Mass Murder

By Syringe Needle!
Part 52

This edition of Mass Murder was ready for posting on February 23, 2022 but was delayed due to my being hospitalized for heart and respiratory related issues on February 24, 2022. I was setting up for Part 53 when I realized that it was still in my draft file. I am posting this and will continue to do so unless I am called home. I spent two weeks in ICU and TCU at two different hospitals, and since I was discharged from the hospital I have been undergoing evaluation and care by the Veterans Administration Health System. Each day I feel my strength returning a bit more than the day before. It has been an unbelievable period and I am still free of the vaxx. I am blessed by the fact that neither of the two hospitals I was a patient; neither required the vaxx for treatment purposes. Praise the Lord!

Autopsies Show: Vaccinating Teens for COVID Is Literally 'Heartbreaking'

Autopsies of two teenage boys who died days after receiving Pfizer's COVID vaccine prove the vaccine caused their deaths. Pathological findings suggest there may be a way to distinguish SARS-COV-2 infection-induced myo/pericarditis from vaccine-induced cardiac injury. Vaccine-induced heart injury can be sub-clinical, but how often?
By Madhava Setty, M.D.

Pathologists who examined the autopsies of two teenage boys who died days after receiving Pfizer's COVID-19 vaccine concluded the vaccine caused the teens' deaths.

The three pathologists, two of whom are medical examiners, published their findings Feb. 14 in an early online release **article**, *"Autopsy Histopathologic Cardiac Findings in Two Adolescents Following the Second COVID-19 Vaccine Dose,"* in the Archives of Pathology and Laboratory Medicine.

The authors' findings were conclusive. Two teenage boys were pronounced dead in their homes three and four days after receiving the second **Pfizer-BioNTech** COVID-19 dose.

There was no evidence of active or previous **COVID-19** infection. The teens had negative toxicology screens (i.e. no drugs or poisons were present in their bodies).

These boys died from the vaccine.

Histopathological examination of their cardiac tissue revealed an important new finding: Neither heart demonstrated evidence of typical myocarditis.

Instead, the authors found evidence of microscopic changes consistent with a different form of heart injury called toxic cardiomyopathy. They wrote:

*"The myocardial injury seen in these post-vaccine hearts is different from typical myocarditis and has an appearance most closely resembling a **catecholamine**-mediated stress (toxic) cardiomyopathy."*

The authors further explained what they observed under the microscope:

"Their histopathology does not demonstrate a typical myocarditis … In these two post-vaccination instances, there are areas of contraction bands and hypereosinophilic myocytes distinct from the inflammation."

*"This injury pattern is instead similar to what is seen in the myocardium of patients who are clinically diagnosed with **Takotsubo, toxic or 'stress' cardiomyopathy**, which is a temporary myocardial injury that can develop in patients with extreme physical, chemical, or sometimes emotional stressors."*

"Stress cardiomyopathy is a catecholamine-mediated ischemic process seen in high catecholamine states in the absence of coronary artery disease or spasm. It has also been called 'neurogenic myocardial injury' and 'broken heart syndrome.'"

The pathologists determined there was a different mechanism of heart injury at play in these two boys, distinct from a purely infectious process that would result directly from a viral infection like COVID-19.

This is an important finding. There may be a way to distinguish cardiac injury resulting from a SARS-COV-2 infection from cardiac injury where the vaccine predisposes the patient to stress cardiomyopathy before contracting COVID-19.

However, the authors are careful not to assume that cardiac injuries from COVID-19 and COVID-19 vaccines can always be sorted out under the microscope.

They explain that stress cardiomyopathy, or "broken heart syndrome," may also occur in a rare hyper-inflammatory state that is known to occur in COVID-19 infection as well:

"This post-vaccine reaction may represent an overly exuberant immune response and the myocardial injury is mediated by similar immune mechanisms as described with SARS-COV-2 and multisystem inflammatory syndrome (MIS-C) cytokine storms."

The authors admit this pathological finding may also occur as a result of MIS-C, a known complication of SARS-COV2 infection.

Learning more about this condition requires a biopsy of heart tissue, or in this case an autopsy. We know very little about the nature of myocarditis in people who are clinically stable because heart biopsies are not conducted on them and autopsies are rarely done on patients who die from COVID-19.

There still is no practical way of screening for cardiac injury beyond assessing symptoms.

Unfortunately, the two boys did not have symptoms of myocarditis (fever, chest pain, palpitations, or dyspnea) prior to their cardiac arrest and death. One complained of a headache and gastric upset which resolved. The other had no complaints.

This is extremely concerning. These boys had smoldering, catastrophic heart injuries with no symptoms.

How many others have insidious cardiac involvement from vaccination that won't manifest until they get a serious case of COVID-19 or the flu? Or perhaps when they subject themselves to the physical **stress of competitive sports?**

These findings suggest a significant subset of COVID-19 deaths in the vaccinated could be due to the vaccines themselves.

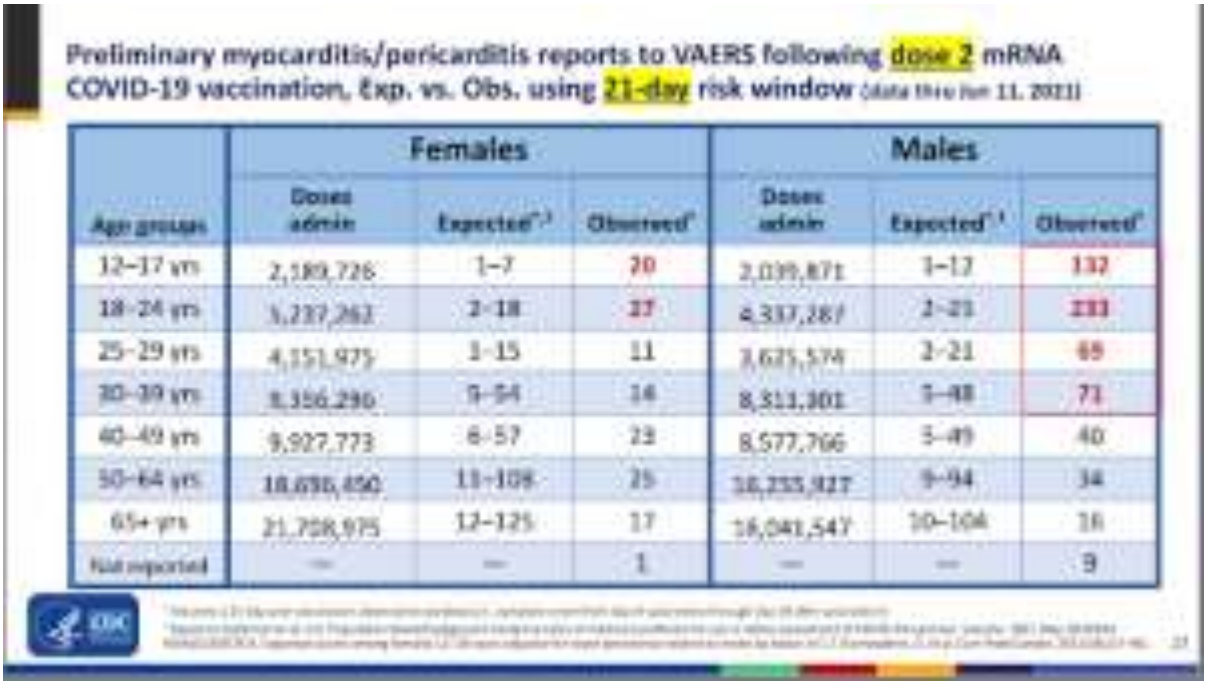
Furthermore, it raises this question: How often does this condition exist in a latent form in vaccinated individuals?

The CDC believes the risk of vaccine-induced myocarditis is not significant.

The Centers for Disease Control and Prevention (CDC) **says** the risk of myocarditis and pericarditis in adolescents who get the COVID-19 vaccine is *"extremely rare"* and *"most cases are mild."*

But those assurances conflict with the agency's own data.

The CDC's Advisory Committee on Immunization Practices (ACIP) presented this disquieting information (**see chart below**) during its June 23, 2021 meeting convened specifically to address the risks of myo/pericarditis in 12- to 15-year-olds who received Pfizer's COVID vaccine:



Preliminary myocarditis/pericarditis reports to VAERS following dose 2 mRNA COVID-19 vaccination, Exp. vs. Obs. using 21-day risk window (data thru Jun 11, 2021)

Age groups	Females			Males		
	Doses admin	Expected[1,2]	Observed[3]	Doses admin	Expected[1]	Observed[3]
12–17 yrs	2,189,726	1–7	20	2,039,871	1–12	132
18–24 yrs	5,237,262	2–18	27	4,337,287	2–21	233
25–29 yrs	4,151,975	1–15	11	3,675,574	2–21	69
30–39 yrs	8,356,290	3–34	14	8,311,301	5–48	71
40–49 yrs	9,927,773	6–57	23	8,577,766	5–49	40
50–64 yrs	18,636,450	13–108	25	16,255,927	9–94	34
65+ yrs	21,708,975	12–125	17	16,041,547	10–104	16
Not reported	—	—	1	—	—	9

This slide is important for two reasons.

First, the incidence of this potentially lethal condition is significantly higher in the vaccinated ("Observed" column) compared to the background rate ("Expected" column), especially in males in the 18- to 24-year-old age range.

In the 12- to 17-year-old male cohort, the risk of myo/pericarditis is at least 11 times higher than the background rate.

With more than 2 million doses administered at the time when these cases of myo/pericarditis were identified, we can be confident these data represent an undeniable safety signal.

The second reason this slide is important is this: The CDC is drawing directly from the Vaccine Adverse Event Reporting System (VAERS), a system specifically designed to monitor for safety signals when vaccines are administered to the public.

As of Feb. 15, the CDC continues to assure the public that *"Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem."*

In essence, the CDC is acknowledging that reports of deaths and other adverse events following vaccination exist in VAERS but do not comprise any risk because causality has not been verified.

Then why did the ACIP choose to accept VAERS as a legitimate source of information on myo/pericarditis in their calculations?

The CDC released its conclusions immediately following the ACIP meeting:

"The facts are clear: this is an extremely rare side effect, and only an exceedingly small number of people will experience it after vaccination. Importantly, for the young people who do, most cases are mild, and individuals recover often on their own or with minimal treatment."

But how do they know this?

One month after this comforting statement from the CDC, the U.S. Food and Drug Administration (FDA) admitted in this letter to Pfizer that the agency was not able to adequately assess the risk of myocarditis from Pfizer's product:

"We have determined that an analysis of spontaneous post-marketing adverse events reported under section 505(k)(1) of the FDCA [Federal Food, Drug and Cosmetic Act] will not be sufficient to assess known serious risks of myocarditis and pericarditis and identify an unexpected serious risk of subclinical myocarditis."

"Furthermore, the pharmacovigilance system that FDA is required to maintain under section 505(k)(3) of the FDCA is not sufficient to assess these serious risks."

Commenting on the FDA's letter, Dr. Meryl Nass said, *"The FDA is saying that neither an analysis of the data in VAERS or of any of the other taxpayer-funded databases will provide sufficient assessment of the risk of this product."*

"This is a joke," said Nass, adding:
"All this data, plus software, plus a team of analysts, and the FDA says it can't assess the risk of myocarditis, despite identifying thousands of cases?"

"Furthermore, unsaid, but implied by the FDA, is that if the FDA is incapable of assessing the risk of myocarditis despite thousands of reported cases, it cannot or will not be capable of assessing the other serious *adverse events that have been reported in conjunction with COVID vaccines."*

If the FDA is not able to perform adequate surveillance of safety signals around vaccine-induced myocarditis, who will?

The FDA assigns this unenviable but essential task to Pfizer itself (again, from the FDA'S letter to Pfizer):

"Therefore, based on appropriate scientific data, we have determined that you are required to conduct the following studies…"

Is myocarditis 'extremely rare' after COVID-19 vaccination?

As of Feb. 4, VAERS reported 495 cases of myo/pericarditis in 12- to 17-year-olds. VAERS data show that as of Feb. 10, there were 2,239 reported cases of myocarditis in people under the age of 30.

However, a widely cited CDC-sponsored study (Lazarus et al) concluded the incidence of adverse events is 10 to 100 times higher than are reported to VAERS. More recent calculations estimate that adverse events are underreported by a factor of approximately 41.

From these estimates, we can conclude there may have been approximately 20,000 cases of myocarditis in 12- to 17-year-olds since Pfizer's COVID-19 vaccine received Emergency Use Authorization and was rolled out to this age group..

The VAERS data from June 11, 2021 from the table above show 132 cases of myo/pericarditis were observed in 2,039,000 doses given to 12- to 17-year-old males. This is approximately 6.5 cases in 100,000 doses.

This study from Hong Kong found the incidence of myo/pericarditis after two doses with Pfizer's Comirnaty vaccine was 37 in 100,000. This incidence matches nearly exactly with findings from this study that used the Vaccine Safety Data Link (VSD) system (37.7 12-17 year olds per 100,000 suffered myo/pericarditis after their second dose). This is more evidence that significant underreporting is in play in the VAERS system.

Will most of these teens *"recover on their own"?* How many other vaccinated people have varying degrees of *"broken heart"* syndrome that remain asymptomatic, undiagnosed and unreported?

These new findings indicate that no one can answer these questions right now — especially not the CDC and the FDA.

If the FDA has admitted it cannot assess the risk of myocarditis using the surveillance systems in place, how then is the CDC able to assure us that the risk is low enough to continue to proceed with a vaccination campaign that now includes 5- to 11-year-old children?

The FDA has abdicated its responsibility for monitoring the safety of these vaccines to the vaccine manufacturers.

The CDC is using VAERS data in its own analyses while urging the public to discount all adverse events, including deaths that appear in the very same database.

There isn't any regulation happening here. Our regulatory agencies have become mouthpieces for the very industry they are tasked to oversee.

Madhava Setty, M.D.

Madhava Setty, M.D. is senior science editor for The Defender.

CDC Is REFUSING To Publish Their Data on Booster Shots Because They Fear Public Will Find Out They Aren't Effective and No One Will Get Them

According to members of the scientific community, the Centers for Disease Control and Prevention (CDC) is suppressing large swaths of data about the impact of Covid-19 and immunizations due to concerns that disclosing the information might persuade the public that these vaccines are useless.

The CDC finally released the first important data on the efficacy of boosters in adults two weeks ago.

However, the CDC withheld data on persons aged 18 to 49, who are thought to be the least likely to benefit from a booster.

According to experts, the CDC has also refused to release information on the effect of Covid-19 on children, including statistics on child hospitalizations.

DailyMail **report**: Kristen Nordlund, a spokeswoman for the CDC, said the agency has been slow to release the different streams of data 'because basically, at the end of the day, it's not yet ready for prime time.'

She said the agency's 'priority when gathering any data is to ensure that it's accurate and actionable,' and told the **The New York Times** that they were concerned it might be misinterpreted to show the vaccines were ineffective.

She also said that they were reluctant to publish the data because it represents only 10 percent of the population of the United States – accounting for 33 million people – the same sample size the CDC has used to track influenza for years.

The 18-49 year old age group is considered least likely to benefit from the booster, given that death rates among the age group are already low. It is far more likely for the elderly and immunocompromised to get sick without their booster than healthy young and middle aged people.

Boosters became available for children aged 12 and upwards only last month, and so would not be covered by the data set.

As of Monday, 65 percent of Americans are fully vaccinated.

There were 103,150 new cases reported nationwide, on a seven day rolling average – a dramatic decrease from January, when there were regularly over 700,000 new cases a day.

Outraged scientists stressed that publishing the data went hand in hand with educating the public about vaccines – explaining that as more people are vaccinated, the percentage of vaccinated people who are infected or hospitalized would also rise.

They urged the CDC to publish the information.

"Tell the truth, present the data," said Dr. Paul Offit, a vaccine expert and adviser to the Food and Drug Administration.

"I have to believe that there is a way to explain these things so people can understand it."

He noted that, because the CDC had not published the information, American scientists were forced to rely on Israeli data.

"There's no reason that they should be better at collecting and putting forth data than we were," he said.

"The CDC is the principal epidemiological agency in this country, and so you would like to think the data came from them."

Another expressed shock that the CDC had the data at all. The evidence continues to pile showing that the government and non-government agencies are committing fraud and criminal negligence in their lack of trust. Government loses credibility when the

public cannot trust those agencies that exist to protect the public. A single law suit can result in the loss of indemnification by the pharmaceutical industry.

"We have been begging for that sort of granularity of data for two years," said Jessica Malaty Rivera, an epidemiologist and part of the team that ran the Covid Tracking Project, which brought together data on the pandemic for a website they ran until March 2021.

She denied that there was a risk of the data being misinterpreted, adding that it instead *"builds public trust, and it paints a much clearer picture of what's actually going on."*

She added: *"It gets really exhausting when you see the private sector working faster than the premier public health agency of the world."*

Dr. Yvonne Maldonado, chair of the American Academy of Pediatrics' Committee on Infectious Diseases, said that she had requested from the CDC data on the proportion of children hospitalized for COVID who have other medical conditions.

She eventually found the information she needed thanks to a *'New York Times'* report. *"They've known this for over a year and a half, right, and they haven't told us,' she said. I mean, you can't find out anything from them."*

Part of the problem is that the CDC computer systems are outdated. The agency recently received $1 billion which will help it modernize its technology and process the data faster. Among the first to benefit will be a program that analyzes wastewater, telling scientists when there has been an outbreak of COVID even before tests confirm the news.

Wastewater provided the presence of the Delta variant far before testing of individuals. At present, 31 states have their data on the dashboard: the CDC hope to have the rest up later on this year.

Atrocious Proven Cases Of 'Death By Vax' They Don't Want You To Know - Evidence Of The Depopulation Agenda? CDC Knew Vax Was Ineffective And Pushed It On Americans, Anyway!

By Dr. Joel S. Hirschhorn for the Blue State Conservative for All News Pipeline
Imagine parents finding their teenage sons dead in their beds in the morning with no prior indications that they were seriously ill. Imagine the heartache of parents who bought into the coercion and propaganda to get their kids vaccinated despite all the CDC data showing little risk of serious health impacts from COVID for children. Now, their kids died in their sleep shortly after getting the shots.

Note that an excellent article in June 2021 was titled: *"If Covid-19 vaccines can cause heart inflammation, caution should be warranted in those at risk."* It said this: *"Although most cases reported to date are mild and resolve without consequence, myocarditis can be a serious condition. It can cause severe declines in cardiac function; require hospitalization, artificial heart pumps, or even heart transplants; and may even be fatal." The physician authors noted "Yet as health care providers, we should not give the impression of minimizing serious complications like myocarditis in potentially at-risk individuals."* But who is at risk? It now seems clear that young males are at risk. Less clear is which adults are at risk, except we know it is men who are at most risk.

A recent medical article presented data on the frequency of myocarditis; here are its findings: "In this descriptive study of 1626 cases of myocarditis in a national passive reporting system, the crude reporting rates within 7 days after vaccination exceeded the expected rates across multiple age and sex strata. The rates of myocarditis cases were highest after the second vaccination dose in adolescent males aged 12 to 15 years (70.7 per million doses of the [Pfizer] vaccine), in adolescent males aged 16 to 17 years (105.9 per million doses of the [Pfizer] vaccine), and in young men aged 18 to 24 years (52.4 and 56.3 per million doses of the [Pfizer] vaccine and the [Moderna] vaccine, respectively). … This risk should be considered in the context of the benefits of COVID-19 vaccination." But the benefits are minimal for healthy young people.

A compelling study

A recent detailed medical study was entitled "Autopsy Histopathologic Cardiac Findings in Two Adolescents Following The Second COVID-19 Vaccine Dose." There have been many "messages" from the government and various medical establishment entities that post COVID vaccine myocarditis was not something to be very concerned about. But CDC VAERS data has revealed many such health impacts, especially in young boys or teenagers.

This article is so important because its detailed studies allow a definitive conclusion to be made that it was COVID vaccine shots that was the cause of the death of two teenage boys.

This article is written for medical professionals and, therefore, it is very difficult reading for non-medical people. Here is a summary of the key points made in the article.

Two teenage boys whose ages were not revealed died "suddenly and unexpectedly in their sleep" within the first week after receiving the second dose of the Pfizer COVID vaccine. They were found dead in their bed 3 and 4 days after vaccination. Both boys were pronounced dead at their homes. Both had not had COVID infection. And both did not have serious underlying medical conditions. Though one boy was obese.

They did not have cardiac symptoms. Neither boy complained of fever, chest pain, palpitations or dyspnea (shortness of breath).

Detailed autopsies were performed by medical examiners. The detailed studies indicated that there had been an excessive inflammatory response that resulted in myocarditis. The myocarditis that was found was deemed atypical.

Testing was done on tissues and no evidence of the COVID virus was found.

Another recently reported study reported *"two cases of histologically confirmed myocarditis after Covid-19 mRNA vaccination."* One person survived, a woman, but the other did not.

The patient that died was a 42-year-old man who presented with dyspnea and chest pain 2 weeks after receiving the Moderna vaccine (second dose). He did not report a viral symptom, and a PCR test was negative for COVID. He had tachycardia and a fever, and his electrocardiogram showed something abnormal as did an echocardiogram. But coronary angiography revealed no coronary artery disease. Cardiogenic shock developed in the patient, and he died 3 days after presentation. An autopsy revealed biventricular myocarditis.

Yet another myocarditis death

In this news story the death of a young man was described. A 24-old man in New York died after several visits to an emergency room did not resolve his symptoms. He had received the Pfizer vaccine some weeks earlier. He got his shots so he could attend college in person. Before his death "he began coughing up blood and experienced pain

in his feet, hands, and teeth. He also became extremely sensitive to sunlight." He had no underlying medical conditions. The story noted: An autopsy report from the Bradford County Coroner's Office shows George Jr. died from "COVID-19 vaccine-related myocarditis. "The cause of death is the COVID-19 vaccine-related myocarditis," Timothy Cahill Jr., Chief Deputy Coroner for Bradford County, said.

South Korea case

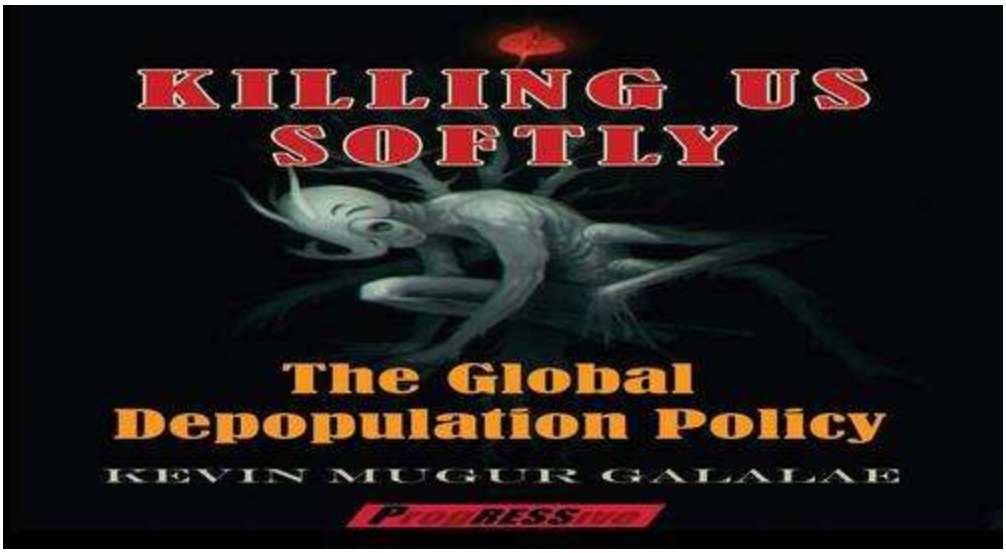
This was reported in 2021: *"We present autopsy findings of a 22-year-old man who developed chest pain 5 days after the first dose of the [Pfizer] vaccine and died 7 hours later. Histological examination of the heart revealed isolated atrial myocarditis, with neutrophil and histiocyte predominance. … There was no evidence of microthrombosis or infection in the heart and other organs. The primary cause of death was determined to be myocarditis, causally-associated with the [Pfizer] vaccine. … This is the first case in South Korea that the Korea Centers for Disease Control and Prevention acknowledged the causality of COVID-19 vaccination and myocarditis. This unique case provides an example of a serious adverse event following COVID-19 mRNA vaccination. It is unknown whether this case is related to the vaccine type or to a specific vaccine component."*

Allergic reaction and death from COVID vaccine shot

Besides myocarditis, another vaccine risk is an allergic reaction, often very quickly after a shot. A case where an autopsy proved the causality was recently reported. The article was titled: *"Woman Died of Allergic Reaction to COVID Vaccine, Autopsy Confirms." Noted was that "Jeanie Evans, 68, died on March 24, one day after she received the Moderna vaccine." "About 20 minutes later, she started to complain that her airway was obstructed."* Also noted: *"The 68-year-old reportedly had a history of hypertension, allergic disorder, environmental allergies, and reactive airway disease. She previously had an allergic reaction to Albuterol, a drug used to treat wheezing and shortness of breath, according to the autopsy report."*

The article also noted: *"Anaphylaxis, a severe life-threatening allergic reaction, after a COVID-19 vaccination has occurred in about 5 per 1 million vaccinated people in the United States, according to the CDC. But are the people giving the shots capable of predicting who is at significant risk of a deadly allergic reaction? Moreover, CDC says "healthcare providers can effectively and immediately treat the reaction."* But can this always be assured considering the diverse vaccination locations?

It also gave this balanced view: *"Adverse reactions to the COVID-19 vaccine have taken center stage in the argument against vaccine mandates. Some have said that such effects aren't getting enough attention amid the push to increase vaccinations. Others, however, argue that the risk of dying from COVID-19 far exceeds the risk of having a serious complication from the vaccine."* Which side are you on? Can most people reasonably estimate their risk from COVID vaccine shots?



An atrocious case

In Utah, a 39-year-old single mom from Ogden, Kassidi Kurill, died four days after her second dose of the Moderna COVID vaccine. She had been healthy and got vaccinated because of her job in a medical facility. On the day she died *"She came in early and said her heart was racing and she felt like she needs to get to the emergency room,"* said her father. She asked her dad to drive her to the local emergency room, where they arrived by 7 a.m. Later she was transferred to a higher-level trauma hospital because her liver was not functioning. Eventually, days later she died of multi-organ failure.

Though there was an autopsy eventually, the state medical examiner never pinpointed a cause of death. As reported, "Dr. Erik Christensen, Utah's Chief Medical Examiner, said proving vaccine injury as a cause of death almost never happens." "Did the vaccine cause this? I think that would be very hard to demonstrate in autopsy," he said. Also, *"Short of [an allergic reaction], it would be difficult for us to definitively say this is the vaccine."* All these comments are nonsense and gave the family no satisfaction. Based on much medical research on vaccine-induced impacts on bodies, a plausible explanation of the death might have been intense micro blood clotting affecting all the major organs.

Conclusions

The main point is that people really are dying because of COVID vaccine shots. In some cases, there are no symptoms acting as a warning of a deadly outcome.

It is often argued by pro-vaccine people that no causality has been proven between COVID vaccine shots and subsequent deaths. That is not true. Autopsies are critically important. Timing by itself does not prove causality. The CDC position is: *"Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem."*

One can only imagine how many thousands of post-vaccine deaths could have been shown to be caused by vaccine shots if detailed, first-rate autopsies had been done and

the results made public. Word is seeping out that hospitals are persuading families of their dead loved ones to cremate their bodies to avoid autopsies.

This review shows that it is time for vaccine coercion and mandates to stop. The truth is that vaccine shots are not always safe.

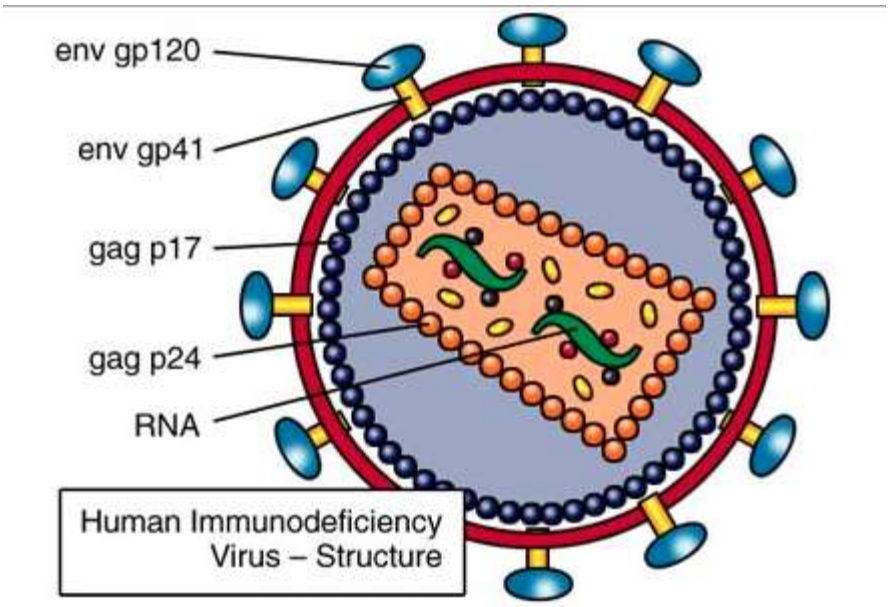
See What The HIV Home Test Kit Tests For!

2-21-22

The CoVid-19 Spike Protein contains 3 distinct fragments of the HIV envelope protein GP120 and 1 of the gag proteins (P17 or P24).

And Guess What ?!

The HIV home test kits detect the P24 protein and/or antibodies to the P24 protein! So, you will get a positive HIV test result...but you WON'T have the virus!



Is this some sort of a Chinese joke being played on you or are they playing a game of deception on you? If you can't see the trees for the forest, and you have not caught on, you might want to read it closely again and again until it sinks in.

Avoid the Covid FREE test Kits if you want to remain Alive and "Unvaxxed!"

Two weeks ago the Biden administration was promoting the availability of FREE virus test kits to the public. The original order was to be for 500-million self or home test kits and two weeks ago, Biden or Arthur Roberts, Biden's double increased the order by an additional 500-million. Ask yourself why 1-billion test kits? On page 48 above, the government reported that 525.2-million doses of vaccines has been administered (307-million of Pfizer; 200-million of Moderna; and 18-million of J&J. The Census Bureau reports the population of the U.S. at 331,499,000. The numbers do not make sense. It sounds like over kill to me [pun intended]! The Biden "free" test kits, you know they are exactly free, you pay for them on April 15th yearly, have been purchased from China, and this is of serious concern given what the original Chinese tests and face masks were found to have been laced with, or have you forgot?

I M P O R T A N T V I D E O B E L O W

Mark Steele discusses the REAL reason for push to vaxx every person on the planet!
https://seed177.bitchute.com/CL6NVTZ5Q3Yv/0DvpXsU70zD7.mp4

New studies show that the COVID vaccines damage your immune system, likely permanently!

The vaccines are making it more likely you'll be infected with Omicron 90 days after you are fully vaccinated. To keep vaccine effectiveness high against omicron, vaccination every 30 days is needed.

Update Jan 7, 2022: The numbers in the Denmark study described below are now **confirmed by government data from Germany showing that vaccinated people are 8X more likely to develop Omicron than unvaccinated people. This is not surprising since a paper from Germany showed the same thing: the more you vaccinate, the worse it gets.**

Worried about Omicron? Guess what? After 90 days, the vaccine they gave you is going to make you MORE likely to get infected from Omicron, not less. The longer you stay on the vaccine treadmill, the harder to get off in the future and the easier you'll make it for the virus.

In short, we've been lied to about the vaccine. It is protecting you less and less over time. While you may get a benefit for earlier variants, the benefit for other variants (and likely other diseases) is going to be negative. In short, you are getting a short term benefit against Delta, but at the expense of a degradation of your overall immunity to everything else.

These vaccines may help you win the war against a variant that may soon be rare, but the price you pay is that you make your immunity to everything else worse. It's a dumb tradeoff (especially since early treatments work so well). But the people making the laws won't believe any of the science referenced in this article, so it will continue.

Alix Mayer alerted me to this game changing tweet about a study in Denmark which instantly went viral as you can see from the number of retweets:

Holy moly. This study shows that after three months the vaccine effectiveness of Pfizer & Moderna against Omicron is actually negative. Pfizer customers are 76.5% more likely and Moderna customers are 39.3% more likely to be infected than unvaxxed people. medrxiv.org/content/10.110…

Table Estimated vaccine effectiveness for BNT162b2 and mRNA-1273 against infection with the SARS-CoV-2 Omicron and Delta variants during November 20 – December 12, 2021, Denmark.

	Pfizer – BNT162b2				Moderna - mRNA-1273			
Time since vaccine protection	Omicron		Delta		Omicron		Delta	
	Cases	VE, % (95% CI)	Cases	VE, % (95% CI)	Cases	VE, % (95% CI)	Cases	VE, % (95% CI)
1-30 days	14	55.2 (23.5; 73.7)	171	86.7 (84.6; 88.6)	4	36.7 (-69.9; 76.4)	29	88.2 (83.1; 91.8)
31-60 days	32	16.1 (-20.8; 41.7)	454	80.9 (79.0; 82.6)	8	30.0 (-41.3; 65.4)	116	81.5 (77.7; 84.6)
61-90 days	145	9.8 (-10.0; 26.1)	3,177	72.8 (71.7; 73.8)	48	4.2 (-30.8; 29.8)	1,037	72.2 (70.4; 74.0)
91-150 days	2,851	-76.5 (-95.3;-59.5)	34,947	53.8 (52.9; 54.6)	393	-39.3 (-61.6;-20.0)	3,459	65.0 (63.6; 66.3)
1-30 days after booster vaccination protection	29	54.6 (30.4; 70.4)	453	81.2 (79.2; 82.9)	-	-	5	82.8 (58.8; 92.9)

CI = confidence intervals; VE = vaccine effectiveness. VE estimates adjusted for 10-year age groups, sex and region (five geographical regions). Vaccine protection was assumed 14 days post 2nd dose. Insufficient data to estimate mRNA-1273 booster VE against Omicron.

I want to tell you what this really means and how it is being attacked.

Summary: Refuse to comply with mandates. Now.

This paper means we will need to inject people every 30 days if we want to "protect" them. Based on the harm that the vaccines do to our immune system, it's likely that the needed interval will shorten with each booster.

If people don't get boosted as required, they will be MORE vulnerable to Delta and Omicron than if they weren't vaccinated. That's what NEGATIVE vaccine efficacy means. It doesn't mean the protection wears off (like we were told). It means the OPPOSITE of what you were told: it means the vaccines helps the virus to infect you (by suppressing your immune system, probably permanently each time we are injected according to Dr. Ryan Cole). It means we were lied to.

Dr Tom Cowan: The Proof They Provide That the Virus Exists Is a Fraud

Dr Tom Cowan: The Proof They Provide That the Virus Exists Is a Fraud David Icke / Richard Willet – Memes and headline comments by David Icke

"When we went to medical school, we didn't really appreciate that fact that there's big money riding on one side of the fence or the other. It may not matter to us whether there are viruses or not, we just want to know the truth. But it does matter if you're selling vaccines to viruses," Dr. Lee Merritt said when interviewing Dr. Tom Cowan earlier this month.

Many leading health institutions around the world claim that viruses can be detected in the same way scientists detect exosomes in labs. Exosomes, which are between 30 to 150 nanometers in diameter, are the smallest type of extracellular vesicle known to man. These are small materials that travel in and out of cells to transport material.

"Exosomes can be found. Same size, same morphology and the same type of genetic material in exactly this way," Dr. Cowan told Dr. Merritt.

He explained that just like exosomes, virus material is taken directly from a sick person and then put through a process of *"maceration, filtering and ultra-centrifugation."* Scientists can even show the morphology of the material or characterise its genome. But no evidence has actually come out that this has been properly done with viruses.

"It's simply not able to be done with any pathogenic virus," he said.

He and his colleagues have conducted extensive investigations asking officials everywhere, including those from the National Institutes of Health, the Centers for Disease Control and Prevention and even expert virologists in labs like the one in Yale

University and the Wuhan Institute of Virology, whether or not they have seen virus particles in the fluids of sick people.

"And they say, 'We don't have [evidence],'" said Dr. Cowan.
He and his colleagues have also asked expert virologists whether SARS-CoV-2 has been successfully isolated and sequenced.

"We asked this guy … 'Can you find SARS-CoV-2 in any fluid of any person you say has Covid?' He said no. [We asked] why not. 'Because there's not enough virus to find,'" recalled Dr. Cowan.

Read More: Dr Tom Cowan: The Proof They Provide That the Virus Exists Is a Fraud

Original Article: https://daidicke.com/2022/02/23/dr-tom-cowan-the-proof-they-provide-that-the-virus-exists-is-a-fraud/

February 23, 2022

8-Year-Old Boy Dies of MIS 7 Days After Pfizer Vaccine, VAERS Report Shows

VAERS data released Friday by the Centers for Disease Control and Prevention included a total of **1,134,984 reports of adverse events** from all age groups following COVID vaccines, including **24,402 deaths** and **196,203 serious injuries** between Dec. 14, 2020, and Feb. 18, 2022.

The Centers for Disease Control and Prevention (CDC) today released new data showing a total of 1,134,984 reports of adverse events following COVID vaccines were submitted between Dec. 14, 2020, and Feb. 18, 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.

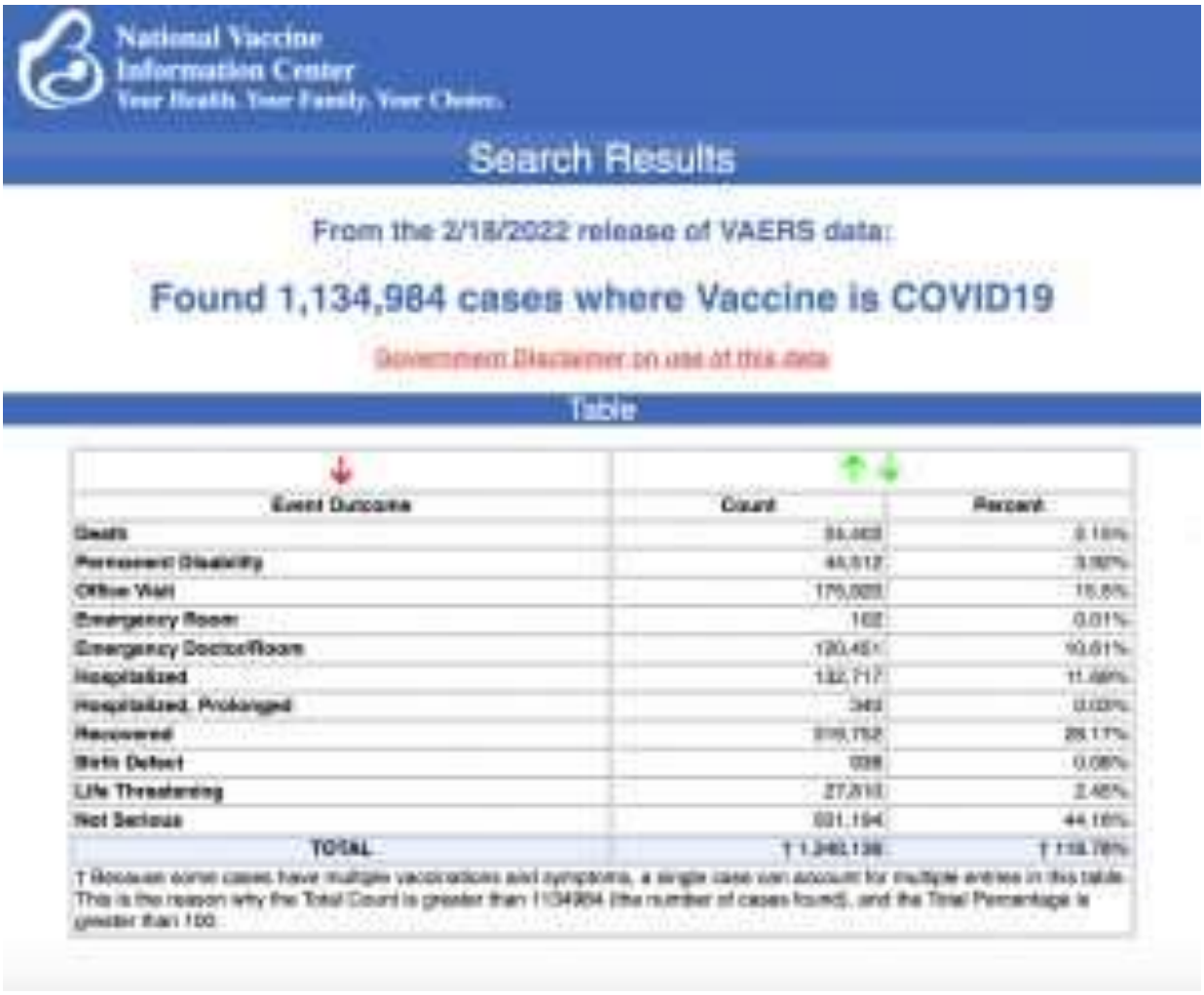
The data included a total of 24,402 reports of deaths — an increase of 412 over the previous week — and 196,203 reports of serious injuries, including deaths, during the same time period — up 4,286 compared with the previous week.

Excluding "foreign reports" to VAERS, 767,083 adverse events, including 11,104 deaths and 73,088 serious injuries, were reported in the U.S. between Dec. 14, 2020, and Feb. 18, 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 11,104 U.S. deaths reported as of Feb. 18, 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., 549 million COVID vaccine doses had been administered as of Feb. 18, including 323 million doses of Pfizer, 207 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 2/18/2022 release of VAERS data:

Found 1,134,984 cases where Vaccine is COVID19

Government Disclaimer on use of this data

Table

Event Outcome	Count	Percent
Death	[illegible]	[illegible]
Permanent Disability	[illegible]	[illegible]
Office Visit	[illegible]	[illegible]
Emergency Room	[illegible]	[illegible]
Emergency Doctor/Room	[illegible]	[illegible]
Hospitalized	[illegible]	[illegible]
Hospitalized, Prolonged	[illegible]	[illegible]
Recovered	[illegible]	[illegible]
Birth Defect	[illegible]	[illegible]
Life Threatening	[illegible]	[illegible]
Not Serious	[illegible]	[illegible]
TOTAL	† [illegible]	† [illegible]

† 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 1134984 (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.

U.S. VAERS data from Dec. 14, 2020, to Feb. 18, 2022, for 5- to 11-year-olds show:

- 8,564 adverse events, including 188 rated as serious and 4 reported deaths.

The most recent death involves an 8-year-old boy (VAERS I.D. 2109625) from Mississippi who died 7 days after his second dose of Pfizer's COVID vaccine when he was found blue and lifeless at home.

He was taken to the hospital with a full code in process. A pulse was detected several times, but the boy ultimately died in the ICU. It was reported to the doctor who filed the report that the boy died from multisystem inflammatory syndrome. He did not have COVID.

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

U.S. VAERS data from Dec. 14, 2020, to Feb. 18, 2022, for 12- to 17-year-olds show:

- 29,416 adverse events, including 1,693 rated as serious and 39 reported deaths.

The most recent death involves a 13-year-old girl (VAERS I.D. 2115839) from Wisconsin who was severely compromised and received two doses of Pfizer's COVID vaccine. Although the cause of death wasn't clear, she appeared to have significant health issues, respiratory distress and heart problems.

- 69 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.
- 643 reports of myocarditis and pericarditis with 631 cases attributed to Pfizer's vaccine.
- 159 reports of blood clotting disorders, with all cases attributed to Pfizer.

U.S. VAERS data from Dec. 14, 2020, to Feb. 18, 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. 18, 5,139 pregnant women reported adverse events related to COVID vaccines, including 1,644 reports of miscarriage or premature birth.
- Of the 3,572 cases of Bell's Palsy reported, 51% were attributed to Pfizer vaccinations, 40% to Moderna and 8% to J&J.
- 850 reports of Guillain-Barré syndrome, with 40% of cases attributed to Pfizer, 30% to Moderna and 28% to J&J.
- 2,336 reports of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- 1,605 reports of myocardial infarction.

- 13,216 reports of blood clotting disorders in the U.S. Of those, 5,897 reports were attributed to Pfizer, 4,707 reports to Moderna and 2,568 reports to J&J.
- 4,021 cases of myocarditis and pericarditis with 2,475 cases attributed to Pfizer, 1,364 cases to Moderna and 171 cases to J&J's COVID vaccine.
-

Autopsy confirms 24-year-old died from myocarditis caused by Pfizer vaccine

A 24-year-old college student died on Oct. 27, 2021, six weeks after receiving his second dose of Pfizer's COVID vaccine.

George Watts, Jr., New York, needed to be vaccinated to attend college classes. He got his first Pfizer shot in August and a second dose in September.

After his second dose, Watts felt sick, started to get puffy in his face and developed a cough. He was treated at the emergency room with antibiotics for a sinus infection, but his symptoms continued to worsen.

Watts began coughing up blood, his feet and hands were hurting and he couldn't tolerate light. Watts' father was going to take him back to the emergency room, but his son collapsed that morning and died.

Watts' father said his son was healthy and had no underlying health conditions.

An autopsy report from the Bradford County Coroner confirmed Watts died from "COVID-19 vaccine-related myocarditis."

The Coroner said its office is also working on other cases in the county related to COVID vaccines and boosters.

Because Watts' case does not meet the CDC's case definition of myocarditis, as he did not experience "symptoms such as chest pain, shortness of breath and feelings of having a fast-beating, fluttering or pounding heart" and receive "medical tests to support the diagnosis of myocarditis and rule out other causes," his case was not included in safety data shared by the agency with advisory panels that monitor the safety of COVID vaccines.

Blessings,

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www.pastorbobreid.com
http://jesusisthewaythetruththelife.com/node/22