Mass Murder

By Sovereign State Sanctioned Syringe Needle!
Part 70

Here is the Updated List of US-Based Food Manufacturing Plants Destroyed Under the Biden Administration

By Jim Hoft Published June 11, 2022 at 8:15am

Joe Biden's 'Build Back Better' is not working as planned, or is it?

Gas prices are at record highs, stock markets are down, parents are having difficulty finding a baby formula, and the cost of everything is way up.

According to the U.S. Department of Agriculture (USDA), there are currently no nationwide food shortages in the country.

"There are currently no nationwide shortages of food, although in some cases the inventory of certain foods at your grocery store might be temporarily low before stores can restock,"* the agency said on their website. *"Food production and manufacturing are widely dispersed throughout the U.S. and there are currently no wide-spread disruptions reported in the supply chain."

Rule of evidence: Once is an accident, twice is a coincidence, more than three is a pattern!

I have been saying the government wants you dead, and this report is further proof I am on the target.

No Accident - this is War

TRENDING: Here is the Updated List of US-Based Food Manufacturing Plants Destroyed Under Biden Administration

As the Gateway Pundit previously reported, at least 18 major fires have erupted at food industry facilities and plants over the past six months. All of the fires have been officially listed as accidental or inconclusive.

Now this… A Gateway Pundit reader sent us an updated list of US-based food manufacturing plants that were damaged from 2021 to 2022 under the Biden administration. These data were first published at *Think Americana*.

Below is the list of America's 95 plants that have been destroyed, damaged or impacted by "accidental fires" or disease or general causes.

1. **4/30/21 A fire ignited inside the Smithfield Foods pork processing plant in Monmouth, IL**
2. **7/25/21 Three-alarm fire at Kellogg plant in Memphis, 170 emergency personnel responded to the call**
3. **7/30/21 Firefighters on Friday battled a large fire at Tyson's River Valley Ingredients plant in Hanceville, Alabama**
4. **8/23/21 Fire crews were called to the Patak Meat Production company on Ewing Road in Austell**
5. **9/13/21 A fire at the JBS beef plant in Grand Island, Neb., on Sunday night forced a halt to slaughter and fabrication lines**
6. **10/13/21 A five-alarm fire ripped through the Darigold butter production plant in Caldwell, ID**
7. **11/15/21 A woman is in custody following a fire at the Garrard County Food Pantry**
8. **11/29/21 A fire broke out around 5:30 p.m. at the Maid-Rite Steak Company meat processing plant**
9. **12/13/21 West Side food processing plant in San Antonio left with smoke damage after a fire**
10. **1/7/22 Damage to a poultry processing plant on Hamilton's Mountain following an overnight fire**

11. 1/11/22 A fire that destroyed 75,000-square-foot processing plant in Fayetteville
12. 1/13/22 Firefighters worked for 12 hours to put a fire out at the Cargill-Nutrena plant in Lecompte, LA
13. 1/31/22 a fertilizer plant with 600 tons of ammonium nitrate inside caught on fire on Cherry Street in Winston-Salem
14. 2/3/22 A massive fire swept through Wisconsin River Meats in Mauston
15. 2/3/22 At least 130 cows were killed in a fire at Percy Farm in Stowe
16. 2/15/22 Bonanza Meat Company goes up in flames in El Paso, Texas
17. 2/15/22 Nearly a week after the fire destroyed most of the Shearer's Foods plant in Hermiston
18. 2/16/22 A fire had broken at US largest soybean processing and biodiesel plant in Claypool, Indiana
19. 2/18/22 An early morning fire tore through the milk parlor at Bess View Farm
20. 2/19/22 Three people were injured, and one was hospitalized, after an ammonia leak at Lincoln Premium Poultry in Fremont
21. 2/22/22 The Shearer's Foods plant in Hermiston caught fire after a propane boiler exploded
22. 2/28/22 A smoldering pile of sulfur quickly became a raging chemical fire at Nutrien Ag Solutions
23. 2/28/22 A man was hurt after a fire broke out at the Shadow Brook Farm and Dutch Girl Creamery
24. 3/4/22 294,800 chickens destroyed at farm in Stoddard, Missouri
25. 3/4/22 644,000 chickens destroyed at egg farm in Cecil, Maryland
26. 3/8/22 243,900 chickens destroyed at egg farm in New Castle, Delaware
27. 3/10/22 663,400 chickens destroyed at egg farm in Cecil, MD
28. 3/10/22 915,900 chickens destroyed at egg farm in Taylor, IA
29. 3/14/22 The blaze at 244 Meadow Drive was discovered shortly after 5 p.m. by farm owner Wayne Hoover
30. 3/14/22 2,750,700 chickens destroyed at egg farm in Jefferson, Wisconsin
31. 3/16/22 A fire at a Walmart warehouse distribution center has cast a large plume of smoke visible throughout Indianapolis.
32. 3/16/22 Nestle Food Plant extensively damaged in fire and new production destroyed Jonesboro, Arkansas
33. 3/17/22 5,347,500 chickens destroyed at egg farm in Buena Vista, Iowa
34. 3/17/22 147,600 chickens destroyed at farm in Kent, Delaware
35. 3/18/22 315,400 chickens destroyed at egg farm in Cecil, Maryland
36. 3/22/22 172,000 Turkeys destroyed on farms in South Dakota
37. 3/22/22 570,000 chickens destroyed at farm in Butler, Nebraska
38. 3/24/22 Fire fighters from numerous towns are battling a major fire at the McCrum potato processing facility in Belfast.
39. 3/24/22 418,500 chickens destroyed at farm in Butler, Nebraska
40. 3/25/22 250,300 chickens destroyed at egg farm in Franklin, Iowa
41. 3/26/22 311,000 Turkeys destroyed in Minnesota
42. 3/27/22 126,300 Turkeys destroyed in South Dakota

43. **3/28/22 1,460,000 chickens destroyed at egg farm in Guthrie, Iowa**
44. **3/29/22 A massive fire burned 40,000 pounds of food meant to feed people in a food desert near Maricopa**
45. **3/31/22 A structure fire caused significant damage to a large portion of key fresh onion packing facilities in south Texas**
46. **3/31/22 76,400 Turkeys destroyed in Osceola, Iowa**
47. **3/31/22 5,011,700 chickens destroyed at egg farm in Osceola, Iowa**
48. **4/6/22 281,600 chickens destroyed at farm in Wayne, North Carolina**
49. **4/9/22 76,400 Turkeys destroyed in Minnesota**
50. **4/9/22 208,900 Turkeys destroyed in Minnesota**
51. **4/12/22 89,700 chickens destroyed at farm in Wayne, North Carolina**
52. **4/12/22 1,746,900 chickens destroyed at egg farm in Dixon, Nebraska**
53. **4/12/22 259,000 chickens destroyed at farm in Minnesota**
54. **4/13/22 Fire destroys East Conway Beef & Pork Meat Market in Conway, New Hampshire**
55. **4/13/22 Plane crashes into Gem State Processing, Idaho potato and food processing plant**
56. **4/13/22 77,000 Turkeys destroyed in Minnesota**
57. **4/14/22 Taylor Farms Food Processing plant burns down Salinas, California.**
58. **4/14/22 99,600 Turkeys destroyed in Minnesota**
59. **4/15/22 1,380,500 chickens destroyed at egg farm in Lancaster, Minnesota**
60. **4/19/22 Azure Standard nation's premier independent distributor of organic and healthy food, was destroyed by fire in Dufur, Oregon**
61. **4/19/22 339,000 Turkeys destroyed in Minnesota**
62. **4/19/22 58,000 chickens destroyed at farm in Montrose, Color**
63. **4/20/22 2,000,000 chickens destroyed at egg farm in Minnesota**
64. **4/21/22 A small plane crashed in the lot of a General Mills plant in Georgia**
65. **4/22/22 197,000 Turkeys destroyed in Minnesota**
66. **4/23/22 200,000 Turkeys destroyed in Minnesota**
67. **4/25/22 1,501,200 chickens destroyed at egg farm Cache, Utah**
68. **4/26/22 307,400 chickens destroyed at farm Lancaster Pennsylvania**
69. **4/27/22 2,118,000 chickens destroyed at farm Knox, Nebraska**
70. **4/28/22 Egg-laying facility in Iowa kills 5.3 million chickens, fires 200-plus workers**
71. **4/28/22 Allen Harim Foods processing plant killed nearly 2M chickens in Delaware**
72. **4/2822 110,700 Turkeys destroyed Barron Wisconsin**
73. **4/29/22 1,366,200 chickens destroyed at farm Weld Colorado**
74. **4/30/22 13,800 chickens destroyed at farm Sequoia Oklahoma**
75. **5/3/22 58,000 Turkeys destroyed Barron Wisconsin**
76. **5/3/22 118,900 Turkeys destroyed Beadle S Dakota**
77. **5/3/22 114,000 ducks destroyed at Duck farm Berks Pennsylvania**
78. **5/3/22 118,900 Turkeys destroyed Lyon Minnesota**
79. **5/7/22 20,100 Turkeys destroyed Barron Wisconsin**
80. **5/10/22 72,300 chickens destroyed at farm Lancaster Pennsylvania**

81. **5/10/22 61,000 ducks destroyed at Duck farm Berks Pennsylvania**
82. **5/10/22 35,100 Turkeys destroyed Muskegon, Michigan**
83. **5/13/22 10,500 Turkeys destroyed Barron Wisconsin**
84. **5/14/22 83,400 ducks destroyed at Duck farm Berks Pennsylvania**
85. **5/17/22 79,00 chickens destroyed at Duck farm Berks Pennsylvania**
86. **5/18/22 7,200 ducks destroyed at Duck farm Berks Pennsylvania**
87. **5/19/22 Train carrying limestone derailed Jensen Beach FL**
88. **5/21/22 57,000 Turkeys destroyed on farm in Dakota Minnesota**
89. **5/23/22 4,000 ducks destroyed at Duck farm Berks Pennsylvania**
90. **5/29/22 A Saturday night fire destroyed a poultry building at Forsman Farms**
91. **5/31/22 3,000,000 chickens destroyed by fire at Forsman facility in Stockholm Township, Minnesota**
92. **6/2/22 30,000 ducks destroyed at Duck farm Berks Pennsylvania**
93. **6/7/22 A fire occurred Tuesday evening at the JBS meat packing plant in Green Bay.**
94. **6/8/22 Firefighters from Tangipahoa Fire District 1 respond to a fire at the Purina Feed Mill in Arcola**
95. **6/9/22 Irrigation water was canceled in California (the #1 producer of food in the US) and storage water flushed directly out to the delta.**
96. **6/15/22 Heat extreme blamed for death of 10,000 head of beef cattle at Kansas City feedlots. Investigation show the water was likely poisoned to kill the cattle.**

With inflation at 40-year highs, this is devastating news.

What is going on in America today?

Jim Hoft
Jim Hoft is the founder and editor of The Gateway Pundit, one of the top conservative news outlets in America. Jim was awarded the Reed Irvine Accuracy in Media Award in 2013 and is the proud recipient of the Breitbart Award for Excellence in Online Journalism from the Americans for Prosperity Foundation in May 2016.

Fifth largest life insurance company in the US paid out 163% more for deaths of working people ages 18-64 in 2021 --Total claims/benefits up 6

billion --Company cites "non-pandemic-related morbidity" and "unusual claims adjustments" in explanation of losses from group life insurance business | 15 June 2022 | Five months after breaking the story of the CEO of One America insurance company saying deaths among working people ages 18-64 were up 40% in the third quarter of 2021, I can report that a much larger life insurance company, Lincoln National, reported a 163% increase in death benefits paid out under its group life insurance policies in 2021. This is according to the annual statements filed with state insurance departments -- statements that were provided exclusively to Crossroads Report in response to public records requests. The reports show a more extreme situation than the 40% increase in deaths in the third quarter of 2021 that was cited in late December by One America CEO Scott Davison -- an increase that he said was industry-wide and that he described at the time as "unheard of" and "huge, huge numbers" and the highest death rates that have *ever been seen in the history of the life insurance business.* The annual statements for Lincoln National Life Insurance Company show that the company paid out in death benefits under group life insurance policies a little over 500 million in 2019, about 548 million in 2020, and a stunning 1.4 billion in 2021.

Former Blackrock asset manager, Edward Dowd exposed this several months ago, and its significance is that it reflects an anomaly of spiked death numbers that cannot be explained away and infers another explanation is needed. The obvious is that millions were vaxxed and died as a result of the vaxx shots! It is virtually impossible to hide deviations of this nature. The statistical data is confirmation since these were employed working individuals covered by group life insurance policies through their employers. This is "smoking gun" evidence of a criminal depopulation agenda.

Dr. David L. Martin first exposed the spike in death benefits by the insurance industry story in 2020. Dr. Martin's company M:CAM had given the Justice Department a "slam dunk" case on the Covid fraud to prosecute those behind the depopulation agenda but the U.S. Justice Department has provided protection of the "Big Pharma" industry. It was Dr. Martin who warned the insurance industry would be the institution that would be left holding the bag for these crimes against humanity. Dr. Martin has also revealed publicly that the U.S. leadership had broken the "social contract" with the U.S. citizenry and had decided to allow the system to go bankrupt in the collapse of the dollar.

Judy Mikovits Bomb Shell Report on the Vaccine Industry

Stew Peters Full Show: Dr. Mikovits Drops Never-Seen BOMBSHELL!
Watch the proof revealed in Dr. Judy Mikovits interview with Stew Peters recent program exposing the real purpose of the vaccine program for the past forty years. A must view interview link below:

https://www.brighteon.com/80dafb63-e6e7-421b-8865-60a0f8b56f95

California House Passes 'Infanticide' Bill Legalizing The Murder Of Newborns 7 Days Or More After Birth

The California State Assembly on Thursday passed what pro-life advocates have called a radical measure that they've dubbed "The Infanticide Bill." The bill, known as AB 2223, was passed by a vote of 48-21 in the Democrat-controlled Assembly. It now goes to the state Senate. The measure is promoted by the state's "Future of Abortion Council," a coalition of 40 pro-abortion groups whose goal is "to Protect, Strengthen and Expand Abortion Services in California." The abortion council is currently advocating for nine different abortion expansion bills.

Study of 23 million confirms both doses of COVID mRNA jabs increase risk of myocarditis

by: Sara Middleton, staff writer | June 13, 2022

(NaturalHealth365**) Earlier in the pandemic and vax rollout, public health officials acknowledged a potentially deadly vax-caused condition featuring thrombosis (blood clots blocking veins or arteries)** ***plus*** **low platelets (which help form blood clots). While the risk of this serious adverse event – called Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT) – is currently considered "extremely rare," readers are reminded that adverse events post-jab are severely underreported. According to the U.S. government's Agency for Healthcare Research and Quality, "less than one percent [of vax-related adverse events are]**

reported to the Food and Drug Administration." So, VITT could very well be more common than officials even realize.

The early jab-rollout era also saw the spread of information about a potentially severe post-mRNA jab heart health problem known as myocarditis. Now, new research confirms that both doses of either Pfizer's or Moderna's mRNA injection can put you at risk.

Both mRNA COVID shots come with risk of heart health problems, study shows
A new study published by *JAMA Cardiology* shows that *both* COVID shot "mRNA-1273" (Moderna's version) and COVID shot "BNT162b2" (Pfizer's version) can induce myocarditis (inflammation of the heart muscle tissue) and pericarditis (inflammation of the protective sac surrounding the heart).

You may remember that when news of these heart inflammation problems post-jab first came out, mainstream media seemed to be using it as an opportunity to pump up some good PR for Pfizer. In December 2021, Reuters reported on a large study published in the *British Medical Journal* which found, after analyzing data of more than 4.9 million Danish people, that getting vaxxed with the Moderna shot, but not the Pfizer shot, *"was associated with a significantly increased risk of myocarditis or myopericarditis in the Danish population."*

We also started hearing about how Germany, France, and other countries started to restrict the Moderna COVID jab among young people for fear of causing even more heart health problems among their younger citizens.

But what seemed to be a not-so-subtle push for everyone to start getting Pfizer shots instead of the alternatives quickly began to unravel as more data came out.
Do NOT ignore the health dangers linked to toxic indoor air. These chemicals - the 'off-gassing' of paints, mattresses, carpets and other home/office building materials - increase your risk of nasal congestion, fatigue, poor sleep, skin issues plus many other health issues.

That same *BMJ* study, for instance, also concluded that Pfizer's COVID shot was *"associated with a significantly increased risk among women"* (although rates of myocarditis caused by either drug still appeared to be low, thankfully).

And the April 2022 study from *JAMA Cardiology*, which pulled from data of over 23.1 million people in 4 Nordic countries, confirmed that *"both first and second doses of mRNA vaccines were associated with increased risk of myocarditis and pericarditis."* Again, young males were at the highest risk of harm.

The study authors found that the rates of myocarditis/pericarditis were between 4 and 7 excess events in 28 days post-dose per 100,000 vaxxed people after the Pfizer shot and between 9 and 28 excess events in 28 days per 100,000 vaxxed people after the Moderna shot.

In case you were wondering, data does not link VITT to Pfizer or Moderna shots (at least not yet)

At this time, the potentially deadly thrombosis and thrombocytopenia post-jab condition mentioned at the start of this article, called VITT, appears to be only related to the adenovirus vector COVID-19 vaxes, including the Janssen/Johnson & Johnson shot and the AstraZeneca shot (the latter of which is not available in the United States).

Current data indicate that VITT is not associated with the mRNA jabs, although at least one case of possible *"catastrophic thrombosis"* following a Moderna injection was published in October 2021 by the *Annals of Internal Medicine.*
Sources for this article include:
JAMAnetwork.com

FDA uses fraudulent data to justify pushing covid shots on infants and toddlers

06/15/2022 / By Ethan Huff

The White House is already filling orders for Wuhan coronavirus (COVID-19) "vaccines" for babies after the *Food and Drug Administration* (FDA) published fraudulent data suggesting the shots are "safe and effective" for little ones.

In order to justify "approval" for this demographic – it is actually just another "emergency use authorization" (EUA) that shields both the government and Big Pharma from liability for injuries and deaths – the FDA is greatly exaggerating the risk of COVID for infants and toddlers while simultaneously exaggerating the alleged safety and effectiveness of the injections.

The truth is that children have *zero* risk of dying from the Fauci Flu. They also have a virtually zero risk of ever testing positive and getting sick from the alleged disease – meaning they do not need any experimental chemical injections.

According to the FDA, though, babies need to be jabbed because of reasons, and the Biden regime agrees. Big Pharma agrees as well because this means more cash flow straight into the coffers.

"Infants and toddlers (and children in general) do not get COVID-19; they do not (yet) die from COVID-19," wrote James Lyons-Weiler. *"All that can change when antibody-dependent enhancement kicks in for the vaccinated."*

He continued: *"For the entire population of children in the U.S. (73,000,000), the risk of COVID-19 infection since the onset of COVID is 10,700,000/73,000,000 = 0.14657. The risk of a child dying if they have a diagnosis is 1,086/10,700,00 or 1086/10700000 = 0.00010149532. The risk of any child dying of COVID-19 over this time period is 1,086/73000000 = 0.00001487671."*

FDA's collusion with Big Pharma will kill many children

Another major flaw in the FDA's data is the ever-shifting definition of the word "vaccinated." According to Lyons-Weiler, the FDA, the *Centers for Disease Control and Prevention* (CDC) and both Moderna and Pfizer are constantly redefining the word "vaccinated" to suit their agenda.

In this case, the trials cited by the FDA as "proof" that Fauci Flu shots are suitable for young children define the word "vaccinated" as someone who received both doses and who did not test "positive" for COVID *before two weeks passed after the second exposure to the injection.* (Related: Covid jabs are linked to autoimmune hepatitis in children.)

"In fact, that means that people who developed COVID-19 due to disease enhancement were dropped from the study calculations," Lyons-Weiler explained.

"First, this is the first time people were dropped from a vaccine trial for getting infected with the pathogen targeted by the vaccine up to 13 or 14 days after being vaccinated," he added.

"Second, it's actually five entire weeks – one month and one week – after the first exposure. ALL of the vaccine efficacy being cited by the FDA is suspect."

The FDA and Big Pharma also tampered with the concept of “vaccine efficacy” to puff up the data and make it appear as though the injections reduce the rate of transmission in children, as well as rates of infection, hospitalization and death.

Lyons-Weiler said that all of this, as well as data on neutralizing antibodies and other factors, is *“used and cited in the FDA’s report whenever convenient, all in an ad-hoc manner.”*

“It’s more than irritating,” he lamented. *“It’s moving the goal post and represents reckless (and ineffective) attempts to manipulate public perception.”*

All in all, the FDA’s assessment of the data is incomplete at best, and disingenuous and flat-out wrong at worst. But who cares, right? Just so long as the needles get into children’s arms, the regime and its Big Pharma bed buddies are all good.

Massive Bio-Structures Found in Bodies of the Vaccinated

This latest video from Greg Reese is a 4-minute, easy-to-share clip with the bullet points of the findings we've been publishing here in recent days, illustrating how in many patients, the vaxx is causing the re-programming our DNA or RNA to produce new proteins, forming these new white, rubbery structures, or as

An emergency room physician adds fascinating details about the internal blockages growing within the vaxxinated that would certainly explain most of the deadly side effects we are seeing today, like the young athletes keeling over on the field and the serious Adverse Events experienced by Justin Bieber and his wife – or what the mainstream media is currently spinning as "Sudden Adult Death Syndrome SADS".

TRANSCRIPT

The evidence of vaxxine death and injury is overwhelming to anyone who can see past the mainstream media's hypnotic lies.

The numbers tell us that the vaxxines have already caused a 20% increase in deaths.

And now, we're beginning to understand that this is just the beginning. Things are going to get much, much worse.

Many of us have already seen the mysterious objects found in the vials of COVID vaxxines, by two separate, independent groups using electron microscopy.

We are also familiar with the rise of strokes, heart attacks and other side effects experienced worldwide after the biggest experimental vaxxination in history.

And now, we are getting a first glimpse of what is causing all this. Something in the COVID vaxxines seems to be growing within the recipients' vascular system.

Anomalous objects are being discovered in the dead bodies of the vaxxinated by embalmers and coroners; horrific things being grown inside the veins and arteries.

These are not blood clots ad they appear to be some sort of organic material, with small crystals and extremely thin wires, made up of what looks like reptilian scales.

This internal blockage growing within the vaxxinated would certainly explain all of the deadly side effects we are seeing today – what the mainstream media is currently spinning as "Sudden Adult Death Syndrome SADS".

We do not know what these things are but they are being found by embalmers and coroners everywhere, except pretty much all of them are too afraid to speak out or they don't care.

Only one has shown the courage to speak out so far. And this is the real tragedy.

For those who remain silent, things will not get better. The FDA is poised to authorize these deadly vaccines to children as young as six months old and humanity does nothing.

Why should we deserve anything other than pain and suffering, if we do nothing to protect our own children?

Once those afraid of speaking out begin seeing their coroner tables filled with dead children, it will be too late.

But it's not too late now.

If you are an embalmer, a coroner, or a funeral director and you are seeing these things, there is still time to save the lives of our innocent children.

You can start now by contacting DrJaneRuby@protonmail.com

https://forbiddenknowledgetv.slrcdn.com/track/click?linkData=1-1e8eeyJsaW5rIjoiaHR0cHM6XC9cL2ZvcmJpZGRlbmtub3dsZWRnZXR2Lm5ldFwvbWFzc2l2ZS1iaW8tc3RydWN0dXJlcy1mb3VuZC1pbi1ib2RpZXMtb2YtdGhlLXZhY2NpbmF0ZWRcLyIsIm5ld3NsZXR0ZXJJZCI6IjEyOTIiLCJzdWJzY3JpYmVySWQiOjIxMTMsImRvbWFpbiI6ImZvcmJpZGRlbmtub3dsZWRnZXR2IiwidGltZSI6MTY1NTUxMDU1MywiZGVsIjoxMCwic2VuZGVyIjoxfQ

Running Time: 4 min

IMPORTANT ARTICLES YOU NEED TO BE AWARE OF FROM AROUND THE WORLD

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Edward Dowd - Reports Imminent Collapse, Predators on the Run, Can't Allow Election
https://www.bitchute.com/video/Evzl8bZ78ydm/

Based on VAERS Data for Children Aged 5 to 15 Injected with COVID-19 Shots, Will 1 Million Babies be Injured and Killed in the First Year if Authorized for 6 Months to 5 Year Olds?
https://vaccineimpact.com/2022/based-on-vaers-data-for-children-aged-5-to-15-injected-with-covid-19-shots-will-1-million-babies-be-injured-and-killed-in-the-first-year-if-authorized-for-6-months-to-5-year-olds/

Where's the Emergency? 18 Congress Members Demand Answers as FDA Looks to Approve COVID Shots for Kids Under 5
https://childrenshealthdefense.org/defender/congress-members-fda-approve-covid-shots-kids/?eType=EmailBlastContent&eId=dc894dbc-9533-4a7d-972b-9408686dc1e4

UNFORGIVABLE – 125 Children Dead, 1K Disabled & 50K injured due to Covid-19 Vaccination in the USA
https://expose-news.com/2022/06/12/children-injured-covid-vaccination-usa/

Prepare Your Family and Business Disaster Response Plan Now!
https://www.youtube.com/watch?v=BTzeNKuBq4I

'Why Don't You Let Us Know?' Sen. Paul Presses Fauci on Royalty Payments
https://www.theepochtimes.com/why-dont-you-let-us-know-sen-paul-presses-fauci-on-royalty-payments_4537652.html?utm_source=newsnoe&utm_campaign=breaking-2022-06-17-2&utm_medium=email2&est=gVZt%2FbTMFcZ9BltyztHoSxaZuRB%2FNK8hsGvHtPRDXnVCWmxgaLQ2CvDjoeB%2Brlc%3D

A new study conducted by several doctors on behalf of the University of Colorado has found that Covid-19 vaccination can cause children to suffer Vaccine-Associated Enhanced Disease (V-AED), and further analysis of the confidential Pfizer documents forcibly published by court order reveals both Pfizer and the U.S. Food & Drug Administration (FDA) knew it would happen.
https://expose-news.com/2022/06/13/fully-vaccinated-children-suffering-autoimmune-disease/

Title: Multisystem Inflammatory Syndrome after Breakthrough SARS-CoV-2 Infection in 2 Immunized Adolescents, United States. (University of Colorado, Aurora, CO)
https://wwwnc.cdc.gov/eid/article/28/7/22-0560_article

BOMBSHELL: Dr. Clare Craig Exposes How Pfizer Twisted Their Clinical Trial Data for Young Children
"Parents should be demanding that the decision makers explain themselves"
https://rumble.com/v18s66i-bombshell-dr.-clare-craig-exposes-how-pfizer-twisted-their-clinical-trial-d.html

Severe Covid-19 uncommon in unvaccinated individuals.
https://thenationalpulse.com/2022/06/16/severe-covid-19-uncommon-in-unvaccinated-individuals-survey-finds/

Joseph Ladapo openly questions safety of Covid 10 vaccines.
https://floridapolitics.com/archives/529694-joseph-ladapo-openly-questions-safety-of-covid-19-vaccines/

Excellent article about msm and big pharma.
https://etana.substack.com/p/underground-media

Sri Lanka gives public workers extra day off to grow food
https://www.channelnewsasia.com/asia/sri-lanka-gives-public-workers-extra-day-grow-food-2745626

Who Is Deleting Dangers Of COVID Vaccines Data From VAERS?
https://greatgameindia.com/deleting-vaccines-data-vaers/

Canadian Man Partially Paralyzed by COVID-19 Vaccine Awarded Compensation
https://rumble.com/v18glce-canadian-man-partially-paralyzed-by-covid-19-vaccine-awarded-compensation.html

More Post-Vaccination Heart Inflammation Among Young Males After COVID Booster: CDC
https://www.theepochtimes.com/more-post-vaccination-heart-inflammation-among-young-males-after-covid-booster-cdc_4532073.html?utm_source=Morningbrief-ai&utm_medium=email&utm_campaign=mb-2022-06-15-ai&est=Vo9QDfCfmmZKHohrMZVwoDttUH3AZtXbrt6PALznyRNW22TzXD79P%2FlOp%2FvQqFHkpw%3D%3D

5G WEAPON ITS A DIRECT ENERGY KILLER
https://www.bitchute.com/video/u1wLTTc0LhEh/

Pfizer Tells the FDA VRBPAC Committee, Who is Authorizing the Vaccine for Babies and Young Children, "Obviously We Don't Have a Complete Understanding of the Way the Vaccine Works"
https://rumble.com/v18kh9z-new-pfizer-tells-the-fda-we-dont-have-a-complete-understanding-of-the-way-t.html

Pfizer's COVID-19 vaccine data for children is bad. In some cases, the "vaccinated" groups had higher rates of COVID-19 than the placebo group. And - severe COVID-19 cases in the vaccinated group exceeded those in the placebo group. Despite that - the FDA's approval is imminent.
https://technofog.substack.com/p/pfizer-data-kids-vaccines-have-terrible?s=w

In Pfizer's FDA VRBPAC submission this week for children 6 Months to <5 Years Old, there were 8 cases of 'Severe COVID' — 6 were in the vaccinated group and 2 in the placebo group. So vaccinated kids were 3x as likely to have more serious outcomes.
Of the severe cases, only 1 required hospitalization — a child who was vaccinated.
https://www.fda.gov/media/159195/download

Healthy young people now dying en masse across Australia, and the corporate media still won't dare mention vaccines
https://www.naturalnews.com/2022-06-12-healthy-young-people-now-dying-en-masse-across-australia.html

Then [They] Came For Our Babies
https://rumble.com/v18daq7-then-they-came-for-our-babies.html

Natural Immunity Wins Again: Study Demonstrates Infection -Derived Immunity Likely Superior to COVID Vaccines.
https://www.theepochtimes.com/natural-immunity-wins-again-study-demonstrates-infection-derived-immunity-likely-superior-to-covid-vaccines_4533055.html?slsuccess=1

Regardless of whether we believe in Germ Theory, Terrain Theory or any other theory about the nature or origins of "viruses" and "vaccines" we can all agree that the aim of "vaccines" becoming "viruses," infecting us without our knowledge or consent, is not for our benefit nor our health.
https://expose-news.com/2022/06/15/vaccines-that-spread-like-a-virus/

Partial Suspension of Vaccine Mandates Doesn't Go Far Enough, & The Door Is Left Open To The Return Of Trudeau's Authoritarian Policies
https://www.nationalcitizens.ca/fernando_mandate_door_left_open

Data shows just how ineffective covid 19- vaccines are around the world.
https://www.thegatewaypundit.com/2022/06/data-shows-just-ineffective-covid-19-vaccines-around-world/?utm_source=Email&utm_medium=the-gateway-pundit&utm_campaign=dailypm&utm_content=2022-06-15

CDC spends $420K on locations data for monitoring beyond claimed COVID tracking: reports
https://justthenews.com/accountability/waste-fraud-and-abuse/sun619cdc-spends-420k-location-data-monitoring-beyond-claimed

Here we go again... W.H.O. to convene Emergency Committee over "Monkeypox" & declare Public Health Emergency of International Concern- The Expose
https://expose-news.com/2022/06/15/who-public-health-emergency-monkeypox/

72 Types of Americans Considered Potential Terrorists per Gov Docs
http://thetruthwins.com/archives/72-types-of-americans-that-are-considered-potential-terrorists-in-official-government-documents

Contagious Vaccines: A Warning

BY AARON KHERIATY JUNE 16, 2022

For two decades scientists have been quietly developing self-spreading contagious vaccines. The NIH funded this research, in which either DNA from a deadly pathogen is packaged in a contagious but less harmful virus, or the deadly virus's lethality is weakened by engineering it in a lab.

The resultant "vaccines" spread from one person to the next just like a contagious respiratory virus. Only five percent of regional populations would need to be immunized; the other ninety-five percent would "catch" the vaccine as it spread person-to-person through community transmission.
This technology bypasses the inconvenience of recalcitrant citizens who may refuse to give consent. Its advocates highlight that a mass vaccination campaign that would ordinarily take months of expensive effort to immunize everyone could be shortened to only a few weeks.

Scientists have already shown proof of concept in animal populations: in 2000, Spanish researchers injected seventy rabbits with a transmissible vaccine and returned them to the wild, where they quickly passed the vaccine on to hundreds more, reportedly stopping a viral outbreak. European countries are now testing the technology on pigs.

In the wake of the covid pandemic, about a dozen research institutions in the U.S., Europe, and Australia are investigating the potential human uses for self-spreading vaccines. The federal Defense Advanced Research Projects Agency (DARPA), for example, is examining this technology for U.S. military to protect

against the West Africa lassa fever, a virus spread by rats to humans. This project, it should be noted, does not require the consent of our military service men and women.

In 2019 the U.K. government began exploring this technology to address the seasonal flu. A research paper from Britain's Department of Health and Social Care advised that university students could be an obvious target group:

They do not work so [vaccinating them] will not cause much economic disruption and most have second homes to go to, thereby spreading the vaccine.

Researchers admitted a contagious vaccine for an attenuated flu virus would cause some deaths but estimated these would be less than the original influenza virus. As the U.K. government report described:

Self-spreading vaccines are less lethal but not non-lethal: they can still kill. Some people will die who would otherwise have lived, though fewer people die overall.

As the saying goes, you can't make an omelet without breaking a few eggs. Or in Lenin's formulation, if you are going to chop down a forest then wood chips will fly. Contagious vaccines are in our future, their champions claim, and are no different than putting fluoride in drinking water. Plus, for those who find jabs unpleasant there are fewer needles required.

Government-funded research of lab-engineered viruses to create contagious self-spreading vaccines that bypass the consent of citizens. What could go wrong?

Pfizer Docs Reveal 800 People Never Finished Trial Due To Death Or Injury

Published on June 16, 2022 Written by PSI Editor and The Exposé

One of the confidential Pfizer documents that the U.S. Food and Drug Administration (FDA) has been forced to publish by court order reveals that approximately 800 people never completed the phase 1 Pfizer Covid-19 vaccine clinical trial in the US.

Reasons given show it was either from losing their life, suffering a serious adverse event, or suddenly withdrawing their consent.

The US Food and Drug Administration (FDA) attempted to delay the release of Pfizer's COVID-19 vaccine safety data for 75 years despite approving the injection after only 108 days of a safety review on December 11th, 2020.

But in early January 2022, Federal Judge Mark Pittman ordered them to release 55,000 pages per month. They released 12,000 pages by the end of January.

Since then, PHMPT has posted all of the documents on its website. The latest drop happened on June 1, 2022.

One can see why they wanted to hide all of this information for 75 years. When you know you are getting ready to murder millions of people you want to be sure to cover up your crimes.

By past standards, if you had even one person die, the whole thing would be scrapped. Learn more about what's in this new crop of 'confidential' info:
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The sole purpose of the Moderna and Pfizer mRNA shots in kids is to eliminate the control group. There are no health benefits, only harms. The FDA is willing to sacrifice the health of 19 million little kids to cover up evidence of a crime

By Toby Rogers | June 13, 2022

On Friday, the FDA released its risk benefit assessment of Moderna's Emergency Use Authorization (EUA) application to inject mRNA into kids 0 to 17 years old. I've been reading it for the past two days and here are the things that stood out to me.

I. Introduction, a shell game to hide the bad data

The risk benefit document for Moderna is 190 pages single-spaced. It was released two business days before the June 14-15 VRBPAC meeting. A similar risk benefit assessment for Pfizer's EUA application for kids under 5 will be released tomorrow (just 24 hours before the meeting). This guarantees that NONE of the members of the VRBPAC will have read either of these documents prior to the meeting — which is exactly what the cartel wants.

One of the ways that Moderna and the FDA rig the game is by adding endless layers of complexity to hide how bad the data really is. This should have been four separate documents — Moderna in adolescents 12 to 17, Moderna in kids 6 to 11, Moderna in kids 2 to 5, and Moderna in kids 6 months to 23 months. Looked at individually, the shot fails in each of these four age groups. But by lumping them together it creates noise that makes it difficult to understand what's going on.

Another really pernicious thing that Moderna does is to further subdivide these populations into eight different subpopulations (Randomization Set, Full Analysis Set, Immunogenicity Subset, Per-protocol Immunogenicity Subset, Per-protocol Set for Efficacy, Modified Intent-to-treat Set, MITT1 Set, Safety Set, Solicited Safety Set).

See what they did there? The public just wants to know — does the product work and what are the side effects? By dividing the data into eight subcategories involving four different age groups now you have to wade through 32 different tables to try to make sense of what happened in the clinical trial.

They do something similar with the adverse events by dividing it across five tables x four age groups = 20 adverse event tables in all.

Subdividing the data in this way also allows Moderna to eliminate or hide data that it does not like. This is what people call "massaging the data" and it is unethical and a violation of scientific norms. We'll return to this topic below.

II. No actual health benefits so Moderna/FDA use the immunobridging trick
The risks of Covid-19 are so low in the childhood population that there were ZERO severe cases of Covid-19 in either the treatment or the control group.

Therefore, the number needed to vaccinate, to prevent a single severe case of Covid-19 in the childhood population is infinity. (Technically it's undefined because you cannot divide by zero, but you take my point). The FDA and CDC guidance documents for how to write a risk benefit assessment state that one must provide a number needed to treat, the absolute risk reduction, and the relative risk reduction. Moderna just skipped all that because the cartel makes its own rules.

Moderna is in a race against natural immunity. But natural immunity has already won because 74.2% of kids had natural immunity by February — so by now the number is probably closer to 100%. The God-given immune system in kids has already done its part to stop the pandemic and now the FDA wants to mess that up to enrich the cartel and keep the pandemic going forever.

So how does Moderna/FDA claim that this shot was "effective"? They use an unethical statistical trick called "immunobridging."

It makes me mad that I even have to explain it because it's such junk science. But we all need to know exactly how the FDA rigged the process so that we can explain to the jury at Nuremberg 2 why these monsters should be convicted so here goes:

Remember, the Moderna shots produced NO reductions in severe outcomes because the risk of Covid-19 in this age group is infinitesimally small (see studies: here, here, here, and here). So Moderna ignored the actual health outcomes and switched to looking at antibodies in the blood. In the process, they engaged in two egregious sleights of hand:

First, Moderna claims that the sample size for each of the four subgroups of children is about 3,000. But when it came to looking at antibodies in the blood, Moderna threw out about 90% of the sample and only looked at the bloodwork of about 300 kids in each age group. No explanation was given for the criteria they used to exclude 90% of the sample from their analysis. We know that up to 30% of kids have no antibody response at all to Covid-19 shots so perhaps they actually started with a much larger sample and then threw out the data that showed no effect from the shot?

The second sleight of hand is that "no placebo recipients were included in the Immunogenicity Subset" (p. 26). Do you realize how huge this is? This is no longer an RCT at all — they did not include the bloodwork from anyone in the placebo group. So the study cannot rule out the possibility that the increase in antibody levels was not from the vaccine at all but could have been from natural immunity. Just astonishing.

After these sleights of hand, Moderna then compares the antibody levels in the blood of about 10% of the children against the antibody levels in a sample of about 300 adult's ages 18 to 25 enrolled in a previous clinical trial. If the antibody levels are similar (which they are), Moderna claims, 'And therefore it will prevent disease in the future in kids!'

A few problems with that claim:
The Moderna study only measured antibody levels two months after the second dose — the time period when the antibody levels are at their peak (what Berenson calls "the happy valley"). But real world experience with these vaccines shows that any efficacy quickly wanes to zero by six months and then goes NEGATIVE after that.

The second problem, and this is unresolvable and instantly disqualifying for Moderna, is that at the April 6, 2022, meeting of the FDA's "expert advisory committee" one member after another acknowledged that there are no "correlates of protection" for these vaccines. What that means in plain English is that you cannot use antibodies (or B-cells, T-cells, or any other proxy) to predict whether someone is immune or not.

Eric Rubin, who serves on that committee and is also the editor of the NEJM stated it bluntly, "We know what kind of antibody response can be generated, we just don't know if it works." You can watch it yourself on video:

The third problem is that the Moderna study was completed back in mid-2021 — when the original Wuhan and Alpha strains were prevalent. Since then, the Omicron variant has entirely replaced the original strains and real world data show that both Moderna and Pfizer shots are not effective against the Omicron variant. So in spite of all of the chicanery (discarding 90% of the sample, immunobridging, claiming correlates of protection that are not valid) Moderna cannot show any evidence that this shot will be effective against SARS-CoV-2 as it exists now.

III. It's all harms
Let's talk about harms from this shot (and remember, it's all harms in this population because the shot made no difference on real world health outcomes). And there, things get really weird really fast.

The median study follow-up duration was just 53 days after dose 2. After that they wiped out the control group. Here's how they justified it:

Following authorization of an alternative COVID-19 vaccine for this age group on May 10, 2021, participants in the study were permitted to unblind to study treatment. Crossover vaccination with mRNA-1273 of participants initially randomized to placebo began in October 2021. (p. 26)

For each age category, Moderna spreads the adverse events across 5 different tables to increase the noise to hide the signal. But the bottom line is that the adverse events are off the charts.

In the adolescent population 99.2% of vaccine recipients reported at least one adverse reaction after any injection with 25.3% reporting a reaction that was Grade 3 or higher. (p. 54).

Holy sh*t those numbers are high. Grade 3 means: unable to return to work or school the next day because the person is so sick.

A different FDA staffer must have written the summary statements for the other three age groups because they don't say it this plainly but the adverse event rates are similar across all of the children.

This adverse event data is so high it's disqualifying.
But then things get even weirder — the adverse event rates in the placebo group were also very high in many, but not all, categories. Moderna used this to say, 'well yes, the adverse event rate in the treatment group was higher than anything anyone has ever seen before but the rates were also somewhat high in the placebo group and so therefore nothing-to-see-here(TM).'

My strong suspicion in that Moderna rigged the placebo. Why wouldn't they — the FDA has no regulations concerning the contents of placebos (see Golomb 1995 and Golomb et al. 2010). The dirty little secret of the vaccine program is that manufacturers almost always use rigged placebos to create an artificially high "background rate" to hide adverse events. The brilliant quant Jessica Rose made a similar observation yesterday in her analysis of the FDA risk benefit document:

I still have a very strong suspicion that these 'placebos' are not saline and rather empty LNPs. [Lipid nanoparticles — the delivery vehicle that Moderna uses to get mRNA into the cell. An "empty LNP" would be the nanoparticles without the mRNA antigen.]

I'm almost certain this is what Moderna did. In the 2- through 5-year-old age group 37.5% of placebo recipients reported unsolicited adverse events as compared with 40% of vaccine recipients (see p. 139). A number that high in the

placebo group would have been impossible if Moderna had used an inert saline placebo.

IV. The way that the FDA rigged the myocarditis data is absolutely sinister
I know that this article is already long but I need to flag one more essential point. FDA review of the Moderna mRNA shot in adolescents has been held up for a year because the Moderna shot causes myocarditis in this age group — particularly in boys.

So I was curious to see how the FDA would attempt to get around this. And it's all right there on pages 19 and 20. It's one of the most chilling things I've ever read. The FDA's argument goes like this:

'Yes, by spring and summer of 2021 there were already seven high quality studies from around the world showing that mRNA shots increase myocarditis risk. By fall of 2021, the reports continued to come in from the U.K., Europe, Canada, and Nordic countries showing a 2x to 7x increased risk of myocarditis from mRNA shots. Yes, the CDC's own study of the Vaccine Safety Datalink showed a 2x higher risk of myocarditis from Moderna shots. By May of 2022, we have additional studies from the U.K., Denmark, several Nordic countries, Italy, and France showing a 3x to 7x increased risk of myocarditis from the Moderna shot.'
In all, the FDA cited TWENTY-SIX STUDIES showing that mRNA shots in general, and Moderna in particular, increase the risk of myocarditis.

'But not to worry!' the FDA announces in the 4th paragraph in this section. The FDA, CDC, and Kaiser Permanente put their fixers on the case in February and March of this year and made the safety signal shrink down to a more manageable 7% to 50% increased risk of myocarditis and even those results were massaged to make sure that they were not statistically significant, so, nothing-to-see-here(TM). It was the same fixers who they always use — Tom Shimabukuro and John Su — whose entire job is making vaccine safety signals disappear. Those guys are absolutely going to hell.

'So that's that,' the FDA announces. 'Just ignore those 26 high quality studies from around the world showing an increased risk of myocarditis. Our fixers laundered the data for Moderna so we're all good.'

V. What is to be done
Children's Health Defense just launched an excellent 1-click call to action that I highly encourage you to do (and please share it with all of your friends).

Up until Monday night (June 13) at 11:59 p.m. eastern time you can officially register your profound displeasure with the FDA by submitting a formal comment (here) — look for the blue Comment button in the upper left corner of the website.

129,397 comments have already been received — let's see if we can get that number above 140,000. The FDA will take a vote on June 21st, 2022 and one can still email, phone, and express displeasure with their endorsement for those 6 months to 5 years of age. THIS IS PRE-MEDITATED MURDER IF ONLY ONE CHILD DIES!

If you want to EXPRESS YOUR OUTRAGE to public health political appointees, FDA staff, and VRBPAC members, all of their email addresses are here: sean.mccluskie@hhs.gov, commissioner@fda.hhs.gov, DeanofPublicHealth@brown.edu, Aux7@cdc.gov, Peter.Marks@fda.hhs.gov, Hong.Yang@fda.hhs.gov, Richard.Forshee@fda.hhs.gov, Huilee.Wong@fda.hhs.gov, Leslie.Ball@fda.hhs.gov, Doran.Fink@fda.hhs.gov, CBERVRBPAC@fda.hhs.gov, hanae@bcm.edu, paula.annunziato@merck.com, adam.berger@nih.gov, hbernstein@northwell.edu, acohn@cdc.gov, anc0@cdc.gov, hjanes@fredhutch.org, hgans@stanford.edu, david.kim@hhs.gov, asmonto@umich.edu, offit@chop.edu, spergam@fredhutch.org, Jportnoy@cmh.edu, erubin@hsph.harvard.edu, erubin@nejm.org, ashane@emory.edu, swamy002@mc.duke.edu, fullerao@umich.edu, bgellin@rockfound.org, RandyHawkins@cdrewu.edu, officeofthepresident@mmc.edu, JYLee@uams.edu, ofer.levy@childrens.harvard.edu, wayne_marasco@dfci.harvard.edu, cmeissner@tuftsmedicalcenter.org, mrn8d@virginia.edu, stanleyperlman@uiowa.edu, reingold@berkeley.edu, mhsawyer@ucsd.edu, mew2@cdc.gov
Please be polite but let them know that they absolutely must vote NO on the EUA applications from Moderna and Pfizer.

VI. Conclusion

The FDA risk benefit document in connection with the Moderna mRNA shot in kids is dishonest. The public health establishment has abandoned science, logic, reason, rationality, empathy, health, and medicine. The FDA is more than happy to *sacrifice children* in order to ingratiate themselves further with the cartel. The proposal to expand the Moderna EUA to kids 0 to 17 is a crime against humanity.
We are absolutely going to win this fight, either in the short term or in the long term. These shots *will* eventually be withdrawn from the market because they do not work and they cause catastrophic harms. The members of the Vaccines and Related Biological Products Advisory Committee can save themselves a lot of misery (and additional criminal charges at Nuremberg 2.0) by rejecting these applications from Moderna and Pfizer this week.

A survey of monkeypox cases by the UK Health Agency has found that 151 out of 152 participants are men who "identify as gay, bisexual or men who have sex with other men."
The survey found that 311 (99% of 314) cases were men, with just 3 confirmed female cases.

"One hundred and fifty-two cases participated in more detailed questionnaires, implemented from 26 May 2022, and used retrospectively," **the survey found.**
"In this data, 151 of the 152 men interviewed identified as gay, bisexual and other men who have sex with men (GBMSM), or reported same sex contact, and the remaining individual declined to disclose this information."

Despite monkeypox cases being overwhelmingly gay men, some critics have suggested that encouragement by health authorities for gay men who suspect they may have caught the virus to refrain from having sex is *"homophobic"* and a form of *"stigmatization."*

As we previously highlighted, the first monkeypox patient to go public revealed that he caught the virus from having gay sex with *"around 10 new partners"* after being deported from Dubai for testing positive for HIV.

Despite monkeypox spreading via close contact and the World Health Organization saying summer festivals should be limited to stop the spread of the virus, a WHO spokesperson later clarified that gay pride parades should go ahead as normal.

The UK Health Agency survey also found that 81 per cent of cases were people resident in London.

As we previously discussed, the NHS in the UK posted a message on its website urging people to not touch or consume 'bush meat', which is available on the black market in ethnically diverse areas of London and can cause the spread of monkeypox.

VAERS data show 2,000 percent increase in reports of brain injuries following COVID-19 vaccination

06/14/2022 / By Belle Carter /

Brian Shilhavy of the website *Global Research* examined data from the Vaccine Adverse Events Reporting System (VAERS) and found a shocking increase in reports of brain damage following the Wuhan coronavirus (COVID-19) vaccination.

"I found out that there is a 2,000 percent or more increase in brain injuries being reported after COVID-19 shots," **he said.**

There were 64 cases reported per month since the COVID-19 vaccine distribution started in December 2020. In comparison, there were 1,068 encephalopathy cases reported after other FDA-approved vaccines in the past 30 years for an average of fewer than three cases a month.

Shilhavy also said there is a very clear correlation with increased vaccinations of children with rising rates of autism in the United States, although government health agencies refuse to acknowledge any causal effect between the bloated childhood vaccine schedule and diagnoses of autism. (Related: VAERS records overwhelming adverse events from COVID-19 vaccines in first two months of 2022.)

Apart from brain damage, weakened hearts and blood clots were also found to be few of the side effects reported in children following COVID-19 vaccinations.

A case study published earlier in May in the *Journal of Neuro-immunology* revealed that a 15-year-old girl developed encephalopathy, myocarditis, and thrombocytopenia simultaneously after getting the second dose of the Pfizer COVID-19 vaccine.

***"To the best of our knowledge, this is the first reported case that developed encephalopathy, myocarditis, and thrombocytopenia simultaneously after the second dose of Pfizer-BioNTech mRNA vaccine (BNT162b2) despite no adverse event after the first dose of the same vaccine,"* the study authors wrote.**

The authors suggested that more research involving more cases must be conducted to find out the exact pathogenesis behind this neurological and cardiac manifestation and the causal role of the vaccine. *"The clinician should be aware of the potential adverse event following COVID-19 vaccination and notify them and treat them according to the best evidence available,"* the authors recommended.

Children getting injured and dying after COVID-19 vaccinations
Asheley Carbajal Garcia, a 15-year old girl from Mexico, passed away on March 13 – just five days after receiving the Pfizer vaccine.

Rosario Flor, the mother of the teenager, said in an interview that her daughter received the first dose of the vaccine on March 8 in Ayutla. A day later, she had a headache and they gave her paracetamol. She was taken to the regional hospital after she started vomiting and having convulsions.

The victim's aunt, Rosaura Carbajal, said her niece was a healthy girl and that she never had any illness. *"Her death could have been caused by a serious reaction to the COVID-19 vaccine,"* Carbajal said.

Ivan Hernandez Diaz from the Mexico Welfare Secretariat was quick to conclude that the vaccine could not be the cause of Garcia's death. *"The picture of complications does not correspond to the adverse reactions that the Pfizer vaccine presents,"* he said.

Meanwhile Dr. Ezequiel Martinez, a surgeon and midwife, conducted an independent assessment of the case and made his opinion public saying that the doctors on the official health system are reluctant to admit that the COVID-19 injections are causing enormous damage among the population.

He said: *"If she hadn't been vaccinated, she would be alive. Very likely that the minor already had a previous undiagnosed injury and aneurysm is not something that can be generated by the vaccine as far as I know. However, the vaccine can cause coagulation alterations that favor hemorrhage, and it can also cause hypertensive crises in young people. These two can favor the aneurysm to grow and spread."*

Another case of brain injury that caused death to a teenager is that of Danylo Zinneck Nobre, a 15-year old boy from Brazil.

He took two doses of Pfizer, the first on August 24 and the second on October 19, 2021. After 18 days, he had weakness in his legs, blurred vision and heaviness in the head.

On January 6, he had a seizure and was intubated due to difficulty swallowing and slurred speech.

Nobre was diagnosed with the autoimmune Bickerstaff Brainstem Encephalitis, a rare neurological disease of the peripheral and central nervous system. He underwent plasmapheresis treatment, which is a process of filtering the blood to remove the substances that damage the plasma. But in the fifth session, he had a hemorrhagic stroke. The kid died on March 3.

On April 27, Maryglace Balasabas, aunt of an eight-year-old Filipino girl, posted on Facebook: *"My niece Tanya is currently confined due to encephalitis after receiving her second dose of vaccine."*

In the comments section, the kid's mother Shannon Nunez, thanked Balasabas for helping out. She also posted on May 1 that her daughter is currently recuperating and thanked her friends and family for the prayers and financial support.

FDA Advisors Unanimously Endorse Pfizer, Moderna COVID Shots for Infants and Young Kids, Ignore Pleas to 'First Do No Harm'

***"All the risks are to the innocent children and all of the billion-dollar rewards go to the government-protected pharmaceuticals,"* said Rep. Louie Gohmert (R-Texas), after advisors to the U.S. Food and Drug Administration today voted 21-0 to recommend Pfizer's and Moderna's COVID-19 vaccines for infants and young children.**

The U.S. Food and Drug Administration's (FDA) vaccine advisory panel today unanimously voted 21-0 to recommend Pfizer and Moderna's COVID-19 vaccines for infants and young children, stating the totality of the evidence available shows the benefits of the vaccines outweigh the risks of use.

Pfizer's three-dose vaccine would cover children 6 months to 5 years old, while Moderna's two-dose vaccine covers children 6 months to 6 years old.

States have already ordered millions of doses made available prior to FDA authorization by the Biden administration.

Depending on whether the FDA and Centers for Disease Control and Prevention (CDC) accept the recommendations of their advisory panels, White House officials have said the administration of vaccines for these age groups could start as early as June 21.

The Vaccines and Related Biological Products Advisory Committee (VRBPAC) ignored pleas from experts, the vaccine injured and a congressman representing 17 other lawmakers to halt authorization until questions about the safety and efficacy of COVID-19 vaccines for the nation's youngest children could be properly addressed.

Many of the committee members, including pediatrician Dr. Ofer Levy, said the decision to authorize the shots was about providing a choice to parents who wanted access to COVID-19 vaccines, despite concerns by public commenters the panel was not adhering to the requirements for Emergency Use Authorization (EUA) and that authorization would eventually lead to mandates — as it did with adult vaccines.

"I know that the death rate from COVID and young children may not be extremely high," **said Dr. Jay Portnoy, professor of pediatrics at Children's Mercy Hospital in Kansas City, Missouri.** ***"It's absolutely terrifying to parents to have their child be sick."***

Portnoy said there are ***"so many parents who are absolutely desperate to get this vaccine"*** **and he thinks the committee** ***"owes it to them to give them the choice."***

Several committee members, including Dr. Paul Offit, director of the Vaccine Education Center at Children's Hospital of Philadelphia, raised concerns about Pfizer's COVID-19 vaccine for kids and the minimal protection it provided after two doses.

Offit said he still supports authorizing a three-dose regimen for the youngest age groups but expects four doses may be needed.

Moderna's vaccine for infants and toddlers consists of two 25-microgram shots, while Pfizer's vaccine is a triple-dose regimen of 3-microgram shots each.

Combining all ages together, Pfizer said its three-dose regimen for children 6 months to 5 years old was 80% effective at preventing illness from the Omicron variant based on preliminary data from its clinical trial.

The 80% number was calculated 30 days after the third dose. As noted by committee members, the efficacy number is likely to go down after 30 days and post-approval monitoring was suggested.

Moderna said its two-shot vaccine was about 51% effective against infection from Omicron in children under 2, and about 37% among kids 2 to 5 years old, citing different efficacy numbers than what was reported by the company in March.

In a March 23 press release, Moderna said its vaccine in the 6-month to 2-year age group was only 43.7% effective. In the older age group, the company said its vaccine was 37.5% effective.

A top official at Moderna has already said a booster will be necessary.
All previously authorized COVID-19 vaccines and boosters for all age groups were required to meet the FDA's 50% requirement prior to obtaining EUA.

But Dr. Peter Marks, director of the Center for Biologics Evaluation and Research at the FDA, last month told the House Select Subcommittee on the Coronavirus Crisis the agency would not withhold authorization of a pediatric vaccine if it fails to meet the agency's 50% efficacy threshold for blocking symptomatic infections.
Congressman calls out FDA for failing to answer lawmakers' questions

During the public hearing portion of the meeting, Rep. Louie Gohmert (R-Texas) said there are many unanswered questions regarding the safety and efficacy of COVID-19 vaccines, especially for babies and young children.

"I'm deeply concerned that the push to vaccinate these children is nothing more than a dystopian experiment with unknown consequences,"* Gohmert told the committee. *"Some of us have outlined these questions in a letter to VRBPAC but have not received any answers, and I pose some of them here."
Gohmert said:

"Number 1, why has the FDA refused to release the hundreds of thousands of pages of data from preapproval manufacturer studies, post-approval adverse events data and other post-approval manufacturer data?

"Number 2, what is the cardiac risk factor in administrating these COVID vaccines to children?

"Number 3, world-renowned immunologists have raised concerns about potential antibody-dependent enhancement, or ADE, resulting from COVID vaccines, and since ADE was a problem in prior unrelated respiratory vaccine trials, we need to know what studies, if any, the FDA has that it's used regarding ADE from COVID vaccines in children 5 and under or any age group. Can the FDA affirm there's no risk of ADE for vaccinated children?

"Number 4, if widely approved among children 5 and under, how many lives, if any, does FDA estimate will be saved next year? Given the injuries reported in the FDA's VAERS [Vaccine Adverse Event Reporting System] system, how will FDA evaluate serious vaccine injuries versus serious COVID outcomes?

"Number 5, is it possible the proposed COVID vaccines in young children could create increased risk in future novel COVID variants?

"Number 6, why has the FDA recently lowered the efficacy bar for COVID vaccines for youngest children? This change significantly lowers the expected benefits from any COVID vaccination for young children and it's of particular concern given that over 70% of that age cohort already is seropositive."

Gohmert said these questions and 13 other questions posed by lawmakers are critical and deserve answers from the FDA and VRBPAC prior to any EUA with the "accompanied protection for liability for all harm done."

Gohmert added:
"In conclusion, some of us have grave concerns that in balancing the risk to rewards here, all the risks are to the innocent children and all of the billion-dollar rewards go to the government-protected pharmaceuticals, leaving me to wonder if Republicans get a majority I may need to have a bill […] to allow civil and

criminal liability to vaccine providers and accessories despite an EUA which would force more sensitivity towards vaccine harm to our young children."
Vaccine-injured speak out

During the public hearing session of the meeting, numerous individuals discussed the injuries they experienced after being vaccinated with Moderna and Pfizer's COVID-19 vaccines, pleading with officials to look at what's occurring with the adult population before they authorize vaccines for kids.

Jasmine King, a 38-year-old lawyer whose law license lapsed after she was injured by her first dose of Moderna, said she has been to more than 50 doctor appointments and has spent more than $20,000 in co-pays, treatments and supplements to heal from her injuries.

King said she is being monitored for Lou Gherig's disease and developed sensory nerve symptoms, motor nerve problems, heart palpitations and autonomic nervous system issues after being vaccinated.

King asked the advisory panel to look at what's happening in the adult population to see what could happen in the pediatric population — if authorization is given — and consider vaccine injuries when discussing the risks of COVID-19.

Kathlyn Hinesley pointed out that the FDA is legally prohibited from approving any biological product for emergency use unless there's an emergency that poses a risk of death to the target group, the product is effective in preventing the disease, it is safe and the benefits must outweigh the risk.

Hinesley stated:
"With regard to the first point, children without comorbidities who acquire COVID-19 have a 99.98% survival rate. There is no emergency. Moving forward to effectiveness, a study […] which includes data analysis of 145 countries found that COVID-19 vaccines were in fact associated with a 38% increase in COVID cases and a 31% increase in deaths. Could these vaccines be negatively affecting immunity?"

"The number of severe adverse events affecting children ages 5 to 17 reported to VAERS as of June 3 was 8,811, including 114 deaths and 1,346 cases of myocarditis — a condition that can be fatal."

"We can assume if these vaccines are authorized, some babies will die. The benefits of these vaccines are questionable and the risks are clear."

Hinesley told the committee if they authorized injections for this age group, they would be participating in the killing of children.

Sam Dodson, an intellectual engineer, called out the FDA for doing "nothing" with the "massive safety signals," colluding with pharmaceutical companies to suppress trial data for 75 years, ignoring fraudulent data, ignoring adverse events like myocarditis and prion diseases and ignoring issues with infertility.

Dodson also expressed concerns about biodistribution data he accused the agency of "doing nothing" about.

"You turned a once-respected agency into a corrupt vessel for the very corporations you swore to protect the American public from," Dodson said. "If you have one shred of humanity left you will call for an immediate halt to the shots […]."

Before his time ended, Dodson said the panel might want to figure out how they're *"going to diagnose myocarditis in very young babies who can't talk."*

Dr. Katarina Lindley, a physician and member of the steering committee for the World Council for Health, said data from the CDC from February showed 74.2% of children have already acquired COVID-19 and expressed concerns over Moderna and Pfizer's data presented to the FDA.

Lindley stated:
"Over 150 studies show that natural immunity is superior. The infection fatality rate under 5 years of age is 0.1 in 100,000 or 1 in a million. The risk of the shot in the already immune is higher than 1 in a million.

"Both Pfizer and Moderna expressly eliminated those that were naturally immune from their study. They did this to avoid the hyperimmune response and possibly death."

"Vaccinating the already immune puts them at risk of having a hyperimmune response. This means you'll be voting for some children to have a severe adverse reaction and possibly death if you vaccinate the immune. This is bad medicine."

FDA advisors fail to discuss vaccine imprinting among infants and toddlers.

Immune imprinting was not on the agenda at the VRBPAC meeting, nor was it discussed among experts.

However, the authors of an op-ed published this week in STAT, a pharmaceutical industry publication, raised the issue as justification for calling on the FDA panel to reject Pfizer and Moderna's EUA for young children.

Steve Brozak, founder of the WBB Research Institute, and Dr. Richard Marfuggi, surgeon and medical director of the WBB Research Institute and member of the New Jersey State Biomedical Ethics Committee, wrote:

"The vote on this vaccine for this vulnerable sector of the population is not inexorable. The availability of a therapy is not a justification for its use when benefits of such use are so poorly justified and no data on future consequences for this population to specifically include imprinting even exists."

"The VRBPAC should say 'no' to vaccinating infants and toddlers with the Moderna or Pfizer/BioNTech vaccines. 'First do no harm' has never been a more important dictum."

Immune imprinting, or original antigenic sin (OAS), results from exposure to proteins or other biological structures of viruses, like the SARS-CoV-2 spike protein, that allow a virus to penetrate host cells and cause infection.

OAS refers to the preference of the immune system to recall existing memory cells — that recall the same pathogen for antibody production — rather than stimulating a new response when encountering a novel but closely related antigen.

According to Brozak and Marfuggi, imprinting can come directly from an acute infection acquired naturally or indirectly through vaccination.

"It can result in reduced — or enhanced — responses to future variants with unknown clinical consequences,"* they wrote*. "The former is beneficial, the latter is not."

Immune system imprinting and the negative effects of imprinting are not new concepts. A team of researchers in a 2013 paper described how infants who survived the 1889 Russian pandemic were more likely to experience excess mortality as adults during the Spanish flu pandemic of 1918.

Infants who survived the 1918 Spanish flu were more likely to experience excess mortality as adults during the Hong Kong flu of 1968 and infants exposed to the swine flu pandemic of 1957 were more likely to experience excess mortality as adults during the 2009 H1N1 pandemic in Mexico.

According to the Doctrine of Original Antigenic Sin by Dr. Thomas Francis, the initial priming of the immune system (initial exposure to the virus, either in the wild or via a vaccine) gets "fixed" for life.

If the initial priming of the immune system is sub-optimal and biased, then that sub-optimal initial priming can effectively derange and bias the immune response long-term, which would guide all future immunological responses, said Dr. Paul Elias Alexander, a global expert on COVID-19.

According to Brozak and Marfuggi, the immune systems of infants and toddlers — the latest targets of COVID-19 vaccine manufacturers and health agencies — are immature and developing.

They wrote:
"If an immature immune system is immunologically imprinted, either by acute infection from the currently circulating viral variant or by a COVID-19 vaccine based on the original, wild-type variant that is no longer in circulation, it may fail to develop appropriate defenses when confronted — even years later — by a Covid variant or another totally different pathogen."

According to Alexander, "The COVID-19 vaccines being administered in the U.S. only reduce symptoms, thus allowing the host to stay alive (an evolutionary future it did not have) while remaining capable of transmitting. Evidence shows vaccinated persons are indeed susceptible to infection, and as alarmingly, carry as high a viral load as the unvaccinated."

In addition, vaccinated persons are likely to spread the virus to other members of their household, Alexander said.

"Imperfect, leaky and harmful COVID-19 vaccines could rob children of robust, durable and potent natural innate immunity that has always protected them and helps reduce the infectious pressure while contributing to population herd immunity."

Some vaccines could drive the evolution of more virulent pathogens, and *"Marek's disease effect and vaccination may well be at play here with COVID vaccines — moderating symptoms while not stopping infection or transmission, thus posing a danger to the unvaccinated and vaccinated,"* Alexander added.

As The Defender reported Tuesday, Robert F. Kennedy, Jr., Children's Health Defense chairman and chief legal counsel, sent a letter to VRBPAC members last week warning that the organization is poised to take legal action should the EUAs be granted.

The Evidence Is Clear: Healthy Children Simply Don't Need COVID Vaccines

Epidemiological evidence shows infants, children and adolescents never needed COVID-19 vaccines and certainly do not need them now.
By Dr. David Gortler

The U.S. Food and Drug Administration's (FDA) vaccine advisory committee met this week to discuss requests to amend the Emergency Use Authorization (EUA) of the Moderna and Pfizer-BioNTech COVID-19 mRNA vaccines.

Moderna asked for its EUA to include the administration of a primary series of the vaccine to infants, children and adolescents ages 6 months through 17 years.

Pfizer-BioNTech asked that its EUA include the administration of a primary series to infants and children 6 months old through age 4.

Vaccinations and/or boosters in these age groups are unnecessary.

However, based on the Vaccines and Related Biological Products Advisory Committee's (VRBPAC) extended history of ignoring fundamental aspects of immunology, drug safety and epidemiology — occurring as recently as last week with its approval of the Novavax COVID-19 vaccine — it was always a foregone conclusion that the committee would approve these proposals despite the significant risk to children and noteworthy lack of effectiveness.

In fact, the White House was so confident the FDA committee would authorize the vaccines, officials weeks ago announced plans to begin injections in kids as early as June 21.

Interestingly, while touting how "safe and effective" the vaccines are for children, FDA employees are all calling into the VRBPAC advisory committee meeting remotely, putatively using the COVID-19 pandemic as their reason — isn't that more than just a little ironic?

Epidemiological evidence doesn't support COVID shots for infants, children and adolescents.

Epidemiological evidence shows infants, children and adolescents never needed COVID-19 vaccines and certainly do not need them now.

According to the Joint Committee on Vaccination and Immunization (JCVI), 4 million doses must be administered to children 5 to 11 years old to prevent a single ICU admission.

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

According to the JCVI:
"Vaccination of children aged 5 to 11 years who are not in a clinical risk group would prevent a relatively small number of hospitalizations or intensive care admissions."

"For a variant like Omicron, it would take around four million vaccine doses to two million children to prevent one admission to ICU. For less severe illnesses, 58,000 child vaccinations would prevent one child hospitalization."

"Children admitted recently to hospital with COVID had an average length of stay of 1-2 days. The Omicron wave saw no more children in hospital than before Omicron hit the UK."

When deciding whether to approve the EUA requests there are two central questions that VRBPAC must not ignore.

The first is whether vaccination of children is even needed at all.

It is no longer summer 2020. We are no longer deeply embedded in the throes of the pandemic.

It is well established that children, even without vaccination, have low risk of serious COVID-19 complications.

Primary approval for young children is not the same as the emergency approval of COVID-19 vaccines for adults in 2020.

The risk COVID-19 presents to children is minuscule. Medical literature plus multiple articles in the lay press have detailed for some time, and in no uncertain terms, that it's hard to justify vaccinating the younger age group at all because severe disease and hospitalizations in unvaccinated children are so rare.

Knowing that, one must wonder: Why on earth, to this very day, is the FDA's homepage picturing and pushing for young adolescents and little kids to get the vaccine?

The vaccines we are talking about were developed for the original strain of COVID-19, which is responsible for fewer than 1% of new cases.

COVID-19 mutations are much less severe, and there is widespread availability of preventative, early-exposure and early-treatment therapeutics with known safety records, not to mention protective measures such as mask-wearing and social distancing.

The second question is whether children who have naturally acquired immunity through previous infections should be vaccinated.

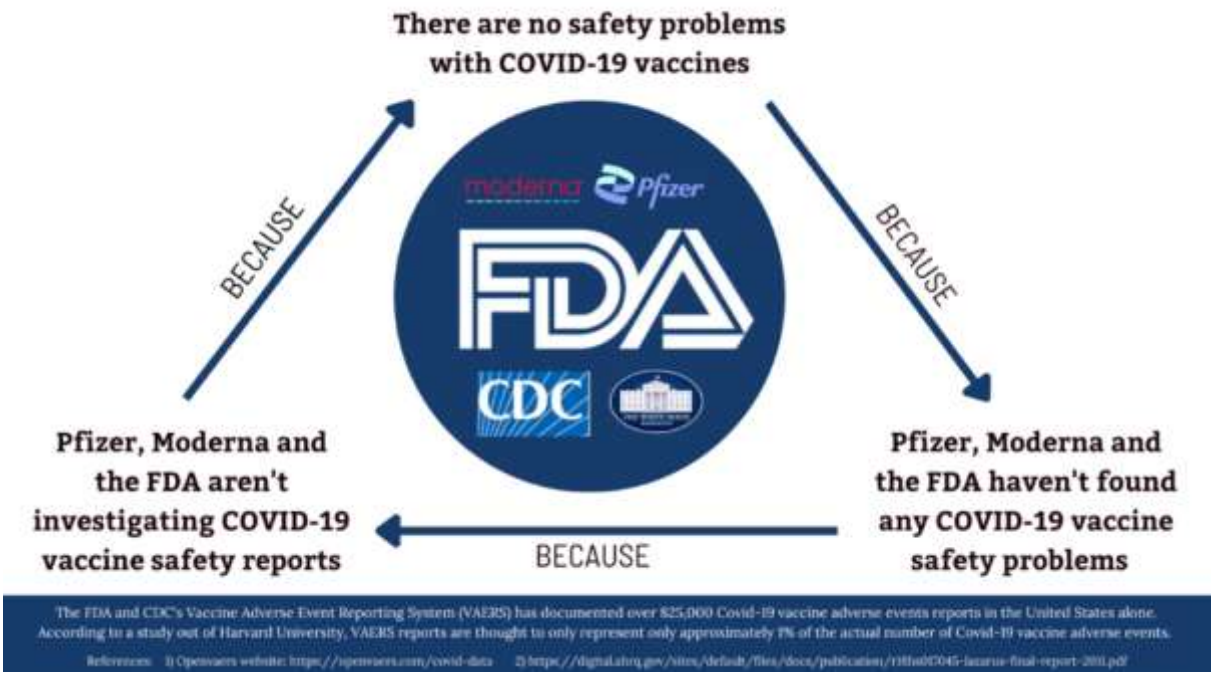
A recent 30,000-person study sponsored by Moderna and Dr. Anthony Fauci's National Institute of Allergy and Infectious Diseases found natural immunity is superior to immunity conveyed by any COVID-19 vaccine.

VRBPAC members also seemingly deliberately ignored natural immunity in recommending primary series of vaccines in children, despite a recent Johns Hopkins study which found 99% of all COVID-19 infections resulted in natural immunity antibody expression that persisted for up to 20 months following infection.

Since we do not have a full accounting of safety, especially long-term risks in adults, it is inappropriate to propose mass vaccination in children, especially those who have already recovered from COVID-19.

More than 12 billion doses of COVID-19 vaccines have been administered worldwide. In the U.S. alone, more than 825,000 COVID-19 vaccine-related adverse events have been reported.

According to a Harvard University study, that figure is estimated to represent only approximately 1% of the actual number of COVID-19 vaccine adverse events.



Of particular note, many of the more serious cardiovascular adverse events from COVID-19 vaccinations and boosters disproportionately affect a younger population.

Another independent analysis shows children under 18 are 51 times more likely to die from the vaccine than they are to die from COVID-19 infection if not vaccinated — more reasons to be cautious before giving emergency vaccine approval for children.

COVID-19 vaccines are ineffective against new variants

VRBPAC must not fall for the fallacy of "mild disease if vaccinated" or *"it would have been severe disease without vaccination/boosters."*

Data show it's not just "boostered" people who have mild COVID-19 symptoms. Essentially everyone — regardless of COVID-19 vaccination status — will have less severe disease. That is the typical pattern of viral mutations.

In other words, in addition to a serious safety risk, there is no clinical, statistical or epidemiological benefit of vaccination in this particular group.

Despite mild symptoms and the high drug safety risk, the director of the FDA's Center for Biologics Evaluation and Research said he would not hold up approval for efficacy, even if it was lower than the 50% efficacy threshold of preventing severe disease, as required in official FDA guidelines.

It breaks all FDA norms and practices for the agency to leap into an EUA so blindly and ignore decades-old standards of making careful safety- and efficacy-based decisions, especially when we are talking about our children.

Leaving the bioethics argument and question of using our children as test subjects aside, whatever happened to using hard clinical and scientific evidence as the basis for making decisions?

What about the FDA-employed physicians plus the physicians who serve on VRBPAC and their centuries-old sacrosanct vow to *"First, do no harm?"*

The abandonment of the FDA's decades-old efficacy and safety standards is part of the White House's unrelenting "data be damned" push for COVID-19 vaccines to our kids no matter what.

It is time for the FDA advisory committee members to stop blindly listening to federal agencies, the White House and mainstream news narratives for advice on clinical pharmacology and instead use their credentials, start their research from scratch, and conduct an unbiased review of the safety, efficacy and naturally acquired immunity data themselves.

In summation, there is no need for a primary series of COVID-19 vaccines for children. The young have a decreased benefit from COVID-19 vaccination, but are also at a greater safety risk.

Many children have already had COVID-19 and have the benefits of naturally acquired immunity.

VRBPAC should rely on the fundamentals of clinical science and carefully examine and follow the data — not politics.

America's children deserve nothing less.

Any breathing human being with a bare minimum of critical thinking skills can conclude that the CDC's own chart below can conclude there is absolutely no reason for vaxxing children and youth. It is not about public health, it's not about a novel rogue virus that has never been confirmed to exist through the Koch Postulates, which is the official "gold standard" of confirming pathogenic toxicity. It is all about "Depopulation" and to sterilize humanity's ability to conceive and reproduce their species.

Pfizer Phase 3 clinical trial fraud allegations that should be immediately investigated by the FDA

There are more than a dozen "smoking guns" that indicate that the Pfizer Phase 3 trial was not properly conducted.

By Steve Kirsch | June 15, 2022

It is in the best interest of all parties to have transparency in these issues in order to restore public trust in the medical community and reduce vaccine hesitancy which are key goals of the CDC and FDA.

For example, Dr. Peter Marks recently stated:

***"We do have a problem with vaccine uptake that is very serious in the United States and anything we can do to get people more comfortable to be able to accept these potentially life-saving medical products is something that we feel we are compelled to do,"* said Dr. Peter Marks, director of the Center for Biologics Evaluation and Research.**

There are two things Dr. Marks can do to achieve his goal:

1. **He can have an open discussion with the people who he alleges are the main spreaders of "misinformation."**
2. **He can open an official FDA investigation into allegations of fraud in the Pfizer trial and produce a written report responding to each allegation.**

Dr. Marks, like every other public health official, will not do #1. I understand why he won't: the data isn't supportive of the government narrative so he'd lose the debate very badly. This is why nobody at the FDA, CDC, or NIH will talk to any of my colleagues. In ignoring us, he is acting in a way inconsistent with what is expected which was outlined by UCSF Professor Vinay Prasad in this op-ed published 2 years ago, Scientists who express different views on Covid-19 should be heard, not demonized

But #2 is critically important. If there is fraud/ willful misconduct, the liability protection is removed. If the FDA is truly working for the people, these allegations must be investigated.

In order to help facilitate option #2, I personally am aware of over a dozen fraud allegations that should be investigated. This is not a complete list. There are dozens of articles like this one that highlight irregularities in the data that need to be investigated.

My suggestion is that, in addition to the allegations in this article, the FDA should solicit a list of irregularities via an open public process to ensure that all of the key allegations are considered and investigated in order to restore trust in the system. Why would they not want to do that?

Here is only a partial list:

1. **Pfizer admitted in a US court proceeding that there was fraud and the FDA knew about it. An admission in a court like this of fraud is surely grounds for an investigation. Watch this 2 minute video where attorney Robert Barnes describes what happened in his federal court case against Pfizer. Read this article for more: Pfizer admits to COVID vaccine clinical trial fraud in federal court.**
2. **13-year old Maddie de Garay developed paralysis less than 24 hours after she was vaccinated. I know Maddie. I know her parents. Today, Maddie is**

confined to a wheelchair. She was perfectly healthy before she received the vaccine. Less than 24 hours after her second dose, she couldn't walk off the school bus. Why were her symptoms reported to the FDA in the 12-15 trial results as "functional abdominal pain"? See FDA Buries Data on Seriously Injured Child in Pfizer's Covid-19 Clinical Trial. I notified acting FDA Commissioner Janet Woodcock on Friday, June 25, 2021 6:21 AM. She promised me the FDA would investigate the fraud. To this day (Jun 14, 2022), the family was never contacted by anyone. I know the FDA is busy, but why has nobody reached out in the year since Commissioner Woodcock promised to investigate? If one child out of 1,000 ends up paralyzed for life, shouldn't this be something the FDA should be concerned about?

3. **There were 5 times as many exclusions in the treatment arm as in the placebo arm of the trial. It is statistically impossible for such an imbalanced number of exclusions to have happened by chance. It appears to be a deliberate culling of patients with adverse events which is not allowed. If it wasn't a deliberate culling, then how do you explain such large numbers? The amount of the discrepancy is greater than the entire effect size of the trial. This is from page 18 of the December 10, 2020 VRBPAC meeting document:**

Pfizer-BioNTech COVID-19 Vaccine
VRBPAC Briefing Document

Table 2. Efficacy Populations, Treatment Groups as Randomized

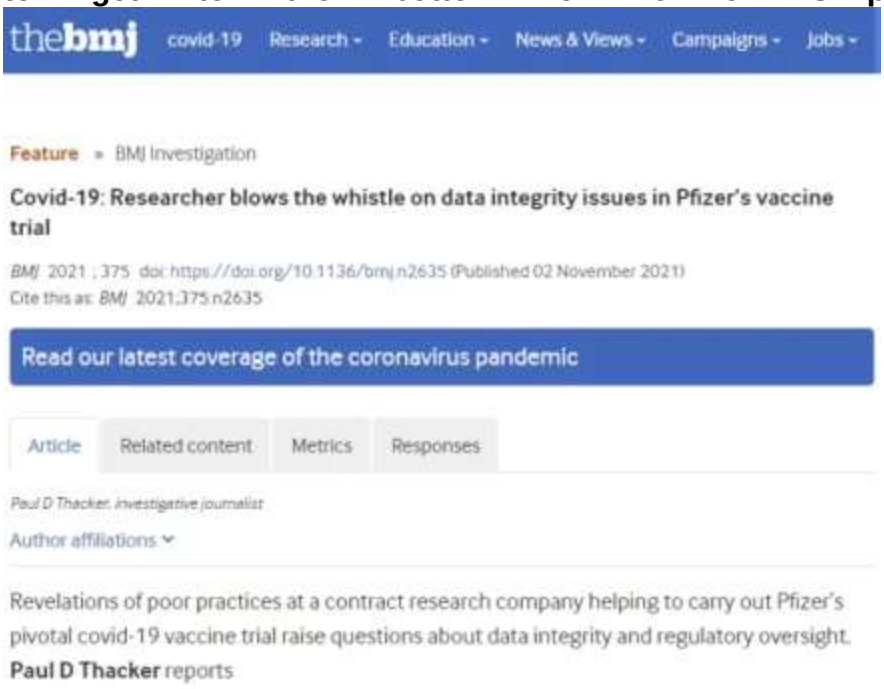
	BNT162b2 (30 µg) n[a] (%)	Placebo n[a] (%)	Total n[a] (%)
Randomized[b]	21823 (100.0)	21628 (100.0)	43651 (100.0)
Participants excluded from evaluable efficacy (14 days) population	1790 (8.2)	1585 (7.3)	3375 (7.7)
Reason for exclusion[c]			
Randomized but did not meet all eligibility criteria	36 (0.2)	26 (0.1)	62 (0.1)
Did not provide informed consent	1 (0.0)	0	1 (0.0)
Did not receive all vaccinations as randomized or did not receive Dose 2 within the predefined window (19-42 days after Dose 1)	1550 (7.1)	1561 (7.2)	3111 (7.1)
Had other important protocol deviations on or prior to 7 days after Dose 2	311 (1.4)	60 (0.3)	371 (0.8)
Had other important protocol deviations on or prior to 14 days after Dose 2	311 (1.4)	61 (0.3)	372 (0.9)

[a] n = number of participants with the specified characteristic
[b] These values are the denominators for the percentage calculations.
[c] Participants may have been excluded for more than 1 reason.

Image from December 10, 2020 VRBPAC meeting document

4. **Why were the allegations of data integrity documented by the *BMJ* never investigated by the FDA? This is published in a major medical journal yet there was no follow up from the FDA at all. I just talked to Brook Jackson on the phone. She now has 20 lawyers on his whistleblower case. Pfizer was able to get the judge in her case to stay discovery for 6 months so an FDA investigation is the only way to compel discovery. I asked her if anyone at the FDA ever contacted her about her allegations and she said nobody ever called to talk to her. Instead, on the very same day that she**

emailed the FDA about what happened, she was fired. She emailed the FDA about the issues at 9am on September 25, 2020 and she was fired from her job at Ventavia at 3pm. This suggests that the FDA tipped off Pfizer who notified Ventavia. There was no other way Pfizer could have known: Brook only contacted the FDA. Period. The FDA needs to find out who at that FDA tipped off Pfizer, and then who at Pfizer told Ventavia to fire Brook instead of investigating the allegations. There has to be a chain of custody here. We deserve to know what actions the FDA is going to take against that employee who notified Pfizer. Or to notify the public that this is the proper behavior by FDA employees receiving whistleblower complaints is to take actions to get the whistleblower fired. We need to understand how the leadership of the FDA feels about what happened and whether they intend to get to the bottom of it or simply ignore it.

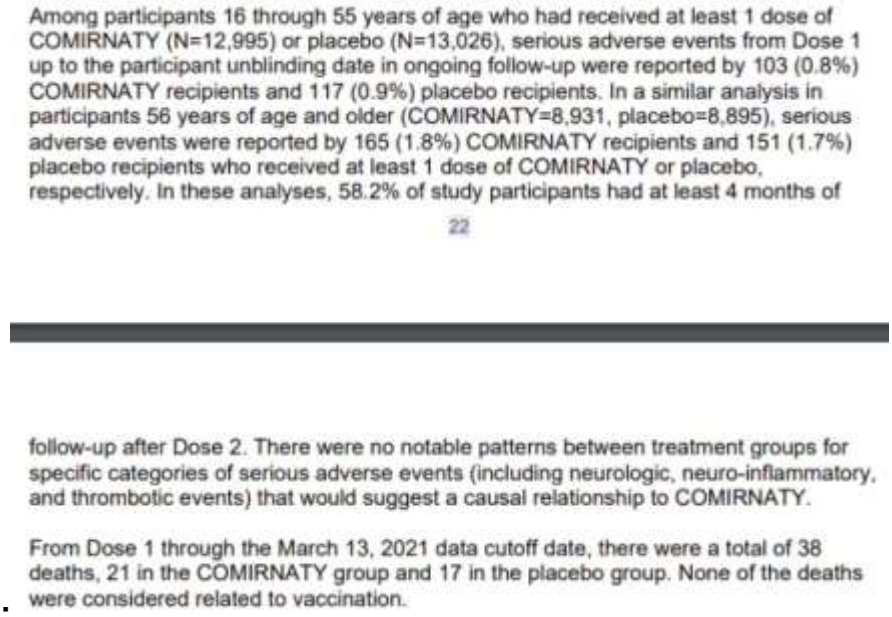


BMJ **article documenting irregularities in the Pfizer trial. The whistleblower was fired 6 hours after notifying the FDA which must have leaked the information for Pfizer.**

5. **Why are there more deaths in the trial report than the document Pfizer submitted to the FDA? Shouldn't they be the same since they are reporting on the same Pfizer study? Here is another article questioning the numbers.**
6. **There were more deaths in the treatment arm than in the placebo arm. How does the FDA know for certain that the people who died in the treatment arm did not die as a result of the drug? Did they ever look at the data from Pfizer on this? If so, what convinced them the deaths were not related? Can we see the written report which certified this? Pfizer says the deaths were unrelated, but we are never told how they determined this. Were the same tests done as Dr. Walter Lang did (see this video and also this article) and that Dr. Bhakdi and Dr. Burkhardt did? Dr. Peter Schirmacher also discovered that at least 30% to 40% of the deaths shortly after vaccination**

were likely caused by the vaccine. Schirmacher's family's life was then threatened if Schirmacher said anything more publicly. Did Pfizer use the same methodology as Dr. Schirmacher, Bhakdi, Burkhardt, and Lang? Why did Schirmacher, Bhakdi, Burkhart, and Lang all find a huge rate of causality but Pfizer found nothing. They cannot both be right. How will the FDA resolve the discrepancy and assure the public they found the truth?

7. A report Pfizer filed with the FDA entitled "Summary Basis for Regulatory Action" contains the following statements which are in conflict with data in the VAERS system which is reporting unprecedented increases in adverse events. There are more adverse and serious adverse events reported for the COVID vaccines than for all vaccines combined over the past 32 years. Therefore, the VAERS data and this report simply cannot both be true. The FDA needs to find out which is giving inaccurate data and correct the problem:



Among participants 16 through 55 years of age who had received at least 1 dose of COMIRNATY (N=12,995) or placebo (N=13,026), serious adverse events from Dose 1 up to the participant unblinding date in ongoing follow-up were reported by 103 (0.8%) COMIRNATY recipients and 117 (0.9%) placebo recipients. In a similar analysis in participants 56 years of age and older (COMIRNATY=8,931, placebo=8,895), serious adverse events were reported by 165 (1.8%) COMIRNATY recipients and 151 (1.7%) placebo recipients who received at least 1 dose of COMIRNATY or placebo, respectively. In these analyses, 58.2% of study participants had at least 4 months of

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follow-up after Dose 2. There were no notable patterns between treatment groups for specific categories of serious adverse events (including neurologic, neuro-inflammatory, and thrombotic events) that would suggest a causal relationship to COMIRNATY.

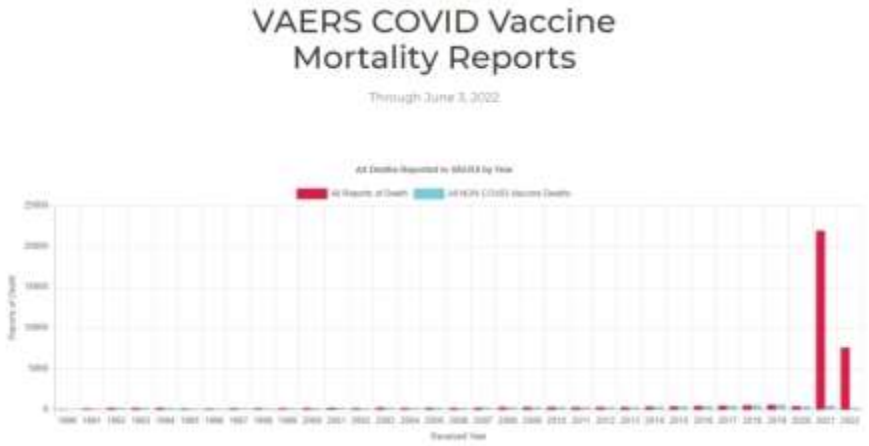
From Dose 1 through the March 13, 2021 data cutoff date, there were a total of 38 deaths, 21 in the COMIRNATY group and 17 in the placebo group. None of the deaths were considered related to vaccination.

From Summary Basis for Regulatory Action filed with the FDA

8. Mysterious blood clots are only being found in vaccinated cadavers and have never been investigated by the CDC or FDA. Why are these blood clots only happening in vaccinated people if the vaccines are safe and effective? See also this article: EXCLUSIVE: Shocking microscopy photos of blood clots extracted from those who "suddenly died" – crystalline structures, nanowires, chalky particles and fibrous structures. Will someone at the FDA provide public assurances that they have investigated these clots and can explain them?
9. If the vaccines are safe as represented then why does the blood of vaccinated patients look dramatically different under a dark field microscope?
10. If the vaccines worked as in the trials, how can double-masked, quadruply vaccinated Tony Fauci get COVID?
11. The Pfizer data shows nobody became disabled, yet we had 1.8M people added to the disability system after the vaccines rolled out. If the trial data

is correct, how did this happen? The trial was large enough to detect a signal this large, so how could it have gone undetected?

12. **The documents released by Pfizer show a large number of discrepancies that are impossible to explain if the trial was executed as stated. Can you investigate all the discrepancies pointed out in articles such as this and this?**
13. **Brook Jackson's whistleblower suit against Pfizer has not been dismissed by the court.**
14. **The story of patient Augusto Roux needs to be thoroughly investigated. Please see Is Subject #12312982 the Key to Proving Pfizer Vaccine Trial Fraud?**
15. **Why is Sudden Adult Death Syndrome only affecting people who have been vaccinated with the COVID vaccines? Is there a counter-example?**
16. **Why are athletes dying at 22X the normal rate? And why is this only happening after the vaccines rolled out?**
17. **Why are there more deaths reported associated with the COVID vaccines in VAERS than for all vaccines combined in the 32 year history of the VAERS system? It isn't over-reporting because the deaths for all other vaccines for all years is still completely normal as you can see from this chart:**



Mortality chart from OpenVAERS shows that the death reports are elevated only for the COVID vaccines and not for any other vaccines in the entire history of the VAERS system

18. **Shouldn't the FDA and CDC call for a protective order to prevent retribution by state medical boards against physicians who are reporting adverse events and death following vaccination on social media? Clearly, the CDC and FDA are extremely safety conscious and would want to know about these incidents? So why not make a statement encouraging licensed MDs to speak out?**
19. **Why are there so few autopsies? And why are the detailed autopsies showing causality ignored? And why is the CDC not warning people about the risk of death?**
20. **Why is the public not permitted to see the assessments made of the 13,225 US deaths reported in the VAERS system that were determined to be not linked to the COVID vaccines?**

21. **Nearly 500 articles in the peer-reviewed medical literature have been written about vaccine adverse events from the mRNA vaccines. That isn't consistent with a vaccine found to have fewer adverse events than the placebo. Someone is lying. Is it hundreds of authors of peer-reviewed papers? Or was the study flawed? The FDA should investigate this because this needs to be resolved ASAP.**
22. **Dr. John Su at the CDC appears to be a co-conspirator with Pfizer to hide the safety data. Whenever he presents, he never mentions that the VAERS data should be multiplied by the appropriate under-reporting factor (URF). This allows the vaccines to look 100 times safer than they actually are. He knows he shouldn't be doing this, but this hasn't inhibited his actions at all. The FDA and CDC refuse to acknowledge what the VAERS URF is for these vaccines and they stonewall newspaper reporters who ask about it. How is that being transparent?**
23. **Anecdotal data from physicians. There is simply too much anecdotal data from formerly pro-vax physicians who report patients who are previously healthy become "unhealthy" (new disease, existing disease reoccurs, or cognitive decline, or menstrual issues) shortly after being vaccinated. How can that be if the rates are the same before and after the vaccine?**

Share this:

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It is important that you understand that the weekly VAERS Friday reporting data is a flawed an imprecise data collection reporting system. Harvard University studies confirm that it may only represent a small percentage of actual deaths and injuries. The Harvard studies suggest the actual numbers may be as much as 40X times greater than what is reported. This comes as a result of under-reporting, a lack of awareness of the existence of the VAERS system, even encouraged to NOT report adverse reactions; many physicians have admitted they were unaware of the VAERS reporting system. Others reported the hospitals they work at were ordered not to report adverse reactions.

Suffice to say, at this point in time what is being reported every Friday is an incomplete picture of adverse reactions from the vaxxes. This has been validated by reports of Insurance benefit payouts for death benefits at Lincoln National, which reported a 163% increase in death benefits paid out under its group life insurance policies in 2021. Similar reports have likewise been announced by other large insurance companies. Deaths among young healthy college and professional athletes have spiked to over 1,000% since receiving the shots. And then there is the dishonest CDC changing of reported cases that are regularly being reported raising further question about the integrity of the entire system.

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1.3 Million Reports of Injuries after COVID Vaccines, VAERS Data Show, as CDC Meets to Rubber-Stamp Shots for Kids Under 5

VAERS data released Friday by the Centers for Disease Control and Prevention show 1,301,356 reports of adverse events from all age groups following COVID-19 vaccines, including 28,859 deaths and 238,412 serious injuries between Dec. 14, 2020, and June 10, 2022.

By Megan Redshaw

The Centers for Disease Control and Prevention (CDC) today released new data showing a total of 1,301,356 reports of adverse events following COVID-19 vaccines were submitted between Dec. 14, 2020, and June 10, 2022, to the Vaccine Adverse Event Reporting System (VAERS). That's an increase of 6,027 adverse events over the previous week.

VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S.

The data included a total of 28,859 reports of deaths — an increase of 327 over the previous week — and 238,412 serious injuries, including deaths, during the same time period — up 1,645 compared with the previous week.

Of the 28,859 reported deaths, 18,719 cases are attributed to Pfizer's COVID-19 vaccine, 7,581 cases to Moderna and 2,493 cases to Johnson & Johnson (J&J).

Excluding "foreign reports" to VAERS, 831,801 adverse events, including 13,293 deaths and 84,151 serious injuries, were reported in the U.S. between Dec. 14, 2020, and June 10, 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 13,293 U.S. deaths reported as of June 10, 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., 590 million COVID-19 vaccine doses had been administered as of June 10, including 349 million doses of Pfizer, 223 million doses of Moderna and 19 million doses of Johnson & Johnson (J&J).

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

Search Results

From the 6/10/2022 release of VAERS data:

Found 1,301,356 cases where Vaccine is COVID19

Government Disclaimer on use of this data

Table

Event Outcome	Count	Percent
Death	28,859	2.22%
Permanent Disability	53,989	4.15%
Office Visit	195,200	15%
Emergency Room	119	0.01%
Emergency Doctor/Room	130,191	10%
Hospitalized	162,727	12.5%
Hospitalized, Prolonged	394	0.03%
Recovered	345,227	26.53%
Birth Defect	1,101	0.08%
Life Threatening	32,241	2.48%
Not Serious	594,186	45.66%
TOTAL	† 1,544,234	† 118.66%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is why the Total Count is greater than 1,301,356 (the number of cases found), and the Total Percent is greater than 100.

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

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

U.S. VAERS data from Dec. 14, 2020, to June 10, 2022, for 6-month-olds to 5-year-olds show:

- **1,739 adverse events, including 65 cases rated as serious and 3 reported deaths.**
- **4 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.**
- **13 reports of blood clotting disorders.**

U.S. VAERS data from Dec. 14, 2020, to June 10, 2022, for 5- to 11-year-olds show:

- **11,370 adverse events, including 294 rated as serious and 5 reported deaths.**
- **22 reports of myocarditis and pericarditis.**

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.

- **44 reports of blood clotting disorders.**

U.S. VAERS data from Dec. 14, 2020, to June 10, 2022, for 12- to 17-year-olds show:

- **32,203 adverse events, including 1,834 rated as serious and 44 reported deaths.**
- **62 reports of anaphylaxis among 12- to 17-year-olds where the reaction was life-threatening, required treatment or resulted in death — with 97% of cases attributed to Pfizer's vaccine.**
- **656 reports of myocarditis and pericarditis with 644 cases attributed to Pfizer's vaccine.**
- **166 reports of blood clotting disorders with all cases attributed to Pfizer. VAERS reported 167 cases of blood clotting disorders in the 12- to 17-year-old age group last week.**
- **19 cases of postural orthostatic tachycardia syndrome (POTS) with all cases attributed to Pfizer's vaccine.**

U.S. VAERS data from Dec. 14, 2020, to June 10, 2022, for all age groups combined, show:

- **20% of deaths were related to cardiac disorders.**
- **53% of those who died were male, 42% were female and the remaining death reports did not include the gender of the deceased.**
- **The average age of death was 73.**
- **As of June 10, 5,577 pregnant women reported adverse events related to COVID-19 vaccines, including 1,744 reports of miscarriage or premature birth.**
- **Of the 3,608 cases of Bell's Palsy reported, 51% were attributed to Pfizer vaccinations, 40% to Moderna and 8% to J&J.**
- **889 reports of Guillain-Barré syndrome, with 42% of cases attributed to Pfizer, 30% to Moderna and 28% to J&J.**
- **2,290 reports of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.**
- **1,724 reports of myocardial infarction.**
- **14,102 reports of blood-clotting disorders in the U.S. Of those, 6,309 reports were attributed to Pfizer, 5,054 reports to Moderna and 2,701 reports to J&J.**
- **4,229 cases of myocarditis and pericarditis with 2,590 cases attributed to Pfizer, 1,438 cases to Moderna and 186 cases to J&J.**
- **11 cases of Creutzfeldt-Jakob disease with 5 cases attributed Pfizer, 5 cases to Moderna and 1 case to J&J.**

- **264 cases of POTS with 162 cases attributed to Pfizer, 84 cases to Moderna and 17 cases to J&J.**

FDA authorizes Pfizer and Moderna COVID vaccines for younger children
Moderna and Pfizer-BioNTech's COVID-19 vaccines are now authorized for emergency use in infants and young children as young as 6 months, CNN reported.

The FDA on Friday authorized Moderna's vaccine for use in children 6 months through 17 years and the Pfizer-BioNTech vaccine for children 6 months through 4 years.

The FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) on Wednesday unanimously voted 21-0 to recommend Pfizer and Moderna's COVID-19 vaccines for infants and young children, stating the totality of the evidence available shows the benefits of the vaccines outweigh the risks of use.

The panel ignored pleas from experts, the vaccine-injured and a congressman representing 17 other lawmakers to halt authorization until questions about the safety and efficacy of COVID-19 vaccines for the nation's youngest children could be properly addressed.

Pfizer's three-dose vaccine would cover children 6 months to 5 years old, while Moderna's two-dose vaccine covers children 6 months to 6 years old.
States have already ordered millions of doses made available prior to FDA authorization by the Biden administration.

White House officials said the administration of vaccines for these age groups could start as early as June 21.

CDC advisors hold impromptu meeting to get vaccines for kids rolled out by White House deadline

During a meeting Thursday, the CDC announced it scheduled a special two-day meeting of the Advisory Committee on Immunization Practices (ACIP) Friday to discuss authorization of Pfizer and Moderna's COVID-19 vaccines for infants and young children.

The meeting to discuss authorization of Moderna's COVID-19 vaccine for 6- to 17-year-olds is scheduled for June 22 and 23.

The CDC today discussed the safety, immunogenicity and efficacy of the Moderna shot in kids 6 months through 5 years of age and Pfizer's vaccine in children 6 months through 4 years of age.

The ACIP is scheduled to vote Saturday.
***"The entire process is set up to rubber-stamp the VRBPAC meetings from yesterday,"* said Toby Rogers, Ph.D.**

In a CHD.TV live blog, Dr. Liz Mumper, a pediatrician and Children's Health Defense board member, said Pfizer showed an estimate of 80.3% vaccine efficacy but based it on only 7 cases in the placebo group and 3 in the vaccine group.

***"These numbers are ridiculously small — the 80% may not stand"* if more kids are included in the numbers, Mumper said.**

Mumper also pointed out the shots being considered at today's meeting were based on the original Wuhan strain that is no longer circulating.

"It is not so important how good a vaccine is at generating antibodies to Wuhan strain,"* Mumper said. *"[We] need long-term data about the impact of the shot on the number of kids who get COVID in [the] community and have severe or mild [cases]."

Mumper said:

"U.S. VAERS data from Dec. 14, 2020, to June 3, 2022, for 6-month-olds to 5-year-olds show 1,658 adverse events, including 63 cases rated as serious and 3 reported deaths."

"The risk of a child dying if they have a diagnosis is 1,086/10,700,00 or 1086/10700000 = 0.00010149532. The risk of any child dying of COVID-19 over this time period is 1,086/73000000 = 0.00001487671."

"Forty-nine states have already bought vaccines for children in the age groups being debated,"* she added. *"Seems like a done deal."

FDA's vaccine advisors endorse Moderna's COVID vaccine for kids ages 6 to 17
The FDA's vaccine advisory panel on Tuesday voted unanimously to recommend Moderna's COVID-19 vaccine for children ages 6 to 17 after determining the benefits of the vaccine outweigh the risks for use.

VRBPAC voted 22 to 0 to recommend Moderna's two-dose vaccine for 6- to 11-year-olds at half the strength of the adult version, and 22 to 0 in favor of authorizing the shot for 12- to 17-year-olds at the same strength as adults.

During the public comment session, individuals expressed concern over recommending a vaccine for an age group that has an almost zero risk of experiencing severe illness or death from COVID-19 and has already acquired a high level of natural immunity.

Dr. Tom Shimabukuro, a vaccine safety official at the CDC, said some data suggest a higher risk of myocarditis among people 18 to 39 years old after receiving Moderna's COVID-19 vaccine, but findings were not consistent across various safety databases and were not statistically significant.

The CDC confirmed 635 cases of myocarditis, or heart inflammation, in the 5-to-17 age group out of almost 55 million doses of the Pfizer-BioNTech vaccine administered. The agency said the condition occurred most often in adolescent boys after receiving their second dose.

29-year-old's career came 'crashing' down after Pfizer COVID vaccine injury
In an exclusive interview with The Defender, Hayley Lopez, 29, said she developed postural orthostatic tachycardia syndrome (POTS) after receiving her first dose of Pfizer's COVID-19 vaccine and can no longer work.

Lopez said she didn't want the vaccine, but under the Biden administration's executive order, federal workers were required to get the vaccine or be fired.

Lopez, an air traffic controller at one of the U.S. Federal Aviation Administration's busiest facilities in the country, said she experienced side effects within 15 minutes of receiving the shot.

She first noticed arm and chest pain, and within three days experienced dizziness, shortness of breath, memory issues and stuttering.

Lopez said her symptoms include twitching, nerve pain, fatigue, high blood pressure, high heart rate, palpitations, lightheadedness, a feeling of vertigo and migraines.

She had difficulty locating a doctor who could diagnose her condition and recognize her symptoms were vaccine-related.

Lopez got a diagnosis from a physician after reading about POTS — a condition that affects blood flow and can result in symptoms such as lightheadedness, fainting and increased heartbeat, symptoms which appear when standing up from a reclined position.

Florida only state not to preorder vaccines for young children
Florida is the only state in the nation that did not place an order with the federal government for doses of COVID-19 for young children prior to U.S. health agencies authorizing the vaccines, Politico reported.

The deadline for placing a pre-order was Tuesday and 49 other states met the cutoff date.

The Florida Department of Health (DOH), said in a statement to Politico on Wednesday that it did not pre-order vaccines for kids 5 and under because it doesn't advise all children get vaccinated.

"States do not need to be involved in the convoluted vaccine distribution process, especially when the federal government has a track record of developing inconsistent and unsustainable COVID-19 policies," **the DOH statement said.**

Jeremy Redfern, press secretary for Florida's DOH, confirmed the department *"chose not to participate"* in the vaccination program.

"It is also no surprise we chose not to participate in distribution of the COVID-19 vaccine when the department does not recommend it for all children," **Redfern said.** ***"Doctors can order vaccines if they are in need, and there are currently no orders in the department's ordering system for the COVID-19 vaccine for this age group."***

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 at Agenda 21 in 1992 at Rio di Janeiro, Brazil 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 TO BE A 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. We know with total certainty that it is delivering a spike Protein that continues to replicate itself once injected into the human body. 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!

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. This is both an unsigned confession as well as a "Projection" of what they planned to do in their global genocidal plan.

Blessings,

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