

Mass Murder

By Sovereign State Sanctioned Syringe Needle!
Part 64

'Serious' Covid Vax Side-effects 40 Times More Likely Than Reported – Researcher

May 6, 2022 TLB Staff



ER Editor: We're picking up both *Samizdat* (RT) via *AlethoNews*, and a piece from *FreeWest Media* which, in addition to the German finding that vaccine side effects are being **underestimated by 40 times**, also notes how unexplained, unpredicted mortality spikes are cropping up in various countries, which are likely to coincide with vaccination.

The massive underreporting of vaccine side effects is being seen in different countries and in the Eudravigilance database itself.

The German piece upon which the reports are based can be found here (browsers should translate): [Charité researcher calls for ambulances for vaccine victims](#)

'Serious' Covid vax side-effects 40 times more likely than reported – researcher *Samizdat* (RT)

Professor Harald Matthes of Berlin's Charite University Hospital said on Tuesday that he has recorded 40 times more "serious side effects" from Covid-19 vaccinations than official German sources have. As Matthes called on doctors to

speaking up for those allegedly injured, US pharma giant Pfizer released a tranche of data apparently showing its jab was far less effective than claimed.

Matthes has been conducting a study entitled 'Safety Profile of Covid-19 Vaccines' for a year, and after surveying 40,000 vaccinated people, he has noticed that one in every 125 have struggled with "serious side effects," Germany's [MDR](#) television network reported on Tuesday.

"The number is not surprising," Matthes explained. "It corresponds to what is known from other countries such as Sweden, Israel or Canada. Incidentally, even the manufacturers of the vaccines have already determined similar values in their studies."

However, Matthes claimed that this risk profile is 40 times higher than that noted by the Paul Ehrlich Institute (PEI), the health ministry agency in charge of the country's vaccine rollout. The PEI currently [states](#) that serious reactions occur in just 0.2 out of every 1,000 vaccine doses administered.

Some of the effects Matthes' team have recorded include muscle and joint pain, heart inflammation, dysfunction of the immune system and neurological disorders. With 179 million vaccine doses administered in Germany thus far, Matthes claimed that there could be as many as "half a million cases with serious side effects."

The researcher, whose hospital is regarded as the [best](#) in Germany and has treated former Chancellor Angela Merkel, said that doctors need to take action and discuss the prevalence of such side effects "openly at congresses and in public without being considered anti-vaccination."

In the U.S. on Tuesday, the Food and Drug Administration (FDA) released [90,000](#) pages of documents from vaccine manufacturer Pfizer relating to the safety and efficacy of its Covid-19 shot. Preliminary analysis of the document dump suggests that during the pharma giant's own studies, 1,223 people out of 29,914 suffering adverse events [died](#) following vaccination, and that the jab reduced the absolute risk of dying from Covid-19 by less than one percent, a point that has already been highlighted by research published in [The Lancet](#) medical journal.

Serious adverse jab reactions 40 times higher than previously reported.

A German study has found that the number of serious side effects after Corona vaccines was 40 times higher than previously reported. The Charité, a well-known hospital in Berlin, interviewed 40,000 vaccinated people after they had received their mandated jabs.

FREEWEST MEDIA

The interviews showed that the number of serious side effects was 40 times higher than previously reported by medical supervisors the Paul Ehrlich Institute, [according to MDR](#), the public broadcaster of the states of Thuringia, Saxony-Anhalt and Saxony. The number of side effects resulting from normal vaccines, such as those against polio or measles, is considerably lower, researchers pointed out.

Sweden, Israel and Canada

Lead researcher Harald Matthes said the figures corresponded to the picture in countries such as Sweden, Israel and Canada. Even the makers of the vaccines come up with similar numbers in their own studies.

Last year, Dutch data analyst Wouter Aukema [analyzed](#) data from the European Medicines Agency (EMA) for all EU member states and saw a similar picture emerge.

The researchers considered serious side effects to be complaints that lasted for weeks to months and which required medical attention. These included muscle and joint pain, heart inflammation and also neurological disorders.

Professor Matthes said that most side effects, even serious ones, last three to six months at most. He immediately added that there are also side effects that last significantly longer.

Mortality spike in Cyprus

Authorities have been urged to investigate a [mortality spike](#) in Cyprus in 2021 that cannot be explained by Corona infections but which coincided with the vaccination campaign. This has been noted by a group of scientists in the medical journal [Cureus](#).

The researcher's analyzed information published by the Cypriot Ministry of Health and collected by the European RIVM. In 2021, 9.7 percent more deaths were reported in Cyprus than in 2020. Compared to the five-year average, the mortality rate was 16.5 percent higher. The third and fourth quarters in particular saw a sharp increase in the number of deaths.

In addition, by calculating the percentage change of deaths for each of the two consecutive years over the last six years (from 2016 to 2021), they observed that the increase in mortality was not a part of an expected trend over time.

The scientists concluded that the increase in Cyprus in 2021 cannot be explained by Corona mortality and coincides with the vaccination campaign. They have therefore called for a comprehensive investigation to identify the underlying causes.

A [mortality spike](#) was also reported in the second half of 2021 in the Dutch province of Zeeland. More Zeelanders at the end of April than the Central Bureau of Statistics (CBS) had predicted. The reason for this increase in the number of deaths cannot be explained with certainty, *“but Corona is probably the culprit”* the regional broadcaster said. Against the background of mass vaccination, this may not be correct.

Over the last seven weeks of last year there was already a large wave of deaths, especially in Zeeland, which coincided with the jab campaign. Other countries, including Canadian provinces [Alberta and British Columbia](#), have noticed a similar alarming trend.

Part of the Great Reset

The globalists want to keep citizens in panic mode for as long as possible while they work towards a world government, according to lawyer Reiner Füllmich in the programmer [Friday Roundtable](#).

They want to take control of the world as quickly as possible, as if in a dystopian James Bond film, but unfortunately it is reality, the lawyer explained. They are trying to create as much chaos as possible: first Corona, then disrupting supply chains and now the war in Ukraine.

“It is all staged,” Füllmich stressed. *“It is all part of the Great Reset.”* At some point, a solution will be offered: the United Nations as a world government.

“The United Nations is completely under the control of Klaus Schwab’s World Economic Forum,” the lawyer underlined. But there is more. Schwab was educated in the United States. He studied at Harvard University in the 1960s and became involved in a CIA-funded programmer to influence European policy. *“That’s what the World Economic Forum was originally set up for,”* he said.

The globalists are also using their network to gain control over the rest of the world, added Füllmich. *“That is the ultimate goal: a world government and a digital world currency based on the Chinese social credit system. We must not let it come to that.”*

The Many Ways In Which COVID Vaccines May Harm Your Health

Published on May 5, 2022

Written by Dr. Joseph Mercola

COVID-19 vaccines are capable of causing damage in a number of different ways leading to lung damage and heart and brain diseases.

In this interview, Stephanie Seneff, Ph.D., and Judy Mikovits, Ph.D., a dream-team in terms of deep insights into the scientific details, explain the problems they see

with gene-based COVID-19 vaccines. There is a load of highly useful technical information that you can use to defend your opposition to these dangerous vaccines.

However, unless you have deeply studied molecular biology and genetics, it would be wise to view the video two or three times, as with each review, you will learn more and understand just how dangerous these vaccines are. I recently interviewed Seneff about the excellent paper^[1] she published on this topic. That interview was featured in *“COVID Vaccines May Bring Avalanche of Neurological Disease.”*

In May 2020, I also interviewed Mikovits about the possibility of these vaccines causing reproductive harm and other health problems. At the time, Mikovits warned that fertility rates may drop thanks to the SARS-CoV-2 spike protein creating antibodies that attack syncytium, and indeed, we’re now starting to see that.

Still, the U.S. Centers for Disease Control and Prevention are recommending pregnant women get these vaccines, as well as children, which is unconscionable, considering the potential lifelong risks and impairment of fertility.

The Spike Protein Is The ‘Bioweapon’

As noted by Mikovits, we now know that the worst symptoms of COVID-19 are created by the SARS-CoV-2 spike protein, and that is the very thing these gene-based vaccines are instructing your body to make. But it’s far worse, as the vaccines do not cause your body to make the same spike protein as SARS-CoV-2 but one that has been genetically modified, making it far more toxic. So, it’s no wonder things are going wrong.

“The SARS-CoV-2 infection never was what they said it was,” Mikovits says. “There was no infection asymptotically, but the spike protein is clearly [causing] the disease.”

So, you just injected the envelope of HIV ... a syncytin gamma-retrovirus envelope, and a SARS S2 receptor binding domain. That’s not a vaccine. It is the disease-causing agent. So now your cells are all producing that ‘bioweapon’ and you’re going to take out the innate immunity, NK [natural killer] cells and dendritic cells ...

You’re going to disrupt your white blood cells, your immune response. You’re going to turn on an anti-inflammatory cytokine signature in every cell of your body. It exhausts your NK cells’ ability to determine infected cells. It’s the nightmare we predicted.”

The Spike Protein Produced In Your Body Is Highly Unnatural

In her paper, "[Worse Than The Disease: Reviewing Some Possible Unintended Consequences of mRNA Vaccines Against COVID-19](#)," published in the International Journal of Vaccine Theory, Practice and Research in collaboration with Dr. Greg Nigh,^[2] Seneff explains that a significant part of the problem is that while the natural spike protein is bad, the spike protein your body produces in response to the vaccine is even worse.

The reason for this is because the synthetic RNA has been manipulated in such a way as to create a very unnatural spike protein that result in it not collapsing on itself into the cell once it attaches to the ACE2 receptor, as it normally does. Instead it stays open and attached to the ACE2 receptor, disabling it and causing a host of problems leading to heart, lung, and immune impairment. As explained by Seneff:

"They modified the RNA to make it really sturdy so the enzymes can't break it down ... Normally, enzymes that are in your system would just break down that RNA. RNA is very fragile, but they've made it sturdy by putting in PEG [polyethylene glycol], by adding this lipid membrane, and the lipid is positively charged, which causes the cell to be very upset when that goes into the membrane of the cell."

"But I think maybe the most disturbing thing is they actually modified the [RNA] code so that it doesn't produce a normal version of the spike protein. It produces a version that has a couple of prolines in it, side by side at the critical place where this spike protein normally would fuse with the cell that it's infecting."

"So, the spike protein binds to the ACE2 receptor once it's produced by the human cell ... but it's a modified version of the spike protein. It has these two prolines that make it very stiff so that it can't reshape. Normally it would bind to the ACE2 receptor and then it would reshape and go straight into the membrane like a spear."

"Because of this redesign, it can't do that, so it sits there on the ACE receptor, exposed ... That allows the immune cells to produce antibodies specific to that place where it should be fusing with the cell, the fusion domain. It messes up the fusion domain, keeps the protein open, and prevents the protein from getting in, which means the protein will just stick there on the ACE2 receptor, disabling it."

"When you disable ACE2 receptors in the heart, you get heart failure. When you disable them in the lungs, you get pulmonary hypertension. When you do it in the brain, you get stroke. Lots of nasty things happen when you disable ACE2 receptors ..."

"The other thing they've done with the RNA is they've stuck in a lot of extra Gs (guanine) and Cs (cytosine), which makes it much better at making proteins. It's turned up the gain on the natural virus 1,000-fold, making the RNA much more

willing to make a protein. So, it'll make a lot more spike protein than you would've had from a natural RNA virus."

Reality Is Exponentially Worse Than Predicted

With the added information provided by Seneff, Mikovits now believes the reality of these vaccines may be exponentially worse than she initially predicted a year ago. Not only is the lipid nanoparticle a serious hazard, as we've seen with Gardasil and some of the newer hepatitis B vaccines, but we now also have the added issue of unnatural mRNA, made more robust so as to evade its natural breakdown.

As explained by Mikovits, free RNA acts as a danger signal inside your body, so now your system is on red alert for however long the RNA remains viable. Now, by manipulating the RNA code to be enriched in G and C, and configured as if it's a human messenger RNA molecule ready to make protein by adding a polyA tail, the spike protein's RNA sequence in the vaccine looks as if it is part bacteria,^[3] part human^[4] and part viral at the same time.

"We use poly(I:C) [a toll-like receptor 3 agonist] to signal the cell to turn on the type I interferon pathway," Mikovits explains, "and because this is an unnatural synthetic envelope, you're not seeing poly(I:C), and you're not [activating] the Type I interferon pathway."

"You've bypassed the plasmacytoid dendritic cell, which combined with IL-10, by talking to the regulatory B cells, decides what subclasses of antibodies to put out. So, you've bypassed the communication between the innate and adaptive immune response. You now miss the signaling of the endocannabinoid receptors."

"A large part of Dr. [Francis] Ruscetti's and my work over the last 30 years has been to show you don't need an infectious transmissible virus — just pieces and parts of these viruses are worse, because they also turn on danger signals. They act like danger signals and pathogen-associated molecular patterns."

"So, it synergistically leaves that inflammatory cytokine signature on that spins your innate immune response out of control. It just cannot keep up with the myelopoiesis [the production of cells in your bone marrow]. Hence you see a skew-away from the mesenchymal stem cell towards TGF-beta regulated hematopoietic stem cells."

"This means you could see bleeding disorders on both ends. You can't make enough firetrucks to send to the fire. Your innate immune response can't get there, and then you've just got a total train wreck of your immune system."

With respect to Mikovits' comment that pieces and parts of the virus are actually worse than the whole virus, that is precisely what we have with the COVID

vaccines. In last week's interview with Seneff, she explained how the manufacturing process leaves fragmented genetically modified RNA in the vaccine. They are not filtered out and assumed to be harmless, but as Mikovits states, this is not the case. This is being completely missed as one reason why this vaccine is so dangerous.

Latent Viruses May Flare If You Receive The COVID Vaccine

As noted by Seneff, she and Mikovits' findings mesh well to explain many of the problems we're now seeing from these gene-therapies. For example, vaccinated patients are reporting herpes and shingles infection following COVID-19 vaccination, which you'd expect if you're Type I interferon pathway is disabled.

"Basically, you've got these latent viruses that are not bothering you at all until your immune system gets completely distracted by this crazy thing going on in the spleen with all this messenger RNA and all these spike proteins," Seneff says. "Immune cells are distracted from their other job of keeping these viruses in check. So, you get these other conditions showing up, and there are several. There's Bell's palsy (facial palsy), for example. There are over 1,200 cases of Bell's palsy reported after the vaccine in the Vaccine Adverse Event Reporting System (VAERS)."

"And when you look at the research of what causes that, they really point to the herpes virus and the varicella virus as being the source of Bell's palsy. The Type I interferon system is what you need to keep these guys in check, and so those viruses are getting enabled and they're causing symptoms."

"That is actually a very bad sign. If a woman who's pregnant has a herpes flare-up during pregnancy, she has a twofold increased risk of producing an autistic son. Also, in a study on 200 Parkinson's patients, compared to 200 age- and gender-matched controls, six of those Parkinson's patients had at least one episode of Bell's palsy in the past, whereas none of the controls had. So, it looks to me like the Bell's palsy is an indicator of a future risk of Parkinson's disease."

"To summarize, it looks as though pregnant women who are getting the COVID-19 vaccine are at increased risk not only for miscarriage but also for future infertility and having an autistic child. So, please, be careful out there and spread the word. The best way to treat any disease is to prevent it. These vaccines simply are not decreasing COVID-19 but radically decreasing the health of those who receive it, especially pregnant women that the CDC merely a month ago encouraged to get vaccinated without a shred of safety evidence."

The Importance Of Type I Interferon

Mikovits has done a great deal of research on interferon for the last 40 years. Innate immune interferon makes up your entire frontline defense. People with HIV/AIDS have dysregulated Type I interferon, which allows parasites to gain a solid foothold. Interestingly enough, ant parasitic drugs such

as hydroxychloroquine and ivermectin have been shown to be effective against COVID-19, both prophylactically and in treatment.

Mikovits cites a research paper^[5] titled “War and Peace Between Microbes,” which details how HIV-1 interacts with coinfecting viruses, thereby accelerating the disease. Herpes viruses in particular have been implicated as a cause of AIDS. Human herpesvirus 6 (HHVS-6) has also been implicated in myalgic encephalomyelitis or chronic fatigue syndrome (ME-CFS).

In short, these diseases, AIDS and ME-CFS, don’t appear until viruses from different families partner up and retroviruses take out the Type 1 interferon pathway.

In short, the COVID-19 vaccines are capable of causing damage in a number of different ways. Disturbingly, all these different mechanisms of harm have synergistic effects when it comes to dysregulating your innate and adaptive immune systems and activating latent viruses. *“It’s just an explosion of a nightmare of crippling every area of your immune response,”* Mikovits says.

How MRNA Can Alter Your DNA

In her paper, Seneff also describes how mRNA can, in fact, alter your DNA, essentially integrating the instructions to make spike proteins into your genome. Typically, mRNA cannot be integrated directly into your genes because you need reverse transcriptase.

Reverse transcriptase converts RNA back into DNA (reverse transcription). However, there’s a wide variety of reverse transcriptase systems already embedded in our DNA, which makes this possible. This is an area that Mikovits has studied for decades, so, commenting on Seneff’s findings, she says:

“When you activate latent and defective viruses, you turn on reverse transcriptase; you turn on the virome. But you also need an integrase gene. So how are retroviruses silenced? [Through] DNA methylation. [When] you throw in a lot of GC-rich regions — you’ve got that synthetic viral particle [i.e., the vaccine-induced spike protein RNA] — now you’ve woken up your herpes viruses.

[Latent viruses] are silenced [through] DNA methylation, but as our soil is depleted in minerals, we have people with methylation defects. This is why I said the first people who are going to die are people with inflammatory conditions and cancer.”

SARS-CoV-2 Spike Protein May Be A Prion

In her paper, Seneff also discusses evidence suggesting the SARS-CoV-2 spike protein may be a prion, which is yet another piece of really bad news. *“It’s absolutely terrifying to me,”* she says, adding:

“I’m now thinking that may be the worst aspect of these mRNA vaccines, because they’re producing this abnormal spike protein that doesn’t want to go into the membrane. Prion proteins are known to be membrane proteins. They’re alpha-helices in the membrane and then they misfold, becoming beta-sheets in the cytoplasm, and that’s what leads to the prion problem.”

“They form a crystal that draws in other proteins and makes this big mess and builds fibrils and Alzheimer’s plaque. The main prion protein is PrP, which is in Creutzfeldt-Jakob disease, the human form of mad cow disease. It’s a sort of protein-source infection. It’s quite wild because there’s no DNA involved, no RNA involved, just protein.”

“But the thing is, when you have produced a version of mRNA that knows how to spew out tons of a prion protein, the prion proteins become problematic when there’s too many of them and the concentration is too high in the cytoplasm.

And the spike proteins that these mRNA vaccines are producing ... isn’t able to go into the membrane, which I think is going to encourage it to become a problematic prion protein. Then, when you have inflammation, it upregulates alpha-synuclein [a neuronal protein that regulates synaptic traffic and neurotransmitter release].”

“So, you’re going to get alpha-synuclein drawn into misfolded spike proteins, turning into a mess inside the dendritic cells in the germinal centers in the spleen. And they’re going to package up all this crud into exosomes and release them. They’re then going to travel along the vagus nerve to the brainstem and cause things like Parkinson’s disease.”

“So, I think this is a complete setup for Parkinson’s disease. What may happen is that because they got this vaccine, they get Parkinson’s disease five years earlier than they would have gotten it otherwise. It’s going to push forward the date at which someone who has a propensity towards Parkinson’s is going to get it.”

“And it’s probably going to cause people to get Parkinson’s who never would have gotten it in the first place — especially if they keep getting the vaccine every year. Every year you do a booster, you bring the date that you’re going to get Parkinson’s ever closer.”

Children’s Risk Of Death Increases By 5100% Following COVID Vax

Published on May 5, 2022

Written by globalresearch.ca

The Office for National Statistics has revealed without realizing it that children are up to 52 times more likely to die following Covid-19 vaccination than children who have not had the Covid-19 vaccine.

Back on 20th Dec 21, the Office for National Statistics (ONS) published a dataset containing details on ['deaths by vaccination status in England'](#) between 1st Jan and 31st Oct 21.



The dataset contains various tables showing details such as, 'Monthly age-standardized mortality rates by vaccination status for deaths involving COVID-19', and 'Monthly age-standardized mortality rates by vaccination status for non-COVID-19 deaths'.

What the dataset also includes is 'age-standardized mortality rates by age-group and vaccination status for all deaths', however they have conveniently left out the data for children, and only included data on age groups over the age of 18.

What they also did in the data they included is bunch all young adults together meaning the rates of death are calculated for 18-39 year-olds, a total of 22 years. But for every other age group the rates of death are calculated for a total of 10 years, with 40-49, 50-59 etc.

Age-standardised mortality rates by Vaccination Status, per 100,000 person-years, England, Age 10-14, deaths occurring between 1 January 2021 & 31 October 2021
 Source - Office for National Statistics, Deaths by vaccination status Dataset, England



Month	Age-group	Vaccination status	Number of deaths	Person-years	Age-standardised mortality rate per 100,000 person-years
May	18-39	Unvaccinated	153	651,561	25.6
May	18-39	Within 21 days of first dose	4	53,775	8.1 u
May	18-39	21 days or more after first dose	79	114,200	65.6
May	18-39	Within 21 days of second dose	26	50,840	47.0
May	18-39	21 days or more after second dose	44	79,515	55.2
May	40-49	Unvaccinated	213	109,872	221.0
May	40-49	Within 21 days of first dose	29	82,454	37.9
May	40-49	21 days or more after first dose	247	169,064	145.0
May	40-49	Within 21 days of second dose	55	46,398	114.4
May	40-49	21 days or more after second dose	100	60,846	164.0
May	50-59	Unvaccinated	350	49,609	717.2
May	50-59	Within 21 days of first dose	12	3,925	273.1 u
May	50-59	21 days or more after first dose	817	294,958	275.7
May	50-59	Within 21 days of second dose	205	104,827	190.7
May	50-59	21 days or more after second dose	378	92,554	399.9

However, on table 9 of the [‘Deaths by Vaccination Status’](#) dataset, the ONS have inadvertently provided enough details on deaths among children and teenagers by vaccination status for us to calculate the mortality rates ourselves, and to put it bluntly, they are horrifying, and make it obvious as to why the ONS chose to exclude children from the mortality rates dataset.

What the ONS have done, as can be seen in the above table, is provide an age standardized mortality rate per 100,000 person-years, rather than per 100,000 population.

The reason for this is that the size of each vaccination status population has been changing all the time, due to the unvaccinated moving into the one-dose category, and the one-dose vaccinated moving into the two-dose vaccinated category throughout the year.

So by doing it this way it provides a much more accurate picture of the mortality rates because it accounts both the number of people and the amount of time a person has spent in each vaccination status.

And on table 9, the ONS have provided us with the number of deaths by vaccination status among children and teenagers, and have kindly also provided us with the person-years, meaning we can calculate the mortality rate per 100,000 person years for 10-14 year olds, and 15-19 year olds by vaccination status.

[According to the ONS](#), between 2nd January and 31st October 2021 there were 96 deaths recorded among 10-14-year-olds who had not been vaccinated, and 160 deaths recorded among 15-19-year-olds who had not been vaccinated.

Vaccination status	Age group	Person-years	Deaths involving COVID-19	Non-COVID-19 deaths	All deaths
Unvaccinated	10-14	2,094,711	2	94	96
Unvaccinated	15-19	1,587,072	18	142	160

The ONS have calculated the person-years among unvaccinated 10-14 year-olds during this period to be 2,094,711, whilst they've calculated person-years among unvaccinated 15-19 year-olds during this period to be 1,587,072.

To work out the mortality-rate per 100,000 person years all we need to now do is divide the person-years by 100,000, and then divide the number of deaths by the answer to that equation.

So for 10-14 year-olds we perform the following calculation –

- $2,094,711 \text{ (person-years)} / 100,000 = 20.94711$
- $96 \text{ (deaths)} / 20.94711 = 4.58$

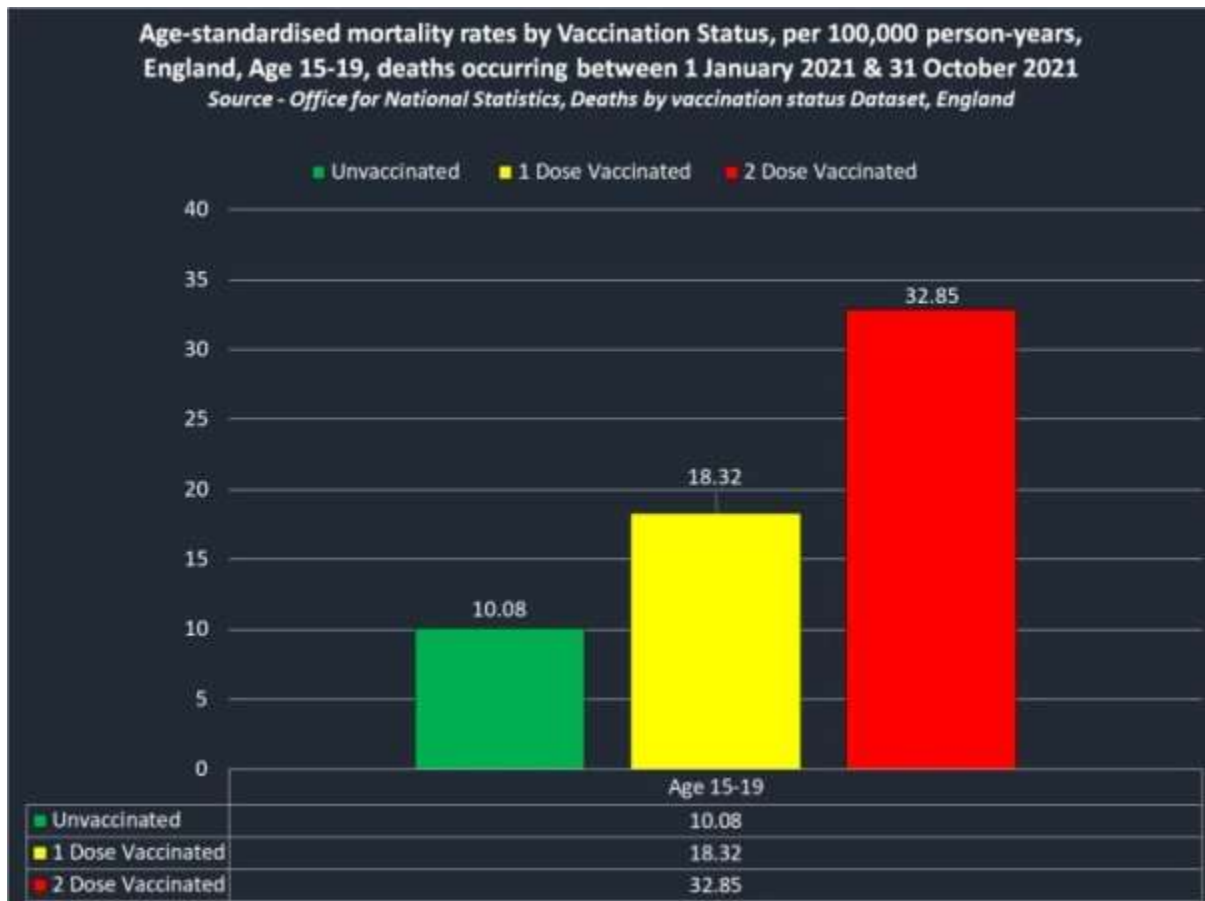
Therefore, the mortality rate per 100,000 person-years among unvaccinated 10-14-year-olds is 4.58 deaths per 100,000 person-years between 1st Jan and 31st Oct 21.

By using the same formula we find that the mortality rate among unvaccinated 15-19-year-olds is 10.08 deaths per 100,000 person-years.

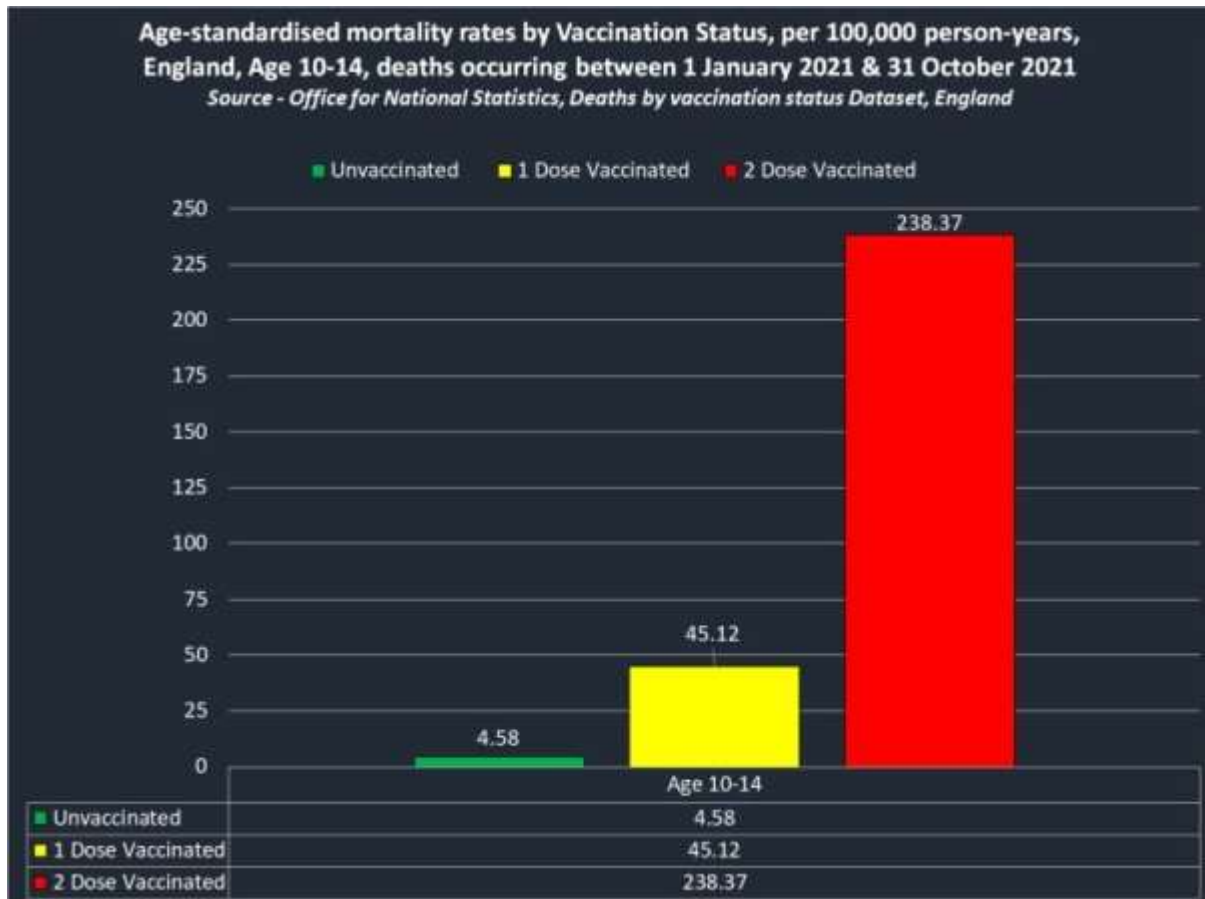
Now all we have to do is use the same formula to calculate the mortality rate among one-dose vaccinated and two dose vaccinated 10-14, and 15-19 year-olds, by using the person-years and number of deaths provided by the ONS in table 9 of their 'Deaths by Vaccination Status' report, which are as follows –

Vaccination status	Age group	Person-years	Deaths involving COVID-19	Non-COVID-19 deaths	All deaths
Received the second dose, at least 21 days ago	10-14	1,678	0	4	4
Received the second dose, at least 21 days ago	15-19	127,842	1	41	42

Here are the calculated mortality rates by vaccination status among 15-19-year-olds based on the ONS calculated person-years –



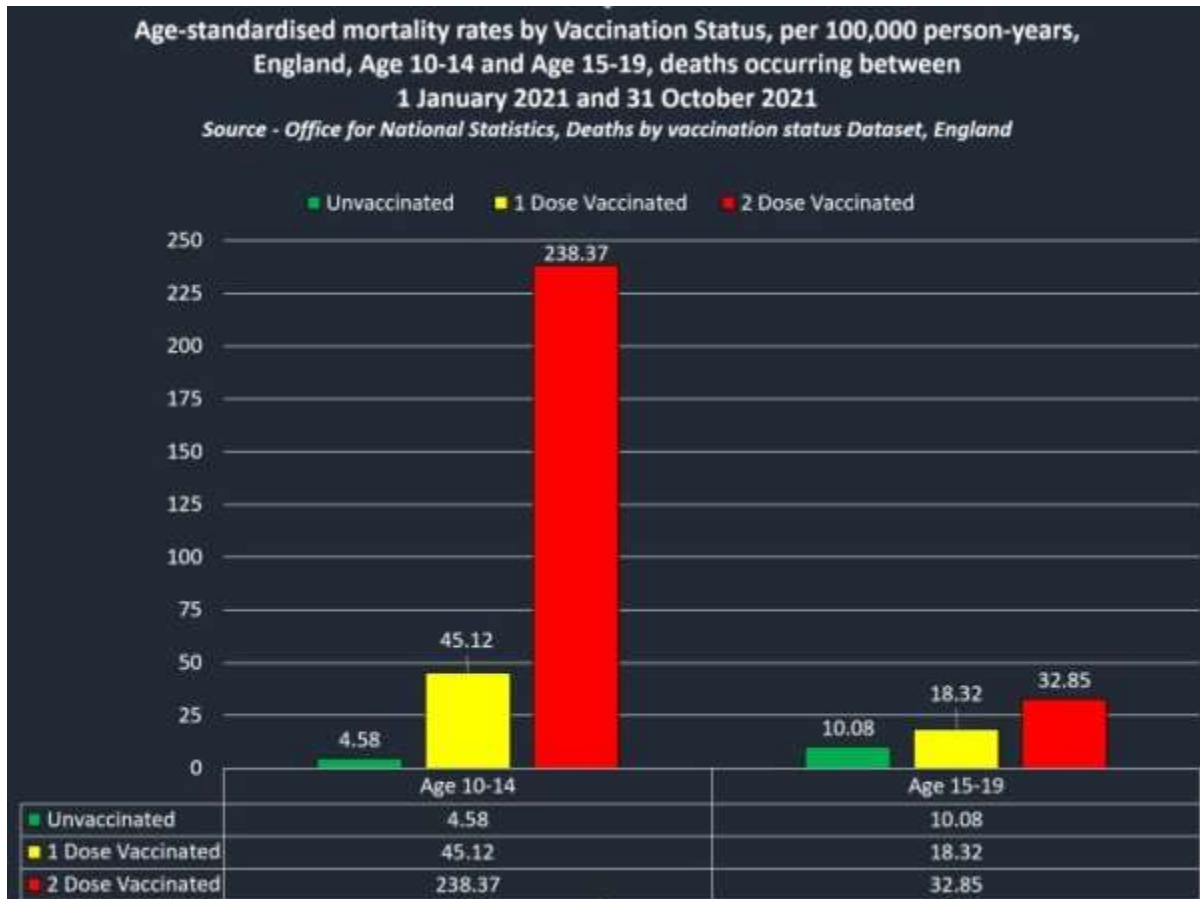
And here are the calculated mortality rates by vaccination status among 10-14-year-olds based on the ONS calculated person-years –



These figures are horrifying. The ONS data shows that between 1st Jan and 31st Oct 21, children aged 10-14 were statistically 10 times more likely to die than unvaccinated children, and teenagers aged 15-19 were statistically 2 times more likely to die than unvaccinated teenagers.

But it's the double vaccinated figures that are truly frightening.

The ONS data shows that between 1st Jan and 31st Oct 21, teenagers aged 15-19 were statistically 3 times more likely to die than unvaccinated teenagers, but children aged 10-14 were statistically 52 times more likely to die than unvaccinated children, recording a death rate of 238.37 per 100,000 person years.



But these figures are in fact even worse than they first appear, as if they weren't already bad enough. This is because the unvaccinated mortality rate among 10-14-year-olds includes children aged 10 and 11 who are not eligible for vaccination.

Whereas the vaccinated mortality rates do not include 10 and 11 year olds because they were not eligible for vaccination at the time, with the [JCVI only recently recommending on 22nd Dec 21](#) that 5 to 11-year-old children deemed to be high risk should be offered a Covid-19 vaccination.

Therefore, if the Covid-19 injections were not causing the untimely deaths of children then we would actually expect to see a mortality rate that is lower among the vaccinated population than the mortality rate among the unvaccinated population, not a mortality rate that is similar, and certainly not a mortality rate 52 times higher.

This jaw dropping and horrifying data should be national headline news.

Latest CDC data shows 106 children died, 48,033 suffered adverse reactions following COVID-19 vaccination



Recent data from the *Centers for Disease Control and Prevention* (CDC) revealed that [106 children have died following Wuhan coronavirus \(COVID-19\) vaccination](#). A quick search on the Vaccine Adverse Event Reporting System (VAERS) showed there had been 48,033 reports of adverse reactions to the COVID-19 vaccines among children up to April 22. A similar search for serious adverse reactions among children, ranging from hospitalizations to permanent disability and death returned 12,548 results.

All these data showed that children have suffered adverse reactions to the COVID-19 injections – either through being breast-fed by vaccinated mothers or due to overeager healthcare workers who have been vaccinating children not yet legally eligible for the vaccines.

As of April 22, two children under six months died, as did four other children between ages one and five.

The information acquired from VAERS does not paint the whole picture. The CDC itself estimated that only one to 10 percent of adverse reactions are actually reported to the system. Thus, the number of children who died because of the vaccines could be as high as 10,600. (Related: [Dr. Zelenko: Covid vaccine mandates for children are “coercive human experimentation, crimes against humanity.”](#))

Still, drug regulators in the U.S. are looking to authorize the administration of the injections to children as young as six months old.

Big Pharma pushes for COVID shots in children

It's been long established that children are the least affected by the COVID-19 virus, and vaccines are associated [with serious adverse events](#). Yet, big pharmaceutical companies like Moderna are pushing through with their desire to vaccinate them as fast as possible by requesting the *Food and Drug Administration* (FDA) for emergency use authorization of its two-dose vaccines for children as young as six months.

Public health officials, including the CDC, have consistently downplayed and ignored the natural immunity among children, despite studies confirming that it is equal to or even superior compared to “*vaccine-induced immunity*.”

Ironically, despite the agency forcing COVID-19 vaccines on children, it doesn't feel the same way for their chickenpox, measles, mumps or rubella vaccine. The agency said these vaccines are not necessary for individuals who have laboratory confirmation of past infections or had blood tests to show that they are immune to the aforementioned diseases.

Studies have also shown that children are at very [low risk of spreading COVID-19 infection to other children](#) or adults, as seen in household transmission studies.

A report from 2020 also said scientists observed children fare much better than adults when it comes to contracting the virus. Furthermore, they have far fewer illnesses or mortality from COVID.

Another research, this time from 2021, also revealed that the airway immune cells in children are ready to sense viruses, resulting in a stronger, earlier response to an infection compared to adults. (Related: [Leaked top-secret Pfizer document shows COVID-19 vaccine is FAR MORE DANGEROUS than the world knows.](#))

Pfizer has also admitted that from its own study trial data, the chance of death in children from the COVID-19 vaccine shot is 107 times higher than death due to COVID itself. Children ages 10 to 14 were statistically 52 times more likely to die if they are double vaccinated. Teenagers aged 15 to 19 with two COVID shots were at least three times more likely to die than unvaccinated persons in the same age group.

Watch the clip below to know more about the [dangers of COVID-19 vaccines to children](#).

This video is from the [Chinese taking down EVIL CCP channel on *Brighteon.com*](#).

More related stories:

[Florida surgeon general: COVID vaccine risks OUTWEIGH benefits for healthy children](#).

[Covid “vaccine” mandates dangerous for children, warns former Australian medical official](#).

[FDA trying to hide data showing Pfizer's covid "vaccine" is seriously injuring children.](#)

[Fauci demands America use children as human guinea pigs for covid vaccine experiments.](#)

[Pfizer recorded so many adverse events that it had to hire 2,400 more employees to handle paperwork and data processing.](#)

Nonprofit Watchdog Uncovers \$350 Million In Secret Payments To Fauci, Collins, Others At NIH

BY TYLER DURDEN

TUESDAY, MAY 10, 2022

[Authored by Mark Tapscott via The Epoch Times.](#)

An estimated \$350 million in undisclosed royalties were paid to the National Institutes of Health ([NIH](#)) and hundreds of its scientists, including the agency's recently departed director, Dr. Francis Collins, and Dr. Anthony Fauci, according to a nonprofit government watchdog.

"We estimate that up to \$350 million in royalties from third parties were paid to NIH scientists during the fiscal years between 2010 and 2020," [Open the Books](#) CEO Adam Andrzejewski told reporters in a telephone news conference on May 9.

"We draw that conclusion because, in the first five years, there has been \$134 million that we have been able to quantify of top-line numbers that flowed from third-party payers, meaning pharmaceutical companies or other payers, to NIH scientists."

The first five years, from 2010 to 2014, constitute 40 percent of the total, he said.

"We now know that there are 1,675 scientists that received payments during that period, at least one payment. In fiscal year 2014, for instance, \$36 million was paid out and that is on average \$21,100 per scientist," Andrzejewski said.

"We also find that during this period, leadership at NIH was involved in receiving third-party payments. For instance, Francis Collins, the immediate past director of NIH, received 14 payments. Dr. Anthony Fauci received 23 payments and his deputy, Clifford Lane, received eight payments."

Collins resigned as NIH director in December 2021 after 12 years of leading the world's largest public health agency. Fauci is the longtime head of NIH's National Institute for Allergies and Infectious Diseases (NIAID), as well as chief medical adviser to President Joe Biden. Lane is the deputy director of NIAID, under Fauci.



NIH Director Dr. Francis Collins holds up a model of the coronavirus as he testifies before a Senate Appropriations Subcommittee looking into the budget estimates for the National Institute of Health (NIH) and the state of medical research, on Capitol Hill on May 26, 2021. (Sarah Silbiger/Pool via AP)

The top five NIH employees measured in terms of the number of royalty payments that they received while on the government payroll, according to a [fact sheet](#) published by [Open the Books](#), include Robert Gallo, National Cancer Institute, 271 payments; Ira Pastan, National Cancer Institute, 250 payments; Mikulas Popovic, National Cancer Institute, 191 payments; Flossie Wong-Staal, National Cancer Institute, 190 payments; and Mangalasseril Sarngadharan, National Cancer Institute, 188 payments.

Only Pastan continues to be employed by NIH, according to Open the Books. *“When an NIH employee makes a discovery in their official capacity, the NIH owns the rights to any resulting patent. These patents are then licensed for commercial use to companies that could use them to bring products to market,”* the fact sheet reads.

“Employees are listed as inventors on the patents and receive a share of the royalties obtained through any licensing, or ‘technology transfer,’ of their inventions. Essentially, taxpayer money funding NIH research benefits researchers employed by NIH because they are listed as patent inventors and therefore receive royalty payments from licensees.”

An NIH spokesman didn’t respond by press time to a request for comment. Andrzejewski told reporters that the Associated Press [reported](#) extensively on the NIH royalty payments in 2005, including specific details about who got how much

from which payers for what work, that the agency is denying to Open the Books in 2022.

“At that time, we knew there were 918 scientists, and each year, they were receiving approximately \$9 million, on average with each scientist receiving \$9,700. But today, the numbers are a lot larger with the United States still in a declared national health emergency. It’s quite obvious the stakes in health care are a lot larger,” Andrzejewski said.

He said the files Open the Books is receiving—300 pages of line-by-line data—are *“heavily redacted.”*

“These are not the files the AP received in 2005 where everything was disclosed—the scientist’s name, the name of the third-party payer, the amount of the royalty paid by the payer to the scientist,” Andrzejewski said. *“Today, NIH is producing a heavily redacted database; we don’t know the payment amount to the scientist, and we don’t know the name of the third-party payer, all of that is being redacted.”*

Federal officials are allowed to redact information from responses to FOIA requests if the release of the data would harm a firm’s commercial privilege.

The undisclosed royalty payments are inherent conflicts of interest, Andrzejewski said.

“We believe there is an unholy conflict of interest inherent at NIH,” he said.

“Consider the fact that each year, NIH doles out \$32 billion in grants to approximately 56,000 grantees. Now we know that over an 11-year period, there is going to be approximately \$350 million flowing the other way from third-party payers, many of which receive NIH grants, and those payments are flowing back to NIH scientists and leadership.”

Fauci and Lane told AP that they agreed there was an appearance of a conflict of interest in getting the royalties, with Fauci saying that he contributed his royalties to charity. Lane didn’t do that, according to Andrzejewski.

The governing ethics financial disclosure form in the past defined the royalty payments as income recipients received from NIH, which meant the recipients weren’t required to list their payments on the form.

But Andrzejewski said NIH has refused to respond to his request for clarification on the disclosure issue.

“If they are not, none of these payments are receiving any scrutiny whatsoever and to the extent that a company making payments to either leadership or

scientists, while also receiving grants ... then that just on its face is a conflict of interest,” he said.

Open the Books is a Chicago-based nonprofit government watchdog that uses the federal and state freedom of information laws to obtain and then post on the internet trillions of dollars in spending at all levels of government.

The nonprofit filed a federal Freedom of Information Act (FOIA) suit seeking documentation of all payments by outside firms to NIH and/or current and former NIH employees.

NIH declined to respond to the FOIA, so Open the Books is taking the agency to court, suing it for noncompliance with the FOIA. Open the Books is represented in federal court in the case by another nonprofit government watchdog, [Judicial Watch](#).

ICAN

LEGAL
UPDATE

CDC Has No Records
to Support Its Claim
That COVID Vaccines
Do Not Cause Variants



Despite high vaccine coverage and the simultaneous occurrence of ever

emerging variants, the CDC continues to claim that it is a “myth” that “COVID-19 vaccines cause variants.” On its [website](#), the CDC claims:

New variants of a virus happen because the virus that causes COVID-19 constantly changes through a natural ongoing process of mutation (change). As the virus spreads, it has more opportunities to change. High vaccination coverage in a population reduces the spread of the virus and helps prevent new variants from emerging. CDC recommends that everyone 5 years of age and older get vaccinated as soon as possible.

So, on March 8, 2022, ICAN, through its attorneys, filed a Freedom of Information Act [request](#) asking for its evidence that vaccines decrease variants. Specifically, ICAN sought:

All documents sufficient to support that the immunity conferred by COVID-19 vaccines does not contribute to virus evolution and the emergence of variants.

The CDC’s [response](#)? *“A search of our records failed to reveal any documents pertaining to your request.”* Meaning, the CDC could not find any documents to support its claim that COVID-19 vaccines do not contribute to the emergence of variants.

This is the same [response](#) we received from the CDC when we [asked](#) it for *“[a]ll documents sufficient to support that COVID-19 vaccines do not create or cause variants of the virus that causes COVID-19.”*

Why does this matter? Just watch this [interview on the Highwire](#) with virologist and vaccine expert, Dr. Geert Vanden Bossche, explaining how COVID-19 vaccines are driving the emergence of variants and potentially more virulent, deadly variants.



VAXXING THE SHEEPLE: COVID-19 is the largest Asch Conformity Experiment ever conducted

Sunday, May 08, 2022 by: S.D. Wells

(Natural News) Using one of psychology's oldest research tools, the Asch Conformity Experiment, the facilitators of the entire COVID pandemic convinced nearly 5 billion people to go against what they know as real and valid, and make "safety" choices based on what they *thought* the "masses" were also making. Billions of human beings across planet earth, from every continent and every country, conformed to what they believed most of the others were doing. As very social creatures, the majority of humans want to be "accepted," "liked," and not "buck the system." It's called conformity and the fear of non-conformity, and this grand experiment could be costing every last one of them their health, livelihood, human rights, medical freedoms, and every last penny they have.

Sheeple syndrome: Facing total disbelief about their choices, billions still went along just to "fit in" with the masses.

Would you declare the color purple is orange if everyone around you did so first, even though you were looking right at it and knew it was purple? What if 10 other people all said orange first? What if 100, or 1,000, or 1 million people said it was orange, what would you say, while your choice was being recorded for everyone to know? Then, what if you said purple, just to conform, but found out later that everyone who said orange were actors, told to say orange, plus other fake answers from fake people? Would you still go "against the grain" the next time you knew the truth, but your answer/choice was going to be different than that of the "masses?"

The Solomon Asch Conformity Experiment has been conducted on the world's stage. A "virus" that was no more deadly than the seasonal flu, was purported to be the next Black Plague, and the masses were made to believe that everyone was getting vaccinated and wearing masks to "save themselves" from sure death. That's what vaccine passports were really about, to show everyone how "dumb" and "reckless" they were if they did not get one. Get it? The fear of non-conformity drove the sheeple to get deadly blood-clotting vaccines and wear oxygen-depriving masks all day long.

A worldwide narrative about COVID-19 convinced billions of people to go completely against their own better judgment and "conform".

Most people know that vaccines take years to develop in laboratories and must go through extensive clinical trials before they are cast in the public domain for mass injection. The COVID vaccines were rushed to market and even labeled "for emergency authorization" and "emergency use" only. In other words, billions of people KNEW they were taking part in a dangerous experiment, but chose to do

so because the mass media made them THINK everyone else was conforming, before they even did.

Most humans, while wearing a mask, would admit they cannot breathe properly, and would remove it after a short period of time, using common sense to understand it would affect their health and well-being if they kept wearing it, all day, everywhere they went. The narrative was the opposite though and convinced them that it was “*safe and effective*” to cut off 20 percent of your oxygen supply all day, to save yourself from COVID-19, another concocted conspiracy theory never proven to be real (the pandemic “*virus*” still has yet to be isolated in a lab). That’s why PCR tests are all fake. They’re just another tool of the Asch Conformity Experiment.

COVID-19 was never proven deadly to healthy humans, or teenagers, or children, or babies. Yet the narrative has convinced young healthy people of all ages to get jabbed with experimental gene manipulating “*technology*,” including parents getting their children vaccinated, over and over, with this dangerous and deadly “*injection*” experiment, when they’re not even really “*vaccines*” at all. Conformity is the mass-murdering fulcrum of the whole experiment. So many people are afraid of not doing what the “*masses*” seem to be doing, whether or not that is fact or fiction, doesn’t even matter.

Watch and learn *how and why* nearly 5 billion people worldwide are willing to take part in a grand experiment where they can get sick and die soon just for making WRONG choices they believe most other people are making.

The Solomon Asch Conformity Experiment

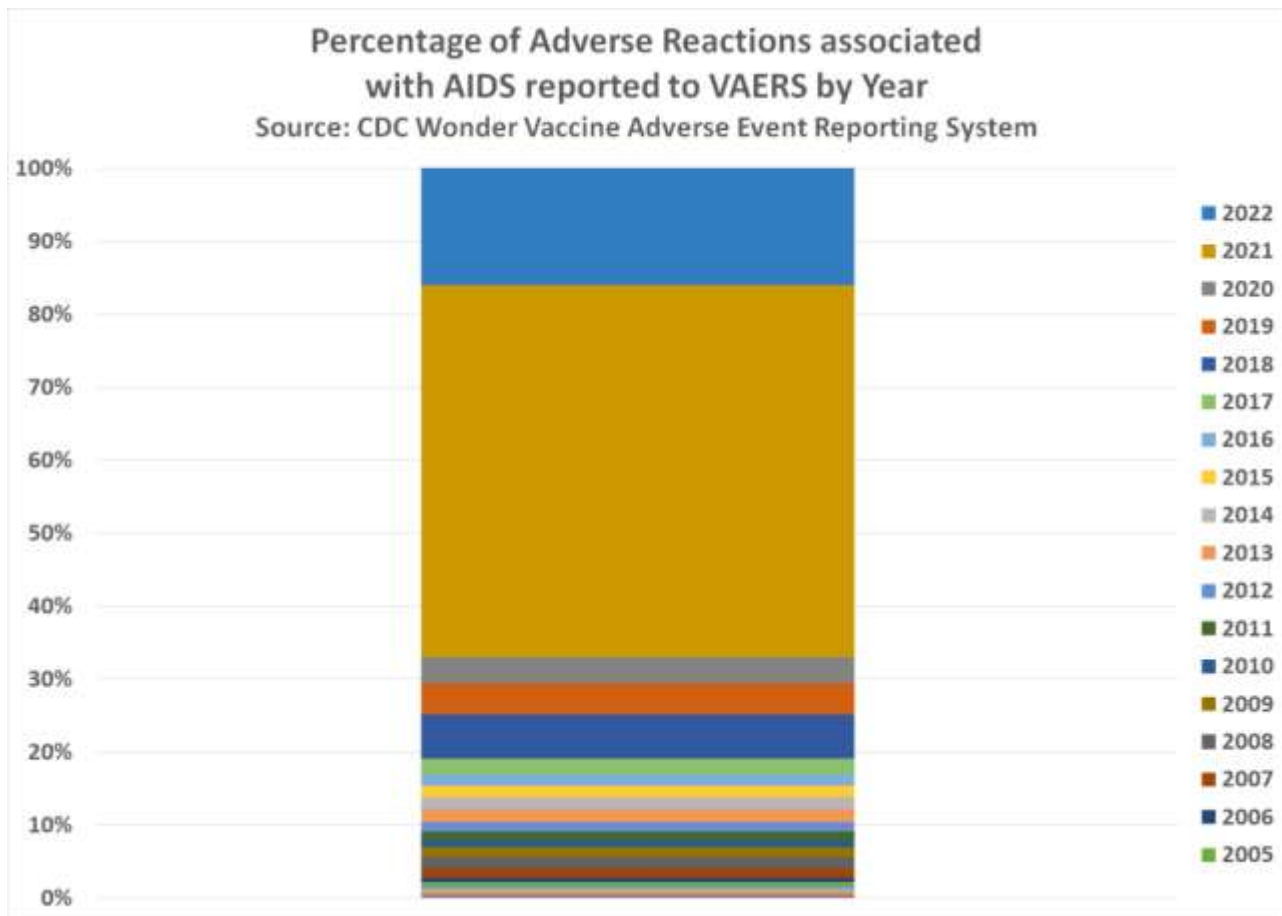
If you don’t believe this is going on in the FAKE NEWS right now about COVID-19, then you are gravely mistaken. Watch the news lie to the world using the same fake narrative.

Official U.S. Government data suggests Fully Vaccinated Americans are developing Acquired Immunodeficiency Syndrome

BY THE EXPOSÉ ON MAY 8, 2022

Official data made available by the U.S. Government and Centers for Disease Control strongly suggests that fully vaccinated Americans are developing Acquired Immunodeficiency Syndrome.

But they are not alone, because further data made available by the UK Government and the Government of Canada suggests the vaccinated population in both of these respective countries are also developing the debilitating condition.



It's a common misconception that Acquired Immunodeficiency Syndrome (AIDS) is only caused by the HIV virus. This simply isn't true.

Acquired (or secondary) immunodeficiency is one of the major causes of infections in adults. These immunodeficiency disorders affect your [immune system](#) partially or as a whole, making your body an easy target for several diseases and infections. ([Source](#))

When immunodeficiency disorders affect your immune system, your body can no longer fight bacteria and diseases. ([Source](#))

Several factors in the environment can cause secondary immunodeficiency disorders. ([Source](#))

Some common ones are:

- Radiation or chemotherapy, which can lead to a secondary immunodeficiency disorder known as neutropenia
- Infections due to human immunodeficiency virus (HIV) can result in acquired immune deficiency syndrome (AIDS)

- Leukemia, a cancer that begins in the cells of the bone marrow that can lead to hypogammaglobulinemia—a type of secondary immunodeficiency
- Malnutrition, which affects up to 50% of populations in underdeveloped countries and leaves people vulnerable to respiratory infections and diarrhea

But some of the less common causes include Drugs or medications. ([Source](#))

So it's perfectly possible for a medication or drug to cause acquired immunodeficiency syndrome, and data published by the U.S Government and Centers for Disease Control (CDC) strongly suggests the Covid-19 injections should be added to the list.

For months on end, official data coming out of both the UK and Canada has strongly insinuated that the vaccinated population are developing a new form of AIDS. This is because the Covid-19 injections are proving to have a real-world negative effectiveness, implying that they are causing damage to the natural immune system.

Here's a table showing the case-rates per 100,000 by vaccination status in England from week 51 of 2021 to week 12 of 2022 –

	Cases reported by specimen date between week 51 2021 (w/e 26/12/21) and week 02 2022 (w/e 16/01/22)		Cases reported by specimen date between week 3 2022 (w/e 23 January 2022) and week 6 2022 (w/e 13 February 2022)		Cases reported by specimen date between week 9 2022 (w/e 6 March 2022) and week 12 2022 (w/e 27 March 2022)	
	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000) ^{1,2}	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000) ^{1,2}	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000) ^{1,2}
Under 18	2,295.7	3,990.1	1,637.8	4,529.9	1,454.0	1,711.7
18-29	3,460.5	3,853.3	3,294.6	1,485.1	3,118.8	941.6
30-39	3,857.1	3,251.7	4,579.1	1,852.1	4,324.7	1,085.6
40-49	4,012.4	2,573.9	4,416.0	1,442.9	3,957.8	955.3
50-59	3,995.9	2,133.3	2,458.4	937.3	3,303.4	779.8
60-69	3,070.0	1,499.8	1,685.2	652.3	2,814.9	672.8
70-79	2,062.8	1,129.7	1,129.6	520.0	2,161.5	632.1
≥80	1,842.6	1,374.8	1,268.0	831.7	2,023.7	775.6

Source

The case-rates per 100k were highest among the triple vaccinated population over these 3 months, except for the 18-29-year-olds in the week 3 report only, and the under 18's in all 3 months.

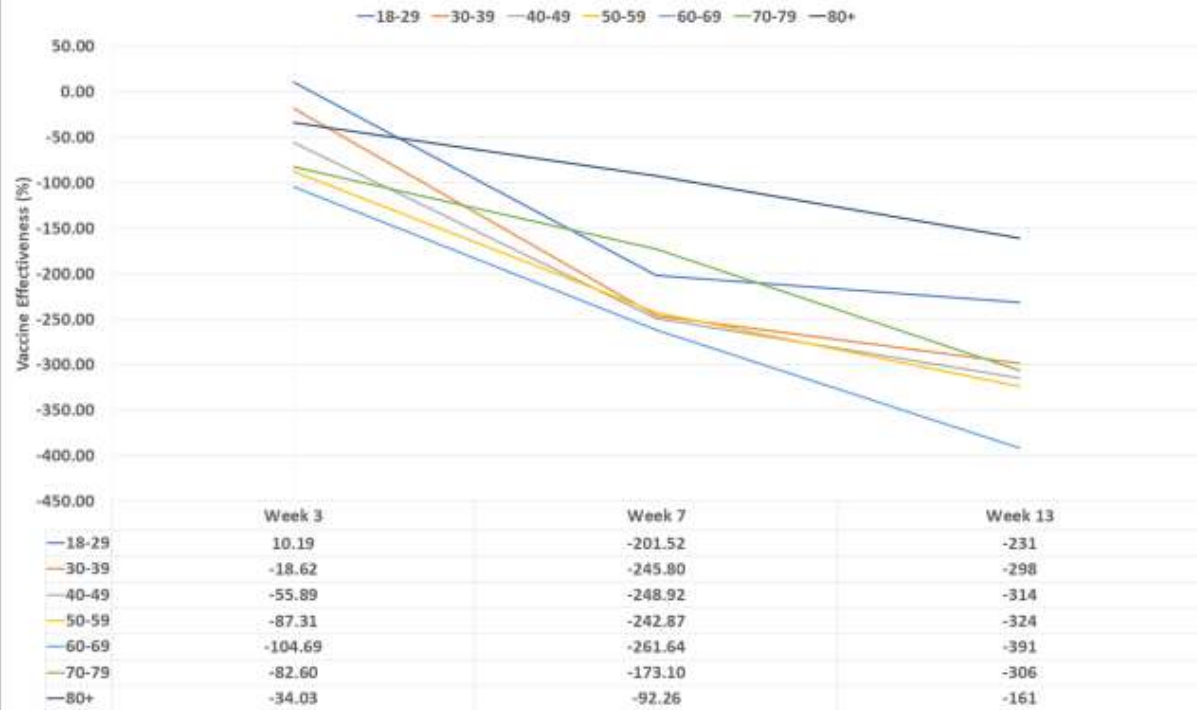
Now that we know the case-rates we can use Pfizer's simple vaccine effectiveness formula to calculate the real-world Covid-19 vaccine effectiveness among the triple vaccinated.

$$\text{Unvaccinated Case Rate} - \text{Vaccinated Case Rate} / \text{Unvaccinated Case Rate} \times 100$$

Real World Covid-19 Vaccine Effectiveness among Triple Vaccinated Population in England

Week 51 2021 to Week 12 2022

Source: UKHSA Vaccine Surveillance Reports, Week 3 + 7 + 13



This is nowhere near the claimed 95% effectiveness by Pfizer is it?

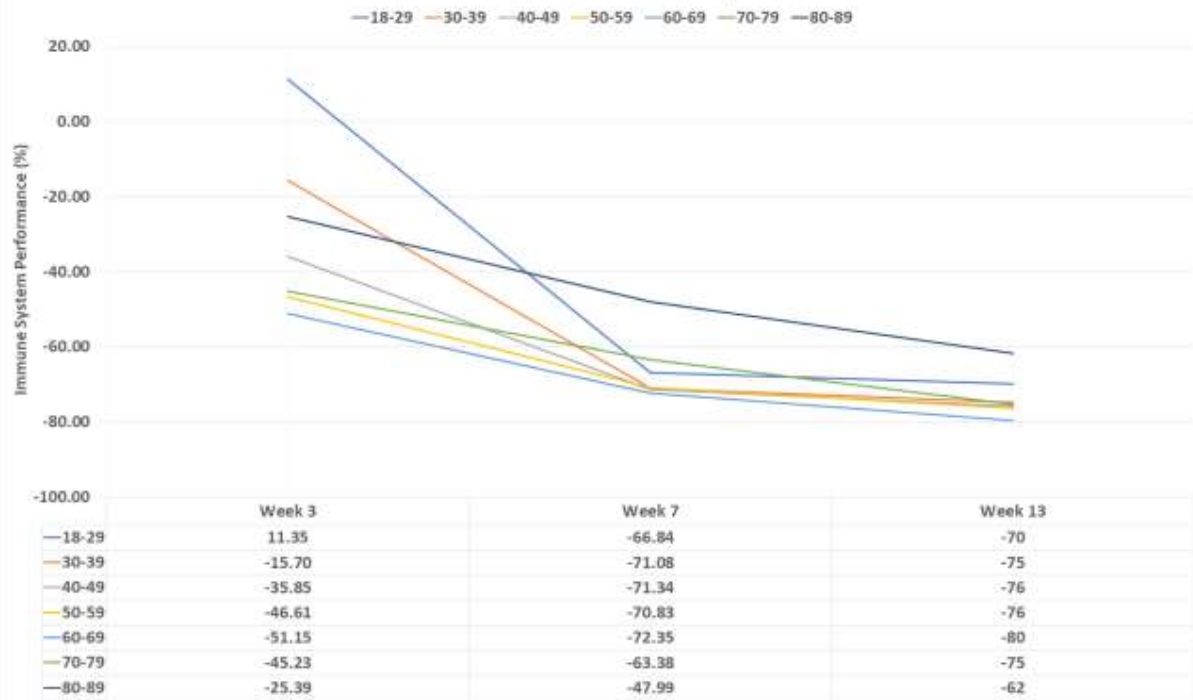
However, vaccine effectiveness isn't really a measure of a vaccine, it is a measure of a vaccine recipient's immune system performance compared to the immune system performance of an unvaccinated person.

Using the case rates provided by UKHSA, we can also calculate the immune system performance, here's a chart showing how they stack up –

Triple Vaccinated Population Immune System Performance VS Natural Immune System Performance of the Unvaccinated

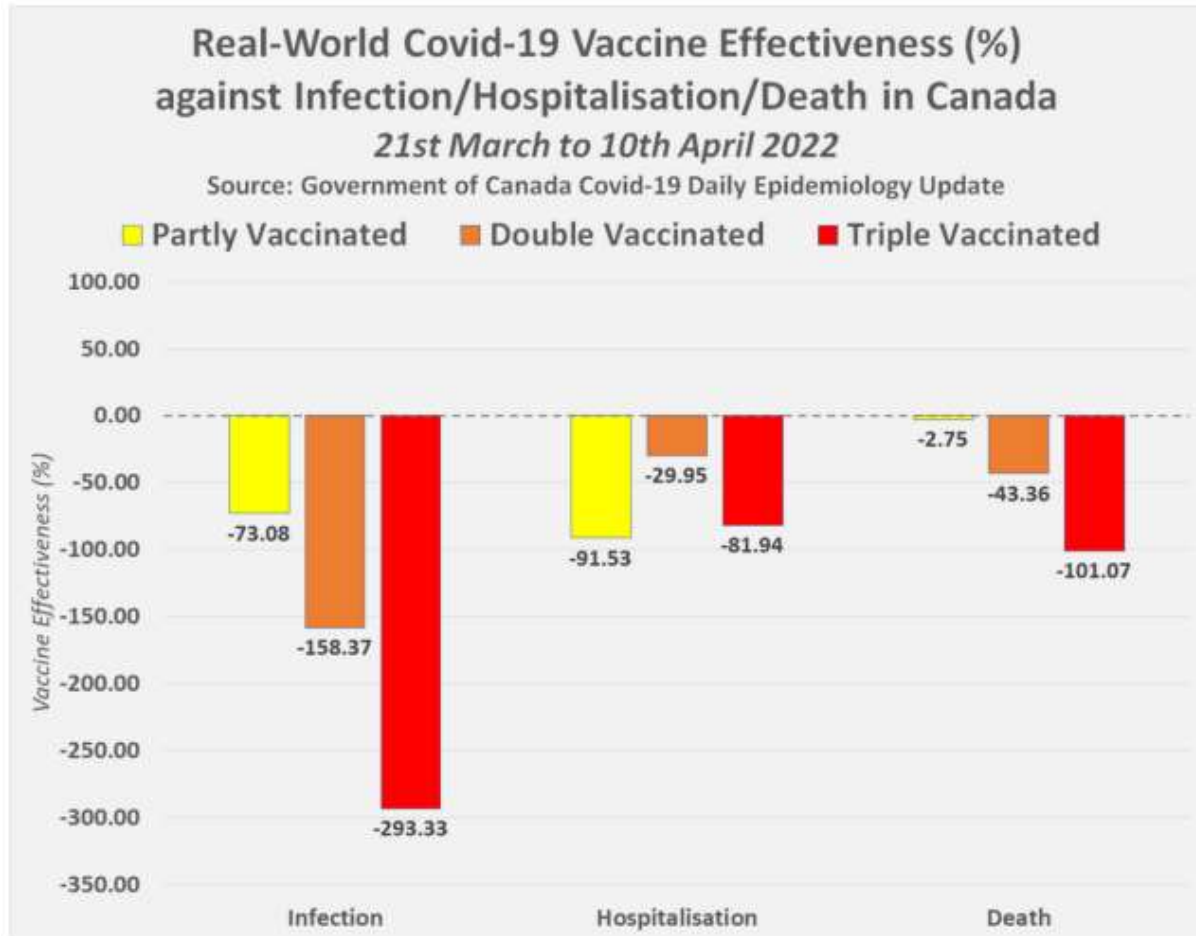
Week 51 2021 to Week 12 2022

Source: UKHSA Vaccine Surveillance Reports, Week 3 + 7 + 13



You can read our full investigation of the UK data [here](#).

Data from the Government of Canada also shows much of the same. Here's a chart showing the real-world Covid-19 vaccine effectiveness across Canada against infection, hospitalization and death –



You can read our full investigation on the Canadian data [here](#).

Now of course the data from the UK and Canada only implies there's a serious issue here, it doesn't necessarily mean it's being reflected in terms of disease and suffering associated with acquired immunodeficiency syndrome. But unfortunately, official U.S. Government and CDC data does.

The CDC hosts a Vaccine Adverse Event Reporting System where adverse reactions to vaccines can be reported. The full database can be found [here](#).

The database contains adverse reactions reported to all available vaccines in the USA, stretching as far back as 1950. So, we ran a search of the database to check for common diseases and infections associated with acquired immunodeficiency syndrome, and this is what we found.

The CDC has a helpful page listing 'opportunistic infections associated with AIDS' that can be viewed here. Here's a snapshot of their provided list –

Cytomegalovirus (CMV)	<ul style="list-style-type: none"> • CMV can infect multiple parts of the body and cause pneumonia, gastroenteritis (especially abdominal pain caused by infection of the colon), encephalitis (infection) of the brain, and sight-threatening retinitis (infection of the retina at the back of eye). • People with CMV retinitis have difficulty with vision that worsens over time. CMV retinitis is a medical emergency because it can cause blindness if not treated promptly.
Encephalopathy, HIV-related	<ul style="list-style-type: none"> • This brain disorder can occur as part of acute HIV infection or can result from chronic HIV infection. • Its exact cause is unknown, but it is thought to be related to infection of the brain with HIV and the resulting inflammation.
Herpes simplex virus (HSV)	<ul style="list-style-type: none"> • HSV is a common virus that causes no major problems for most people. • HSV is usually acquired sexually or passed from mother-to-child during birth. • In most people with healthy immune systems, HSV is usually latent (inactive). • Stress, trauma, other infections, or suppression of the immune system, (such as by HIV), can reactivate the latent virus and symptoms can return. • HSV can cause painful cold sores (sometime called fever blisters) in or around the mouth, or painful ulcers on or around the genitals or anus. • In people with severely damaged immune systems, HSV can also cause infection of the bronchus (breathing tube), pneumonia (infection of the lungs), and esophagitis (infection of the esophagus, or swallowing tube).

Source

And here's a list of what are officially dubbed 'AIDS-defining cancers' –

What are AIDS-related cancers?

People living with HIV are much more likely to get certain types of cancer than people without HIV. Certain kinds of cancer are called AIDS-defining cancers or AIDS-defining malignancies. This means when people with HIV develop one of them, their HIV infection has progressed to AIDS. AIDS-defining cancers are:

- Kaposi sarcoma
- Aggressive B-cell non-Hodgkin lymphoma (NHL)
- Cervical cancer

Source

There's an incredibly long list of ailments associated with AIDS so we cherry picked the following –

- AIDS-defining Cancers
- Herpes Infection

- Acquired Immune Disorders including Acquired Immunodeficiency Syndrome
- Encephalopathy (Brain disease associated with AIDS)
- Bacterial/Fungal Infections associated with AIDS (Candidiasis, Coccidioidomycosis, Cryptococcosis)
- Sepsis
- Myocarditis and Pericarditis

Myocarditis and Pericarditis aren't officially associated with AIDS, but they are, however, auto-immune disorders that arise from the immune system attacking the heart. And with the two conditions being one of the only adverse reactions associated with Covid-19 vaccination to be publicized by medicine regulators, they definitely deserved a closer inspection.

To start with we did a search for AIDS-defining cancers that have been reported as adverse reactions. We first conducted a search for adverse reactions to all vaccines by year, and then adverse reactions to the Covid-19 injections.

Here's how the CDC displays the results –

Messages:

- ▶ VAERS data in CDC WONDER are updated every Friday. Hence, results for the same query can change from week to week.
- ▶ These results are for 1,127 total events.
- ▶ Rows with zero Events Reported are hidden. Use Quick Options above to show zero rows.

Year Reported ↓	Events Reported ↑↓	Percent (of 1,127) ↑↓
1955	1	0.09%
1990	1	0.09%
1991	1	0.09%
1993	2	0.18%
1994	4	0.35%
1995	2	0.18%
1996	1	0.09%
1997	4	0.35%
1999	5	0.44%
2000	7	0.62%
2001	7	0.62%
2002	8	0.71%
2003	3	0.27%
2004	7	0.62%
2005	12	1.06%
2006	3	0.27%
2007	5	0.44%
2008	24	2.13%
2009	23	2.04%
2010	29	2.57%
2011	21	1.86%
2012	21	1.86%
2013	27	2.40%
2014	31	2.75%
2015	19	1.69%
2016	32	2.84%
2017	41	3.64%
2018	46	4.08%
2019	42	3.73%
2020	39	3.46%
2021	430	38.15%
2022	222	19.70%
Unknown Date	7	0.62%
Total	1,127	100.00%

Note: Submitting a report to VAERS does not mean that healthcare personnel or the vaccine caused or contributed to the adverse event (possible side effect).

Messages:

- ▶ VAERS data in CDC WONDER are updated every Friday. Hence, results for the same query can change from week to week.
- ▶ These results are for 603 total events.
- ▶ Rows with zero Events Reported are hidden. Use Quick Options above to show zero rows.

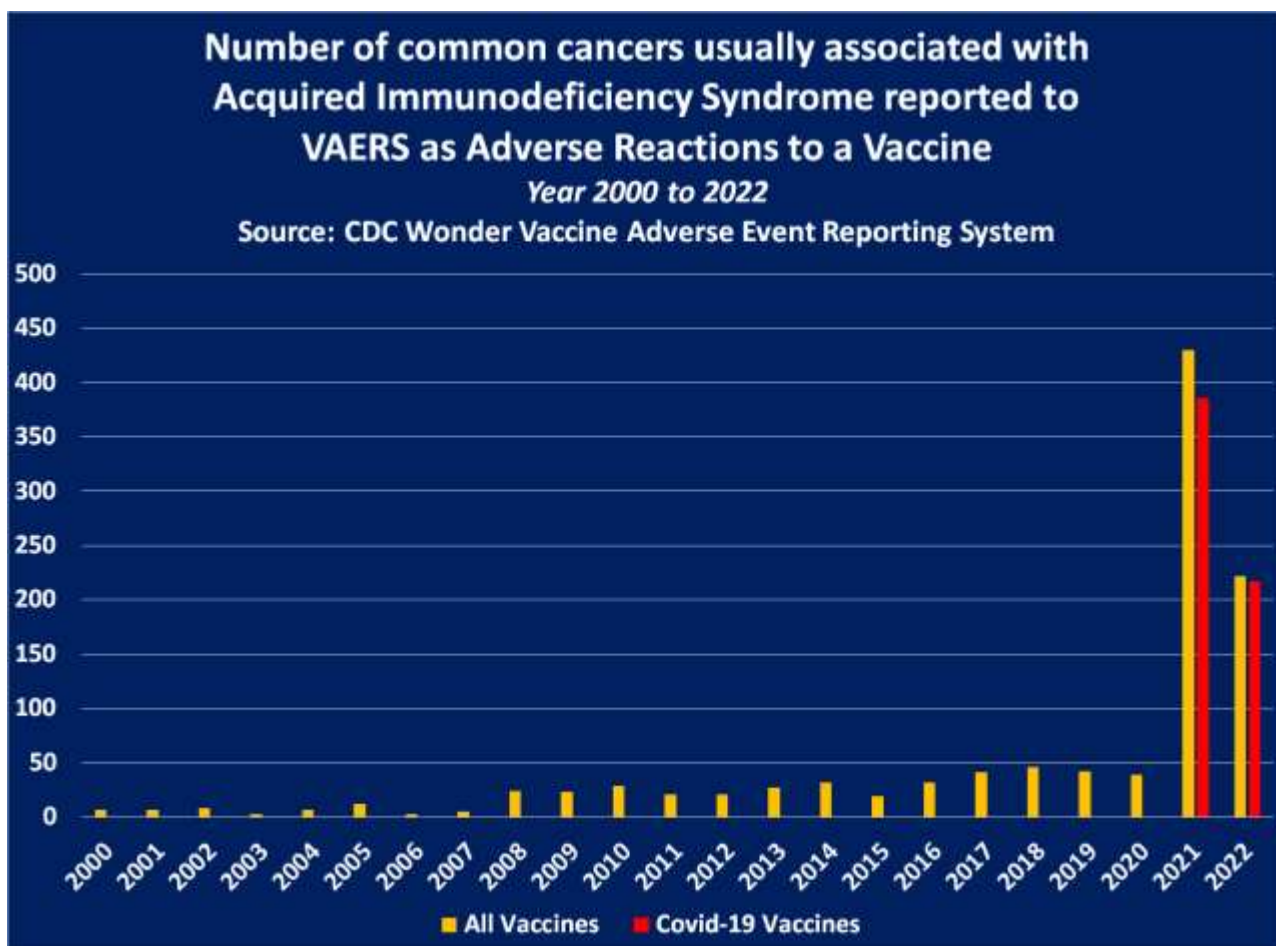
Year Reported	Events Reported	Percent (of 603)
2021	385	63.85%
2022	217	35.99%
Unknown Date	1	0.17%
Total	603	100.00%

Note: Submitting a report to VAERS does not mean that healthcare personnel or the vaccine caused or contributed to the adverse event (possible side effect).

Top | Options | Notes | Citation | Query Criteria

We've extracted the CDC displayed results to create our own charts that are easier to understand, so we will not be displaying the CDC version of results for further diseases associated with AIDS. But don't forget you can verify the results yourself at the CDC Wonder site [here](#).

The following chart shows the number of common cancers usually associated with AIDS that have been reported to VAERS as adverse reactions to all vaccines (including the Covid-19 jabs) by the year reported, and the Covid-19 vaccines only by the year reported –



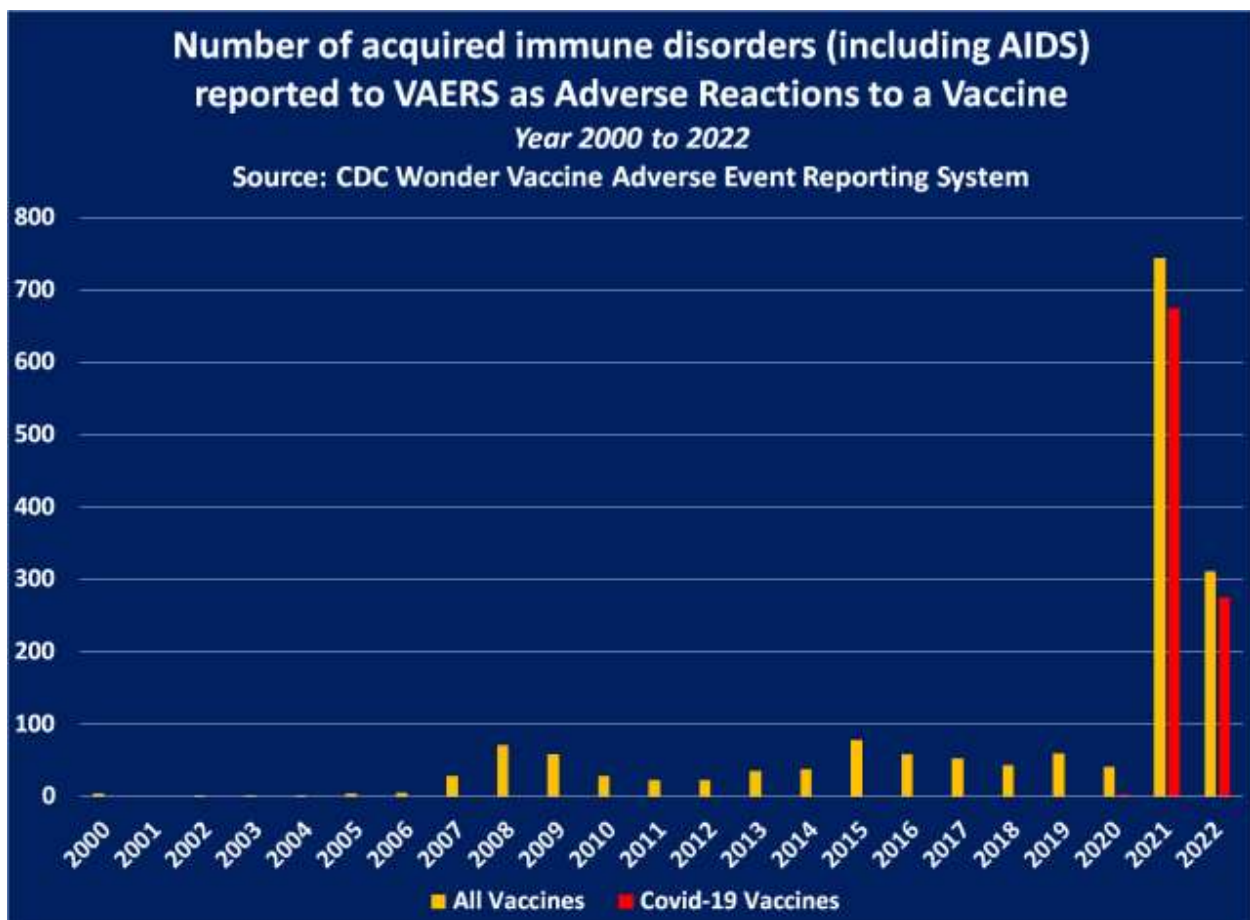
As you can see there was a huge increase in reports in 2021 and in 2022 so far, with the vast majority being attributed to the Covid-19 injections.

The average number of common cancers associated with AIDS being reported as adverse reactions to any vaccine between the years 2000 and 2020 equates to 21.3.

The total number of common cancers associated with AIDS reported as adverse reactions in 2021 was 430. This represents a 1919% increase.

It is however important to note that not all adverse reactions are reported to VAERS. In fact the CDC has admitted just 1 to 10% of adverse reactions are actually reported to the system. But a brilliant analysis conducted by Jessica Rose PhD accurately estimates the underreporting factor to be at least 41.3. See [here](#).

The following chart shows the number of acquired immune disorders, including AIDS, that have been reported to VAERS as adverse reactions to all vaccines (*including the Covid-19 jabs*) by the year reported, and the Covid-19 vaccines only by the year reported –

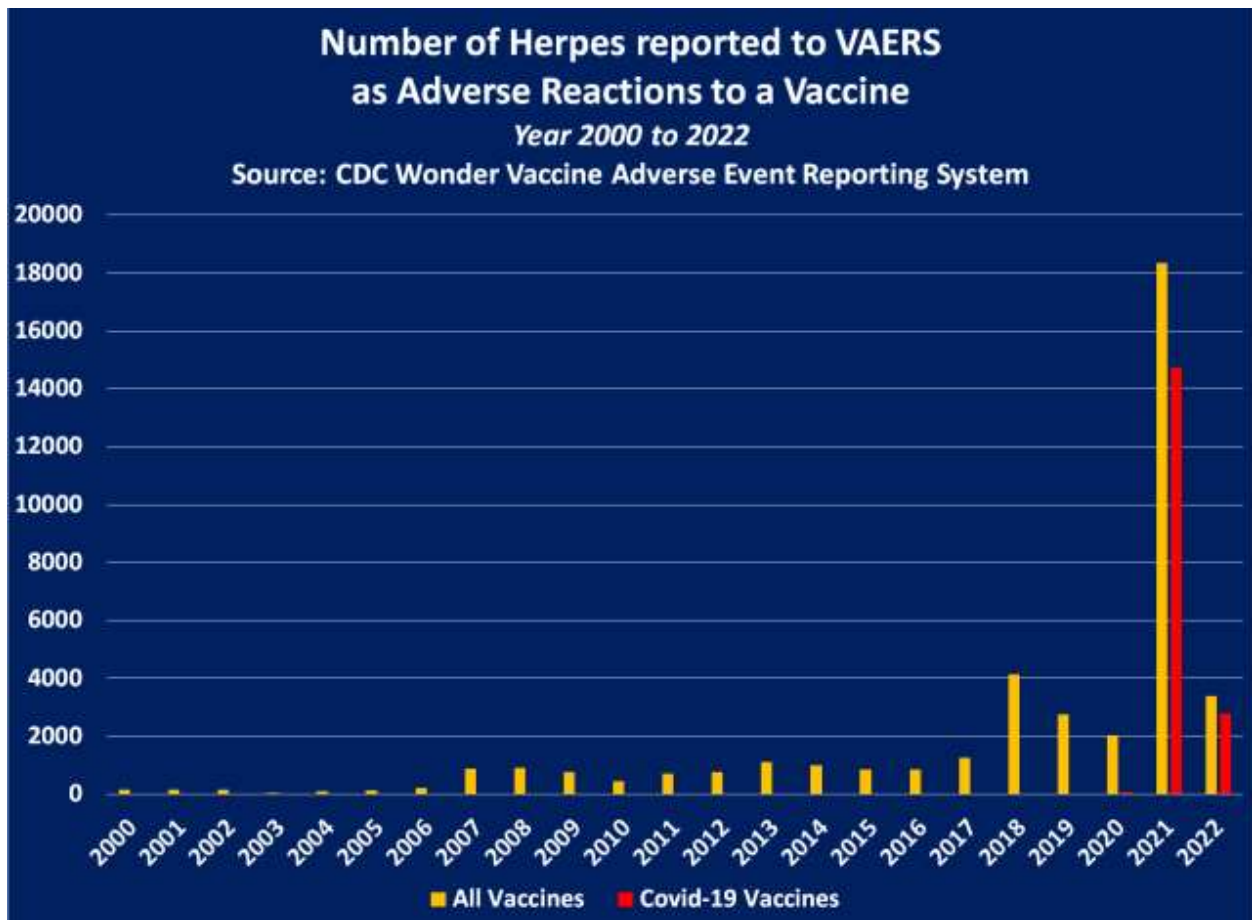


Yet again there was a huge increase in reports in 2021 and in 2022 so far, with the vast majority being attributed to the Covid-19 injections.

The average number of acquired immune disorders being reported as adverse reactions to any vaccine between the years 2000 and 2020 equates to 31.

The total number of acquired immune disorders reported as adverse reactions in 2021 was 386. This represents a 1145% increase.

The following chart shows the number of herpes infections/complications that have been reported to VAERS as adverse reactions to all vaccines (*including the Covid-19 jabs*) by the year reported, and the Covid-19 vaccines only by the year reported –

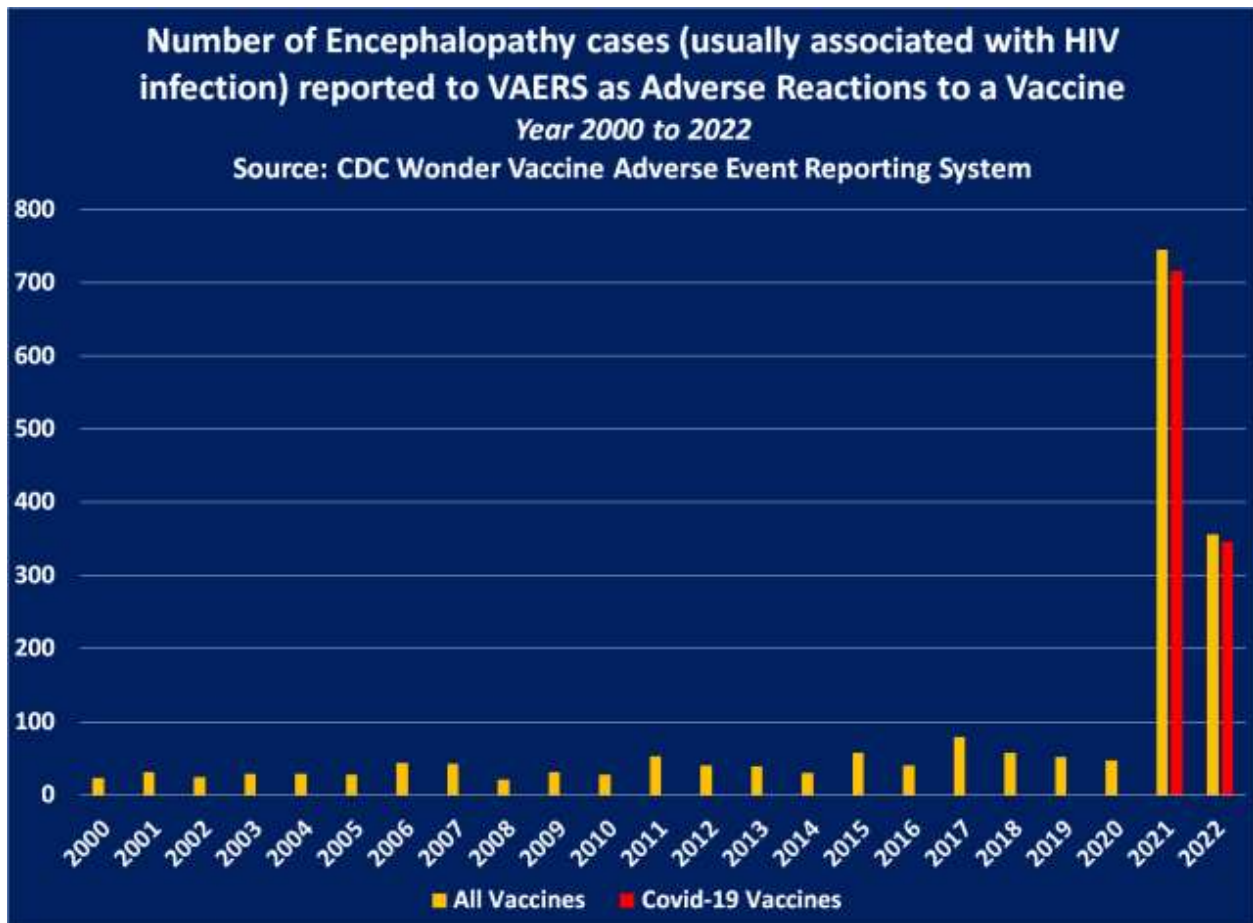


We assume you're beginning to see the pattern here? Another huge increase in 2021 and 2022.

The average number of herpes infections being reported as adverse reactions to any vaccine between the years 2000 and 2020 equates to 926.

The total number of herpes infections reported as adverse reactions in 2021 was 18,336. This represents a 1880% increase.

The following chart shows the number of encephalopathy cases that have been reported to VAERS as adverse reactions to all vaccines (*including the Covid-19 jabs*) by the year reported, and the Covid-19 vaccines only by the year reported –

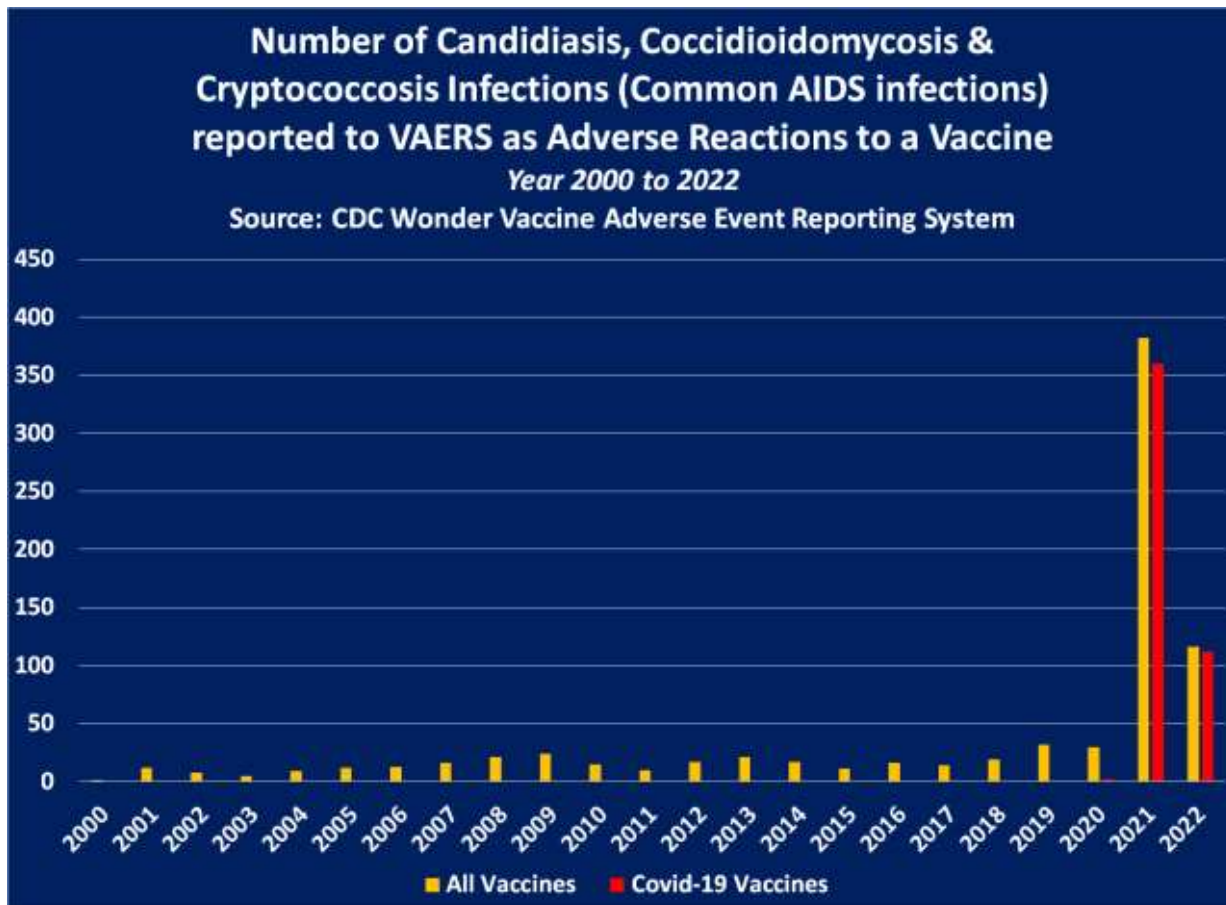


Encephalopathy is the result of damage to the brain, and is also known as AIDS-dementia complex.

The average number of encephalopathy cases being reported as adverse reactions to any vaccine between the years 2000 and 2020 equates to 39.6.

The total number of encephalopathy cases reported as adverse reactions in 2021 was 745. This represents a 1781% increase.

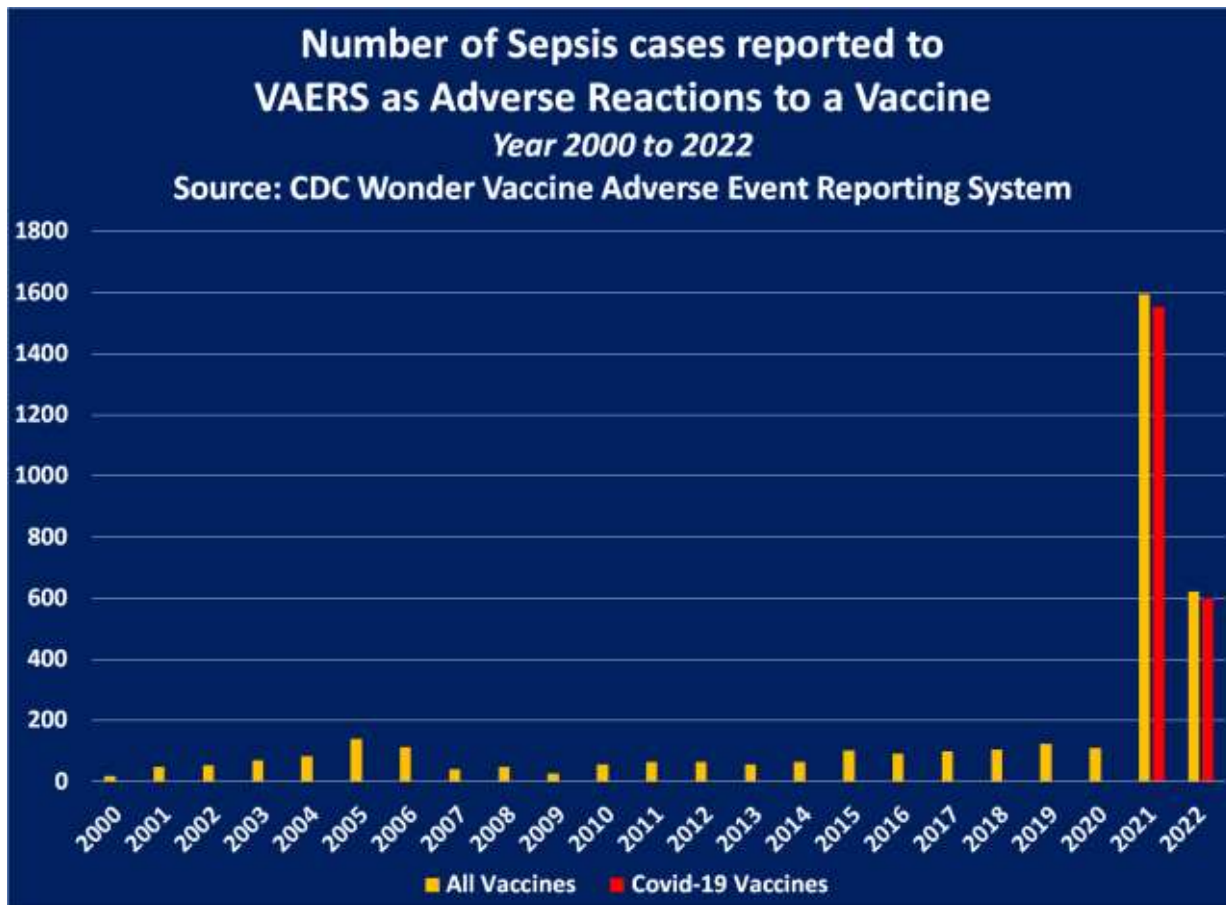
The following chart shows the number of candidiasis, coccidioidomycosis and cryptococcosis infections that have been reported to VAERS as adverse reactions to all vaccines (*including the Covid-19 jabs*) by the year reported, and the Covid-19 vaccines only by the year reported –



The average number of AIDS-associated bacterial/fungal infections being reported as adverse reactions to any vaccine between the years 2000 and 2020 equates to 15.

The total number of AIDS-associated bacterial/fungal infections reported as adverse reactions in 2021 was 382. This represents a 2,447% increase.

The following chart shows the number of sepsis cases that have been reported to VAERS as adverse reactions to all vaccines (*including the Covid-19 jabs*) by the year reported, and the Covid-19 vaccines only by the year reported –



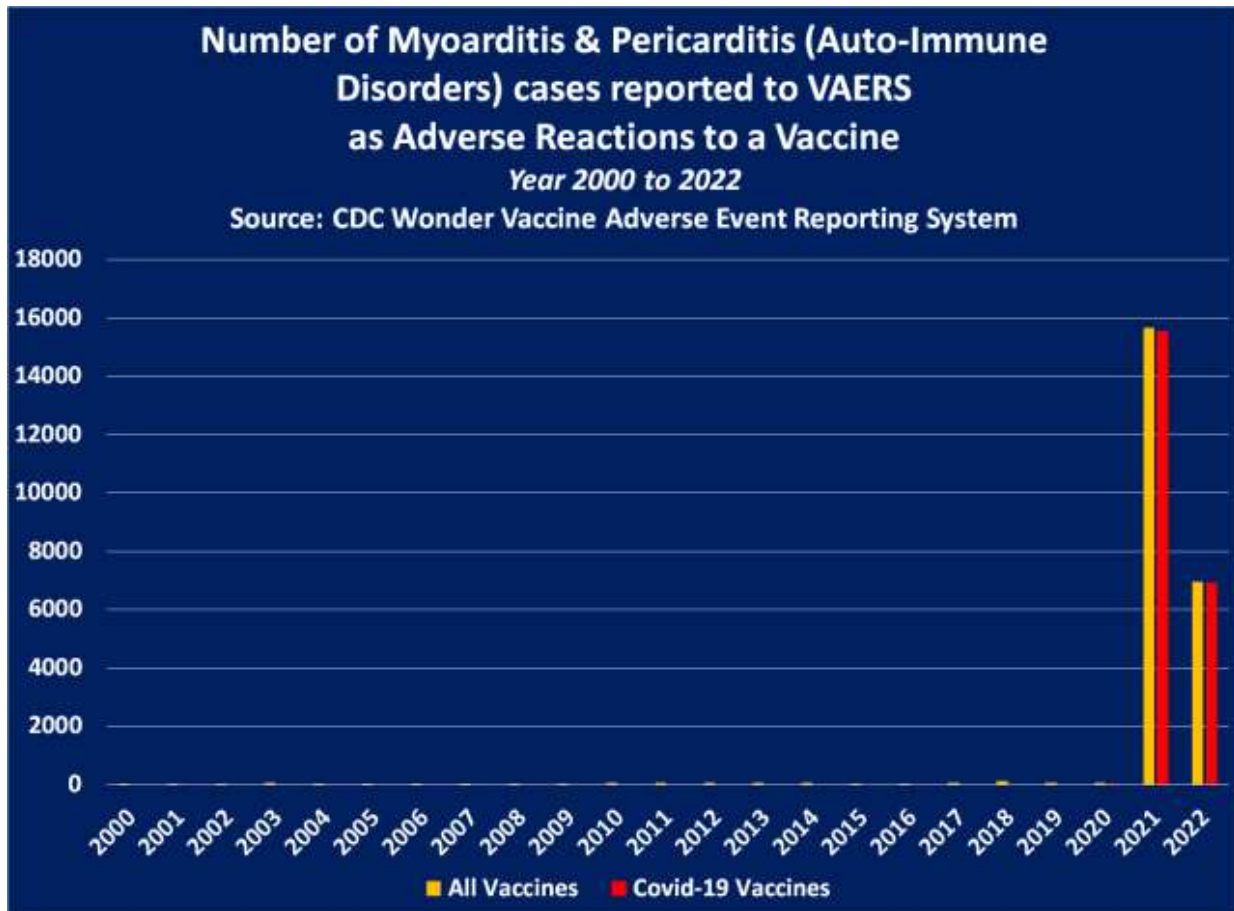
Sepsis is the body’s extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have triggers a chain reaction throughout your body. Infections that lead to sepsis most often start in the lung, urinary tract, skin, or gastrointestinal tract.

The average number of sepsis cases being reported as adverse reactions to any vaccine between the years 2000 and 2020 equates to 75.

The total number of sepsis cases reported as adverse reactions in 2021 was 1593.

This represents a 2024% increase.

The following chart shows the number of myocarditis and pericarditis cases that have been reported to VAERS as adverse reactions to all vaccines (*including the Covid-19 jabs*) by the year reported, and the Covid-19 vaccines only by the year reported –

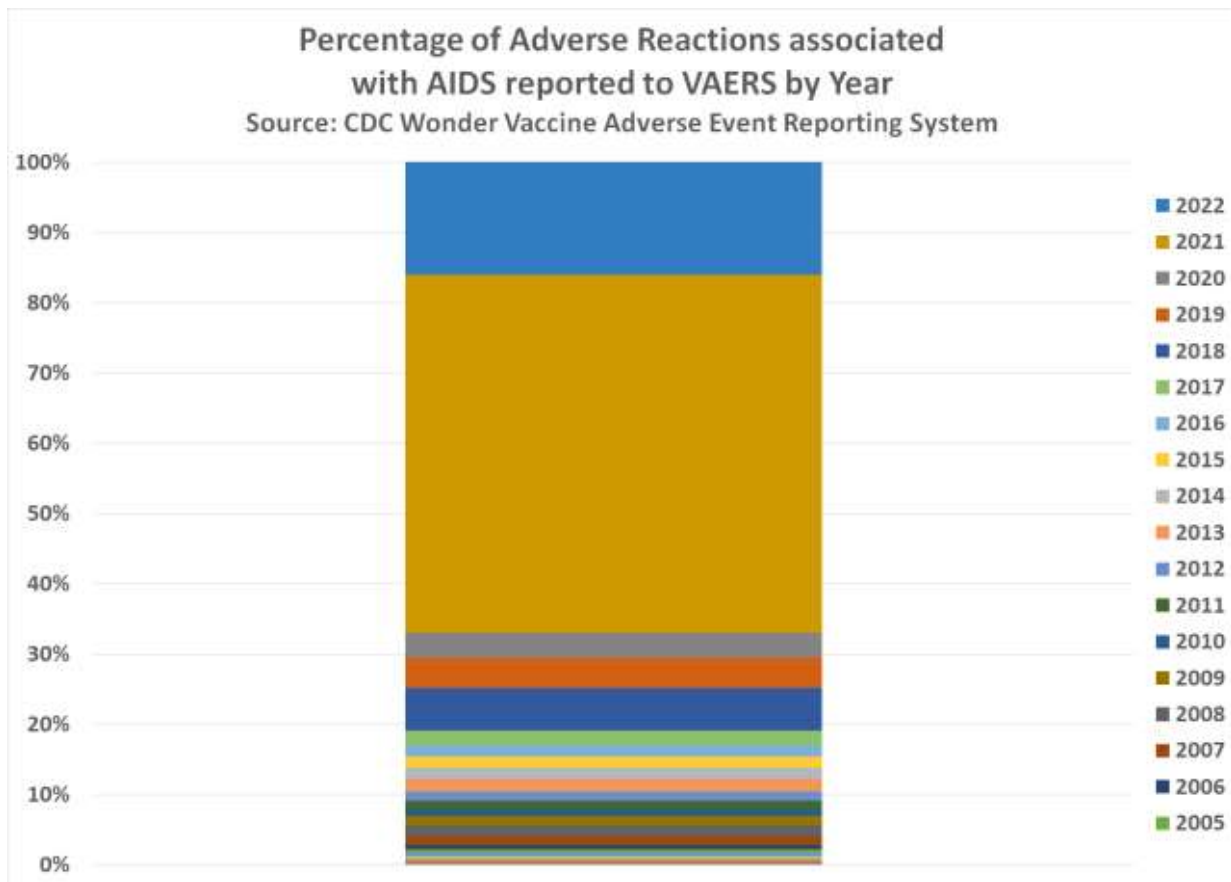


Myocarditis is inflammation of the heart muscle. Pericarditis is inflammation of the protective sacs surrounding the heart. Both are auto-immune conditions, and both have been publicized by medicine regulators as possible adverse reactions to the Covid-19 injections. especially among younger males.

The average number of myo/pericarditis cases being reported as adverse reactions to any vaccine between the years 2000 and 2020 equates to 46.

The total number of acquired immune disorders reported as adverse reactions in 2021 was 15,555. This represents a 33,715% increase. Shocking, isn't it?

The following chart shows the percentage of all of the above AIDS-associated adverse reactions reported to VAERS to all vaccines by year –



Fifty-one-percent of all adverse reactions associated with AIDS reported since the year 2000 were reported in 2021, and a further 16% have been reported in 2022 so far.

Are we really to believe that this is just an unfortunate coincidence? Or are we witnessing the American public report to the Centers for Disease control that the Covid-19 injections are causing them to develop acquired immunodeficiency syndrome?

Official data from the UK and Canada already strongly suggested the Covid-19 injections were causing the fully vaccinated to develop the debilitating condition through evidence of a negative vaccine effectiveness and a negative immune system performance.

But now official data from the U.S. Government and Centers for Disease Control confirms that we probably are witnessing the fully vaccinated develop acquired immunodeficiency syndrome, with diseases and infections associated with AIDS reported to VAERS increasing between 1,145% and 33,715% in 2021 following the introduction of the Covid-19 injections.

Remember, it was Dr. Luc Montagnier, the French Nobel Prize winner for the discovery of AIDS in 2008, who confirmed that the Coronavirus had been

engineered into a “Bio-Weapon” in March, 2020, when he confirmed the proof that Indian researchers had found four “inserts” – 3 inserts of HIV1, HIV2 genome fragments and 1 insert of 4 SARS-CoV2 genome fragment. The eighteen fragments of HIV1, HIV2 constituted 92% of the viral load of the full-blown AIDS. This story was in the December, 2020 issue of ‘*Entangled*’ magazine. The content of that article has been included in recent articles on my web page. Request the link if you have not read it and I will gladly provide it again.

Better yet, here is the issue and it contains the whole article noted above:

https://www.anthonypatch.com/entangledmagazine/pdf/ENTANGLED_MAGAZINE_Volume4-12.pdf

Dr. Luc Montagnier confirmed the Indian scientific team findings in March, 2020, at the beginning of the WHO declared pandemic. It was Dr. Anthony Fauci who applied pressure for getting the team to retract their paper or be excluded from obtaining research grant money in future work. Australian scientists also found the HIV1 and HIV2 data and cancelled their program of vaccination completely at a loss of hundreds of millions of dollar expended.

Mass COVID-19 vaccination is a deadly and unscientific policy that will cause surge in cancer rates, warns pathologist

Monday, May 09, 2022 by: [Arsenio Toledo](#)

([Natural News](#)) America’s mass Wuhan coronavirus (COVID-19) vaccination programs are poor and unscientific policy decisions that [will lead to surges in cancer rates](#) among the vaccinated.

This is according to Dr. Ryan Cole, a board-certified [and expert pathologist](#) trained at the Mayo Clinic. Cole was among the first physicians in the United States to openly warn about how the COVID-19 vaccines may be associated with serious health risks, such as an elevated risk of developing cancer, which he observed in his patients. (Related: [COVID-19 mass vaccination programs violate bioethics principles.](#))

During an interview with journalist Veronika Kyrylenko of the *New American*, Cole said the mRNA in COVID-19 vaccines suppresses the immune system and “*all sorts of cell cycle pathways.*”

Cole explained that cells have “*little pattern receptors*” that are responsible for communicating with the immune system. The mRNA in COVID-19 vaccines downregulates these cells – meaning [the number of surface receptors they have](#) decreases.

When more and more of a vaccinated person's cells experience downregulation due to the mRNA in the COVID-19 vaccines, their risk of cancer spikes upward.

"A couple of these downregulated receptors are responsible for keeping cancer in check," said Cole.

This is just one way the [COVID-19 vaccines are responsible for increasing cancer rates](#) among the fully vaccinated. Cole further explained that the spike proteins in the COVID-19 vaccines can bind to the body's genes, including several genes that are related to cancer and tumors.

For example, when the spike proteins bind to P53 genes, a family of genes known as tumor suppressor genes, a person's risk of developing cancerous tumors increases. When the spike proteins bind to BRCA1 and BRCA2 genes, the risk of women developing breast or ovarian cancer increases.

"So, that's just the tip of the iceberg in terms of what the spike protein can do," warned Cole. *"The other huge problem is the fact – and this was a study out of [Stanford University] ... in the journal Cell – the synthetic mRNA can persist in the body, we know, for at least 60 days. That's the point at which they stopped their study so they could publish."*

COVID-19 vaccines alter the immune system

At every opportunity that is available to him, Cole speaks out against the COVID-19 vaccines and about how they are responsible for [the alarming uptick in cancers](#) that the U.S. is currently experiencing.

"We're seeing an alteration of the innate immune response," said Cole. He added that scientists all over America are also witnessing this and that the uptick in these strange immune responses coincides with the rollouts of COVID-19 vaccines.

Some of the strange medical phenomena Cole has witnessed include the appearance of a childhood disease in adults and the uptick in rare cancers.

All of his observations have also been echoed by other physicians, but rigorous studies are not being conducted because of a lack of funding and because mainstream scientific institutions are unwilling to study these phenomena.

"You cannot find that for which you do not look," he said.

Learn more about the dangers of the COVID-19 vaccines at VaccineInjuryNews.com.

Watch Veronika Kyrlylenko's full interview with Dr. Ryan Cole regarding the COVID-19 vaccines below.

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

More related stories:

[Health officials continue to push for mass vaccination despite VAERS being overwhelmed with reports of vaccine-related deaths.](#)

[WATCH: Vax taskforce chief says mass vaccination “pointless,” time to stop counting case numbers.](#)

[Male teen deaths skyrocket 53% following mass covid vaccination.](#)

[Dr. Steven Hatfill tells Ann Vandersteel: There’s no valid medical reason for mass vaccination of kids and young adults – Brighteon.TV.](#)

[Top doctor: mass vaccination program for COVID will be “one of the most deadly” in history.](#)

The vaccine fatalities are kicking in: PHS database shows newborn baby deaths surpass critical levels for second time in seven months

Tuesday, May 10, 2022 by: Mary Villareal



([Natural News](#)) The *Public Health Scotland* (PHS) database revealed that the number of newborn babies dying has [surpassed critical levels for the second time in seven months](#). These record-breaking deaths were discovered after it was revealed that Pfizer and medicine regulators hid the dangers of the vaccine during pregnancy as the only study conducted found that it increased the risk of birth defects and infertility.

Official figures showed that the rate of neonatal deaths increased to 4.6 per 1,000 live births in March 2022, a 119 percent increase compared to expected death rates. The last time that this threshold was breached was only in September 2021, when neonatal deaths per 1,000 live births climbed to 5.1. While the rate is not

consistent, the figure for both September 2021 and March 2022 is on par with levels that were last seen in the late 1980s.

PHS has not yet announced an official investigation, but it is expected to do so just like last year when the upper control limit was exceeded. (Related: [COVID vaccine causes miscarriages, stillbirths.](#))

New evidence suggests COVID-19 vaccines contributor to neonatal deaths
The Wuhan coronavirus (COVID-19) vaccines were not initially suspected to be a contributor to these deaths, but there is now evidence suggesting that they could be.

The Joint Committee on Vaccination and Immunization (JCVI) formally recommended at the end of April 2021 that all pregnant women should be offered the Pfizer COVID-19 vaccine even though there had been no studies performed to prove its safety.

Former Pfizer executive Michael Yeadon himself [rejected the idea](#). “You never ever give inadequately tested medicines, medicinal products, to a pregnant woman,” he said at the time.

Despite JCVI not officially advising the vaccines to be offered to pregnant women until the end of April 2021, there had been plenty of instances when they have been administered due to the number of miscarriages reported to the *Medicines and Healthcare products Regulatory Agency* as of April 5, 2021.

This was also reported despite the U.K. government clearly stating in official documents prepared upon the approval of the emergency authorization of the Pfizer vaccine that it was not recommended for use during pregnancy. (Related: [VAERS data reveals 50-fold increase in ectopic pregnancies following COVID-19 vaccine shots.](#))

It also stated that pregnancy should be ruled out before vaccination, and women of childbearing age should avoid getting pregnant for at least two months after their second dose.

Medicine regulators around the world had been working in tandem with Pfizer to cover up the fact that only limited animal studies were performed to test the safety of the vaccine in pregnancy. That study found an increased rate of birth defects and infertility.

A study post-vaccine rollout has also found that the [rate of miscarriage following COVID-19 vaccination](#) is 82 percent following COVID-19 vaccination. In July 2021, [data was shown to be manipulated](#) by scientists for the *Centers for Disease Control and Prevention* to indicate that COVID-19 vaccines were safe to use during pregnancy.

The authors claimed that the number of people who suffered from spontaneous abortions during the study was 104 out of 827 completed pregnancies, putting the risk of miscarriage at 12.6 percent or 12 percent lower than the risk of miscarriage in the general population.

However, further analysis proved that these numbers were extremely misleading: Of the 827 completed pregnancies, 700 or 86 percent of women received a dose of either the Pfizer or Moderna vaccine during their third trimester, while most miscarriages often occur before the 20th week of pregnancy.

This means that only 127 women received their vaccine during the first or second trimester, with 104 of them losing their babies. Using this information, the rate of incidence of miscarriage was actually 82 percent, and not 12.6 percent as the CDC originally stated.

While it is not yet possible to definitively conclude that COVID-19 injections are responsible for the rise of neonatal deaths in Scotland, it is quite clear that they do interfere with the reproductive system. And further studies should be carried out to avoid more deaths in the future.

Researchers are calling for a [stop vaccination of pregnant women in the video below.](#)

This video is from the [Tammy Cuthbert Garcia channel on Brighteon.com](#)

More related stories:

[KILLING BABIES: Death of infant linked to Pfizer Covid vaccine that mother took while breastfeeding.](#)

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

[UK now pushing pregnant women to take covid vaccines despite miscarriage, infertility risks.](#)

44,348 Dead 4,279,200 Injured Following COVID-19 Vaccines in European Database of Adverse Reactions as More Pfizer Fraud Uncovered

May 10, 2022

by Brian Shilhavy Editor, Health Impact News

The European (EEA and non-EEA countries) database of suspected drug reaction reports is EudraVigilance, verified by the European Medicines Agency (EMA), and they are now reporting 44,348 fatalities, and 4,279,200 injuries following injections of five experimental COVID-19 shots:

From the total of injuries recorded, almost half of them (1,946,847) are serious injuries.



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
44,348 DEAD
4,279,200 Injuries Through May 07, 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.COV2.S)
COVID-19 VACCINE NOVAVAX (NVX-COV2373)



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EudraVigilance

“Seriousness provides information on the suspected undesirable effect; it can be classified as ‘serious’ if it corresponds to a medical occurrence that results in death, is life-threatening, requires inpatient hospitalization, results in another medically important condition, or prolongation of existing hospitalization, results in persistent or significant disability or incapacity, or is a congenital anomaly/birth defect.”

ACTION ALERT: Tell Congress to STOP Sen. Dick Durbin from criminalizing supplements

05/10/2022 / [By Ethan Huff](#)

Sen. Dick Durbin (D-Ill.) is [once again](#) launching an assault on dietary supplements.

His new “Dietary Supplement Listing Act of 2022,” which was introduced with Sen. Mike Braun (R-Ind.), threatens to eliminate access to therapeutic doses of dietary supplements, which tens of millions of Americans rely on for their health. *“The bill threatens fines and jailtime for companies that do not comply,”* warns the Alliance for Natural Health – USA. *“If a company does not submit the proper*

information, in the correct form, by the proper date, the supplement is considered misbranded.”

“For the first offense, violators can be imprisoned for one year and fined \$1,000 dollars; for the second offense, violators can be imprisoned for three years and fined \$10,000. Given the safety record of supplements that will be detailed below, the punishments here hardly seem to fit the crime.”

Durbin’s bill puts both consumers and supplement companies in a lose-lose situation. In order to avoid fines and jail time, supplement companies will have to comply with it. Doing so will ultimately lead to their demise, though.

According to ANH-USA, the FDA will use the information it receives via compliance to sweep the market of as many as 41,000 supplements that do not comply with its egregious “new supplement” guidance.

“Supplement companies lose, the economy suffers, and consumers lose access to critical health products,” the group warns. (Related: Durbin has [tried but failed](#) to do this same thing before, so let’s be sure to stop him once again!)

Sen. Patty Murray attaches similar mandatory product registration provision for supplements to reauthorization of Prescription Drug User Fee Act, increasing chances that Durbin’s bill passes.

To make matters worse, another Democrat, Sen. Patty Murray of Washington, is pushing a similar provision from a different angle, which ANH-USA says will double the chances that Durbin’s bill passes.

Murray, who chairs the Senate Health, Education, Labor, and Pensions (HELP) Committee, is independently planning to attach a similar mandatory product registration provision for dietary supplements to the reauthorization of the Prescription Drug User Fee Act, which must pass by the end of September.

None of this is even remotely necessary, seeing as how [dietary supplements are about the safest thing](#) you can take – *far* safer, in fact, than FDA-approved pharmaceuticals, which kill hundreds of thousands of people every single year.

“That supplements are the products getting federal attention speaks to the power of the drug industry lobby and the willingness of elected officials and FDA officials to do their bidding,” says ANH-USA. *“We cannot let these forces succeed in undermining our ability to stay healthy, naturally.”*

This is an *urgent* matter that must be dealt with *immediately* in preservation of dietary supplement freedom in the United States. If Durbin’s bill and Murray’s provision make it through the legislative process, it will be *game over* for dietary supplement freedom in the “land of the free.”

“A well-organized, coordinated campaign from the FDA and Big Pharma is threatening access to the supplements you depend on,” ANH-USA says.

“Using the false premise that supplements are unsafe, the FDA is working to gain more power over the regulation of supplements in order to further solidify Big Pharma’s monopoly over medicine. These efforts must be opposed.”

ANH-USA has created a [simple Action Alert](#) page that you can use to write Congress and tell them to OPPOSE any and all “mandatory filing” requirements for dietary supplements.

It is recommended that you personalize the message if you are able, explaining how dietary supplements have helped you and those you love, and how a mandatory filing requirement that pulls supplements off the market will harm your health and the health of your loved ones.

To learn more about how dietary supplements are helping people, visit [SupplementsReport.com](#).

Sources for this article include:

[ANH-USA.org](#)

Analysis of Federal Data Shows Increase in Covid-19 Deaths Occurred Among the Vaccinated – Experts Warn More Breakthrough Deaths to be Expected with More Americans Reaching Fully Vaxxed Status

By Jim Hoft Published May 11, 2022 at 11:02am

Analysis of federal data conducted by [ABC News](#) showed that more Covid-19 deaths occurred among the vaccinated, and more breakthrough deaths are expected with more Americans reaching full vaccination status, experts warned.

According to the new analysis, about 18.9% of COVID-19 deaths recorded were among the vaccinated in August 2021. After six months, in February 2022, the number of deaths increased to more than 40%.

Comparatively, in September 2021, just 1.1% of COVID-19 deaths occurred among Americans who had been fully vaccinated and boosted with their first dose. By February 2022, that percentage had increased to about 25%.

Experts said the increase in breakthrough deaths is expected with more Americans reaching full vaccination status.

“These data should not be interpreted as vaccines not working. In fact, these real-world analyses continue to reaffirm the incredible protection these vaccines

afford especially when up to date with boosters,” said Dr. John Brownstein, an epidemiologist at Boston Children’s Hospital and an ABC News contributor.

In addition, many vulnerable Americans are more than one year out from their primary vaccinations and have yet to receive booster doses.

To date, **more than 220 million Americans have been fully vaccinated, 100 million of whom have received their first COVID-19 booster.** However, about 91.5 million eligible Americans — about half of those currently eligible — have yet to receive their first booster shot.

The increase in breakthrough deaths comes as a growing proportion of older Americans enter the hospital for COVID-19 related care.

Last summer, after more vulnerable, older populations had been vaccinated, the share of Americans ages 65 years and older in the hospital had dipped to a pandemic low — with younger populations representing the largest age groups of people in need of care. However, throughout the omicron surge, the average age of those in the hospital with COVID-19 has steadily gotten older again.

More than 90% of seniors have been fully vaccinated, but a third of them have yet to receive their first booster shot. Even with overall high vaccination rates in older populations, in recent months, during the omicron surge, 73% of deaths have been among those 65 and older.

Not only that the Covid-19 [mRNA vaccine effectiveness wanes](#) after four months, but it also posed a life-threatening complication to people who received it.

The Gateway Pundit [previously reported](#) that a new German study with around 40,000 participants concluded that severe complications after receiving the COVID vaccine is 40 times higher than previously recorded.

Germany’s [MDR.de](#) reported:

The study “Safety Profile of Covid-19 Vaccines” (“ImpfSurv” for short), which focuses on the effects and side effects of the various vaccines, has been running for a year. Around 40,000 vaccinated people are interviewed at regular intervals throughout Germany. Participation in the study is voluntary and independent of how the vaccines work in the subjects.

One result: eight out of 1,000 vaccinated people struggle with serious side effects. *“The number is not surprising,”* explains Prof. Dr. Harald Matthes, head of the study: *“It corresponds to what is known from other countries such as Sweden, Israel or Canada. Incidentally, even the manufacturers of the vaccines had already determined similar values in their studies.”* With conventional vaccines, such as against polio or measles, the number of serious side effects is significantly lower.

FDA announces FIVE meetings in June to push Novavax in adults, Moderna in kids 0-17, and Pfizer in kids under 5

The blitzkrieg culminates with a “Future Framework” to automatically deem all reformulated Covid-19 shots as “safe and effective” WITHOUT further clinical trials

By Toby Rogers | May 11, 2022

I. FDA goes full Shock & Awe in the attempt to get several toxic shots authorized in quick succession.

In a little noticed article in the [Washington Post](#), the FDA revealed that they are going to hold FIVE meetings of the Vaccines and Related Biological Products Advisory Committee (VRBPAC) in June. FIVE! The meetings have not been officially announced on the FDA website yet but the best guess at this point is as follows:

June 7, Novavax in adults

June 8, Moderna in adolescents (delayed for a year because of myocarditis concerns)

June 21, Moderna in kids <6

June 22, Pfizer in kids <5

June 28, “Future Framework” for Covid-19 shots

This is very troubling. It means that the FDA is shifting into Shock & Awe military strategy to try to push through five authorizations in quick succession — so that the public does not have time to think and react. This is not the proper way to do science, it is an attack on democracy, and if they succeed, the FDA will kill and injure millions of American for years to come.

Let’s talk about what we know about each of these shots and then talk about what we can do to stop the FDA from destroying our country.

II. Novavax is terrible and useless

Novavax is a protein subunit vaccine. Fellow Substacker [Robyn Chuter](#) has done the best deep dive that I’ve seen on Novavax:

[Novavax – hope or hype?](#)

Robyn reviewed 3 Novavax clinical trials and the results are always terrible:

- **No reductions in hospitalizations.**
- **No reductions in deaths.**
- **Tiny absolute risk reduction for a couple months (and then, after six months, the control group gets injected too so there is no long term data).**
- **Significant risk of adverse events in the vaccinated group.**

This is not a surprise. The SARS-CoV-2 virus was never a good candidate for a vaccine (in the same way that HIV and the common cold have never had a successful vaccine in spite of decades of efforts). Recombinant proteins are not

safer nor more effective than mRNA — they just fails in different ways. Novavax also uses a proprietary new adjuvant, “Matrix M”, that is not well studied.

III. Moderna mRNA shots in adolescents and kids are useless and terrible
A few days ago, I did a [deep dive](#) into the problems with the Moderna mRNA shot in kids. To summarize briefly:

- The Moderna application to inject adolescents [has been held up since June 2021](#), because the Moderna shot increases the risk of myocarditis.
- Finland, Sweden, Denmark, and Norway have all [suspended the use of the Moderna mRNA shot in teenagers](#) because it leads to myocarditis. Finland and Sweden even suspended its use in men under 30 years old.
- We have no data from the Moderna clinical trial in kids younger than 12 other than selective leaks to the *NY Times*. But we know that even with Moderna rigging the trials, the shot made no difference on clinically significant outcomes including infection, hospitalization, ICU visits, or death.

However the Moderna shot did cause fevers in 15% to 17% of kids and fevers over 104 degrees in 0.2% of kids (which, if you multiply that by the 18 million kids they want to inject = 36,000 kids with potentially permanent neurological injury from a shot that provides no benefit).

IV. Pfizer mRNA shots in kids under 5 are useless and terrible
I’ve done [several articles](#) on the dangers of Pfizer mRNA shots in kids under 5. To summarize briefly:

- There is no Covid emergency for children under five years old. The CDC’s [own research](#) shows that 74.2% of kids 0-11 already had natural immunity. That was as of February 2022 — by now the number is probably closer to 100%.
- The Pfizer mRNA shot does not work very well in kids. The Pfizer clinical trial in kids 6 months to four years old failed in [December 2021](#) and failed again in [February 2022](#). A study by the [NY State Department of Health](#) shows that against the Omicron variant, after one month the Pfizer shot was only 12% effective in kids 5 to 11. After 6 weeks, vaccine effectiveness was a shocking MINUS 41% (vaccinated children were significantly *more* likely to catch Covid than the unvaccinated).
- The harms from the Pfizer mRNA shot in children are catastrophic. There are now [47,736 VAERS reports](#) of adverse events in children following Covid-19 shots. These reports likely *understate* harms by a factor of [41](#) to [100](#). There are [numerous reports of fatalities](#) in children following Covid-19 shots (including reports that [mysteriously disappear](#)).

For those who want more details, Michael Palmer, MD; Sucharit Bhakdi, MD; and Wolfgang Wodarg, MD produced a 50 page guide, "[On the use of the Pfizer and the Moderna COVID-19 mRNA vaccines in children and adolescents.](#)"

V. The FDA's proposed "Future Framework" for Covid-19 Vaccines is the worst idea in the history of public health.

The "Future Framework" is how the FDA plans to rig the process in perpetuity. The "Future Framework" will take the "flu strain selection process" that is used every year — and apply it to future (reformulated) Covid-19 shots.

Manufacturers love this because then all future Covid-19 shots will be deemed automatically "safe and effective" WITHOUT FURTHER CLINICAL TRIALS because they are "biologically similar" to existing Covid-19 shots.

This approach does not work with the flu shot (last year the flu shot was somewhere between [0% and 14%](#) effective) and it will not work with Covid-19 shots either.

Moderna is already signaling that they want to manufacture a Covid-19 shot with Wuhan and Beta strains — even though neither strain is still in widespread circulation.

If the "Future Framework" is approved, there will be no future clinical trial data submitted to the FDA in connection with Covid-19 shots in perpetuity.

VI. What is to be done. Talking points.

I imagine we are all tempted to just say/write:

- No Novavax in adults.
- No Moderna in adolescents.
- No Moderna in little kids.
- No Pfizer in little kids.
- No "Future Framework".

The problem with that approach is that negating a frame reinforces a frame. So the more we just say NO, the more we reinforce the very thing we are trying to stop.

Furthermore, we do not want to leave the bougiecrats in an existential abyss because they are incapable of original thought. So if we just say no, they will not know what to do with themselves and will become panicked and vengeful and start lashing out.

So let's find a way to reframe and give our country a path out of this valley of misery. My proposed talking points are as follows.

1. The FDA must revoke the existing authorizations for Moderna, Pfizer, and J&J Covid-19 shots and withdraw them from the market immediately. SARS-CoV-2 was never a good candidate for a vaccine. These shots do not stop infection, transmission, hospitalization, nor death. They appear to have negative efficacy and are driving the evolution of variants that evade vaccines. The pandemic will never stop as long as the FDA and CDC are promoting shots that lack sterilizing immunity.

2. The FDA and CDC must pivot to therapeutics. This was always the answer. The [CDC's own research](#) showed that chloroquine is safe and effective for prophylaxis and early treatment of SARS coronaviruses (hydroxychloroquine is even safer than chloroquine). The best frontline doctors have found that ivermectin is a [life saver if used early](#). About twenty [off-the-shelf treatments](#) are more effective than vaccines. Get these safe and effective medicines to people who need them and let doctors be doctors again and treat patients based on their own best clinical judgment.

3. Vaccine safety assessments must be based on actual science. That means:

- Large (50,000+ person) double blind randomized controlled trials with inert saline placebos conducted by an independent third party.
 - Safety and efficacy studies for two years prior to any application followed by 20 years of follow up (with the control group intact).
 - Greater than 90% efficacy with less than 1% Grade 3 Adverse Events.
 - Proper monitoring for carcinogenesis, mutagenesis, and impairment of fertility.
-

VII. What is to be done. Whom to contact:

Please reach out and find a way to awaken the moral core of these 36 people:
You can use the talking points from above or share your own story and insights.
Political appointees:

Xavier Becerra
Secretary, Health & Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201
c/o Sean McCluskie
sean.mccluskie@hhs.gov
<https://twitter.com/XavierBecerra>

Robert Califf
FDA Commissioner
Food and Drug Administration

Mail stop: HF-1
10903 New Hampshire Ave.
Silver Spring MD 20993-0002
phone: (301) 796-5400
fax: (301) 847-8752
commissioner@fda.hhs.gov
https://twitter.com/DrCaliff_FDA

Ashish K. Jha, MD, MPH
White House Covid Czar
Brown University School of Public Health
121 South Main Street
Providence RI 02903
DeanofPublicHealth@brown.edu
<https://twitter.com/ashishkjha>

Rochelle Walensky
Director, Centers for Disease Control and Prevention
Roybal Building 21, Rm 12000
1600 Clifton Rd
Atlanta, GA 30333
phone: (404) 639-7000
Aux7@cdc.gov
<https://twitter.com/CDCDirector>

FDA staff:
Peter Marks
Director, Center for Biologics Evaluation and Research
FDA, Mail stop: HFM-2
10903 New Hampshire Ave., WO71-7232
Silver Spring MD 20993-0002
phone: (240) 402-8116
fax: (301) 595-1310
Peter.Marks@fda.hhs.gov

Hong Yang
Biologist, FDA/CBER/OBE
Building WO71, Room 5338
Mail stop: HFM-210
Silver Spring MD 20993-0002
phone: (240) 402-8836
fax: (301) 595-1240
Hong.Yang@fda.hhs.gov

Richard Forshee
Associate Director, FDA/CBER/OBE

**Building, WO71, Room 5342
Silver Spring MD 20993-0002
phone: (240) 402-8631
fax: (301) 595-1240
Richard.Forshee@fda.hhs.gov**

**Hui-Lee Wong
Associate Director for Innovation and Development,
Office of Biostatistics and Epidemiology,
Center for Biologics Evaluation and Research
White Oak Building 71, Room 5222
Silver Spring MD 20993-0002
phone: (240) 402-0473
Huilee.Wong@fda.hhs.gov**

**Leslie Ball
Office of Vaccines Research and Review
Division of Vaccines and Related Products Applications,
Center for Biologics Evaluation and Research
Building WO22, Room 6156
Silver Spring MD 20993-0002
phone: (301) 796-3399
Leslie.Ball@fda.hhs.gov**

**Doran L. Fink
Deputy Director – Clinical
Division of Vaccines and Related Products Applications
Office of Vaccines Research and Review, CBER
Mail stop HFM-475
Building WO71, Room 3314
Silver Spring MD 20993-0002
phone: (301) 796-1159
Doran.Fink@fda.hhs.gov
VRBPAC Members:**

**Hana El Sahly, M.D., Chair VRBPAC
Associate Professor
Department of Molecular Virology and Microbiology
Department of Medicine
Section of Infectious Diseases
Baylor College of Medicine
Houston, TX 77030
713-798-2058
hanae@bcm.edu**

Paula Annunziato, M.D.
Vice President and Therapeutic Area Head
Vaccines Clinical Research
Merck
North Wales, PA 19454
paula.annunziato@merck.com

Adam C. Berger, Ph.D.
Director, Division of Clinical and Healthcare Research Policy
Office of Science Policy
Office of the Director
National Institutes of Health
6705 Rockledge Drive, Suite 630
Bethesda, MD 20892
(301) 827-9676
adam.berger@nih.gov

Henry H. Bernstein, D.O.
Professor of Pediatrics
Zucker School of Medicine at Hofstra/Northwell
Department of Pediatrics
Cohen Children's Medical Center
New Hyde Park, NY 11042
phone: (516) 838-6415 (office)
fax: (516) 465-5399
hbernstein@northwell.edu

Captain Amanda Cohn
Chief Medical Officer
National Center for Immunizations and Respiratory Diseases
Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333 MS C-09
phone: (404) 639-6039
fax: (404) 315-4679
acohn@cdc.gov
anc0@cdc.gov

Holly Janes, Ph.D.
Fred Hutchinson Cancer Research Center •
Vaccine and Infectious Disease Division
1100 Fairview Avenue North,
M2-C200
P.O. Box 19024
Seattle, Washington 98109 U.S.A.

phone: (206) 667.6353
hjanesh@fredhutch.org

Hayley Gans, M.D.
Professor of Pediatrics
Department of Pediatrics
Stanford University Medical Center
Stanford, CA 94305
phone: (650) 723-5682
fax: (650) 725-8040
hgans@stanford.edu

David Kim, M.D.
CAPT, U.S. Public Health Services
Office of Infectious Disease and HIV/AIDS Policy
Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services
330 C Street SW, Suite L600
Washington, DC 20024
phone: (202) 795-7636
david.kim@hhs.gov

Arnold Monto, M.D.
Professor Emeritus
Department of Epidemiology
University of Michigan School of Public Health
Ann Arbor, MI 48109
phone: (734) 764-5453
fax: (734) 764-3192
asmonto@umich.edu

Paul Offit, M.D.
Professor of Pediatrics
Division of Infectious Diseases
Abramson Research Building
The Children's Hospital of Philadelphia
Philadelphia, PA 19104
phone: (215) 590-2020
offit@chop.edu
<https://twitter.com/DrPaulOffit>

Steven Pergam, M.D.
Medical Director
Infection Prevention
Seattle Cancer Care Alliance
Seattle, WA 98109

phone: (206) 667-7126
spergam@fredhutch.org
<https://twitter.com/PergamIC>

Jay Portnoy, M.D.
Director, Division of Allergy, Asthma & Immunology
Children's Mercy Hospitals & Clinics
2401 Gillham Road
Kansas City, MO 64108
phone: (816) 960-8885
fax: (816) 960-8888
Jportnoy@cmh.edu

Eric Rubin, M.D., Ph.D.
Editor-in-Chief
New England Journal of Medicine
Adjunct Professor
Harvard TH Chan School of Public Health
665 Huntington Ave
Building 1, Room 811
Boston, MA 02115
phone: (617) 432-3335
erubin@hsph.harvard.edu
erubin@nejm.org

Andrea Shane, M.D.
Professor of Pediatrics
Emory University School of Medicine
2015 Uppergate Drive NE, Rm. 504A
Atlanta, GA 30322
phone: (404) 727-9880 (direct)
(404) 727-5642 (main)
fax: (404) 727-8249
ashane@emory.edu

Geeta K. Swamy, M.D.
Senior Associate Dean
Vice Chair for Research & Faculty Development
Associate Professor, Department of Obstetrics & Gynecology
Division of Maternal-Fetal Medicine
Duke University
Box 3967 Med Ctr,
Durham, NC 27710
phone: (919) 681-5220
swamy002@mc.duke.edu

Temporary VRBPAC members (but their votes count just the same):

A. Oveta Fuller, Ph.D.

Associate Professor of Microbiology and Immunology,

University of Michigan Medical School

Ann Arbor, MI 48109

phone: (734) 647-3830

fullerao@umich.edu

Randy Hawkins, M.D.

Charles Drew University

1731 E. 120th St.

Los Angeles, CA 90059

(323) 563-4800

RandyHawkins@cdrewu.edu

James Hildreth, Sr., Ph.D., M.D.

Professor

Department of Internal Medicine

School of Medicine

President and Chief Executive Officer

Meharry Medical College

Nashville, TN 37205

officeofthepresident@mmc.edu

Jeannette Lee, Ph.D.

Professor Department of Biostatistics

University of Arkansas for Medical Sciences

Little Rock, AR 72701

phone: (501) 526-6712

JYLee@uams.edu

Ofer Levy, M.D., Ph.D.

Staff Physician & Principal Investigator

Director, Precision Vaccines Program

Division of Infectious Diseases

Boston Children's Hospital

Professor,

Harvard Medical School Associate Member

phone: (617) 919-2900

fax: (617) 730-0254

ofer.levy@childrens.harvard.edu

Wayne Marasco

Dana-Farber Cancer Institute

450 Brookline Avenue

Jimmy Fund 824

Boston, MA 02215
Phone: (617) 632-2153
fax: (617) 632-3889
wayne_marasco@dfci.harvard.edu

H. Cody Meissner, M.D.
Professor of Pediatrics
Tufts University School of Medicine
Director, Pediatric Infectious Disease
Tufts Medical Center
Boston, MA 02111
phone: (617) 636-5227
fax: (617) 636-4300
cmeissner@tuftsmedicalcenter.org

Michael Nelson, M.D., Ph.D.
Professor of Medicine
Asthma, Allergy and Immunology Division
UVA Division of Asthma, Allergy & Immunology
PO Box 801355
Charlottesville, VA 22908
phone: (434) 297-8399
fax: (434) 924-5779
mrn8d@virginia.edu

Stanley Perlman, M.D., Ph.D.
Professor of Pediatrics
University of Iowa
3-712 Bowen Science Building (BSB)
51 Newton Rd
Iowa City, IA 52242
phone: (319) 335-8549
stanley-perlman@uiowa.edu

Mark Sawyer, M.D.
Professor of Clinical Pediatrics
8110 Birmingham Way
Bldg. 28, 1st Floor
San Diego, CA 92123
phone: (858) 966-7785
fax: (858) 966-8658
mhsawyer@ucsd.edu

Melinda Wharton, M.D., MPH
Associate Director for Vaccine Policy
National Center for Immunization and Respiratory Diseases,

Centers for Disease Control and Prevention,
1600 Clifton Road, Mailstop E05,
Atlanta, GA 30333
phone: (404) 639.8755
fax: (404) 639.8626
mew2@cdc.gov

I know that we're all weary. We've been battling Pharma fascism for the last two years and battling against the FDA every day for the last few months. I imagine it'll take about an hour to call or write to all 36 people on this list. It's a heavy lift. But that's the price of liberty. This is what it's going to take to save our Republic. So let's fire up our computers and get out our phones and generate the largest response in the history of the movement. Let's make history together!
Share this:

Bhakdi/Burkhardt Pathology Results Show 93% of People Who Died After Being Vaccinated Were Killed by the Vaccine

By [Steve Kirsch](#)

Global Research, April 12, 2022

This was originally published in December 2021

The vaccine was implicated in 93% of the deaths in the patients they examined. What's troubling is the coroner didn't implicate the vaccine in any of those deaths.

Summary

The vaccines are bad news. Fifteen bodies were examined (all died from 7 days to 6 months after vaccination; ages 28 to 95). The coroner or the public prosecutor didn't associate the vaccine as the cause of death in any of the cases. However, further examination revealed that the vaccine was implicated in the deaths of 14 of the 15 cases. The most attacked organ was the heart (in all of the people who died), but other organs were attacked as well. The implications are potentially enormous resulting in millions of deaths. The vaccines should be immediately halted.

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

The paper

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

Steve,

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

Mass covid19 vaccination is leading to mass murder.

Mike

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

The authors did an autopsy in 15 patients who died (from 7 days to 6 months) after receiving the COVID vaccine. These were all cases where the coroner ruled as NOT being caused by the vaccine. They discovered that in 14 of the 15 patients there was widespread evidence of the body attacking itself, something that is never seen before. The heart was attacked in all 14 cases.

A number of salient aspects dominated in all affected tissues of all cases: inflammatory events in small blood vessels (endotheliitis), characterized by an abundance of T-lymphocytes and sequestered, dead endothelial cells within the vessel lumen; the extensive perivascular accumulation of T-lymphocytes; a massive lymphocytic infiltration of surrounding non-lymphatic organs or tissue with T-lymphocytes.

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

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

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

This work independently validates the [analysis of Peter Schimacher](#) who showed a minimum of 30% to 40% of the deaths after vaccine were caused by the vaccine. Reactions from a level-headed scientist (name withheld to protect him from attack)

If the autopsy findings are confirmed by other pathologists with additional samples, and if they are combined with the findings of Dr. Hoffe (>60% inoculant recipients have elevated D-dimer tests and evidence of clotting) and Dr. Cole (increase in cancers after inoculation, including twenty-fold increase in uterine cancer), we are seeing a disaster of unimaginable proportions. The conclusion (if supported by further data) is that essentially EVERY inoculant recipient suffers damage, with more damage after each shot. Given the seriousness of the types of damage (autoimmune diseases, cancer, re-emergent dormant infections, clotting/strokes, cardiac damage, etc.), these effects will translate into lifespan reduction, which should be counted as deaths from the inoculations. So, in the USA, where ~200M people have been fully inoculated, the number of deaths will

not be the 10,000 or so reported in VAERS, or the 150,000+ scaled-up deaths from VAERS, but could be closer to tens of millions when the inoculation effects play out!

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

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

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

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

Dr. Ryan Cole's reaction

I agree with the assessment and conclusions.

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

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

Background of two of the scientists behind the study:

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

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

These natural substances NEUTRALIZE covid vaccine spike proteins

05/11/2022 / By Ethan Huff / Comments

It is estimated that more than 4.5 billion people worldwide have now been “vaccinated” for the Wuhan coronavirus (Covid-19). Many of them now suffer from “long” covid, however, which could be due to the persistent damage caused by the spike proteins contained in (viral vector) and produced by (mRNA) the jabs.

Also known as the S protein, covid jab spike proteins do a whole lot more harm than just bind to the body’s ACE (angiotensin-converting enzyme) receptors, allowing the virus to invade cells. It turns out that covid jab spike proteins interact with many other cellular tissues, including in the lungs, mitochondria and cardiovascular system.

This assault causes all kinds of health damage to the many intricate and complex systems of the body. And in the case of messenger RNA injections (Pfizer-BioNTech and Moderna), the spike proteins continue to be manufactured inside the body long after the initial jabs.

We now know for a fact that jab spike proteins:

- Damage the lung cells (including the pulmonary alveoli and pulmonary endothelial cells)**
- Damage the mitochondria and DNA structures**
- Damage cardiovascular cells**

- Increase the risk of blood clots
- Damage brain cells
- Promote inflammation
- Suppress immunity
- Increase the risk of cancer

A 2021 paper published in the *bioRxiv* preprint repository found that spike proteins cause the Type 1 catalytic receptors in the kidneys to increase in kidney cell tissue, making the kidneys more susceptible to the Fauci Flu.

Spike proteins also cause cells in the small intestine to stimulate large amounts of L-SIGN (liver / lymph node-specific intracellular adhesion molecules-3 grabbing non-integrin) receptors, which defend against pathogens. The problem with this is that after a large number of adhesions occur, the small intestine becomes more susceptible to viral infection.

Similarly, spike proteins trigger an increase in DC-SIGN (Dendritic Cell-Specific Intercellular adhesion molecule-3-Grabbing Non-integrin) receptors in the lungs, which can trigger inflammatory symptoms in the lungs.

“In addition, spike proteins can cause different degrees of oxidation of the organs, leading to more cells’ premature deaths and putting the body in a hyperoxidized state, which may further increase the risk of cancer,” reports *The Epoch Times*.

Another study published in the *Journal of the American Heart Association* (JAHA) found that spike proteins negatively impact lung functionality by causing the pulmonary alveolar cell walls to thicken and solidify. They also inhibit the pulmonary cell mitochondria, which is where energy is produced.

Prolonged covid symptoms could actually be the spike proteins damaging mitochondria and blocking their energy production. The result is a cascade of abnormalities and health problems that vary from person to person.

Perhaps the biggest fear is cardiovascular damage, the risk of which is greatly increased by the presence of spike proteins. The risk of blood clots increases massively following exposure to them, hence why many “fully vaccinated” people are developing conditions like myocarditis and pericarditis.

Here’s how to protect yourself against spike protein damage

If you or someone you know got “vaccinated” for the Wuhan coronavirus (Covid-19) and now regret it, all hope is not lost. The following vitamins and herbs have been [scientifically shown](#) to help neutralize spike proteins and the damage they inflict on the body.

The World Council for Health (WCH) recommends the following immune-boosting compounds, which may help to expel vaccine spike proteins while improving the symptoms they cause:

Vitamin C

Vitamin D

Omega 3 fatty acids

Quercetin

Melatonin

Zinc

N-acetyl cysteine (NAC) is a powerful anti-inflammatory that further helps protect the body against spike protein damage.

Consuming a low-histamine diet will also help to prevent the immune system from overreacting and harming the body more, a situation known as a cytokine storm.

Common medications that can help improve symptoms include:

Aspirin

Antihistamines

Steroids

Colchicine

Mast cell stabilizers

Ivermectin

Aspirin helps to thin the blood, reducing the risk of thrombus and the ever-dreaded Fauci Flu shot blood clots that many people are suffering.

Antihistamines, in a similar way to NAC, prevent over-activation of the immune system while the others help to minimize inflammation.

Ivermectin, by the way, is a powerful remedy for a variety of health conditions, including cancer. For many, it also rids the body of the Fauci Flu.

In the plant kingdom, the following substances are spike protein inhibitors:

Selfheal extract

Pine needle extract

Dandelion leaf extract

Rheum emodin

Neem is another spike protein inhibitor, as is ivermectin.

As for spike protein *neutralizers*, the following herbs and substances show incredible promise in remediating the damage caused by the injections:

NAC

Glutathione

Fennel tea

Anise tea

Pine needle tea

St. John's Wort

Lithospermum

Vitamin C

“Some of these ingredients, such as the shikimic acid contained in pine needles, have antioxidant properties that can reduce oxidized free radicals in the body and provide a detoxifying effect,” reports The Epoch Times.

mRNA COVID jabs do not reduce all-cause mortality, new study reveals

[\(NaturalHealth365\)](#) The claim that mRNA COVID shots could prevent SARS-COV-2 transmission fell apart in a matter of months after the drugs were first made available under Emergency Use Authorization (EUA) from the U.S. Food and Drug Administration (FDA). Once this happened, public health officials *quickly* switched their messaging. The jabs, as it turns out, were actually just intended to prevent serious illness, hospitalization, and mortality from COVID-19. But will ongoing data support this claim?

As it turns out, breaking [research available for preprint](#) suggests that the mass mRNA intervention was NOT as effective at preventing deaths as health officials hoped and that if we were to compare Moderna and Pfizer shots to Johnson & Johnson shots, the latter actually seems to perform much better (to say nothing of drug-free options for keeping you healthy).

New data suggests that mRNA COVID shots do NOT prevent death as well as other vax alternatives.

A Danish study made available for preprint by *The Lancet* reveals some surprising news:

Randomized controlled trials suggest that adenovirus-vector vaxxes – like the ones made by Johnson & Johnson and AstraZeneca – are actually superior to the mRNA injections made by Modern and Pfizer at reducing all-cause mortality. The study authors looked at multiple randomized controlled trials and found that the relative risk for overall mortality was lower in the adenovirus trials, which means people who received the J&J or AstraZeneca jabs fared slightly better when assessing all-cause mortality risks than those receiving the mRNA shots.

This study has some big implications for the future of these mRNA COVID shots and policies around COVID shots in general. As Martin Kulldorf of The Brownstone Institute says in his summary of the preprint study, Pfizer and Moderna should “conduct a proper randomized clinical trial that proves that the vaccines reduce mortality” if they want to continue profiting off their drugs.

Can you imagine, after all, a public health policy that requires people to get [annual COVID mRNA booster shots](#) without the drug manufacturers ever having to actually prove that these booster shots are even necessary or beneficial?

Here's an interesting (and drug-free) intervention that DOES appear to lower all-cause mortality risk.

No matter what any public health officials try to tell you, there are *plenty* of non-pharmaceutical options available to you that can support your health and longevity. One of the most surprising options that is gaining in popularity recently? Sauna bathing.

[Sauna](#) bathing, sweat lodge ceremonies, and the like have been mainstays in global societies for centuries. Thanks to a growing body of research, sauna bathing is becoming increasingly popular and recognized as a good way to relax and as a beneficial and safe way to support health and lifespan.

One 2015 study published in *JAMA Internal Medicine* showed that increasing sauna use is associated with a reduced risk of all-cause mortality. Frequent sauna bathing was also associated with a reduced risk of coronary [heart disease](#), cardiovascular disease, and sudden cardiac death. Based on the accumulating evidence, this truly seems to be just the tip of the iceberg when it comes to sauna use!

How hot, how long, and how often? On her website, well-known podcaster, biomedical scientist, and sauna fan Dr. Rhonda Patrick sums up her recommendation this way, based on available data:

Sitting in a traditional sauna heated to at least 174°F (78.9°C) for at least 20 minutes, 4 to 7 times per week is associated with a 40 percent reduced risk of all-cause mortality and is likely a good routine to aim for.

Just be sure to check with a healthcare provider before using a sauna if you have any health conditions, as certain individuals should NOT use them, including pregnant women or people with unstable angina.

Don't have access to a sauna? Try a hot bath instead. And if your gym or local wellness studio only has an infrared sauna (rather than the traditional saunas with dry heat and rocks to dump water on), you will probably get some health benefits. There's just not quite as much research right now supporting their efficacy.

ASSOCIATED PRESS ADMITS SILENT GENOCIDE ONGOING, WHILE EX-PFIZER VP SAYS THERE'S EVIDENCE OF A VACCINE KILLING MACHINE

MAY 12, 2022 PUBLIUS

Above image: Chart showing pattern of differences in death reports associated with vaccine batches,

For the first time, major media has acknowledged that a quiet genocide has been taking place since the beginning of 2021, the year of the COVID vaccines rollout, in the form of a 40% increase in mortality, mostly among young adults, the highest mortality rate on record in US history.

But two life insurance industry executives suggest the cause is COVID, while a former Pfizer Chief Science Officer and VP says he has identified evidence of a [vaccine killing machine](#). (See: [Ex-Pfizer Chief Science Officer Identifies Deadly Experimentation with COVID Vaccine Batches Given to Public](#))

Putting a point on how bad the increase in number of US is over the year 2021 and continuing through the present, One America life insurance president Scott Davison said:

“Just to give you an idea of how bad that is, a three-sigma or a one-in-200-year catastrophe would be 10% increase over pre-pandemic,” he said. “So 40% is just unheard of.”

Associated Press’ Ali Swenson, in *“Vaccines didn’t cause increase in deaths and life insurance payouts,”* writes:

“CLAIM: An increase in death benefits paid out by life insurance providers in the third quarter of 2021 in the United States provides evidence that the COVID-19 vaccines, which became widely available in 2021, led to a spike in deaths.

AP’S ASSESSMENT: False. The claim wrongly attempts to tie COVID-19 vaccines to a surge in deaths in the U.S. in 2021. Insurance industry leaders say the delta variant of the coronavirus and deferred medical care during the pandemic likely contributed to the increase in deaths.”

Data suggests that “excess deaths,” are [higher in vaccinated](#) people than unvaccinated. Nevertheless Joe Biden and US health authorities continue to repeat catchphrases such as a “pandemic of the unvaccinated” in their speeches, with no references to the science so that it can be debated.

[Dr. Michael Yeadon](#), a former Pfizer Vice President and Chief Science Officer for 16 years, [wrote to his Telegram](#) audience last November :

“You’ll be aware that one of our assiduous researchers noticed a short while ago that adverse events are not occurring randomly throughout the batches & lots of vaccines made by a given manufacturer.

Instead, it appears that just 5% of the batches / lots are associated with almost all the deaths.

Given the tight requirements of consistency associated with an authorized product, it's absolutely impossible that this is a chance event."

Dr. Yeadon [said in an interview](#):

"I am worried that this is the calibration of a killing weapon...I have got no reason to make this stuff up. I've never been a conspiracy theorist,"

Dr. Yeadon, who after Pfizer founded the successful biotech company [Ziarco](#), which was acquired by Novartis, explained his position in the interview with attorney Reiner Feullmich, below, on January 3, 2022.

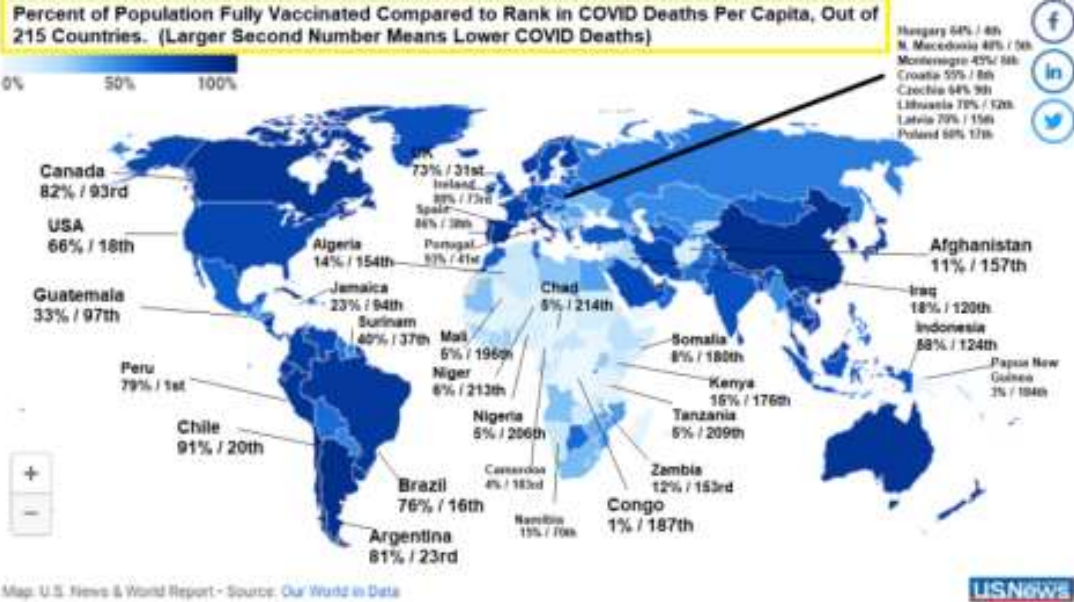
Chart showing pattern of differences in death reports associated with vaccine batches, see: [Ex-Pfizer Chief Science Officer Identifies Deadly Experimentation with COVID Vaccine Batches Given to Public](#)

Below: Dr. Mike Yeadon, CDC death report patterns resemble ***"calibration of a killing weapon"*** ([view at Rumble](#)) ([view at Bitchute](#))

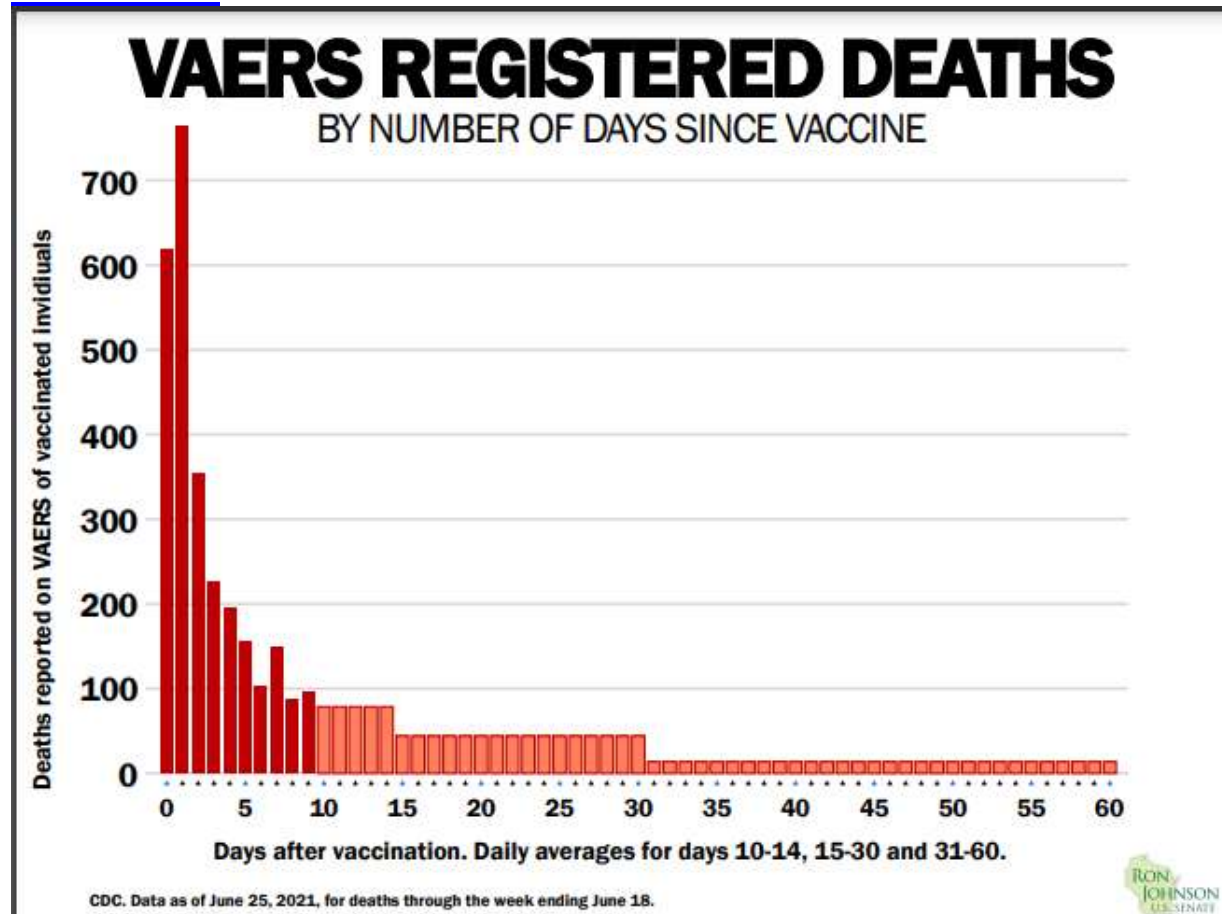
Last year [German pathologists](#) say they found corroborating evidence to other sets of autopsies that the COVID vaccines were directly the cause of high numbers of deaths reporting following the vaccines, although the mainstream medical establishment has not commenting on their findings, and continue to say that cause and effect is not proven. See: [CDC Study Falsifies Definitions to Cover Up Vaccine Deaths Shown by Autopsies](#)

The AP ***"debunk"*** of the idea that COVID vaccines are causing high numbers of deaths was written by Ali Swenson, whose range of expertise seems to range to any topic in which an official narrative is challenged. Most recently Swenson, [took on the documentary 2000 Mules](#), in a ***"debunk"*** which proposed that tracking data for thousands of people who went straight from ballot drop box to drop box for weeks, and are seen on surveillance videos stuffing numerous ballots in each one, could have just been taxis, although in the surveillance videos no taxis are seen. See: ["2000 Mules" Filmmakers Subpoenaed in Investigation of Allegations, They Say FBI Has Had All Data for Seven Months](#)

Global data, insofar as it is available, shows that ***"excess deaths,"*** deaths above and beyond what would normally be expected, are higher in more highly vaccinated countries than in lower vaccinated countries. See: [Global Data Shows COVID Deaths Are Lowest in Low-Vaccinated Countries, Higher in Highest](#)



[Below source](#)



Crippling COVID injection reactions ([view in Bitchute](#))

White House warns of 100 million COVID infections this fall. Biden administration asking for \$20 billion to stop projected wave

By Art Moore Published May 9, 2022 at 10:39pm

Just as Americans get used to life without masks, shutdowns and other restrictions, the White House is warning that the fall season in which the midterm elections will take place could see up to 100 million new COVID infections.

In response, according to Biden COVID response coordinator Ashish Jha, the administration is asking Congress to approve another \$22.5 billion in emergency aid to pay for a fourth round of shots as well as treatments and tests.

However, [as Becker News points out](#), CDC Director Rochelle Walensky has acknowledged that 95% of Americans have protection due to vaccination and natural immunity, and the projection of 100 million is based on a range of models. And as recent history has shown, none of those models may turn out to be close to reality.

In fact, a Johns Hopkins University study published in January found that 99% of unvaccinated people who had COVID infections gained robust natural immunity that did not wane for at least 650 days.

Becker News noted that another projected COVID "case" surge could be a pretext for implementation once again of universal mail-in balloting, which increases the possibility of fraud.

Significantly, the Axios/Ipsos Coronavirus Index found in April that fewer than one in 10 Americans now describe COVID-19 as a crisis. About three in four call it a manageable problem while one in six say it's no problem at all.

Axios said the findings indicate *"the public's growing desire to be done with mask mandates and other restrictions,"* raising *"significant challenges for public health officials in managing new surges, and could create real political headwinds ahead of the midterms."*

The survey found that Democrats were five times as likely as Republicans to say COVID-19 is a crisis, 16% to 3%.

Is the White House projecting this so it can tamper with the fall elections?

He noted that transmissions were waning last month.

"But some got arrogant. Some got dismissive. Some got selfish. And now the pandemic continues," he wrote, adding the hashtag *"#CovidIsNotOver."* Stanford epidemiologist Jay Bhattacharya reacted.

"This messaging is hubris & bad for public health. The public is not to blame for a highly infectious respiratory virus," he wrote "We have no technology to stop transmission. isn't selfish, arrogant, or dismissive to live life. Many things are important in life beyond infection control."

Meanwhile, Dr. Robert Malone, the inventor of the mRNA technology platform that is used in the Pfizer and Moderna vaccines, reacted to the White House asking for another \$22 billion to combat the predicted winter wave with an emphasis on vaccination.

"What they really need to do is promote vitamin D3 and make ivermectin and other licensed drugs widely available," he wrote.

EDITOR'S NOTE: Last year, America's doctors, nurses and paramedics were celebrated as frontline heroes battling a fearsome new pandemic. Today, under Joe Biden, tens of thousands of these same heroes are denounced as rebels, conspiracy theorists, extremists and potential terrorists. Along with massive numbers of police, firemen, Border Patrol agents, Navy SEALs, pilots, air-traffic controllers, and countless other truly essential Americans, they're all considered so dangerous as to merit termination, their professional and personal lives turned upside down due to their decision not to be injected with the experimental COVID vaccines. Biden's tyrannical mandate threatens to cripple American society – from law enforcement to airlines to commercial supply chains to hospitals. It's already happening. But the good news is that huge numbers of "yesterday's heroes" are now fighting back – bravely and boldly. The whole epic showdown is laid out as never before in the sensational October issue of WND's monthly Whistleblower magazine, titled ["THE GREAT AMERICAN REBELLION: 'We will not comply!' COVID-19 power grab ignites bold new era of national defiance."](#)

“This is Beyond Shocking” – American Frontline Doctors on FDA Approval of Failed Ebola Drug Remdesivir By the FDA for “Treatment” of Covid-19 in Babies

By [Joe Hoft](#) Published May 5, 2022 at 8:00am

America's Frontline doctors are speaking out about FDA's approval of Remdesivir for the treatment of COVID-19 in babies. They are beyond shocked.

The FDA recently reported that they had approved Remdesivir for the 'treatment' of COVID-19 in babies.



On April 25, 2022, the failed Ebola drug Remdesivir was approved by the FDA for “treatment” of Covid-19 in babies as young as 28 days old and as small as seven pounds! This is the exact same drug that has been wreaking carnage throughout hospitals since Fauci and Company approved the rigid CARES Act hospital protocol, along with bonus payments for treatment of Covid-19 with Remdesivir.

This is beyond shocking. Repeatedly, Remdesivir has been shown to be completely ineffective at treating Covid-19 in adults (even WHO studies show this) and to have severe [side effects](#), including multiple organ dysfunction syndrome (MODS), kidney failure and dialysis, and septic shock.

While studies of inexpensive and familiar early treatment meds continue to demonstrate safety and effectiveness, the same cannot be said about Remdesivir. What makes this plot even more sinister, is this failed drug has even been [approved](#) for babies and children who are displaying only mild symptoms of Covid-19!

As we at AFLDS have preached for over two years, children and infants are at statistically zero risk of death from Covid-19, and yet they now can legally be treated with what is essentially poison. This is one of the worst decisions of the corrupt FDA.

Remdesivir came on the scene in early 2020 as the answer to the feared COVID-19 pandemic. We soon found out more about the drug. In May 2020 we connected this drug to China and Dr. Fauci.

A year later the drug Remdesivir was singled out by some in the medical community as deadly. Now the FDA approves the drug for infants as small as 7 pounds even though their risk of dying from COVID-19 is basically zero without the drug. This is a cause for alarm.

Most Americans Do Not Want These Shots!

The [New York Times](#) provides daily updates from the CDC on the numbers vaccinated. While [nothing that comes out of CDC's mouth](#) is necessarily [reliable](#), I am presenting the official numbers below. But it is certainly possible that the numbers of the unvaccinated or partially vaccinated are even higher than presented here. Pay close attention to the numbers.

257.6 million (of a total 334 million Americans) got at least one dose of vaccine. That is 77% of the country. If you remove the 0 through 4 year olds, it is 82% of those eligible by age for vaccine. It seems like the vast majority of Americans went along with the vaccine program.

But Not for Long

A surprising 15% of the initially vaccinated (and 11% of all Americans) never went back for their second shot. That is huge. There is no other vaccine where such a high percentage fails to complete a 2 dose series. So if you add together the 18% who refused any shot and the 11% (of all Americans) who refused to complete the initial series, you are up to 29% vaccine refusers and ex-vaxxers who did not get "fully vaccinated," using CDC's terminology.

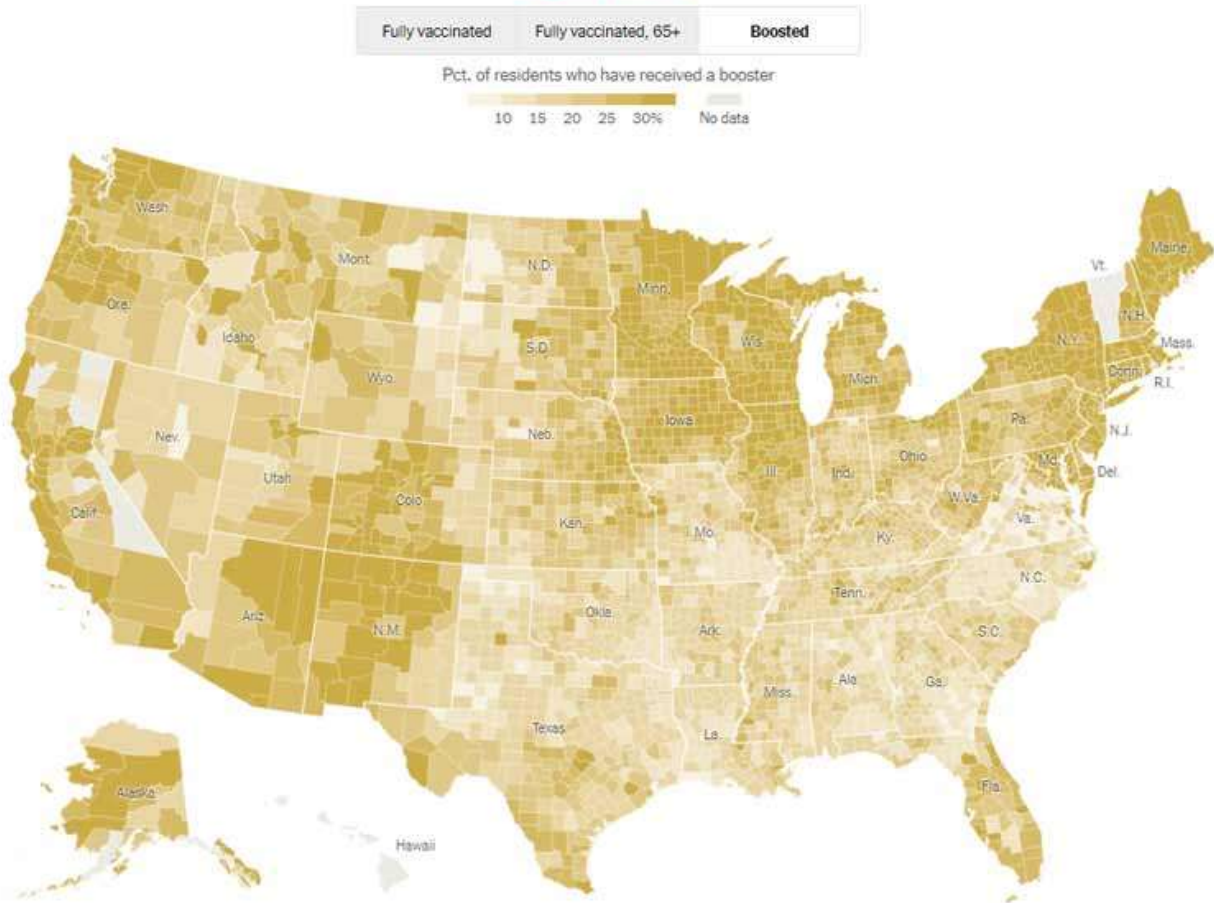
"The [Centers for Disease Control and Prevention](#) said on Friday that about 257.6 million people had received at least one dose of a Covid-19 vaccine, including about 219.6 million people who had been fully vaccinated by the Johnson & Johnson single-dose vaccine or the two-dose series made by Pfizer-BioNTech and Moderna."

[Why does CDC use the word "about" when it has a record of every single vaccinated American? — Nass]

The C.D.C. also reported that [about 100.5 million fully vaccinated people](#) have received an additional vaccine dose or a booster dose, the highest level of protection against the virus. Now let's look at how many Americans went along with the booster dose. Only 100.5 million Americans took that first booster, or 30% of Americans, according to the [NYT](#).

But if you look at the NYT graph of % boosted by county, in many counties less than 15% of the population took booster #1. Why didn't the NYT use additional colors for counties where over 35% or over 40% were boosted? Are there none? If so, the total boosted in the US may be less than 30%.

Updated April 29, 2022



But let's go along with CDC and the NYT and use 30% or 100.5 million people as our boosted number.

How many people took the first two shots (or one if they got the J and J shot) and refused the booster? 36% of Americans (219.6 M-100.5 M / 334 M people) took the initial series and refused the booster. Add 36% to 18% who refused all, and add 11% who refused the second shot and now you have 65% of the country that said "No more!" Throw in the 5.6% of Americans below age 5 who are not eligible for the vaccine (it is not emergency use authorized for them) and you find that 70% of us are not "up to date" according to the CDC.

It looks like Americans are not so dumb after all. Despite two years of continuous propaganda, and unprecedented threats of employment and educational loss if unvaccinated, Americans are saying, "Enough." They have stopped queuing up at vaccine clinics, many of which are now closed.

Why Would They Do That?

It seems they have access to the alternate media. They have seen people get injured or die after receiving the shots. They have enough common sense to know it's not right to get an injection every few months.

Information coming from the UK and other places that vaccination [did not prevent deaths or hospitalizations](#), not to mention cases and spread, has gotten out via the bush telegraph. People were able to distinguish the truth from fake news.

Information that vaccination with the COVID vaccines seems to impair the ability to mount a broad immune response to COVID could only be suppressed for so long.

The original Moderna clinical trial data, which should have been available to regulatory agencies at least since the Moderna package was presented for licensure, [reveals](#) that while 93% of unvaccinated controls produced the SARS-CoV-2 anti-nucleocapsid antibody after infection, only 40% of the vaccinated produced this antibody at detectable levels after infection.

They failed to mount the expected immune response. It is possible or probable that the more doses of these vaccines you receive, the less broad immunity you will develop, even after getting infected.

In any event, Americans have woken out of their slumber. According to the [American Academy of Pediatrics](#), only 35% of 5 through 11 year olds have received any COVID vaccine, and only 28% have received both doses. Twenty percent of initially vaccinated 5-11 year olds were never brought back for the second shot. Doesn't that tell you something?

[According to CDC](#), 75% of American children have already had COVID. And it is only very rarely a severe disease for children, despite [CDC's desperate spin](#). So the idea of mass vaccinating little kids is unspeakably cruel.

Now the 65% of us that are awake need to save the preschoolers from these fiendish shots. FDA has set aside several days in June for advisory committee meetings on shots for toddlers and babies, and a booster dose for the 5-11 year olds. We must stop the carnage before the vaccines are authorized for the tiniest Americans.

We also need to save the unawakened parents from themselves, in case the vaccines do get authorized. These parents desperately need our guidance. Won't you help? These people need to be informed that they are being poisoned by "gene" therapy that will destroy their God-given immune system. The pathogen of HIV1, HIV2, and SARS2 were inserted into the common cold virus, which weaponized it through gain-of-function, intended to create AIDS that would gradually weaken the human immune system.

Nearly 30,000 Deaths After COVID Vaccines Reported to VAERS, CDC Data Show

VAERS data released Friday by the Centers for Disease Control and Prevention show **1,261,149 reports of adverse events** from all age groups following COVID-19 vaccines, including **27,968 deaths** and **228,477 serious injuries** between Dec. 14, 2020, and May 6, 2022.

By Megan Redshaw

The Centers for Disease Control and Prevention (CDC) today released new data showing a total of **1,261,149 reports of adverse events** following **COVID-19** vaccines were submitted between Dec. 14, 2020, and May 6, 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 **27,968 reports of deaths** — an increase of 210 over the previous week — and **228,477 serious injuries**, including deaths, during the same time period — up 1,774 compared with the previous week. There were 5,794 additional total adverse events reported to VAERS over the previous week.

Excluding “**foreign reports**” to VAERS, **815,384 adverse events**, including **12,899 deaths** and **81,830 serious injuries**, were reported in the U.S. between Dec. 14, 2020, and May 6, 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 12,899 U.S. **deaths reported** as of May 6, 16% occurred within 24 hours of vaccination, 20% 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., 578 million COVID-19 vaccine doses had been administered as of May 6, **including** 341 million doses of Pfizer, 218 million doses of Moderna and 19 million doses of Johnson & Johnson (J&J).

Every Friday, **VAERS** publishes vaccine injury reports received as of a specified date. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed.

Historically, VAERS has been shown to report only **1% of actual vaccine adverse events**




Search Results

From the 5/6/2022 release of VAERS data:

Found 1,261,149 cases where Vaccine is COVID19

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

Table

 Event Outcome	Count  	Percent
Death	27,968	2.22%
Permanent Disability	51,996	4.12%
Office Visit	191,870	15.21%
Emergency Room	120	0.01%
Emergency Doctor/Room	128,777	10.21%
Hospitalized	155,258	12.31%
Hospitalized, Prolonged	375	0.03%
Recovered	339,885	26.95%
Birth Defect	1,071	0.08%
Life Threatening	31,190	2.47%
Not Serious	569,649	45.17%
TOTAL	† 1,498,159	† 118.79%

† 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 1261149 (the number of cases found), and the Total Percentage is greater than 100.

U.S. VAERS data from Dec. 14, 2020, to May 6, 2022, for 5- to 11-year-olds show:

- [10,560 adverse events](#), including [272 rated as serious](#) and [5 reported deaths](#).
- [20 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. The Defender has noticed over previous weeks that reports of myocarditis and pericarditis have been removed by the CDC from the VAERS system in this age group. No explanation was provided.
- [43 reports](#) of blood clotting disorders.

U.S. VAERS data from Dec. 14, 2020, to May 6, 2022, for 12- to 17-year-olds show:

- [31,504 adverse events](#), including [1,812 rated as serious](#) and [43 reported deaths](#). VAERS [reported](#) 44 deaths in the 12- to 17-year-old age group last week.
- [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](#).
- [650 reports](#) of myocarditis and pericarditis with [638 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 May 6, 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 May 6, [5,503 pregnant women](#) reported adverse events related to COVID-19 vaccines, including 1,720 reports of [miscarriage or premature birth](#).
- Of the [3,629 cases of Bell's Palsy](#) reported, 51% were attributed to [Pfizer](#) vaccinations, 40% to [Moderna](#) and 8% to [J&J](#).
- 873 reports of [Guillain-Barré syndrome](#), with 42% of cases [attributed to Pfizer](#), 30% to [Moderna](#) and 29% to [J&J](#).
- [2,331 reports](#) of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- [1,698 reports](#) of myocardial infarction.
- [13,922 reports](#) of blood-clotting disorders in the U.S. Of those, [6,248 reports](#) were attributed to Pfizer, [4,972 reports](#) to Moderna and [2,661 reports](#) to J&J.
- [4,183 cases](#) of myocarditis and pericarditis with [2,562 cases](#) attributed to Pfizer's, [1,424 cases](#) to Moderna's and [184 cases](#) to J&J's COVID-19 vaccines.

Pfizer's COVID efficacy fades rapidly just weeks after second and third doses
Second and third doses of Pfizer's COVID-19 vaccine [provide protection](#) against the Omicron variant for only a few weeks, according to [peer-reviewed research](#) published today in JAMA Network Open.

"Our study found a rapid decline in Omicron-specific serum neutralizing antibody titers only a few weeks after the second and third doses of [the Pfizer-BioNTech] BNT162b2," the authors of the research letter wrote.

The authors said their findings *"could support rolling out additional booster shots to vulnerable people as the variant drives an uptick in new cases across the country,"* [Forbes reported](#).

Danish researchers studied adults who received two or three doses of BNT162b2 between January 2021 and October 2021, or were previously infected prior to February 2021 and then vaccinated.

They found that after an initial increase in Omicron-specific antibodies after the second Pfizer shot, levels dropped rapidly, from 76.2% at week 4, to 53.3% at weeks 8 to 10, and 18.9% at weeks 12 to 14.

After the third shot, neutralizing antibodies against Omicron fell 5.4-fold between week 3 and week 8.

COVID vaccines for kids under 6 won't have to meet FDA 50% efficacy standard.

The FDA's top vaccine official [told a congressional committee](#) on May 6 that COVID-19 vaccines for kids under 6 will not have to meet the agency's 50% efficacy threshold for blocking symptomatic infections required to obtain Emergency Use Authorization.

"If these vaccines seem to be mirroring efficacy in adults and just seem to be less effective against [Omicron](#) like they are for adults, we will probably still authorize," Dr. Peter Marks, director of the Center for Biologics Evaluation and Research at the FDA told the House Select Subcommittee on the Coronavirus Crisis.

The FDA is reviewing data from Moderna's two-shot vaccine for infants and toddlers 6 months to 2 years old, and for children 2 to 6 years old. The company [asked the FDA](#) on April 28 to approve its COVID-19 mRNA-1273 vaccine for children, citing different efficacy numbers than it disclosed in March.

The FDA is still awaiting data on Pfizer and BioNTech's three-dose regimen for children under age 5 after two doses of its pediatric vaccine [failed to trigger](#) an immune response in 2-, 3- and 4-year-olds comparable to the response generated in teens and adults.

COVID vaccine injury ends surgeon's 20-year career.

In an [interview](#) on CHD.TV's "[The People's Testaments](#)," Dr. Joel Wallskog described how he was diagnosed with [transverse myelitis](#) after getting the Moderna COVID-19 vaccine, and why he now devotes his time to helping others injured by the vaccine.

In September 2020, Wallskog said, staff members in the clinic he referred patients to begin coming down with COVID-19. Although Wallskog did not feel ill, he got an antibody test and it was positive.

When a close friend came down with COVID-19 and had to be intubated, Wallskog decided he should get vaccinated, despite reservations and having already acquired natural immunity.

About a week after receiving his vaccine, Wallskog's feet became numb and he developed "electrical sensations" down his legs when he bent his head forward. When he began having trouble standing, he ordered emergent MRIs and was found to have a lesion on his spinal cord.

A neurologist diagnosed Wallskog with transverse myelitis, a disorder caused by inflammation of the spinal cord.

Despite various treatments and rest, Wallskog suffers pain and numbness and is unable to stand long enough to perform surgery. His [career came to an end](#) in early 2021.

Rheumatologist: 40% of 3,000 vaccinated patients reported vaccine injury

Dr. Robert Jackson, a practicing rheumatologist for 35 years said 40% of the vaccinated patients in his practice [reported a vaccine injury](#), and 5% are still injured. Jackson has more than 5,000 patients, about 3,000 of whom received a COVID-19 vaccine.

Jackson said he's had 12 patients die following the shot, whereas he normally sees one or two deaths in his patient base a year. About 5% of his patients developed a new condition that makes them susceptible to [blood clotting](#).

Jackson's observations are consistent with a study [published in the BMJ](#) that assessed the safety of vaccines against SARS-CoV-2 in people with inflammatory/autoimmune rheumatic and musculoskeletal disease from the EULAR Coronavirus Vaccine (COVAX) physician-reported registry.

The study showed 37% of 5,121 participants had adverse events and 4.4% of patients had a flare-up of their disease after vaccination.

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

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.

Because I am not a scientist, I AM NOT CONSIDERED CREDITABLE to prove my contention that Covid-19 was genetically engineered through the use of CRISPR-Cas9 "gene" engineering methods. I have done my homework and diligence on this premise. Even the article below that I have retained the past three or four segments provides circumstantial evidence (if not causal) that the spike protein as a vector was manipulated in an infinite number of ways to confuse the medical and scientific community.

It was Pfizer's CEO, Albert Borla who said that "We cracked the Code of Life". He called his vaxx a "Delivery System" which in itself infers that it was delivering more than a vaccine. Dozens of articles shared in this series have confirmed human manipulation of what people were injected with is not therapeutic but toxic and potentially fatal! It is the use of CRISPR-Cas9 "gene" editing that can be used for good but can also be used for evil nefarious applications!

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.



**Our 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 of everything!! It’s all about Sustainable Development!**

Anyone who is a skeptic of my statement should Google search the term “Georgia Guidestones” and read their goal engraved in granite stone back in 1980. The stone structure calls for the eradication of 93% of the world’s population.

Here’s the SMOKING GUN PROOF that COVID and the plandemic are all about population control

<https://www.naturalnews.com/2022-04-28-smoking-gun-proof-covid-plandemic-population-control.html#>

The NIH now knows that the COVID vaccines can cause death 1 year from the vaccination date

<https://stevekirsch.substack.com/p/the-nih-now-knows-that-the-covid?s=r>

Girls are developing GENITAL ULCERS after getting the Pfizer COVID-19 vaccine

<https://strangesounds.org/2022/04/girls-are-developing-genital-ulcers-after-getting-the-pfizer-covid-19-vaccine.html>

Physicians Threatened with Revocation of License for Disclosing Injuries & Deaths they See from Covid Vaxxes

<https://www.thegms.co/medical-ethics/medethics-rw-22021403.pdf>

Tanzania: 60 Million Follow ‘Murdered’ President’s Independent Spirit and Reject COVID Vax and Policies

<https://needtoknow.news/2022/04/tanzania-60-million-follow-murdered-presidents-independent-spirit-and-reject-covid-vax-and-policies/>



Blessings,

Pastor Bob, EvanTeachr@aol.com
www.pastorbobreid.com
<http://jesusisthewaythetruththelife.com/node/22>