

# Mass Murder

By Syringe Needle!  
Part 43

After 43 weeks of posting this page, many people still do not seem to understand that these so-called vaccines are not vaccines. Even the use of the word is deceptive and dishonest by definition. The World Health Organization had to change the definition of their poisonous shots in order to meet the legal requirement of what they are calling a vaccine. They are “Kill Shots” by the nature of what they contain.

Below we have one study conducted by Dr. Robert Young and his staff. The most important words Dr. Robert Young states in his analysis is that Dr. Young states, “*Knowledge is a protective power that can change and save YOUR life!*”

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*The methodology used by Dr. Young and a team of scientists from around the World, reveal the evidence of toxic nano particulate of graphene oxide, iron oxide, aluminum oxide, titanium dioxide, stainless steel, parasites, just to name a few of the ingredients in the Pfizer, Moderna, Janssen and Astrazeneca so-called “vaccines” using Transmission and Scanning Electron Microscopy, Optical Phase Contrast, Bright Field and Dark Field Microscopy and Energy Dispersive X-Ray Spectroscopy to uncover all the ingredients whether listed or not listed on the declaration of ingredients insert found in manufactures box containing the so-called vaccine vials.*

*This directed frequency and human connection from the cell towers and/or satellites creates a quantum link to the biosensor graphene iron oxide material now contained in the brain, lungs, heart, muscles, bone, fat and reproductive organs. These poor souls who have been inoculated with the CoV-19 so-called vaccine are now human cell towers receiving and transmitting radio and microwave radiation from their own body affecting their health and the health of anyone around them.*

Stop and read this paragraph again! If you are vaxxed, you are now “wired-in” to the Internet of Things.

**Dr. Robert Young: Shocking Results for CoV Vaccine Ingredients & the Path of Destruction They Cause  
Tap News / Weaver**

## COVID-19 VACCINE IDENTIFIED INGREDIENTS

IDENTIFIED INGREDIENTS	PFIZER	ASTRAZENECA	JANSSEN	MODERNA
Aluminium (Al)	Yes			Yes
Bismuth (Bi)	Yes			
Cadmium (Cd)				Yes
Calcium (Ca)				Yes
Carbon (C)	Yes			Yes
Chloride (Cl <sup>-</sup> )	Yes			
Chlorine (Cl in saline solution)	Yes	Yes	Yes	Yes
Chromium (Cr)	Yes	Yes	Yes	
Copper (Cu)	Yes	Yes		Yes
Graphene oxide	Yes	Yes	Yes	Yes
Iron (Fe)	Yes	Yes	Yes	Yes
Lead (Pb)				Yes
Magnesium (Mg)				Yes
Manganese (Mn)			Yes	
Nickel (Ni)		Yes	Yes	
Nitrogen (N)	Yes			Yes
Oxygen (O)	Yes			Yes
Phosphorous (P)	Yes			Yes
Potassium (K)				Yes
Selenium (Se)				Yes
Silicon (Si)	Yes	Yes	Yes	Yes
Sodium (Na in saline solution)	Yes	Yes	Yes	Yes
Sulfur (S)	Yes	Yes		
Tin (Sn)		Yes		
Titanium (Ti)	Yes			Yes
Trypanosoma (parasite)	Yes	Possible		
Vanadium (Va)	Yes			

**DETECTED VACCINE INGREDIENTS**  
[COVID-19 VACCINE INGREDIENTS-noblart.com](https://noblart.com)

## COVID-19 VACCINE DECLARED INGREDIENTS

DECLARED INGREDIENTS	CHEMICAL COMPOSITION	PFIZER	MODERNA
<b>Active Ingredients</b>			
Comirnaty mRNA	$C_{15}H_{31}N_3O_{13}P_2$ (DNA/variable)	Yes	
mRNA-1273 mRNA	$C_{15}H_{31}N_3O_{13}P_2$ (DNA/variable)		Yes
<b>Lipids</b>			
Cholesterol	$C_{27}H_{46}O$	Yes	Yes
1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC)	$C_{44}H_{88}NO_8P$	Yes	Yes
[[4-hydroxybutyl)azanediyl]bis(hexane-6,1-diyl)]bis(2-hexyldecanoate) (ALC-3015)	$C_{48}H_{95}NO_5$	Yes	
2-[[poly(ethylene glycol)-2000]-N,N-ditetradecylacetamide (ALC-0159)	$H-(O-CH_2-CH_2)_n-OH$	Yes	
Lipid SM-102	$C_{44}H_{87}NO_5$		Yes
1,2-dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000-DMG)	$(C_2H_4O)_n C_{32}H_{62}O_5$		Yes
<b>Buffers</b>			
potassium chloride	KCl	Yes	
monobasic potassium phosphate	$KH_2PO_4$	Yes	
sodium chloride	NaCl	Yes	
basic sodium phosphate dihydrate	$Na_2HPO_4$	Yes	
tromethamine (tris(hydroxymethyl)aminomethane)	$C_4H_{12}ClNO_3$		Yes
tromethamine hydrochloride	$C_4H_{11}NO_3$		Yes
acetic acid	$C_2H_4O_2$		Yes
sodium acetate	$C_2H_3NaO_2$		Yes
water	$H_2O$	Yes	Yes
<b>Other</b>			
sucrose	$C_{12}H_{22}O_{11}$	Yes	Yes

### COVID-19 VACCINE DECLARED INGREDIENTS UNDISCLOSED SECRET VACCINE INGREDIENTS

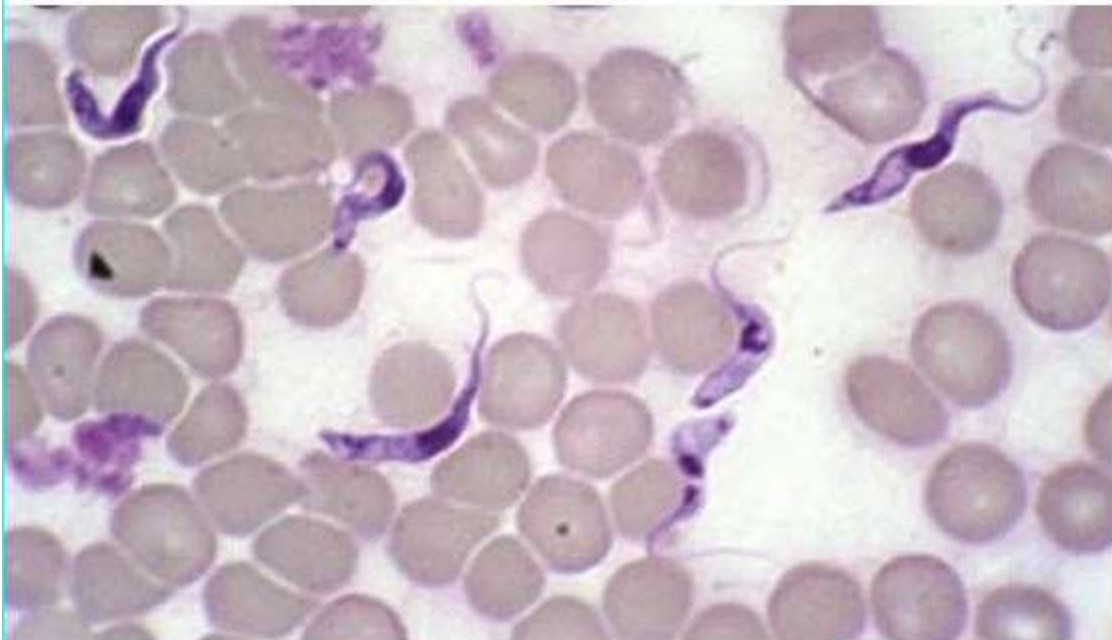
The components which do not appear to have been declared include:

- Aluminum (Al)
- Bismuth (Bi)
- Cadmium (Cd)

Chromium (Cr)  
Copper (Cu)  
Iron (Fe)  
Lead (Pb)  
Magnesium (Mg)  
Manganese (Mn)  
Nickel (Ni)  
Selenium (Se)  
Silicon (Si)  
Sulfur (S)  
Tin (Sn)  
Titanium (Ti)  
Vanadium (V)  
Graphene oxide (C<sub>140</sub>H<sub>42</sub>O<sub>20</sub>)  
Graphene Hydroxide

...which includes the blood parasite, *Trypanosoma cruzi* (Chagas disease) or possibly *Trypanosoma brucei* (African sleeping sickness), as indicated in the most recent MHRA reports (reproduced below) and four VAERS reports. *Trypanosoma* is composed of carbon, oxygen, chromium, sulphur, aluminum, chloride and nitrogen.

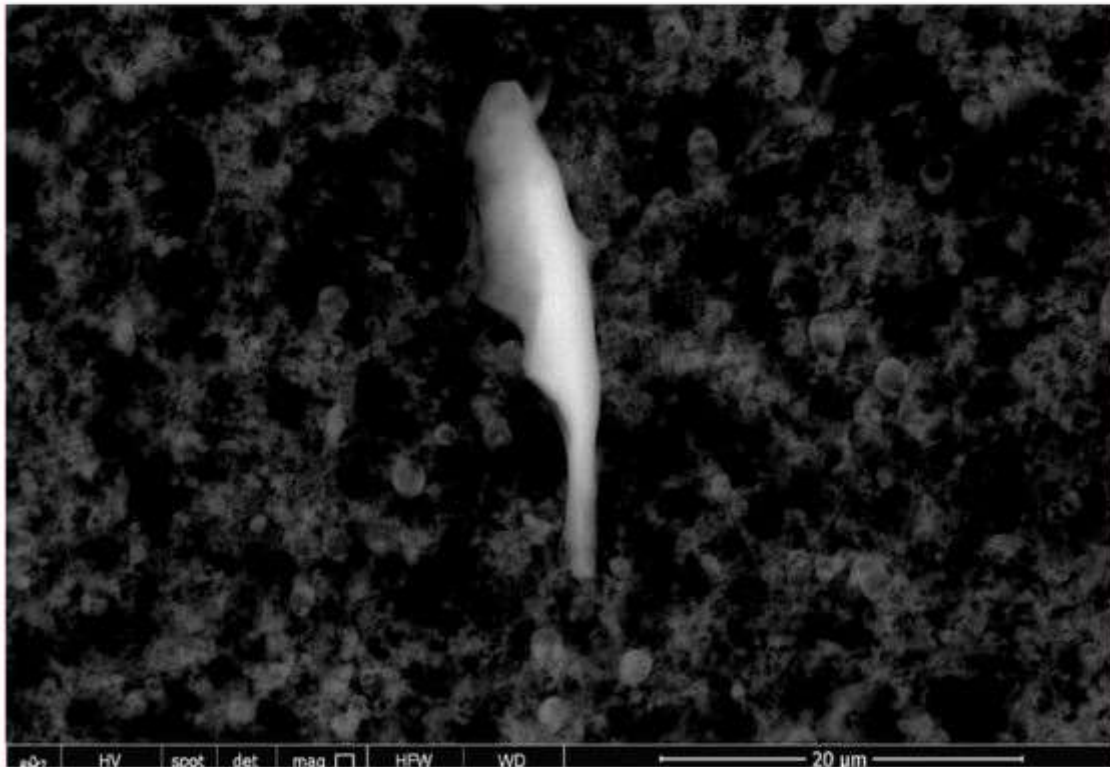
[Figure 18 shows a *Trypanosoma* Parasite approximately 50 microns in length found in the so-called Pfizer "Vaccine". It is composed of carbon, oxygen chromium, sulphur, aluminum, chloride and nitrogen.[88]]



[Figure 18a] shows a Live Blood pHase Contrast Microscopy Micrograph of *Trypanosoma cruzi* Parasite. [9][88]]

## Are There Parasites in the Pfizer "Vaccines"?

A 50 micron elongated body, as seen in **Figure 13** is a sharp mysterious presence in the Pfizer vaccine. It appears and is identified anatomically as a *Trypanosoma cruzi* parasite of which several variants are lethal and is one of many causes of acquired immune deficiency syndrome or AIDS. [Atlas of Human Parasitology, 4th Edition, Lawrence Ash and Thomas Orithel, pages 174 to 178][9][83]



[Figure 13 shows a Trypanosoma Parasite: approximately 50 microns in length found in the so-called Pfizer "vaccine". It is composed of carbon, oxygen chromium, sulphur, aluminum, chloride and nitrogen.[83]]

“Vaccine” Non-disclosed Ingredients:  
Graphene Hydroxide  
Parasites  
Ethylene Alcohol

Stainless Steel, an engineered aggregate of iron, chromium and nickel also known as stainless steel of micro and nano particles

(histidine, sucrose, Poly-ethylene glycol (PEG) and ethylene alcohol-

The injection of PEG and Ethylene alcohol are both known as carcinogenic and genotoxic.[10][83] PEG was the only adjuvant declared on the data sheet listing the ingredients of the Astrazeneca “vaccine” but also contained in the Pfizer and Moderna “vaccines”)



Janssen (Johnson & Johnson) “Vaccine” Non-Disclosed Ingredients  
Stainless Steel and are glued together with a “Carbon-based glue” of reduced graphene oxide.[11] This aggregate is highly magnetic and can trigger pathological blood

coagulation and “The Corona Effect” or “The Spike Protein Effect” creation from the degeneration of the cell membrane due to interactions with other dipoles.

## **INTRODUCTION**

On 20 August 2021 Dr. Robert Young published his team’s findings after analyzing the four dominant COVID-19 “vaccines” using Phase Contrast Microscopy, Transmission and Scanning Electron Microscopy and Energy-Dispersive X-ray Spectroscopy. Their findings both confirm and expand upon the prior investigations carried out by Dr. Pablo Campra (University of Almeria, Spain), Dr. Juan F. Gastón Añaños (Hospital de Barbastro, Spain), as well as the recent pathology reports from autopsies of vaccinated deceased which were carried out by Prof. Dr. Arne Burkhardt, Prof. Dr. Walter Lang and Prof. Dr. Peter Schirmacher (Germany & Austria).

Many of these substances were observed as being bonded to graphene oxide and metallic nanoparticles. GO nanoparticles are necrotic, able to pass into or through physiological barriers including (but not limited to) the blood-air barrier, the blood-testis barrier, the blood-brain barrier, and the blood-placenta barrier. Over a period of several months after intramuscular injection, as much as 75% of the GO nanoparticle “delivery platform”, and most of the substances listed below, are transported extensively throughout the bodies of mammals, into the blood, brain and other organs. Some of the many toxic effects of graphene oxide are myocarditis and blood clotting. Contamination in vaccines appears to be so common that one might be forgiven for thinking that it is deliberate.

### **MARKED FOR DEATH AND TRACKED FOR LIFE**

Dr. Young also suggests in this interview and in his scientific article that those people inoculated with the CoV-19 are NOT shedding proteins but are receiving and transmitting pulsating radio and microwave radiation linked to them from cell towers and satellite transmissions.

Dr. Young:

“This directed frequency and human connection from the cell towers and/or satellites creates a quantum link to the biosensor graphene iron oxide material now contained in the brain, lungs, heart, muscles, bone, fat and reproductive organs.

These poor souls who have been inoculated with the CoV-19 so-called vaccine are now human cell towers receiving and transmitting radio and microwave radiation from their own body affecting their health and the health of anyone around them.

Everyone who had been inoculated with the CoV – 19 so-called vaccines is now linked to the “Internet of Things” and has received a specific identification number for contact tracing.

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blood, the interstitial fluids, the intracellular fluids, the heart, the brain, the reproductive organs and the bone marrow.”

(See Text Included With Videos Below)

Shocking Test Results for CoV – 19 Vaccines Contain Cytotoxic, Genotoxic and Magneticotoxic Ingredients! (Video 1)

Shocking Results for CoV Vaccine Ingredients & the Path of Destruction They Cause! (Video 2)

You Won't Believe What They Found In The CoV19 Vaccines – (It Will BLOW Your Mind) (Video 3)

[Toxicity of graphene-family nanoparticles: a general review of the origins and mechanisms Abstract:](#)

Due to their unique physicochemical properties, graphene-family nanomaterials (GFNs) are widely used in many fields, especially in biomedical applications. Currently, many studies have investigated the biocompatibility and toxicity of GFNs in vivo and in vitro. Generally, GFNs may exert different degrees of toxicity in animals or cell models by following with different administration routes and penetrating through physiological barriers, subsequently being distributed in tissues or located in cells, eventually being excreted out of the bodies. This review collects studies on the toxic effects of GFNs in several organs and cell models. We also point out that various factors determine the toxicity of GFNs including the lateral size, surface structure, functionalization, charge, impurities, aggregations, and corona effect etc. In addition, several typical mechanisms underlying GFN toxicity have been revealed, for instance, physical destruction, oxidative stress, DNA damage, inflammatory response, apoptosis, autophagy, and necrosis. In these mechanisms, (toll-like receptors-) TLR-, transforming growth factor  $\beta$ - (TGF- $\beta$ -) and tumor necrosis factor-alpha (TNF- $\alpha$ ) dependent-pathways are involved in the signaling pathway network, and oxidative stress plays a crucial role in these pathways. In this review, we summarize the available information on regulating factors and the mechanisms of GFNs toxicity, and propose some challenges and suggestions for further investigations of GFNs, with the aim of completing the toxicology mechanisms, and providing suggestions to improve the biological safety of GFNs and facilitate their wide application.

(Text-Video 1)

Shocking Test Results for CoV – 19 Vaccines Contain Cytotoxic, Genotoxic and Magneticotoxic Ingredients! (This May Be The Most Important Video That YOU Will Ever Watch! It Truly is a Matter of Life and Death!)

In early August of 2021, Dr. Robert O. Young published a scientific paper on the ingredients of the Pfizer, Moderna, Janssen, and Astrazeneca so-called vaccines which revealed the inclusion of the cytotoxic, genotoxic and magneticotoxic ingredients of graphene and iron oxide, both at nano size and bound together forming a ferrofluid or graphene goo. (Patent for the use of graphene oxide in a so-called vaccine was given in August, 2021)



In this interview and in Dr. Young's scientific article, "Scanning and Transmission Electron Microscopy Reveals Graphene Oxide in ALL CoV- 19 Vaccines." you will see a symplast or cluster bomb of graphene and iron ferro fluid or black goo causing pathological blood coagulation or blood clots leading to hypercapnia, hypoxia, pulmonary embolism and death by decompensated acidosis of the interstitial fluids of the lungs.

Dr. Young also suggests in this interview and in his scientific article that those people inoculated with the CoV-19 are NOT shedding proteins but are receiving and transmitting pulsating radio and microwave radiation linked to them from cell towers and satellite transmissions.

This directed frequency and human connection from the cell towers and/or satellites creates a quantum link to the biosensor graphene iron oxide material now contained in the brain, lungs, heart, muscles, bone, fat and reproductive organs. These poor souls who have been inoculated with the CoV-19 so-called vaccine are now human cell towers receiving and transmitting radio and microwave radiation from their own body affecting their health and the health of anyone around them. Everyone who had been inoculated with the CoV - 19 so-called vaccines is now linked to the "Internet of Things" and has received a specific identification number for contact tracing. This will continue with all who have been inoculated as long as they have the biosensor graphene/iron oxide nano particulates in their connective and fatty tissues, i.e. their blood, the interstitial fluids, the intracellular fluids, the heart, the brain, the reproductive organs and the bone marrow.

The methodology used by Dr. Young and a team of scientists from around the World, reveal the evidence of toxic nano particulate of graphene oxide, iron oxide, aluminum oxide, titanium dioxide, stainless steel, parasites, just to name a few of the ingredients in the Pfizer, Moderna, Janssen and Astrazeneca so-called "vaccines" using Transmission and Scanning Electron Microscopy, Optical Phase Contrast, Bright Field and Dark Field Microscopy and Energy Dispersive X-Ray Spectroscopy to uncover all the ingredients whether listed or not listed on the declaration of ingredients insert found in manufactures box containing the so-called vaccine vials.

You can find more information on Dr. Young's biography, CV, articles and interviews at: <http://www.drrobertyoung.com>.

Here are just a few of Dr. Robert O. Young's most recent peer-reviewed scientific articles on CoV - 2, now called CoV - 19, you might want to review:

1. What Do Viruses Like HIV and Corona Have in Common with Exosomes –  
<https://www.drrobertyoung.com/post/what-do-so-called-viruses-like-hiv-cov-19-have-in-common-with-exosomes>  
<https://www.jewworldorder.org/what-do-viruses-like-hiv-corona-have-in-common-with-exosomes-the-genesis-of-severe-acute-respiratory-syndrome-or-sars-corona-virus-or-covid-19/>

2. Young RO, Migalko G (2020) What Causes Oxygen Deprivation of the Blood(DIC) and Then Lungs(SARS – CoV 2 & 12)?. Integ Mol Bio Biotechnol 1: 001-007  
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<https://opastonline.com/wp-content/uploads/2020/02/interstitial-fluid-lung-disease-IFLD-of-the-interstitium-organ-the-cause-and-self-care-to-a-self-cure-for-lung-disease-ijcrt-20.pdf>  
[Screen Shot 2021-10-03 at 10.34.23 PM.png](#)

5. In peer-review to be published October 20th, 2021 – International Journal of Vaccines and Vaccinations  
Scanning & Transmission Electron Microscopy Reveals Graphene Oxide/Hydroxide in CoV-19 Vaccines  
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In addition to the scientific articles cited above there are 250 articles on CoV – 19 published by Dr. Robert O. Young at [www.drrobertyoung.com/blog](http://www.drrobertyoung.com/blog)

6. Part 1: Young RO (2016) Second Thoughts about Viruses, Vaccines, and the HIV/AIDS Hypothesis – Part 1. Int J Vaccines Vaccin 2(3): 00032. DOI: 10.15406/ijvv.2016.02.00032

7. Part 2: Young RO (2016) Second Thoughts Concerning Viruses, Vaccines and the HIV/AIDS Hypothesis – Part 2. Int J Vaccines Vaccin 2(3): 00034. DOI: 10.15406/ijvv.2016.02.00034

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Dr. Young states, “Knowledge is a protective power that can change and save YOUR life!”

As it pertains to inoculations Dr. Young states, “It is YOUR body, YOUR life and YOUR God Given Choice always – Choose wisely.”

(Text-Video 3)

Scanning & Transmission Electron Microscopy Reveals Graphene Oxide/Hydroxide in CoV-19 Vaccines

## Scanning & Transmission Electron Microscopy Reveals Graphene Oxide in CoV-19 Vaccines

Updated: 2 days ago

2021, February 5th, Updated October 1st, 2021

Author: Robert O Young CPC, MSc, DSc, PhD, Naturopathic Practitioner

[www.drrobertyoung.com](http://www.drrobertyoung.com)

15th Revision



<https://www.drrobertyoung.com/post/transmission-electron-microscopy-reveals-graphene-oxide-in-cov-19-vaccines>

<https://beforeitsnews.com/alternative/2021/12/dr-robert-young-shocking-results-for-cov-vaccine-ingredients-the-path-of-destruction-they-cause-ultimate-video-proof-of-secret-vax-ingredients-attack-on-the-body-of-the-vaccinated-videos-art-3763772.html>

Share this wide and far:

## **First Systematic Vaccine Death Autopsies Show Immune System Attacking Own Organs, Politicians on Notice**

[December 24, 2021](#)

### ***Politicians on notice of Crimes Against Humanity***

At a [“Gold Standard Covid Science in Practice: Interdisciplinary Symposium,”](#) a virtual event on December 10, 2021, a top German pathologist presented findings from a first-ever complete, independent set of autopsies of people who died soon after the Pfizer or Moderna mRNA experimental COVID vaccine products. Most of the deceased’s immune systems had attacked the body’s own organs, showing similar patterns of lymphocytes accumulation in never-before-seen phenomena.

The autopsies were performed by [Dr. Arne Burkhardt](#), former head of Institute of Pathology in Reutlingen for 18 years.

Dr. Burkhardt initially presented his findings at [2nd Pathology Conference](#) on Dec. 4, 2021 in Berlin, Germany. The webpage for the conference [said of Dr. Burkhardt’s findings:](#)

**“The findings confirm Prof. Dr. Peter Schirmacher’s finding that among more than 40 corpses he autopsied who had died within two weeks of COVID19 vaccination, approximately one-third of those deaths were caused by the vaccination.”**

The [“Gold Standard Covid Science in Practice: Interdisciplinary Symposium”](#) was organized by [Doctors for COVID Ethics](#).

In its [official statement](#) on the autopsy findings, Doctors for COVID Ethics writes:

**“A natural infection with SARS-CoV-2 (coronavirus) will in most individuals remain localized to the respiratory tract. In contrast, the vaccines cause cells deep inside our body to express the viral spike protein, which they were never meant to do by nature. Any cell which expresses this foreign antigen will come under attack by the immune system, which will involve both IgG antibodies and cytotoxic T-lymphocytes. This may occur in any organ. We are seeing now that the heart is affected in many young people, leading to myocarditis or even sudden cardiac arrest and death....**

**We herewith present scientific evidence that calls for an immediate stop of the use of gene-based COVID-19 vaccines. We first lay out why the agents cannot protect against viral infection. While no positive effects can be expected, we show that the vaccines can trigger self-destructive processes that lead to debilitating illness and death....**

Histopathologic analysis show clear evidence of vaccine-induced autoimmune-like pathology in multiple organs. That myriad adverse events deriving from such auto-attack processes must be expected to very frequently occur in all individuals, particularly following booster injections, is self-evident....

**Beyond any doubt, injection of gene-based COVID-19 vaccines places lives under threat of illness and death. We note that both mRNA and vector-based vaccines are represented among these cases, as are all four major manufacturers.”**

In the below video, [Dr. Sucharit Bhakdi](#), a member of Doctors for COVID Ethics, and [one of the many doctors](#) to early on predicted the dangers of the mRNA spike protein injections, is clearly outraged at the results of the autopsies, [having been warning](#) about the drugs which are [still in Phase III clinical trials](#) until the end of 2022 at the earliest, and calling, like many other scientists, for a halt to mass general use of the drugs until the trials were complete.

**[Links to doctors’ calls for halts to mass “vaccinations,” partial list: [1](#), [2](#), [3](#), [4](#), [5](#). ]**  
[Dr. Bhakdi](#) is Professor emeritus of the University of Mainz, where he served as the chair of the department of medical microbiology and hygiene from 1991 to 2012. From 1990 to 2012, he served as Editor in Chief of Medical Microbiology and Immunology. In 2001 he was awarded the [Aronson Prize](#) for achievements in microbiology and Immunology.

The [“Gold Standard Covid Science in Practice: Interdisciplinary Symposium”](#) also featured speakers such as former President George HW Bush Assistant Secretary of Housing Catherine Austin Fitts, and former Pfizer Chief Science Officer and VP Dr. Mike Yeadon,

Another pathologist, [Dr. Ryan Cole, MD](#), who holds medical degrees from Virginia Commonwealth University School of Medicine and the Mayo Clinic School of Medicine has made similar warnings about the vaccines and drawn similar conclusions. Dr. Cole shows his own lab evidence that Pfizer and Moderna mRNA spike protein injections may be quietly killing injection recipients through “micro-clots,” inflammation, and immune suppression.

Doctors for COVID Ethics last April sent [letters to all members of European parliaments](#) who were mandating the experimental vaccinations that they are committing Crimes Against Humanity.

**[Doctors for COVID Ethics Official Statement on Autopsy Results](#)**  
[Dr. Sucharit Bhakdi](#), Professor emeritus of the University of Mainz, [\(View at Rumble\)](#)

**(Natural News) Some of the most domineering public health figures during the covid-19 scandal are NAMED in a historic indictment sent to the International Criminal Court (ICC).**

These government, pharmaceutical and public health officials have ruled undemocratically over the people and imposed harmful policies of subjugation under the guise of “mitigating covid-19.”

Their unaccountable policies of subjugation have deprived people of basic human rights and equal opportunity. The defendants have used medical fraud, perpetrated by fraudulently calibrated PCR tests, to propagate a narrative that only emboldens their own power and control over people’s lives. Their disregard for efficacious treatments, immune system solutions and their censorship of natural immunity has ravaged the principle of informed consent, contributed to iatrogenic error and caused undo separation, isolation, medical malpractice and wrongful death. Their policies have forced provably dangerous genetic experiments onto people using discrimination, segregation and threats to one’s livelihood. These defendants have subverted the rule of law for nearly two years, ruining countless lives.

Fauci, Daszak, Gates, Hancock, Schwab all named in historic indictment

These beleaguered officials include Tedros Adhanom Ghebreyesus, the director-general of the World Health Organization (WHO); June Raine, executive director of the Medicines and Healthcare products Regulatory Agency (MHRA); Dr. Anthony Fauci, director of the U.S. National Institutes of Allergy and Infectious Diseases (NIAID); Dr. Radiv Shah, president of the Rockefeller Foundation; Dr. Peter Daszak, president of EcoHealth Alliance and Bill and Melinda Gates, who have openly funded and promoted much of these well-documented crimes against humanity.

The defendants also include notable UK officials, including Boris Johnson, UK Prime Minister; Christopher Whitty, UK Chief Medical Adviser; Matthew Hancock, former UK Secretary of State for Health and Social Care; and Klaus Schwab, President of the World Economic Forum. The criminal complaint also lists the CEOs of four major pharmaceutical companies, who continue to commit acts of genocide through experimental gene interference “vaccines” that [damage the cardiovascular system, innate immune responses](#) and the reproductive health of women, among thousands of medical concerns documented by pharmacovigilance systems around the world. These defendants include Albert Bourla, CEO of Pfizer; Stephane Bancel, CEO of AstraZeneca; Pascal Soriot, CEO of Moderna and Alex Gorsky, CEO of Johnson and Johnson.

The criminal complaint is brought forth by former Pfizer vice president Dr. Michael Yeadon and human rights lawyer Hannah Rose. They are joined by Astrophysicist Piers Corbyn, nurse Louise Shotbolt, retired law enforcement officer John O’Loony and human rights activist Johnny McStay. The indictment accuses the defendants “of numerous violations of the Nuremberg Code,” “crimes of aggression” and “war crimes.” Because the English court system refuses to take up this historic matter, the plaintiffs are asking the ICC with “utmost urgency” to “stop the deployment of COVID vaccines”



and “illegal vaccination passports” and “all other types of illegal warfare” that is being “waged against the people of the United Kingdom” and against people around the world. Historic indictment documents various crimes against humanity, violations of the Nuremberg Code

Public health officials have forced people to use PCR tests that are “completely unreliable” as a diagnostic standard, misleading people and obfuscating data. These tests have been fraudulently calibrated and used to artificially inflate covid-19 case counts and deaths to perpetuate further medical tyranny and deprivation of individual rights.

Effective treatments such as hydroxychloroquine and ivermectin have been suppressed, leading to immune failure and severe disease. This, in turn, led to reliance on drugs that cause renal failure and subsequent reliance on ventilators, which cause oxidative damage and cytokine storm, [damaging lungs and putting patients at a greater risk](#) of life-threatening pneumonia and death.

Moreover, the UK government has failed to investigate the massive wave of vaccine injury and death following covid-19 vaccination. There are at least 395,049 reported adverse reactions to COVID “vaccines” in the U.K. alone. This experimental gene interference technology was designed from criminal gain-of-function research that weaponized coronavirus spike proteins so that genetic experiments could be deployed through “vaccination” using the engineered spike protein. This experiment has led to a proven increase in eye disorders, heart inflammation, cardiac arrest and spontaneous abortion. A recent study published in the [New England Medical Journal](#) showed 8 in 10 women had a miscarriage after taking a Covid ‘vaccine’ before the third trimester.

Furthermore, the defendants’ lock down policies have not provably altered the course of infection in the public and have caused “wealth and business destruction, along with a sharp increase in ChildLine calls from children who were made more vulnerable due to destructive public health policies. The defendant’s acceptance of vaccine passports has introduced a medical apartheid that violates the medical privacy and body autonomy of individuals through discrimination, segregation and other acts of malice. Their policies have imposed psychological harm to children and severely deprived the [physical liberty](#) of the people, in “violation of fundamental rules of international law.” These violations include travel and assembly bans and forced quarantine and self-isolation without due process of law.

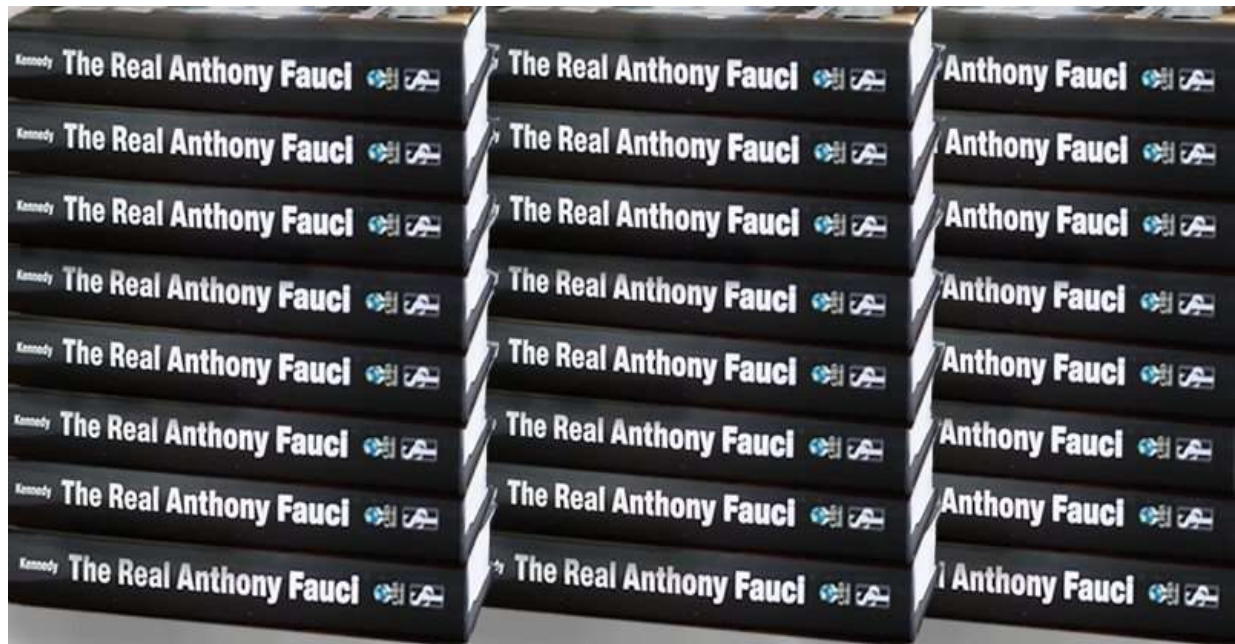
The first principle of the Nuremberg Code is a willingness and informed consent by the person to receive treatment and participate in an experiment. The person is supposed to activate freedom of choice without the intervention, either through force, deceit, fraud, threat, solicitation or any other type of binding or coercion. This guiding principle of medical ethics and the remaining tenants of the Nuremberg Code have all been violated during the covid-19 scandal. After violating these principles for nearly two years with no remorse, the perpetrators must now be brought to their knees.

## How to Read RFK, Jr.'s Book in 5 Minutes

Robert F. Kennedy, Jr.'s runaway bestseller, "The Real Anthony Fauci," is a long, dense book, full of facts and evidence. Here are some tips on how to quickly digest the book's highlights.

By

[Steve Kirsch](#)



Yup, I know ... It's a long, dense [book](#) full of facts and evidence.

Here are five methods to get the gist of Robert F. Kennedy Jr.'s best-selling book, "[The Real Anthony Fauci](#)," quickly:

**1. The first third** shows that Fauci is the leader of the largest cabal of organized crime thugs to have ever walked the face of Earth.

The middle third goes into more detail about the history of the establishment of Fauci's criminal cabal.

The final third ties together loose ends with more details and factual history. The overriding theme is that the U.S. Food and Drug Administration, Centers for Disease Control and Prevention, National Institutes of Health and the World Health Organization are all run and controlled by criminal thugs in concert with their criminal counterparts running Big Pharma.

**2. Read [this review](#).**

**3. Consider this excerpt:**

“Under Dr. Fauci’s leadership, the allergic, autoimmune, and chronic illnesses which Congress specifically charged NIAID to investigate and prevent, have mushroomed to afflict 54 percent of children, up from 12.8 percent when he took over NIAID in 1984. “Dr. Fauci has offered no explanation as to why allergic diseases like asthma, eczema, food allergies, allergic rhinitis, and anaphylaxis suddenly exploded beginning in 1989, five years after he came to power.

“On its website, NIAID boasts that autoimmune disease is one of the agency’s top priorities. Some 80 autoimmune diseases, including juvenile diabetes and rheumatoid arthritis, Graves’ disease, and Crohn’s disease, which were practically unknown prior to 1984, suddenly became epidemic under his watch.

“Autism, which many scientists now consider an autoimmune disease, exploded from between 2/10,000 and 4/10,000 Americans when Tony Fauci joined NIAID, to one in thirty-four today.

“Neurological diseases like ADD/ADHD, speech and sleep disorders, narcolepsy, facial tics, and Tourette’s syndrome have become commonplace in American children.

“The human, health, and economic costs of chronic disease dwarf the costs of all infectious diseases in the United States. By this decade’s end, obesity, diabetes, and pre-diabetes are on track to debilitate 85 percent of America’s citizens.

“For this reason, all the drug companies and members of Congress (except Rand Paul) LOVE Fauci.”

**4. Open [the book](#) to a random page and start reading.** Then realize there are ~450 other pages with stories of corruption just as bad as the one you just randomly selected.

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

**5. My review:**

[The book](#) shows that Fauci is a really bad guy who has done a lot of bad stuff and he should be immediately fired.

It also shows a completely corrupt system that is allowing dangerous drugs to be approved.

We need to all stand up and oppose what is going on. The system is badly broken and corrupt and needs to be fixed ASAP.

I haven’t read the [entire book](#), but I have read sections and everything I have read so far aligns with the facts I know.

It’s a [devastating book](#), filled with details that few people knew about until now.

For example, I knew about Tess Lawrie’s call with Andrew Hill and knew it was recorded, but I never got a copy.

So to see the line-by-line transcript ... that was truly stunning. It aligned 100% with what I had heard about the call.

[The book](#) is an amazing accomplishment and I can't figure out how Kennedy had the time to write it because he's so busy. I'm very proud to be one of his friends.

He's just a great guy with a heart of gold and one of the most amazing people I've ever met.

President Biden does not want you to read [this book](#).

That is precisely the best reason you must take the time to read as much of it as you can.

Finally, remember President Biden put RFK, Jr. on the "[Disinformation Dozen](#)" list at #2. He does not want you to [read his book](#). And that is precisely why it is so urgent and important that you do so.

Also, your member of Congress doesn't want you to [read it](#) either.

None of them objected to putting Kennedy on the censorship list. So they support censorship of this [important work](#).

The message from RFK, Jr. going forward is simple: **DO NOT COMPLY.**

*Originally published by [Steve Kirsch on Substack](#).*

*The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.*

**(Natural News) Former Pfizer employee and whistleblower Karen Kingston told Matrixxx Grooove hosts Jeffrey Pedersen and Shannon Townsend that the Wuhan coronavirus (COVID-19) vaccine is a bioweapon that is harming children worldwide.**

Kingston shared a recent study suggesting that COVID vaccination causes the mortality rate to go up. The document showed that in the total number of vaccine doses put in the arms of Americans until December 15, there are over 20,000 vaccine-related deaths. With 200 million injections, 20,000 deaths would give around a 0.01 percent fatality rate, which is the price to pay for having bioweapons inserted into the human body.

There is a one in 10,000 vaccine fatality rate based on that baseline, but this number is very conservative as adverse effects and death are severely underreported in the Vaccine Adverse Events Reporting System (VAERS) system. For children ages zero to 17 years, there's a one-in-25,000 risk of death from the vaccine. That's one too many as healthy children have basically zero chance of dying from COVID-19.

In taking a look at the risk of death from COVID through May 11 of last year and before the beginning of mass vaccination in adults and children, the fatality rate was 1.1 to 250,000.

Study shows correlation between mortality rates and vaccination in children

A new study pointed out that there is a correlation between mortality and the first few weeks of vaccination in children.

Children over the age of 14 who are vaccinated increase their risk of dying compared to the general population for the first five to six weeks. If a child survives the first five to six weeks of vaccination, then the risk for death from COVID is lower. However, for the unvaccinated age group, for children zero to 14 years, most associations of mortality and vaccination in adults are positive. (Related: Karen Kingston: Pfizer vaccine approval part of a conspiracy to harm children – Brighteon.TV.)

100% organic essential oil sets now available for your home and personal care, including Rosemary, Oregano, Eucalyptus, Tea Tree, Clary Sage and more, all 100% organic and laboratory tested for safety. A multitude of uses, from stress reduction to topical first aid. See the complete listing here, and help support this news site.

There are also indirect adverse effects of adult vaccination on the mortality of children ages zero to 14 for the first 15 to 18 weeks after vaccination. What this means is that when adults are vaccinated and they are around children for 18 weeks after their last vaccination, the risk of death to children under 14 increases.

Hospitalization from COVID-19 also went up as more and more adults get vaccinated, and risks for children, especially in the zero to four age range, go up tremendously.

With the data shown, the concept of mass vaccination, which is supposed to protect other people and society is harming children and causing an increased risk of death.

While the concept of mass vaccination looks like it is good for society, it is actually a lie. People believe they are being good members of society, but by protecting seniors and the elderly, they are also putting children at risk for death, with children under a year old having the highest death rates.

Overall, the study showed that there is little to no evidence that vaccines reduce community spread and transmission as clinical trials use symptomatic, not asymptomatic COVID cases as the clinical endpoint. Since there is no requirement for weekly coronavirus testing in the participants for most studies, they are not designed to estimate vaccine efficacy in reducing infection.

As vaccines do not appear to reduce community spread for most age groups, vaccine mandates are all ill-advised and there is not much benefit to them other than increasing the serviceable obtainable market share for companies.

## **Fauci's NIH Research Proves 5G Spiked Sars Cov 2 Breakout in Wuhan and Globally-Proving 5G is Deadly .**

Fauci's NIH Research Proves **5G** Spiked Sars Cov 2 Breakout in Wuhan and Globally-Proving **5G** is Deadly.

Confirming our Warnings. Published online Sept. 29, 2021

Fifth Generation [**5G**] Wireless Communications Radiation [WCR] and (SARS-CoV-2) Virus and its Effects on Human Health

Journal of Clinical and Translational Research Evidence for a Connection between Coronavirus Disease-19 and 5G Exposure

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8580522/>

Evidence for a connection between coronavirus disease-19 and exposure to radiofrequency radiation from wireless communications including **5G** (WCR) Wireless Communication Radiation

Both COVID-19 and WCR Wireless Communication Radiation Exposure Can Affect the Heart and Cardiovascular System, Directly and/or Indirectly

### Conclusion

There is a substantial overlap in pathobiology between COVID-19 and WCR exposure. The evidence presented here indicates that mechanisms involved in the clinical progression of COVID-19 could also be generated, according to experimental data, by WCR exposure.

Therefore, we propose a link between adverse bio effects of WCR exposure from wireless devices and COVID-19.

Specifically, evidence presented here supports a premise that WCR and, in particular, **5G**, which involves densification of 4G, may have exacerbated the COVID-19 pandemic by weakening host immunity and increasing SARS-CoV-2 virulence by (1) causing morphologic changes in erythrocytes including echinocyte and rouleaux formation that may be contributing to hypercoagulation; (2) impairing microcirculation and reducing erythrocyte and hemoglobin levels exacerbating hypoxia; (3) amplifying immune dysfunction, including immunosuppression, autoimmunity, and hyperinflammation; (4) increasing cellular oxidative stress and the production of free radicals exacerbating vascular injury and organ damage; (5) increasing intracellular Ca<sup>2+</sup> essential for viral entry, replication, and release, in addition to promoting pro-inflammatory pathways; and (6) worsening heart arrhythmias and cardiac disorders.

WCR exposure is a widespread, yet often neglected, environmental stressor that can produce a wide range of adverse bio effects. For decades, independent research scientists worldwide have emphasized the health risks and cumulative damage caused

by WCR [42,45]. The evidence presented here is consistent with a large body of established research.

Healthcare workers and policymakers should consider WCR a potentially toxic environmental stressor.

Methods for reducing WCR exposure should be provided to all patients and the general population.

\*\*\*\*\*

Accelerated Probiotic Improves Digestion, Boosts Energy & Improves Overall Immunity

Scientific Study Concludes That **5G** Exacerbated COVID / Reese Report

KEY POINTS ARE LISTED BELOW, BUT I RECOMMEND READING THE ENTIRE DOCUMENT AND SHARING THIS EXPLOSIVE REPORT EVERYWHERE POSSIBLE

COVID-19 began in Wuhan, China in December 2019, shortly after city-wide **5G** had “gone live,” that is, become an operational system, on October 31, 2019. COVID-19 outbreaks soon followed in other areas where **5G** had also been at least partially implemented, including South Korea, Northern Italy, New York City, Seattle, and Southern California.

In May 2020, Mordachev reported a statistically significant correlation between the intensity of radiofrequency radiation and the mortality from SARS-CoV-2 in 31 countries throughout the world.

During the first pandemic wave in the United States, COVID-19 attributed cases and deaths were statistically higher in states and major cities with **5G** infrastructure as compared with states and cities that did not yet have this technology.

There is a large body of peer reviewed literature, since before World War II, on the biological effects of WCR that impact many aspects of our health. In examining this literature, we found intersections between the pathophysiology of SARS-CoV-2 and detrimental bio effects of WCR exposure. Here, we present the evidence suggesting that WCR has been a possible contributing factor exacerbating COVID-19.

Sars Cov 2 / Covid-19 and **5G** Radiation Share Most of the Same Symptoms

Overview on COVID-19

The clinical presentation of COVID-19 has proven to be highly variable, with a wide range of symptoms and variability from case to case.

According to the CDC, early disease symptoms may include sore throat, headache, fever, cough, chills, among others. More severe symptoms including shortness of breath, high fever, and severe fatigue may occur in a later stage. The neurological sequela of taste and smell loss has also been described.

Ing et al. determined 80% of those affected have mild symptoms or none, but older populations and those with comorbidities, such as hypertension, diabetes, and obesity, have a greater risk for severe disease. Acute respiratory distress syndrome (ARDS) can rapidly occur and cause severe shortness of breath as endothelial cells lining blood vessels and epithelial cells lining airways lose their integrity, and protein rich fluid leaks into adjacent air sacs. COVID-19 can cause insufficient oxygen levels (hypoxia) that have been seen in up to 80% of intensive care unit (ICU) patients exhibiting respiratory distress. Decreased oxygenation and elevated carbon dioxide levels in patients' blood have been observed, although the etiology for these findings remains unclear.

Massive oxidative damage to the lungs has been observed in areas of airspace opacification documented on chest radiographs and computed tomography (CT) scans in patients with SARS-CoV-2 pneumonia. This cellular stress may indicate a biochemical rather than a viral etiology.

Overview on bio effects of WCR Wireless Communications Radiation exposure

In 2009, Johansson conducted a literature review, which included the 2007 Bio initiative Report. He concluded that electromagnetic fields (EMF) exposure, including WCR, can disturb the immune system and cause allergic and inflammatory responses at exposure levels significantly less than current national and international safety limits and raise the risk for systemic disease

Organisms are electrochemical beings. Low-level WCR from devices, including mobile telephony base antennas, wireless network protocols utilized for the local networking of devices and internet access, trademarked as Wi-Fi (officially IEEE 802.11b Direct Sequence protocol; IEEE, Institute of Electrical and Electronic Engineers) by the Wi-Fi alliance, and mobile phones, among others, may disrupt regulation of numerous physiological functions.

Non-thermal bio effects (below the power density that causes tissue heating) from very low-level WCR exposure have been reported in numerous peer-reviewed scientific publications at power densities below the International Commission on Non-Ionizing Radiation Protection (ICNIRP) exposure guidelines. Low-level WCR has been found to impact the organism at all levels of organization, from the molecular to the cellular, physiological, behavioral, and psychological levels.

Moreover, WCR has been shown to cause systemic detrimental health effects including increased cancer risk, endocrine changes, increased free radical production, deoxyribonucleic acid (DNA) damage, changes to the reproductive system, learning and memory defects, and neurological disorders.

Having evolved within Earth's extremely low-level natural radiofrequency background, organisms lack the ability to adapt to heightened levels of unnatural radiation of wireless communications technology with digital modulation that includes short intense pulses (bursts).



In considering the epidemiological triad (agent-host-environment) applicable to all disease, we investigated a possible environmental factor in the COVID-19 pandemic: ambient radiofrequency radiation from wireless communication systems including microwaves and millimeter waves.

SARS-CoV-2, the virus that caused the COVID-19 pandemic, surfaced in Wuhan, China shortly after the implementation of city-wide (fifth generation [5G] of wireless communications radiation [WCR]), and rapidly spread globally, initially demonstrating a statistical correlation to international communities with recently established 5G networks

Demonstrating a statistical correlation to international communities with recently established 5G networks

We explore the scientific evidence suggesting a possible relationship between COVID-19 and radiofrequency radiation related to wireless communications technology including fifth generation (5G) of wireless communications technology, henceforth referred to as WCR. WCR has already been recognized as a form of environmental pollution and physiological stressor. Assessing the potentially detrimental health effects of WCR may be crucial to develop an effective, rational public health policy that may help expedite eradication of the COVID-19 pandemic. In addition, because we are on the verge of worldwide 5G deployment, it is critical to consider the possible damaging health effects of WCR before the public is potentially harmed.

5G is a protocol that will use high frequency bands and extensive bandwidths of the electromagnetic spectrum in the vast radiofrequency range from 600 MHz to nearly 100 GHz, which includes millimeter waves (>20 GHz), in addition to the currently used third generation (3G) and fourth generation (4G) long-term evolution (LTE) microwave bands.

5G frequency spectrum allocations differ from country to country.

Focused pulsed beams of radiation will emit from new base stations and phased array antennas placed close to buildings whenever persons access the 5G network.

Because these high frequencies are strongly absorbed by the atmosphere and especially during rain, a transmitter's range is limited to 300 meters.

Therefore, 5G requires base stations and antennas to be much more closely spaced than previous generations. Plus, satellites in space will emit 5G bands globally to create a wireless worldwide web.

The new system therefore requires significant densification of 4G infrastructure as well as new 5G antennas that may dramatically increase the population's WCR exposure both inside structures and outdoors.

Approximately 100,000 emitting satellites are planned to be launched into orbit. This infrastructure will significantly alter the world's electromagnetic environment to

unprecedented levels and may cause unknown consequences to the entire biosphere, including humans.

The new infrastructure will service the new **5G** devices, including **5G** mobile phones, routers, computers, tablets, self-driving vehicles, machine-to-machine communications, and the Internet of Things.

The global industry standard for **5G** is set by the 3G Partnership Project (3GPP), which is an umbrella term for several organizations developing standard protocols for mobile telecommunications.

The **5G** standard specifies all key aspects of the technology, including frequency spectrum allocation, beam-forming, beam steering, multiplexing multiple in, multiple out schemes, as well as modulation schemes, among others.

**5G** will utilize from 64 to 256 antennas at short distances to serve virtually simultaneously a large number of devices within a cell. The latest finalized **5G** standard, Release 16, is codified in the 3GPP published Technical Report TR 21.916 and may be downloaded from the 3GPP server at <https://www.3gpp.org/specifications>.

Engineers claim that **5G** will offer performance up to 10 times that of current 4G networks.

Covid-19 no longer a threat in Ireland after **5G** towers burn

<https://thedailyirish.weebly.com/blog/covid-19-no-longer-a-threat-in-ireland-after-5g-towers-burn>

## **NIH REPORT TRIES TO DISCREDIT THE CONNECTION BETWEEN 5G AND COVID-19**

(That's Right. They can Report the Truth on Their Website, But they Have To Discredit the Public Reports AS CONSPIRACY THEORY)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7205032/>

COVID-19 and the **5G** Conspiracy Theory: Social Network Analysis of Twitter Data  
Abstract / Background

Since the beginning of December 2019, the coronavirus disease (COVID-19) has spread rapidly around the world, which has led to increased discussions across online platforms. These conversations have also included various conspiracies shared by social media users. Amongst them, a popular theory has linked **5G** to the spread of COVID-19, leading to misinformation and the burning of **5G** towers in the United Kingdom. The understanding of the drivers of fake news and quick policies oriented to isolate and rebate misinformation are keys to combating it.

## **WHY DOES 5G TRANSMITTER HAVE A COVID-19 DESIGNATION?**

Immune system disruption and activation

When SARS-CoV-2 first infects the human body, it attacks cells lining the nose, throat, and upper airway harboring ACE2 receptors. Once the virus gains access to a host cell

through one of its spike proteins, which are the multiple protuberances projecting from the viral envelope that bind to ACE2 receptors, it converts the cell into a virus self-replicating entity.

In response to COVID-19 infection, both an immediate systemic innate immune response as well as a delayed adaptive response has been shown to occur. The virus can also cause a dysregulation of the immune response, particularly in the decreased production of T-lymphocytes. Severe cases tend to have lower lymphocyte counts, higher leukocyte counts and neutrophil-lymphocyte ratios, as well as lower percentages of monocytes, eosinophils, and basophils. Severe cases of COVID-19 show the greatest impairment in T-lymphocytes.

In comparison, low-level WCR studies on laboratory animals also show impaired immune function. Findings include physical alterations in immune cells, a degradation of immunological responses, inflammation, and tissue damage. Baranski exposed guinea pigs and rabbits to continuous or pulse-modulated 3000 MHz microwaves at an average power density of 3.5 mW/cm<sup>2</sup> for 3 h/day over 3 months and found nonthermal changes in lymphocyte counts, abnormalities in nuclear structure, and mitosis in the erythroblastic cell series in the bone marrow and in lymphoid cells in lymph nodes and spleen. Other investigators have shown diminished T-lymphocytes or suppressed immune function in animals exposed to WCR. Rabbits exposed to 2.1 GHz at 5mW/cm<sup>2</sup> for 3 h/day, 6 days/week, for 3 months, showed suppression of T-lymphocytes. Rats exposed to 2.45 GHz and 9.7 GHz for 2 h/day, 7 days/week, for 21 months showed a significant decrease in the levels of lymphocytes and an increase in mortality at 25 months in the irradiated group. Lymphocytes harvested from rabbits irradiated with 2.45 GHz for 23 h/day for 6 months show a significant suppression in immune response to a mitogen.

In 2009, Johansson conducted a literature review, which included the 2007 Bio initiative Report. He concluded that electromagnetic fields (EMF) exposure, including WCR, can disturb the immune system and cause allergic and inflammatory responses at exposure levels significantly less than current national and international safety limits and raise the risk for systemic disease

COVID-19 patients commonly show increased levels of cardiac troponin, indicating damage to the heart muscle. Cardiac damage has been associated with arrhythmias and increased mortality. Cardiac injury is thought to be more often secondary to pulmonary emboli and viral sepsis, but direct infection of the heart, that is, myocarditis, can occur through direct viral binding to ACE2 receptors on cardiac pericytes, affecting local, and regional cardiac blood flow.

Immune system activation along with alterations in the immune system may result in atherosclerotic plaque instability and vulnerability, that is, presenting an increased risk for thrombus formation, and contributing to development of acute coronary events and cardiovascular disease in COVID-19.

Regarding WCR exposure bio-effects, in 1969 Christopher Dodge of the Biosciences Division, U.S. Naval Observatory in Washington DC, reviewed 54 papers and reported that radiofrequency radiation can adversely affect all major systems of the body, including impeding blood circulation; altering blood pressure and heart rate; affecting electrocardiograph readings; and causing chest pain and heart palpitations. In the 1970s Glaser reviewed more than 2000 publications on radiofrequency radiation exposure bio-effects and concluded that microwave radiation can alter the electrocardiogram, cause chest pain, hyper-coagulation, thrombosis, and hypertension in addition to myocardial infarction. Seizures, convulsions, and alteration of the autonomic nervous system response (increased sympathetic stress response) have also been observed.

Since then, many other researchers have concluded that WCR exposure can affect the cardiovascular system. Although the nature of the primary response to millimeter waves and consequent events are poorly understood, a possible role for receptor structures and neural pathways in the development of continuous millimeter wave-induced arrhythmia has been proposed.

In 1997, a review reported that some investigators discovered cardiovascular changes including arrhythmias in humans from long-term low-level exposure to WCR including microwaves. However, the literature also shows some unconfirmed findings as well as some contradictory findings.

Havas et al. reported that human subjects in a controlled, double-blinded study were hyper-reactive when exposed to 2.45 GHz, digitally pulsed (100 Hz) microwave radiation, developing either an arrhythmia or tachycardia and upregulation of the sympathetic nervous system, which is associated with the stress response.

Sailli et al. found that exposure to Wi-Fi (2.45 GHz pulsed at 10 Hz) affects heart rhythm, blood pressure, and the efficacy of catecholamines on the cardiovascular system, indicating that WCR can act directly and/or indirectly on the cardiovascular system.

Most recently, Bandara and Weller present evidence that people who live near radar installations (millimeter waves: **5G** frequencies) have a greater risk of developing cancer and experiencing heart attacks.

Similarly, those occupationally exposed have a greater risk of coronary heart disease. Microwave radiation affects the heart, and some people are more vulnerable if they have an underlying heart abnormality. More recent research suggests that millimeter waves may act directly on the pacemaker cells of the sinoatrial node of the heart to change the beat frequency, which may underlie arrhythmias and other cardiac issues.

In short, both COVID-19 and WCR exposure can affect the heart and cardiovascular system, directly and/or indirectly.

Original Article: <https://tapnewswire.com/2021/12/faucis-nih-research-proves-5g-spiked-sars-cov-2-breakout-in-wuhan-and-globally-proving-5g-is-deadly/>

## **Study: At least 400,000 people in America have died from covid “vaccines”**

**NaturalNews.com / Ethan Huff**

(Natural News) Columbia University researchers have found that the true death count from Wuhan coronavirus (Covid-19) “vaccination” is substantially higher than the official figures from the U.S. Centers for Disease Control and Prevention (CDC).

The CDC claims that only 20,000 people have died from Fauci Flu injections, but Columbia’s underreporting factor estimates that 20X times that number, or around 400,000 deaths, is far more accurate.

The Vaccine Adverse Event Reporting System (VAERS), a government-run database of vaccine injuries, currently shows around 20,000 deaths and nearly 103,000 hospitalizations from Chinese Virus shots. In total, as of December 3, there are nearly 1,000,000 adverse events logged in conjunction with the jabs.

The problem with VAERS is that it only captures a very small percentage – as little as one percent – of vaccine injuries and deaths. Because of this, scientists often use multipliers to estimate the true count. (RELATED: Many covid vaccine-related deaths are never even autopsied.)

An abstract of this latest study on covid injection deaths explains that “accurate estimates of COVID vaccine-induced severe adverse event and death rates are critical for risk-benefit ratio analyses of vaccination and boosters against SARS-CoV-2 coronavirus in different age groups.”

For the research, the Columbia scientists used the regional variation in vaccination rates to predict all-cause mortality and non-covid deaths in subsequent time periods. This was based on two independent, publicly available datasets from the United States and Europe.

They found that more than six weeks after injection, covid jabs had a negative correlation with mortality. Within five weeks, however, the jabs predicted all-cause mortality in nearly every age group with an “age-related temporal pattern consistent with the U.S. vaccine rollout.”

*“Comparing the study’s estimated vaccine fatality rate with the CDC-reported rate, the researchers concluded VAERS deaths are underreported by a factor of 20, which is ‘consistent with known VAERS under-ascertainment bias,’”* reported WND.

Based on these findings, the Columbia team declared that the risks associated with Chinese Virus injections, including the boosters, *“outweigh the benefits in children, young adults and older adults with low occupational risk or previous coronavirus exposure.”*

They further emphasized that there is an *“urgent need to identify, develop and disseminate diagnostics and treatments for life-altering vaccine injuries.”*

True covid vaccine death count could actually be more than 820,000

It turns out that the findings of the Columbia study might still represent a major undercount. The true death count from Chinese Virus injections could be more than double even the 400,000 figure.

Steve Kirsch, executive director of the Vaccine Safety Research Foundation (VSRF), recently conducted an analysis comparing anaphylaxis rates published in a study to the rate found in VAERS. Based on this, Kirsch estimates that the true death toll from the shots is more like 41X times higher, or around 820,000.

Using whistleblower data from the CMS (Centers for Medicare and Medicaid Services), Kirsch’s analysis arrived at an underreporting factor of 44.64, which suggests the death toll could be even higher than 820,000.

This number is higher than the official number attributed just to “covid,” by the way – and we all know that number is highly inflated because everything these days is counted as a “covid death.”

In other words, the number of deaths from the “vaccines” is far higher than the number of deaths from the actual virus (assuming there even is one).

*“Probably because an actual autopsy would reveal the spike protein is a synthetic version of HIV, XMRV’s, SIV, Hepatitis C, with an unusually large collection of graphene oxide in the brains and clotting points,”* wrote one commenter at Natural News about why few, if any, autopsies are being conducted.

**Dr. David Martin joins Man In America host, Seth Holehouse to talk about the motives for the death shot. The video has been censored on the Internet, but the transcript is here for the reader. This confirms what Pastor Bob has been saying since 1972 when the UN commissioned the Club of Rome to find ways to kill off elderly people, as well as the vulnerable of any age!**

He says that 30 years ago, it was known that Social Security was going to run out but rather than solve this, the fund was instead raided continuously and is currently set to run out in 2028.

He says that the targeting of those 65-and-older as the first in line to receive the jab was because the Government wants to shrink the pool of social security beneficiaries and this was most evident with the actions of the governors of New York, New Jersey, Pennsylvania and California, who all intentionally allowed tens of thousands of elderly patients to die with their policies of returning hospitalized COVID patients to nursing homes.

He explains that killing the elderly off is also a form of gerrymandering. If you reduce the population of those over 65, who tend to be more conservative, it turns out that you get to re-district.

In 2018, I wrote two articles about Big Changes Coming in Social Security in 2022, as it will end October 1<sup>st</sup>, 2022! They can be found on my archived page: [www.jesusisthewaythetruththelife.com/22/](http://www.jesusisthewaythetruththelife.com/22/)

### **BIG PHARMA COUP D'ÉTAT**

As for Fauci, he says he had no credentials to be “America’s doctor” for a respiratory pathogen program.

*“He was put in that position to show that he had, in fact executed the coup d’état on the Presidency. This was the pharmaceutical industry having photo ops to say, ‘The President of the United States has been marginalized and emasculated and he is standing behind Fauci, he standing behind Birx, he’s standing behind Alex Azar and the fact of the matter is Trump, to this day does not understand that, not only was he played but this was a coup in which he had the coup leaders in his inner circle.”*

Seth asks David about the theory that by launching Operation Warp Speed, he averted 5 to 10 years of lockdowns. David shakes his head.

“Neil Ferguson’s 2 million bodies in the streets didn’t happen – and it didn’t happen because the bioweapon that was engineered – if we go back and read the ingredient label on the bioweapon” – it says: ‘Infectious, Replication-Defective.’

*“Now, Seth, the problem with that is they told us what it was. They told us that they were making a thing that made you sick but was hard to transmit. We had to look all over the place to come up with these BS stories of transmission and not one of them has been empirically shown to be the case. As a matter of fact, when a study was actually done on asymptomatic transmission, not only did we not find evidence of transmission, we could not find the provenance of the infectious agent.”*

### **WHY IS TRUMP PUSHING THE VAXX?**

Seth talks about how Trump’s support for the vaccine has been divisive among his base and he asks for David’s take on it.

David replies, *“Leadership is saying the truth. If you’re not capable of saying the truth, then you’re not a leader and the fact of the matter is, there is not a single possibility that*

*President Trump could possibly make the statement, 'No one has died from the vaxxine,' because in the clinical trials, themselves, there were abnormal numbers of deaths in the vaxxine population..."*

*"The fact of the matter is that Trump is lying and we need to call it what it is..."*

*"In the Fall of 2019, he received a very, very clear statement drafted by Yours Truly that actually said, 'If you want to have a chance at winning the election, you have to stop supporting the coup attempt.' That letter is a letter I wrote and I know it was requested by a member of his family, delivered to him. I know he knew it."*

*"And my point was, 'If you want to win the election, you have to point to this short guy that's in front you at the podium and go, 'By the way, this domestic terrorist is the reason why we almost lost our country and I'm holding this domestic terrorist accountable'."*

*"Now, convenient thing is it would have been very easy to have the Secret Service or the FBI there and arrest him and cuff him and we would have been out of this nonsense a long time ago."*

*"But for reasons that can only be described as patronage, because it turns out that it is bad, bad, bad for business if you're going into an elected position, it's bad for business to be on the wrong side of the drug dealers, because let's face it: drug dealers are the largest endorser of political campaigns in America."*

*Big Pharma is the largest campaign contributor by nearly three times, compared to the next biggest lobby. "If you hold the drug dealers accountable, they hold you accountable and you don't get elected and that has got to stop, because Trump's morality was for sale for 30 pieces of silver and he has sold American lives to the drug dealers."*

*Seth asks David whether he thinks Trump might have signed an NDA that is preventing him from speaking out. David answers, "What I do know is that on the 19th of September, 2019, when he signed the executive order that included the mandate for the vaxxines that included recombinant gene technology, in September of 2019, Seth, there was not a single reason for that to be an executive order...The only reason that executive order was put on his desk is someone paid him to sign it..."*

*"That's the executive order that ties into the mRNA platform, which is exactly what Anthony Fauci told Congress in December 4th of 2019. So before there's a Wuhan anything, before we've heard about anything happening in China, we were told this was for the mRNA platform, that's what the executive order was for. That's exactly what was said on December 4th, 2019."*

*"And that gives rise to the economic interests of CRISPR, because it turns out that if you start putting mRNA into people, you're going to have to find technologies that clip it out. And the only way you're going to do that, because as many times that people tried*



*to do it before, it never succeeded because the Church always got in the way. Morality always got in the way. We needed to find a way to get the Church and morality out of the picture and we needed to make sure that we could edit the human genome and have nobody comment on that from a moral or ethical standpoint, and God forbid, have a religious objection.”*

*“So what do we do? We actually manufacture the agent of delivering the altering chemistry, the mRNA platform and then, lo and behold, mysteriously, in December of 2020, we have two women win the Nobel Prize for CRISPR – during the pandemic created to get CRISPR into mainstream without the objection of the Church, who had object to it for a decade before.”*

Seth asks him if there is any way that Operation Warp Speed saved lives, and David responds, *“I wanted this to be answerable in ‘Maybe there’s a multi-level chess board and this is a move on one level to save a move on the other level,’ but here’s the problem with that story: The problem with that story is what’s happened to the military.”*

*“You do not allow the Department of Defense to issue a self-inflicted harm order to the Department of Defense, where you take military men and women, people who are trained advance fighting forces, Navy SEALs, Special Forces, special air wings in the Air Force – you do not take our best defense and sideline them by forcing them to take the kill shot. You do not do that if you’re playing for the same team...[AB note: Trump never mandated vaxxines for the military or for anybody, so how is this his fault?]”*

*“And by the way, the current Secretary of Defense is a traitor and we need to call it what it is. You do not weaken your own army so that a foreign party can take advantage of that weakness. We have fewer Special Forces, we have fewer Marines, we have fewer defensive postures than we had 6 months ago and 8 months ago and we did it for what? We did it because we were trying to force people to take a job that would ultimately harm their fighting force readiness.”*

*“I wrote a piece for the Department of Defense and it was circulated internally, which actually suggested that, in addition to the vaxxine injury question, which is actually a very significant problem, we were doing what is called ‘battlefield softening’. In other words, we were self-inflicting onto our defense forces a means by which fewer of them could potentially rise to the defense of this country. And we did that intentionally and no empire in human history has survived an internal military fighting force softening. And we did it to ourselves...”*

*“This is corruption at its core. This is evil at its core and We the People have to be able to actually call it what it is. This is the expression of evil. And against that expression, we have to have the voice of truth and we have to have the forces of good.”*

### **WHERE IS THIS HEADING?**

Seth then asks him where sees this heading and where does the hope lie?

David replies, *“I’m not a fan at all of hope, I think it is a disgusting metaphor that allows us to defer reality, so I’m going to go with I am certain of a present where we, as people of courage, we as people of faith, we as people of morals, we as people of values have the opportunity to let this be the clarion call that wakes us into action...”*

*“The evidence shows that people who do have a moral compass, people who do have a voice, people who do understand what leadership is and who do understand what it means to put the lives of others before their own, this is a moment where we in fact are standing up.”*

*“And so the great news is, I don’t have hope for a future, I have certainty for a future, because the fact is that we are now coming into the Christmas season – and listen – we tell the Christmas story like many other stories so freaking wrong, because we’re trying to make it a Hallmark greeting card.”*

*“Remember that King Herod sought to kill every child. Remember that. No different from the Puppet-in-Chief Biden, seeking to kill and maim everything under the age of 5, so that he can actually continue this reign of domestic terrorism.”*

*“And it was in that moment that what happened? It was in that moment that wise men from the East came and found a stable and in that stable they found a mother and they found a child and they actually realized that there was something so much bigger, so much more transcendent than any of the forces of darkness.”*

*“And listen, we’re talking about the whole Roman Empire killing off every child. You think that was a bad day to be alive? You better believe it but guess what? It was into that moment that our Incarnation’s story happens.”*

*“We have to start telling our own truth and our own truth is the Light will always prevail against the Darkness. This is the absolute certainty – not the hope – the certainty that we, in fact are going to prevail.”*

### **WE ARE DRUG ADDICTS AND WE ARE IN A DRUG WAR**

David gives us a historical perspective of our predicament: *“The biggest lie that we’ve been told is that since 1604, we’ve been subject to a far more insidious thing than the Military-Industrial Complex and that is the drug-dealing complex.”*

*“Our entire nation was built on the British East India Company and the Virginia Company and those are two companies set up in England in the 1600s and they were set up to do what?”*

*“They were set up to traffic opium and to traffic tobacco, to traffic sugar.*

*“Our country is a story of drug-dealing. Our country is a story of the mercantile excesses to which we would go to essentially addict populations to things that harm them.”*

*“So, whether it’s tobacco or opium then, whether it was sugar in the 18th century, whether it is the modern pharmaceutical story – even the story of the Military-Industrial Complex is a cover story for the drug-dealing, which is, in fact the core of the foundation that has rotted underneath this great country and if we really want to address this, we have to stop pretending to fall for these second-order and third-order cover stories and realize we have a problem.”*

*“And our problem is that we have actually accepted a social fabric that is built on addiction, that’s built on anesthetizing ourselves and making ourselves unconscious to the pain that we experience in our lives and in our society and we have to start owning the fact that until we have the ability to say that it’s the ‘Pharmaceutical-Industrial Complex’, it’s the ‘Drug Dealer Complex’.”*

*“Listen, if you’re Pfizer and you’re killing a child with an mRNA strand or you’re a drug cartel leader in Mexico City, you are no different...The fact of the matter is we’ve been in the drug-dealing business since 1604 and we’re still in it today.”*

*“That’s what this economy is built on, that’s what the entire government and our entire corporate structure of America was built on and the minute we embrace the fact that we are drug addicts and we are in a drug war, that is where we need to start the problem.”*

Seth asks David who is the Oz behind the curtain?

*“It wasn’t until 1805, when we finally had the Rothschild admission where Baron Nathan von Rothschild famously said, ‘He who controls the coin of the realm controls the realm and I control the coin’.”*

*“The fact of the matter is that’s been an old story and the old story is that we have propped-up puppet governments that go back as far as we can certainly research, even into the Greek and Roman era, where it is, in fact patrons who support the people who ultimately become, allegedly the leaders and we haven’t had a representational democracy, certainly in the last two and half thousand years.”*

*“So the notion that we’re somehow broken in the modern era is ridiculous. I mean, it’s nice to pat ourselves on the back and walk around lamenting the failure of government now but the fact of the matter is, until we understand that public service was last seen on this planet somewhere around Cyrus the Great, where you actually have the notion that a leader is not someone who stands in front with the loudest voice but is, in fact the one who is leading the charge, who’s actually defending the village, who’s actually giving life and limb and fortune for the benefit of the people.”*

*“That’s what leadership is and unfortunately, what we’ve adopted, in our modern narrative of leadership is that it’s the person with the loudest voice, the biggest bullhorn and the biggest checkbook. And the fact is, that when we turn that into leadership and government, it’s corrupt to its core and it will always be corrupt to its core.”*

David says that the US Government, through Anthony Fauci and DARPA spent \$190 billion weaponizing a virus that previously only affected certain animals.

Seth tells David, *“One thing I’ve looked at is the Chinese Communist Party’s role in this. I think it was 2015 or 2016, that the People’s Liberation Army published a book – I think it was a 261-page book about how a weaponized coronavirus was the best way to win a war on the United States, because they need our farmlands. They can’t drop a nuke and destroy all our resources, like they’ve done to their own country. So do you think that this decades-long plan was interwoven with the Chinese Communist Party?”*

David answers, *“Oh, absolutely but remember, once again and this comes back to my central premise: China is as much theater as the United States is theater. The Chinese Communist Party is a convenient decoy to allow people who have mercenary interests in making sure that they keep control over the whole world.”*

*“They’ve just decided, since 1999 – since the accession of China into the World Trade Organization – they’ve just decided that China is currently their agent provocateur.”*

*“The idea that this is somehow a nefarious plot by China to take over the world is as much an illusion as somebody’s alleged plot to take over America.”*

*“The fact of the matter is, people who have mercantile interests in the outcome have decided that the empire is going to shift. They have decided that the empire that they can manipulate the most is the Chinese Communist Party right now, and from 1999 until the present, they have been doing everything they can to start stacking the deck in favor of China and in opposition to the US hegemony since the Second World War.”*

*“The problem that we have is holding onto the illusion that the flag flying over your head has anything to do with the real actor. This is not a state war of China vs. America. This is actually a corporatocracy – and by the way, the corporatocracy, without question includes the likes of the Amazons and the Pfizers and the Modernas and all of those; the Burroughs-Wellcome – it includes those players but it includes the financial players, like the BlackRocks and the State Streets and the people who are actually aggregators of capital.”*

*“And the problem we have is we’re still having conversations as though we are somehow in the latter part of the 1800s and still believe that the Westphalia notion of drawing lines on maps matters. This is about the people who control the supply of goods and services; the people who control the supply of resources – and listen, let’s face the facts: The facts are that Russia, China and India entered into an agreement starting in 2008 to build their alternative to the U.S. Dollar.”*

*“They could not have done that if it weren’t for the collaboration of United States corporations who had bet against the United States. And when we think about 2007, the Global Financial Crisis of 2008 and then the economic collapse of 2011, we are foolish if we are not looking at the fact that \$40 trillion – and for those of you who are*

calculating with your calculators – \$40 trillion – three times the total GDP productivity of the actual production of the United States – three times that – were bets made against America by investors who were moving \$40 trillion out of our pocket and into the pocket of the Chinese Communist Party.”

“That’s what 2011 was and if we start actually realizing that we’re pretending that somehow or another, this is a new problem – it’s not a new problem. We were asleep, we were buying our Starbucks, we were shopping at our Whole Foods, we were doing all kinds of other things and we were asleep when the actual takeover happened...”

### MAGA Cartoonist Ben Garrison Turns on Trump After Pro-Vaccine Comments



Controversial cartoonist **Ben Garrison’s** latest offering takes aim at former President **Donald Trump** – who once invited him to the White House for a social media summit.

Garrison’s cartoon shows a distraught Trump riding in the back of the “Big Pharma Vaccine Bandwagon” through a crowd of booing onlookers wearing what appear to be MAGA hats. In the cartoon Trump is making a pained face, while an exclamation and

question mark ring next to his ear. Never thought I would see the day Ben Garrison turned on trump.

The cartoon appears to be a reaction to Trump's recent statements supporting the Covid-19 vaccinations. Trump grabbed attention earlier in the week when he [announced](#) he had received his booster shot. He doubled down later in the week in an [interview](#) with Candace Owens, saying the vaccines are keeping people from dying.

*"The vaccine is one of the greatest achievements of mankind,"* Trump added.

Garrison is a fierce critic of the Covid-19 vaccines and made [headlines](#) in September for treating his severe case of the virus with beet juice and ivermectin, an anti-parasite drug often prescribed for livestock and not shown to be effective in combating Covid-19, a virus, in humans.

In 2019, Trump [raised eyebrows](#) by inviting Garrison to the White House. Garrison, a longtime supporter of Trump (at least before this latest cartoon), had elicited accusations of antisemitism for depicting Jews as puppet masters.



## **ICAN Sues CDC to Stop Hiding V-Safe Data from the Public** **[Informed Consent Action Network | December 29, 2021](#)**

The FDA and CDC have now made crystal clear that their promise of [transparency](#) with regard to COVID-19 vaccines was hogwash. As everyone now knows, the FDA has [asked](#) a federal judge to give it at least 75 years to produce the pre-authorization/licensure safety data. And we now know with certainty, **federal health authorities similarly want to hide the post-authorization/licensure safety data.**

The FDA and CDC have admitted their existing safety monitoring program, VAERS, was incapable of determining causation and therefore unreliable. The CDC has therefore deployed a new safety monitoring system for COVID-19 vaccines called v-safe, and now [claims](#) that these “vaccines are being administered under the most intensive vaccine safety monitoring effort in U.S. history.”

[V-safe](#) is a smartphone app that allows vaccine recipients to “tell CDC about any side effects after getting the COVID-19 vaccine.” The [purpose](#) of the app “is to rapidly characterize the safety profile of COVID-19 vaccines when given outside a clinical trial setting.” Data submitted to v-safe is “collected, managed, and housed on a secure server by Oracle,” a private computer technology company. Although the CDC has “access to the individualized survey data,” Oracle can only access “aggregate de-identified data for reporting.” Meaning, based on the CDC’s own [documentation](#), **the data submitted to v-safe is already available in de-identified form** (with no personal health information) **and could be immediately released to the public.**

ICAN, through its attorneys, therefore asked in [three FOIA requests](#) that the CDC produce the de-identified data from the v-safe program **in the same form in which Oracle can currently access it.** The agency [acknowledged](#) that “v-safe data contains approximately 119 million medical entries” but denied producing that data because the “information in the app is not de-identified.” The CDC had apparently not read its own documentation regarding v-safe. But ICAN’s attorneys had and so they administratively appealed this decision and, at the same time, to leave no doubt what was being requested, submitted another request to the CDC that sought all data de-identified *after* it was submitted to the v-safe app (in other words, in the form that the agency made known that Oracle has the data). Incredibly, the CDC administratively [closed](#) this request stating it was duplicative of the original request.

Meaning, the first request was denied by the CDC because the CDC claimed it requested data that was de-identified when entered into the app, but then the CDC closed the second request (which was identical to the first request except for making clear it was seeking data de-identified at any point – before or after it was entered into the app) by claiming the second request was duplicative of the first request! The CDC is plainly playing games. It clearly does not want the v-safe data released.

The public should have immediate access to all v-safe data in de-identified form. Despite the fact that this de-identified data already exists, that it is already in the hands of a private company, and that the CDC has never objected to its production, the CDC

has so far failed to produce it to ICAN or to the American public – the same people being mandated to take this liability-free product. But don't worry, ICAN will not rest until this data is made public and so today has commenced a lawsuit against the CDC and HHS demanding that a court compel them to release this data.

## **Results Show 93% of People Who Died After Being Vaccinated Were Killed By the Vaccine**

Autopsies of those who died within 6 months of taking injection reveal post-inoculation adverse effects are not rare events (as reported by the media-gov't), but are in actuality frequent events.

By [Steve Kirsch | Substack.com](#) Tuesday, December 28, 2021

### Summary

**The vaccines are bad news. Fifteen bodies were examined (all died from 7 days to 6 months after vaccination). The coroner or the public prosecutor didn't associate the vaccine as the cause of death in any of the cases. However, further examination revealed that the vaccine was implicated in the deaths of 14 of the 15 cases. The most attacked organ was the heart (in all of the people who died), but other organs were attacked as well. The implications are potentially enormous resulting in millions of deaths. The vaccines should be immediately halted.**

No need to worry. It is doubtful that anything will happen because the work wasn't published in a peer-reviewed journal so will be ignored by the scientific community. That's just the way it works.

### The paper

I got an email recently from Mike Yeadon, former VP of Pfizer, who urged me to [check out this video](#). He wrote me this email on 12/24/21: <https://www.bitchute.com/video/fHIT55iM4Zv9/>

*Steve,*

*This is about the worst 15min I've ever seen.*

*Mass covid19 vaccination is leading to mass murder.*

*Mike*

The video references this paper, posted on December 10, 2021, [On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination](#) by Sucharit Bhakdi, MD and Arne Burkhardt, MD. **It has been getting a lot of attention lately.**

Check out the number of likes and retweets... just in the first 3 hours!!!!





**Robert W Malone, MD** @RWMaloneMD · 3h

Bhakdi/Burkhardt pathology results show 93% of people who died after being vaccinated were killed by the vaccine



[stevekirsch.substack.com](http://stevekirsch.substack.com)

Bhakdi/Burkhardt pathology results show 93% of people who died aft...

This research was posted December 10, but I wanted to check with experts before posting. It's consistent with everything we know so far.

260

6.2K

8.8K



The authors did an autopsy in 15 patients who died (from 7 days to 6 months) after receiving the COVID vaccine. These were all cases where the coroner ruled as NOT being caused by the vaccine.

They discovered that in 14 of the 15 patients there was widespread evidence of the body attacking itself, something that is never seen before. The heart was attacked in all 14 cases.

A number of salient aspects dominated in all affected tissues of all cases:

1. inflammatory events in small blood vessels (endotheliitis), characterized by an abundance of T-lymphocytes and sequestered, dead endothelial cells within the vessel lumen;
2. the extensive perivascular accumulation of T-lymphocytes;
3. a massive lymphocytic infiltration of surrounding non-lymphatic organs or tissue with T-lymphocytes.

Lymphocytic infiltration occasionally occurred in combination with intense lymphocytic activation and follicle formation. Where these were present, they were usually accompanied by tissue destruction.

[Here's the video presentation](#) of the results.

VAERS as well as other independent studies (e.g., see [this vaccine injury paper](#)) shows the vaccines are killing people and that cardiac events were highly elevated. This study is consistent with those results.

This work independently validates the [analysis of Peter Schimacher](#) who showed a minimum of 30% to 40% of the deaths after vaccine were caused by the vaccine.

Reactions from a level-headed scientist (name withheld to protect him from attack) If the autopsy findings are confirmed by other pathologists with additional samples, and if they are combined with the findings of Dr. Hoffe (>60% inoculant recipients have elevated D-dimer tests and evidence of clotting) and Dr. Cole (increase in cancers after inoculation, including twenty-fold increase in uterine cancer), **we are seeing a disaster of unimaginable proportions**. The conclusion (if supported by further data) is that essentially **EVERY inoculant recipient suffers damage, with more damage after each shot**. Given the seriousness of the types of damage (autoimmune diseases, cancer, re-emergent dormant infections, clotting/strokes, cardiac damage, etc.), **these effects will translate into lifespan reduction, which should be counted as deaths from the inoculations**. So, in the USA, where ~200M people have been fully inoculated, the number of deaths will not be the 10,000 or so reported in VAERS, or the 150,000+ scaled-up deaths from VAERS, but **could be closer to tens of millions when the inoculation effects play out!**

What the above three findings (Burkhart, Hoffe, Cole, and I suspect many others who have not yet come forward) show is that **the post-inoculation effects are not rare events (as reported by the media-gov't), but are in actuality frequent events. They may be, in fact, universal, with the severity and damage different for each recipient**.

The question in my mind is whether it is possible to reverse these inoculation-based adverse events. Can the innate immune system be fully restored? Can the micro clotting be reversed? Can the autoimmunity be reversed? **I have seen a wide spectrum of opinions on whether this is possible, none of which is overly convincing**.

Are we headed for the situation where the ~30% unvaxxed will be devoting their lives to operating whatever is left of the economic infrastructure and serving as caretakers for the vaxxed?

I realize the above sounds extreme, and maybe when more data are gathered from myriad credible sources the results and conclusions may change, but right now the above data seem to synchronize with the demonstrated underlying mechanisms of damage. Additionally, we seem to be doubling down on inoculations, with fourth booster being proposed for Israel, and UK suggesting quarterly boosters.

Dr. Ryan Cole's reaction

I agree with the assessment and conclusions.

It is critically important that the vaccines don't cause one to produce secretory IgA. I have emphasized this in many lectures lately. This is why the vaccinated carry high viral loads.

The T cell infiltrates are tissue destructive. A study I would like to see is spike deposited in the organs at the site of the infiltrates. This study could be done with special tissue stains. We need to see more and more case series like this one.

Background of two of the scientists behind the study

**Dr. Bhakdi** has spent his life practicing, teaching and researching medical microbiology and infectious diseases. He chaired the Institute of Medical Microbiology and Hygiene at the Johannes Gutenberg University of Mainz, Germany, from 1990 until his retirement in 2012. He has published over 300 research articles in the fields of immunology, bacteriology, virology and parasitology, and served from 1990 to 2012 as Editor-in-Chief of Medical Microbiology and Immunology, one of the first scientific journals of this field that was founded by Robert Koch in 1887.

**Dr. Arne Burkhardt** is a pathologist who has taught at the Universities of Hamburg, Berne and Tübingen. He was invited for visiting professorships/study visits in Japan (Nihon University), the United States (Brookhaven National Institute), Korea, Sweden, Malaysia and Turkey. He headed the [Institute of Pathology in Reutlingen](#) for 18 years. Subsequently, he worked as an independent practicing pathologist with consulting contracts with laboratories in the US. Burkhardt has published more than 150 scientific articles in German and international scientific journals as well as contributions to handbooks in German, English and Japanese. Over many years he has audited and certified institutes of pathology in Germany.

**VAERS COVID Vaccine Adverse Event Reports**  
Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the "nondomestic" reports.

Due to the Christmas/New Year's Holiday Period, the volunteers at the Children's Defence Fund have not provided a detailed analysis of the Adverse Reaction Data for last Friday. I have done a brief summary of the VAERS reporting data to provide the basic data on reaction type.

All VAERS COVID Reports  
US/Territories/Unknown  
1,000,227 Reports  
Through December 24, 2021

21,002  
**DEATHS**

110,609  
**HOSPITALIZATIONS**

109,245  
**URGENT CARE**

156,456  
**DOCTOR OFFICE VISITS**

8,673  
**ANAPHYLAXIS**

12,532  
**BELL'S PALSY**

3,435  
Miscarriages

10,640  
Heart Attacks

22,117  
Myocarditis/Pericarditis

35,650  
Permanently Disabled

5,011  
Thrombocytopenia/Low Platelet

23,892  
Life Threatening

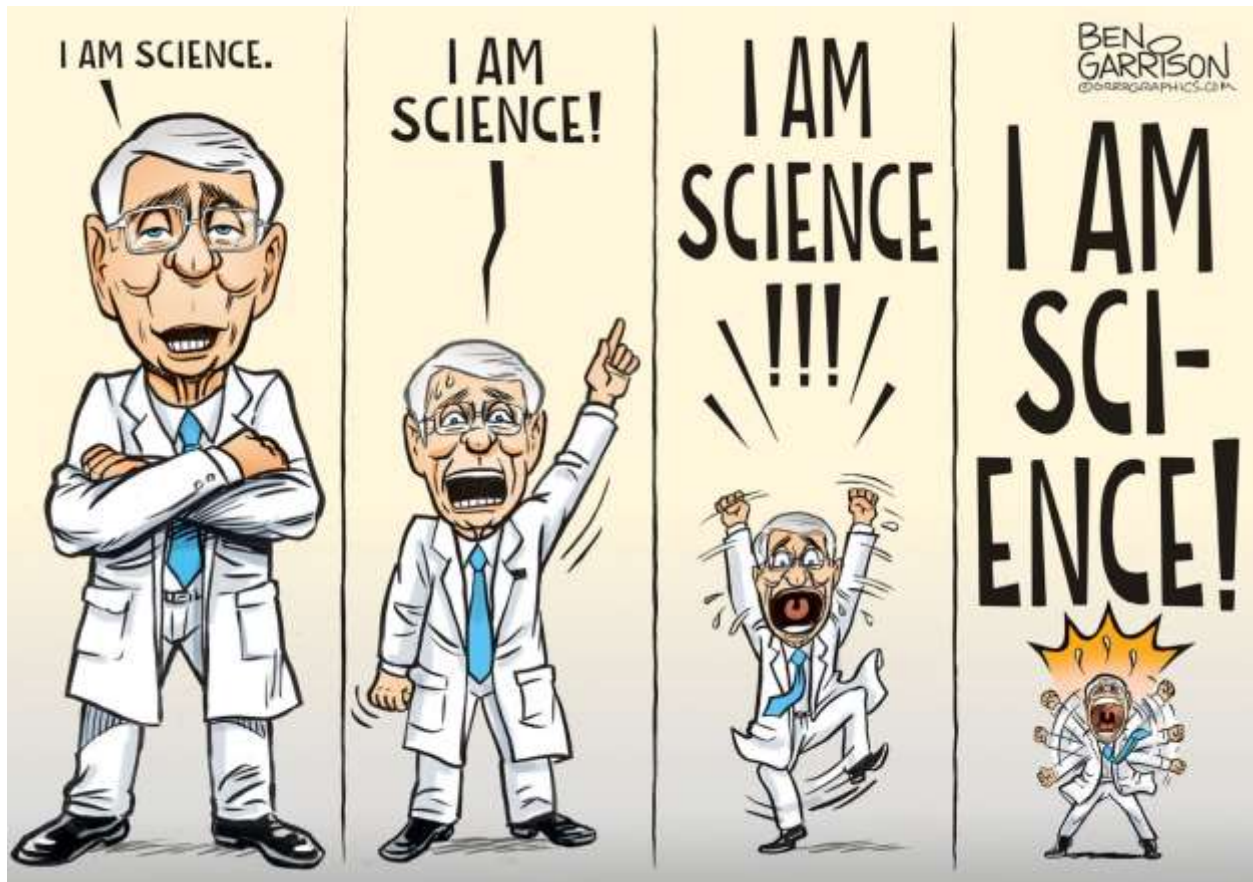
36,492  
Severe Allergic Reaction

11,462  
Shingles

709,083 (U.S.) Reports  
Through December 24, 2021

***Here is the data that none of these fools can get around. One has to be a damn idiot to see this is not a crisis! Dr. Fauci never talks about this data. He can't lie that the data supports his cries of hysteria because it is simply not true!***

Age	Median IFR (%)	Survival Rate estimate (%)
0-19	0.0027	99.9973
20-29	0.014	99.9860
30-39	0.031	99.9690
40-49	0.082	99.9180
50-59	0.27	99.7300
60-69	0.59	99.4100
70+	5.5	94.5000



## **Why Don't People "Trust The Science?" Because Scientists Are More Often Caught Lying!**

**Furthermore, being a Jesuit, this Quack has a history of being a liar! At Dr. Fauci's age, he should be more concerned about Cosmic Justice than the Judicial System!**

### **Dr. Fauci Runs Public Health As A Personal Profit-Making Operation**

Published on December 11, 2021, Written by Dr. Paul Craig Roberts

I just got my copy of RFK Jr.'s *The Real Anthony Fauci*. Flipping through the first couple of chapters, one thing really stood out — that Fauci dispenses some \$7 billion in research grants to "public health" researchers all over the world.

He has held that position for 30 years. This means that for thirty years there has been one-man monopoly control over virtually all public health-related "peer review." This proves in spades what a clownish, lying, incompetent, corrupt stooge Fauci is when he responds to criticism with statements like "everyone I know agrees with me on this." Yeah, everyone who works for him and is paid by him, or wishes to work for him and be paid by him (with taxpayers' money).

This means that “public health” peer review is a joke and a fraud. No other profession in the world would be taken seriously if one single government bureaucrat was effectively in charge of all the professional publications in the entire field.

And what Fauci doesn’t control through government funding, other government bureaucrats at NIH and elsewhere do. They are Fauci wannabes in this corrupt, stinking, fraudulent field of “public” health. No wonder Dr. Scott Atlas, a real doctor and medical researcher, was so shocked at the immense incompetence he was exposed to while serving on President Trump’s COVID task force and sitting through meetings with dopey Fauci and that goofy scarf woman.

He told Tucker Carlson that the two of them seemed 100 percent detached from and unaware of the relevant science and did nothing but repeat political rhetoric lockdown/masking/you-must-obey/jab-every-child/shut-down-all-the-schools-and churches talking points without even discussing any scientific basis for any of it.

From the Introduction to *‘The Real Anthony Fauci’* by Robert F. Kennedy, Jr.

I was astonished to realize that the pervasive web of deep financial entanglements between Pharma and the government health agencies had put regulatory capture on steroids. The CDC, for example, owns 57 vaccine patents[1] and spends \$4.9 of its \$12.0 billion-dollar annual budget (as of 2019) buying and distributing vaccines.[2][3] NIH owns hundreds of vaccine patents and often profits from the sale of products it supposedly regulates.

High level officials, including Dr. Fauci, receive yearly emoluments of up to \$150,000 in royalty payments on products that they help develop and then usher through the approval process.[4] The FDA receives 45 percent of its budget from the pharmaceutical industry, through what are euphemistically called “user fees.”[5] When I learned that extraordinary fact, the disastrous health of the American people was no longer a mystery; I wondered what the environment would look like if the EPA received 45 percent of its budget from the coal industry!

In August 2021, Dr. Fauci’s acolyte—CNN’s television doctor, Peter Hotez—published an article in a scientific journal calling for legislation to “expand federal hate crime protections” to make criticism of Dr. Fauci a felony.[14] In declaring that he had no conflicts, Dr. Hotez, who says that vaccine skeptics should be snuffed out,[15] evidently forgot the millions of dollars in grants he has taken from Dr. Fauci’s NIAID since 1993,[16] and more than \$15 million from Dr. Fauci’s partner, Bill Gates, for his Baylor University Tropical Medicine Institute.[17],[18]

As we shall see, Dr. Fauci’s direct and indirect control—through NIH, Bill & Melinda Gates Foundation, and the Wellcome Trust of some 57 percent of global biomedical research funding[19]—guarantees him this sort of obsequious homage from leading medical researchers, allows him to craft and perpetuate the reigning global medical narratives, and can fortify the canon that he, himself, is science incarnate.

High-visibility henchmen like Hotez—and Pharma’s financial control over the media through advertising dollars—have made Dr. Fauci’s pronouncements impervious to debate and endowed the NIAID Director with personal virtues and medical gravitas supported by neither science nor his public health record. By the latter metric, his 50-year regime has been calamitous for public health and for democracy. His administration of the COVID pandemic was, likewise, a disaster.

As the world watched, Tony Fauci dictated a series of policies that resulted in by far the most deaths, and one of the highest percentage COVID-19 body counts of any nation on the planet. Only relentless propaganda and wall-to-wall censorship could conceal his disastrous mismanagement during COVID-19’s first year.

The U.S., with 4 percent of the world’s population, suffered 14.5 percent of total COVID deaths. By September 30, 2021, mortality rates in the US had climbed to 2,107/1,000,000, compared to 139/1,000,000 in Japan.

**Anthony Fauci’s Report Card:**

Death Rates from COVID per million population, as of September 30, 2021:[20]

United States 2,107 deaths/1,000,000

Sweden 1,444 deaths/1,000,000

Iran 1,449 deaths/1,000,000

Germany 1,126 deaths/1,000,000

Cuba 650 deaths/1,000,000

Jamaica 630 deaths/1,000,000

Denmark 455 deaths/1,000,000

India 327 deaths/1,000,000

Finland 194 deaths/1,000,000

Vietnam 197 deaths/1,000,000

Norway 161 deaths/1,000,000

Japan 139 deaths/1,000,000

Pakistan 128 deaths/1,000,000

Kenya 97 deaths/1,000,000

South Korea 47 deaths/1,000,000

Congo (Brazzaville) 35 deaths/1,000,000

Hong Kong 28 deaths/1,000,000[21]

China 3 deaths/1,000,000

Tanzania 0.86 deaths/1,000,000

After achieving these cataclysmically awful results, “Teflon Tony’s” media savvy and his skills for deft maneuvering beguiled incoming President Joe Biden into appointing him as the new administration’s COVID Response Director.

Blinded by generously stoked fear of deadly disease against which Dr. Fauci seemed the only reliable bulwark, Americans failed to see the mounting evidence that Dr. Fauci’s strategies were consistently failing to achieve promised results, as he doggedly elevated Pharma profits and bureaucratic powers over waning public health.



As we shall see from this 50-year saga, Dr. Fauci's remedies are often more lethal than the diseases they pretend to treat. His COVID prescriptions were no exception. With his narrow focus on the solution of mass vaccination, Dr. Fauci never mentioned any of the many other costs associated with his policy directives.  
See more here: [paulcraigroberts.org](http://paulcraigroberts.org).

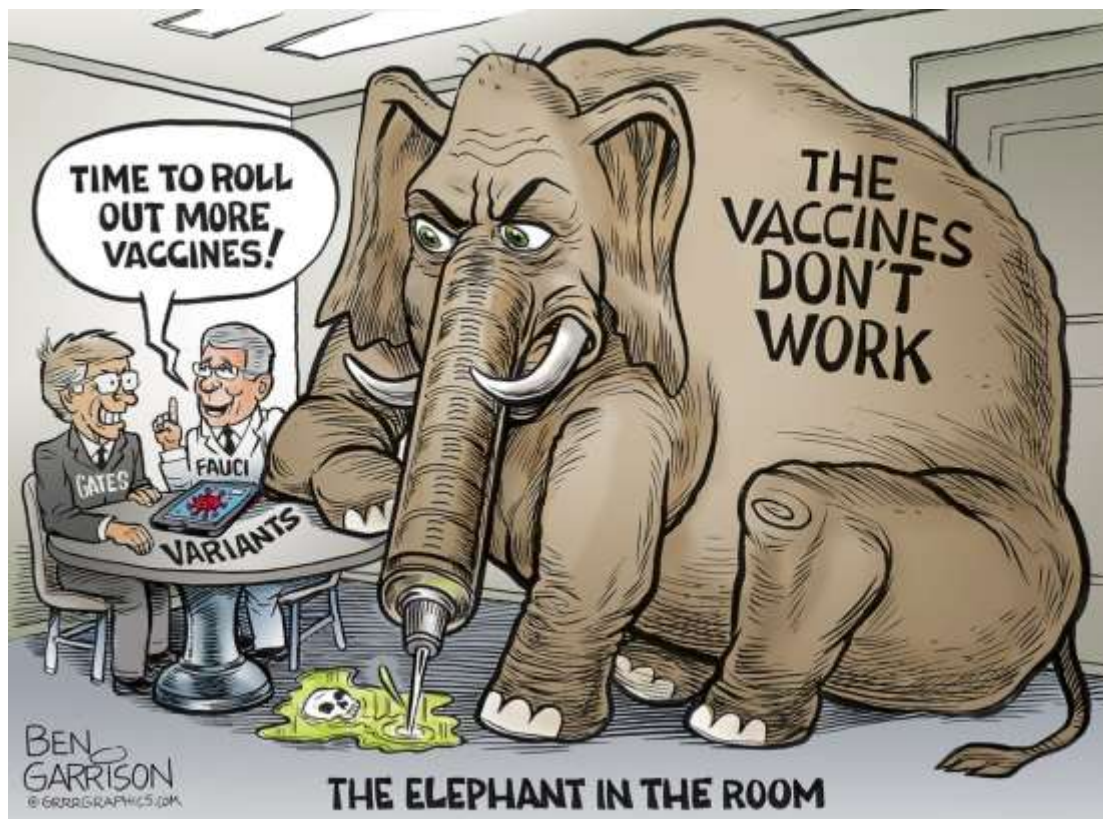
It was Dr. Anthony Fauci who has stated we will have Covid with us forever. It is most obvious that with a survival rate of the above CDC data, Dr. Fauci is either a LIAR and a CRIMINAL, or plain STUPID. Since he is a product of Jesuit-learning, I will rule out the latter that he is stupid. Jesuits are certainly not stupid, and in fact they are highly educated and skilled in the art of deception of their craft.

A saint Dr. Fauci is not! I recommend Robert Kennedy's new book *'The Real Dr. Fauci'*. He is a modern-day Josef Mengele from a tragic era of civilization, repeating itself!

### **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,



One of the facts that I have learned in the past two decades is that the vaccine business nearly died out by the 1970s. Many diseases died out by the late 1970s. Once the industry stepped up its political campaign to introduce vaccines in the schedule for children attending public school, injury of children began to increase steadily. **In 1989 Autism was less than 1 in 10,000 children. In 2021, Autism is stated to be 1 in 44 boys. Autism is not an issue in the Amish and Mennonite communities in the U.S. It is essentially non-existent in this religious community.**

This is a clear indictment of the vaccine industry of the crimes being committed against our children in the name of health and safety. We have been deceived, defrauded, and children have been denied a future due to this criminal act. We have a group of people in this country that can be used as a comparison standard for those who do not get vaccines, and they are the 345,000 Amish and Mennonite in PA, OH, IN, and KY.

## 2019 CHILDHOOD VACCINE SCHEDULE

1962	1983	2019			
OPV	DTP (2 months)	Influenza (pregnancy)	Hep B (6 months)	Influenza (18 months)	Influenza (10 years)
Smallpox	OPV (2 months)	Tdap (pregnancy)	Rotavirus (6 months)	Hep A (18 months)	HPV (10 years)
DTP	DTP (4 months)	Hep B (birth)	DTaP (6 months)	Influenza (30 months)	Influenza (11 years)
5 Doses	OPV (4 months)	Hep B (2 months)	HIB (6 months)	Influenza (42 months)	HPV (11 years)
	DTP (6 months)	Rotavirus (2 months)	PCV (6 months)	DTaP (4 years)	Tdap (12 years)
	MMR (15 months)	DTaP (2 months)	IPV (6 months)	IPV (4 years)	Influenza (12 years)
	DTP (18 months)	HIB (2 months)	Influenza (6 months)	MMR (4 years)	Meningococcal (12 years)
	OPV (18 months)	IPV (2 months)	Influenza (7 months)	Varicella (4 years)	Influenza (13 years)
	DTP (4 years)	Rotavirus (4 months)	HIB (12 months)	Influenza (5 years)	Influenza (14 years)
	OPV (4 years)	DTaP (4 months)	PCV (12 months)	Influenza (6 years)	Influenza (15 years)
	Td (15 years)	HIB (4 months)	MMR (12 months)	Influenza (7 years)	Influenza (16 years)
	24 Doses	PCV (4 months)	Varicella (12 months)	Influenza (8 years)	Meningococcal (16 years)
		IPV (4 months)	Hep A (12 months)	Influenza (9 years)	Influenza (17 years)
			DTaP (18 months)	HPV (9 years)	Influenza (18 years)
					72 Doses

### WHAT HAPPENED IN 1986?

- In 1986, Reagan passed a law that gave legal immunity to vaccine manufacturers.
- They could no longer be sued for injuries or death caused by their products. Safe vaccines wouldn't need such protection.
- Once that law passed, we suddenly "needed" 48 additional doses of vaccines. (Do you remember any outbreaks in 1989?)
- Also, since that law was passed, U.S. Federal Government has paid out more than \$4 Billion in vaccine injury compensation, and that's only a fraction of actual injuries.
- The U.S. gives more vaccines than most developed countries, yet we have the sickest kids

### GUESS WHAT?

The CDC has only ever tested MMR and Thimerosal for a link to autism. The remaining 15 vaccines and 37 common ingredients remain untested for links to autism.



For more information and sources, please visit [www.InformedChoiceUSA.org](http://www.InformedChoiceUSA.org)

**THERE ARE RISKS | YOU HAVE CHOICES**

What should be a concern for American citizens is that the vaccine industry has been seeking to increase the required vaccines on children to be expanded to adults in order to expand their business. This is a result of push-back from parents regarding new vaccines being added. The chart above shows what has occurred in the past fifty years.



Blessings,

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