

# Mass Murder

By Sovereign State Sanctioned Syringe Needle!  
Part 61

## 'Vaccine' Linked To Long-Term Child Heart Problems

Published on April 16, 2022

Written by Guy Hatchard



AN American [follow-up study](#) of children suffering the heart muscle inflammation myocarditis after having their second dose of the Pfizer mRNA vaccine was published in the '*Journal of Pediatrics*' on March 25 this year.

The research at the Seattle Children's Hospital looked at 16 males, with an average age of 15, three to eight months after their initial diagnosis with myocarditis a short time after vaccination.

The authors used electrocardiograms (ECG) and [cardiac magnetic resonance](#) (CMR) scans to examine abnormalities in the heart such as myocardial scarring, fibrosis, strain, and reduced ventricular muscle extension, which can be associated with reduced capacity to pump blood and increased risk of heart attack.

They found that although there was some measure of resolution after three to eight months, most subjects still had some persistent abnormalities.

'Although (initial) symptoms (such as chest pain, and exercise intolerance) were transient and most patients appeared to respond to treatment (solely with NSAIDs – non-steroidal anti-inflammatory drugs – such as ibuprofen), we demonstrated persistence of abnormal findings on CMR at (three to eight months) follow-up in most patients, albeit with improvement in extent of LGE.'

LGE is late gadolinium enhancement, a measure of the heart's capacity to pump efficiently.

The authors warned: 'The presence of LGE is an indicator of cardiac injury and fibrosis and has been strongly associated with worse prognosis in patients with classical acute myocarditis.'

'A meta-analysis including eight studies found that presence of LGE is a predictor of all-cause death, cardiovascular death, cardiac transplant, prehospitalization, recurrent acute myocarditis and requirement for mechanical circulatory support.'

For those who wish to review a detailed evaluation of this study by a medical expert, you can watch [this video](#).

Here in New Zealand, the latest Medsafe Adverse Effects Report #41 lists 12,000 people who have experienced chest discomfort and 6,000 shortness of breath (all ages) following mRNA vaccination – both classic symptoms of myocarditis.

The authors of the Seattle study concluded: 'In the cohort of adolescents with Covid-19 mRNA vaccine-related myopericarditis (*a complication of acute pericarditis*), a large portion have persistent LGE abnormalities, raising concerns for potential longer-term effects.'

It is clear that little has been done in New Zealand to follow up those stricken by adverse effects. Many reporting to emergency departments or GPs with chest pain, tachycardia (rapid heartbeat), or shortness of breath have been told that everything will be OK without clinical assessment. In many cases these symptoms were not even registered with CARM, the national database of adverse reactions to medicines and vaccines.

Even though the Seattle study had few participants, it red-flags the possibility of subsequent cardiac events. It raises the possibility that sub-clinical adverse effects of mRNA vaccination may have serious longer-term impacts on health.

Until now, these have been classified as non-serious in New Zealand. Persistent reports of cardiac events in the weeks and months following mRNA vaccination among ostensibly fit and healthy people of all age groups and genders, but especially men, can no longer be ignored or dismissed as unrelated. They need to be investigated.

This underlines the fact that the Pfizer mRNA vaccination roll-out has been undertaken in the absence of long-term follow-up testing, which often requires the use of sophisticated equipment such as CMR and MRI (magnetic resonance imaging) scans.

Moreover, heart disease is not the only category of serious illness whose incidence may be increased by mRNA vaccination, as other recent studies suggest.

Possible long-term adverse effects include cancer, kidney and liver disease, and neurological conditions. A recent court-ordered document release shows Pfizer, and probably the New Zealand government, is aware of cases.

But our government is still persisting with advertising suggesting that mRNA vaccination is safe and effective. This is not supported by research – the jab comes with some serious risks.

Moreover, the government was well aware of the risks from the start. An internal document released under the Official Information Act dated February 10, 2021 and signed by Ashley Bloomfield, Director-General of Health and Chris Hipkins, Covid Response Minister, discussing provisions for the vaccination of border workers, says: 'Current data suggests severe adverse reactions are less than 1.1 per cent.'

Following ten million injections, as we have had in New Zealand that would amount to more than 100,000 adverse reactions (a figure not inconsistent with the grossly under-reported 55,000 adverse reactions registered with CARM).

Did either Ashley Bloomfield, Prime Minister Jacinda Ardern, or Chris Hipkins ever hint to the public or the media that this was the expected outcome?

No they did not. They told the public the vaccine was completely safe and effective. They hid facts. More than this, Ardern deleted the 33,000 reports of adverse effects that were posted on her Facebook page. She gas lighted the public.

In the light of the Seattle study and other recent findings of potential long-term health issues associated with mRNA vaccination, we will now look at the very recent official advice given to New Zealand's Prime Minister and Cabinet.

A letter dated March 13, 2022 has been sent by the Strategic Covid-19 Public Health Advisory Group (the David Skegg committee) to Dr. Ayesha Verrall, Associate Minister of Public Health.

It is entitled *Vaccine Mandates* and aims to review the government's strategy for minimizing harms to health, society and the economy caused by the Covid-19 pandemic. The committee assured the minister: 'We have been able to take a completely fresh look at the evidence.'

The signatories to the letter are Dr. David Skegg, an epidemiologist; Dr. Maia Brewerton, a clinical immunologist, allergist and immunopathologist; Professor Philip Hill, an epidemiologist and public health expert; Dr. Ella Iosua, a biostatistician; Professor David Murdoch, a clinical microbiologist and Dr. Nikki Turner, an immunologist interested in preventive child health. All are vaccine advocates.

Point 29 of the letter calls for more measures to encourage children to be vaccinated. Point 12 asserts: 'As we now deal with a large Omicron outbreak,

vaccination is undoubtedly reducing the numbers of people who are becoming seriously ill and require hospital treatment.'

However, current New Zealand data discussed in articles at the [Hatchard Report](#) reveal that the rates of hospitalization are equivalent for vaxxed and unvaxxed.

Not a single scientific reference is included in this letter. Not a single reference is made to adverse effects of vaccination (currently running at 30 to 50 times higher than that of any previous vaccine).

Not a single reference is made to any need for informed consent prior to vaccination. The theme running throughout the letter is a need to normalize the use of vaccination mandates when they are needed in New Zealand in future.

The right of employers to enforce vaccine mandates is described as 'common'. High vaccination rates are said to reduce absenteeism and the collapse of public services and commercial businesses.

The letter admits that the protection provided by the Covid-19 vaccines wanes after a few months and says the term 'booster' should be avoided. It recommends the needed number of mRNA vaccinations should be described as a course, and raises the imminent desirability of a fourth vaccine dose for at least some people.

Point 28 says: 'For some cases, it would be appropriate for vaccination to be a condition for new employment.' This clause recommends the broad use and normalization of vaccine requirements in New Zealand for many illnesses and in many service sectors.

Unaccountably, the letter says: 'Encouraging vaccination in the general population was not one of the specific objectives of vaccine mandates.'

It also says that vaccine hesitancy has been much less in New Zealand than other countries and that people 'have been prepared to accept redeployment and redundancy'. In essence, denying the obvious coercion involved in mandates.

The letter recommends that mandates continue in use for health care workers, aged and disabled caregivers, corrections workers and border staff. There will be a review in six months.

The overall content of the letter appears to suggest that vaccines have been the key element ensuring low Covid-19 incidence. It completely fails to discuss the obvious point that this success has been achieved through border controls and contact tracing, not mRNA vaccination.

The long-term health effects of mRNA vaccination are becoming more obvious through published research findings. Meanwhile, the government advisers have their heads in the sand. Their careers have been built upon vaccination and now it seems that, to save

the government, they are prepared to ignore the obvious deficiencies of mRNA vaccination.

One Chicago professor commented this week: 'New Zealand science is circling the drain.'

Source: [www.conservativewoman.co.uk](http://www.conservativewoman.co.uk)

## **Know The Absolute Risk Reduction Of The COVID-19 Vaccines! Part 1**

Published on April 15, 2022

Written by Jesse Santiano M.D.

You probably have heard the numbers showing the vaccine efficacy of COVID-19 shots by now.

Vaccine efficacy is another name for relative risk reduction (RRR). The relative risk (RR) ratio of attack rates with and without the vaccine. It is used in vaccine research to compare results between vaccine trials.

The absolute risk reduction of the COVID-19 Vaccines are:

- Pfizer–BioNTech – 0.84 percent
- Moderna – 1.2 percent
- Gamaleya (Sputnik) – 0.93 percent
- J&J – 1.2 percent
- AstraZeneca – 1.3 percent.

Intrigued? Read on.

The vaccine efficacy of COVID-19 shots is claimed to be:

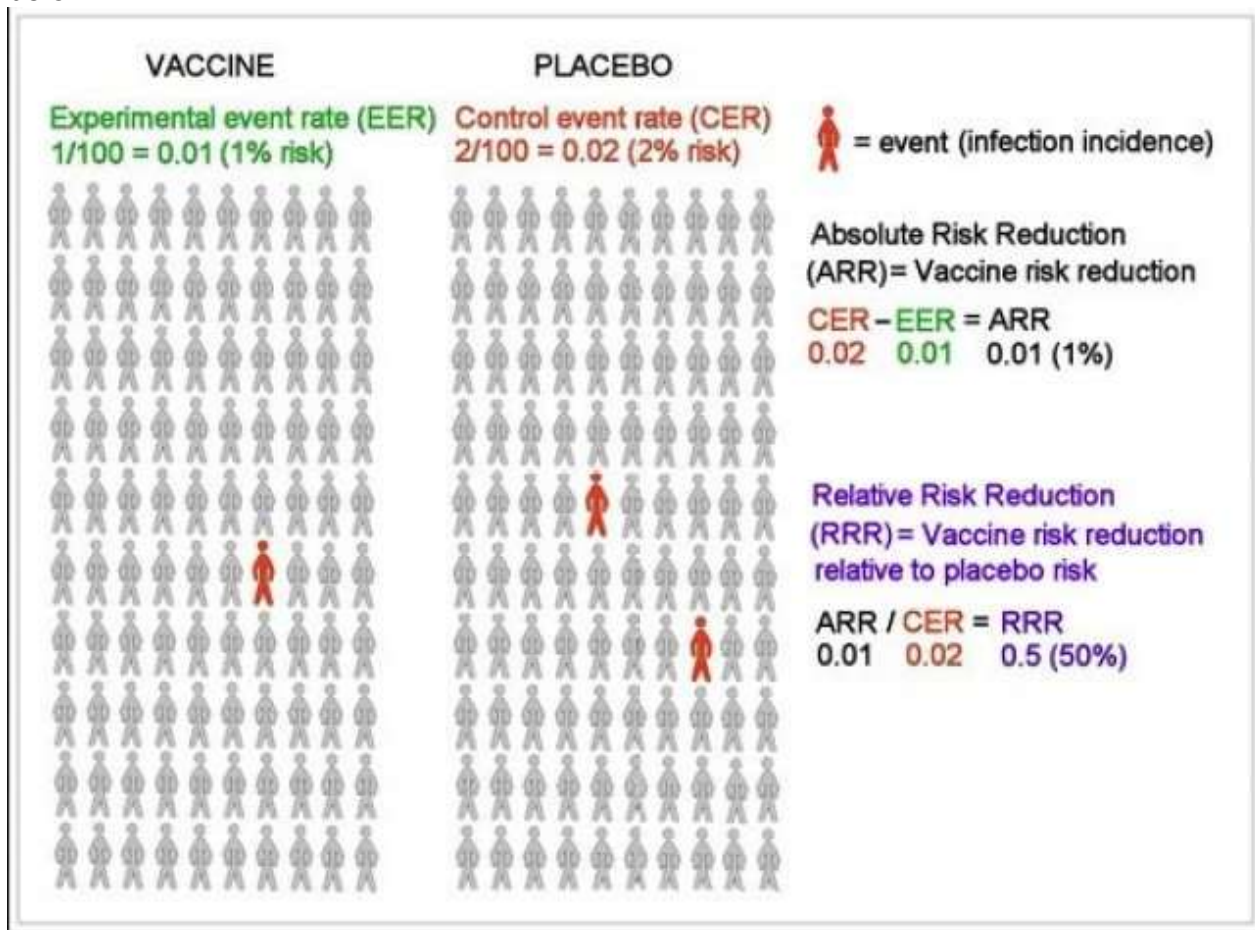
- Pfizer–BioNTech 95 percent
- Moderna 90 percent
- Gamaleya (Sputnik) 90 percent,
- J&J 67 percent
- AstraZeneca 67 percent.

RRR sounds impressive because of the high numbers, which is why it is used in press releases to disseminate news agencies. Medical representatives also tell physicians these numbers. But if RRR is presented alone, it introduces a reporting bias, and RRR only means half of the story.

The FDA requires that RRR be reported together with the absolute risk reduction (ARR). That's because the ARR is more relevant to the person getting the vaccine. The ARR is the difference between attack rates with and without a vaccine and considers the whole population. ARR tells us about the effectiveness of that vaccine-related to an individual.

Let's unpack these RRR and ARR. The following is from [Outcome Reporting Bias in COVID-19 mRNA Vaccine Clinical Trials](#) published in Medicina.

For the COVID vaccines, the **Relative Risk** ratio is the number of people who got COVID-19 in the **Experimental group** over the **Placebo or Control group**. See figure below.



From: [Outcome Reporting Bias in COVID-19 mRNA Vaccine Clinical Trials](#).

In the figure above, the number of people who got COVID among the 100 vaccinated is, or **Experimental event rate (EER) is 1/100 or one percent**.

The Control group on the right side did not get the vaccine. Among them, two people got COVID-19. The **Control Event Rate (CER) is 2/100 or two percent**.

The **Relative Risk Reduction (RRR) or Vaccine reduction relative to placebo risk** formula is **ARR (0.01)/CER (0.02) = RRR 0.5 (50 percent)**

The formula for the absolute risk reduction (ARR) or vaccine risk reduction is **CER 0.02 percent – EER 0.01 percent = ARR 0.01 (one percent)**.

ARR for this example means that the **vaccine reduced the risk of getting the disease by only one percent.**

Now that we know how the RRR and ARR are derived...

What Is The Absolute Risk Reduction Of The Current COVID-19 Vaccines?

- Pfizer–BioNTech – 0.84 percent
- Moderna – 1.2 percent
- Gamaleya (Sputnik) – 0.93 percent,
- J&J – 1.2 percent
- AstraZeneca – 1.3 percent.

They're pretty low, aren't they? But wait, there's more!

Number Needed To Vaccinate

The ARR can be used to calculate the **number needed to vaccinate (NNV)**. NNV is answering the question how many people need to be vaccinated to prevent one case of COVID-19? The ideal answer should be one. The formula is  $1/ARR$ .

- Pfizer–BioNTech – 117
- Moderna – 76
- Gamaleya (Sputnik) – 80
- J&J – 84
- AstraZeneca – 78

Source: [1]

The Pfizer NNV number means that **only one will benefit among 117 people vaccinated** with the Pfizer–BioNTech BNT162b2 mRNA vaccine. The rest may still get COVID-19.

If you only know Pfizer's numbers, the relative risk, you will think that the NNV is close to one since it is 95 percent vaccine efficacy! But that 95 percent RRR relates only to the vaccine trial and not to the person who will get the vaccine. That's why it is essential to know the ARR and NNV.

The numbers presented are study numbers. What about the actual numbers since the vaccination campaign started?

Real World ARR And NNV

So far, the only available data is the Israeli mass vaccination using the Pfizer-Biontech shots. The RRR is 94 percent, similar to the phase 3 trial (95 percent). However, the **ARR is only 0.46 percent**, with an **NNV of 217**. The ARR is much lower than the Pfizer study showed, and the NNV is 1.8 times higher.

Parting Thoughts

We are awash in propaganda from the particular interest that makes billions from the vaccination. Knowing absolute risk reduction is a valuable tool that anyone can use to weigh the risks and benefits of getting an FDA-unapproved vaccine.

Knowledge about Covid-19 is rapidly evolving, and information may update as new studies are made. Stay current by subscribing. Feel free to share.

Don't Get Sick!

References:

[1] Piero Olliaro, Els Torreale, Michel Vaillant. COVID-19 vaccine efficacy and effectiveness—the elephant (not) in the room. *The Lancet*. April 20, 2021. DOI:[https://doi.org/10.1016/S2666-5247\(21\)00069-0](https://doi.org/10.1016/S2666-5247(21)00069-0)

[2] Brown RB. [Outcome Reporting Bias in COVID-19 mRNA Vaccine Clinical Trials](https://doi.org/10.3390/medicina57030199). *Medicina*. 2021; 57(3):199. <https://doi.org/10.3390/medicina57030199>

See more here: [drjessesantiano.com](http://drjessesantiano.com)

**Pastor Bob has been saying Covid-19 was a “bioweapon” since October of 2019. I have been unequivocal since October 31, 2019. Today, on April 11, 2022, Stew Peters host of the Stew Peters Show unveiled the premiere *“Watch the Water”* with Dr. Bryan Ardis. This 48-minute video is proof of how Covid-19 was created and disbursed through the public water system of some 400 public water systems in thirty major cities across the U.S. Although the video does not mention it, the “bioweapon” was disbursed through Chem-Trail aerial spraying day and night almost daily across the U.S. and smaller cities and rural areas. THIS IS A HUGE REVELATION by Dr. Bryan Ardis. Share the link to the video that exposes how our government planned to reduce the population through a “bioweapon” disguised as a virus.**

**This was a collaborative effort to “poison” millions of Americans and Dr. Bryan Ardis unveils a satanic diabolical plan to murder the citizens by its government and big pharma and how it was done under the guise of a rogue novel virus that attacked human respiratory systems. This is a shocking revelation of how the CDC, NIH, and FDA are compromised and that this is a Genocidal attack on the American public and cannot be trusted to be looking out for the public well-being. This crime against humanity can be confirmed through what I had stated in my recent article [Eugenics Depopulation Exposé! The “REAL” Story about Covid!](#) I posted it this past week on April 9<sup>th</sup>, 2022. Dr. Bryan Ardis video below should be**



viewed by every breathing American and they should demand that the government of the U.S. be held accountable for the murder death of millions that have already died and millions that will die in the next five years due to being poisoned by enzymes from lethal snakes.

## **STEW PETERS SHOW**

### **World Premiere: Watch The Water (Full Movie)**

The Stew Peters Show  
BY STEW PETERS SHOW  
APRIL 11, 2022

**Catch every segment of the show at [StewPeters.com](http://StewPeters.com)  
47:32 / 47:32**

The plandemic continues, but its origins are still a nefarious mystery. How did the world get sick, how did Covid really spread, and did the Satanic elite tell the world about this bioweapon ahead of time? Dr. Bryan Ardis ([www.ardisantidote.com](http://www.ardisantidote.com)) has unveiled a shocking connection between this pandemic and the eternal battle of good and evil which began in the Garden of Eden.

In this Stew Peters Network exclusive, Director Stew Peters, award-winning filmmaker Nicholas Stumphauzer and Executive Producer Lauren Witzke bring to light a truth Satan himself has fought to suppress.

Visit <http://ardisantidote.com/> to learn how to protect you and your loved ones during this biological war.

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### **Will everyone who got “vaccinated” for COVID be dead by 2025?**

Thursday, April 07, 2022 by: Ethan Huff



**(Natural News)** Attorney Todd Callender, CEO of a large insurance group, is warning that excess mortality and “every kind of disease” is skyrocketing among the “fully vaccinated” for the Wuhan coronavirus (COVID-19).

Callender spoke via a video call about how excess mortality is up 84 percent while excess diseases are up 1,100 percent. In 2022 alone, he said, his company is expecting a 5,000 percent increase in deaths, compliments of Operation Warp Speed.

*“I happen to be in the morbidity business,” Callender explained during the call. “I don’t think that it’s by coincidence, by the way, that Moderna has now just received licensure of their emergency use authorization HIV vaccine. So, they gave everybody AIDS, and here’s your salvation, another vaccine.”*

Preliminary mortality data from the *Centers for Disease Control and Prevention* (CDC) from 2021 shows an expected death count of 2,948,273. In actuality, there were 3,447,405 deaths, meaning there were 499,132 excess deaths for the year.

With a 5,000 percent increase in excess deaths so far in 2022, Callender estimates that as many as 25,455,732 jabbed people in the United States could die just this year alone.

*“Add to that the 2.95 million expected deaths, and the result is: 28,405,732 total deaths for 2022,” Hal Turner reported.*

Did the DoD know about future mass COVID jab deaths back in 2015?

**At this rate, assuming it continues on the current trajectory, everyone who got injected for the Chinese Flu will be dead by 2025.** This was also forecasted in the

population reduction charts that have been posted at the Deagel website for many years.

Before scrubbing the information, Deagel.com's forecast for the U.S. population in 2025 is 100 million fewer people. For Germany during the same time period, there is expected to be 25 million fewer people.

*"About one-third of Germany's population remain unvaxxed,"* Turner explained. "Today's population is 83 million, so Deagel's report may be quite accurate."

Since Deagel has been around since 2015, the Department of Defense (DoD) guy who runs it appears to have known since at least that far back that there was going to be a *plandemic*, and that many, if not all, of the people who got "vaccinated" for it will soon die.

*"Deagel has always had the forecast at the year 2025,"* Turner said. *"The numbers may have fluctuated but the date never did."*

We also **now know** that Big Pharma and the *Food and Drug Administration* (FDA) have known for at least the past year-and-a-half – and likely long before that – that the COVID-19 "vaccines" damage the immune system and trigger antibody-dependent enhancement (ADE).

In essence, the jabbed now have vaccine-induced AIDS (VAIDS) and could succumb to a deadly cytokine storm (ADE) at any moment. For some, this has already happened and they are now chronically ill or deceased. For the rest, well, time will certainly tell what becomes of them.

*"Fifteen fully vaxxed and boosted professional tennis players had to withdraw from the Miami Open this week because of chest pains,"* wrote a reader at 'Natural News'. *"You draw your own conclusions."*

*"99.9% people do more research for a used car than any vaccine they may take,"* wrote another. *"A pro vaxxer is most of the time someone has done zero research."*

*"Vaccines have historically been soft-kill bioweapons wrapped in the 'Hegelian dialectic' as ... 'mankind's greatest achievement,'"* added someone else. *"Vaccines certainly have been the predator class 'greatest achievement' to #1 dupe the sheep class into poisoning themselves especially their own children, and second, make the SICK industry rich and more powerful beyond their own wildest dreams."*

Here's the full interview with Todd Callender, via Brighteon.com:

**[Brighteon.com/338e937f-2fe0-4746-b7c5-db94d80760e7](https://www.brighteon.com/338e937f-2fe0-4746-b7c5-db94d80760e7)**

## **GLOBAL DATA SHOWS COVID DEATHS ARE LOWEST IN LOW-VACCINATED COUNTRIES, HIGHER IN HIGHEST, NO GLOBAL EXCESS DEATHS**

[APRIL 18, 2022 PUBLIUS](#)

The figures in the map below can be verified by referencing 'US News and World Report', "[Wealthy Countries Are Outpacing Poor Nations in COVID-19 Vaccination Rates,](#)" for vaccination rates by country, and [Worldometers COVID deaths by country, in deaths per million in population.](#)

As the media struggles to blame [historic excess deaths](#) in America of up to 40% in 2021 on COVID, data from Worldometers.info, a respected statistics website, shows a shocking, different story. In countries where COVID vaccination is almost non-existent, nobody is dying of COVID.

In contrast, countries where vaccine uptake is high report some of the highest numbers of COVID deaths per million, in the top half of 215 countries, if not the top quadrille. The country with the highest number of reported COVID deaths per million in population, Peru, is 80% fully vaccinated.

But despite media hype, there were no more deaths of all causes in 2021 than there were in previous years. COVID deaths, and higher deaths of all causes, are largely a northern hemisphere, rich nation problem, with many exceptions and caveats to the rule. These are also countries where cheap remedies such as hydroxychloroquine and Ivermectin have been [effectively banned](#).

Almost all African countries, which have extremely low vaccination rates, are in the lowest quartile of COVID deaths.

**Percent of Population Fully Vaccinated Compared to Rank in COVID Deaths per Million, Out of 215 Countries ) ([CLICK HERE FOR LARGER IMAGE](#))**

Leaders of Central and Eastern European countries have every reason to want their money back from vaccine makers, as they took a beating from COVID despite high vaccine uptakes. Conversely, country after country in Africa suggests that for the lowest number of COVID deaths, vaccines should be avoided at all costs.

Moreover, pathologists in independent, multiple studies have concluded that there is a causal link between the [COVID vaccines and high numbers of deaths](#) following soon thereafter, in otherwise [healthy young adults](#).

In October of 2021, the peer-reviewed, highly-regarded science journal [Toxicology Reports](#) published a study which estimated deaths directly caused by the vaccines "**could be in the hundreds of thousands for the USA,**" and stressed that long-term effects are as yet unknown.

**Percent of Population Fully Vaccinated Compared to Rank in COVID Deaths Per Capita, Out of 215 Countries. (Larger Second Number Means Lower COVID Deaths)**

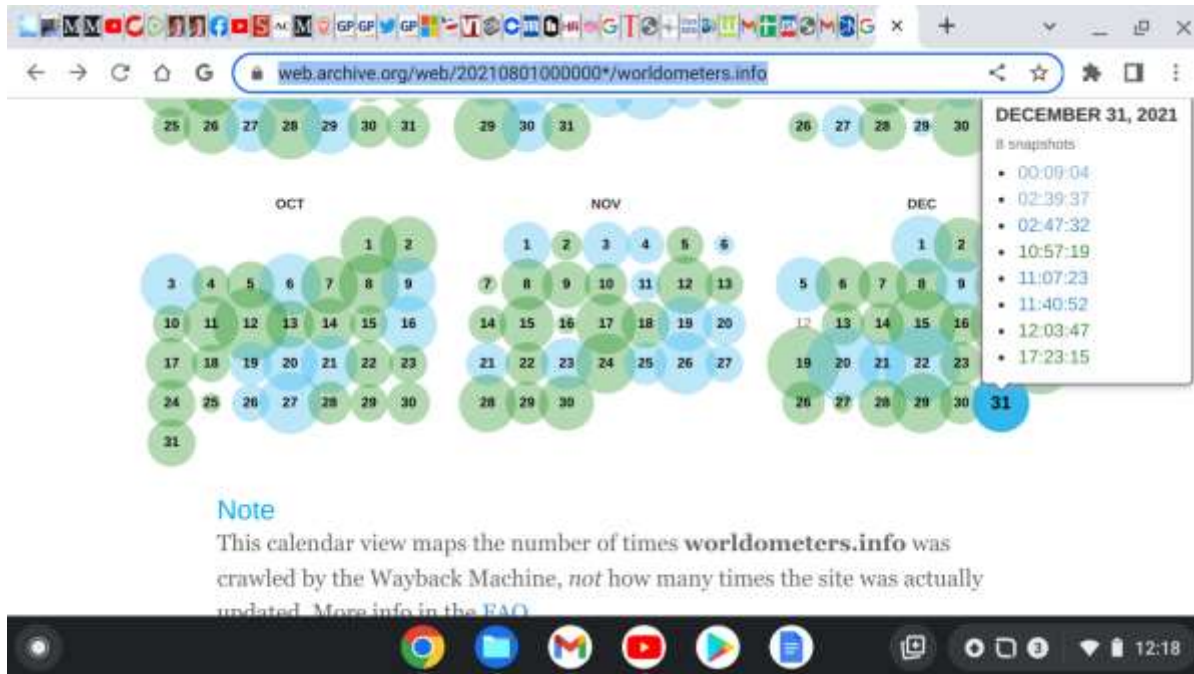


Below: *Cover of issue of Toxicology Reports*

**No Excess Deaths Worldwide**

According to an archived [Worldometers](#) page, on December 31, 2021, worldwide deaths of all causes stood at about 58.7 million for the year 2021, exactly what would be expected, and even a little lower given the normal bulge of Baby Boomer deaths each year.

Below: *Web archive crawls of Worldometers.info, 2021 (source) (LARGER IMAGE)*



Below: Screen capture of December 31, 2021 all-cause world deaths ([source](#) ([LARGER IMAGE](#)))



Below are the figures for previous years' all-cause global deaths:

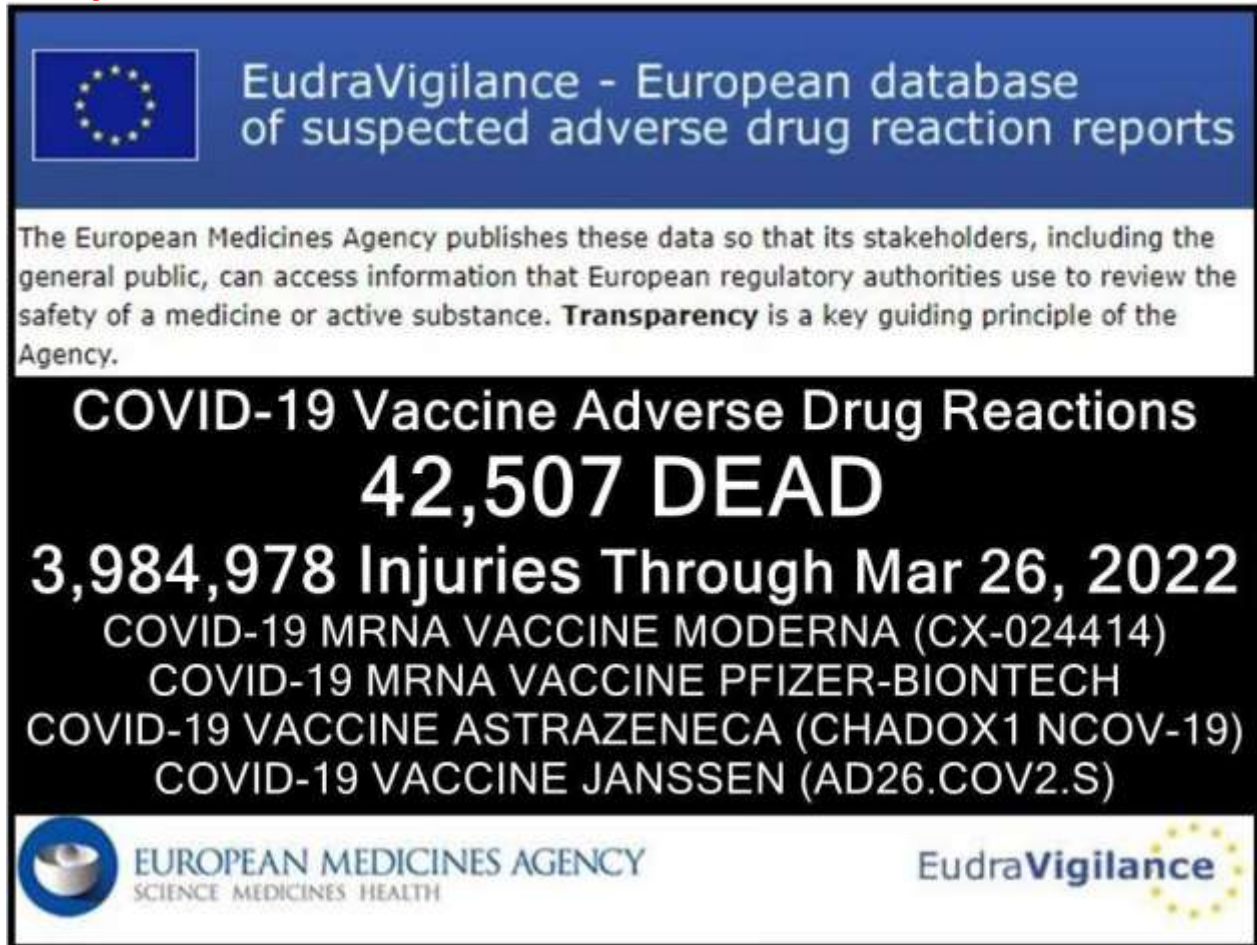
- 2020 58.8M ([1](#))
- 2019 58.8M ([2](#))
- 2018 58.5M ([3](#))
- 2017 58.7M ([4](#))
- 2016 58.0M ([5](#))

(See: [“No excess deaths from all causes globally in 2020”](#))

Another shocking pattern in the data is that 27 out of [30 NATO countries](#) are in the top half of reported COVID death rates: Bulgaria, Croatia, Canada, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Montenegro, Netherlands, North Macedonia, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Turkey, UK, USA, and Belgium. Out of these, 23 are furthermore in the top 50 or so, or the top quartile of 215 countries. All of NATO has high vaccine uptake.

It would be reasonable to hypothesize that COVID and the attendant vaccines, the latter of which have been directly, [causally linked](#) to great numbers of deaths, constituted an attack on the populations of NATO countries, with the assistance of those country's leaders and media (see: [CDC Study Falsifies Definitions to Cover Up Vaccine Deaths Shown by Autopsies.](#))

## 42,507 DEAD 3,984,978 Injured Following COVID Vaccines in European Database of Adverse Reactions



EudraVigilance - European database of suspected adverse drug reaction reports

The European Medicines Agency publishes these data so that its stakeholders, including the general public, can access information that European regulatory authorities use to review the safety of a medicine or active substance. **Transparency** is a key guiding principle of the Agency.

**COVID-19 Vaccine Adverse Drug Reactions**  
**42,507 DEAD**  
**3,984,978 Injuries Through Mar 26, 2022**  
COVID-19 MRNA VACCINE MODERNA (CX-024414)  
COVID-19 MRNA VACCINE PFIZER-BIONTECH  
COVID-19 VACCINE ASTRAZENECA (CHADOX1 NCOV-19)  
COVID-19 VACCINE JANSSEN (AD26.COVS2.S)

EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

EudraVigilance

by Brian Shilhavy Editor, Health Impact News

## You Cannot Boost Your Way Through COVID

Analysis by Dr. Joseph Mercola Fact Checked

### STORY AT-A-GLANCE

- A preprint study posted April 3, 2022, reports high rates of infection with BA.1, BA.1.1 and BA.2 — variants of Omicron — among triple-jabbed health care workers. In all, the incidence rate among the triple-jabbed with one of these variants was 22%, and only 10% remained asymptomatic.

- March 29, 2022, the U.S. Food and Drug Administration authorized a second booster (dose No. 4, for those taking Pfizer or Moderna) for adults over age 50, as well as a third booster (dose No. 5) for immunocompromised people aged 12 and older. The additional boosters are to be given four months after the last dose
- The U.S. Centers for Disease Control and Prevention is also recommending adults who have received two doses of Janssen’s viral vector DNA shot to get a third shot using either Pfizer or Moderna, despite there being no data on the safety or effectiveness of mixing the various shots.
- FDA authorized doses 4 and 5, without input from its expert voting panel, based on data showing the Moderna shot was only 11% effective, and caused side effects in 40% of recipients, and the Pfizer shot was 30% effective and caused side effects in 80% of people.
- The lead author of that paper, Dr. Gili Regev-Yochay, an infectious disease specialist at Sheba Medical Center in Tel HaShomer, Israel, has publicly stated that “Not a third dose, not a fourth dose, not a fifth dose will do anything to stop infections [long-term]”.

That the mRNA-based COVID shot is not a real vaccine is evidenced by the sheer number of “boosters” required to keep COVID-19 at bay. When the injections were released at the beginning of 2021, the promises flowed.

Getting the two-dose regimen was said to be 95% effective and would keep you safe from serious infection. If everyone would just roll up their sleeves and get the jab, the pandemic would be over in no time. By mid-July 2021, just over half the adult U.S. population had received the shot. (Specifically, 56% had received one dose, and 49% were fully vaccinated with two doses.<sup>1</sup>)

Well, before the year was over, reality started setting in, as effectiveness waned<sup>2,3,4</sup> far more rapidly than anyone expected. What’s worse, the shot actually increased the infectivity of the Delta variant,<sup>5</sup> and toward the latter part of 2021, hospitals around the world were starting to fill up with “vaccinated” COVID patients.<sup>6,7,8</sup>

A preprint study,<sup>9</sup> posted April 3, 2022, also reports high rates of infection with BA.1, BA.1.1 and BA.2 — variants of Omicron — among triple-jabbed health care workers. In all, the incidence rate among the triple-jabbed with one of these variants was 22%, and only 10% remained asymptomatic. As concluded by the authors:

*“We report high incidence of omicron infections despite recent booster vaccination in triple vaccinated individuals. Vaccine-induced antibody titres seem to play a limited role in risk of omicron infection. High viral load and secretion of live virus for up to nine days may increase transmission in a triple vaccinated population.”*

#### **FDA Authorizes Fourth and Fifth Doses**

In mid-August 2021 — just eight months into the COVID jab campaign — the U.S. Food and Drug Administration authorized the first booster (the third dose of mRNA), starting with the immunocompromised.<sup>10</sup>



Then, March 29, 2022, the FDA cleared a second booster (dose No. 4, for those taking Pfizer or Moderna) for adults over age 50, as well as a third booster (dose No. 5!) for the immunocompromised aged 12 and older.<sup>11,12</sup> The additional boosters are to be given four months after the last dose.

The U.S. Centers for Disease Control and Prevention is also recommending adults who have received two doses of Janssen's viral vector DNA shot to get a third shot using either Pfizer or Moderna.<sup>13</sup> This despite there being ZERO data on mixing the various shots.

FDA authorized doses 4 and 5 based on data showing the Moderna shot was only 11% effective, and causing side effects in 40% of recipients, and the Pfizer shot was 30% effective and caused side effects in 80% of people.

So, in a little over one year, we've gone from "two mRNA jabs will ensure you won't carry the virus or get sick or die of COVID" to "you need a booster every four months and you can still contract, transmit, get sick and die of COVID." At this rate, we're looking at three injections per year, and the fully-jabbed and boosted are still getting sick with COVID.

For example, we recently found out that 7 in 10 "vaccinated" CDC employees got breakthrough infections in August 2021,<sup>14</sup> and Princess Cruises reported an outbreak onboard the Ruby Princess in March 2022, despite a 100% "vaccination" rate among both crew and passengers, plus proof of a negative COVID test prior to boarding.<sup>15</sup> As noted by Robert F. Kennedy Jr. in the video above, *"it's time to follow the science."*

### **COVID Policy Has Nothing To Do With Science**

Remarkably, the FDA made the decision to approve another booster without convening its expert voting committee, as is the norm. As noted by Dr. Marty Makary in a Wall Street Journal op-ed:<sup>16</sup>

*"The Food and Drug Administration last week authorized Americans 50 and over to get a fourth COVID vaccine dose. Some of the FDA's own experts disagree with the decision, but the agency simply ignored them.*

*It will convene its advisory committee this Wednesday [April 6, 2022] to discuss future vaccine needs. That's like having lawyers present arguments to a judge who's already issued a verdict ... Decisions like this only reinforce the perception that COVID policy is driven by groupthink and politics."*

Even Dr. Paul Offit, whose faith in vaccines is legendary, expressed surprise and dismay at the FDA's decision to move forward without holding an open meeting to allow experts to comment on the data. He told CNBC:<sup>17</sup>

*“It’s just sort of fait accompli. So, is this the way it works? We talk endlessly about how we follow the science — it doesn’t seem to work out that way.”*

Dr. Peter Hotez, another well-known vaccine pusher, has also expressed concern about the continued booster trend. He told CNBC that vaccine policy should not merely be based on keeping people out of the hospital, but should also seek to prevent COVID infection and “long COVID.”

He pointed out that the effectiveness of the third dose against hospitalization from Omicron infection has been shown to decline from 91% to 78% in just four months. *“That gives me pause for concern that the boosters are not necessarily holding up as well as we’d like,”* he said. It is really hard to believe that both of these vaccine pushers are actually waking up and beginning to question the narrative.

### **FDA’s Decision Based on Shockingly Bad Data**

The FDA reportedly based its decision to authorize doses 4 and 5 on Israeli data posted on the preprint server medRxiv, February 15, 2022.<sup>18,19</sup> What evidence was provided in this as yet non-peer-reviewed study that was compelling enough to circumvent the voting committee and public comment? According to the authors:

*“Breakthrough infections were common, mostly very mild, yet, with high viral loads. Vaccine efficacy against infection was 30% and 11% for BNT162b2 [Pfizer] and mRNA1273 [Moderna], respectively. Local and systemic adverse reactions were reported in 80% and 40%, respectively.”*

This is worth repeating. FDA authorized doses 4 and 5 based on data showing the Moderna shot was only 11% effective, and caused side effects in 40% of recipients, and the Pfizer shot was 30% effective and caused side effects in 80% of people. I know, you are probably shaking your head, saying, “What?!” That’s beyond astounding.

The FDA is charged with confirming that medical products are safe and effective. By authorizing the fourth and fifth COVID shots with abysmal effectiveness and sky-high adverse reaction rates they make it abundantly clear that that they are a completely captured agency and have completely abrogated their responsibility for public health.

The lead author of that paper, Dr. Gili Regev-Yochay, and infectious disease specialist at Sheba Medical Center in Tel HaShomer, Israel, has even publicly stated that “Not a third dose, not a fourth dose, not a fifth dose will do anything to stop infections [long-term].”<sup>20</sup>

### **Experts: We Cannot Boost Our Way Out of the COVID Pandemic**

**In an April 4, 2022, article, Forbes staff reporter Robert Hart writes:<sup>21</sup>**

*“While a fourth dose appears to be beneficial at preventing serious illness in older or high-risk people, Dr. Amesh Adalja, a senior scholar at the Johns Hopkins Center for Health Security, told Forbes that repeated boosting is not ‘a viable strategy’ and it’s not*

*clear that younger groups without high-risk health conditions 'benefit much from even third doses.'"*

Professor Deepta Bhattacharya, an immunologist at the University of Arizona, agrees, saying the current strategy is “not sustainable.” Similarly, Dr. Dan Barouch, a physician and vaccine researcher at Harvard Medical School, told Hart that getting a booster shot every three to six months is impractical for wealthy countries and “simply not possible” in poorer ones.

What we really need, Barouch said, is “vaccines with better durability.” John P. Moore, professor of microbiology and immunology at Weill Cornell Medicine also weighed in, telling Hart he doesn’t think we can “simply boost our way out of the pandemic.”

### **Regions With Low COVID Jab Rates Have Fared Well**

Adding to suspicions that the COVID jabs aren’t doing much of anything is the fact that areas with low injection rates, such as Africa, have fared no worse than those with very high rates.

As reported by The New York Times,<sup>22,23</sup> the Kamakwie district in Sierra Leone has registered a total of just 11 COVID cases since the beginning of the pandemic, and no deaths. Sierra Leone, in total, has had just 125 COVID deaths since the pandemic was declared. This, despite gathering for large weddings, concerts and football matches without masks.

Bill and Melinda Gates went on record early on in the pandemic stating Africa would be destroyed by COVID unless we made a concerted effort to get the COVID jab to them.

Their greed-fueled prediction turned out to be completely false, and while the African Union has been pushing to reach a 70% injection rate in West and Central Africa, the low incidence of COVID has sparked arguments against continuing the injection campaign this year, as health care funds are needed for other far more common ailments, such as malaria, HIV/AIDS and tuberculosis.

Importantly, Africa wasn’t spared because SARS-CoV-2 didn’t sweep through it, because it did in spades. Studies looking at blood samples reveal two-thirds of the population in sub-Saharan countries have antibodies against SARS-CoV-2 — evidence that they were exposed, recovered and developed the best protection possible — natural immunity.<sup>24,25</sup>

Areas with more reliable death registries and other data collection, such as South Africa, do show excess deaths during 2020 and 2021, which are being attributed to COVID. But by the third quarter of 2021, only 4% of Africans had received the jab and, by and large, it seems they are far better off because of it.

As noted by Del Bigtree in the featured Highwire video, the shots have basically decimated the immune function of those who took them, and the FDA has no other plan

or option now than to roll out a never-ending series of boosters to “top up” people’s immune defenses, even if it’s only to a slight degree. They have nothing else. The damage is done.

### **COVID Shots ‘Proven to Cause More Harm Than Good’**

While the official narrative is that the COVID shots may be “less than perfect but still better than the alternative” (i.e., getting the infection when you’re unvaccinated), immunologist Dr. Bart Classen published a study<sup>26</sup> in the August 2021 issue of Trends in Internal Medicine, disputing this claim.

The study,<sup>27</sup> “U.S. COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, ‘All Cause Severe Morbidity,’” details a core problem with the Pfizer, Moderna and Janssen (Johnson & Johnson) trials.

All three employed a surrogate primary endpoint for health, namely “severe infections with COVID-19.” This, Classen says, “has been proven dangerously misleading,” and many fields of medicine have stopped using disease-specific endpoints in clinical trials and have adopted the far superior endpoint “all-cause mortality and morbidity”.

The reason for this is because if a person dies from the treatment or is severely injured by it, even if the treatment helped block the progression of the disease they’re being treated for, the end result is still a negative one. The COVID jab would fare very poorly using this metric.

To offer an extreme example of what you can do with a disease-specific endpoint, you could make the claim that shooting people in the head is a cure for cancer, because no one who got shot in the head died from cancer. When reanalyzing the clinical trial data from these COVID shots using “all-cause severe morbidity” as the primary endpoint, the data reveal they actually cause far more harm than good.

The proper endpoint was calculated by adding together all severe events reported in the trials, not just COVID-19 but also all other serious adverse events. By doing this, severe COVID-19 infection gets the same weight as other adverse events of equivalent severity. According to Classen:<sup>28</sup>

*“Results prove that none of the vaccines provide a health benefit and all pivotal trials show a statistically significant increase in ‘all cause severe morbidity’ in the vaccinated group compared to the placebo group.*

*The Moderna immunized group suffered 3,042 more severe events than the control group. The Pfizer data was grossly incomplete but data provided showed the vaccination group suffered 90 more severe events than the control group, when only including ‘unsolicited’ adverse events.*

*The Janssen immunized group suffered 264 more severe events than the control group. These findings contrast the manufacturers' inappropriate surrogate endpoints:*

*Janssen claims that their vaccine prevents 6 cases of severe COVID-19 requiring medical attention out of 19,630 immunized; Pfizer claims their vaccine prevents 8 cases of severe COVID-19 out of 21,720 immunized; Moderna claims its vaccine prevents 30 cases of severe COVID-19 out of 15,210 immunized.*

*Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general. Scientific principles dictate that the mass immunization with COVID-19 vaccines must be halted immediately because we face a looming vaccine induced public health catastrophe.”*

To make the above numbers more clear and obvious, here are the prevention stats in percentages:

- Pfizer 0.00036%
- Moderna 0.00125%
- Janssen 0.00030%

We also have a cost-benefit analysis<sup>29</sup> by Stephanie Seneff, Ph.D., and researcher Kathy Dopp, published in March 2022, which shows the COVID jab increases children's risk of dying from COVID infection. Children under 18 are also 51 times more likely to die from the jab than they are to die from COVID if not vaccinated.

Jamie Jenkins,<sup>30</sup> former head of health and labor market analysis at the British Office for National Statistics, has also revealed that 4 million doses must be administered to children, 5 to 11 years of age, to prevent a single ICU admission in this age group.<sup>31</sup>

Assuming two doses per child, that means 2 million children must take their chances with serious and potentially lifelong side effects to prevent a single child from requiring intensive care due to COVID-19.

But you may be relieved to know that at least the pharma companies will be earning tens of billions of dollars from this recommendation. The COVID jabs are, without a doubt, the most financially successful pharma product in the history of the world. And the icing on the cake? Everyone, from the manufacturer to the person who administers the shot, has complete immunity from any prosecution for their nefarious plan to destroy the health of children.

### **Menstrual Problems Among Transgendered**

One side effect that has made headlines in alternative media over the past year is abnormal bleeding and menstrual irregularities. For example, vaginal bleeding has been reported both in children who aren't old enough to begin menstruation and in post-menopausal women.

Now, an online survey by researchers at Washington University in St. Louis reveals transgendered people are also reporting breakthrough menstruation, despite being on menstruation-suppressing hormones. As reported by Newswise:<sup>32</sup>

*“The study is the first to examine vaccine-associated breakthrough bleeding in people who take testosterone or other hormones that suppress menstruation. The research focuses on individuals with a range of gender identities such as transgender, nonbinary or gender-fluid.*

*Previous studies of COVID-19 vaccine related menstrual symptoms have largely focused on cisgender (cis) women, those whose gender identity matches the female gender they were assigned at birth ...*

*Out of over 160,000 survey respondents, the researchers identified 552 people who said they used testosterone or other gender-affirming hormones and did not usually menstruate. Most of these respondents (84%) selected more than one gender category, with 460 identifying as transgender, 373 specifying man or man identified, 241 identifying as non-binary and 124 indicating they were genderqueer/gender non-conforming.*

*One-third of these respondents reported breakthrough bleeding after receiving a COVID-19 vaccine, 9% reported chest or breast soreness and 46% reported having other symptoms they would usually associate with a period, such as cramping and bloating.*

*Some respondents used the survey’s open-ended text boxes to report significant negative mental health impacts in response to their period symptoms, including anxiety, depression, gender dysphoria, panic attacks and suicidal ideation ...*

*‘I hope that discussing these findings openly allows people to know that this could be a side effect so they can prepare appropriately,’ said [lead author Katharine] Lee.*

*‘This is especially important given the fact that some people described mental health outcomes like anxiety, depression and suicidal ideation as responses to unexpected breakthrough bleeding after vaccination.’”*

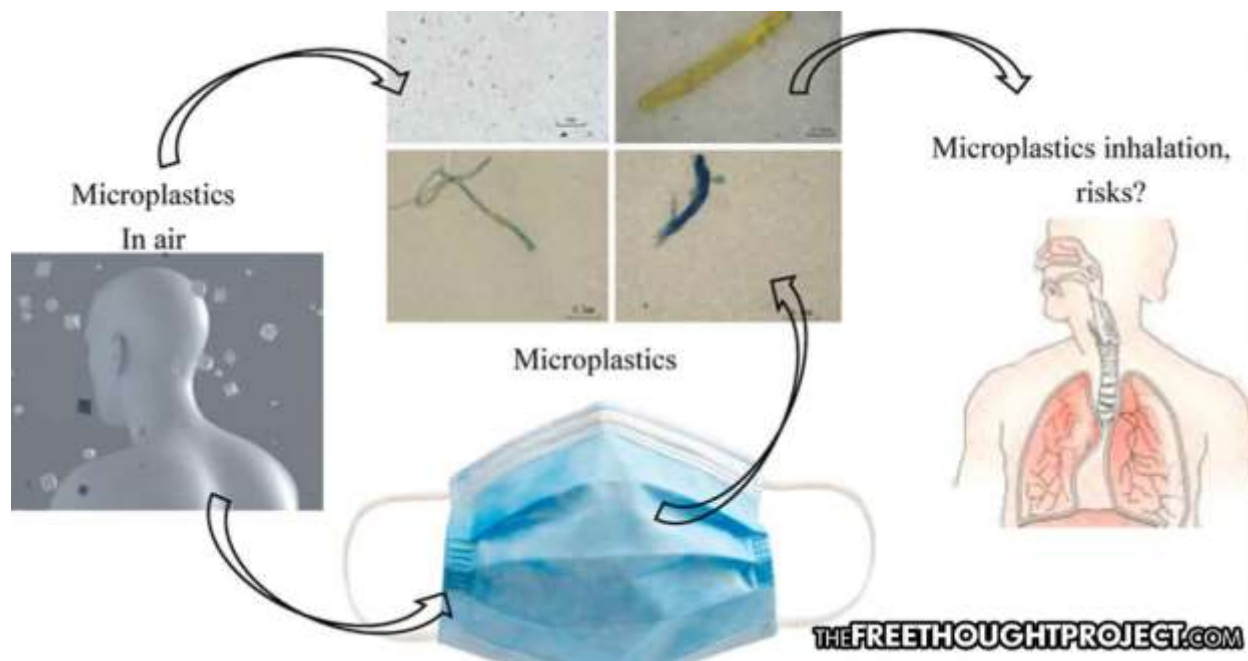
## **Study Shows MOST People Now Have Microplastics — Found in Disposable Masks — in Their Lungs**

**April 21, 2022**

By Matt Agorist

Not only are they uncomfortable, make it hard to breathe, and essentially pointless, but surgical masks worn during the pandemic could have a far healthier effect than we all thought. According to a new study published in the ‘*Science of the Total Environment*’, **micro plastics commonly used in surgical masks have been discovered in the lungs of most people.**

Researchers in the United Kingdom looked at lung tissue obtained from study participants and found micro plastics in all regions of the lungs, including the deeper section. According to the study, this is the first time micro-plastics have been found in human lung tissue samples using  $\mu$ FTIR spectroscopy.



The abundance of MPs (micro-plastics) within samples, significantly above that of blanks, supports human inhalation as a route of environmental exposure. MPs with dimensions as small as  $4\ \mu\text{m}$  but also, surprisingly,  $>2\ \text{mm}$  were identified within all lung region samples, with the majority being fibrous and fragmented.

Though the researchers did not confirm the source of the micro-plastic contamination, the plastic fibers found in the lungs are commonly used in surgical masks.

Researchers identified 39 micro-plastics in 11 of the 13 lung tissue samples, with an average of 3 micro-plastics per sample.

### **There were 12 types of micro plastic found in samples.**

The 4 micro-plastics present in the most considerable quantities included:

- [polypropylene](#) (PP): found in carpets, clothing, automotive plastics, and surgical masks
- [polyethylene terephthalate](#) (PET): present in clothing, beverage, and food containers
- [resin](#): a constituent of protective coating and paints
- [polyethylene](#) (PE): a component of food wrappers, milk containers, toys, and detergent bottles

In 2020, the amount of disposable [face masks littered](#) into the environment increased by a staggering 9000 percent. Billions of people strapped polypropylene masks to their faces every day for two years and sucked their air through plastic fibers for 8 hours or more. To *not* have discovered plastic in lungs would have been surprising.

The confirmation of micro plastics in the lungs also backs up a study conducted in 2020 which predicted a micro plastic inhalation risk posed by wearing masks.

According to [researchers in that study](#), the inhalation risk posed by spherical- and fiber-like micro plastics was high while wearing a mask. Unfortunately, researchers in that study continued to recommend the use of plastic masks despite the risk of inhalation.

Dr. Osita Onugha, thoracic surgeon and assistant professor of thoracic surgery at Saint John's Cancer Institute at Providence Saint John's Health Center in Santa Monica, California [told](#) Medical News Today that the implications for micro-plastics in the lungs are unknown given our current knowledge on this type of contamination but it can't be good.

*"The real question is what does something within the body [...] do? The body does not like things that cause inflammation[...] and things that are foreign [like plastics]. So, if it leads to chronic inflammation, that's where you can have things that develop years down the road,"* Onugha said.

As MNT reports, Dr. Onugha said a follow-up study should address if micro plastics within the lungs can lead to inflammatory lung disease or cancer. He added that it should be carried out in a significant population to determine *"a cause and effect."*

When researchers do finally determine the source of contamination, it won't take genius to figure out that strapping an endless supply of micro plastics to the entrance of your lungs increases your chance of breathing them in.

States who continue to force children to wear masks, like New York, would do well to realize the potentially catastrophic health impacts they are having unsuspecting, innocent lives.

**Dr. Bryan Ardis: "COVID-19 is not a virus – people die by being given a snake venom."**

APR 13

Posted by Editor, cairnsnews

DR. BRYAN ARDIS – WATCH THE WATER – STEW PETERS – APR 12, 2022

*from Han Barkmeyer*

The Plandemic continues, but its origins are still a nefarious mystery. How did the world get sick, how did Covid really spread, and did the Satanic elite tell the world about this bioweapon ahead of time? Dr. Bryan Ardis ([www.ardisantidote.com](http://www.ardisantidote.com)) has unveiled a



shocking connection between this pandemic and the eternal battle of good and evil which began in the Garden of Eden.



mRNA spike protein is Cobra venom

Last December, Dr. Bryan Ardis received a text message from an Emergency Room physician friend of his that sent him down an unexpected and bizarre rabbit hole that may explain the adverse events from the vaccines that we've been reporting. The text read: *"Hey Dr. Ardis...If you got bit by a rattlesnake, would you go to a hospital and get anti-venom?"*

Bryan had no idea what this meant and he immediately set about researching snake anti-venom. He discovered that most are either monoclonal- or polyclonal antibody treatments – just like the monoclonal antibodies that the Useless CDC just removed as a COVID treatment, in favor of Remdesevir, which is almost guaranteed to kill you but which is now nonetheless the ONLY government-approved treatment for infants and children with COVID in the US.

He says, *"I realized, all of a sudden, monoclonal antibodies ARE anti-venom. The Federal Government doesn't want us using anti-venom. Why are they fighting anti-venom and why are we finding anti-venom works against COVID? Is it not a virus? Is it a venom? This is what I want to know: Is COVID a venom and is this why they don't want you using monoclonal antibodies?"*

Bryan checked the publications saying that the original source of COVID-19 was either from bats, snakes or pangolins and he noticed that every time anyone mentioned snakes, the fact-checkers would descend upon them and spin them towards the bats. *"There's no fact-checking about bats. They keep letting you look at bats,"* he says. This, despite the fact that Chinese experts were saying that it could not have been bats, because these bats hibernate and COVID broke out in the middle of winter.

Plus, when they studied the antibodies of those who were sick in Wuhan, they found that the genetic sequences were not like bats, they were most similar to two snakes, proteins from the Chinese krait and the king cobra. Bryan continues, *"Then I find, in April of 2020 that there's a study in France where they're finding that the receptors in the brain called nicotinic acetyl choline esterase*

*receptors, that these are actually bound most tightly to snake venom of krait and cobra and that the spike protein from SARS-CoV-2 is most identical to Chinese krait and cobra venom.”*

*“Then, I find out that there’s an actual doctor who works at the University of Pittsburgh in May of 2020, works in a computational lab doing genetic sequencing and he’s been researching for 5 months, sequencing spike proteins, trying to solve the mystery of SARS-CoV-2 victims and he says he’s got a big press release to announce all of their findings and Bing Liu is his name.”*

Next thing you know, the young Dr. Bing Liu was dead in a lurid murder-suicide. *“And that’s when I freaked out,”* Bryan says. *“When I say to you that they have lied about everything in relationship to COVID, they’ve even lied about the viral part of COVID.”*

Bryan cites a massive study published in January 2020 gene-mapping all of the proteins and peptides in king cobra venom, which isolated 19 venoms and peptides that specifically target organs in the body. He found that the main funder of the study was Genentech, a subsidiary of Roche.

He says, *“I am convinced that COVID-19 is not a respiratory virus of any kind. It is actually venom poisoning and they’re using, I believe, synthesized peptides and proteins from venoms of snakes and they’re administering them and targeting them to certain people.”*

*“The amazing thing about these 19 toxins found in cobra venom, they’re specifically sequenced to target specific organs, like the pancreas in a diabetic, like the heart in a heart disease patient, like the liver in a hepatitis patient.”*

*“This is the most original of all bioweapons, ever. Snake venom...When I say this is the most evil thing I have ever encountered in my entire life, could you ever have imagined that the one greatest symbol of evil in all of Christendom...the Serpent. Can you think of anything more evil than envenomating the entire world with snake venom and the injecting snake venom into your veins and then using mRNA technology that they’ve been isolating from snake venom for years, that they know are unusually stable – more stable than any other mRNA they’ve isolated from other natural organisms for decades.”*

*“In 2015, they took mRNA that they isolated from cobra venom and krait venom and they actually wrapped the mRNA in nanoparticle hydrogel...and they made it even more stable. Then, they add what’s called dyna beads to those nanoparticle hydrogels, surrounding the mRNA of snake venom and it made it even more stable and made it last longer, made it easier to get inside of your cells. You know what dyna beads are? Magnetic metal nanoparticles.”*

A 2016 episode of “The Blacklist” even featured extensive predictive programming of these details. Bryan says that when he saw that episode, he knew he was right and that he was supposed to see that, “Because it was confirmation to me that other people knew this was planned all along – which we’ve known this is a plan – the FBI figures out that it’s actually peptides found in krait venom that poisoned Reddington...

*“I believe this was the plan all along. They’re using mRNA – I believe mRNA extracted from king cobra venom. The king cobra and I think they want to get that venom inside of you and make you a hybrid of Satan, no longer belonging just to God or a creation of God’s.”*

Bryan turns to Stew Peters and says, “When I say that the mRNA inside of the Pfizer and Moderna shots is derived from snake venom, it just sounds crazy, right? But I want you to read...from July 6th last year, 2021, the cofounder of Moderna, read the title, show it to the camera:

*“Moderna co-founder using mRNA technology to treat venomous snake bites.”* Stew says.

There are endless clues that support Bryan’s suspicions. As Canadian Dr. Hoffe noted, people who’d been vaccinated had elevated D-dimer levels. Before the advent of COVID, elevated D-dimer numbers were commonly indicative of snake venom poisoning.

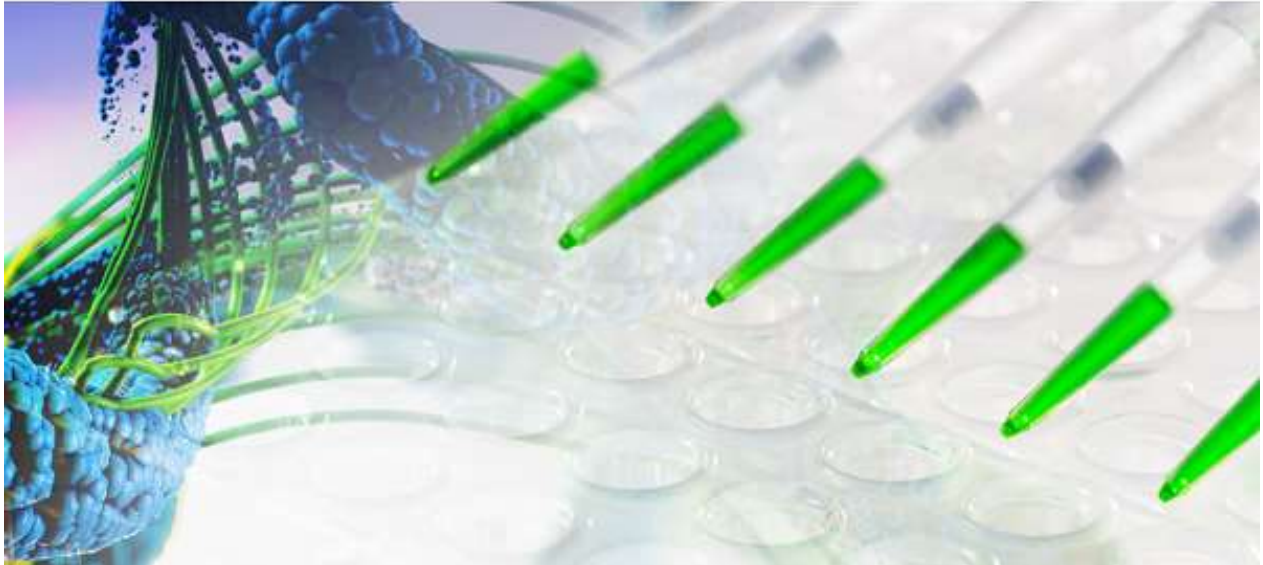
Bryan says, *“The kidney failure caused by Remdesivir is the number one organ targeted by king cobra venom. It’s the number one!”* and he says there isn’t one symptom or adverse reaction from the COVID vaccines that cannot be correlated back to snake venom from cobras, kraits and other poisonous snakes.

Share this:

**The lead article in this week’s segment of Mass Murder has struck the world with such a shock that the pharma-government-military complex are in panic mode. They are lashing out with all kinds of denials but the following post by Mike Adams provides the proof of a company that offers Snake Venom peptides used to carry snake venom in water confirming the revelations of Dr. Bryan Ardis. Since airing the video “Watch the Water” with Stew Peters, Dr. Ardis was interviewed by Mike Adams the Health Ranger. Mike Adams has shared the story of Venom Tech below.**

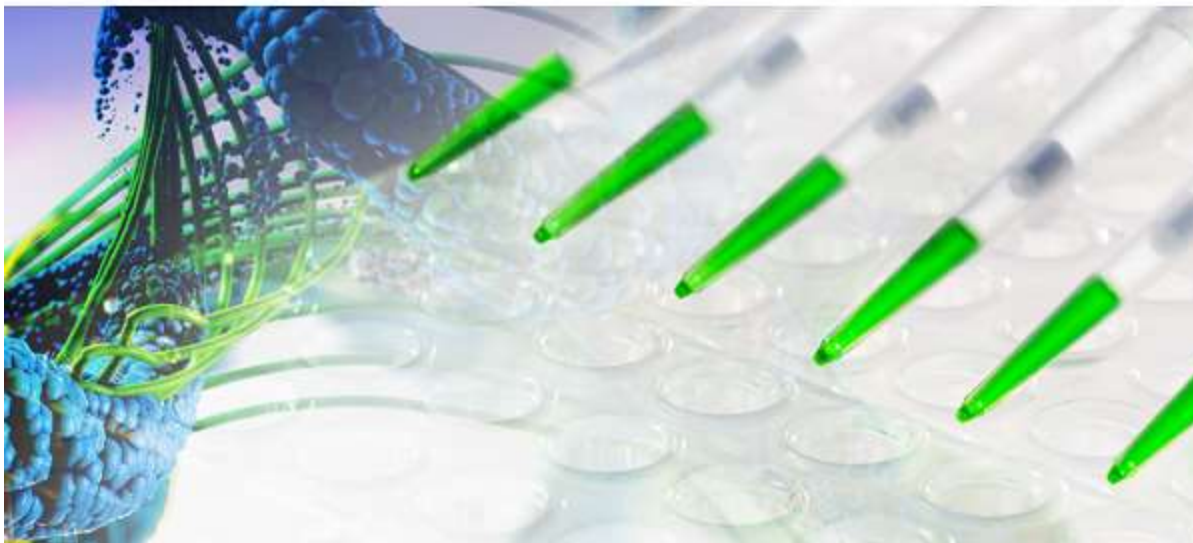
**VenomTech company announces massive library of SNAKE VENOM peptides for pharmaceutical development; “Nano carriers” stabilize snake venom in WATER** (PubMed)

Wednesday, April 13, 2022 by: Mike Adams



[\(Natural News\)](#) Astonishingly, it is rapidly becoming apparent in the aftermath of the [Dr. Bryan Ardis revelations about snake venom origins](#) for covid-19 that many people — even some in alt media — are completely unaware that snake venom is commonly used as the starting point for pharmaceutical research.

Earlier today, a UK company literally named “[Venomtech](#)” announced a massive venom peptide and venom fragment library to be used for drug discovery by pharmaceutical companies (as well as pesticide used for agricultural companies). The news was widely covered in the biotech media, including at News-Medical.net, which published the announcement, “[Venomtech announces new drug development collaboration with Charles River.](#)”



From that announcement:

*Venomtech is collaborating with Charles River Laboratories, International Inc. to help drug developers explore venom-derived compounds for a wide range of therapeutic targets. This newly formed collaboration will bring together Venomtech's biology expertise and vast venom-derived peptide library, with Charles River's drug development and screening knowhow, providing pharmaceutical manufacturers with a one-stop service to explore this unique natural resource.*

*Venomtech's Targeted-Venom Discovery Array™ (T-VDA™) libraries provide researchers with a straightforward solution to rapidly screen thousands of individual venom fragments, with each array specifically designed to maximize hits for a specific target.*

The announcement carries this statement from Venomtech CEO Paul Grant:

*"Venomtech has been at the forefront of venom research for drug discovery for more than a decade... we can now showcase our innovative technology, introducing the wider industry to the potential of venoms for the successful delivery of more leads, more quickly, for a broad range of [cellular] targets.*

***...we can now offer our clients access to bespoke venom libraries, potentially accelerating their [drug] discovery pipelines using this powerful natural resource.”***



**The Venomtech company is described as follows:**

***“Venomtech is a global leader for venom research enterprises, based out of world-class laboratories at Discovery Park in Kent, UK.***

***...[we are] helping our customers worldwide make pioneering advances in drug discovery, crop protection, and cosmetics. We have the largest library of naturally sourced venom-derived compounds in the UK, from a growing collection of vertebrate and invertebrate species***

**Note that Venomtech’s clients include pharmaceutical companies, pesticides companies and cosmetic product manufacturers. Venom-based molecules are widely used in drug research and other areas of biotech.”**

So to those in the corporate media — and even in alt media — who are expressing shock and dismay at Dr. Ardis claiming that snake venom is the most likely origin for research into SARS-CoV-2 gain-of-function enhancement or even covid vaccines, you are ignorant of the state of the art in biosciences.

The use of snake venom in pharmaceuticals isn’t a “conspiracy theory.” It’s a common practice, representing what most bioscience experts would describe as the cutting edge of drug discovery.

For the record, by the way, we are not ascribing any nefarious accusations to the Venomtech company here. We mention them solely to prove to any skeptics that snake venom is, in fact, widely used as a resource for pharmaceutical development (and it has been for decades).

**What Dr. Ardis has claimed is not science fiction. It is the state of bioscience in 2022.**

**Anyone dismissing the “snake venom” theory in relation to covid treatments or vaccines is flatly ignorant of the resources used in today’s drug discovery pipelines.**

**20,000 varieties of venom peptides**

**[As VenomTech says on their own drug discovery page:](#)**

***“Our naturally derived peptide, protein, and small molecule compounds enable pioneering perspectives and solutions that have proven effective even on hard-to-hit targets where traditional approaches have previously failed. They affect a variety of molecular targets, such as ion channels, GPCRs and enzymes, with a high degree of selectivity and potency, reaping the benefits of millions of years of evolution rather than just over a hundred years of drug discovery.*”**

***Our customers have access to a library of 20,000 peptides, proteins, and small molecules derived from venoms – the largest library of naturally sourced compounds available in the UK – supplied as an innovative Targeted-Venom Discovery Array™ and custom arrays with a demonstrated track record of success for drug discovery applications.”***

**We believe the Venomtech company very likely has a very bright future in its industry, by the way. “Biomimicry” means copying nature, and Big Pharma has a long history of pirating molecules from nature and turning them into multi-billion-dollar profit centers. The best ideas come from nature, of course, even though the FDA and other health regulators claim natural molecules are useless and can’t be considered “medicine.” Yet Big Pharma gets most of its blockbuster drugs from natural molecules, such as lovostatin molecules found in red yeast rice (now turned into high profit statin drugs).**

**Never forget that the symbol for the World Health Organization is a snake and a staff that dominate the planet:**



# World Health Organization

And the symbol of the American Medical Association (AMA) is a serpent encircling a staff, resembling a DNA strand while also representing the idea of the serpent's venom:



World Economic Forum brags about drugs made from venom, admits ability to synthesize venom particles using RNA technology

If you're looking for even more proof that snake venom is used in drug development, take a look at [this article from the World Economic Forum](#), published as part of the WEF's [Annual Meeting of the Global Future Councils](#) (2018):

***“Venomics – the scientific analysis of venom – offers some groundbreaking solutions to health problems from heart disease to diabetes, to managing chronic pain.***

***In fact, there are already six drugs approved for use by the Food and Drug Administration in the United States that are derived from venom.***



*But with 15% of the world's animals producing venom of some kind, we have really only just begun to scratch the surface of their potential contribution to medicine.*

*Captopril is an angiotensin-converting enzyme (ACE) inhibitor, a type of drug used to treat high blood pressure and improve survival and reduce the risk of heart failure after a heart attack. Its main compound is derived from a species of pit viper found in Brazil.*

*Prialat, derived from the venom of cone snails, is used by some of the estimated 22 million adults in the US who suffer from severe and chronic pain.*

*Byetta is part of a new wave of drugs designed to lower blood glucose in patients with type 2 diabetes. Its key ingredient, exendin-4, is found in the saliva of the Gila monster, a large lizard species native to the southwestern US and northwestern Mexico."*

**Synthesizing snake venom for mass production, using RNA technology**

Also from that WEF article:

*"One reason for the growing interest in this field is that advances in DNA and RNA technology allow research to be carried out much faster.*

*For instance, traditionally, live venom would be extracted from the animal, then injected into an unsuspecting live rodent or fish to study its impact.*

*Nowadays, the DNA and RNA of the venom have already been identified, which allows researchers to synthesize its components and test out their theories."*

**Nano carriers can stabilize snake venom peptides for delivery via water:**

In response to Dr. Ardis' revelations about the possibility of snake venom peptide delivery via water systems, there has been almost derision from certain influencers who claim that snake venom wouldn't be stable in municipal water systems. In effect, they are absurdly claiming that tap water is anti-venom.

**If that were true, all snake bites could simply be treated by drinking tap water.**

**In truth, the National Library of Medicine has published a study that reveals the existence of "Nano carriers" which can stabilize snake venom peptides in order to achieve delivery via water systems.**

**Entitled, "[Nanoparticles Functionalized with Venom-Derived Peptides and Toxins for Pharmaceutical Applications](#)," the study abstract explains the mechanism by which snake venom peptides are stabilized in water and other solutions: (emphasis added)**

***“Venom-derived peptides display diverse biological and pharmacological activities, making them useful in drug discovery platforms and for a wide range of applications in medicine and pharmaceutical biotechnology. Due to their target specificities, venom peptides have the potential to be developed into biopharmaceuticals to treat various health conditions such as diabetes mellitus, hypertension, and chronic pain. Despite the high potential for drug development, several limitations preclude the direct use of peptides as therapeutics and hamper the process of converting venom peptides into pharmaceuticals. These limitations include, for instance, chemical instability, poor oral absorption, short half-life, and off-target cytotoxicity. One strategy to overcome these disadvantages relies on the formulation of bioactive peptides with Nano carriers. A range of biocompatible materials are now available that can serve as Nano carriers and can improve the bioavailability of therapeutic and venom-derived peptides for clinical and diagnostic application. Examples of isolated venom peptides and crude animal venoms that have been encapsulated and formulated with different types of nanomaterials with promising results are increasingly reported.”***

**Mic drop.**

**So for anyone who thinks that snake venom can't be stabilized for delivery in water systems, they clearly don't know the state of the science. Nano carriers accomplish the task quite simply.**

**Once you become aware of Big Pharma's technology, Dr. Ardis' claims don't seem outlandish at all.**

**The bottom line in all this is rather clear: The only people lashing out against Dr. Ardis' claims about snake venom in covid-19 vaccine formulations or snake venom peptide exposure through various environmental vectors (water, air, contact surfaces) are people who are uninformed about the widespread use of snake venom peptides in medical research and drug delivery systems.**

**The “shock” that many people experience when first hearing about snake venom used in drug development is an artifact of their lack of knowledge about modern medicine. The widespread use of venom from snakes, lizards, frogs, cone fish, stingrays and other creatures is well known in pharmaceutical research circles. It isn't a “fringe” theory, nor a conspiracy theory.**

**It is a biological fact.**

**Millions of Americans swallow reptile venom every single day and call it “medicine”**

**Remember the WEF article linked above? It states, *“Prialt, derived from the venom of cone snails, is used by some of the estimated 22 million adults in the U.S. who suffer from severe and chronic pain.”***

Millions more take Captopril, and there are several other venom-derived, FDA-approved drugs that are routinely prescribed by doctors.

The irrefutable fact is that millions of Americans swallow reptile venom every single day. They just call it “meds.”

The fact that most of them are completely ignorant of the origins of these substances doesn't excuse those in the corporate media or indy media for also being ignorant. Those who are going to comment on Dr. Ardis and the snake venom theory should at least familiarize themselves with the state of the art in biosciences. If they fail to do that, they are just flinging nonsense much like Jen Psaki at the White House.

And haven't we had enough of all the lies and ignorance in our world? Isn't it time we listened to people whose words actually have a basis in fact rather than those who are pushing narratives to protect Big Pharma's dishonest narratives?

Here are parts 1 and 2 of my recent interview with Dr. Bryan Ardis, followed by my Situation Update podcast which further analyzes what may be going on with snake venom and covid-19 (also now called “Covenom-19”):

**And here's my Situation Update podcast that discusses mRNA transfection transhumanism and the “reptilian-human hybrid” phenomenon:**

[Brighteon.com/dc8f6219-379f-478a-91d8-8e0beb55312e](https://www.brighteon.com/dc8f6219-379f-478a-91d8-8e0beb55312e)

**U.S. Department of Defense awarded a contract for 'COVID-19 Research' in Ukraine 3 months before Covid was known to even exist**

BY THE EXPOSÉ ON APRIL 13, 2022

The world first started to hear about a novel coronavirus in early January 2020, with reports of an alleged new pneumonia like illness spreading across Wuhan, China. However, the world did not actually know of Covid-19 until February 2020, because it was not until the 11th of that month that the World Health Organization officially named the novel coronavirus disease as Covid-19.

So with this being the official truth, why does United States Government data show that the U.S. Department of Defense (DOD) awarded a contract on the 12th November 2019 to Labyrinth Global Health INC. for 'COVID-19 Research', at least one month before the alleged emergence of the novel coronavirus, and three months before it was officially dubbed Covid-19?

The shocking findings however, do not end there. The contract awarded in November 2019 for 'COVID-19 Research' was not only instructed to take place in Ukraine, it was in fact part of a much larger contract for a 'Biological threat reduction program in Ukraine'. Perhaps explaining why Labyrinth Global Health has been collaborating with Peter Daszak's EcoHealth Alliance, and Ernest Wolfe's Metabiota since its formation in 2017.

The Government of the United States has a website called '[USA Spending](#)', an official open data source of federal spending information. According to the site as of 12th April 2021 the US Government has spent a mind-blowing \$3.63 trillion "in response to COVID-19". But that's not the only information on Covid that can be found within the site.

Hidden within the 'Award Search' are details on a contract awarded by the Department of Defense to a company named '[Black & Veatch Special Projects Corp](#)', which is allegedly "a global engineering, procurement, consulting and construction company specializing in infrastructure development".

The contract was awarded on September 20th, 2012 and is described as "Professional, Scientific, and Technical Services". Obviously this is very vague and most likely of little interest to anyone who happens to stumble across it. But there is something contained deep within the details that should be of interest to anyone and everyone.

The 'Award History' for the contract contains a tab for 'Sub-Awards' detailing the recipients, action date, amount, and very brief description for 115 Sub-Award transactions. Most of the Sub-Awards are extremely mundane for things such as "laboratory equipment for Kyiv", or "office furniture for Kyiv".

But there is one Sub-Award that stands out among the rest, and it is awarded to Labyrinth Global Health INC for "SME Manuscript Documentation and COVID-19 Research".

An award for Covid-19 research isn't exactly shocking when the world is allegedly in the grip of a Covid-19 pandemic, but considering the fact the sub-contract was awarded 12th November 2019, at least one month before the alleged emergence of the novel coronavirus, and three months before it was officially dubbed Covid-19, the award for Covid-19 research should come as a shock to everyone.

But the shock doesn't end there, because the place the contract for Covid-19 research was instructed to take place was Ukraine, as was the entire contract awarded by the DOD to [Black & Veatch Special Projects Corp](#).

The contract details found on the 'USA Spending' site actually reveal that the specific DOD department that awarded the contract was the Defense Threat Reduction Agency (DTRA). The contract was awarded 20th September 2012, and concluded on 13th October 2020.

Whilst the details are vague, the US Government site also reveals that \$21.7 million of the \$116.6 million contract was spent on a 'Biological threat reduction program in Ukraine'.

Why did the Department of Defense pay a company that is allegedly "a global engineering, procurement, consulting and construction company specializing in

infrastructure development”, to help implement a “Biological threat reduction program in Ukraine”?

And why did both the DOD and said company then pay Labyrinth Global Health INC to carry out COVID-19 research in Ukraine at least one month before the alleged emergence of the novel coronavirus, and three months before it was officially dubbed Covid-19?

Founded in 2017, [Labyrinth Global Health](#) is allegedly a “*women-owned small business with deep expertise and a proven track record supporting initiatives for scientific and medical advancement.*”

They describe themselves as “*a multicultural and international organization with offices in four countries and a team of experts with diverse backgrounds and competencies, including microbiology, virology, global health, emerging infectious disease nursing, medical anthropology, field epidemiology, clinical research, and health information systems.*”

One of those offices just happens to be located in Kyiv, Ukraine, which the company dubs “a gateway to Eastern Europe”.

Putting the bio labs in Ukraine to one side for now, let’s return to the subject of Covid-19. If the US Government was funding Covid-19 research before Covid-19 was publicly known to exist then this suggests they either knew Covid-19 existed naturally, or they were involved in constructing this virus in a lab.

But if the contract evidence isn’t enough for you to come to this conclusion (it should be), then perhaps coupling it with evidence that the U.S. National Institute of Allergy & Infectious Diseases’ (NIAID), and Moderna had a coronavirus candidate in December 2019 will be.

A confidentially agreement which can be viewed here, states that providers ‘Moderna’ alongside the ‘National Institute of Allergy and Infectious Diseases’ (NIAID) agreed to transfer ‘mRNA coronavirus vaccine candidates’ developed and jointly-owned by NIAID and Moderna to recipients ‘The University of North Carolina at Chapel Hill’ on the 12th December 2019.

# US BIOLABS IN UKRAINE



**Exclusive US biolabs in Ukraine, and they are financed at the expense of the US Department of Defense.**

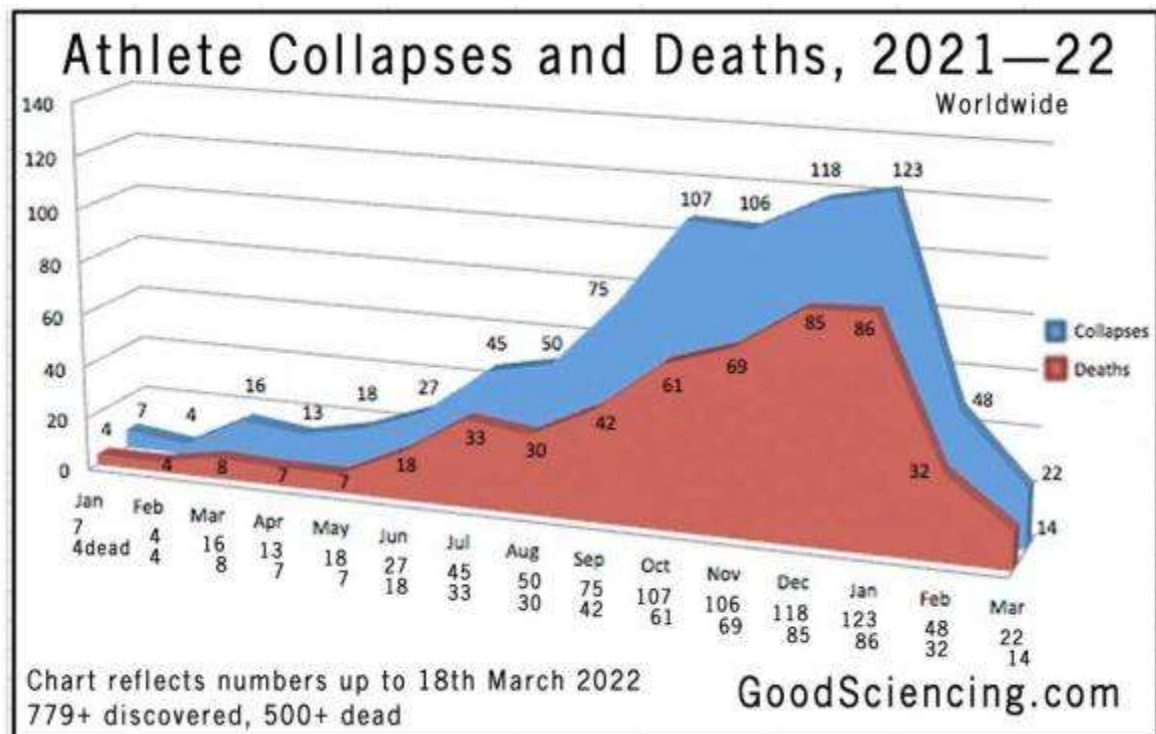
The laboratories are located in Odessa, Vinnytsia, Uzhgorod, Lviv (three), Kiev (three), Kherson, Ternopil, and near Crimea and Luhansk. 2 other possible locations Kharkiv and Mykolaiv

## 833 Athlete Cardiac Arrests, Serious Issues, 540 Dead, After COVID Shot, Good Sciencing

Post-vaccination injuries in athletes include cardiac arrest; blood clots or thrombosis; stroke; irregular heartbeat; arrhythmia; neuropathy; and, death. With most of the post-injection injuries being cardiac arrests. The mainstream media is not covering this topic for obvious reasons but why so since most of these are young and healthy humans?

'Good Sciencing' is a small team of investigators, news editors, journalists, and truth seekers.

They [state on their website](#):



*"It doesn't really matter who we are. What really matters is that we are carrying on an investigation and we're presenting the evidence we've found, almost all of it documented in mainstream media publications. We're doing this anonymously because we've seen people viciously attacked and threatened for doing things like this, so we're not going to open ourselves or any of our contacts to that."*

As well as receiving new cases and updates from alert readers, they note that they are also receiving hate mail and death threats.

'Good Sciencing' has a non-exhaustive and continuously growing list of mainly young athletes who had major medical issues in 2021/2022 after receiving one or more Covid injections. You can view the list [HERE](#).

*“Initially, many of these were not reported. We know that many people were told not to tell anyone about their adverse reactions and the media was not reporting them. They started happening and ramping up after the first Covid vaccinations. The mainstream media still are not reporting most, but sports news cannot ignore the fact that soccer players and other stars collapse in the middle of a game due to a sudden cardiac arrest. Many of those die – more than 50%.”*

*“Most, if not all of these athletes have suffered heart problems after Covid vaccines. At the time of initial writing, 28 died. That was not normal, but then, 10 days later, 56 deaths were listed, and the numbers are climbing. Any other real vaccine would have been pulled off the market long before now. The media would be asking questions. They would be pressuring governments. But they are not. And governments continue running TV and radio and newspaper ads encouraging people to get their 1st, 2nd, 3rd, 4th shot.”*

Many posts on Facebook, Instagram, Twitter, forums and news stories are being removed. *“So now we are receiving some messages saying there is no proof of the event or of vaccination status. That is partly because this information is being hidden,”* Good Sciencing notes, *“more people are writing to tell us that in many cases, we didn’t mention a person’s vaccination status. There is a good reason for that. None of the clubs want to reveal this information. None of their sponsors want to reveal it. The players have been told not to reveal it. Most of their relatives will not mention it. None of the media are asking this question.”*

[Daily Mail reported](#) on 28 January that Sunderland FC manager Lee Johnson suggested the Covid injection could be behind his goalkeeper Lee Burge being ruled out of playing with an ‘inflamed heart’ and said *‘it happens a lot after these injections’*. Two days later [the club confirmed](#) Johnson had been sacked. *“Form your own conclusions as to why the club would sack the manager who cares about his players,”* ‘Good Sciencing’ wrote.

*“We know there is a concerted worldwide effort to make this information go away, so that fact alone tells us it must be collected, investigated and saved so other researchers can look at it to see if there are any useful patterns ... We really appreciate the athletes named in this list who have confirmed what happened to them so the truth can be known. They care about their fellow athletes, even if the clubs, their sponsors, media and politicians care more about money.”*

Read the full article: [833 Athlete Cardiac Arrests, Serious Issues, 540 Dead, After COVID Shot, Good Sciencing](#)





[833 Athlete Cardiac Arrests and Serious Issues, 540 Dead, Following Covid Injection](https://tapnewswire.com/2022/04/833-athlete-cardiac-arrests-and-serious-issues-540-dead-following-covid-injection/)

**Original Article:** <https://tapnewswire.com/2022/04/833-athlete-cardiac-arrests-and-serious-issues-540-dead-following-covid-injection/>

**Dylan Eleven | Truth11.com**

**World governments have launched a silent war upon their own people, using quiet weapons, lies and propaganda. The mainstream media is enabling this deception and genocide. Our mission in this war it to bring you the truth.**

**VAX ETHNIC CLEANSING: HHS Secretary Xavier Becerra confirms vaccines are KILLING BLACKS and LATINOS at “two times the rate of white Americans”**

Tuesday, April 19, 2022 by: Mike Adams

**(Natural News)** We now have an on-the-record statement from HHS Secretary Xavier Becerra saying, “*We know that vaccines are killing people of color... blacks, Latinos, indigenous people, at about two times the rate of white Americans.*”

He did not stutter.

He confirmed what we’ve been warning about since day one of the vaccine depopulation drive: People of Color are being killed by covid “vaccines” at a much higher rate than Whites.



You can hear him say this in the first few seconds of this TimTruth.com compilation video that also features Jen Psaki admitting it's all a *"plandemic."*

Put another way, the experimental gene therapy injections called "vaccines" are depopulation weapons targeting all of humanity, but they disproportionately kill far more Blacks and Latinos on a per-capita basis.

### **Vitamin D deficiency is the single greatest factor**

The reason for this is obvious: Chronic vitamin D deficiency. People of Color are rarely told that their skin pigmentation blocks sunlight-activated vitamin D synthesis in their own skin, so they live out their lives unaware of their desperate need for vitamin D supplementation.

Without adequate vitamin D, they are at far higher risk of cancer, diabetes, bone disorders (such as rickets) and even heart and cardiovascular problems. Importantly, vitamin D deficiency is strongly linked with covid mortality, and since covid "vaccines" turn the body into a spike protein bioweapons factory, the lack of vitamin D only exacerbates the death risk.

### **That's why more People of Color are dying after taking the clot shot.**

No one in government bothers to tell Blacks and Latinos about all this because the longstanding goal of the U.S. government has been to achieve global ethnic cleansing to eliminate People of Color while pretending to celebrate them.

Back in the 1970s, for example, Richard Nixon's science advisor [proposed tainting America's food exports](#) to Africa with infertility chemicals. In the decades since,

depopulation efforts have focused on abortion (targeting Black neighborhoods), deadly cancer treatments targeting Blacks, infertility chemicals in vaccines for African nations (such as Kenya), the water supply poisoning of Blacks with heavy metals, and the deliberate malnutrition of Blacks in America through numerous government programs such as the SNAP (food stamp) system that pays for processed junk food. (The program enriches junk food retailers and junk food corporations while giving black Americans cancer, diabetes, heart disease, obesity and more.)

In truth, the clot shot is just the latest round in the genocidal effort to exterminate Blacks in America and around the world. Sadly, far too many black people in America continue to support the very government that's trying to exterminate them, although more and more Blacks are getting red pillled and coming to realize the truth about all this.

### **The Science Agenda to Exterminate Blacks**

In 2017 — more than two years before COVID — I released a shocking documentary, *"The Science Agenda to Exterminate Blacks."* The documentary was widely shared until YouTube banished it, once again proving that Big Tech will keep Blacks in the dark about any form of genocide targeting Blacks.

Google wants to see black people exterminated, in other words, and they aren't afraid to censor truthful, fact-based documentaries that try to save lives. Thanks to many users, there are now multiple copies of this documentary uploaded to Brighteon.com and other alternative video platforms. Feel free to re-post on Rumble, Bitchute, Gab or other platforms:

[Brighteon.com/00000000-0000-0000-0005-827974413001](https://www.brighteon.com/00000000-0000-0000-0005-827974413001)

### **Learn the full truth and spread the word**

The human race has been targeted for termination, and the depopulation globalists are prioritizing certain races and ethnic groups for rapid extermination. In other words, we're all in the cross hairs, but they desperately want black and brown people to be eliminated as quickly as possible.

Could it be because Latinos, for example, are hard workers who are now turning against Biden and the Democrats because they see the devastating consequences of inflation and money printing? Joe Biden's approval among Latinos in America is now at 29% and dropping.

Or could some of the reason be because of the \$168.8 trillion in unfunded liabilities that the US government owes the American people over time? ([USdebtclock.org](https://www.usdebtclock.org)) The only way for the US government to remain solvent is to eliminate those liabilities, which means eliminating the people who are scheduled to collect those benefits (social security, Medicare, pensions, etc.).

Now, we are living under governments around the world which are actively plotting to mass murder their own citizens using a variety of vectors:

- Depopulation biological weapons disguised as “vaccines”
- Engineered mass famine and starvation
- Widespread contamination of the food supply with heavy metals, plastics and pesticides
- The destruction of families by pushing LGBT agendas in public schools and pop culture
- Defunding the police, allowing violence to take over many inner cities, turning them into deadly war zones (Chicago, anyone?)
- Promoting late-term and even post-birth abortions in order to literally murder black babies after they’re born
- Withholding lifesaving information from Blacks (about vitamin D and similar topics) through coordinated Big Tech censorship and the de-platforming of individuals who are trying to sound the alarm

In today’s Situation Update podcast, I discuss all these topics and more, revealing the heavily censored truth about the real government agenda to exterminate Blacks in America and around the world:

[Brighteon.com/a249c478-cc80-46ed-804b-448aec6fd3c6](https://www.brighteon.com/a249c478-cc80-46ed-804b-448aec6fd3c6)

## **Pfizer documents reek of FRAUD; Big Pharma liability shield starts to unravel**

NaturalNews.com / Mary Villareal

([Natural News](#)) Recently released Pfizer documents show that its Wuhan coronavirus (COVID-19) vaccine can cause systemic damage to the body. This is likely the reason why the pharma giant, through the *Food and Drug Administration* (FDA), previously asked a judge to keep the data from the public for as long as possible – [around 55 years, to be more precise](#).

In the April 1 episode of “The Ben Armstrong Show,” [the host talked about the Pfizer document dump](#). With over 55,000 pages of data to be dumped in April, a team has been assembled to go through parts of the massive document.

Pfizer obviously doesn’t want the public to know just how dangerous the COVID-19 vaccine is, and that the [company has committed fraud](#) by saying it is safe and effective. Unfortunately, also involved in the scheme are the government, the FDA, the *Centers for Disease Control and Prevention* and several media companies. (Related: [FDA should need only ’12 weeks’ to release Pfizer data, not 75 years, plaintiff calculates](#).)

Pfizer and Moderna know from their studies how dangerous the vaccines are, and if independent researchers will ever prove fraud, they will lose their liability protection and people will be allowed to sue them.

When the FDA granted Pfizer the full approval for their vaccine in 2021, there are already known side effects. But there is no way to sue the drug manufacturer for vaccine injury.

*“If it could be proven that Pfizer’s data shows increased all-cause mortality and that the company hid this to encourage people to take the vaccine, then there is an existence of fraud,” said former Blackrock executive and investment adviser Edward Dowd. All the protections Big Pharma is enjoying at the moment will be gone.*

*This is why Pfizer wants to keep its documents away from the public’s eye for as long as possible. “If you didn’t do anything wrong, you wouldn’t care if people looked at your stuff, that you know is supposed to be public record in the first place,” Armstrong said.*

Armstrong also showed an interview with Dr. Naomi Wolf, whose team found how dangerous the COVID vaccines are. Wolf indicated that authorities are using these vaccines to experiment on people and use them as lab rats. She said these are not vaccines at all. According to Wolf, the mRNA injections made by Pfizer and Moderna manipulate genes – making them a form of gene therapy rather than a vaccine.

Pfizer’s efforts to conceal data indicate fraud in itself. Meanwhile, Dowd considers Pfizer’s attempt to conceal data that shows the actual risks of its COVID-19 vaccine as an obvious evidence of fraud. He pointed out the Herculean efforts of Pfizer in withholding its data despite legal challenges to release it.

*“Many reports have also shown that there had been more deaths in the vaccinated compared to the unvaccinated. FDA’s backing of Pfizer in its initial refusal to release the data is an attempt to conceal vaccine deaths”, Dowd said.*

*“Pfizer got blanket immunity with EUA [emergency use authorization]. If there is fraud and it comes out, fraud eviscerates all contracts – that’s case law,” Dowd noted. (Related: [Whistleblower: Pfizer FORGED signatures of trial participants, falsified and fabricated trial data.](#))*

**Another whistleblower**, Dr. Jessica Rose, also obtained information from the Pfizer document dump, which shows that toxic fats have been used in the vaccine and are causing problems in people. These toxic fats apparently go to the organs.

Follow [Vaccines.news](#) for more news about Pfizer’s COVID-19 vaccine documents. Watch the April 1st episode of “The Ben Armstrong Show” to know more about [Pfizer documents showing that the company’s COVID-19 vaccine can cause system damage to the body.](#)

**This video is from [The New American channel on Brighteon.com.](#)**

**More related stories:**

[Court REJECTS FDA request to hide Pfizer data for 75 years.](#)

[Children’s Health Defense to sue FDA over fraudulent Pfizer covid vaccine “approval”.](#)

[Former Pfizer employee flags FDA study, warns that Pfizer vaccine increases COVID by over 300%.](#)

[COVID vaccine injury reports jump by 27,000 in one week, FDA pulls 'bait and switch' with Pfizer vaccine approval.](#)

[Whistleblower: Pfizer vaccine trial data was falsified, participants who experienced adverse effects were ignored.](#)

## **DIE-OFF CONTINUES: Mainstream media censors information about rising COVID vaccine deaths**

Friday, April 08, 2022 by: Mary Villareal

([Natural News](#)) Mainstream media outlets are trying to hide the [sheer number of deaths associated with the Wuhan coronavirus \(COVID-19\) vaccines.](#)

Fortunately, those numbers are recorded through the government's own Vaccine Adverse Event Reporting System (VAERS) and same kinds of technology around the world.

According to the Pfizer and AstraZeneca U.K. data, injuries associated with the COVID-19 vaccine include strokes, heart attacks, miscarriages, Bell's Palsy, sepsis, paralysis and more. There had also been reports that the COVID-19 vaccines have been causing blood clots.

The European database also verified that there had been over 32,649 fatalities and 3,003,296 injuries following injections of four experimental COVID-19 shots: Pfizer-BioNTech, Moderna, AstraZeneca and Johnson & Johnson (J&J).

In a summary of data through December 18, 2021, Pfizer vaccines alone caused **15,788** deaths and 1,476,269 injuries; Moderna caused **9,612** deaths and 431,805 injuries; Oxford/AstraZeneca logged in **6,862** deaths and 1,103,016 injuries; and there had been **2,075** deaths and 109,349 injuries for J&J.

These estimates were based on reports submitted to EudraVigilance, and totals are expected to be much higher based on the percentage of adverse reactions that have been reported.

In Scotland, the statistical report showed that the number of cases by vaccination status still proves that the majority of the cases come from the vaccinated population, with thousands being confirmed to be among those who have had their boosters.

In late 2021, it was found that around [45 percent of deaths following COVID vaccination](#) happen in the first two weeks. Peter Schirmacher, a top pathologist, said around 30 to 40 percent of people who died within two weeks after vaccination were killed not by the virus, but by the vaccine.

In taking a conservative view regarding the reports recorded on VAERS, this will show that around 1,145 people have been killed by the vaccine at minimum. However, taking this ratio to the over 230 million vaccinated, then the numbers would fall to around 4.9 deaths per million killed by the vaccine.

This means that the COVID-19 vaccines are at least five times deadlier than the smallpox vaccines, which were deemed to be too unsafe to use. These estimates only assume deaths in the first two weeks following vaccination, and all excess deaths afterward were assumed to have been caused by something else. (Related: [SCIENCE FACT: Chicken pox vaccine is made with “human embryonic lung cell cultures” and human diploid cell cultures from aborted fetal tissue.](#))

### **The CDC continues to float false narratives about vaccines.**

In mid-2021, the *Centers for Disease Control and Prevention* (CDC) was [caught driving the false narrative](#) that vaccines are protecting people against COVID-19. However, this only appeared so because the agency stopped testing “vaccinated” people for the virus.

Reports say the CDC has decided to test only the unvaccinated people for the virus to make it appear that they were the only ones catching the variants.

*“The CDC stopped monitoring non-severe COVID-19 cases among vaccinated people in May. It’s hard to assess delta’s risk without knowing what mild breakthrough cases look like – or whether they’re becoming more common,”* according to a report.

This is why governments try to claim that the [only people getting sick from the virus are the unvaccinated](#). By refusing to test or monitor anyone who had been inoculated, the data will of course suggest that the vaccines “work.”

In a July 2021 motion, America’s Frontline Doctors (AFLDS) called for an [immediate stop to COVID-19 vaccination](#). According to them, the vaccines were only granted emergency use authorization by the *Food and Drug Administration*, and should not have been given the green light.

In a press release, the group specifically asked that COVID-19 vaccinations be halted for three groups: young Americans aged 18 and below who are at “zero risk” from dying of COVID; those who have recovered from COVID who have acquired natural immunity; and those who have not received informed consent as defined by federal law.

The AFLDS said at the time: *“It is unlawful and unconstitutional to administer experimental agents to individuals who cannot make an informed decision as to the true benefits and risks of vaccines.”*

Watch the video below for more information about [COVID vaccine deaths](#).

This video is from the [TNTVNEWS channel on Brighteon.com](#).

**More related stories:**

[Federal lawsuit claims VAERS reporting system is HIDING actual number of coronavirus vaccine deaths.](#)

[Analyst says systematic flaws prevent VAERS from accurately tracking adverse reactions to vaccines.](#)

[VAERS records overwhelming adverse events from COVID-19 vaccines in first two months of 2022.](#)

[VAERS data shows skyrocketing number adverse events following COVID vaccinations.](#)

[CDC caught removing Covid vaccine injury reports from VAERS.](#)

## **The Many Ways The Spike Protein Annihilates Human Life**

'The Spike Protein Is What The 'Vaccine' Is Supposed To Make In Your Body...The Spike Protein Is One Of The Most Contrived Toxins Or Poisons That Man Has Ever Made...And The Aim Of This Toxin Is To KILL Billions Without Anyone Noticing It.' - Dr. Shankara Chetty

The diabolical pathways the spike protein uses to destroy the human body are many. As Dr. Chetty makes clear, there has never been anything more deadly in human history than the spike protein. Below are just some of the methods its creators built into it to make 100% certain billions will die. The techniques the spike protein uses are often referred to as 'cascades'. Whatever term you use, from avalanche to tsunami, once the spike protein has entered your body it is just a matter of time for it to do its demonic work...

AIDS - Total Immunological Collapse And Failure  
...This includes widespread auto-immune diseases

Explosion Of Cancer In The Body  
...Cancers of all types, including reactivated and brand new cancers...even cancers never seen before

Sterilization  
...Destruction of male and female reproductive organs and system

Clotting And Hemorrhaging  
...Clotting from the spike protein is abnormal and resistant to degradation

Systemic Fibrosis



...Extensive scarring throughout the entire body

Neuro Degenerative Diseases

...Prions (CJD), Amyloid Deposits (Alzheimers, Parkinsons, ALS, etc.)

Cytokine Storm And ADE (Antibody Dependent Enhancement)

...Hypersensitivity to the Spike Protein

The creators of this “Gene Therapy” are likely to have known the harm the “Spike Protein” would do over time. With more than two years to document the results of the Vaxx since administering the first shots in December of 2020, the VAERS reporting system has documented 1.2+ million adverse reactions among the population.

In the late summer of 2020, Dr. Sherri Tenpenny and Dr. Carrie Madej were calling out those pushing the new “Gene Therapy”. It was known that from early animal test studies the animals all died from this experimental treatment and the animal studies were abruptly canceled. The accumulating evidence to date leaves one to conclude that his experiment was criminal and that responsible need to be indicted and prosecuted for criminal negligence, manslaughter, and pre-meditated murder.

### **Pfizer Docs Reveal Fraud, Racketeering, RICO & More – Could Face Serious Legal Repercussions**

Throughout the COVID-19 pandemic, pharmaceutical companies like Pfizer made billions of dollars’ worth of profits from their supposed miracle drug. While the jab did little to stop the spread of the virus or one contracting it, the Biden administration, Democrats, and even famed Dr. Anthony Fauci promoted it to the general public. As for Pfizer, while their drug hasn’t stopped COVID-19, it has been investigated for numerous side effects. And although Pfizer might have been immune to lawsuits, according to Dr. Naomi Wolf, the company’s own documents could be their undoing.

Dr. Wolf spoke on Steve Bannon’s “The War Room” when she detailed how lawyers are working hard to comb through all the Pfizer documents. She added, “*If fraud can be proven against Pfizer, it breaks up their impunity or their immunity from prosecution, civilly and possibly criminally.*”

Diving deeper into the process being taken by the lawyers, the doctor noted, “*Every day, new facts surface, so I just want people to be patient and understand that there are two tracks. In two weeks, I will present a summary, interim report, and press release about the findings for the media, for followers, for the community that have come up. However, that is not the same track, which the lawyers reminded me last night is a longer track of the attorneys – these 250 attorneys – deliberating and creating subcommittees and making decisions themselves, and asking for follow-up documents from the volunteers. That’s going to be a longer process, and it’s also a confidential process.*”

Just a few days ago, Edward Dowd, who was once a portfolio manager at Blackrock, discussed the Pfizer agenda and how data and facts are destroying it. He told Robert F. Kennedy Jr., *“The rate of change [in all-cause mortality] is the smoking gun. The rate of change and the acceleration into mandates and boosters. Basically, in my mind, it’s case closed.”*

That wouldn’t be the only time Dowd spoke out against the COVID-19 narrative, as he explained to WND that the CDC data shows the jab was one of the main causes of deaths among the millennial generation. Yet, it is still being pushed, glorified, and promoted even today.

## **Nationwide WARNING issued by Poison Control about COVID-19 rapid antigen tests**

by: Sara Middleton, staff writer | April 14, 2022

([NaturalHealth365](#)) Back when people first questioned the safety and accuracy of the COVID test nasal swabs, the mainstream approach was to deplatform and cry “misinformation,” perhaps the pandemic-era version of “crying wolf.”

But now, officials are raising a [poison control alert](#) about a toxic substance (typically used in pest control products) found in some COVID-19 rapid antigen tests.

### **At-home COVID tests like the ones handed out by the White House reportedly contain toxic and “potentially deadly” chemical**

After issuing millions of at-home rapid antigen COVID tests to American households, the U.S. government acknowledges an increase in the number of reported sodium azide [poisoning](#). It turns out that these at-home kits contain this harmful substance – a concerning discovery that prompted members of the Ohio Poison Control to issue a national warning.

Accidental exposure to sodium azide when using these at-home tests is apparently happening only when the tests are misused. Even so, Ohio Poison Control member and Cincinnati Children’s Hospital toxicologist Dr. Sheila Goertemoeller recently said in an interview with a local television station that the *“toxicology community has been both surprised that this was the ingredient in some of the kits, and also concerned. We have seen exposure in all age groups.”*

Dr. Goertemoeller also stated that her department is *“one of 55 poison control centers and nationwide other poison centers”* that have reported similar findings and states *“there have been more than a couple of hundred exposures nationwide to Sodium Azide in test kits.”* According to the Gateway Pundit, nearly 60 million Americans have received free rapid antigen testing kits from the Biden Administration so far. Antigen tests known to contain this deadly chemical include BinaxNOW, Flowflex, BD Veritor, and Celltrion DiaTrust.

To be clear, these tests are not “contaminated” with sodium azide – instead, the compound is intended to be there. The chemical is reportedly used as a liquid reagent and preservative that triggers a chemical reaction after coming in contact with a used nasal swab to help create a positive or negative test.

According to reports, some people have mistakenly used the container of sodium azide as an eyedropper or dipped their nasal swab in the solution before putting the swab in their nose.

### **What is sodium azide?**

According to the U.S. Centers for Disease Control and Prevention (CDC), sodium azide is a “*rapidly acting, potentially deadly chemical that exists as an odorless white solid.*” Sodium azide can be found in the following items or areas:

- Automobile airbags
- Hospitals and laboratories (as a chemical preservative)
- [Pest control](#) and agriculture
- Bomb detonators and explosives

The compound is harmful to human health, explains the CDC because it “*prevents the cells of the body from using oxygen,*” facilitating cell death.

The CDC adds, “*Sodium azide is more harmful to the heart and the brain than to other organs, because the heart and the brain use a lot of oxygen.*”

Symptoms of sodium azide exposure (via inhalation, ingestion, or skin contact) include dizziness, low blood pressure, headache, heart palpitations, skin burns and blisters, seizures, loss of consciousness, and death.

***If you ever suspect that you or a loved one are suffering a reaction to a toxic chemical, call Poison Control immediately at (800) 222-1222.***

## **Blackrock’s Edward Dowd Tells Steve Bannon: “Millennials experienced a Vietnam War in the second half of 2021”**

The millennial generation experienced 61,000 excess deaths in the second half of 2021. CDC data shows the Millennial generation suffered a “[Vietnam War event](#),” with more than 61,000 excess deaths in that age group in the second half of 2021, according to an analysis by a former Wall Street executive who made a career of crunching numbers at BlackRock.

Millennials, about ages 25 to 40, experienced an 84% increase in excess mortality in the fall, he said, describing it as the “[worst-ever excess mortality, I think, in](#)

history.” It was the highest increase in excess deaths of any age group last year, seven times higher than the Silent Generation, those who are older than 85.

The increase coincided with the vaccine mandates and the approval of the booster shots.

He said the insurance expert with whom he worked is presenting the data to a financial group and will reveal his identity. “If you’re on Wall Street and you still think Pfizer and Moderna are good buys, I’ve got news for you: There’s some catalysts coming that are probably not going to be good for holding those stocks.” he said.

Dowd said he also had examined the Pfizer clinical trial data provided by whistleblower Brook Jackson, concluding it, and the fact that Pfizer has tried to hide it, point to “clinical fraud.”

He also posted tables showing excess mortality for Gen X — about age 41 to 56 — since August 2021 was 101,000. The Baby Boomers saw 306,000 excess deaths during the same period.

**Watch:**

- [Edward Dowd Explains How Thousands Of People Have Died From COVID Vaccines \(rumble.com\)](#)
- [Edward Dowd on Future Recession, Shocking Findings in the CDC Covid Data, and Democide \(rumble.com\)](#)

**Insane news item #1: US government to cede control to WHO for future pandemics. This is not a joke.**

OK, now the insane news. The U.S. government is about to hand over the keys to the pandemic response to the goofballs at the WHO. The WHO, as we all remember, did not spend a dime on the fastest, safest, and cheapest way to end the pandemic: using repurposed drugs. Even today, they can’t seem to figure out that there are dozens of proven early treatment protocols that save lives. They are corrupt. So why would world governments want to give them the power to exclusively coordinate the pandemic response for the next pandemic?

The bad news: this will soon be a done deal.  
Thanks to Mike Yeadon for alerting me to this.

Here’s Mike’s message to me (excerpt):

Steve,

I’ve heard about this from half a dozen sources & I’m sorry to say that the concerns expressed are wholly justified.

It's a mad idea, but since certain individuals & nations have pretty much taken over the WHO, *I think it's a certainty that, if this new treaty gets signed, within a few years at most, a "public health emergency of International concern" will be declared, and all currently sovereign nations will become controlled subsidiaries of WHO.*

No government should even have the power to throw their country over to a third party. If that happened, they'd never give it back.

U.K. parliament signed up to emergency powers on the occasion of the first lockdown over two years ago. That temporary bill has never been repealed. We have no rights whatsoever if they decide we don't. This is the main reason we emigrated.

Here's the best practical reason *not* to sign such a treaty, aside from its anti-democratic central problem:

Imagine there's a new pathogen spreading across the world. Nobody, anywhere, knows what the best response should be. By definition it's not known.

History teaches us that we alight most rapidly upon probable best courses of action, not from modeling, but from empirical evidence. Running a large number of experiments, based on the smartest public health, medical & scientific brains, will quickly tell us what kinds of responses are helpful & which are not. Maintaining very good communication makes sure lessons learned are shared quickly.

The worst conceivable response would be to place the decision making power in the hands of a single body. They'll likely run one experiment. We'll never learn the counterfactual.

On this basis, I don't even understand why anyone would fall for the idiotic notion that letting WHO have the controls would be a great idea. Even if they were honest & competent.

Please let me know if I can help in any way.

Best wishes  
Mike

Here's the amazing substack article that describes what is going on. You won't find this anywhere in the mainstream media. It's a long article, but really well done.

James Roguski

[\*\*WAKE UP and Smell the Burning of Our Constitution\*\*](#)

This is the fourth article in this series. Pandemic Treaty The People's Treaty Speaking Truth To Power WAKE UP and Smell the Burning of Our Constitution Abolish the WHO Pandemic Mitigation Project...

[Read more](#) (Click on to the left)!

**This is very alarming. Our government has sold the American public out to the World Health Organization.**

**The very enzyme that is associated with increased covid-19 mortality is blocked by an ANTI-VENOM compound**

04/13/2022 / By Lance D Johnson



The *American Society for Clinical Investigation* published research investigating the biochemical properties of plasma taken from deceased covid-19 patients. The team of researchers wanted to “identify the cellular and molecular mechanisms responsible for severe COVID-19 that led to death.” Patients with severe covid-19 showed mitochondrial dysfunction and elevated metabolites associated with secreted phospholipase A2 (sPLA2) activity. This is the same enzyme that is elevated after a venomous snake bite. Could this increase in sPLA2 be the body’s natural reaction to infection, or could it be an indicator that the body is infected/poisoned by something more nefarious — perhaps venomous particles?

“Deceased COVID-19 patients had higher levels of circulating, catalytically active sPLA2 group IIA (sPLA2-IIA), with a median value that was 9.6-fold higher than that for

patients with mild disease and 5.0-fold higher than the median value for survivors of severe COVID-19,” the study authors wrote.

### **Anti-venom compound being studied to help patients with severe covid-19 disease**

According to years of biochemical research, a broad-spectrum ANTI-VENOM compound inhibits the very enzyme that is associated with severe covid-19 disease and covid-19 mortality. It turns out that this enzyme (sPLA2) is [inhibited by an anti-venom compound called varespladib](#). Clinical trials show that varespladib is a potent inhibitor of secretory phospholipase A2 (sPLA2). Varespladib has demonstrated improvements in cardiovascular risks, including a reduction in inflammatory C-reactive proteins and a near complete suppression of the target enzyme, sPLA2.

[A Medscape article from November 2020](#) concurred that the lung inflammation caused by covid-19 produces the sPLA2 enzyme. The article also said a more deadly version of the same enzyme is produced by SNAKE VENOM. Researchers are using varespladib as a broad-spectrum, anti-venom drug because it targets this same sPLA2 enzyme. Researchers also want to deploy the [anti-venom compound against severe covid-19 cases](#).

This brings up the question: Could the clinical manifestation of “covid-19” actually be the ill effects of a bioweapon that contains properties from snake venom? This may explain why severe covid patients and those vaccinated with the spike protein mRNA may suffer from dizziness, paralysis, coagulated blood and inflamed lungs. These are all [similar symptoms from a venomous snake bite](#) [Figure 6]. If severe covid-19 involves an enzyme that can be suppressed by anti-venom, does the actual SARS-CoV-2 contain genetic code from snake venom? Furthermore, are the serious cardiovascular effects from the mRNA vaccines related to this same venomous component?

### **Medical systems profited from covid-19 diagnoses, but understood very little about the pathology behind the actual disease**

For two years, hospital systems used a long list of non-specific symptoms to code for “covid-19.” A term called “covid-19” was slapped on patients if “it” was merely “suspected or cannot be ruled out.” Moreover, hospitals relied on [fraudulent PCR tests](#) that were never intended to diagnose a specific infectious disease.

The word “covid-19” has been advertised at a mind-numbing level, without any understanding of the pathology behind the disease label or how hospital protocols exacerbated suffering and death. While the [PCR tests were being used to falsely diagnose](#) common respiratory viruses as “covid-19,” the real bioweapon could have easily evaded detection and caused unexplained inflammation of the lungs and cardiovascular system of older patients and people with comorbidities.

What we’ve come to know as “covid-19” could actually be a binary weapon based off of snake venom (and other components), which can drive severe inflammation in the lungs and the cardiovascular system. Since the covid-19 vaccines are intended to replicate

similar genetic sequences of the spike protein, all these cardiovascular problems and sudden vaccine deaths could be the effects of the same snake venom properties.

Over the past two years, scientists were focused on augmenting an immune response with spike protein mRNA and the public was coerced to go along with the idea that these were life-saving *vaccines*; but the entire scientific and medical infrastructure could have missed the point entirely. We're facing a long war of bio-warfare, masquerading as science. The vaccinated could have been poisoned by venomous genetic instructions that poison the lungs, the cardiovascular system and the nervous system.

Maybe this is the reason why the vaccine didn't work after the first dose; this never-ending assault is replicating venomous, poisonous components (that have nothing to do with immunity), and they are sickening the population in a more direct and deliberate manner than the original bioweapon ever could. Maybe this is the reason [why the vaccinated](#) are manifesting severe covid now, [at rates greater than the unvaccinated](#). They are literally being forcefully poisoned to death, dose after dose.



## **FDA, CDC Guilty Of Clinical Malpractice And Scientific Fraud**

**Published on April 1, 2022**

Written by Dr. David Gortler

Today, unquestionably serious cardiovascular, thrombotic and [neurologic](#) adverse events related to the Covid 'vaccines' have occurred around the world.

The FDA's own vaccine adverse event tracking system (the Vaccine Adverse Event Reporting System or VAERS) shows [substantial and serious risks](#) from the vaccine, even though the FDA only collects an estimated 10 percent of all adverse events.



Still, federal agencies and manufacturers aren't officially warning the American public about these risks, despite having been privy to this information [for almost a whole year](#). Why? Because it would counter the narrative that taking endless vaccines and boosters is your patriotic duty.

It's pretty clear today there are both safety and efficacy problems with vaccines and boosters. Because all of the FDA's 18,000-plus employees had access to the same [drug safety](#) data we have, one must ask:

- Where is the updated Covid-19 labeling reflecting the latest safety and efficacy findings in VAERS?
- Where are the [FDA "Dear Doctor" letters](#) giving updated safety guidance?
- Where are the "Dear Pharmacist" letters to pharmacists who are still daily administering thousands of boosters to kids and other young healthy people?
- Why isn't the FDA recommending follow-up symptom tracking to avoid further inflammatory neurologic/thrombotic/cardiovascular tragedies instead of its proposal to [extend the dosing interval](#) and cross fingers that it would mitigate risk (as there is no concrete clinical evidence that it will do anything)?
- Why is the FDA ignoring internal drug safety epidemiologists who have stated during official FDA presentations that it only takes a [single, well-documented adverse event to justify a safety signal](#) investigation and warning to the American public of the risk?
- Why isn't the FDA demanding studies addressing [genotoxicity](#), [teratogenicity](#), oncogenicity, the potential for [reduced fertility](#) in men and women, the clinical effects of [spike proteins in donated blood](#), and the bioaccumulation of vaccine in women's [ovaries](#)? Why isn't the agency convening and dedicating a [Data Safety Monitoring Board](#) to surveil all these post-marketing effects and others?

Are Americans expected to believe that the \$6.5 billion-per-year taxpayer-funded FDA lacks adequate funding to address all these public health issues?

### **Not Fully Disclosing Safety Risks To Patients Violates Ethics And States' Licensing Standards**

In order for a physician, pharmacist, and nurse, or anyone else with a clinical professional license to work at the FDA or CDC or any other public health agency, that person must have a "[current, active, full, and unrestricted license or registration from any state in the US](#)."

Not *fully warning* patients about the potential dangers from any drug before administering useless and potentially dangerous vaccines and boosters places these professionals' licenses at risk, regardless of what the CDC, FDA, or White House says.

Physicians, pharmacists, and nurses have always been held to a higher standard. They are expected to think for themselves rather than simply take orders.

As the truth is elucidated about vaccine efficacy and safety, these federal employees and mRNA vaccine manufacturers who colluded to withhold information from the public will be held accountable, and the whole “I was just following orders” excuse will not cut it.

Just keeping your head down and cruising through your job, handing out vaccines is not an option when it comes to the lives of your fellow Americans when licensures are held to a higher standard.

Once you see a rash of “early retirements” of federal public health employees (with full federal benefits of course), expect the other shoe will drop and starker evidence of clear malfeasance will come to light. When that happens, the licensed practitioners and scientists responsible for withholding vital health information from the public should be thoroughly investigated by their academic boards and licensing authorities.

### **Taxpayer-Funded Agency Missions Are Being Ignored**

Separate from that, not speaking out appears to directly violate the [Federal Public Health Vision, Mission and Values](#) regarding its very specific obligations and, specifically, relating to sections labeled “*public health*” and “*accountability*” and “*communication*.”

Their silence also contradicts the FDA motto, which is to assure that: “*All food is safe; all medical products are safe and effective; and the public health is advanced and protected.*” The CDC motto pledges to “[Base all public health decisions on the highest quality scientific data that is derived openly and objectively.](#)”

And you know our federal government has jumped the shark on dishonesty when even the unmistakably liberal [New York Times expresses outrage](#) at the CDC’s deliberate omission about mRNA efficacy and safety data.

### **FDA And CDC Still Pushing The Original, Ineffective COVID-19 Vaccine**

In fact, the FDA and CDC officials are still pushing a potentially unsafe and seemingly [ineffective COVID-19 vaccine](#) by purposely hiding facts from the public. The original strain of COVID-19 has been replaced by mutations. Continuing to promote the original vaccine for the mutated strain of COVID-19 is akin to promoting last year’s flu vaccine for this year’s flu strain. The original, Wuhan, China version of COVID -19 doesn’t exist today.

But that hasn’t stopped the FDA or the CDC: Just look at an archived image of [today’s screenshot of the FDA website](#) still pushing boosters onto the American public and even showing images of kids and young adults with bandages from their latest vaccination and/or boosters, despite the latest CDC data saying that there is essentially [no benefit in those younger groups](#).

The same nonsense can be seen on an archived image of the [CDC’s vaccines.gov website](#) from today:



### **Future CDC And FDA Accountability**

No scientific accountability will ever take place under the existing leadership. It will likely take a combination of courageous whistleblowers, a strong President who actually believe in “following the science,” and an assertive new Congress to call the necessary hearings and issue the necessary subpoenas to uncover the many [CDC and FDA civil and executive service malefactors](#) who, along with Anthony Fauci, have taken the American people for [fools](#).

*These outrageously political, manipulative, science-ignoring federal officials must be held accountable.* Of course, nothing will happen to them while the Biden-Harris administration controls the White House and its pliant allies control Congress.

Even worse: If the republicans somehow gain control again, will anyone other than [Sen. Ron Johnson](#) do anything to hold CDC and FDA officials accountable?

Or will they just again “*reach across the aisle*” and try to “*find a middle ground*” and play the whole “*go along to get along*” game and conform to general expectations so as not to disrupt or endanger their elected offices, university club memberships, and general belonging as they have done historically?

### **It’s hard to stay optimistic about the odds.**

See more here: [americanthinker.com](#)

About the author: [Dr. David Gortler](#) is a pharmacologist, pharmacist, and an FDA and healthcare policy oversight fellow at the [Ethics and Public Policy Center](#) in Washington

DC. He was a professor of pharmacology and biotechnology at the Yale University School of Medicine, where he also served at Yale's Bioethics Center, and was an FDA medical officer who was later appointed by the White House as [senior advisor to the FDA commissioner](#) for drug safety, FDA science policy, and FDA regulatory affairs. He is a columnist at [Forbes](#), where he writes on drug safety, health care and FDA policy.

## **Pfizer, Moderna mRNA vaccines trigger AIDS-like syndrome**

04/13/2022 / By Ethan Huff



Autoimmune disease is [spiking in the fully vaccinated](#), and many are now calling the collection of ailments associated with it AIDS-like syndrome.

An eight-year-old boy from Bongará, Peru, as one example, was recently diagnosed with Stevens-Johnson Syndrome (SJS) just days after receiving his second “dose” of Pfizer’s Wuhan coronavirus (COVID-19) “vaccine.” SJS is said to be extremely rare, but the boy, named Richard Jefferson Bustamante Bautista, developed it after getting his second injection of Pfizer’s experimental mRNA drug.

“Stevens-Johnson syndrome (SJS) is a rare, serious disorder of the skin and mucous membranes,” the Mayo Clinic reported. *“It’s usually a reaction to medication that starts with flu-like symptoms, followed by a painful rash that spreads and blisters.”*

Excess deaths overall are also up big time among young people ever since the jabs were introduced. Edward Dowd, formerly of BlackRock, [warned that](#) what is currently transpiring can be compared to the Vietnam War for today’s Millennial generation.

Young people between the ages of 25 and 40 saw an 84 percent increase in excess mortality last fall, which Dowd said is the “*worst-ever excess mortality, I think, in history.*”

Excess deaths among Millennials were higher than any other age group last year, and a whopping seven times higher than the Silent Generation, which includes people over the age of 85.

Not surprising is the fact that this increase directly coincided with the jab mandates and subsequent approval of “booster” shots for the Fauci Flu.

“*Basically, Millennials experienced a Vietnam War in the second half of 2021,*” Dowd said during a recent interview, noting that 58,000 people died in the conflict.

### **Are the fully vaccinated all quietly developing AIDS?**

While the world has been distracted with the conflict between Russia and Ukraine, the government of the United Kingdom quietly published data showing that people who are triple vaccinated are now just weeks away from developing acquired immune deficiency syndrome (AIDS), if they have not developed it already.

The reason for this is explained [in the Stanford study](#), which explains that the spike protein in COVID-19 injections is lentivirus, which contains a combination of HIV types 1-3, SRV/1 (AIDS), MERS and SARS.

The best-known lentivirus is the human immune deficiency pathogen, which causes AIDS, which explains why we are now seeing autoimmune disease and neurodegenerative decline occur following COVID injection.

The mRNA from the lentivirus cocktail, which is found in the “vaccine,” is being inserted into the DNA of human cells through an invasive procedure (injection), *permanently* changing the genome of cells. This devastating condition is also known as prion disease.

Then there is aphasia, a post-injection condition that recently caused 67-year-old Hollywood actor Bruce Willis to retire, ending his career. Aphasia is a common side effect caused by COVID injections, and is associated with brain fog and failure to concentrate.

“*Aphasia leaves a person unable to communicate effectively with others,*” [explained Johns Hopkins Medicine about the language disorder, which affects specific areas of the brain associated with language expression and comprehension.](#)

“*Many people have aphasia as a result of stroke,*” the resource added.

Stroke, by the way, along with myocarditis and other forms of cardiovascular illness, is another common adverse effect associated with COVID injections. It is occurring in many otherwise healthy young people following the injections.

*“It’s five minutes past midnight,”* wrote someone at Infowars. *“Wake up: they are murdering us via untested, warp speed COVID-19 vaccines.”*

*“Instead of coming out with an actual AIDS vaccine, Fauci came up with a vaccine to give you AIDS,”* wrote another.

## **Snake venom company Venomtech announces partnership with Charles River Laboratories, which ran Fauci’s “secret island” of medical experiments on monkeys and beagles**

Thursday, April 14, 2022 by: [Ethan Huff](#)



([Natural News](#)) In order to broaden the scope of its snake venom-derived products which are licensed to pharmaceutical companies for drug development, Venomtech is [partnering with Charles River Laboratories, International Inc.](#), the same company that Tony Fauci [sent hundreds of thousands of dollars to for the creation of transgender monkeys](#).

In an announcement dated April 12, Venomtech revealed that snake venom-derived peptides are, in fact, real, and are being used to develop novel pharmaceutical therapeutic drugs.

*“Millions of years of evolution have made venom-derived peptides highly specific, even for many of the hardest-to-hit drug targets,”* the company wrote.

*“Venomtech’s Targeted-Venom Discovery Array™ (T-VDA™) libraries provide researchers with a straightforward solution to rapidly screen thousands of individual venom fragments, with each array specifically designed to maximize hits for a specific target.”*

Based in the United Kingdom, Venomtech maintains the world’s largest library of naturally sourced venom-derived compounds. Many of these compounds come from snakes, while others come from different species, including both vertebrates and invertebrates.

*“Use of our platform increases the likelihood of finding unique and high-value candidates for even the most hard-to-hit drug and pesticide targets, or novel active ingredients for cosmetic applications,”* the company says about its products.

### **Bioweapons containing venom are unleashed, and drugs containing anti-venom are released as a “cure”**

If you were able to catch it recently, Dr. Bryan Ardis spoke with Mike Adams, the Health Ranger, about how the Wuhan coronavirus (COVID-19) may also contain components of snake venom.

In the [first part](#) of the three-part series – all three parts are available at [the Health Ranger Report Brighteon channel](#) – Dr. Ardis explained how before the establishment was blaming bats for covid, it was blaming snakes.

So, in addition to drug companies using venom to develop drug treatments, there is evidence being uncovered to suggest that snake venom-like peptides may also be present in bioweapons as well.

It would appear to be the case that the system is playing both sides of every disease outbreak, epidemic, or pandemic. First, someone creates a disease in a lab using snake venom; then they develop a “cure” for it using more snake venom peptides.

A more accurate way to say this is that the bioweapons are the venom, and the drug “cures” are the *anti-venom*. Right now, we are learning a whole lot about both the anti-venom drugs, which few people knew existed, and the venom bioweapons they supposedly target.

Both are unleashed by the same people, presumably, as part of an elaborate, profit-generating scam. Using the Fauci Flu *plandemic* as an example, it appears as though some form of venom peptides were introduced through gain-of-function engineering of the covid bioweapon, followed by anti-venom remedies such as monoclonal antibodies.

Whether or not the “vaccines” also qualify as an anti-venom is still unknown. If “fully vaccinated” people are getting sick and dying from things like heart attacks, then perhaps the jabs are the decoy “cure?”

More is sure to unravel in the coming days, so stay tuned. This bombshell is not going away any time soon, and will probably get even bigger as more details continue to get revealed.

*“Well, of course, it’s snake venom: Satan – serpent,” wrote someone at Brighteon. “It’s all a perfect fit! All explained in the Bible.”*

*“This is a crazy thought: they’re injecting everyone with snake venom,” wrote another. “Of all the creatures possible, it’s SNAKE VENOM.”*

*“I can’t help thinking about David Ickes’ rants since the early 90s about the shapeshifting reptiles behind the scenes of the New World Order. Are the ‘snake people’ literally injecting their toxic venom into the human race to begin a feeding frenzy? What does snake venom do? It begins to break down tissues for pre-digestion before the snake swallows the victim whole.”*

## **21% of Deaths Reported to VAERS After COVID Shots Occurred Within 48 Hours of Vaccination**

VAERS data released Friday by the Centers for Disease Control and Prevention included a total of **1,237,647 reports of adverse events** from all age groups following COVID vaccines, including **27,349 deaths** and **222,836 serious injuries** between Dec. 14, 2020, and April 15, 2022.

The Centers for Disease Control and Prevention (CDC) today released new data showing a total of [1,237,647 reports of adverse events](#) following COVID vaccines were submitted between Dec. 14, 2020, and April 15, 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 [27,349 reports of deaths](#) — an increase of 373 over the previous week — and [222,836 serious injuries](#), including deaths, during the same time period — up 2,971 compared with the previous week.

Excluding “[foreign reports](#)” to VAERS, [807,242 adverse events](#), including [12,566 deaths](#) and [80,170 serious injuries](#), were reported in the U.S. between Dec. 14, 2020, and April 15, 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 12,566 U.S. [deaths reported](#) as of April 15, 16% occurred within 24 hours of vaccination, 21% occurred within 48 hours of vaccination and 59% occurred in people who experienced an [onset of symptoms](#) within 48 hours of being vaccinated.

In the U.S., 568 million COVID vaccine doses had been administered as of April 15, [including](#) 335 million doses of Pfizer, 214 million doses of Moderna and 19 million doses of Johnson & Johnson (J&J).



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

## Search Results

From the 4/15/2022 release of VAERS data:

### Found 1,237,647 cases where Vaccine is COVID19

[Government Disclaimer on use of this data](#)

#### Table

↓ Event Outcome	↑ ↓ Count	Percent
Death	27,349	2.21%
Permanent Disability	50,700	4.1%
Office Visit	188,783	15.25%
Emergency Room	119	0.01%
Emergency Doctor/Room	127,745	10.32%
Hospitalized	151,219	12.22%
Hospitalized, Prolonged	370	0.03%
Recovered	336,678	27.2%
Birth Defect	1,049	0.08%
Life Threatening	30,579	2.47%
Not Serious	555,828	44.91%
<b>TOTAL</b>	† 1,470,419	† 118.81%

† 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 1237647 (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 April 15, 2022, for 5- to 11-year-olds show:**

- [10,290 adverse events](#), including [248 rated as serious](#) and [5 reported deaths](#).
- [19 reports](#) of myocarditis and pericarditis (heart inflammation). The CDC uses a [narrowed case definition](#) of “myocarditis,” which [excludes cases](#) of cardiac arrest, [ischemic strokes](#) and deaths due to heart problems that occur before one has the chance to go to the emergency department.
- [40 reports](#) of blood clotting disorders.

**U.S. VAERS data from Dec. 14, 2020, to April 15, 2022, for 12- to 17-year-olds show:**

- [31,113 adverse events](#), including [1,796 rated as serious](#) and [43 reported deaths](#).
- [65 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](#).
- [651 reports](#) of myocarditis and pericarditis, with [639 cases](#) attributed to Pfizer’s vaccine.
- [166 reports](#) of blood clotting disorders, with all cases attributed to Pfizer.

**U.S. VAERS data from Dec. 14, 2020, to April 15, 2022, for all age groups combined, show:**

- 20% 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 **73**.
- As of April 15, [5,429 pregnant women](#) reported adverse events related to COVID vaccines, including 1,701 reports of [miscarriage or premature birth](#).
- Of the [3,633 cases of Bell’s Palsy](#) reported, 52% were attributed to [Pfizer](#) vaccinations, 40% to [Moderna](#) and 8% to [J&J](#).
- 861 reports of [Guillain-Barré syndrome](#), with 42% of cases [attributed to Pfizer](#), 30% to [Moderna](#) and 28% to [J&J](#).
- [2,355 reports](#) of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- [1,672 reports](#) of myocardial infarction.
- [13,733 reports](#) of blood-clotting disorders in the U.S. Of those, [6,166 reports](#) were attributed to Pfizer, [4,914 reports](#) to Moderna and [2,653 reports](#) to J&J.
- [4,131 cases](#) of myocarditis and pericarditis with [2,532 cases](#) attributed to Pfizer, [1,408 cases](#) to Moderna and [181 cases](#) to J&J’s COVID vaccine.

**1 in 10 surveyed doctors believe COVID shots aren’t safe**

One in 10 primary care physicians [don’t agree](#) COVID vaccines are safe, and 9.3% don’t believe the vaccines are effective, according to a [survey](#) published in the April issue of Vaccine.

Researchers at the Texas A&M School of Public Health asked 625 primary care physicians whether they strongly agreed, somewhat agreed, neither agreed nor disagreed, somewhat disagreed or strongly disagreed with the following three statements:

- The COVID vaccines are safe.
- The COVID vaccines are effective.
- The COVID vaccines are important.

The results showed that 10.1% did not agree the vaccines were safe, 9.3% did not agree the vaccines were effective and 8.3% did not agree the vaccines were important. Approximately 5.2% of physicians remained unvaccinated at the end of the survey.

The survey was conducted between May 14 and May 25, 2021.

[According to](#) Dr. Madhava Setty, given what has transpired over the past 11 months with vaccine injuries, waning effectiveness and the FDA's [efforts](#) to withhold Pfizer data, the number of physicians who believe COVID shots aren't safe is likely higher.

### **769 athletes collapsed this year during competition**

More than [769 athletes have collapsed](#) on the field during a game from March 2021 to March 2022. The statistic was revealed by One America News Network (OAN), which also found the average age of the [athletes](#) who suffered cardiac arrest is just 23 years old.

The unprecedented surge in cardiac arrest and other heart issues among elite athletes coincides with the rollout of COVID vaccines.

[Pearson Sharp of OAN](#) said:

*"How many 23-year-old athletes were collapsing and suffering heart attacks before this year? Do you know any 23-year-old people who had heart attacks before now? And these are just the ones we know about."*

*"How many have gone unreported? Nearly 800 athletes — young, fit people in the prime of life — falling down on the field. In fact, 500% more soccer players in the EU are dropping dead from heart attacks than just one year ago."*

*"Coincidence? When the Pfizer vaccine is known to cause heart inflammation? No. In fact, many doctors treating these players list their injuries and deaths as being directly caused by the vaccine ... This is not a coincidence."*

In an updated [report](#) by 'Good Sciencing', a team of investigators, news editors, journalists and "truth seekers" detailed 942 cardiac arrests and other serious issues among athletes, including [620 deaths](#), following COVID vaccines.

### **CDC meets to 'mull over' next steps for COVID boosters**

The CDC's vaccine advisory committee [met Wednesday](#) to “mull over” what's next for COVID boosters and consider “upgrades” to the vaccines, [The Defender reported](#).

Some members of the Advisory Committee on Immunization Practices suggested “entirely different vaccine formulations could be needed.” Currently, [additional booster doses](#) are recommended only for certain people with weakened immune systems and adults 50 and older.

Vaccine effectiveness is unacceptably low, [according to](#) James Lyons-Weiler, Ph.D. And given the [findings](#) of Jacques Fantini, a biochemist and professor of virology at Aix-Marseille Université in Marseille, France, the vaccines could have negative effectiveness, indicating [disease enhancement](#).

Sara Oliver, one of the CDC's epidemic intelligence service officers with the Division of Viral Diseases, said the evolution of the virus will be an important consideration for considering “platforms” for future COVID vaccinations.

This is the CDC putting the word out that a second round of vaccine development is expected — and the closest we'll ever see to the CDC admitting the vaccination program has flopped, Lyons-Weiler wrote.

#### **Novavax announces early data on COVID and influenza combo vaccine**

Vaccine maker Novavax on Wednesday [announced](#) that early data on its combination vaccine targeting COVID and influenza showed the vaccine produced a strong immune response.

Chief Medical Officer Filip Dubovsky, during a call with reporters, [said](#) the Maryland-based company's early phase clinical trial found that up to 25 micrograms of the COVID formulation combined with up to 35 micrograms of the flu formulation triggered a promising level of protective antibodies in the Novavax COVID-Influenza Combination Vaccine.

Participants in the Phase 1 trial had a median age of 59 and all previously had received COVID vaccines. Novavax plans to move forward with a Phase 2 trial this year to confirm the appropriate dosing levels, and plans to launch a Phase 3 trial on efficacy during the 2023 flu season at the earliest, Dubovsky said.

Novavax's COVID vaccine does not use mRNA technology but synthesizes the virus spike outside the human body.

The genetic code for the spike is put into a [baculovirus](#) that infects insect cells, which then produce copies of the spike that are purified and extracted. The spike copy is then injected into people to induce an immune response against the virus.

The vaccine also uses a novel adjuvant that contains a purified extract from the bark of a tree in South America, to induce a broader immune response.

The World Health Organization in December 2021 [approved](#) Novavax's [COVID vaccine](#) (not the new COVID-flu combination vaccine) for use in the European Union, but the FDA has yet to grant Emergency Use Authorization of any Novavax COVID vaccine in the U.S.

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

**A Special Edition Update “Show Me The Proof” on the Dr. Bryan Ardis’ revelation exposé on Snake Venom and the Covid-19! This is pure evil straight from the pit of Hell has been posted but it is True! Link at: [Show Me The Proof!](#)**

By admin on Tue, 04/19/2022 - 20:13 [Show Me The Proof!](#)

**Your Government wants you DEAD!  
This includes the CDC, NIH, NIAID,  
and the World Health Organization!!  
The “Depopulation” agenda began  
Shortly after the 1968 publication of**

***“The Population Bomb”***

**by Dr. Paul Ehrlich and his wife Anne.**

**“Depopulation has been the World’s #1 Issue since 1968!” It underlies every global issue since. Whether it is climate change or the Global Reset, depopulation is at the core, everything!! It’s all about Sustainable Development!**



Blessings,

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