Mass Murder

By Syringe Needle!
Part 50

6-Year-Old With Vaccine-Induced Myocarditis 'Unable to Walk,' as Reports of Deaths, Injuries After COVID Vaccines Climb Steadily

VAERS data released Friday by the Centers for Disease Control and Prevention included a total of **1,103,893** reports of adverse events from all age groups following COVID vaccines, including **23,615 deaths** and **188,135 serious injuries** between Dec. 14, 2020, and Feb. 4, 2022.
By Megan Redshaw

The Centers for Disease Control and Prevention (CDC) today released new data showing a total of 1,103,893 reports of adverse events following COVID vaccines were submitted between Dec. 14, 2020, and Feb. 4, 2022, to the Vaccine Adverse Event Reporting System (VAERS). VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S.

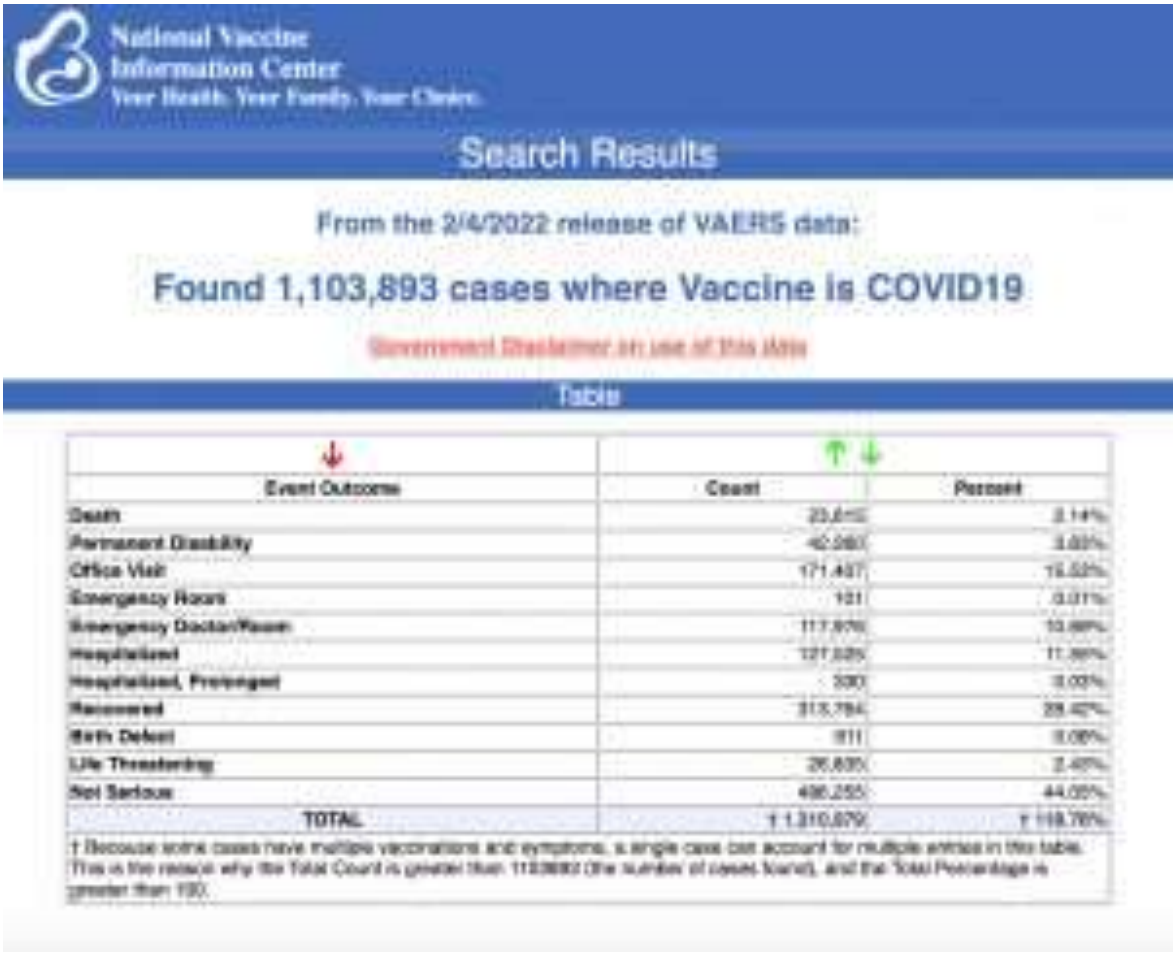
The data included a total of 23,615 reports of deaths — an increase of 466 over the previous week — and 188,135 reports of serious injuries, including deaths, during the same time period — up 4,824 compared with the previous week.

Excluding "foreign reports" to VAERS, 753,482 adverse events, including 10,747 deaths and 70,746 serious injuries, were reported in the U.S. between Dec. 14, 2020, and Feb. 4, 2022.

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

Of the 10,747 U.S. deaths reported as of Feb. 4, 18% occurred within 24 hours of vaccination, 23% occurred within 48 hours of vaccination and 60% occurred in people who experienced an onset of symptoms within 48 hours of being vaccinated.

In the U.S., 541.5 million COVID vaccine doses had been administered as of Feb. 4, including 318 million doses of Pfizer, 205 million doses of Moderna and 18 million doses of Johnson & Johnson (J&J).


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

Search Results

From the 2/4/2022 release of VAERS data:

Found 1,103,893 cases where Vaccine is COVID19

Government Disclaimer on use of this data

Table

Event Outcome	Count	Percent
Death	23,615	2.14%
Permanent Disability	42,080	3.83%
Office Visit	171,437	15.53%
Emergency Room	121	0.01%
Emergency Doctor/Room	117,870	10.68%
Hospitalized	121,035	11.06%
Hospitalized, Prolonged	330	0.03%
Recovered	313,784	28.42%
Birth Defect	911	0.08%
Life Threatening	26,835	2.43%
Not Serious	486,255	44.05%
TOTAL	† 1,310,870	† 118.76%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 1103893 (the number of cases found), and the Total Percentage is greater than 100.

Every Friday, VAERS publishes vaccine injury reports received as of a specified date. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed. Historically, VAERS has been shown to report only 1% of actual vaccine adverse events.

URGENT! TAKE ACTION: Tell the FDA Don't Approve Pfizer's mRNA Shots for Infants and Children under 5

U.S. VAERS data from Dec. 14, 2020, to Feb. 4, 2022, for 5- to 11-year-olds show:

- 7,724 adverse events, including 170 rated as serious and 3 reported deaths.

The most recent death involves a 7-year-old girl (VAERS I.D. 1975356) from Minnesota who died 11 days after receiving her first dose of Pfizer's COVID vaccine when she was found unresponsive by her mother. An autopsy is pending.

- 16 reports of myocarditis and pericarditis (heart inflammation).
- 29 reports of blood clotting disorders.

U.S. VAERS data from Dec. 14, 2020, to Feb. 4, 2022, for 12- to 17-year-olds show:

- 28,793 adverse events, including 1,651 rated as serious and 38 reported deaths.

The most recent deaths involve a 13-year-old male (VAERS I.D. 2042005) from an unidentified state who died from a sudden heart attack seven months after receiving his second dose of Moderna, and a 17-year-old female from an unidentified state (VAERS I.D. 2039111) who died after receiving her first dose of Moderna. Medical information was limited and it is unknown if an autopsy was performed in either case.

- 68 reports of anaphylaxis among 12- to 17-year-olds where the reaction was life-threatening, required treatment or resulted in death — with 96% of cases attributed to Pfizer's vaccine.
- 629 reports of myocarditis and pericarditis with 617 cases attributed to Pfizer's vaccine.
- 155 reports of blood clotting disorders, with all cases attributed to Pfizer.

U.S. VAERS data from Dec. 14, 2020, to Feb. 4, 2022, for all age groups combined, show:

- 19% of deaths were related to cardiac disorders.
- 54% of those who died were male, 41% were female and the remaining death reports did not include the gender of the deceased.
- The average age of death was **72.6**.
- As of Feb. 4, 5,038 pregnant women reported adverse events related to COVID vaccines, including 1,615 reports of miscarriage or premature birth.
- Of the 3,531 cases of Bell's Palsy reported, 51% were attributed to Pfizer vaccinations, 40% to Moderna and 8% to J&J.
- 858 reports of Guillain-Barré syndrome (GBS), with 40% of cases attributed to Pfizer, 30% to Moderna and 28% to J&J.
- 2,316 reports of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- 1,576 reports of myocardial infarction.
- 12,981 reports of blood clotting disorders in the U.S. Of those, 5,780 reports were attributed to Pfizer, 4,627 reports to Moderna and 2,527 reports to J&J.
- 3,950 cases of myocarditis and pericarditis with 2,427 cases attributed to Pfizer, 1,343 cases to Moderna and 169 cases to J&J's COVID vaccine.

Doctor Confirms What The Eugenicists Don't Want Us To Know: The Deadly Vax Turns The Human Body Into A Spike Protein Factory With Micro Blood Clots Doing The Work Of Depopulation

By Dr. Joel S. Hirschhorn via the Blue State Conservative for All News Pipeline

What should receive far greater attention is the formation of microscopic blood clots throughout bodies caused by spike proteins. These are not found through conventional medical scanning and imaging technologies.

Know this: They result from COVID spike proteins that screw up fine blood vessels causing micro blood clots. The spike protein molecules from COVID infection are the same as what happens when COVID vaccines pump huge numbers of them into your body. So, vaccines create the same blood clot problem as COVID itself in many people.

This article uses micro blood clots to explain three important pandemic problems:

1) Vaccine adverse health impacts, including deaths
2) A broad array of COVID infection illnesses and deaths
3) Millions of people with "long" COVID suffering diverse health problems.

Micro blood clot problems

What can these micro blood clots cause? That is the key question. There is nothing but bad news that very few people are aware of. Understand this: You do not want micro blood clots throughout your body. Finding proof that you have them is difficult.

Blood clots that occur in the tiniest blood vessels are referred to as microvascular thromboses and reduce blood flow. The clinical symptoms depend on the organs that are most strongly affected.

Here is the main point: Many patients can experience micro blood clotting that isn't visible to the naked eye or normal scans, but produce bad impacts. When pumped to the lungs they may be diagnosed as pulmonary embolisms. If they reach the brain, they can cause a stroke or confusion. If they lodge in the heart, they can cause a heart attack or promote

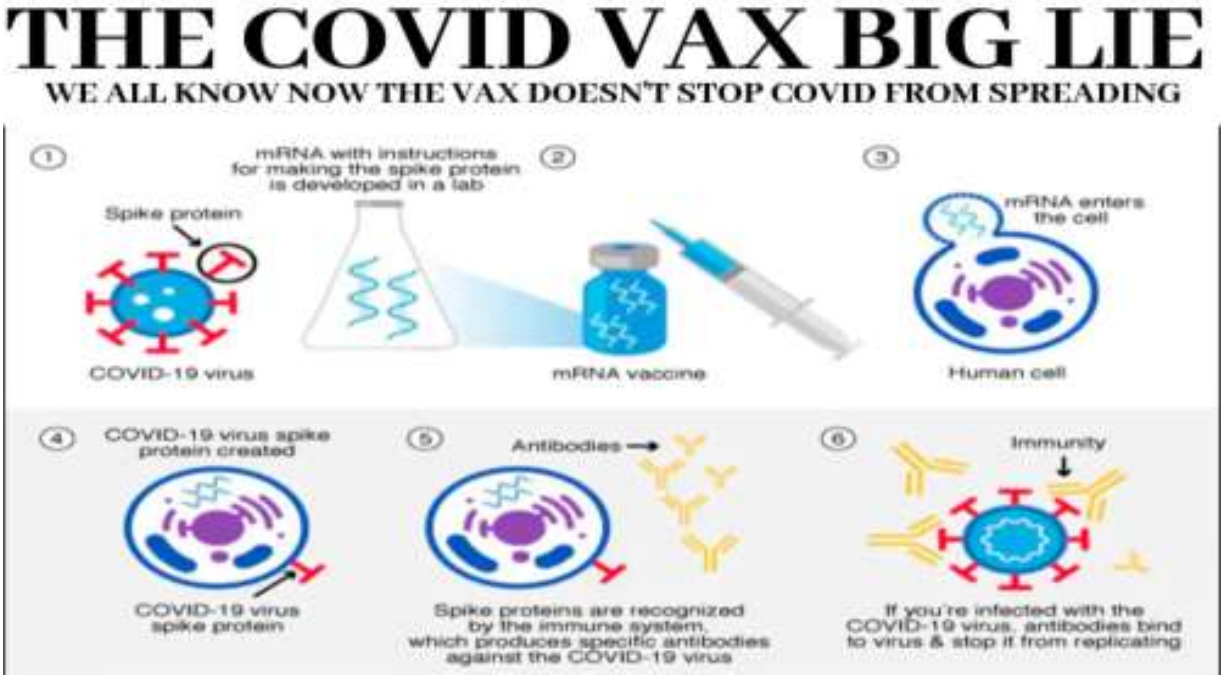
inflammation. If they lodge in the smaller blood vessels that provide oxygen to the hands or feet, they can cause those limbs to go numb and possibly require amputation. Clots in other organs, such as the liver or the kidneys, could cause those organs to fail.

The diagnosis from the clotting depends largely on where the clots end up lodging, which explains why people who take spike protein "vaccine" shots experience such a wide array of injuries and deaths. Over one million injuries are now reported in VAERS CDC database, with estimates of hundreds of thousands of deaths so far in the USA alone.

The eminent Dr. Peter McCollough, a truly great medical expert, has addressed micro clots. Early in the pandemic he noted that *"the Spike Protein itself caused Coagulation or Blood Clotting. And a unique type of Coagulation. It caused the Red Blood Cells to stick together. At the same time the Platelets stick together. So, this is a very different type of Blood Clotting that we would see with major Blood Clots in the Arteries and Veins. For instance, Blood Clots involved in Stroke and Heart Attack. Blood Clots involved in major Blood Vessels in the Legs. This was a different type of Clotting and in fact the Italians courageously did some Autopsies and found Micro Blood Clots in the Lungs. And so, we understood in the end, the reason why the Lungs fail is not because the virus is there. It is because Micro Blood Clots are there. When People can't breathe, the problem is micro-blood clotting in the lungs. The spicule on the ball of the virus itself damages blood vessels that causes blood clotting."*

Probably most people who have late stage COVID and die have severe lung problems and micro clots are a likely cause.

Now you get to the key and mostly ignored point. COVID vaccines can insert spike proteins just like the ones created by COVID infection. Should we expect health problems from COVID vaccines just like ones from COVID infection? Yes!



Canadian doctor blew the whistle about micro clots from vaccines

Months ago in July 2021 a brave and smart Canadian doctor, Charles Hoffe, **went public with his findings** on COVID vaccinated patients. Using the d-dimer test of blood he found that 62% of hundreds of his vaccinated patients had high numbers indicating the presence of micro blood clots. A d-dimer test measures the amount of degraded fibrin in the blood.

He did more than just release that finding. He said that the use of mRNA vaccines would "kill most people through heart failure."

Note that in April 2021 **Dr. Hoffe wrote an open letter** to the Provincial Health Officer for British Columbia trying to get the Canadian government to recognize the bad vaccine impacts related to micro blood clots. He was not successful in stopping use of the COVID vaccines.

Trying to get media attention, the doctor worked to warn the public and the medical community that the vast majority of people who are getting injected with the genetic experimental vaccines will die within a few short years from heart failure.

He explained that he observed in his patients who took an mRNA (messenger RNA) "vaccine" from either Pfizer-BioNTech or Moderna that their capillaries were now plugging up, which he says will eventually lead to a serious cardiovascular event.

In plain language he said that the mRNA shots are programmed to **turn a person's body into a spike protein "factory,"** and that over time these mass-produced spike proteins cause progressive blood clotting.

He said what other medical experts have expressed, namely that only 25 percent of the 'vaccine' injected into a person's arm actually stays in your arm. The other 75 percent is collected by your lymphatic system and literally fed into your circulation so these little packages of messenger RNA invade your body. And in a single dose of Moderna 'vaccine' there are literally 40 trillion mRNA molecules.

Dr. Hoffe said that while these packages were designed by Big Pharma to be absorbed directly into people's cells, the only place they can actually be absorbed is around the blood vessels and into capillary networks, which are the tiniest blood vessels where blood flow is slow and where genes are released.

"Your body then gets to work reading and then manufacturing trillions and trillions of these spike proteins," he said. *"Each gene can produce many, many spike proteins. The body then recognizes these are foreign bodies so it makes antibodies against it so you are then protected against COVID. That's the idea." Now we know that this theory does not assure destruction of the virus or transmission of it, nor effective immunity.*

Here is what you need to understand: Though the claim has long been that these spike proteins act as a deterrent to viral infection after being injected into a person's body, the reality is that they actually become part of the cell wall of a person's vascular endothelium

or linings of the blood vessels. In very small diameter blood vessels the spikes have a big impact on blood flow.

Your blood vessels are supposed to be smooth so that your blood flows smoothly. After spike proteins invade your body the small blood vessels have these little spikey bits sticking out which impede blood flow and can cause clots. And if you get a lot of clots, then your blood platelet count can greatly decrease, and this can lead to bleeding problems.

Dr. Hoffe says it is an inevitability that the vaccine injected will develop blood clots because as the vaccine-inserted spike proteins embed themselves within blood vessels and capillaries, blood platelets circulate around trying to fix the problem by creating increasingly more clots.

"So, when the platelet comes through the capillary it suddenly hits all these COVID spikes and it becomes absolutely inevitable that blood clots will form to block that vessel," he writes. Therefore, these spike proteins can predictably cause blood clots. *"They are in your blood vessels (if mRNA 'vaccinated') so it is guaranteed."*

What must be remembered is that these blood clots are different than the "rare" ones spoken about by physicians that show up on CT scans and MRIs or even ultrasound images. These are microscopic and do not show up on tests, as they can only be detected using a blood test known as d-dimer. And nearly all doctors do not routinely use this test.

Dr. Hoffe performed d-dimer tests on his mRNA *"vaccinated"* patients, which led him to the discovery that at least 62 percent of them have these microscopic blood clots. Why some people do not get the clots is not entirely clear.

"The most alarming part of this is that there are some parts of the body like the brain, spinal cord, heart and lungs which cannot [regenerate]," he said. *"When those tissues are damaged by blood clots, they are permanently damaged."* That is the deadly issue for understanding why there are huge numbers of vaccinated people who have suffered death or a broad array of serious health impacts from COVID vaccines.

Micro Clots in COVID Patients

While there has been very limited medical research on micro clots from vaccines, there has been much more on micro clots in COVID patients. Here are some findings from a key study in August 2021 with the title *"Study identifies micro clots as cause of death in some severely ill COVID-19 patients."*

Loma Linda University Health researchers found that severely ill COVID-19 patients likely die as the result of micro clots formed in the lungs that spread to cause deadly damage to organs throughout the body. This finding differed from the current view that the COVID-19 virus travels to the body's organs and damages blood vessel lining in those organs.

According to this research, once the clotting process begins, the body is no longer fighting against the virus but mostly against the clotting process instead.

"This could change our approach to fighting this disease because we may have been looking in the wrong place," saids Brian Bull, MD, a pathologist, former dean of the Loma Linda University School of Medicine, and the study's first author. *"We have been looking for a treatment against a viral disease, but we should now also look for therapy for a viral disease that has transformed into a clotting disorder."*

In another study, *"A macrophage attack culminating in microthromboses characterizes COVID 19 pneumonia,"* published in the Journal of Immunity, Inflammation and Disease, proposes an explanation for why COVID-19 patients die from a vast array of conditions such as strokes, heart attacks, kidney failure, or failure of several organs at the same time.

"We face the problem of not yet understanding the physiological disorders well enough to explain how a viral disease like COVID-19 kills people in such a diverse and difficult-to-predict fashion." Dr. Bull said.

Bull and co-author Karen Hay contend that showers of tiny clots form and block micro-blood vessels in the bodies of many severely ill COVID-19 patients. Though invisible to the naked eye, the micro clots can damage and kill tiny portions of whichever organ tissue — brain, heart, liver, kidney, lung, etc. — the blocked blood vessels feed.

"Clotting in really sick COVID-19 patients is not something trivial and unimportant — it may well be fundamental to what is going on" said Dr. Bull But how do these micro clots form and travel throughout the body? Bull provides a broad overview of this disease process:

When the body senses a COVID-19 infection, large white blood cells called monocytes respond and gather in the air sacs of the lungs.

Over the course of a few days, the monocytes transform into macrophages — the *"demolition and cleanout crew"* for infected and damaged tissue in the body. The macrophages attack the virus-laden cells that line the inside of the air sacs. Unfortunately, macrophages may also chew right through the virus-laden air sac lining to the blood vessels that surround each air sac. This is the place in the body where the blood picks up oxygen when we breathe. If the macrophages puncture these blood vessels the air sac will fill up with blood.

A protein produced by the macrophages on their surfaces causes the blood to clot. When a clot forms an enzyme, thrombin, interacts with a protein in the blood known as fibrinogen to produce fibrin strands or fibrils. When these fibrin strands accumulate, they become a clot. These fibrils can be still soluble if they remain short enough (about 25 molecules or less). Anything longer than that becomes insoluble and will appear as tiny clots.

Short chains of fibrin, still soluble, can travel in the blood supply to all of the body's organs. As long as the fibrin chains remain short, this will cause no problems, but if more thrombin is coming from clots in the lungs, then more fibrin is continually being fed into the blood. This makes the chains of fibrin grow longer; they grow too long to remain in solution and showers of micro clots will form.

These micro clots will block the tiny blood vessels that nourish the tissue making up each of the body's organs, making the organs less able to perform their necessary function. The organs (heart, kidney, brain, etc.) with little patches of dead and dying tissue throughout will, sooner or later, fail.

Indeed, when Bull and Hay monitored three COVID-19 patients hospitalized in an intensive care unit for tell-tale clotting biomarkers — the still soluble fibrin chains — they found that in a matter of four days, all of the fibrinogen in the patients' bodies had transformed into soluble fibrin chains at levels five times higher than normal. Body organs were severely damaged in all three patients. Two of them died in the hospital, and the third survived but suffered severe brain damage.

Although Bull and Hay found blood clotting was taking place by tracking the bio-markers and performing clotting tests, no visible clots were detected in any of the three patients. The likeliest explanation, Bull states, is that those clots were present but were too small to be seen.

"Here in this study we have three patients in which clearly a massive clotting disorder occurred over a very short period," Bull said.

Bull said in a year and a half of searching for therapeutic modalities, the medical community has not come up with any anti-viral medications that have had a significant beneficial effect on COVID-19. Yet, heparin, an anti-clotting drug, not an anti-viral medication, has proven highly beneficial and is now being given to virtually all hospitalized, severely ill COVID-19 patients.

[This author has also researched the use of ivermectin for late state COVID and concluded that it can work because of its anti-inflammatory property.]

"Clotting in really sick COVID-19 patients is not something trivial and unimportant — it may well be fundamental to what is going on," Bull said.

The point of giving all these details is to show that what spike proteins cause in ill COVID patients can also be what is happening in many vaccinated people. Just as Dr. Hoffe had predicted. And why a few million people worldwide have had adverse health impacts from vaccines, including probably a few hundred thousand deaths.

German research (Microvascular dysfunction in COVID-19: the MYSTIC study) made several important observations about small capillaries impacted by micro clots. The loss of small capillaries correlated with high d-dimer levels. And the velocity of red blood cells in the smallest capillaries was significantly lower in those patients with severe lung problems who were mechanically ventilated. Low blood flow means less oxygen getting to where it is most needed.

Long covid has clot cause

Now we come to the third area of medical research that has also found micro clots as the likely cause of that is being called “long” COVID; which refers to people who seem to have successfully recovered from COVID but live with serious residual health problems that are related to their previous COVID infection. Sadly, some doctors have said these persistent health problems are psychological in nature.

Here some new research is summarized that finds the cause of persistent health problems are micro blood clots.

In October 2021 the material in **this article** was **originally published** in the journal Cardiovascular Diabetology in August 2021.

“Inflammatory micro clots in blood of individuals suffering from Long COVID.” The research was done at Stellenbosch University in South Africa. Researchers found an overload of various inflammatory molecules, ‘trapped’ inside insoluble microscopic blood clots (micro clots), in the blood of individuals suffering from lingering symptoms experienced by individuals with long COVID.

This important finding was made by Prof. Resia Pretorius, a researcher in the Department of Physiological Science at Stellenbosch University. She started looking at micro clots and their molecular content in blood samples from individuals with long COVID. The findings have since been peer-reviewed and published in the journal.

“We found high levels of various inflammatory molecules trapped in micro clots present in the blood of individuals with Long COVID. Some of the trapped molecules contain clotting proteins such as fibrinogen, as well as alpha(2)-antiplasmin,” Prof. Pretorius explained.

Alpha(2)-antiplasmin is a molecule that prevents the breakdown of blood clots, while

fibrinogen is the main clotting protein. Under normal conditions the body's plasmin-antiplasmin system maintains a fine balance between blood clotting (the process by which blood thickens and coagulate to prevent blood loss after an injury) and fibrinolysis (the process of breaking down the fibrin in the coagulated blood to prevent blood clots from forming).

With high levels of alpha(2)-antiplasmin in the blood of COVID-19 patients and individuals suffering from long COVID, the body's ability to break down the clots are significantly inhibited.

The insolubility of the micro clots became apparent through specific analysis of blood plasma samples from individuals with acute COVID and long COVID; they continued to deposit insoluble pellets in collection devices.

This is the first research group to have reported on finding micro clots in the blood samples from individuals with long COVID, using fluorescence microscopy and proteomics analysis, thereby solving yet another puzzle associated with the disease.

"Of particular interest is the simultaneous presence of persistent anomalous micro clots and a pathological fibrinolytic system," they write in the research paper. "This implies that the plasmin and antiplasmin balance may be central to pathologies in Long COVID, and provides further evidence that COVID-19, and now Long COVID, have significant cardiovascular and clotting pathologies."

In other words, this research connects with what has been found in COVID patients with micro blood clots.

To date they have collected blood from one hundred long COVID individuals who participated in the long COVID registry which launched in May 2021, as well as from 30 healthy individuals.

The Guardian article

This research was seen as a very important development **in a January 2022 article in The Guardian** with the heading *"Could microclots help explain the mystery of long Covid?"* It was written by Resia Pretorius, one of the senior South African researchers. *"My lab has found significant microclot formation in long Covid patients. Unfortunately, these are missed in routine blood tests."*

Here are more excerpts from this article that was aimed at informing the world about the importance of micro clots.

"One of the biggest failures during the Covid-19 pandemic is our slow response in diagnosing and treating long Covid. As many as 100 million people worldwide already suffer from long Covid. That staggering number will eventually be much higher, if we take into account that diagnoses are still inadequate, and that we still do not know what the impact of Omicron and future variants will be."

"Patients with long Covid complain of numerous symptoms, the main ones being recurring fatigue and brain fog, muscle weakness, being out of breath and having low oxygen levels, sleep difficulties and anxiety or depression. Some patients are so sick that they cannot work or even walk a few steps. There is possibly also an elevated risk of stroke and heart attacks. One of the biggest sources of concern is that even mild and sometimes asymptomatic initial Covid-19 infection may lead to debilitating, long-term disability." [That last sentence is especially important.]

"Since early 2020, we and other researchers have pointed out that acute Covid-19 is not only a lung disease, but actually significantly affects the vascular (blood flow) and coagulation (blood clotting) systems."

"In blood from patients with long Covid, persistent microclots are resistant to the body's own fibrinolytic processes. We found high levels of various inflammatory molecules trapped in the persistent microclots, including clotting proteins like plasminogen, fibrinogen and Von Willebrand factor (VWF), and also Alpha-2 antiplasmin (a molecule that prevents the breakdown of microclots)."

"The presence of persistent microclots and hyperactivated platelets (also involved in clotting) perpetuates coagulation and vascular pathology, resulting in cells not getting enough oxygen in the tissues to sustain bodily functions (known as cellular hypoxia). Widespread hypoxia may be central to the numerous reported debilitating symptoms."

And here is what long COVID victims need to know: *"So why can long Covid patients not go to their nearest clinic or health care practitioner to find treatment options? Currently there are no general pathology tests readily available to diagnose these patients. Desperately ill patients are told that their pathology test results are within normal/healthy ranges. Many are then told that their symptoms are possibly psychological and they should try meditation or exercise. The main reason the traditional lab tests do not pick up any of the inflammatory molecules is that they are trapped inside the fibrinolytic-resistant microclots (visible under a fluorescence or bright-field microscope, as our research has shown). When the molecular content of the soluble part of the plasma is measured, the inflammatory molecules, including auto-antibodies, are simply missed."*

Remember that Dr. Hoffe used the d-dimer test to confirm the presence of micro blood clots, and this test can be ordered by your physician. Also, many pro-ivermectin articles invoke not merely the anti-viral property that works to address initial COVID infection, but also its anti-inflammatory property more important after the initial viral replication phase.

Autopsy findings

There is also a fairly large medical literature with findings of micro blood clots from autopsies. Here is just one example **published in 2020** by Dr. Amy Rapkiewicz, the chairman of the department of pathology at NYU Langone Medical Center.

Describing the work in **a news story** was this: *"The clotting was not only in the large vessels but also in the smaller vessels. And this was dramatic, because though we might have expected it in the lungs, we found it in almost every organ that we looked at in our autopsy study,"* the researcher said.

This too was noted in another news story: *"We knew that clinical people were finding clots in these [COVID] patients,"* she said. *"So although I knew that that was going to be there, I didn't expect it at the microscopic level to the degree that I saw it."* Her autopsy study found blood clots in small vessels of the patients' lungs, hearts, kidneys and livers.

In another news story this was noted in 2020 *about research at Harvard University: "Researchers also noted that patients with the novel coronavirus suffered many microscopic blood clots. In a stark difference with lungs infected with the flu, the micro-clots were nine times as present in areas of the lungs that allow the passage of oxygen into the patient's bloodstream while carbon dioxide is emitted."*

This is from the published medical study: *"Histologic analysis of pulmonary vessels in patients with Covid-19 showed widespread thrombosis with microangiopathy. Alveolar capillary microthrombi were 9 times as prevalent in patients with Covid-19 as in patients with influenza. In lungs from patients with Covid-19, the amount of new vessel growth — predominantly through a mechanism of intussusceptive angiogenesis — was 2.7 times as high as that in the lungs from patients with influenza."* In other words, micro blood clots were uniquely associated with COVID infection.

This is the title of a May 2020 medical article: *"Pathophysiology of SARS-CoV-2: Targeting of endothelial cells renders a complex disease with thrombotic microangiopathy and*

aberrant immune response. The Mount Sinai COVID-19 autopsy experience." Here is the summary of the findings; note the word micro:

"Autopsies were performed at the Mount Sinai Hospital on 67 COVID-19 positive patients and data from the clinical records were obtained from the Mount Sinai Data Warehouse. The experimental design included a comprehensive microscopic examination carried out by a team of expert pathologists, along with transmission electron microscopy, immunohistochemistry,"

"We report a comprehensive autopsy series of 67 COVID-19 positive patients revealing that this disease, so far conceptualized as a primarily respiratory viral illness, also causes endothelial dysfunction, a hypercoagulable state [an increased tendency to develop blood clots], and an imbalance of both the innate and adaptive immune responses. Novel findings reported here include an endothelial phenotype of ACE2 in selected organs, which correlates with clotting abnormalities and thrombotic microangiopathy, addressing the prominent coagulopathy and neuropsychiatric symptoms. Another original observation is that of macrophage activation syndrome, with hemophagocytosis and a hemophagocytic lymphohistiocytosis-like disorder, underlying the microangiopathy [disorder involving small blood vessels]and excessive cytokine release." In other words, this study also found evidence of micro clots in COVID victims.

Lastly, is **the work of Dr. Sucharit Bhakdi**. He has noted: "immune and blood-related categories of risks from vaccines: (1) Clotting from the direct action of spike protein in the bloodstream; (2) Further clotting from the immune system attacking spike-producing endothelial cells." **This too was said**: *"The RNA injected into your body are going to enter the cells that line blood vessels. He points to spiny spike protein that these cells will generate and protrude outwards to attract blood platelets and form micro-clots. Days after vaccination, white blood cells known as lymphocytes as well as antibodies will begin to mount an attack against these cells. If you dare to repeat this (get the second jab), "God help you" warns Dr Bhakdi."* He warned about the blood clot side-effects months before the roll-out of the mRNA vaccines.

Conclusions

Micro blood clots are linked to spike proteins coming from COVID infection OR vaccines that introduce them into the body or cause the body to produce them.

Micro blood clots seem to be the likely cause of many millions of health impacts and deaths from COVID infection as well as from COVID vaccines, and even many millions of long COVID victims suffering diverse health problems with no apparent medical solution.

Have you heard any government or public health official speak of micro blood clots? Probably not. But not because they are insignificant. Now, you probably know more than them. Now you realize that there has been a scandal of enormous proportions. Suppressing so much negative information about spike protein induced micro blood clots.

*This story **originally published here** was written by Dr. Joel S. Hirschhorn. Dr. Hirschhorn*

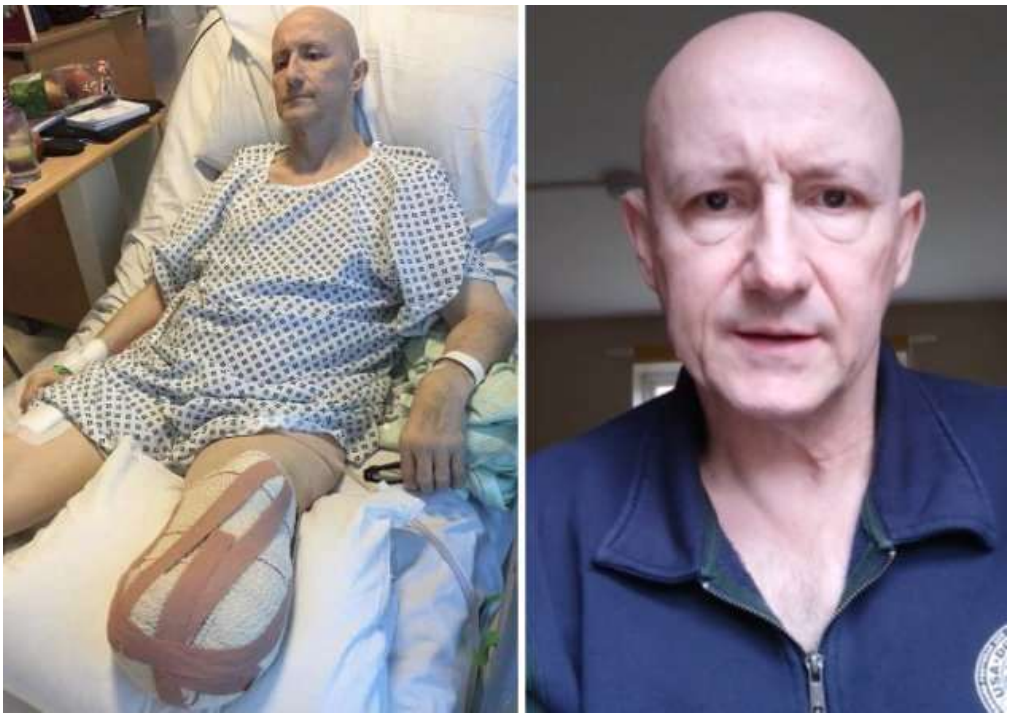
*is the author of Pandemic Blunder and many articles and podcasts on the pandemic, worked on health issues for decades, and his **Pandemic Blunder Newsletter** is on Substack. As a full professor at the University of Wisconsin, Madison, he directed a medical research program between the colleges of engineering and medicine. As a senior official at the Congressional Office of Technology Assessment and the National Governors Association, he directed major studies on health-related subjects; he testified at over 50 US Senate and House hearings and authored hundreds of articles and op-ed articles in major newspapers. He has served as an executive volunteer at a major hospital for more than 10 years. He is a member of the Association of American Physicians and Surgeons, and America's Frontline Doctors.*

A List of People Who Had Their Leg Amputated Shortly after Receiving COVID-19 Vaccine

By The COVID World Global Research, February 05, 2022

As the vaccination train rolls on, tales of horrifying side effects continue to pile up. The mainstream media reports only on these cases in isolation, if at all, deliberately ignoring the wider pattern of serious blood clots directly linked to vaccination. At this point, the evidence seems deniable only when these cases are not looked at together as a group.
Here is a list of people from around the world that, in just the last few weeks and months, have had their leg amputated as a result of the COVID-19 vaccine.

Dave Mears: Former Taekwondo World Champion's Leg "Exploded" 1 Month After Receiving AstraZeneca Vaccine



Former taekwondo world champion Dave Mears had his left leg amputated just a month after receiving the AstraZeneca COVID-19 vaccine, which caused his leg to “explode”.

Mears received the shot on March 4th and immediately developed flu-like symptoms and a sky-high temperature. A month later, he was hospitalized for a leg infection that was so bad that his leg ‘exploded’ at Peterborough City Hospital, showering blood everywhere.

Doctors had no choice but to amputate his left leg above the knee.

“There was blood everywhere. It was terrifying. I had the operation and they amputated the leg and I lost five units of blood. It was pretty serious and I was very poorly after that.”

Mears was crowned taekwondo world champion in 1984
During his 21 years abroad in Thailand, Mears qualified as a professional photographer and ran a series of successful bars before COVID-19 caused his business to come crashing down. Read the full story here.

Cicera Santos: Brazilian Woman Had Left Leg Amputated 1 Week After Receiving Pfizer Vaccine

39-year-old Cicera Santos from Brazil had to have her left leg amputated due to blood clots just a week after getting the Pfizer COVID-19 vaccine.

Santos took the shot on August 25th and was hospitalized four days later with venous thrombosis in her left leg. The thrombosis was so severe that doctors had no other option but to amputate her leg below the knee.

The mother-of-two said after the amputation:

"I was affected by venous thrombosis in my left leg just a week after the vaccine. I was a healthy person before this and I never had problems with my blood circulation."

Cicero Santos alongside her two sons

Read the full story here.
Jummai Nache: 47-Year-Old Medical Assistent Had Left Hand, Right Fingers and Both Legs Amputated Shortly After Receiving Second Pfizer Vaccine

Jummai Nache, a 47-year-old medical assistant from Minneapolis lost both of her legs and left hand after her Pfizer COVID-19 vaccination.

Nache got her second shot on February 1st and immediately experienced chest pains. She was **hospitalized** on February 13th after blood clots were found throughout her entire body. Both her legs below the knees and most of her hands had to be surgically removed or she would've died.

Jummai's husband, Philip, said after her horrific injuries:

"My experience on this journey has been so difficult but I can't imagine the excruciating pain mental, physical, and emotional that my wife is going through."

Jummai with her husband Philip before her vaccine injury

Junmai's case was investigated by the Centers for Disease Control and Prevention (CDC). However, the agency could not determine whether the vaccine played a role in her condition. Junmai and her husband Philip were not satisfied with these findings.

The Nigerian couple is still fighting for justice to this day.
Read the full story **here**.

Goran: 50-Year-Old Construction Worker Had Leg Amputated Due To Blood Clots Three Weeks After Receiving AstraZeneca Vaccine.

Viennese construction worker Goran had to have his right leg amputated due to blood clots just 3 weeks after receiving his first AstraZeneca COVID-19 vaccine.

Goran had developed severe pain in his leg and “spat blood once or twice a day”. By March 13th, the pain in his leg got so bad his wife called an ambulance.
The builder of more than 30 years said:
Severe Reactions in Healthy Teens from COVID-19 Shot

“I’ve never felt such pain in my whole life. My leg was white, blue and black.”

He had to have three surgeries in one week and was put in an induced coma. When he awoke, doctors told him that his lower leg had been amputated.

“I will never forget that pain when I woke up for the rest of my life.”
Alex Mitchell: Scottish Man Had Left Leg Amputated 2 Weeks After Receiving AstraZeneca Vaccine

56-year-old Alex Mitchell lost his leg just 2 weeks after receiving the AstraZeneca COVID-19 vaccine on March 20th.

Mitchell, from Glasgow Scotland, was hospitalized on April 4th after collapsing at home. He had developed blood clots in his lower abdomen and in both legs which forced surgeons to remove his left leg above the knee.

“The doctors were speaking to consultants all around the world about me, because it was unheard of for someone with this level of clotting to survive.”

Mitchell learning to walk again

Despite losing his leg, Mitchell was still positive about the vaccine and did not want to 'discourage' others from taking the shot.

"I had the vaccine because I want things to go back to normal as soon as possible and the only way we can do this is by being vaccinated. I wouldn't want to discourage people from having the Covid jab. From what they know, what happened to me is rare. It's only going to affect maybe one or two people, so don't let it put you off."
Read the full story **here**.

Harold Molle: Australian Man Had Left Leg Amputated Just Days After Receiving AstraZeneca Vaccine

Australian Harold Molle had to have his left leg amputated because of blood clots just three days after his second dose of the AstraZeneca vaccine.

Molle said about the incident:
"It was excruciating pain.
It's going to cost me now, I've got to get an artificial leg and a wheelchair."

Despite losing his leg, he too spoke positively about the vaccine.

"The vaccine worked because it saved me in the hospital because I caught COVID there, and if I didn't have the vaccine they said I would have most probably got real sick."

Read the full story **here.**

Ketsiri Kongkaew: 20-Year-Old Student Lost Her Leg After AstraZeneca Vaccine, Died 2 Months Later From Blood Thinner Complications

Thai student Ketsiri Kongkaew had to have her leg **surgically removed** just weeks after receiving the AstraZeneca COVID-19 vaccine.

The 20-year-old, who had received her shot on August 13th, immediately developed a high temperature and flu-like symptoms and was hospitalized a week later for severe blood clots in her left leg which gave doctors at Krabi Hospital no other option but to surgically remove her leg.

Her grandmother, Harlia Kongkaew, said about the injury:

"She [Ketsiri] was transferred to Surat Thani Hospital for an X-ray where doctors said that there was a blockage in the artery and that she had to be sent to Krabi Hospital for emergency surgery. That's when her left leg got amputated above the knee. This was a result of the vaccine. She never had any diseases before this."

The student initially seemed to recover from her operation and was put on blood thinners, which caused a brain haemorrage just two months later. Doctors performed emergency surgery but Ketsiri died after a few days.

Read the full story **here**.

Juan Pablo Medina: Mexican-American Actor Had Leg Amputated Due To Blood Clots Shortly After Receiving COVID-19 Vaccine

“La Casa de las Flores” actor Juan Pablo Medina had his leg amputated on August 3rd due to thrombosis. The 44-year-old actor is alleged to have gone to a deep depression after his horrific injury.

The news prompted thousands of reactions on social media with speculation about the cause of his condition. Media reported at the time that the actor’s life was at stake during the emergency surgery, and therefore his family opted for the amputation to save him.

Juan Pablo Medina with his wife and fellow actor Paulina Dávila

His wife Paulina Dávila recently said that he is still in full recovery and hopes soon to publicly speak about the incident:

“When he [Juan Pablo] is ready, he will share his story and tell everyone what happened. It is not up to me.”

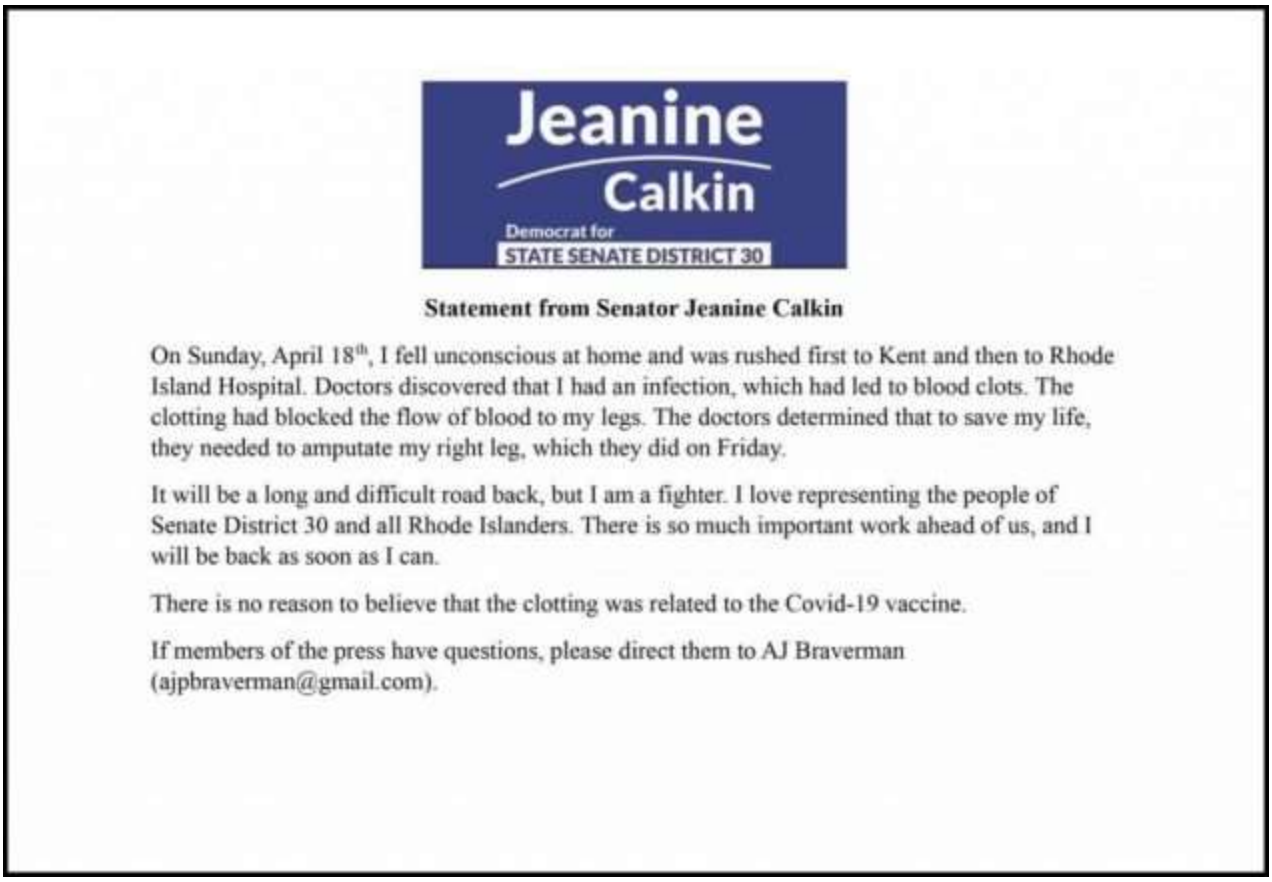
Jeanine Calkin: State Senator Had Leg Amputated Shortly After Receiving COVID-19

Vaccine

Senator Jeanine Calkin had to have her right leg amputated because of a blood clot that had developed shortly after receiving the COVID-19 vaccine.

Calkin, who is a senator for the state of Rhode Island, said after the amputation:
"Doctors discovered that I had an infection, which had led to blood clots. The clotting had blocked the flow of blood to my legs. The doctors determined that to save my life, they needed to amputate my right leg, which they did on Friday."

Despite the clot developing shortly after receiving the jab, Calkin stated that she does not believe it was related to the vaccine.



Jeanine Calkin

Democrat for STATE SENATE DISTRICT 30

Statement from Senator Jeanine Calkin

On Sunday, April 18th, I fell unconscious at home and was rushed first to Kent and then to Rhode Island Hospital. Doctors discovered that I had an infection, which had led to blood clots. The clotting had blocked the flow of blood to my legs. The doctors determined that to save my life, they needed to amputate my right leg, which they did on Friday.

It will be a long and difficult road back, but I am a fighter. I love representing the people of Senate District 30 and all Rhode Islanders. There is so much important work ahead of us, and I will be back as soon as I can.

There is no reason to believe that the clotting was related to the Covid-19 vaccine.

If members of the press have questions, please direct them to AJ Braverman (ajpbraverman@gmail.com).

Official Data from Australia: 98 % of Covid Infections are Double Jabbed

February 4, 2022

Vaccinated people account for the majority of COVID cases, hospitalizations, and deaths in an Australian state. People who had two vaccinations accounted for roughly three-quarters of ICU patients and COVID deaths.

The great majority of COVID-19 infections and deaths in Australia's biggest state are caused by vaccinated individuals, fueling the highest spike in New South Wales ever since virus's emergence.

According to the New South Wales Department of Health's (NSW Health) most **recent COVID monitoring report**, a record surge in cases since the introduction of Omicron late last year has been mainly related to the vaccinated.

Between November 26, 2021 and January 8, 2022, almost 90% of people in the state that screened positive for coronavirus and had a known vaccination status received *"two effective doses"* of a COVID vaccine. Individuals with *"two effective doses"* have got a second jab *"at least 14 days prior to known exposure to COVID-19 or arrival in Australia,"* according to NSW Health.

When children under the age of 12 were excluded because they are ineligible for the immunizations, double-vaccinated adults accounted for an astounding 98 percent of cases with documented vaccination status. The unvaccinated, on the other hand, accounted for less than 1% of instances.

The unvaccinated are classified as having *"no effective dose"* by NSW Health, which even encompasses anybody who received the very first dosage of a two-dose vaccination regimen within 21 days after COVID contact or entry in Australia.

Pandemic of the vaccinated

Across the same time frame, the double-jabbed monopolized New South Wales' rising COVID-19 hospitalizations and fatalities.

Amongst individuals hospitalized for the virus that had a vaccination history, 82 percent had gotten two doses – or 87 percent if children who were ineligible for immunization were excluded.

People who had two vaccinations accounted for roughly three-quarters of ICU patients and COVID deaths.

As of late November, 91.5 percent of individuals aged 12 and over were *"fully vaccinated"* in New South Wales. Despite this, infections in Western Australia have soared to historic levels in over the last week, owing to a record amount of breakthrough infections.

According to NSW Health, COVID cases and hospitalizations have surpassed prior high from September 2021 and nearly doubled in the week ending January 8 compared to the previous week.

Before majority of Australians became "fully vaccinated," the state observed a seven-day average of roughly 1,400 infections during the peak of the Delta wave in September. Daily instances reached at almost 90,000 in early January.

According to Our World in Data, the number of Coronavirus fatalities in New South Wales has also increased from January 8, with an average of 40 per day now, up from approximately one at the end of December.

Considering the overwhelming indications that the vaccines are faltering, New South Wales continues to demand health care personnel, teachers, airport workers, and senior care staff to be *"fully vaccinated."*

COVID-19 is still curable and survivable for the vast majority of people who contract it, according to NSW Health data. Between November 26 and January 8, 99.4 percent of unvaccinated patients aged 12 and up who screened positive for COVID in New South Wales did not die. Unvaccinated youngsters under the age of 18 have a mortality rate of less than .1%.

"Since the start of the pandemic, 0.2% of cases (738 people) have died," NSW Health noted. *"This includes 122 residents of aged care facilities."*

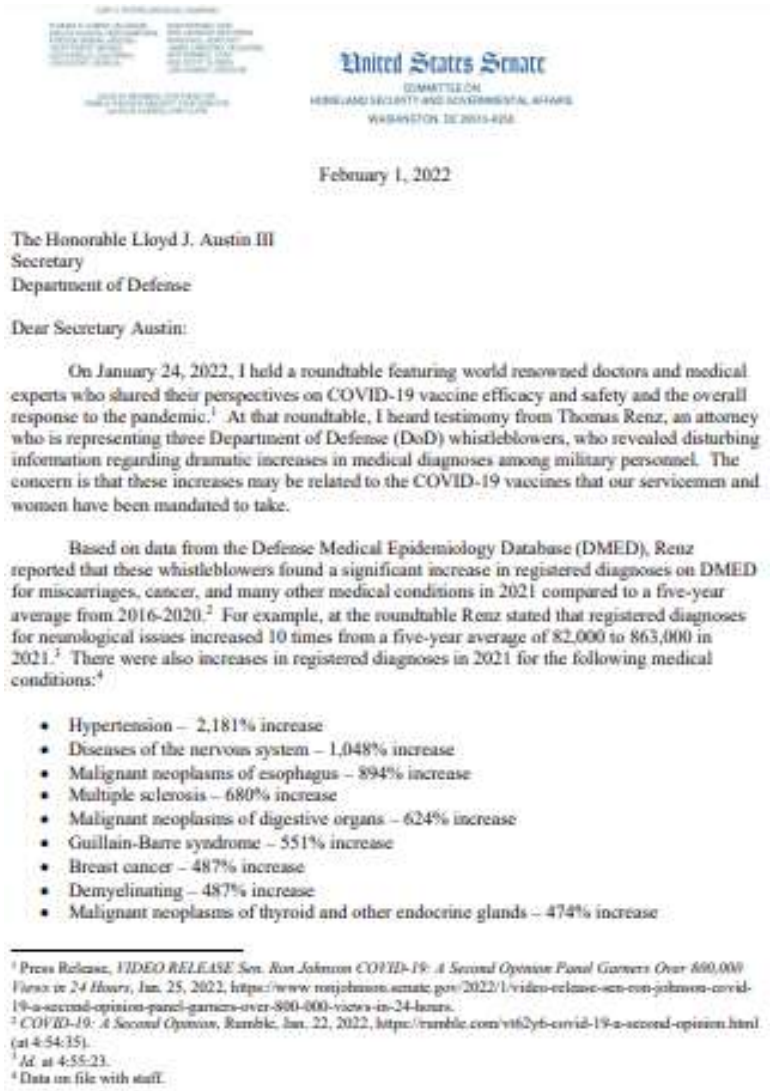
The vaccinated pandemic in New South Wales matches comparable COVID patterns in Europe, wherein recent data from Denmark, the United Kingdom, and Iceland show increased infection rates amongst vaccinated individuals.

According to the U.K. Health Security Agency, unvaccinated people exhibit fewer infection numbers than double-vaccinated people throughout all age categories older than 18 in the U.K. as of late January. The vaccinated also outnumbered the unvaccinated by approximately five to one in British COVID fatalities previous month.

This medical data from the US DoD DMED database is explosive. Mainstream media has been ordered to ignore it.
The DMED data exposed by attorney Tom Renz and Senator Johnson is a smoking gun. General Austin should order all military docs to speak the truth. But he isn't. Why not?

On February 1, 2022, US Senator Ron Johnson sent a letter to Secretary of Defense Lloyd Austin on February 1 highlighting the dramatic rise in adverse events reported in the Defense Medical Epidemiology Database (DMED) after the vaccines were rolled out to the military. If the vaccines are truly "safe and effective," these increases are difficult to explain.

Click the image below to read the entire 3 page letter outlining some of the increased events:



United States Senate

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

WASHINGTON, DC 20510-6250

February 1, 2022

The Honorable Lloyd J. Austin III
Secretary
Department of Defense

Dear Secretary Austin:

On January 24, 2022, I held a roundtable featuring world renowned doctors and medical experts who shared their perspectives on COVID-19 vaccine efficacy and safety and the overall response to the pandemic.[1] At that roundtable, I heard testimony from Thomas Renz, an attorney who is representing three Department of Defense (DoD) whistleblowers, who revealed disturbing information regarding dramatic increases in medical diagnoses among military personnel. The concern is that these increases may be related to the COVID-19 vaccines that our servicemen and women have been mandated to take.

Based on data from the Defense Medical Epidemiology Database (DMED), Renz reported that these whistleblowers found a significant increase in registered diagnoses on DMED for miscarriages, cancer, and many other medical conditions in 2021 compared to a five-year average from 2016-2020.[2] For example, at the roundtable Renz stated that registered diagnoses for neurological issues increased 10 times from a five-year average of 82,000 to 863,000 in 2021.[3] There were also increases in registered diagnoses in 2021 for the following medical conditions:[4]

- Hypertension – 2,181% increase
- Diseases of the nervous system – 1,048% increase
- Malignant neoplasms of esophagus – 894% increase
- Multiple sclerosis – 680% increase
- Malignant neoplasms of digestive organs – 624% increase
- Guillain-Barre syndrome – 551% increase
- Breast cancer – 487% increase
- Demyelinating – 487% increase
- Malignant neoplasms of thyroid and other endocrine glands – 474% increase

[1] Press Release, *VIDEO RELEASE Sen. Ron Johnson COVID-19: A Second Opinion Panel Garners Over 800,000 Views in 24 Hours*, Jan. 25, 2022, https://www.ronjohnson.senate.gov/2022/1/video-release-sen-ron-johnson-covid-19-a-second-opinion-panel-garners-over-800-000-views-in-24-hours.
[2] *COVID-19: A Second Opinion*, Rumble, Jan. 22, 2022, https://rumble.com/vt62y6-covid-19-a-second-opinion.html (at 4:54:35).
[3] *Id.* at 4:55:23.
[4] Data on file with staff.

The original data

Here are the resources with the original data:

1. Johnson's 3 page letter to DoD Secretary Lloyd Austin III
2. Renz Law home page (includes video interviews)
3. Renz Law page on the DMED data with graphs (summary of the data)
4. Download the spreadsheet with all the numbers (Excel spreadsheet). Note that the numbers in the purple coded rows are the "corrected" data which was issued after the "glitch" was noticed. Hospitalized means the patient was in the hospital. Ambulatory are the stats for outpatients. Also note that the percentage calculation is wrong: they should have subtracted 1 since a "2X increase" is the same as a "100% increase."

About DMED

You can read about DMED here. Essentially, it is the official database of the 1.4M active duty DoD servicemen.

For a quick intro to the database, I highly recommend you watch this 2 minute video of Dr. Robert Malone talking about the DMED database: DR. MALONE STATES DOD IS

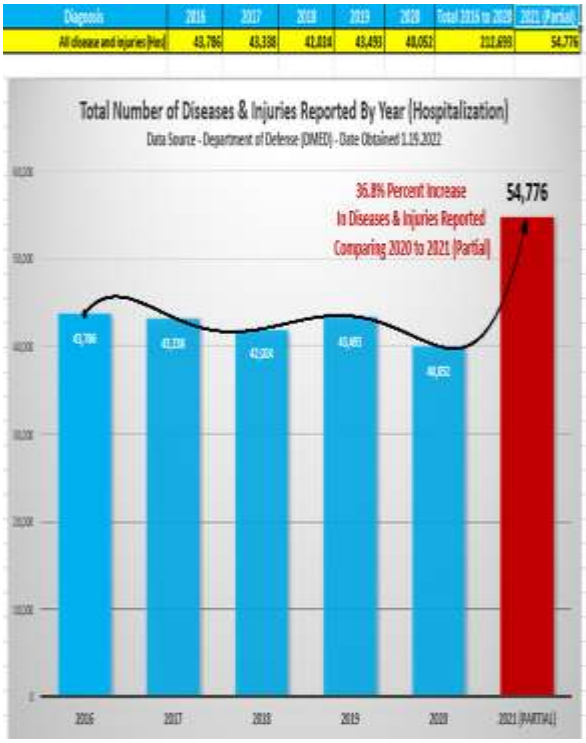
DELETING DATA FROM IT'S DATABASE TO COVER UP DAMAGES DONE BY THE "VACCINES"

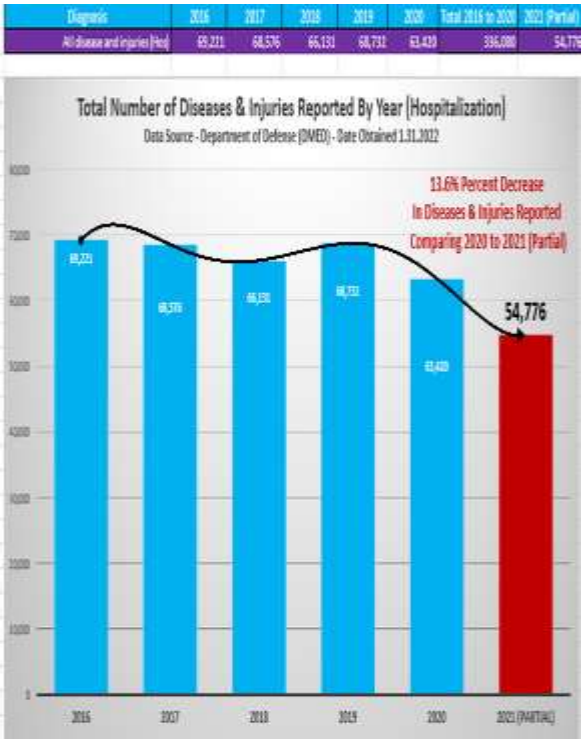
Why the DMED data is so important

There are 14 reasons that the DMED data is very important.

1. The individual doctors themselves realize that the vaccines are causing the harm documented in the DMED database. According to an insider I spoke to, around 40% of military docs realize what is going on, but doctors in the military can't speak out against the vaccine because they are ordered not to say anything. So all these doctors have to remain silent. The data in DMED is their voice.
2. The original DMED data appears to be very reliable. It is hard for anyone to make excuses for the increased rates in the DMED database quoted in this letter because the event types with increases are all confirmed in the VAERS database. Unlike VAERS, this database cannot be dismissed using hand-waving arguments. DMED is not a self-reported database where reporting rates are unknown. It is a fully reported database where all the reports are from healthcare providers. In short, if the vaccines are safe, the DMED data is hard to explain. For example, you can't pin the rise in events in 2021 on COVID since total hospital event rates declined in 2020 (relative to 2019) in both the original and corrected results. Note: The DoD now claims the 2016-

2020 data was wrong and issued corrected values (graph on the right):





3. These are absolute rate increases. In VAERS, we'll often compare a baseline rate of an event in prior years with the current year to look for a signal. This is a "differential signal" so high values are possible. For example, the reported VAERS rate for pulmonary embolism is 3 per year. Say it goes to 300 per year, a 100X jump. But if the baseline rates of PE are 1000, then on an absolute basis, this is just a 0.3X increase. So large absolute number jumps are very significant. This is exactly what we have in the DMED database: very large absolute jumps.
4. The effect sizes are huge. For example, the rates of hypertension increased by 21X from average in 2021. Nervous system diseases increased by a factor of 10.
5. Nobody can explain it. If it wasn't the vaccine causing these huge increases in adverse events, what was it?
6. The military is deleting cases to make the effect size smaller. Watch this video DR. MALONE STATES DOD IS DELETING DATA FROM IT'S DATABASE TO COVER UP DAMAGES DONE BY THE "VACCINES"
7. It's a great "conversation starter" with your pro-vax friends, local lawmakers, local health authority, and favorite fact-checkers. You simply ask a simple question, "How do you explain these dramatic rate increases in 2021 vs. the 5 year average?" This works particularly well at City Council meetings, school board meetings, and with lawmakers.
8. Symptoms with increases match the VAERS data. It is tough to claim the elevation in event rates is due to something else because a) the range of elevated symptoms is so large and b) the symptoms in DMED that are elevated match the symptoms in VAERS that are elevated.
9. The DoD is in a panic about this leaking out. This data wasn't ever supposed to leak

out. The only reason it leaked out is due to the efforts of three whistleblowers inside the DoD. According to an insider I spoke to, the DoD has no idea how they are going to cover it up. The only thing they've done is claim the 2016-2020 data is underreported, but this doesn't match reality as I explain below.

10. Deliberate mainstream press cover-up. There is evidence that mainstream media reporters have been instructed not to cover this story or talk to Tom Renz. I verified this myself searching for articles about Renz in The New York Times and CNN. So you'll only hear about it from alternative media. Think about it… this is one of the most explosive stories of the year (if not the decade) and the mainstream press isn't covering it at all? What does that tell you? You don't have to have a lot of critical thinking skills to figure that one out. It pretty much tells you everything you need to know: there is a massive cover up of adverse events.
11. It destroys the credibility of the CDC. I just finished watching the latest ACIP meeting where CDC officials said there were no safety signals (other than myocarditis) in both the VAERS and VSD system. Amazingly, there were no deaths from any mRNA vaccine. Zero. It also begs the question how they could possibly completely ignore all the safety signals in the DMED database. They didn't even consider it. However, they are unlikely to ever answer that question. But when the Republicans come into power in the Senate in 2023, I'd expect that Senator Johnson will ask Rochelle Walensky why the CDC is ignoring this database.
12. The military can't effectively refute it. After being confronted with the data, they now claim the 2016 to 2020 data was wrong. The problem is their new numbers are nonsensical as I explain below.
13. Symptoms that were not associated with the vaccines were not elevated in 2021. Symptoms unrelated to the vaccines weren't elevated. So if there was a data glitch causing reduced reporting rates, how come only events related to the vaccine were elevated in 2021?
14. Total hospital event rates declined in 2020 (relative to 2019) in both the original and corrected results. What's unique about the DMED database is that military hospitals don't get COVID incentives. Total hospital event rates declined in 2020. If COVID is so dangerous, how do they explain that?

I spoke to a doctor in the military who confirmed the high incidence of vaccine-caused events in his practice.

This doctor estimates that 85% of the military has been vaccinated, although the military official total is 93%.

The doctor is responsible for thousands of service members and has dozens of significant vaccine injuries that are VAERS reportable (most of which have not been filed).

This is a significant adverse event rate of more than 0.75%, i.e., nearly 1 in 100 soldiers are vaccine injured, some very seriously.
It's important to note that the soldiers are tough and don't want anything on their medical records that could limit their responsibilities. So many simply don't report severe symptoms. So our .75% vaccine injury rate is likely an underestimate. And remember, this is in a very

healthy young population.

This doctor has zero VAERS reportable injuries in nearly two decades. So this suggests that the increased rate of reportable adverse events from these vaccines is far more than 500X. But other physicians I know with larger practices report elevated rates of from 600 to over 20,000 from the shots this year. In short, the number of adverse event reports from these vaccines is off the charts compared to other vaccines. This suggests that the 30X increase in the rate of adverse event reports in VAERS is because the vaccine is dangerous, not from reporting bias. It also suggests that VAERS is severely under-reported this year relative to other years by at least a factor of 10. The FDA has assumed that VAERS is *over*-reported compared to previous years by 30, our estimate is that VAERS is *under*-reported compared to previous years by 30. Note that this estimate (comparing the propensity to report between years) doesn't change our minimum 41 under-reporting factor estimate for events this year.

This doctor had no doubts that the vaccine is causing these injuries. Over and over again, severe reactions (some never seen before in his/her career) all started happening shortly after after the soldier was vaccinated.

DoD spokesman claims that the DMED database was underreported in 2016-2020
A PolitiFact "fact check" noted that:

But Peter Graves, spokesperson for the Defense Health Agency's Armed Forces Surveillance Division, told PolitiFact by email that "in response to concerns mentioned in news reports" the division reviewed data in the DMED "and found that the data was incorrect for the years 2016-2020."

Officials compared numbers in the DMED with source data in the DMSS and found that the total number of medical diagnoses from those years "represented only a small fraction of actual medical diagnoses." The 2021 numbers, however, were up-to-date, giving the "appearance of significant increased occurrence of all medical diagnoses in 2021 because of the underreported data for 2016-2020," Graves said.

The DMED system has been taken offline to "identify and correct the root-cause of the data corruption," Graves said.

What's interesting is that only the event counts related to adverse events caused by the vaccines (as determined in VAERS) were affected by this "corruption." That is, huge increases observed prior to the correction were only on symptoms that were vaccine related, not on other symptoms. That makes their "corruption" explanation hard to explain. Very hard to explain.

How could a glitch in the computer only affect symptoms associated with the COVID vaccine? That would be the most amazing glitch in computer history. I would love to hear the explanation for that.

Why did the corruption only affect years 2016 to 2020 and not 2021? Why, when we looked at the data before the corruption were only symptoms related to the vaccines elevated?

Others are shocked by this data as well.

I'm not the only one with doubts:

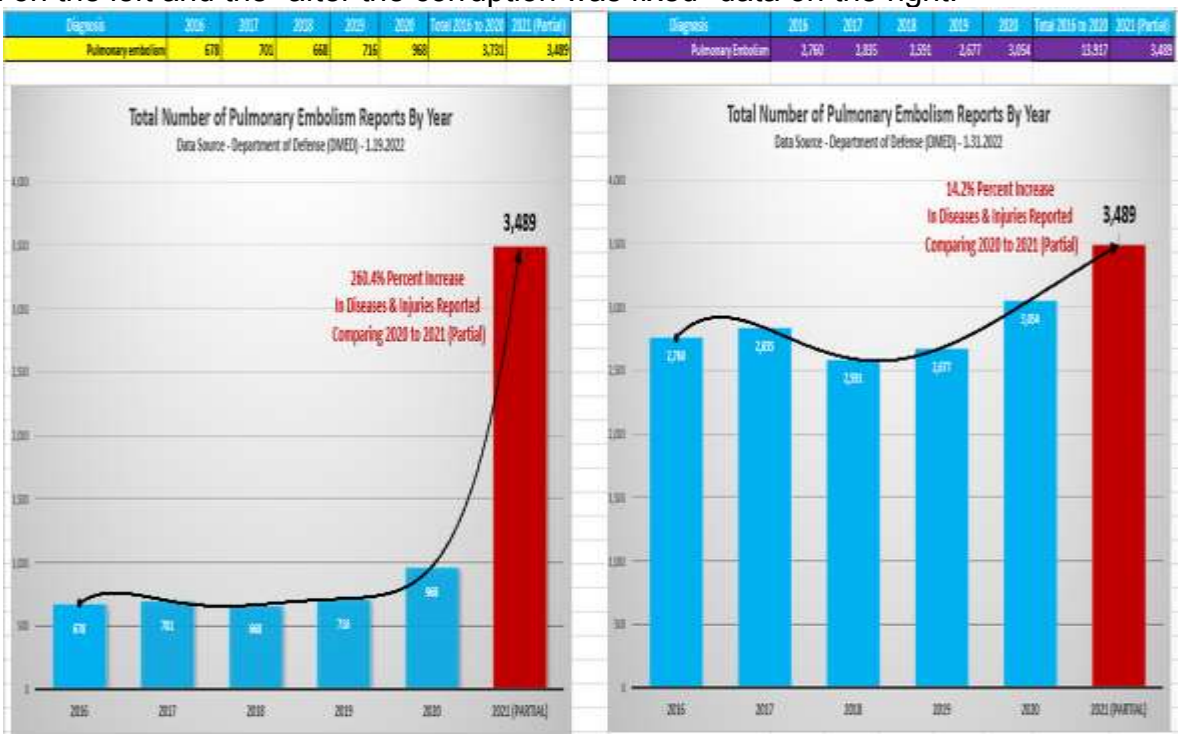
1. Evidence of Manipulation of Disease and Injury Data in US Military Database Suggests Fraud and Cover Up
2. MILITARY SPOKESMAN CLAIMS FIVE RANDOM YEARS OF DOD MEDICAL SURVEILLANCE SYSTEM WERE PLAGUED BY A GIANT GLITCH
3. DMED is a game-changer on vaccine safety.

The more they try to cover this up, the more complicit they become.

You can easily determine for yourself who is lying.

I wanted to see for myself who was lying so I picked an event that I've said for a long time has been highly elevated by the vaccines: pulmonary embolism. I didn't cherry pick this event. It was mentioned in my public ACIP testimony on January 4, before I ever looked at any of the DMED data. But I've long highlighted pulmonary embolism as an elevated adverse event from the COVID vaccines as you can see from this post from October 30, which was the very first article I wrote on my Substack!

If you download Renz's spreadsheet, look at the spreadsheet tabs where it has the original data on the left and the "after the corruption was fixed" data on the right.



In the case above, I looked at the pulmonary embolism tab in the spreadsheet. The

incidence of PE is estimated to be approximately 60 to 70 per 100,000 in the general population. This means that for the 1.4M members of the military in the DMED database, we'd expect fewer than 839 to 979 events per year since people in the military are healthier in general than the overall population.

On the left in the chart below are the numbers before the data was "fixed" by the DoD on January 31, 2022. The rates on the left experienced nearly exactly match what would be expected. In four of the 5 years before the vaccine, the numbers were below 839. And even in the peak year (2020), the numbers are below 979.

The rates on the right hand side after the "corruption" was corrected are simply too high to be believed, roughly around 3 times higher than the normal rates. How do they explain that?

But there are other examples of data manipulation that was done that are even more obvious, even to totally untrained observers. I'll reveal those later since I don't want to help them clean up the manipulated data… those smoking guns will be revealed later.
The corrected increases from the letter

Note that the percentage increases were improperly calculated in the spreadsheet and the letter (which just used the numbers from the spreadsheet). The correct numbers are shown below (a 200% increase means the numbers increased by a factor of 3).

1. Hypertension – 2,081% increase
2. Diseases of the nervous system – 948% increase
3. Malignant neoplasms of esophagus – 794% increase
4. Multiple sclerosis – 580% increase
5. Malignant neoplasms of digestive organs – 524% increase
6. Guillain-Barre syndrome – 451% increase
7. Breast cancer – 387% increase
8. Demyelinating – 387% increase
9. Neoplasms of thyroid and other endocrine glands – 374% increase
10. Female infertility – 372% increase
11. Pulmonary embolism – 368% increase
12. Migraines – 352% increase
13. Ovarian dysfunction – 337% increase
14. Testicular cancer – 269% increase
15. Tachycardia – 202% increase

This data (and the subsequent cover-up attempt) is a smoking gun.

The symptoms that are elevated in DMED match up with the elevated symptoms in VAERS?

How do they explain that away?

Ask your pro-vax friends, doctors, reporters, public health officials, school board members,

city council members, and local, state, and federal lawmakers the next time you see them to explain the DMED data. They will tell you they are “looking into it and will get back to you” and never will.

Comments from Jason Fields, active-duty in the Air Force.

One of my readers, Jason Fields, is an active-duty Lieutenant Colonel in the United States Air Force serving in a United States Space Force unit. He has declined to take the COVID-19 vaccine and is seeking a vaccine accommodation waiver from Space Systems Command for both the COVID-19 and influenza vaccines.

He pointed this out this in the comments section:

One of the problems, as mentioned in the post, is that a lot of the military medical community is not willing to recognize and/or record possible vaccine injuries. I have a number of documented cases where military members who believe they have suffered a serious vaccine injury are totally blown off by the military medical community. The military members are told "there is no way" or "I guarantee" the issues are not related to the vaccine. Imagine the numbers if the medical community took this seriously. In any other situation it would be considered medical malpractice to not fully investigate these medical issues and the root cause.

Faith in military medicine among the force was already somewhere near the garbage can pre-COVID...now it is sitting somewhere 6 feet under in the landfill. Between the mask and vaccine coercion the rank and file's trust of the medical community is at an all time low.

The obvious answer to the rhetorical question of "What is the justification for him not issuing such an order?" is there is no justification and obviously he won't do it. Nobody likes to admit they were wrong...especially the government and military.

General Austin needs to step up for transparency.

General Austin isn’t being transparent with the American people.

If General Austin were to issue a blanket order directed to all military doctors to speak freely and honestly about patient statistics without fear of retribution, we would be hearing a far different story than we are hearing now.

But General Austin, who could easily issue such an order, never will because it would destroy the “safe and effective” narrative and he would be fired.

In the current situation, now that “the cat is out of the bag,” the fact that he’s not issuing such an order for transparency so that America could hear the truth tells you everything you need to know.

No mainstream “fact checker” is going to ask General Austin why he doesn’t issue such an

order. The mainstream press will not either; they will not touch this story with a ten foot pole. I guarantee it.

If our men in uniform are injured, it should never be due to a deliberate order from their commanding officers requiring them to inject themselves with a known dangerous substance that could kill or disable them. They have a right to know the truth about the vaccines. Ordering the mainstream media and military doctors to remain silent (which is the case today) is not the way for the truth to come out.

Every American should demand that General Austin allow military doctors to speak the truth and protect them from retribution.

Every American should demand that General Austin immediately order all military doctors to speak truthfully about what is going on with their own patients after being vaccinated and protect all those doctors from any retribution.

Is there any justification for him not issuing such an order? I can't think of one.

Apparently, pretty much everyone agrees with me.

Please forward this article to your friends
It's very important that we get this story out and that it not be buried like the mainstream media would like it to be. Please share this widely. Thank you!

This segment of Mass Murder by Syringe is abridged due to being hacked in the past couple days. There are a number of key reports concerning the Indictment for Crimes Against Humanity by Attorney Reiner Fuellmich which appear to have been tampered with and will required review of content and necessary corrections to include next week. The murdering goes on and while it seems no one is doing anything about it, that is not the case and vigilance is the watchword as they try to undermine the truth. Pray that God will intervene very soon and stop this insanity.

Blessings,

Pastor Bob, EvanTeachr@aol.com
www.pastorbobreid.com