which include spontaneous abortions – 37 in the first trimester, two in the second trimester and seven unknown or not reported.

The authors concluded that data from three different surveillance systems – including VAERS – did not indicate any obvious safety signals regarding pregnancy or neonatal outcomes associated with the COVID-19 vaccinations.

While not directly comparable, the proportions of adverse outcomes in vaccinated women were said to be similar to those reported in studies involving them before the pandemic. Experts suggest further studies are necessary, especially in women vaccinated in the first trimester.

### **As Cases Rise, Inventor of mRNA Vax Says Fauci Killed 500,000 People by Blocking Ivermectin/HCQ [November 26, 2021](#)**

As Robert Kennedy's book on Fauci, *"The Real Anthony Fauci,"* skyrockets to the top of the Amazon charts and scoops up five-star reviews, and as the U.S. media reports that COVID cases are rising, even though half the population is purportedly "vaccinated" and much of the other half has had it and developed natural immunity, **Dr. Robert Malone, the inventor of the mRNA delivery system now being used by Pfizer and Moderna, has come out swinging against Anthony Fauci.**

Last week Fauci went on NBC and said that Tucker Carlson and others who criticize him are “*killing people.*” Afterwards, Dr. Malone, who did his work on mRNA technology while at the Salks Institute, and who did post-doc work at Harvard Medical School, struck back.

Dr. Robert Malone:

*“Look Tony, there are over half a million deaths in the United States for this virus, completely unnecessary because the federal government has very actively blocked the ability of physicians to provide lifesaving medications early in the infection. They’ve set a policy where physicians aren’t supposed to be treating as outpatients, they’re only supposed to be treating as inpatients. And you only get admitted when your body is pretty effectively trashed by the virus. And so we have this high rate of dying.”*

In an amusing coda to expected attacks on Malone’s credentials after warning that the mRNA vaccines in their presently untested state were a “*danger,*” Wikipedia attempted to erase references to his role in inventing the mRNA vaccine platform.

As of the end of November, 67 studies, including 58 randomized control trials and 46 peer-reviewed, showed up to 80% reductions in COVID mortality with the use of Ivermectin under doctor supervision. Dr. Malone’s estimate that 500,000 people’s deaths were “unnecessary” is in line with this number.

Dr. Malone is one of the 4,200 doctors and scientists who have signed last the Fall 2021 “Rome Declaration,” which calls for doctors to have their unfettered traditional, medical judgement-based use of FDA certified drugs for off-label uses. Key among these in the era of COVID are Ivermectin and hydroxychloroquine, which are widely used with reported great success in other countries, such as India, Indonesia, Mexico, many African countries, and now Japan.

Despite ongoing FDA and media assertions that Ivermectin does not work, and in fact can be dangerous, such assertions never rebut and simply ignore the very kind of evidence they say does not exist.

The best, and most shocking example of this are the multiple studies linked to the FDA’s own webpage on Ivermectin.

### **FDA’s Own Cited Studies Show Ivermectin Works, Pandemic Was Manufactured**

The FDA’s own website which says that Ivermectin is not “effective against COVID” links to multiple science which says exactly the opposite.

The discovery takes place as the newsletter for the Kaiser health system reports an influx of non-COVID patients with “*heart conditions*” and “*blood clots,*” which have been associated with the Pfizer/Moderna mRNA injections. Taiwan, Germany, and France have all placed restrictions on the injections for younger age groups.

Despite warnings that Ivermectin can be dangerous, which is always a result of desperate people not under doctor supervision either taking massive, non-recommended doses, or taking animal versions, the drug has a sterling safety record. A study posted at the NIH website says:

*"Ivermectin has continually proved to be astonishingly safe for human use."*

Although the links for the individual studies on Ivermectin at the FDA website go only to the study protocols, the studies may be researched by title and the full studies found.

One must ask if the bureaucrats at FDA and other agencies charged with public health honestly think that Americans cannot read.

### **Courtesy of Patrick O'Carroll -- Cabalist Jews Playing Key Roles In The COVID GENOCIDE:**

Larry Fink (CEO of BlackRock which bought controlling interest in Pfizer in 2019);  
Rob Kapito (President of BlackRock which bought controlling interest in Pfizer in 2019);  
Mortimer Joseph Buckley (CEO of Vanguard);  
Rochelle Walensky (Director of CDC);  
Anne Schuchat (Deputy Director of CDC);  
Sherri A Berger (Chief of staff of CDC);  
Mitchell Wolfe (Chief "medical" officer of CDC);  
Jeff Reczek (Director of Washington Office of CDC);  
Stanley Erck (CEO and president of Novavax);  
Serge Weinberg (Independent director of Sanofi (formerly Hoechst));  
Stéphane Bancel (CEO of Moderna);  
Tal Zaks (Chief "medical" officer of Moderna, vaccine creator);  
Emma Walmsley (CEO of Glaxo Smith Kline);  
Drew Weissman (Pioneer in the development of mRNA vaccines);  
Albert Bourla (Chairman and CEO of Pfizer);  
Michael Dolsten (Chief "scientific" officer of Pfizer);  
Sally Susman (Executive vice president and Chief corporate affairs officer of Pfizer);  
Alex Gorsky (CEO of Johnson & Johnson);  
Pascal Soriot (CEO of AstraZeneca);  
Xavier Becerra (Secretary of US department of "Health" and Human "Services");  
Alex Azar (Secretary of US department of "Health" and Human "Services");  
Rachel Levine (Assistant secretary of US department of "Health", cross-dressing  
pervert);  
Jeffrey Zients (COVID "czar" to Bolshevik-Zionist Biden);  
Andy Slavitt (COVID senior "advisor" to Bolshevik-Zionist Biden);  
Jonas Salk (Eugenicist, inventor of the genocidal polio "vaccine");  
Alejandro Mayorkas (Secretary of Homeland "Security");  
Andy Slavitt (Senior "Advisor" to the COVID (Magic Virus) "Response" "Coordinator");  
Anne Neuberger (Deputy National "Security" "Advisor" for Cyber and Emerging  
Technology);

Annie Petsonk (Assistant Secretary of Transportation for Aviation and International "Affairs");  
Antony Blinken (Secretary of "State");  
Avril Haines (Director of National "Intelligence");  
David Cohen (Deputy Head of the Central Lack-Of-Intelligence Agency (CIA));  
David Kessler (Chief "Science" Officer of the COVID (Magic Virus) "Response" Team);  
Douglas Emhoff (the next "First Lady"? Husband of Kamala Harris);  
Elena Kagan (Supreme Court "Justice");  
Jeffrey Zients (COVID (Magic Virus) "Response" "Coordinator");  
Kamala Harris (next US president? Harris told one camera she celebrated Hanukkah as a child)  
Merrick Garland (US Attorney General);  
Ron Klein (White House Chief of Staff);  
Sonia Sotomayor (Supreme Court "Justice");  
Stephen Breyer (Supreme Court "Justice");  
Victoria Nuland (Undersecretary of State for Political "Affairs");  
Wendy Sherman (Deputy Secretary of "State");  
William Gates (Eugenicist, ex-CEO of Microsoft,

**Billionaire eugenicist Bill Gates is already signaling the arrival of his next plandemic, which appears to involve the intentional release of a smallpox bioweapon.**

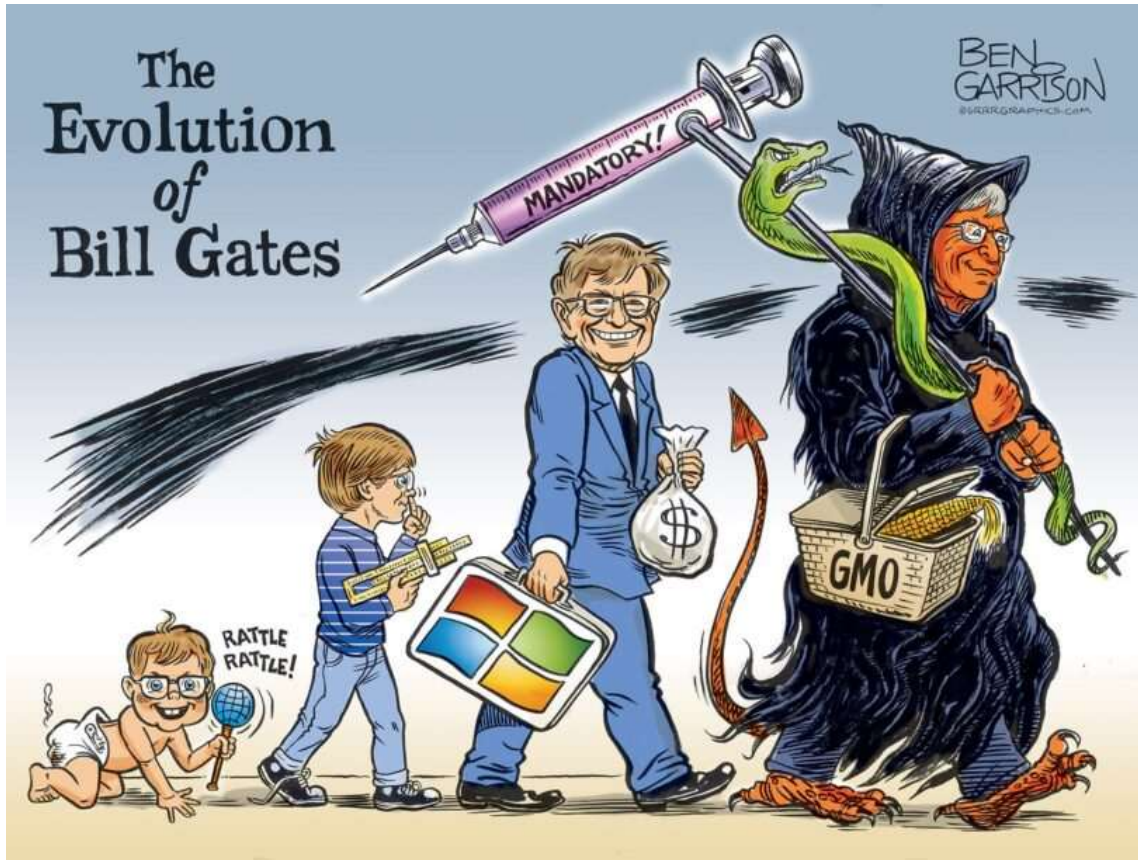
The mainstream media has been littered as of late with stories about [mysterious smallpox "vials" and other things related to smallpox](#). We also [reported](#) about eight years ago that the federal government was stockpiling smallpox "vaccines" for some reason.

Just the other day, a worker at a laboratory outside of Philadelphia [supposedly stumbled upon about 15 vials of smallpox](#) ... something inside of a refrigerator. The FBI and other federal agencies reportedly intervened and are conducting an "investigation." Then, the Daily Mail (U.K.) reported on a warning from Gates, who [claims that "terrorists" \(himself?\) are planning to unleash a smallpox bioweapon](#). This, according to Gates, requires that governments spend billions of dollars to "prevent future pandemics."

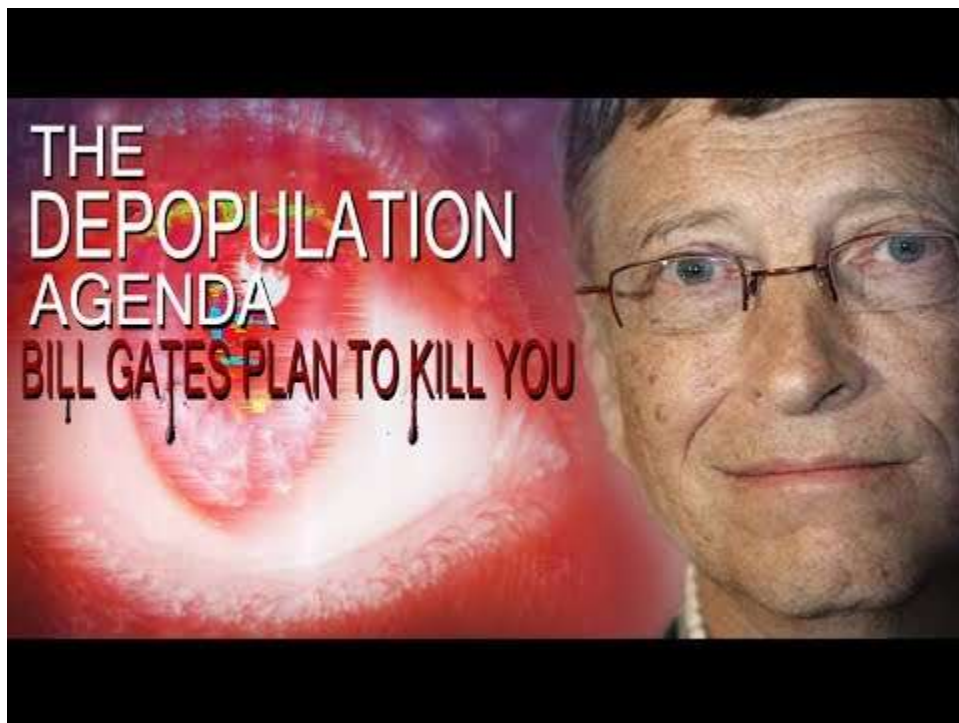
**It just so happens that Gates addressed all of this at his "Event 201" initiative, which conveniently occurred right before the Wuhan coronavirus (Covid-19) was first announced by the mainstream media.**

This plandemic exercise, which occurred in October 2019, laid the groundwork for the Chinese Virus. Now, [Gates is laying the groundwork for a smallpox plandemic](#), which we speculate will soon go viral (pun intended).





[Bill Gates is the biggest depopulationist alive](#) (watch documentary below):



Joe Biden bought millions of dollars' worth of smallpox drugs back in September. WHY? For years, we were told by the government and the media that smallpox was eradicated. This supposedly occurred back in 1980. Now, however, it is making a resurgence in the headlines, at least, and will probably soon emerge in humans. Back in September, the Department of Health and Human Services (HHS) under Pedro Joe Biden arranged for the delivery of \$112.5 million worth of a drug called TPOXX, which just so happens to be a pharmaceutical medication designed to treat smallpox.

## **COVID Vaccines Are a War on Children**

By [Stella Paul](#) Global Research, November 24, 2021

*The first battles in the Covid War on Children began with the lockdown, forcing kids into isolation, depriving them of education, smothering them with masks, strangling their innate joy and playfulness, and denying them contact with God-given images of human faces.*

The tyrants won those first battles, vanquishing our kids. Children are committing [suicides](#) in numbers never before seen; their health has plummeted with terrifying rates of [obesity](#) and [diabetes](#), their intellectual and social development is languishing, and they are suffering intensely.

Now with children sicker and weaker than ever before, and with parents desperate for a return to "normal," the tyrants are moving in for the kill with vaccines. The Pop Culture Brigade unleashed Big Bird to [tweet](#) about the joys of the jab, promised kids [super powers](#) from the vaccines in a grotesque Pfizer ad, and invited a [pop star](#) to the White House to push "Let's end this pandemic together" to kids.

The medical establishment enthusiastically joined the attack. The American Medical Association [urged](#) parents to "seize the opportunity to vaccinate younger kids against Covid-19," warning them, "Now it is time for parents to act." The American Academy of Pediatrics [flogged](#) the need for instant FDA approval, while its New York branch demanded vaccine mandates for kids to attend school, helpfully [adding](#) that "religious or philosophical exemptions should not be given."

And, of course, the government struck hard with the ultimate power of coercion. California became the first state to [mandate](#) vaccines for kids ages 5 and older, denying kindergartners an education until they're jabbed. New York, fresh from deploying Covid to kill [15,000](#) nursing home residents, pivoted to kids with a [bribery](#) campaign conceived in the pits of hell. Mayor de Blasio announced that jabbed kids are eligible for a \$100 gift, which he cheerfully informed them "buys a whole lot of candy." Sugar destroys the immune system and sets up kids for a lifetime of metabolic dysfunction, but who cares about that? The vaccines are for their health!

**[Pfizer Says COVID Vaccine for 5- to 11-Year-Olds Is Safe and Shows 'Robust' Antibody Response, Experts Say Not So Fast](#)**

The tyrants have been consistent in their messaging onslaught from the beginning: healthy living and natural immunity play no part in overcoming Covid; only the divine gift of pharmaceutical experiments can confer redemption from the viral demon. Now the tyrants are salivating at the profits to be made by plunging lucrative gene modulators into children's flesh. Already, Pfizer is [boasting](#) that it will make as much money from its Covid vaccine in 2021 than it made from all its products in 2020. And wait until 2022, when Fauci [assures](#) us that even babies and toddlers will be stabbed with the jab! The tyrants have decreed their right to colonize and exploit your children's bodies, and your job as parents is to thank them, pay them, and submit.

In this face of this blitzkrieg of intimidation, coercion, and agitprop, how can parents protect their children? What weapons do parents have to fight back? As in any war, the way to win is through courage, unity, and knowledge of the enemy. So, I've provided some facts to fortify your information and share with others.

**The vaccine is already proven to be dangerous.** On November 12th, the CDC released the [latest figures](#) from the VAERS (Vaccine Adverse Event Reporting System). To date, children ages 12 to 17 have suffered 22,782 total adverse events, including 1,400 rated as serious, and 29 reported deaths. Among the deaths: a 17-year-old girl from Washington, a 12-year-old girl from South Carolina, a 13-year-old girl from Maryland, and a 17-year-old girl from Texas. 59 cases of life-threatening anaphylaxis were reported in this age group – with 96% attributed to Pfizer's vaccine. 552 cases of myocarditis and pericarditis (heart inflammation) were reported, with all but 10 linked to Pfizer, and 131 cases of blood clotting disorders, with 100% linked to Pfizer.

**Vaccine injuries in kids are being censored from the media and buried by the FDA.** Maddie de Garay is a 13-year-old girl in Ohio whose mother signed her up for Pfizer's Covid vaccine clinical trial. She is now catastrophically disabled and has been hospitalized three times in recent months. Yet Comcast [refused](#) to show an ad about Maddie, frustrating Maddie's mother who hoped it would force those responsible to admit to Maddie's injuries. You can see Maddie's ad [here](#). Mrs. de Garay documented Maddie's medical records and [submitted](#) them to the CDC, FDA, and NIH's National Institute of Neurological Disorders and Stroke without getting any meaningful response. Pfizer has categorized Maddie's systemic injuries as "functional abdominal pain."

**Sweden, Denmark, Finland, and Taiwan have stopped vaccinating younger groups because of reported heart damage and other injuries.** (See [here](#), [here](#), and [here](#).) All four countries report worrisome rates of myocarditis and pericarditis, which cause heart inflammation, in younger people injected with Covid vaccines. And in [Germany](#), federal data shows that children aged 12 to 17 were far more likely to be damaged from Covid vaccines than from Covid. Children were hospitalized post-vaccine with myocarditis, pericarditis, thrombosis, pulmonary embolism, and Guillain-Barre Syndrome. Around the world, children are suffering from Covid vaccines.

**Pfizer conducted NO long-term studies on their vaccine's impact on kids – none, nada, zilch, zip.** Pfizer [admits](#) in its application to the FDA that they will study the long-

term effects on kids AFTER they receive authorization. Pfizer's clinical trials consist of just two small studies of approximately 2,000 kids each. One group was followed for about two weeks after vaccination; the other for two months. That's it. Two months! That's the entire basis for injecting millions of kids with experimental vaccines that have unknown consequences for their genetic, reproductive, neurological, immunological, respiratory, and cardiovascular health. What on earth happens to our future if something goes wrong?

**Fauci and the FDA admit they don't know if the vaccines are safe for kids.** "The real question that we have not yet answered is the safety data of an mRNA vaccine in young people vis-a-vis myocarditis," Fauci [told](#) Reuters in October. And Dr. Eric Rubin, a voting member of the FDA panel that endorsed the vaccine and editor-in-chief of The New England Journal of Medicine, casually [noted](#), "We're never going to learn about how safe the vaccine is unless we start giving it. That's just the way it goes." In other words, what's important to these "experts" isn't protecting your kids. It's protecting the vaccine, with your kids as the unfortunate guinea pigs.

**Children's risk of Covid death or serious illness remains extremely low.** Large studies in Britain [confirm](#) that children's risk of being hospitalized or dying from Covid is negligible. 25 children out of 12 million kids in Britain died of Covid, and most of them had severe co-morbidities. Furthermore, children are [not](#) significant drivers of infection, and pose almost no risk to adults. They do not get frequently infected, and if they do, they typically have mild symptoms.

Prominent doctors have formed [The Unity Project](#) to help parents and groups fight vaccine mandates for children.

The tyrants who want your children's bodies are relentless. They've orchestrated the battlefield so that you're mandated to permanently alter your children's biology with unknown substances for protection against a disease for which they're not at risk. In times of chaos and despair, return to the time-tested basics. [The best way to shield your kids is by bolstering their God-given immune system with healthy whole foods, sunshine, joyful play and exercise, sleep, and family time for gratitude. The war will be won by parents who protect their kids.](#)

## **Bill Gates Charged with Murder for COVID-19 Vaccine Death in India's High Court – Death Penalty Sought.**

by **Brian Shilhavy**

**Editor, Health Impact News**

The Indian Bar Association is [reporting that murder charges have been filed in India's High Court](#) against two billionaires responsible for the AstraZeneca's COVID-19 vaccine, Covishield, for the murder of a 23-year-old man who was injected with the shot.

The two named defendants are Bill Gates, and Adar Poonawalla, the CEO of Serum Institute of India (SII), reportedly the world's largest vaccine maker. According to



[corporate news sources](#), Adar Poonawalla's company produces not only the COVID-19 vaccine Covishield, but also over 50% of the world's vaccines that are injected into babies.

The unnamed defendants are *“other Government officials and leaders involved in the murder of a 23 year old man, who lost his life because of vaccination.”*



Bill Gates and SII CEO Adar Poonawalla. [Image source](#)

The deceased took the Covishield vaccine by believing in the false narrative that the vaccine is completely safe and also owing to the compliance requirement set by the Railways that only double vaccinated people would be allowed to travel.

[The article also states](#) that the Government of India's AEFI (Adverse Event Following Immunization) Committee has recently admitted that the death of 33-year-old Dr. Snehal Lunawat, was due to side effects of the Covishield vaccine.

*The Government of India's AEFI (Adverse Event Following Immunisation) Committee has recently admitted that the death of Dr. Snehal Lunawat, was due to side effects of the Covishield vaccine.*

*The said report has exposed the falsity of the claim made by vaccine syndicate that vaccines are totally safe.*

You can read more about [Dr. Snehal Lunawat's murder by COVID-19 injection here](#). The article goes on to quote case law in India which:



*“makes it clear that before giving a vaccine or any treatment to a person, he should be informed about the side effects of the medicine and also about the alternate remedies available.*

*If any person is vaccinated by suppressing the facts or by telling a lie that the said vaccines are completely safe, amount to the consent being obtained under deception. In India, vaccination under deception or by force/coercion or by putting certain stifling conditions, is a civil and criminal wrong.”*



According to the article, this makes Bill Gates and Adar Poonawalla co-conspirators to mass murder.

*Bill Gates and Adar Poonawalla, the partners in manufacturing the Covishield (AstraZeneca) vaccine are made accused for their involvement in conspiracy.*

*In India, the person allowing the false marketing of his product is also held to be guilty due to his act of commission and omission. In this regard the provisions of **Section 120(B), 34, 109 etc. of IPC** get attracted to make Bill Gates and Adar Poonawalla guilty of mass murders i.e. **Section 302, 115, etc. of IPC.***



If convicted, they face the death penalty.

*As per the expert opinion, considering the proofs of sterling nature, Bill Gates and Adar Poonawalla will get death penalty.*

A previous case against Bill Gates for murdering 8 female children during vaccine trials for the HPV vaccine Gardasil in India is also mentioned.

*The Petitioner also relied upon the criminal antecedents of Bill Gates in killing 8 female children by unauthorized trial of HPV vaccines in India and judgment of Constitution Bench of the Supreme Court in **Kalpna Mehta's Case (2018) 7 SCC 1**, which is a strong proof against Bill Gates and his vaccine syndicate.*

The India Polio vaccine program sponsored by Bill Gates is also referenced in the charges.

*Petitioner has also referred to the proofs of sinister plan of Bill Gates in polio programme which spoiled the lives of 4.5 lakh children in India as they suffered new*

*type of paralysis. This is also an additional proof of Bill Gates' pervert and criminal mindset.*

The article states that bail will be denied to Bill Gates, and that his assets in India will soon be confiscated.

*As per experts, there is no chance of Bill Gates getting bail in the case and all the movable and immovable properties of the accused will be confiscated soon.*

Citizens of India now apparently have the authority to conduct Citizen Arrests of both Bill Gates and Adar Poonawalla to hand them over to the authorities.

*Various social organizations and common people have decided to exercise citizen's right to arrest the accused as provided under **section 43 of Cr.P.C.** As per the said section, any citizen can arrest Bill Gates, Adar Poonawalla and other accused and handover them to the police.*

Read the full article at [The Indian Bar Association](#).

While it is encouraging to read that charges of mass murder are actually being filed against billionaire Globalists for their crimes against humanity for the gene-altering COVID-19 injections, the question remains as to whether or not this case will ever be brought to trial.

Does India have the ability to run a covert military operation to extract Bill Gates from the U.S., for example, and bring him to trial in India?

## **CV19 Booster Shot Also a Bioweapon – Karen Kingston**

By Greg Hunter On November 27, 2021



By Greg Hunter's [USAWatchdog.com](#) (Saturday Night Post)

Karen Kingston is a biotech analyst and a former Pfizer employee who has researched and written about many cutting edge pharmaceutical issues. Kingston thinks that Covid 19 and the so-called vaccines and boosters are here to stay for a long time. Kingston explains, *"The reason why it keeps going is because Covid 19 is now a multi-trillion*

*dollar industry many times over that has been forecasted out for the next ten years and beyond. I do have numerous business plans that have been put up on numerous biotech industry websites. I am in the mecca of the biotech industry. I am in San Diego, and most people do not know we are the biotech industry of the world.”*

Kingston says there are untold billions of dollars being invested into CV19 injections. Just one fund alone has already invested a half billion dollars into research, and Kingston points out, “There is a \$500 million fund that has a partnership with Qualcomm that will map out all the genetic variations of Covid 19. Covid 19 is really just code for human beings, and they want to map out our genetic makeup. So, if Covid 19 goes away, where does the half billion dollar project go? . . . They just announced here in Carlsbad, California, that they are going to create a new manufacturing facility to produce 600 million rapid Covid 19 tests a year. If Covid 19 goes away, where does that manufacturing facility and the billion dollar a year company go? These are just two small examples of tens of thousands of examples. So, that’s why it’s not going away. . . . That’s why there are such strong mandates for our schools and for our city and state employees. . . . 740 of the 1,850 police here in San Diego are not vaccinated and don’t want to be. Mayor Todd Gloria gave them two choices: You can surrender your body to be injected with this biological agent, or you can surrender your badge and gun. I gave the police a third option which was arrest the Mayor.”

Kingston says the CV19 so-called vaccines are not vaccines but bioweapons and goes on to say, “*The hot water that Pfizer is in is they never demonstrated anything even remotely being a vaccine, and their mechanism of action is defined by the FDA under viral gene-based therapy, which is what it is. They met no criteria as a vaccine. On top of that, the FDA has approved other products in this category for cancer treatments. So, if there is a serious attorney out there that wants to engage me and my analysts, this is actually a big case. Pfizer broke their (liability) shield, and the FDA was grossly negligent. The data is right there to show you this goes beyond false and misleading labeling and off-label claims . . . . They told doctors that this was a vaccine—when it’s not.*”

Dr. Fauci now claims that a booster is “essential” for protection against CV19. Does Kingston recommend a CV19 booster shot? Kingston warns, “*I don’t think anyone should inject themselves with a bioweapon, so, no. I also think nobody should have the right to inject their children with a bioweapon. This is a firm No. This has to stop. . . . If I did not have any bad reactions (from the CV19 injections), I would drop to my knees and thank God. . . . I would pray for forgiveness that I was deceived.*”

Join Greg Hunter of USAWatchdog.com as he goes One-on-One with biotech analyst Karen Kingston as she warns people NOT to get the bioweapon booster shot.

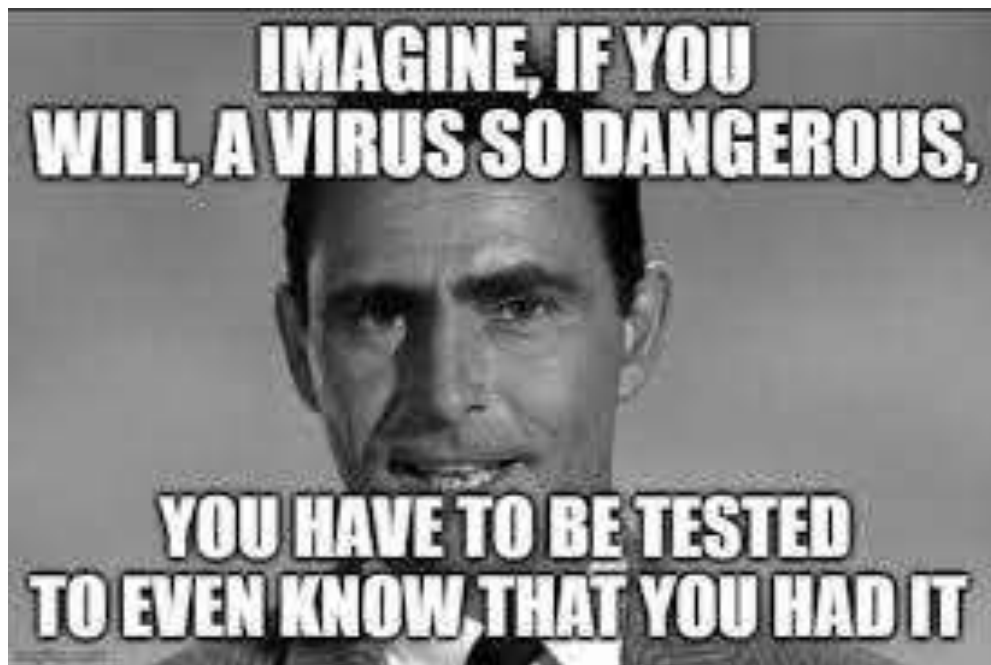
**Pastor Bob’s Article Confirms Karen Kingston’s Claim That Covid-19 is a “Bioweapon!”**

By admin on Sat, 11/27/2021

I posted an article today validating Karen Kingston's claims that Covid-19 is a Retrovirus "Bioweapon". This was confirmed by the 2008 Nobel Peace Prize in Medicine Dr. Luc Montagnier over a year ago, he confirmed the evidence of a group of Indian scientists who discovered "inserts" of HIV1 and SARS2. This report is accessible by clicking on the link below. The creator of Covid-19 "inserted" 18 fragments of HIV1 and 4 fragments of SARS2 into the genome of a common cold virus. This is equal to 92% of the HIV1 viral load that eventually attacks the human health which succumbs to ultimate death!

[Covid-19 Is A Retrovirus](#)

Dr. Luc Montagnier defined the 18 fragments of HIV1 (as = to 92%) of the full blown HIV and weakens the Immune system over time. Reports from scientists in the UK and other countries report that the vaxxed individuals are losing 2% to 8% of their immunity by the month, ultimately at a point that result in death from an overloaded immune system.



**The New COVID Variant Scam was Simulated in Israel Weeks before it was "Discovered"**

**Or "Fool me once, shame on you. Fool me twice, shame on me."?**

by **Brian Shilhavy**

**Editor, Health Impact News**

The flames of "COVID fear" are being stoked again, as the Big Pharma Globalists unleash their new plan to increase profits and exert more tyrannical control over populations by using their corporate media and puppet politicians in an attempt to extend the false "COVID pandemic."



Within just a couple of days after announcing that a “new variant” has been discovered in Africa, Big Pharma has now promised the world that they are rushing to rescue everyone with new drugs and new vaccines to fight this “deadly new variant.”

What kind of people are still watching this Hollywood-like scripted show and actually believing it is true??

For those who do not worship the medical system as their savior, it is very easy now to see through the propaganda and hype that is broadcast around the world 24/7 in an effort to usher in their Great Reset and New World Order.



Israel's Prime Minister Naftali Bennett is seen following the completion of the COVID-19 'war games' exercise. [Source](#).

What I am going to do in this article today is clearly show how this new variant they are promoting like a new motion picture that they want everyone to watch is a complete scam, and then expose just what it is they want to accomplish through this new round of fear mongering, which is the only “pandemic” that is real, a *pandemic of fear*.

All Variants are Scams as SARS-CoV-2 is a Scam.

Back in July of this year when the Globalists unleashed the “Delta variant” we [published an interview](#) with Dr. David Martin, PhD, who was interviewed by Attorney Reiner Fuellmich.

David Martin was featured in the 2020 documentary, Plandemic, where he revealed that there have been government patents on Sars Corona viruses since 1999, and that there is nothing “novel” about Sars-CoV-2.

If you have not yet watched this documentary, it is must viewing to understand how this all came about in the first place, and that it was in the planning stages for many years. See:

[PLANDEMIC: Full Feature Film Released Online Amidst Tremendous Opposition and Attempts to Censor it](#)



In his interview with Attorney Reiner Fuellmich last July, he explained how there are no variants of COVID-19. They are all computer simulations of specific gene sequences. We extracted about 19 minutes of that interview and it is on our [Bitchute channel](#).

At around the 14-minute mark of this video, Dr. Martin states:

*There is no such thing as an alpha, or beta, or gamma delta variant. This is a means by which what is desperately sought is a degree to which individuals can be coerced into accepting something that they would not otherwise accept.*

*There has not been in any of the published studies in what has been reportedly the delta variant, there has not been a population “are not” calculated, which is the actual replication rate.*

*What has been estimated, are computer simulations.*

*There has been no ability to identify any clinically altered gene sequence, which then has a clinically expressed variation.*

*And this is the problem all along. This is the problem going back to very beginning of what's alleged to be a pandemic, is that we do not have any evidence that the gene sequence alteration had any clinical significance whatsoever.*

*There has not been a single paper, published by anyone, that has actually established that anything novel since November of 2019 has clinical distinction from anything that predates November of 2019.*

*The problem with the 73 patents that I described, is that those 73 patents all contain what was reported to be novel in December and January of 2019 and 2020 respectively. So the problem is that even if we were to accept that there are idiopathic pneumonias, even if we were to accept that are some set of pathogen induced symptoms, we do not have a single piece of published evidence that tells us that anything about the subclades Sars-CoV-2 has clinical distinction from anything that was known and published prior to November 2019 in 73 patents dating to 2008.*

*There is no, and I am going to repeat this, there is no evidence that the Delta variant is somehow distinct from anything else GISAID.*

*The fact that we are now looking for a thing does not mean it is a thing, because we are looking at fragments of things, and the fact is that if we choose any fragment, I could come up with, you know, I could come up with variant "omega" tomorrow.*

*And I could come up with variant "omega" and I could say I'm looking for this sub strand of either DNA or RNA, or even a protein, and I could run around the world going "Oh my gosh! Fear the omega variant!"*

*And the problem is, that because of the nature of the way in which we currently sequence genomes, which is actually a compositing process, is what we call in mathematics an "inter-leaving," we don't have any point of reference that actually know whether or not the thing we are looking at is in fact distinct from either clinical or even genomic sense.*

*And so we're trapped in a world where unfortunately, if you go and look, as I have, at the papers that isolated the Delta variant, and actually ask the question, is the Delta variant anything other than the selection of a sequence in a systematic shift of an already disclosed other sequence, the answer is, it's just an alteration in when you start and stop what you call the reading frame.*

Israel Simulates COVID-19 "War Game Omega Exercise" on November 11, 2021

*Two weeks before this current new variant suddenly appeared in Africa and started making the news cycle, Israel, which has been Pfizer's human laboratory to test their*

COVID shots, ran a “war games” simulation to prepare for a “deadly new variant” which at the time had not yet been named. They called this future variant “Omega,” and [the simulation was carried out on November 11, 2021](#).

The [Jerusalem Post reported](#):

*Dozens of top officials took part in what Prime Minister Naftali Bennett called a COVID-19 war exercise on Thursday to gauge the country’s preparedness for the next wave of the pandemic.*

*“We are starting an unprecedented event here,” the prime minister said at the start of the exercise – “not only on an Israeli scale but on a global level. We are conducting a war exercise to prepare for a new variant that does not even exist yet.”*

*The “Omega Exercise,” as Bennett called it, was held in the format of a “war game,” the Prime Minister’s Office said. Bennett has regularly referred to the “Omega strain,” the next harmful COVID-19 variant that has not yet been discovered. A war game is a game of the mind; no physical exercises took place.*

*Bennett said that Israel has surfaced from the Delta wave without locking down, proving that “with proper management, the pandemic can be defeated.” ([Full article](#) – and thanks to the Robin Monotti, Dr Mike Yeadon & Cory Morningstar [Telegram Channel](#) for pointing this out.)*

#### **Africa is Chosen to be the Source of the New Variant Scam**

Up until now, Africa has been an enigma to the Globalists’ narrative on the COVID-19 plandemic, as the continent has the lowest rates of COVID-19 vaccination, while also having the fewest amounts of “COVID-19 deaths.” [It also has the smallest footprint for 5G technologies, could there be a correlation here and **5G**/Covid? -Pastor Bob]

Ryan McMaken of the [Mises Institute reported](#):

*Since the very beginning of the covid panic, the narrative has been this: implement severe lockdowns or your population will experience a bloodbath. Morgues will be overwhelmed, the death total toll will be astounding. On the other hand, we were assured those jurisdictions that do lock down would see only a fraction of the death toll. Then, once vaccines became available, the narrative was modified to “Get shots in arms and then covid will stop spreading. Those countries without vaccines, on the other hand, will continue to face mass casualties.”*

*The lockdown narrative, of course, has already been thoroughly overturned. Jurisdictions that did not lock down or adopted only weak and short lockdowns [ended up with](#) covid death tolls that were either similar to—or even better than—death tolls in countries that adopted draconian lockdowns. Lockdown advocates said locked-down countries would be overwhelmingly better off. These people were clearly wrong.*

*Undaunted by the increasing implausibility of the lockdown narrative, the global health bureaucrats are nonetheless doubling down on forced vaccines—as we now see in Austria—and we continue to be assured that only countries with high vaccination rates can hope to avoid disastrous covid outcomes.*

*Yet, the experience in sub-Saharan Africa calls both these narratives into question: Africa's numbers have been far, far lower than the experts warned would be the case.*

*For example, [the AP reported this week](#) that in spite of low vaccination rates, Africa has fared better than most of the world:*

*There is something “mysterious” going on in Africa that is puzzling scientists, said Wafaa El-Sadr, chair of global health at Columbia University. “Africa doesn't have the vaccines and the resources to fight COVID-19 that they have in Europe and the U.S., but somehow they seem to be doing better,” she said....*

*Fewer than 6% of people in Africa are vaccinated. For months, the WHO has described Africa as “one of the least affected regions in the world” in its weekly pandemic reports. Yet disaster for Africa has long been predicted for several reasons even beyond the availability of vaccines. For instance, it is known that lockdowns are especially impractical in the poorest parts of the world.*

*This is because populations in places with undeveloped economies can't simply sit at home and live off savings or debt. Rather, these people must go out into the world and earn a living on a day-to-day basis. Starvation is the alternative.*

*Moreover, much of this work is done in the informal economy, so enforcing lockdowns becomes especially difficult.*

*It was also assumed covid would be especially deadly in Africa due to the fact many large households live in small housing units.*

*But that “conventional wisdom” flies in the face of the reality of covid in Africa, which is that there have been fewer deaths. ([Full article here.](#))*

*But this new fake variant has been reportedly found in South Africa, with the supposed first detections coming from Botswana. The variant now has a name, Omicron, and while the corporate media is hyping it up and creating fear over it, the people in Africa themselves are not concerned.*

*Paul Joseph Watson of [Summit News reports](#):*

*The new ‘Omicron’ variant of COVID-19 was first detected in four people who were fully vaccinated, according to a public statement by the Botswana government.*

*The new variant, which some claim is three times more contagious, was initially discovered in Botswana before it spread across South Africa.*



The news was met with global alarm, prompting financial markets to plummet and new travel bans to be put in place.

According to a public statement by the Botswana government, the new mutation was first discovered in four people who had received both doses of the COVID-19 vaccine. The Botswana Government says that the new COVID variant (named Omicron) was first detected in four patients who were FULLY VACCINATED for COVID. <https://t.co/twfaWmK2Gu>

— Robby Starbuck (@robbystarbuck) [November 26, 2021](#)

According to the report, four cases of the new variant “were reported and recorded” on November 22.

“The preliminary report revealed that all the four had been completely vaccinated for COVID-19,” according to Botswana authorities.

In a subsequent statement, the government revealed that the new variant “was detected on four foreign nationals who had entered Botswana on the 7th November 2021, on a diplomatic mission.”

STATEMENT ON THE NEW COVID-19 VARIANT <pic.twitter.com/ltmUi8H6j8>

— Botswana Government (@BWGovernment) [November 26, 2021](#)

Meanwhile, South Africa’s medical chief Dr. Angelique Coetsee described the panic as a “storm in a teacup,” adding that she had only seen “very very mild cases” of the variant so far. ([Full article here.](#))

South African Health Minister, Joe Phaahla, has also stated that the corporate media is making this into more of an issue than it should be.

What are the Globalists Planning to do with this New Fake Variant?

This is not a difficult question to answer. All one has to do is turn on their TV to a corporate news broadcast, or read one of their publications, because they will all mostly say the same thing.

Kit Knightly, writing for [Off-Guardian.org reports](#):

If you want to know exactly how the Omicron variant is going to affect the narrative, well The Guardian has done a handy [“here’s all the bullshit we’re gonna sell you over the next couple of weeks”](#) guide:

- The Omicron variant is more transmissible, but they don’t know if it’s more dangerous yet (keeping their options open).
- It originated in Africa, possible mutating in an “untreated AIDS patient” (sick people are breeding grounds for dangerous “mutations”).

- *“it has more than double the mutations of Delta...scientists anticipate that the virus will be more likely to infect – or reinfect – people who have immunity to earlier variants. (undermining natural immunity, selling more boosters, keeping the scarefest going).*
- *“Scientists are concerned” that current vaccines may not be as effective against the new strain, they may need to be “tweaked” (get your boosters, and the new booster we haven’t invented yet)*
- *“Scientists expect that recently approved antiviral drugs, such as Merck’s pill, will work as effectively against the new variant” (more on this later)*
- *It’s already spreading around the world, and travel bans may be needed to prevent the need for another lockdown*

*We’re already seeing preparations for more [“public health measures”](#), with the press breathlessly quoting “concerned” public health officials. We’re being told that a new lockdown won’t be necessary...as long as we remember to get boosted and wear masks and blah blah blah.*

*Generally speaking, it’s all fairly boilerplate scary nonsense. ([Source.](#))*

*And of course, Big Pharma already has their “magic pills” almost ready for emergency use authorization to come in and “save the world.”*

*Kit Knightly [continues](#):*

*Let’s go back to the Guardian’s “Omicron” bullet points, above:*

- *Scientists are concerned by the number of mutations and the fact some of them have already been linked to an ability to **evade existing [vaccine-created] immune protection.***
- *Scientists expect that recently approved antiviral drugs, such as **Merck’s pill, [will work effectively] against the new variant***

*The “new variant” is already being described as potentially resistant to the vaccines, but NOT the new anti-viral medications.*

*Pharmaceutical giants Merck and Pfizer are both working on “Covid pills”, which as recently as [three days ago](#), were being hyped up in the press:*

*US may have a ‘game changer’ new Covid pill soon, but its success will hinge on rapid testing In the US, an emergency use authorization can only be issued if there is no effective medication or treatment already available, so the vaccines not being proof against Omicron would be vital to rushing the pills onto the US market, at least.*

*If Omicron is found to be “resistant to the vaccines”, but NOT the pills, that will give governments an excuse to rush through approving the pills on an EUA, just as they did with the vaccines.*

So, you bet your ass that testing is gonna be “rapid”. Super rapid. Blink-and-you’ll-miss-it rapid. Rapid to the point you’re not even sure it definitely happened. And now they have an excuse.

Really, it’s all just more of the same.

A scare before the new year. An excuse to make people believe their Christmas could be in peril. An exercise in flexing their control muscles a bit, milking even more money out of the double-jabbed and boosted crowd, now newly terrified of the Omicron variant, and a nice holiday bump to Pfizer’s ever-inflating stock price.

At this point either you can see the pattern, or you can’t. You’re free of the fear machinery, or you’re not. ([Source](#).)

### Targeting the Children

If you watched the 2-minute video above about the Israeli “war games” simulation for a “new variant” which at the time was allegedly not even known yet, you might have noticed that they are saying that children will be “more susceptible” to this variant, as they were “largely spared” from the “actual virus.”

The Israeli simulation predicted “massive hospitalizations and school closures” among children.

How could they predict that, since children have been mostly immune to COVID-19?

They predicted that because Israel, along with the U.S., just recently started injecting children between the ages of 5 and 11 with the Pfizer COVID-19 gene-altering shots, and they know full well that injuries and deaths in this age group will soon follow.

You can be sure that when reports start coming in soon about these children suffering heart disease, blood clots, and DEATHS, that they will blame it on this new fake variant. And to make matters worse, and create even more fear, the hospitals will be overloaded and unable to care for many of these children, NOT because the “new variant” is so strong and destructive, but because they have gutted the ERs and hospitals by firing or forcing many of the staff to quit because of COVID-19 vaccine mandates.

We have already seen this begin to happen with just a handful of children who were hurt in the parade attack in Waukesha, Wisconsin last week. See:

[Loss of Medical Staff due to Mandatory Vaccines Affecting Care of Children in Wisconsin Critically Injured in Parade Attack as ERs Nationwide Begin to Close](#)

This could be a very dark winter, especially for those who trust in the medical system and offered up their children as sacrifices to the vaccine gods.

These COVID-19 bioweapon shots are now what is driving the fake “pandemic.”

Last year they accomplished this by simply reclassifying the flu as “COVID-19,” as the actual overall death rate did not increase much last year, and those in the funeral industry have confirmed that, while also confirming that massive deaths have only happened this year, 2021, after the COVID-19 shots were introduced.

This year, the deaths are REAL, they are following the COVID-19 shots, and they are being blamed on COVID-19, and now they will be blamed on this new fake variant.

Is There Anything that is True About this “New Variant?”

Yes, everyone agrees that the “vaccines” and other measures that have been taken to supposedly combat “COVID-19” have failed.

With the creation of this new fake variant, they have actually had to admit that those who have been fully vaccinated and have their health passports, will soon need to start from scratch again, and agree to all the new drugs and repurposed vaccine booster shots to be able to have a “passport” that allows them to participate in society.

How many will hold to the adage: **“Fool me once, shame on you. Fool me twice, shame on me.”?**

We’re about to find out.

*The LORD will keep you free from every disease. He will not inflict on you the horrible diseases you knew in Egypt, but he will inflict them on all who hate you. (Deuteronomy 7:15)*

*Your children who follow you in later generations and foreigners who come from distant lands will see the calamities that have fallen on the land and the diseases with which the LORD has afflicted it. (Deuteronomy 29:22)*

***There is no need for this vaxx (gene therapy) based upon the World Health Organization! Wake Up! This is World War III. Here is the WHO’s own data!***

Anyone who has followed the reports shared on this web page can see **Public Health is not the number one aspect of concern.** We see total disregard for the true recovery rate from Covid-19, which I have included in virtually every segment to date. Below you can see exactly what the World Health Organization is reporting on the recovery rate for those having had Covid in 10 countries or regions. **Achieving a recovery rate of 99.93% or better is prima facie evidence – obvious, self-evident, sufficient to establish the fact that Covid-19 is a crime by those wanting to exploit it for financial and political gain!** Two years ago Bill Gates told Becky Quick at Davos, Switzerland on her program *Squawk Box* of CNBC, his investment in vaccines yielded a 20 to 1 return! I would say that it is all about the money for most but for Klaus Schwab, it is more about power and control of humanity!

Instead of "death" rate..  
LETS LOOK AT COVID "SURVIVAL" RATE??

Here's the percentage of 'world population'  
that have NOT died from COVID19

UK:	99.972%
BELGIUM:	99.944%
SPAIN:	99.956%
ITALY:	99.957%
BRAZIL:	99.935%
AFRICA:	99.997259%
AUSTRALIA:	99.99669%
USA:	99.954%
CHINA:	99.99967%
INDIA:	99.9935%

DATA SOURCES: WORLD HEALTH ORGANIZATION | JOHN HOPKINS COVID RESOURCE CNTR  
| WIKIPEDIA | GOOGLE

**Ten OMICRON “variant” predictions for 2022 and beyond... globalist authoritarian playbook stripped naked**

Saturday, November 27, 2021 by: [Mike Adams](#)

[\(Natural News\)](#) The omicron “variant” media hysteria is pure fiction. It’s nothing but a 1984-style Orwellian psychological terrorism operation that has been engineered to keep the populations of the world enslaved and obedient while terrorist governments carry out their global depopulation / genocide programs.

The evil genius of this narrative is that **it requires no evidence whatsoever**. Since no one can actually see a “variant” — and since no isolated omicron viral samples exist anywhere in the world for lab test confirmations — a coordinated mass media hysteria campaign simply implants human consciousness with the illusion of omicron, accompanied by extreme fear.



To date, no one in America has even been diagnosed with the variant, and no one has died from it anywhere on the planet. Yet thanks to mass media journo-terrorism, half of America is now freaking out over something that likely doesn't exist at all. "Omicron" is almost certainly a coordinated fabrication.

Yet out of nowhere, the media has managed to program the population to lose their minds upon mention of the word, "mutations." Although random mutations in genetic material take place literally millions of times each day in every human being's own body, suddenly "mutations" are the scariest thing imaginable, according to the hyperventilating media. (Which is why I call omicron a "scariant," not a variant.)

**Over the last two years, globalists have confirmed that FEAR, not "science," is their ultimate mechanism of control over humanity**

Remember when we were all told in 2020 that if just 60 – 70% of the country agreed to take two shots, everything would return to normal and covid would be over? **It was all a calculated lie from the start.**

The lie promised *freedom* if people would just comply, but what it delivered was tyranny and *fear*... along with never-ending obedience to government-coerced vaccine compliance.

What 2020 and 2021 have now exhaustively proven to the globalists is that *fear* is their ultimate weapon against humanity. Through the use of coordinated fear, they can convince about half the population of the world to be injected with deadly [spike protein gene therapy shots](#) that will kill them over time. Conveniently, all those deaths can be blamed on something else — like cancer — thereby avoiding any blame being focused on the vaccines.

Why is there already a 29X increase in stillborn babies, by the way? As [Steve Kirsch writes at Substack.com](#):

*There is a 29X increase in the rate of stillborn babies in Waterloo, Ontario that started after vaccination program rolled out. All the mothers of the stillborn babies were vaccinated...*

*Yes, this is a big deal. But nobody is listening. Cardiac risk could go up 1,000X after vaccination and it wouldn't matter. Nobody is listening.*

As psychologists know very well, when *fear* is combined with *sensory overload* (i.e. too much news, too many voices, conflicting reports, etc.), people **naturally default to anything that resembles authority**. Their rational mind is completely shut down, and they can no longer engage in critical thinking. Once they are sufficiently pounded into relentless fear, the governments of the world herd them into vaccination centers for their obedient depopulation shots. With a page ripped right out of the Stanford prison experiment, they also transform obedient tax recipients into societal "prison guards" / enforcers who demand that everyone else be injected with the same concoction... or else.

This is why so many vaxxed people have turned into raging lunatics who try to force their death shots on everyone around them. (And just maybe, the vaccine prions are eating their brains, too, causing aggressive personality changes...)

**Ten predictions for how omicron hysteria will be exploited by terrorist governments to accelerate their murderous genocide against humanity:**

Over the last several months, I have publicly predicted the release of a new, scarier bioweapon narrative. The coordinated mass media omicron freakout was easily predicted, and many of us across independent media are on the record predicting exactly this.

But what will they do next? That's also very easy to see, since it all comes from the same playbook as covid. Omicron hysteria will be aggressively pushed and used in every way imaginable to achieve totalitarian control over the masses, which will then be lined up and taken to death camps for efficient extermination.

Here are my ten predictions for Omicron and 2022:

**Prediction #1: Omicron variant hysteria will be used to reset everyone's vaccine passports to zero**, coercing people into a whole new round of vaccines for this new variant. Those stupid enough to go along with omicron variant vaccines will be signing up for a never-ending series of spike protein bioweapons injections, which will eventually kill them.

**Prediction #2: Omicron hysteria will be exploited to justify aggressive vaccine mandates**, demanding that this "new emergency" overrides all human rights, medical freedom and body autonomy.

**Prediction #3:** Although the omicron variant has so far only been found in fully vaccinated people, **the lying corporate media will blame its origins on the unvaccinated.**

**Prediction #4: The omicron variant will be used as a cover story by the corporate media to try to explain away all the Antibody Dependent Enhancement (ADE) deaths caused by covid vaccines.** Even as vaccinated people die in large numbers, the media will blame the unvaccinated (see #3, above) and demand that unvaccinated people be completely locked down and denied access to society.

**Prediction #5: Omicron hysteria will be used to attempt to criminalize dissent against vaccines**, mandates, government "authority" or the covid criminals behind the gain-of-function research, such as Anthony Fauci. All such dissenting speech will be designated a "danger to society," and those who utter such speech will be accused of killing people.

**Prediction #6: Mass hysteria pushed by the journo-terrorist media will justify governors ordering more lockdowns,** leading to more supply chain failures, product scarcity and price inflation.

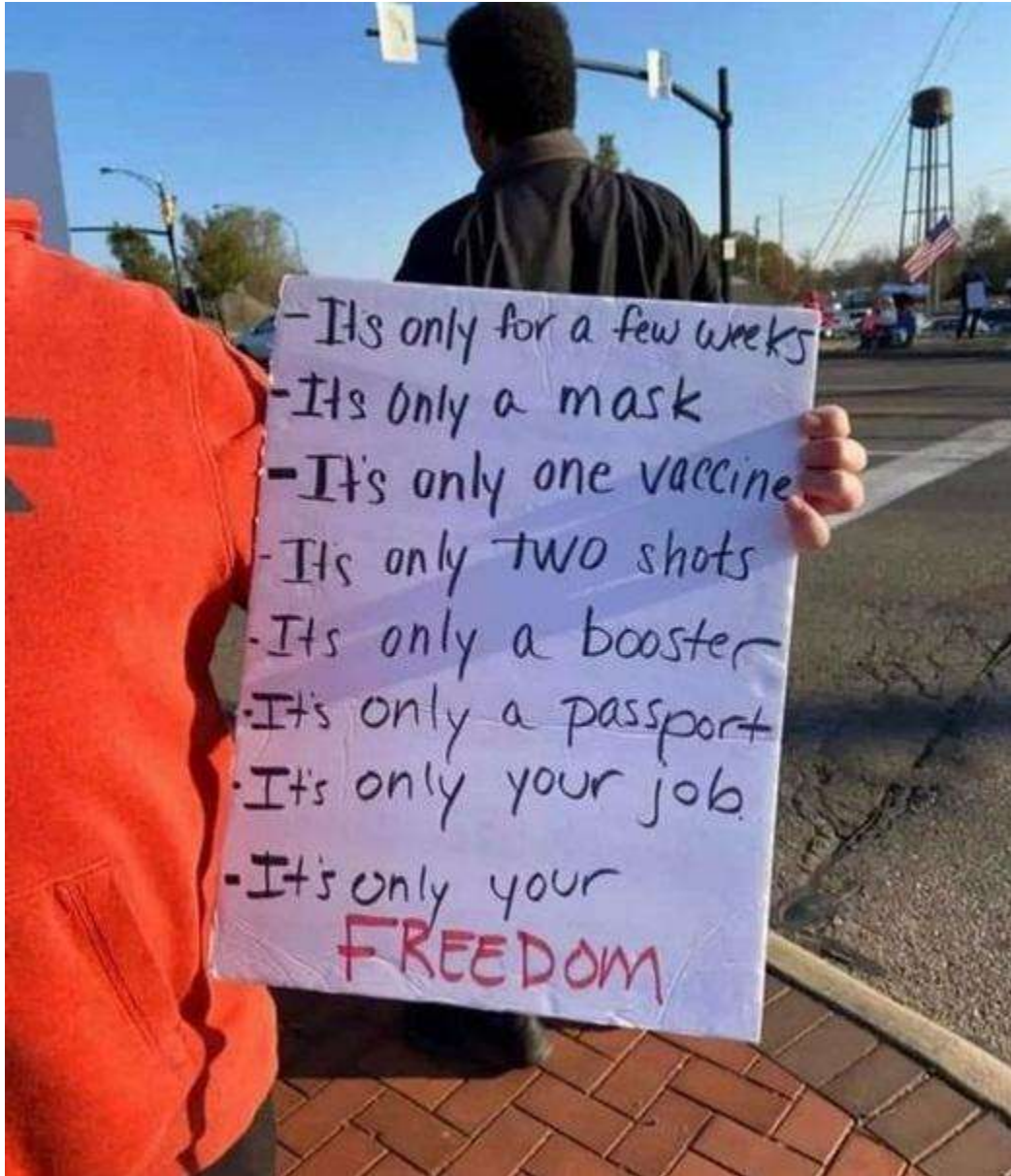
**Prediction #7:** If the media can push the omicron hysteria with enough ferocity, it will be used to either **cancel the 2022 mid-term elections or demand universal mail-in voting**, citing the “extreme dangers” of anyone going out in public.

**Prediction #8: Every economic failure caused by the incompetent, criminal Biden regime will be blamed on omicron.** This imaginary “variant” instantly becomes the scapegoat for sky-high energy prices, supply shortages and empty grocery store shelves. The media will blame everything on omicron, and then they will blame omicron on the unvaccinated.

**Prediction #9: At some point, either the omicron variant or the next one that’s unleashed will be used to justify door-to-door mandatory vaccines in America,** along with the medical kidnapping of anyone who resists, taking them away to covid concentration camps for efficient extermination. (This practice has already begun in Australia, where the military is kidnapping indigenous people and taking them away to camps at gunpoint.)

**Prediction #10: Omicron won’t be the last variant that’s used to evoke mass hysteria** and multi-billion dollar government payouts to Big Pharma. This scandemic will be repeated every year or so, in perpetuity, for as long as the people remain in fear and go along with it.





**Bleed to death on the inside from graphene hydroxide in vaxx  
trial roulette**

Nov 30 Posted by Editor, cairnsnews

**It's not just about mRNA. And the Australian Government wants to give this deadly concoction to kids?**

Dr. Andreas Noack did a heartfelt video call out (Austria) in regards to the graphene allegedly discovered in the Pfizer shots.

He was assaulted shortly afterwards and the latest alleged report by his partner is that he is now dead. You read that correctly! He was murdered!

<https://tokentube.net/v/3033406015/Has-DR-ANDREAS-NOACK-been-killed-after-publishing-his-findings-about-the-vaccines->

This was his educated explanation as transcribed:

“There is a Professor in the University of Almeira, Professor Dr. Pablo Campra. He studied the vaccines for the presence of graphene oxide using Micro-Raman Spectroscopy.

It is the study of frequencies.

There are frequency bands. Two of those bands are important.

They show that it is not graphene oxide but rather graphene hydroxide.

I would like to explain what graphene hydroxide is.



Dr. Andreas Noack investigated nanoscale tiny razor blades injected into body and victim bleeds to death on the inside, He recently died under mysterious circumstances.

It is a mono-layer activated carbon.

There are C6 rings. He found it in all samples. Every corner is a carbon atom.

This is on a nanoscale. If it is 5 nm long, there are 500 rings in a row. These are hydroxy groups (OH). In graphene oxide you have double bonded oxygen, but in graphene hydroxide you have an OH group. The electrons are delocalized (fully mobile).

The piece is 50nm (nanometre) long but only 0.1nm thick.



These C6 structures are extremely stable. You can make braking pads out of this. It is not biologically decomposable.

These nanoscale structures can best be described as razor blades.

These razor blades are injected into the body.

Nano-scale tiny razor blades. Only one atom thick layer.

The OH hydroxy groups can split off a proton. When the proton is split off, they gain a negative charge spread out over the whole system.

It is basically an acid.

It suspends well in water because of the negative charge.

So these are razor blades spread homogeneously in the liquid.

This is basically Russian roulette.  
It cuts the blood vessels.

The blood vessels have epithelial cells as their inner lining. It is extremely smooth, like a mirror and it is cut up by these razor blades. That is what's so dangerous.

If you inject the vaccine into a vein, the razors will circulate in the blood and cut up the epithelium.

The thing is, toxicological tests are done in a petri dish so you will not find anything.

These are the sharpest imaginable structures because they are only one atom layer thick.

I am a Specialist in Activated Carbon. In my Doctoral thesis I have converted graphene oxide to graphene hydroxide. I joined the world leading activated carbon Manufacturer. I was in charge of new carbon activated products...

If you perform an autopsy on the victims you will not find anything.

Toxicologists do their tests in petri dishes.

They can't imagine that there are structures that can cut up blood vessels.

People bleed to death on the inside.

The top athletes who are dropping dead have fast flowing blood. The faster the blood, the more damage the razors will do.

As a chemist, if you inject this into the blood, you know you are a murderer.

It is a new material, toxicologists are not aware of it yet.

You see people collapse immediately after a vaccination and have a seizure. These people have bad luck in this Russian roulette.

Very likely a vein was hit by the syringe.

Do you think a Pediatrician understands what graphene oxide is?

An important concept in Science is disputation.

A Scientific debate.

The basis of medicine or pharmaceuticals is chemistry.

Completely new substances, unknown to nature are brought in with the vaccines.

Everyone is talking about mRNA which is complex.

But every chemist understands what graphene hydroxide does.

The mRNA story is possibly a diversion.

I cannot imagine that anyone will be able to give me, as a Carbon specialist, a proper explanation as to why these carbon razor blades are in the vaccine.

This is war.

Even if the people don't drop dead immediately, it cuts up the blood vessels little by little. It destroys the heart. All the heart attacks. All the strokes. The brain is cut up. Blood vessels are cut up.

These graphene structures are so stable, they are not degradable. Every chemist knows this.

The epithelial cells become rough when cut up like this, and things stick to it.

This material is declared an experimental vaccine for a reason. In Germany or Austria there is nobody with my expertise. The leading German carbon Specialist Dr. Harmut von Kienle was my mentor for one year. I wrote my thesis in this field..."

So user beware. You don't know what batch you are getting. It's a Clinical trial after all.

**Share this:**

## **Pfizer CEO Declares “Annual Revaccination” For COVID Is Coming!**

Pfizer CEO Albert Bourla again declared Monday that the “most likely scenario” in the near future is *“annual revaccination”* for COVID.

Bourla made the comments in an CNBC interview, noting *“I made a projection months ago that the most likely scenario is that we would need after the third dose, annual revaccination against Covid.”*

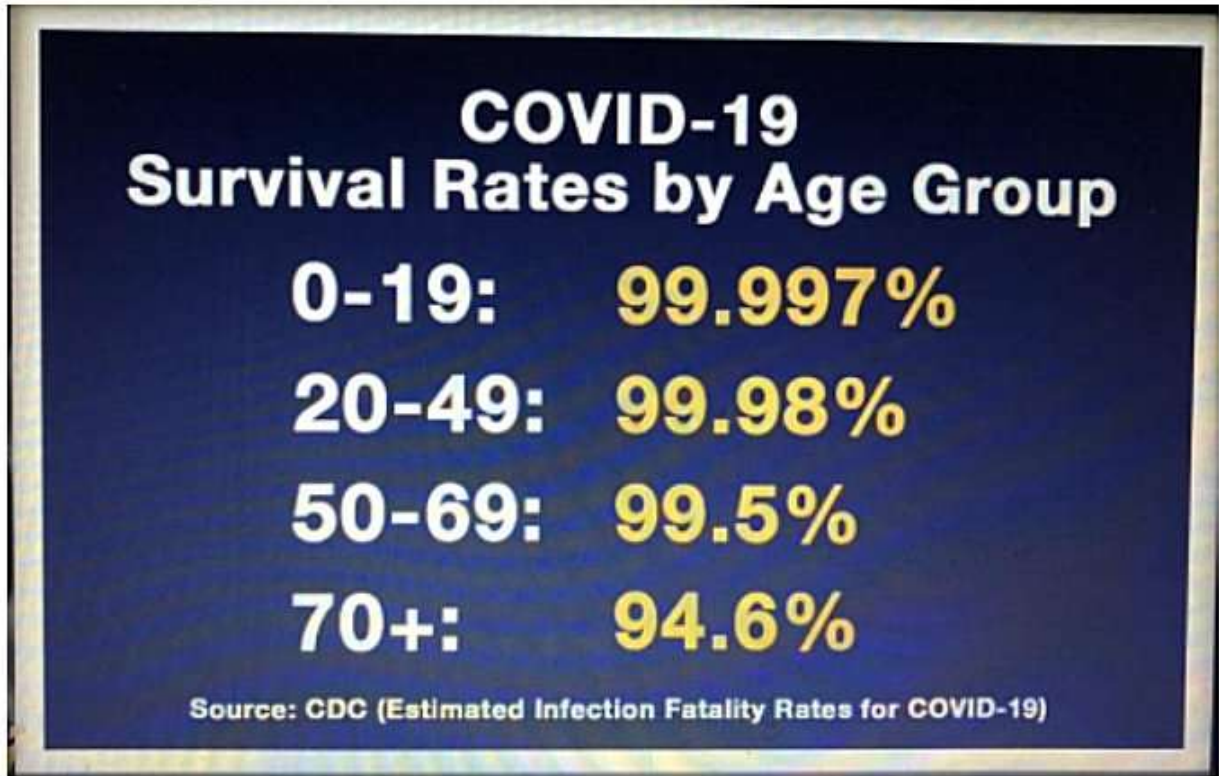


*“I think we’re going to have an annual revaccination and that should be able to keep us really safe,”* Bourla added.

Bourla’s comments came just a short time before the CDC recommended every US adult over 18 get the third Covid booster shot to counter the ‘Omicron’ variant.

*“Today, CDC is strengthening its recommendation on booster doses for individuals who are 18 years and older,”* CDC Director Rochelle Walensky said in a statement.

*“The recent emergence of the Omicron variant further emphasizes the importance of vaccination, boosters, and prevention efforts needed to protect against COVID-19,”* she said.



Bourla's comments came just a short time before the CDC recommended every U.S. adult over 18 get the third Covid booster shot to counter the 'Omicron' variant.

*"Today, CDC is strengthening its recommendation on booster doses for individuals who are 18 years and older,"* CDC Director Rochelle Walensky said in a statement.

*"The recent emergence of the Omicron variant further emphasizes the importance of vaccination, boosters, and prevention efforts needed to protect against COVID-19,"* she said.

Earlier this month, Bourla declared that people who spread *"misinformation"* about COVID-19 vaccines, meaning anything running counter to what he and the CDC says about them, should be treated as *"criminals."*

*"Those people are criminals,"* he told Atlantic Council CEO Frederick Kempe. *"They're not bad people. They're criminals because they have literally cost millions of lives."*

Bourla went on to suggest that life would only ever get *"back to normal"* once the unvaccinated have been vaccinated.

*"The only thing that stands between the new way of life and the current way of life is, frankly, hesitancy to vaccinations,"* he said.

It seems to me that Albert Bourla is the poster child for why much of the world is so anti-Semitic.

PFIZER CEO ALBERT BOURLA SAYS THAT VACCINE REFUSERS ARE 'MURDEROUS CRIMINALS' WHO SEEK TO STOP THE 'NEW WAY OF LIFE' TRYING TO COME IN

By [SGT](#) November 11, 2021

"Those people are criminals," Pfizer CEO Albert Bourla told Atlantic Council CEO Frederick Kempe. "They're criminals because they have literally cost millions of lives." Bourla's comments come as millions of eligible adults in the U.S. have yet to get vaccinated even though the shots have been available to most Americans most of this year. Public health experts say misinformation is likely playing a large role. "The only thing that stands between the new way of life and the current way of life is, frankly, hesitancy to vaccinations," he said. Bourla said Tuesday that life for many people can go "back to normal" once many of the unvaccinated get vaccinated.

TRUTH LIVES on at <https://sgtreport.tv/>

People who spread misinformation on Covid-19 vaccines are "criminals" and have cost "millions of lives," Pfizer CEO Albert Bourla said Tuesday.

**Pfizer CEO Albert Bourla** is right now [wealthier beyond his wildest dreams](#) because he created an ATM that brings in billions of dollars every month, and it is called the COVID-19 vaccine. This brand-new mRNA vaccine is *very* different from other vaccines that actually stop disease, this one only works if everyone takes it, and even then, it doesn't stop anyone from contracting COVID. Bourla says that you will only be allowed to 'get your life back' if you agree to take his Pfizer jab. Oh, he also says vaccine refusers are criminals who kill people.

***"And Jacob called unto his sons, and said, Gather yourselves together, that I may tell you that which shall befall you in the last days."*** –(Genesis 49:1)

**According the CDC web site VAERS**, nearly [20,000 people have died](#) after receiving the COVID-19 vaccine in America, [in the UK](#) those numbers are over 65,000 people. Adverse reactions and serious side effects are in the millions worldwide. But Pfizer CEO Bourla says that if you object to that, or refuse to line up and get shot, that *you* are criminal, not him. Bourla is like the abusive husband who, as he beats his wife, yells at her for 'making him do it'. Any medical treatment that has to be forced on people who don't want it is *not* medicine, it is a religion where heretics who won't bow down must be sacrificed. This is the religion of Coviantity!

**[Welcome To The Beast System, Step Right Up And Take Your Shot.](#)**

Pfizer CEO says people who spread misinformation on Covid vaccines are 'criminals' **FROM CNBC:** Speaking with Washington D.C.-based think tank Atlantic Council, Pfizer CEO Albert Bourla said there is a "very small" group of people that purposefully circulate misinformation on the shots, misleading those who are already hesitant about getting vaccinated.



*“THOSE PEOPLE ARE CRIMINALS,” HE TOLD ATLANTIC COUNCIL CEO FREDERICK KEMPE. “THEY’RE NOT BAD PEOPLE. THEY’RE CRIMINALS BECAUSE THEY HAVE LITERALLY COST MILLIONS OF LIVES.”*

**Bourla’s comments come** as millions of eligible adults in the U.S. have yet to get vaccinated even though the shots have been available to most Americans most of this year. Public health experts say misinformation is likely playing a large role.

*“THE ONLY THING THAT STANDS BETWEEN THE NEW WAY OF LIFE AND THE CURRENT WAY OF LIFE IS, FRANKLY, HESITANCY TO VACCINATIONS,” HE SAID.*

**According to a survey** published Monday by the Kaiser Family Foundation, more than three-quarters of U.S. adults either believe or aren’t sure about at least one of eight false statements about Covid or the vaccines, with unvaccinated adults and Republicans among those most likely to hold misconceptions. Among the falsehoods are that Covid vaccines contain microchips, cause infertility and change one’s DNA, according to the survey. Bourla said Tuesday that life for many people can go “back to normal” once many of the unvaccinated get vaccinated.

No. 4 on The Jerusalem Post’s Top 50 Most Influential Jews of 2021 is Pfizer CEO Albert Bourla. *Pfizer* in German means Lucifer or death.

It is not uncommon to see Israeli diners cling their cups together in l’chaim to the Pfizer COVID-19 vaccine. They know they would not be out at a restaurant or bar without the company’s elixir that, even as cases are once again rising, has allowed Israel to stay open.

Pfizer has shipped billions of doses of its vaccine to those who wanted and could afford it in the US and around the world. The company recently said it expects sales of the vaccine to hit almost \$34 billion this year. But Israel was the first to fully benefit from the company’s innovation.

At Pfizer’s helm is a Jewish man from Thessaloniki, Greece: Albert Bourla.

Bourla has said that he chose to gamble on Israel because of its small population and its sophisticated data collection system.

Greece was an option, but its electronic medical record-keeping was not up to scratch, he said in August in an interview with the *Financial Times*. The company also considered Sweden, but Bourla told FT he was worried about upsetting other European Union countries.

*“The biggest thing that became clear was Bibi [Netanyahu] was on top of everything, he knew everything,” Bourla said. “He called me 30 times, asking: ‘What about young people... What are you doing about the South African variant?’ I’m sure he was doing it for his people, but I’m also sure he was thinking: ‘It could help me politically.’”*

But even as Netanyahu did not win the election and Israel received a new prime minister in Naftali Bennett, Bourla said that Netanyahu “did it very well.”

How did Pfizer become the first mRNA vaccine maker in the world, achieving Emergency Use Authorization from the Food and Drug Administration even before Moderna? On August 23, the FDA granted its coronavirus vaccine full approval.

The mRNA vaccines are proving to be the most effective and still safe. Others, such as AstraZeneca, Johnson & Johnson or Sinovac work, but are proving less effective – especially against variants.

Those who work at Pfizer told The Jerusalem Post that Bourla receives much of the credit. He challenged Pfizer scientists, manufacturing colleagues and employees across the organization to develop and deliver a vaccine in record time. He said, *“if not us, then who?”*

*“The principle was that we must do it,”* Bourla said in an interview with CNBC. *“If we wouldn’t be able to have a solution by the time that it was needed, then we will be facing way worse problems around the world than us losing \$2b.”*

*“So, when I saw it from that aspect, it was a very easy call,”* he continued. *“We will go all in. If we lose because we failed to produce a solution, the company will not go down. It will be painful, but will not go down. But on the other hand, the company will be remembered because we did the right thing.”*

Bourla never expected for the vaccine to be as successful as it has become. He learned about the breakthrough in a Zoom meeting with Pfizer’s general counsel and two statisticians.

*“I heard the 95%, which I didn’t believe, I thought I didn’t hear it well,”* Bourla told FT.

*“If mRNA had failed, (It has failed but don’t expect a confession) I think we would have been in a very, very difficult spot right now,”* he said. *“We would need to vaccinate way more people to get the same result, in many cases 40% to 50% more.”*

Bourla has been with Pfizer for 25 years. He started in the company’s Animal Health division in 1993, working his way up through several global and senior positions. He served as Pfizer COO before becoming CEO in January 2019 – less than one year before the coronavirus crisis began.

A company spokesperson said that their boss encourages them to *“take bold moves that help us achieve our purpose of delivering breakthroughs that change patients’ lives.”*

COVID-19 showed Pfizer staff that Bourla was correct: The company is capable of delivering these kinds of breakthroughs.

Bourla attributes some of his success to growing up among Holocaust survivors who were not afraid to tell their stories. His mother and his father narrowly escaped persecution by the Nazis.

His father's parents and two of his three siblings were among the tens of thousands of Sephardic Jews from Thessaloniki who died during those years. His mother was imprisoned and nearly murdered by a firing squad.

Before the Holocaust, there were around 55,000 Jews living in Greece. Some 95% were executed.

He told FT that his mother would recount the story of her near-death – *“a story of horror but given with humor.”*

Bourla doesn't talk too much about his family's background, but in an interview published in *'The New York Times'* he shared more than usual. He told the *'Times'* that his mother would say that she was *“in a worse position once, and now I have you and your sister. Life is miraculous. Nothing is impossible.”*

*“That was the spirit of her,”* he said. *“And she inspired me to be the same.”*

He added in that interview that *“my mother believed you can do anything in life. That there's always a way. The way may not be clear in the beginning, but there is always a way. I owe her a lot because of that. She is my role model.”*

*“What I got from my dad was to identify what can go wrong.”*

Moloch is a name or a term which appears in the Hebrew Bible several times, primarily in the book of Leviticus. The name was attributed to a Canaanite deity associated with the practice of child sacrifice. Although Moloch is referred to sparingly in the Old Testament, the significance of the god and the sacrificial ritual cannot be underestimated, as the Israelite writers vehemently reject the related practices, regarding them as murderous and idolatrous. Moloch's malevolent status in the Old Testament, described in Isaiah 57.9 where the prophet parallels sacrifice to Moloch with a journey into the underground world of Sheol.

The Moloch factor comes to light in modern times where we see the covid-19 vaccine being forced upon our children when there is absolutely no medical justification for young healthy children receiving the covid-19 vaccine. All over the world regulatory authorities are lining up children to the covid-19 vaccine gods regardless of the following.



Fetal deaths following COVID-19 shots injected into pregnant women continue to increase, as there are now 2,620 fetal deaths reported in VAERS (the Vaccine Adverse Events Reporting System).

- ✓ When we run the exact same search in VAERS and exclude the COVID-19 shots, we find 2,225 fetal deaths following ALL vaccines injected into pregnant women for the past 30+ years.
- ✓ Last month (October, 2021) the New England Journal of Medicine admitted that the original study used to justify the CDC and the FDA in recommending the shots to pregnant women was flawed.
- ✓ Since then, researchers in New Zealand have conducted a new study on the original data, and concluded: A re-analysis of these figures indicates a cumulative incidence of spontaneous abortion ranging from 82% (104/127) to 91% (104/114), 7–8 times higher than the original authors' results.
- ✓ And yet the CDC and FDA continue to recommend the COVID-19 shots, which now also include booster shots from Pfizer and Moderna meaning a pregnant woman can now be injected with 3 COVID-19 shots during her pregnancy (if it lasts long enough).

The opening article of this Mass Murder segment #38 has proven Albert Bourla is absolutely wrong. If you found the section quoted above to be too complex, here's the take-home message from Dr. Joseph Mercola: The mRNA shot may be causing an exceptionally low level of platelets through a mechanism that involves antibodies against the spike protein (anti-spike antibodies) resulting in depletion of platelets by activating them.

Platelets are specialized cells that stop bleeding, and they have ACE2 receptors, which is what the SARS-CoV-2 spike protein binds to. When the spike protein binds to the ACE2 receptor on the platelets, it activates them.

This platelet activation can lead to disseminated intravascular coagulation, i.e., a pathological overstimulation of your coagulation system that can result in abnormal, and life threatening, blood clotting, as well as thrombocytopenia (low platelet count) and hemorrhaging.

Doctors for COVID Ethics described this mechanism in a February 28, 2021, letter to the European Medicines Agency (EMA). In that letter, they warned that, based on this mechanism, spike protein-based COVID shots are likely to cause blood clots, cerebral vein thrombosis and sudden death, which is precisely what we've been seeing ever since.

In essence, you basically end up with so many blood clots throughout your vascular system that your coagulation system is exhausted, hence the low platelet count. The low platelet count, in turn, is what allows for hemorrhaging (abnormal bleeding).

A mystery that remains to be solved is why only certain people with antibodies to the spike protein (anti-spike antibodies) go on to develop symptoms of platelet activation and thrombocytopenia. Why not all of them? “One hypothesis is that platelet activation is dependent on unique spike protein epitopes, which are only recognized by a minority of identified antibodies,” the authors suggest. In closing, they state:

*“Our case ... highlights the applicability of the SRA to detect platelet activation disorders aside from HIT [heparin-induced thrombocytopenia]. Although classically done in the presence of heparin, it can be modified to include various antigens to elicit immune complex formation and identify platelet activation ...”*

Ultimately, the role of SARS-CoV-2 Spike protein requires further clarification in regards to platelet activation, as well as the role of vaccine- and PEG-dependent platelet activation. We postulate that a small subset of antibodies against the Spike protein, formed after vaccination, can activate platelets and cause thrombocytopenia.

The prevalence of this phenomenon remains to be clinically determined. Regardless, the modified SRA presented here may be a useful diagnostic test as more cases of vaccine-induced thrombocytopenia are recognized.”

### **COVID Jab Risks Clearly Outweigh Any Potential Benefit**

Since well before the rollout of these COVID shots, scientists and doctors have sounded the alarm, pointing out a host of potential mechanisms by which they may cause harm. Now, nearly a year into it, many of our fears are turning out to have been warranted. They're causing very serious cardiovascular damage, blood disorders, and reproductive dysfunction.

Worst of all, our health authorities have abandoned the mandate to protect public health and are covering up the wreckage on behalf of the profit makers. On top of that, doctors and nurses who speak out about the collateral damage they're seeing are being silenced and persecuted by medical boards and government officials alike.

Now, we're injecting these kill shots into children as young as 5. I see no way for this to end on a pleasant note. As a society, as the deaths and injuries, especially in children, continue to escalate, we're going to face some excruciatingly difficult times.

To remind you of where this article started, people who have received two mRNA shots have more than doubled their five-year risk of acute coronary events, on average. If you've not yet taken the jab, I reckon you probably won't at this point. But if you've already taken one or two, I strongly urge you to review the mechanisms of harm, and evaluate whether it's worth it to continue with a third.

The adverse changes caused by the shots persist for at least 2.5 months. That's the low end. We still do not know what the upper time limit is. It could be a year or more, and the risks certainly do not diminish with subsequent additional doses. In the November

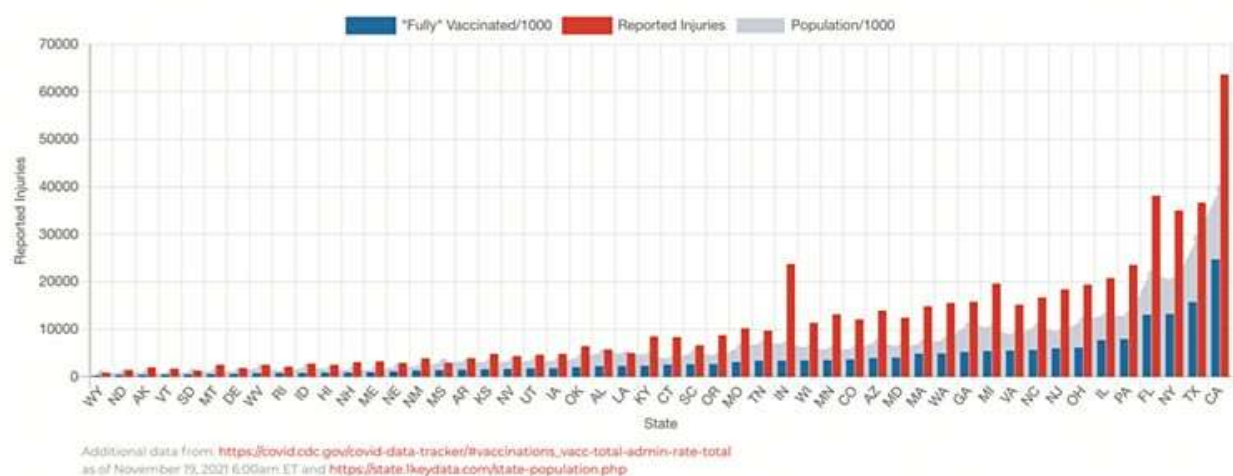


12, 2021, OpenVAERS report, they added a graph showing vaccination rates and VAERS reports by state.

As you can see, there's a clear correlation between the rate of "fully vaccinated" in a given state and the number of COVID injuries reported from that state. (Indiana, for some reason, sticks out as a lone exception with a disproportionately high number of reports to the number of fully "vaccinated.")

The gray zones are population; blue bars are the number of fully vaccinated; the red bars are the number of reported injuries. (All numbers have been divided by 1,000.) This is yet another piece of evidence that we have a serious problem on our hands.

Post COVID-19 Vaccine Injury Reports by State



### What Can You Do if You Have Job Remorse?

If you now believe that getting the COVID job was a mistake and wish to lessen your doubled risk of cardiac complications, there are a few basic strategies I would advise.

1. Make certain you measure your blood vitamin D level and take enough vitamin D orally (typically about 8,000 units/day for most adults) to make sure your level is 60 to 80 ng/ml (150 to 2000 nmol/l).
2. Eliminate all vegetable (seed) oils in your diet, which involves eliminating nearly all processed foods and most meals in restaurants unless you convince the chef to only cook with butter. Avoid any sauces or salad dressings in restaurants as they are loaded with seed oils. Also avoid chicken and pork

Consider taking around 500 mg/day of NAC, as it helps prevent blood clots and is a precursor for your body to produce the important antioxidant glutathione.

4. Consider fibrinolytic enzymes that digest the fibrin that leads to blood clots, strokes and pulmonary embolisms. The dose is typically two, twice a day, but must be taken on

an empty stomach, either an hour before or two hours after a meal. Otherwise, the enzymes will digest your food and not the fibrin in the blood clot.

Albert Bourla may spin his trash about Pfizer but everyone in the industry knows the results of its spike Protein (PEG) that is causing all the problems with its vaxx. Folks. It was all about the money between Albert Bouria and Israeli former Prime Minister Benjamin Netanyahu. Dr. Vladimir Zelenko holds the view that this will be a second holocaust, and I have written about this possibility as well. 93 Israeli doctors have signed a joint letter of protest calling to refrain from administering Covid-19 vaccines to children. It is spiritual warfare on a global scale unlike anything the world has experienced. Mr. Bouria stated that they will make \$32 billion dollars this year from sale of it poisoned vaxx.

Recently Pfizer sought 55 years delay of release of documents on its vsxx. ICAN's lead attorney, Aaron Siri, is representing a broad group of scientists from major universities across the country in a lawsuit seeking to obtain the documents Pfizer provided the FDA to license its COVID-19 vaccine. As you may have seen, the FDA's response was to ask the judge for a total of 55 years to fully produce these documents! It is truly amazing that the federal government wants to make you take this product, will not let you sue Pfizer for injuries, and will not let you see the documents Pfizer gave it to license this product. For more on this, see <https://aaronsiri.substack.com/p/fda-asks-federal-judge-to-grant-it>.

While the rate of production is being battled in court, the FDA produced 91+ pages of Pfizer's documents submitted to license its COVID-19 vaccine. What these first-released documents already show is that in the first 2-½ months of administering this vaccine to the public, there were over 25,000 events classified as "nervous system disorders." A disproportionate number of injuries were also reported in women and in those between 31 and 50 years of age. This would match many of the testimonies of those injured by this vaccine. For more on this, see <https://aaronsiri.substack.com/p/fda-produces-the-first-91-pages-of>.

As documents are released by the FDA and made public, ICAN will bring them to you. Before you get your hopes up, don't get too comfortable. The "Plandemic" is far from over. If anything, this is just the beginning... And a NEW ONE is coming out: Think this is the end of the fear tactics? Current scientists are saying...

*"Changes to the spike make it hard for current jabs to fight off, because they instruct the immune system to recognize an earlier version of this part of the virus..."*

*B.1.1.529, its scientific name, had the potential to be "worse than nearly anything else about" — including the world-dominant Delta strain."*

*What's the new protocol going to be?*

Are you prepared for what “they” have planned NEXT? In short... You’re being lied to. We pull back the curtains, and you get a front-row seat. Full transparency. That’s the only path forward as we expose the entire world to credible experts whose voices must be heard.

There is much, much more to the COVID story than the mainstream media is allowing you to see. What is the real risk to you and your family? Can ‘they’ really assert that vaccines are “very safe”? Are all these shutdowns, mandates, and radical actions worth it? Is there a safer alternative than the vaccine? Is the vaccine controversy really over? Who’s controlling the WHO and the CDC?

Both the Pfizer and Moderna products, which are associated with the vast majority of reported “adverse events,” are experimental, as they are still early in Phase III human clinical trials which do not end until the end of 2022, at the earliest. Coercion to submit to medical experiments, by threat of job loss, is expressly against the Nuremberg Code.

### **The new African virus mutation: right on time; a kindergarten covert op for the ignorant**

by Jon Rappoport

*(To read about Jon's mega-collection, The Matrix Revealed, [click here.](#))*

There are no variants.

Because there is no virus. SARS-CoV-2 doesn’t exist. I’ve spent the past year and a half proving that.

But fantasies do exist. So do covert ops with intentions to deceive.

Thus, the “scientific world” is agog over the new South African variant, named B11529 (aka Omicron, Botswana). Woo. The ghost is coming out of the closet. Beware. COVID cases are rising...

“We don’t know whether the vaccine will be effective in the face of the new variant. New lockdowns may be necessary. Travel restrictions are coming. Batten down the hatches.”

I mean, really.

As you know, for the past few months stories in the press have been claiming

the vaccine-conferred immunity is sinking like a stone. This story is absurd because, again, there is no virus. So there was no conferred immunity to begin with. But anyway, that's the story that's been circulating. So NOW...

"It turns out one major reason for the diminished effectiveness of the vaccine is...

"The NEW VARIANT. The South African B11529."

Uh-huh. "The vaccine is having a tough time preventing infection caused by the new variant. We may need to enforce boosters every three months..."

Keep the fear going. Push harder for the vaccine. Explain away its failures. Fabricate rising case numbers, blaming them on the new variant. Institute heavy new lockdowns.

"The South African variant is deadlier than the Delta, which is deadlier than the original."

And none of the three exists.

What does exist is fantasy, piled higher and deeper and thicker.

The variant is Fauci. The variant is Bill Gates. The variant is CDC/WHO. The variant is the World Economic Forum. And the Chinese regime. And presidents and governors. And the mainstream press.

And don't forget this. Vaccine injuries and deaths have been escalating all over the world. In the US alone, reported injuries have broken above 900,000. As I've mentioned, the well-known Harvard Pilgrim Healthcare study concluded that, to obtain a true number of injuries, multiply the reported figure by 100.

Something is needed to explain all these injuries and deaths. That is, to lie about them.

And right on time, here comes the new variant.

"These people who seem to be injured by the vaccine are really keeling over from the original virus, the Delta, and woo, the South African B11529."

Also: Recently, we've seen a spate of press stories with the theme---"scientists are mystified by the low COVID case numbers in Africa, where the vaccination rates are very low." Boom. That story is now gone. Wiped out. Now it's **THE WORLD IS BEING ATTACKED BY THE SOUTH AFRICAN B111529**

VARIANT.

Here is one of my articles covering the non-existence of SARS-CoV-2:

---Dr. Andrew Kaufman refutes “isolation” of SARS-Cov-2; he does step-by-step analysis of a typical claim of isolation; there is no proof that the virus exists---

The global medical community has been asserting that “a pandemic is being caused by a virus, SARS-Cov-2.”

But what if the virus doesn’t exist?

People have been asking me for a step-by-step analysis of a mainstream claim of virus-isolation. Well, here it is.

“Isolation” should mean the virus has been separated out from all surrounding material, so researchers can say, “Look, we have it. It exists.”

I took a typical passage from a published study, a “methods” section, in which researchers describe how they “isolated the virus.” I sent it to Dr. Andrew Kaufman, and he provided his analysis in detail.

I found several studies that used very similar language in explaining how “SARS-CoV-2 was isolated.” For example, *“Severe Acute Respiratory Syndrome Coronavirus 2 from Patient with Coronavirus Disease, United States, (Emerging Infectious Diseases, Vol. 26, No. 6 -- June 2020)”*.

First, I want to provide a bit of background that will help the reader understand what is going on in the study.

The researchers are creating a soup in the lab. This soup contains a number of compounds. The researchers assume, without evidence, that “the virus” is in this soup. At no time do they separate the purported virus from the surrounding material in the soup. Isolation of the virus is not occurring.

They set about showing that the monkey (and/or human cells) they put in the soup are dying. This cell-death, they claim, is being caused by “the virus.” However, as you’ll see, Dr. Kaufman dismantles this claim.

There is no reason to infer that SARS-CoV-2 is in the soup at all, or that it is killing cells.

Finally, the researchers assert, with no proof or rational explanation, that they



were able to discover the genetic sequence of “the virus.”

Here are the study’s statements claiming isolation, alternated with Dr. Kaufman’s analysis:

STUDY: “We used Vero CCL-81 cells for isolation and initial passage [in the soup in the lab]...”

KAUFMAN: “Vero cells are foreign cells from the kidneys of monkeys and a source of contamination. Virus particles should be purified directly from clinical samples in order to prove the virus actually exists. Isolation means separation from everything else. So how can you separate/isolate a virus when you add it to something else?”

STUDY: “...We cultured Vero E6, Vero CCL-81, HUH 7.0, 293T, A549, and EFKB3 cells in Dulbecco minimal essential medium (DMEM) supplemented with heat-inactivated fetal bovine serum (5% or 10%)...”

KAUFMAN: “Why use minimal essential media, which provides incomplete nutrition [to the cells]? Fetal bovine serum is a source of foreign genetic material and extracellular vesicles, which are indistinguishable from viruses.”

STUDY: “...We used both NP and OP swab specimens for virus isolation. For isolation, limiting dilution, and passage 1 of the virus, we pipetted 50 µL of serum-free DMEM into columns 2–12 of a 96-well tissue culture plate, then pipetted 100 µL of clinical specimens into column 1 and serially diluted 2-fold across the plate...”

KAUFMAN: “Once again, misuse of the word isolation.”

STUDY: “...We then trypsinized and resuspended Vero cells in DMEM containing 10% fetal bovine serum, 2x penicillin/streptomycin, 2x antibiotics/antimycotics, and 2x amphotericin B at a concentration of  $2.5 \times 10^5$  cells/mL...”

KAUFMAN: “Trypsin is a pancreatic enzyme that digests proteins. Wouldn’t that cause damage to the cells and particles in the culture which have proteins on their surfaces, including the so called spike protein?”

KAUFMAN: “Why are antibiotics added? Sterile technique is used for the culture. Bacteria may be easily filtered out of the clinical sample by commercially available filters (GIBCO) [6]. Finally, bacteria may be easily seen under the microscope and would be readily identified if they were contaminating the sample. The specific antibiotics used, streptomycin and

amphotericin (aka 'ampho-terrible'), are toxic to the kidneys and we are using kidney cells in this experiment! Also note they are used at '2X' concentration, which appears to be twice the normal amount. These will certainly cause damage to the Vero cells."

STUDY: "...We added [*not isolated*] 100 µL of cell suspension directly to the clinical specimen dilutions and mixed gently by pipetting. We then grew the inoculated cultures in a humidified 37°C incubator in an atmosphere of 5% CO<sub>2</sub> and observed for cytopathic effects (CPEs) daily. We used standard plaque assays for SARS-CoV-2, which were based on SARS-CoV and Middle East respiratory syndrome coronavirus (MERS-CoV) protocols..."

STUDY: "When CPEs were observed, we scraped cell monolayers with the back of a pipette tip..."

KAUFMAN: "There was no negative control experiment described. Control experiments are required for a valid interpretation of the results. Without that, how can we know if it was the toxic soup of antibiotics, minimal nutrition, and dying tissue from a sick person which caused the cellular damage or a phantom virus? A proper control would consist of the same exact experiment except that the clinical specimen should come from a person with illness unrelated to covid, such as cancer, since that would not contain a virus."

STUDY: "...We used 50 µL of viral lysate for total nucleic acid extraction for confirmatory testing and sequencing. We also used 50 µL of virus lysate to inoculate a well of a 90% confluent 24-well plate."

KAUFMAN: "How do you confirm something that was never previously shown to exist? What did you compare the genetic sequences to? How do you know the origin of the genetic material since it came from a cell culture containing material from humans and all their microflora, fetal cows, and monkeys?"

---end of study quotes and Kaufman analysis---

My comments: Dr. Kaufman does several things here. He shows that isolation, in any meaningful sense of the word "isolation," is not occurring.

Dr. Kaufman also shows that the researchers want to use damage to the cells and cell-death as proof that "the virus" is in the soup they are creating. In other words, the researchers are assuming that if the cells are dying, it must be the virus that is doing the killing. But Dr. Kaufman shows there are obvious other reasons for cell damage and death that have nothing to do with a virus. Therefore, no proof exists that "the virus" is in the soup or exists at all.

And finally, Dr. Kaufman explains that the claim of genetic sequencing of “the virus” is absurd, because there is no proof that the virus is present. How do you sequence something when you haven’t shown it exists?

Readers who are unfamiliar with my work (over 300 articles on the subject of the “pandemic” during the past year) will ask: Then why are people dying? What about the huge number of cases and deaths? I have answered these and other questions in great detail. The subject of this article is: have researchers proved SARS-CoV-2 exists?

The answer is no.

---end of Kaufman article---

And while I’m at it, here is another piece I wrote last year about how virus-propaganda (fairy tales) must be managed, in order to make the masses stand up and salute:

---The “hot zone” theory of new frightening diseases---

Remember? There was a 1994 book by that name--- and then “experts” began piling on---it went something like this:

“Out of the deep dark rainforests of Earth (cue sounds of native drumming), as a result of modern plane travel, viruses we’ve never encountered before will spread epidemics across the globe. Our immune systems, ill-equipped to recognize or deal with these strange killer germs, will fold up under the pressure, and all of civilization will be threatened with extinction.”

Let’s see. Since planes fly back and forth, and since all sorts of Westerners travel TO the rainforests, why haven’t we seen whole native tribes wiped out by viruses from the deep dark streets of Brooklyn?

It would even seem that viruses, common in, say, Norway, would cause trouble in Oregon.

Why does it have to be “viruses from jungles?” Or other faraway places like China? Why can’t we have the Second City Virus, emanating from a slaughterhouse in Chicago and infecting people in Nigeria? Why can’t we have a Big Easy virus from New Orleans traveling to Beijing?

Is it possible that jungles and Africa and China and Mexico are typically chosen for virus fairy tales because, in the minds of many Westerners, they satisfy a requirement of “strange,” “different,” “primitive,” and so on? We’re talking

theater here---and when you stage a propaganda play (fiction), you want to tap into the reflex instincts of the audience. The Hartford Virus, the Des Moines Virus, the Vancouver Virus just don't fit the bill.

Because they can't drive up the fear that jungles or Africa or China can.

Unless you've been living in an ice cave in the Arctic, you know selling fear of THE VIRUS is big business. To do that, you have to strike the right notes.

I personally would be interested in a Beverly Hills or a Scarsdale or a Park Avenue epidemic virus story. I'd like to see the media try to sell that one.

What about a Bill Gates Seattle virus that some Patient Zero unknowingly carries on a plane flight to Mexico City?

Think it through. We NEVER hear killer virus stories about germs traveling from Europe and America to Asia and Africa. Why not? Because such a story won't sell. It won't bite.

This is called a clue.

It tells you that virus-stories are shaped and managed and written and managed and broadcast according to a plan that has nothing to do with actual disease.

If a monkey in Africa can bite a man and thus transmit a virus to the West, then a salesman in Duluth can sneeze on a man at a local airport and thus send a virus to Ethiopia.

But amazingly, through secret communication among viruses, it never happens that way. The germs have decided what the traffic pattern is, and the CDC and the World Health Organization are just discovering What Is.

Sure they are. And if you buy that, I have condos for sale on the far side of the moon.

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(The link to this article posted on my blog [is here](#) -- with sources.)

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## Jon Rappoport

The author of three explosive collections, THE MATRIX REVEALED, EXIT FROM THE MATRIX, and POWER OUTSIDE THE MATRIX, Jon was a candidate for a US Congressional seat in the 29th District of California. He maintains a consulting practice for private clients, the purpose of which is the expansion of personal creative power. Nominated for a Pulitzer Prize, he has worked as an investigative reporter for 30 years, writing articles on politics, medicine, and health for CBS Healthwatch, LA Weekly, Spin Magazine, Stern, and other newspapers and magazines in the US and Europe. Jon has delivered lectures and seminars on global politics, health, logic, and creative power to audiences around the world.

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**Omicron Variant Sends Vaccine Makers' Stocks Soaring, as VAERS Data Show 913,000 Reported Adverse Events After COVID Vaccines**



VAERS data released Monday by the Centers for Disease Control and Prevention included a total of **913,268** reports of adverse events from all age groups following COVID vaccines, including **19,249 deaths** and **143,395 serious injuries** between Dec. 14, 2020, and Nov. 19, 2021.

By Megan Redshaw

The Centers for Disease Control and Prevention released new data late Monday showing a total of [913,268 adverse events](#) following COVID vaccines were reported between Dec. 14, 2020, and Nov. 19, 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 [19,249 reports of deaths](#) — an increase of 396 over the previous week — and [143,395 reports of serious injuries](#), including deaths, during the same time period — up 4,269 compared with the previous week.

Excluding “[foreign reports](#)” to VAERS, [664,745 adverse events](#), including [8,898 deaths](#) and [56,297 serious injuries](#), were reported in the U.S. between Dec. 14, 2020, and Nov. 19, 2021.

[Foreign reports](#) are reports received by U.S. manufacturers from their foreign subsidiaries. Under U.S. Food and Drug Administration 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 8,898 U.S. [deaths reported](#) as of Nov. 19, 20% occurred within 24 hours of vaccination, 26% occurred within 48 hours of vaccination and 56% occurred in people who experienced an [onset of symptoms](#) within 48 hours of being vaccinated.

In the U.S., 447.7 million COVID vaccine doses had been administered as of Nov. 19. This [includes](#): 260 million doses of Pfizer, 171 million doses of Moderna and 16 million doses of Johnson & Johnson (J&J).

Every Friday, VAERS publishes 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.

U.S. VAERS data from Dec. 14, 2020, to Nov. 19, 2021 for 5- to 11-year-olds show:

- 2,093 total adverse events, including 22 rated as serious and 1 reported death that occurred in an 11-year-old girl from Georgia vaccinated Sept. 14, prior to the authorization of Pfizer’s COVID vaccine in the 5 to 11 age group.
- 1,103 adverse events have been reported in the 5 to 11 age group since Nov. 1.

- The rest of the reports in VAERS for children in the 5 to 11 age group occurred prior to the authorization of Pfizer’s COVID vaccine, and are due to “product administered to patient of inappropriate age.”

National Vaccine Information Center  
Your Health. Your Family. Your Choice.

Search Results

From the 11/15/2021 release of VAERS data:

Found 913,268 cases where Vaccine is COVID19

Government Disclaimer on use of this data

Table

| Event Outcome           | Count            | Percent          |
|-------------------------|------------------|------------------|
| Death                   | 18,749           | 2.1%             |
| Permanent Disability    | 22,967           | 2.5%             |
| Office Visit            | 143,275          | 15.7%            |
| Emergency Room          | 89               | 0.01%            |
| Emergency Doctor/Room   | 101,315          | 11.1%            |
| Hospitalized            | 97,202           | 10.6%            |
| Hospitalized, Prolonged | 269              | 0.003%           |
| Recovered               | 274,203          | 30.0%            |
| Brain Defect            | 87               | 0.01%            |
| Life Threatening        | 21,802           | 2.4%             |
| Not Serious             | 308,466          | 33.8%            |
| <b>TOTAL</b>            | <b>1,106,407</b> | <b>1,116.24%</b> |

† Because some users have multiple occurrences and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 913,268 (the number of cases found), and the Total Percentage is greater than 100.

**VAERS data from Dec. 14, 2020, to Nov. 19, 2021 for 12- to 17-year-olds show:**

- 23,484 [total adverse events](#), including [1,439 rated as serious](#) and [31 reported deaths](#).

The most recent death involves a 16-year-old girl from Georgia (VAERS I.D. [1865389](#)) who died reportedly from a heart condition and multi-organ failure two days after receiving Pfizer’s COVID vaccine.

Other recent deaths include a 16-year-old girl from Missouri (VAERS I.D. [1823671](#)) who died after receiving her second dose of Pfizer, and a 17-year-old female from Washington (VAERS I.D. [1828901](#)) who died Oct. 29 reportedly from a heart condition after receiving her second dose of Pfizer.

- [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](#).
- [560 reports](#) of myocarditis and pericarditis (heart inflammation) with [549 cases](#) attributed to Pfizer’s vaccine.
- [139 reports](#) of blood clotting disorders, with all cases attributed to Pfizer.

**U.S. VAERS data from Dec. 14, 2020, to Nov. 12, 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. 19, [4,424 pregnant women](#) reported adverse events related to COVID vaccines, including 1,390 reports of [miscarriage or premature birth](#).
- Of the [3,197 cases of Bell's Palsy](#) reported, 51% were attributed to [Pfizer](#) vaccinations, 41% to [Moderna](#) and 8% to [J&J](#).
- 760 reports of [Guillain-Barré syndrome](#) (GBS), with 41% of cases [attributed to Pfizer](#), 30% to [Moderna](#) and 28% to [J&J](#).
- [2,149 reports](#) of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- [11,209 reports](#) of blood clotting disorders. Of those, [4,960 reports](#) were attributed to Pfizer, [4,000 reports](#) to Moderna and [2,195 reports](#) to J&J.
- [3,209 cases](#) of myocarditis and pericarditis with [1,999 cases](#) attributed to Pfizer, [1,067 cases](#) to Moderna and [133 cases](#) to J&J's COVID vaccine.

**Man with natural immunity forced to get vaccinated against COVID to remain on lung transplant list, dies after second dose of Moderna**

Bobby Bolin, a [49-year-old Texas man](#) who previously had COVID, was told he would have to get vaccinated against COVID in order to be eligible for a double-lung transplant, even though he had already recovered from the virus.

49-year-old Texas man who recovered from COVID—but was required to be fully vaccinated against virus before being approved for a life-saving lung transplant—died when he developed a pulmonary embolism and heart issues after his second Moderna vaccine. <https://t.co/YHCwKb2Ilp>

— Robert F. Kennedy Jr (@RobertKennedyJr) [November 29, 2021](#)

After his second Moderna shot, received on April 17, Bolin developed a pulmonary embolism and [atrial fibrillation](#) — a heart condition characterized by an irregular heartbeat, shortness of breath, chest pain and extreme fatigue. His health rapidly deteriorated and he passed away Aug. 20, before receiving new lungs.

In an exclusive interview with [The Defender](#), his wife, Amy Bolin, said there was no reason her husband should have been forced to get the vaccine in order to receive new lungs, but unfortunately, he was desperate and very sick.

Amy said she didn't know what timeline her husband had with his organs, but she saw a complete change in him over four months' time and doesn't want others to face the same things they experienced.

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

### **Pfizer, Moderna vaccines ‘dramatically increase’ heart attack risk**

In an analysis [presented during a meeting](#) of the American Heart Association, Dr. Steven Gundry, a pioneer in infant heart transplant surgery, said mRNA COVID vaccines put many patients at higher risk of a new acute coronary syndrome, such as a heart attack.

The [analysis concluded](#) in part that mRNA vaccines “dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy and other vascular events following vaccination.”

Thousands of heart-related injuries have been reported following COVID mRNA vaccines, and scientists have established a myriad of heart- and blood-related effects in some patients, including young people.

Among the adverse events linked to the vaccines are [thrombosis blood clots](#) and heart inflammation known as [myocarditis](#) and pericarditis.

### **COVID vaccine stocks surge amid fears of new omicron variant**

Shares of major COVID vaccine makers surged amid the latest pandemic fears surrounding the new [Omicron](#) variant, [CNN Business reported](#).

Moderna climbed more than 20% during Black Friday’s short trading session on Wall Street and increased by an additional 10% on Monday.

Shares of BioNTech, which partners with Pfizer to produce COVID vaccines, soared 14% on Friday and were up 3% Monday, as Pfizer gained 6% Friday.

Investors are hoping the vaccine makers will be able to quickly update their COVID vaccines to offer protection for the Omicron variant.

Moderna [said Friday](#) it “will rapidly advance an Omicron-specific booster candidate” while [Pfizer said](#) it hoped to have an update of its vaccine ready in 100 days if Omicron shows resistance to its current vaccine.

Moderna CEO predicts reduction in COVID vaccine effectiveness against Omicron variant. Stéphane Bancel, CEO of Moderna, said in an interview Tuesday current COVID vaccines will likely be much less effective against the new Omicron variant, compared with previous variants, [The Washington Post reported](#).

*“I just don’t know how much, because we need to wait for the data,” Bancel said. “But all the scientists I’ve talked to ... are, like, ‘This is not going to be good.’”*

Bancel said scientists did not expect such a highly mutative variant to emerge for another year or two, noting 32 of the 50 mutations in Omicron involve the [spike protein](#) — the area targeted by existing COVID vaccines.

In early March, [Dr. Geert Vanden Bossche](#), a vaccinologist who worked with GSK Biologicals, Novartis Vaccines, Solvay Biologicals, Bill & Melinda Gates Foundation's Global Health Discovery team in Seattle and Global Alliance for Vaccines and Immunization in Geneva, broke down the [dangers of mass vaccination](#) for COVID compared to natural infection and concluded:

*“There can be no doubt that continued mass vaccination campaigns will enable new, more infectious viral variants to become increasingly dominant and ultimately result in a dramatic incline in new cases despite enhanced vaccine coverage rates. There can be no doubt either that this situation will soon lead to complete resistance of circulating variants to the current vaccines.”*

As [The Defender reported](#) March 26, a combination of lockdowns and [extreme selection pressure](#) on the virus induced by the intense global mass vaccination program, might diminish the number of cases, hospitalizations and deaths in the short-term, but will ultimately induce the creation of more mutants of concern.

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This is the result of what Vanden Bossche called “immune escape,” which will in turn trigger vaccine companies to further refine vaccines that will add to, not reduce, the selection pressure, producing ever more transmissible and potentially deadly variants.

Vanden Bossche argued the selection pressure would cause greater convergence in SARS-CoV-2 mutations affecting the spike protein of the virus responsible for breaking through the mucosal surfaces of our airways — the route used by the virus to enter the human body — effectively outsmarting the highly specific antigen-based vaccines that are being used and tweaked, dependent on the circulating variants.

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

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,

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