Mass Murder

By Sovereign State Sanctioned Syringe Needle!
Part 72

Pfizer, CDC lied to Americans, FDA-approved COVID shot exists on paper only

by: Sara Middleton, staff writer | June 24, 2022

(NaturalHealth365) One of the big talking points of mainstream media, MD influencers, and public health officials throughout the pandemic has been that the COVID shot from Pfizer is *"fully approved,"* so people shouldn't worry and just get their two, three, or four doses. Apparently, all these people completely overlook the fact that dozens and dozens of FDA-approved drugs have been pulled off the market years or even decades later because they were found to cause harm.

The kicker? New information made available by the U.S. Centers for Disease Control and Prevention (CDC) reveals that nobody can even get the *"approved"* version of the shot anyway.

FDA-approved COVID shots exist only on paper, Pfizer and CDC openly admit that *"approved"* version of the shot will *"not be manufactured or made available"* It seems we now have proof from the CDC and Pfizer that no one in this country is or ever will get the FDA *"approved"* version of Pfizer's mRNA COVID shot, named COMIRNATY. Instead, the Pfizer mRNA shot being handed out is the one available under emergency use authorization (EUA) only.

If you missed it, COMIRNATY has nearly the same formulation as the COVID shot available under EUA. However, COMIRNATY is legally distinct and has technically earned an FDA approval stamp. It exists, essentially, on paper only – but why?

Did the FDA rush approval on this new-to-the-market drug just to keep the vax propaganda momentum going? To sway people who were on the fence about getting vaxxed, and lull them with the lie that the drug they're taking is fully FDA-approved?

On a webpage called *"COVID-19 Vaccine Related Codes,"* the CDC says it plainly when they state: *"The following vaccine NDCs and associated tradenames have been either submitted for FDA authorization (Pre-Authorization) or have been authorized or approved by the FDA under EUA or BLA License and may be included in FDA NDC files and Structured Product Labels (SPL)." "These vaccines are listed separately because they represent NDCs that will not be*

manufactured or made available in the near term even if authorized" **(emphasis ours). Immediately below this paragraph is a table with a list of vaxes. The very first one on the list: COMIRNATY.**

It is so curious why there was such a rush to approve this product, only to then admit that the "approved" product is not being administered nor manufactured. What's the legal loophole or propaganda trick trying to be manipulated here?

How long does it USUALLY take for drugs to get FDA approved, anyway?

The FDA and public health officials work tirelessly to push the narrative that these mRNA COVID jabs were not "rushed" or made hastily – simply that they were fast-tracked and given a "priority review" because of the urgency of the pandemic situation. But even if we take this to be true – and, to give them the benefit of the doubt, assume that no corners were cut along the way – it's still truly mind-boggling to hear just how quickly these new-to-human medications got into the bodies of men, women, and children.

Just consider this:
As noted by Nationwide Children's, it takes, on average, about *"ten years and hundreds of millions of dollars to get a new medication approved by the FDA. As a result, only about ten percent of potential drugs make it through the rigorous process to become FDA approved."*

You read that right: most drugs require at least an entire DECADE before they can finally earn the FDA seal of approval. And we're supposed to believe that the approval process for Pfizer's jab was completed as thoroughly as possible in mere *months*?

The above article and the one just below are further examples of how the government misleads the public in its scam to get people vaxxed against their better judgment. The CDC and FDA are notorious for their lying, deception, and fuzzy language to mislead. As Ohio congressman Jim Jordan asked Dr. Deborah Birx, *"Why should the American public believe anything said by the government?"* This past Thursday Dr. Birx was shaking and stammering, Says she doesn't know if government was lying about the jabs. It was a year ago when President Biden (or his doppelganger double) said if you are vaxxed you will not get re-infected. He lied too!

CDC Director Violates FDA's Emergency Use Authorizations and Posts Misinformation about COVID-19 Vaccines

ICAN | June 23, 2022

While Twitter has suspended and permanently blocked numerous individuals for posting so-called "misinformation" concerning COVID-19 vaccines, it has not done so to "health" authorities – those who arguably should be held to an even higher standard – when they blatantly share inaccurate information.

On June 18, 2022, CDC Director Rochelle Walensky posted a tweet with a video of herself discussing the CDC's recent recommendation of the COVID-19 shots for children under 5. In the video, Dr. Walensky made the following two claims:

- ***"We now know based on rigorous scientific review that the vaccines available here in the United States can be used safely and effectively in children under 5."***
- ***"We have taken another important step together on our fight against COVID-19 by making safe and effectivevaccines available for our little ones."***

But as Dr. Walensky should certainly be aware, in issuing Emergency Use Authorizations (EUAs), the FDA has not(under its ridiculously low standards) made a finding that these vaccines are *"safe and effective."* Instead, the grant of an EUA means only that the FDA has determined *"it is reasonable to believe that [each vaccine] may be effective"* and that *"it is reasonable to conclude, based on the totality of scientific evidence available, that the known and potential benefits of [each vaccine] outweigh the known and potential risks of the vaccine."*

By claiming – two separate times – that these vaccines are *"safe and effective,"* Dr. Walensky is misleading the public by suggesting these vaccines have met the legal standard required for licensure.

Worse yet, because her tweet is *"descriptive printed matter"* that is both advertising and promoting Pfizer's and Moderna's vaccines, the tweet itself is in violation of both EUAs issued to these companies because it does not "clearly and conspicuously" contain the required disclaimer that these products have not yet been licensed as safe and effective by the FDA.

ICAN, through its attorneys, has sent Dr. Walensky a formal letter demanding that she immediately remove the misleading tweet and we will keep you posted on the CDC's response.
Share this:

58 Babies who Received COVID-19 mRNA Vaccines Suffered Life-Threatening Injuries

June 27, 2022 RT Mag

RT Magazine conducted an analysis of the cases reported to CDC's voluntary Vaccine Adverse Event Reporting System (VAERS), on reactions among babies and toddlers up to 3 years old who received mRNA COVID-19 injections. The study revealed that at least 58 cases were reported of severe and life-threatening adverse events/ injuries. This information is in conflict with the FDA's briefing document that claimed that the majority of adverse events in Pfizers' clinical trial were non-serious. The VAERS reports were incomplete as it was unclear if the babies survived. It is also unclear whether they were part of the clinical trials.

The Pfizer clinical trials only examined adverse events limited to seven days after each of the doses – the first and the second dose. It is unethical to give a baby a

vaccine for a disease that the chances of getting severely ill or dying from it is almost zero while life-threatening adverse reactions/ vaccine injuries are very significant. The FDA should have been aware of so many serious adverse events, and if they did know about them, why did they ignore them?

An analysis of VAERS reports shows that contrary to the FDA's briefing document claiming that the majority of adverse events in Pfizers' clinical trial were non-serious – at least 58 cases of life-threatening side effects in infants under 3 years old who received mRNA vaccines were reported. For some, it is unclear if they survived. It is also unclear why the infants were vaccinated, and whether they were part of the clinical trials. However, in the upcoming FDA meeting on Wednesday, the FDA will not be able to argue it did not know.

- **While the FDA is preparing to approve the mRNA COVID-19 vaccine for infants and toddlers aged 6 months to four years, and claims in its' VRBPAC Briefing Document released today that the majority of adverse events found in Pfizers' trial were non-serious – Real-Time magazine analysis reveals at least 58 life-threatening adverse events in infants and toddlers aged under 3 years old reported to VAERS.**

- **The most common serious adverse events were life-threatening bleeding, anaphylactic shock, anticholinergic syndrome, encephalitis, hypoglycemia and neuroleptic syndrome. In most of the reported cases, these are multi-system injuries.**

- **In some cases it is not clear what happened to the babies – did they survive? And if so, have they recovered?**

- **Most reports do not specify under what circumstances the infants were vaccinated, and if they participated in the clinical trials.**

- **While the FDA claims in its' briefing document that the vaccine efficacy in infants is 80.4%, the document reveals that the claim is based on a total of 10 symptomatic cases of COVID-19 identified in the trial among 1415 participants – 7 of them in the placebo group vs. 3 in the vaccine group.**

"Chest pain; cardiac arrest; Skin cold clammy". This short description of a cardiac arrest, which occurred one hour after receiving a Pfizer-BioNTech COVID-19 vaccine, is taken from the VAERS system – the US Vaccine Adverse Eve Reporting System (case number 1015467), and it does not refer to an elderly person, nor to a young adult, or even a teenager. It is hard to believe, but this report refers to a two-month-old baby. *"A 2-month-old male patient received bnt162b2 (PFIZER-BioNTech COVID-19 VACCINE) lot number: EL 739, via an unspecified route of administration on 02 Feb 2021 at single dose for COVID-19 immunisation",* thus stated in the report. *"Patient administered vaccination, observed for 15 minutes left the clinic then returned one hour later on 02 Feb*

2021, presenting as skin cold, clammy and with chest pain, cardiac arrest event then developed, patient stabilised and transferred for further medical treatment… The outcome of the events was unknown. This case was reported as serious with seriousness criteria-life threatening from HA. No follow-up attempts possible. No further information expected".

How did a 2-month-old baby receive the mRNA vaccine? These vaccines have not yet received EUA (Emergency Use Authorization) for approved use in children ages five and under by the FDA, or any other regulatory authority, and even if it will, the EUA will only include babies 6 months and older.

Was this baby a participant in Pfizer-BioNTech's clinical trials, testing efficacy and safety among babies?

The answer is unclear. According to the person who wrote the report *"Unsure if patient was enrolled in clinical trial".* However, the author of the report also states that the report was "*received from a contactable Other Health Care Professional by Pfizer from the Regulatory Agency"*. This note implies that the infant might have actually participated in Pfizer's trial. The regulatory agency report Safety Report Unique Identifier GB-MHRA-ADR 24687611 – indicates that the report came from Great Britain (the first 2 letters in the report ID stand for the country of origin, GB- Great Britain, and MHRA indicate that the source of reporting was its' drug authority).

Why did they not follow up on the 2-month-old baby's condition, after going into cardiac arrest an hour after receiving an experimental vaccine? Why is there no further information? Is it because he died? Or was the baby removed form an experiment? Why would the author of the report not mention this?

Shockingly, it turns out that this incident is not isolated, but in fact one of many in the VAERS system, describing babies and children under five exposed to mRNA Covid vaccines, who suffered life-threatening adverse reactions.

Even though children under five were not considered eligible for these vaccines unless they were part of a clinical trial, astonishingly, it appears that there are many reports in the system describing babies and toddlers who were vaccinated. Some of the children suffered from life-threatening adverse events. In some cases, it is not clear what happened to them; did they survive and recover, do they still suffer from health problems, or did they die.

In a couple of days, on June 15, the FDA's Vaccines and Related Biological Products Advisory Committee will discuss Moderna and Pfizer's EUA requests for vaccines for infants and toddlers aged 6 months to 4 years – the only group not yet eligible for COVID-19 vaccination today. According to the FDA's briefing document released today ahead of the VRBPA committees' meeting, there were "245 US reports" to the VAERS system "in children 6 months through 4 years of

age", who were injected *("product administered to patient of inappropriate age" or "off-label use"*) or exposed to the vaccine *"via breastmilk".* Nevertheless, both companies announced already in May that their findings indicate that their vaccines are safe and effective. The VRBPAC Briefing Document lists a variety of adverse events reported following the exposure to the vaccine in this age group, including *"pyrexia…, body temperature…, cough, headache, rash, diarrhea"*. According to the document, *"Among US VAERS reports for individuals aged 6 months through 4 years, which may reflect unauthorized use of the vaccine or may reflect a reporting error, the majority (96.3%) were non-serious".* While the document specifies safety concerns identified from post-authorization safety surveillance data in VAERS, including anaphylaxis, myocarditis, and pericarditis, it does not relate to these safety concerns identified in the younger age group. Instead, it states: *"No unusual frequency, clusters, or other trends for adverse events were identified that would suggest a new safety concern".*

But is that really the case? It seems that regardless of the results, and despite the disturbing and shocking findings that are being exposed from Pfizer's documents, it is expected that both companies will receive the desired EUA very soon. In fact, the CDC website, already in April, had advertised a protocol regarding children's vaccination, which included babies 6 month to 4 years as well.

In light of this expected approval, RT Magazine conducted an analysis of the cases reported in the VAERS system referring to babies up to 3 years old.

Marine Corp Surgeon Testimony that Covid was a "Bioweapon" but Part of a Larger Agenda

Click title below to listen to Dr. Lee Merritt and read the full article

Targeted DNA Harvesting & Damage, De-Population

Posted: 30 Jun 2022 05:02 AM PDT

Dr. Lee Merritt discusses the DNA harvesting throughout history that has led to the targeted damage of human DNA, the "elite" bloodline that is immune to the bioweapon attack.

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

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PLANDEMIC News
Injecting Kids Without Consent
https://www.bitchute.com/video/4r8eR9lBBj12/

CDC LIES about vaccines to MURDER children
https://www.naturalnews.com/2022-06-27-cdc-lies-about-vaccines-to-murder-children.html

Science magazine admits covid "injections" are useless and harmful
https://wethepundit.com/science-magazine-admits-covid-vaccines-are-useless-and-harmful/

The FDA's "Future Framework" for Covid Vaccines Is a Reckless Plan
https://wethepundit.com/the-fdas-future-framework-for-covid-vaccines-is-a-reckless-plan-%e2%8b%86-brownstone-institute/

Inflation, Food, Energy, Supply Lines & Economics
Germany moves to "stage two" of emergency gas plan, citing high risk of long-term energy shortages
https://www.naturalnews.com/2022-06-27-germany-stage-two-emergency-gas-plan-shortages.html

Food Shortage Prep: 10 Foods Currently at Risk of Running Out
https://beprepared.com/blogs/articles/10-foods-currently-at-risk-of-running-out?utm_source=google&utm_medium=cpc&gclid=CjwKCAjwquWVBhBrEiwAt1Kmws53eK9gwIqX8n2zimhmQNgvsYv6je2IzfqodQ4z6PEGqJl182pTaRoCD0YQAvD_BwE

Thousands of cattle die in Kansas as attack on America's food supply continues
https://naturalnews.com/2022-06-26-thousands-cattle-die-attack-on-food-supply.html

A global food shortage "catastrophe" is unfolding, warns UN chief
https://naturalnews.com/2022-06-25-global-food-shortage-catastrophe-unfolding-un.html

The Great Reset
Depopulation Planning & Efforts of the 1960s & 1970s: An Outline
1960 - Birth Control Pill - The FDA approves.
https://www.pbs.org/wnet/need-to-know/health/a-brief-history-of-the-birth-control-pill/480/

The Club Of Rome Predicts The Future*
https://www.bitchute.com/video/NuJjeKzV8hlR/

Bill Gates is reported as a member of the Club of Rome
https://www.abc.net.au/news/2007-06-05/club-of-rome-member-warns-against-council/58734

The Deagle Report - Only 100m population forecast for the US as of 2025
https://verumetinventa.wordpress.com/2021/06/28/deagel-2025-depopulation-forecast-has-been-scrubbed/

"My Body, My Choice" Activists Malfunction When Asked About Vaccine Mandates
https://summit.news/2022/06/28/my-body-my-choice-activists-malfunction-when-asked-about-vaccine-mandates/

Serious Heart Inflammation 44 Times Higher After Covid Vaccination, Nature Study Finds
https://dailysceptic.org/2022/06/27/serious-heart-inflammation-44-times-higher-after-covid-vaccination-nature-study-finds/

CDC Confirmed Post-Vaccination Death From Blood Clotting 2 Weeks Before Alerting Public: Emails
https://www.theepochtimes.com/cdc-confirmed-post-vaccination-death-from-blood-clotting-two-weeks-before-alerting-public-emails_4556517.html

All reformulated Covid 19 shots will skip clinical trials if this vote is passed tomorrow
https://healthfreedomsummit.mykajabi.com/e/BAh7BjoWZW1haWxfZGVsaXZlcnlfaWRsKwh5waPBAQA%3D--8d1e93d1e40a22fd4dd1b3f3b9c145636d3c9148?skip_click_tracking=true

Inflation, Food, Energy, Supply Lines & Economics
Import-reliant Singapore now feeling the pinch of FOOD INFLATION
https://naturalnews.com/2022-06-22-import-reliant-singapore-feeling-pinch-food-inflation.html

Export bans put in place by different nations WORSEN food inflation
https://naturalnews.com/2022-06-28-export-bans-different-nations-worsen-food-inflation.html

Practical Food Preservation Tips for the Coming Food Crisis
https://www.brighteon.com/2cf43a94-9383-41cc-bca6-e1a91245444e

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Dutch farmers angry over mandatory measures to drastically reduce nitrogen emissions
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Dr. Peter McCullough, MD, MPH, Jun 27, 2022 Texas Senate HHS Testimony
https://rumble.com/v1acq3d-dr.-peter-mccullough-md-mph-jun-27-2022-texas-senate-hhs-testimony.html

5G and Your Health
https://www.truthforhealth.org/5g-and-your-health/
Todd Callender: The Role of Hospitals, Covid Injections And 5G In Genocide

Vaccine Injury Treatment Guide: Your Roadmap to Recovery
https://www.truthforhealth.org/2022/04/vaccine-injury-treatment-guide-your-roadmap-to-recovery/

STUNNING: At Today's Congressional Testimony, Dr. Deborah Birx Admits the Biden Admin's Vaccine Efficacy Claims Were Based on 'Hope' Not Science
Clip: https://rumble.com/v19l0h4-dr.-deborah-birx-admits-the-biden-admins-vaccine-efficacy-claims-were-based.html
Full Exchange: https://rumble.com/v19l081-rep.-jim-jordan-exposes-the-biden-admins-lies-on-vaccine-efficacy.html

Inflation, Food, Energy, Supply Lines & Economics
Fed May Devalue Currency to Save the Government; Supreme Court Could Overturn Biden's 'Red Flag' Gun Laws
https://www.theepochtimes.com/fed-may-devalue-currency-to-save-the-government-supreme-court-could-overturn-bidens-red-flag-gun-laws_4564764.html?utm_source=pushengage

Health Executives Warns Growing Food Crisis Will Contribute Millions Extra Death.
https://www.westernjournal.com/health-executive-warns-growing-food-crisis-will-contribute-millions-extra-deaths/?utm_source=Email&utm_medium=conservative-brief-WJ&utm_campaign=dailypm&utm_content=western-journal&ats_es=d68d1aff3875bcade5ef5292db136571

Did You Know That On July 28, 2020 The Rockefeller Foundation Published A Document Called "Reset The Table" ? It's all about the upcoming food shortages.
https://2ndsmartestguyintheworld.substack.com/p/did-you-know-that-on-july-28-2020?s=r&utm_medium=web

These Companies Will Cover Travel Expenses for Employee Abortions
https://www.nytimes.com/article/abortion-companies-travel-expenses.html

Catholic churches vandalized by abortion-rights advocates following Supreme Court ruling
https://www.americamagazine.org/politics-society/2022/06/28/church-vandalism-abortion-243252

Not surprising... Twitter Suspends Doctor for Sharing Study That Suggests Pfizer Vaccine Impacts Semen.
https://resistthemainstream.org/twitter-suspends-doctor-for-sharing-study-that-suggests-pfizer-vaccine-impacts-semen/

Chile Bans Discrimination Against Mutants and Genetically Altered People.
https://www.thedailybell.com/all-articles/news-analysis/chile-bans-discrimination-against-mutants-and-genetically-altered-people/

700 Million Worldwide Will Die From The Vax By 2028: Greg Hunter Interviews Dr. David Martin (1:03:20)
https://www.bitchute.com/video/FgvsNdQS0V0b

Top 7 SCARIEST COVID-19 post-vaccine adverse events MSM and CDC never mention for fear of vaccine hesitancy

#1. Dropping dead suddenly from "unexpected causes" a.k.a. SADS (Sudden Adult Death Syndrome)
#2. Weird, long, rubbery, fibrous blood clots (bio-structures)
#3. Myocarditis, irregular heart beats and heart attacks
#4. Cancer and tumors flare up out of the blue
#5. Catching and/or dying from COVID-19 or its variants
#6. Paralysis of arms, legs or face (Justin Bieber's "Ramsay Hunt" Syndrome)
#7. Suddenly suffering from GBS (Guillain-Barre Syndrome), AIDS, ADE, or VAED

Why Big Pharma Is Desperate to Get COVID Jab Into Babies

STORY AT-A-GLANCE

- **The rate of COVID-19 associated hospitalization among children aged 5 to 11 is just 0.0008%. In real-world terms, that's so close to zero you basically cannot lower it any further**
- **Despite that, the U.S. Food and Drug Administration's vaccine advisory panel — the Vaccines and Related Biological Products Advisory Committee (VRBPAC) — on June 15, 2022, unanimously approved to grant Emergency Use Authorization (EUA) to Pfizer's and Moderna's COVID shots for infants and young children**

- **Pfizer's EUA is for a three-dose regimen (3-microgram shots) for children 6 months to 5 years old; Moderna's EUA is for a two-dose regimen (25-microgram shots) for children 6 months to 6 years**
- **In granting this EUA, the FDA again ignored injury and death data and swept medical ethics aside**
- **The drug companies need this last remaining age group to be included under the EUA, because once the emergency is finally declared "over," the next phase of liability shielding requires that the shots receive approval by the CDC's Advisory Committee on Immunization Practices (ACIP). Once the vaccine is on the childhood vaccination schedule, the vaccine makers are permanently shielded from liability for injuries and deaths that occur in any age group, including adults**

Statistics show the rate of COVID-19 associated hospitalization among children aged 5 to 11 is 0.0008%.[1] In real-world terms, that's so close to zero you basically cannot lower it any further. Yet, despite such reassuring data, children in this age group are urged to get two to three doses of the COVID jab, even though side effects of the injection could harm them for life, or kill them.

As noted by the Vaccine Safety Research Foundation in the video below, myocarditis — one of the recognized effects of the COVID jab — *"has a mortality rate of 25% to 56% within three to 10 years, owing to progressive heart failure and sudden cardiac death."*

Sudden cardiac death is what the media and public health agencies are now glibly referring to as *"sudden adult death syndrome"* or SADS. The older and more appropriate description for SADS is *"sudden arrhythmic death syndrome,"* but they don't even want to use the word *"arrhythmic"* anymore, as that tells you what the death is really caused by, and many are now aware that the jab can cause heart inflammation.

By avoiding the word *"arrhythmic,"* it's easier for them to pretend as though people are dying for no apparent reason, and certainly not because of the COVID shots. Still, real-world facts tell us that SADS didn't take off until after the shots were rolled out, and the vast majority of young healthy people who suddenly die for no apparent reason have been jabbed.[2]

Also, understand that if your child or you are injured by the shot, you cannot sue the drug company for damages and, so far, the U.S. government has rejected all but one of the claims filed with the Countermeasures Injury Compensation Program (CICP).[3] At the current pace of about 18 claims a month, it would take 38 years just to get through the current backlog, Reuters has noted.[4] Basically, many may die before their case even gets through review.

COVID Jab Authorization Granted for Babies

As if the situation were not bad enough already, June 15, 2022, the U.S. Food and Drug Administration's vaccine advisory panel — the Vaccines and Related Biological Products Advisory Committee (VRBPAC) — unanimously approved (21-0) to grant Emergency Use Authorization (EUA) to both Pfizer's and Moderna's COVID shots for infants and young children.[5]

Pfizer's EUA is for a three-dose regimen (3-microgram shots) for children 6 months to 5 years old, while Moderna's EUA is for a two-dose regimen (25-microgram shots) for children 6 months to 6 years.

In the video at the top of the page, Steve Kirsch, president of the Vaccine Safety Research Foundation, interviews reporter Toby Rogers, who endured the entire nine-hour day of the recent VRBPAC meeting.

The day before that meeting, June 14, Rogers published[6] a written summary of Pfizer's trial on young children, which he referred to as *"an embarrassment." "Any VRBPAC member who votes Aye on this junk science application should be removed from his/her job,"* he wrote. Apparently, they all need to go.

In the interview, Rogers laments the fact that the VRBPAC members remain *"locked in their information bubble"* and won't allow any conflicting data to influence their preconceived biases.

As noted by Rogers, they have a sacred duty to protect public health, and they're being flippant about it. They're ignoring data, they're ignoring the pleas of the vaccine injured, they're ignoring serious questions, they're ignoring everything except the flimsiest bits and pieces upon which their narrative is built. Rogers called the experience *"heartbreaking."*

VRBPAC Refuses to Answer Lawmakers' Questions
The VRBPAC members aren't even swayed by concerns from lawmakers. They simply ignore their questions too. As reported by The Defender:[7]

"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 ...

Rep. Louie Gohmert (R-Texas) said there are many unanswered questions ... '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[8] 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.'"

Trial Showed COVID Jab Increases Infection Risk in Babies

In the video above, you can see Centers for Disease Control and Prevention director Dr. Rochelle Walensky, with a forced grin on her face, claiming *"rigorous scientific review"* has proven the shots to be safe and effective in infants and young children.

The video also features excerpts from a video in which Dr. Clare Craig, a diagnostic pathologist and "lover of data,"[9] reviews what this *"rigorous scientific review"* actually found and what the FDA and CDC aren't telling you. To hear Craig's full summary of how Pfizer twisted its clinical data for young children, check out the video below.

Craig points out that of the 4,526 children, aged 6 months to 4 years, who participated in Pfizer's trial, 3,000 didn't make it to the end of the trial. Why did two-thirds of the children drop out? Oftentimes, this happens when side effects

are too severe for the participant to continue. Here, we don't know why two-thirds of the participants were eliminated, and *"on that basis alone, this trial should be deemed null and void,"* Craig says. Moreover:

•Six of the children, aged 2 to 4 years, in the vaccinated group were diagnosed with *"severe COVID,"* compared to just one in the placebo group. So, what this actually shows is that the likelihood the shot is causing severe COVID is higher than the likelihood that it's preventing it.

•The only child who required hospitalization for COVID was also in the *"vaccinated"* group.

•In the three weeks following the first dose, 34 of the children in the vaccinated group and 13 of the unvaccinated children were diagnosed with COVID. That means the children's risk of developing symptoms of COVID within the first three weeks of the first dose actually increased by 30%. These data were ignored.

Between doses two and three, there was an eight-week gap, and the vaccinated arm again experienced higher rates of COVID. This too was ignored. After the third dose, incidence of COVID was again raised in the vaccine group, and this was ignored as well.

In the end, they only counted three cases of COVID in the vaccine arm and seven cases in the placebo group. They literally ignored 97% of all the COVID cases that occurred during the trial to conclude that the shots were "effective" in preventing COVID.

•While they claim the triple-dose regimen reduced COVID, 12 of the children actually caught COVID twice in the two-month follow-up, and 11 of them were vaccinated.

•The confidence interval for Pfizer's jab is -370% at the lower end of the 95%, which suggests children who get the jab are nearly four times more likely of getting sick with COVID than their unvaccinated peers.[10]

Unscientific and Unethical Behavior As reported by The Defender:[11]

"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."

As noted by the Vaccine Safety Research Foundation, vaccinating infants and children who have no need for the shots and don't benefit from them, just to "protect" adults, violates medical ethics. And since those who are jabbed still readily transmit the virus, the children are actually put at risk for no reason at all.

It's All About Securing Indemnification

So, how can we explain the irrational behavior of the FDA and CDC? Why don't any of the data matter? Why doesn't the science matter? Why don't any of the red flags matter? And why are they handing out EUAs when the criteria for EUA are satisfied? Products must satisfy four criteria in order to get EUA:

1. **There must be an emergency**
2. **A vaccine must be at least 30% to 50% effective**
3. **The known and potential benefits of the product must outweigh the known and potential risks of the product**
4. **There can be no adequate, approved and available alternative treatments (drugs or vaccines)**

Unless all four criteria are met, EUA cannot be granted or maintained, yet here we are. COVID, by any reasonable measurement, is no longer an emergency, there are plenty of adequate alternative treatments, and the potential benefits in no way, shape or form outweigh the potential risks — especially not in infants and children under 5. That's three out of four criteria that, clearly, are not met.

The short answer to the question, *"Why are the CDC and FDA acting so irrationally?"* is that both agencies are corrupt to the core and are no longer in the business of protecting public health. They are securing profits for the drug industry, and getting EUA for infants and young children is a crucial step toward securing permanent legal indemnity for the drugmakers.

They need this last remaining age group to be included under the EUA, because once the emergency is finally declared 'over,' the next phase of liability shielding requires that the shots receive approval by the CDC's Advisory Committee on Immunization Practices (ACIP).

Once the vaccine is on the childhood vaccination schedule, the vaccine makers are permanently shielded from liability for injuries and deaths that occur in ANY age group, including adults.

As explained by Robert F. Kennedy Jr., in the short video clip above, they need this last remaining age group to be included under the EUA, because once the emergency is finally declared "over," the next phase of liability shielding requires that the shots receive approval by the CDC's Advisory Committee on Immunization Practices (ACIP).

This is the group that decides which vaccines are to be added to the childhood vaccination schedule. Once the vaccine is on the childhood vaccination schedule, the vaccine makers are permanently shielded from liability for injuries and deaths that occur in ANY age group, including adults.

The only way to break that indemnity is by proving the vaccine maker knew about the safety issues and withheld that information. You can learn more about this indemnification process in "The Real Reason They Want to Give COVID Jabs to Kids."

So, the end goal is permanent immunity against liability for injury and death from the COVID shots in all age groups, and to get there, they first need the EUA to cover all children. After that, the ACIP approval becomes more or less a matter of rubber stamping. This is why they're playing Russian roulette with the health of infants and young children.

Murder Has No Statute of Limitation

That said, if fraud can be proven, all indemnity falls by the wayside, and there's no statute of limitation when it comes to murder, which some insist is what's happening here.

The video above features *"To The Lifeboats"* podcaster Sam Dodson's comments to the FDA VRBPAC during its open public hearing session to approve the COVID jabs for children between the ages of 6 months and 5 years. In a rapid-fire manner, he reviews several data points that ought to have put a halt to these injections, but didn't; several instances where the FDA knew harm was occurring from these shots, or would occur, and they did nothing.

Another public comment was submitted by an as-yet unidentified individual. The submitted comment was provided to and reposted on Coquin de Chien's Substack. Here are some select pieces:[12]

"This comment is NOTICE of possible criminal liability to Lauren K. Roth and members of the Vaccines and Related Biological Products Advisory Committee who owe duties of care, diligence, good faith, and loyalty in recommending 'for'

or 'against' the EUA amendment for COVID-19 mRNA vaccine in children 6 months through 4 years of age.

Only two deaths are listed herein to establish knowledge. If the amendment is approved, it will have been done by committee members 'knowing' of felony crimes in context. Your investigation of these deaths should include death certificates, autopsy records, witness interviews, and immunization records.

Massachusetts Death Certificate 2022 SFN 5980 is a 7yo girl died January 18, 2022 listed as died from U071 'COVID-19,' B49 'unspecified mycosis,' J450 'predominantly allergic asthma,' and R091 'pleurisy.'

VAERS_ID 2038120 is a 7yo girl in Massachusetts, who received her 2nd dose 1/13/2022 and was reported to VAERS 1/15/2022. PRIOR_VAX states, 'Severe nausea and vomiting from 5 min post vaccination and for the next 8-10 hours.'

SYMPTOM_TEXT states, 'Spiked a 103 fever, severe stomachache, has not had a bowel movement since the day before vaccination, which makes today 3 days without one. First vaccine caused severe nausea and vomiting from 5 minutes post injection and for the next 8-10 hours.' This little girl suffered immeasurably 4 to 5 days as her intestines shut down due likely to impeded blood vessels servicing intestines.

Massachusetts Death Certificate 2021 SFN 56611 is a 48yo man died 11/16/2021 listed as died from U071 'COVID-19' and E669 'OBESITY.' SFN 56611 is known to have died less than 24 hours after inoculation.

In both cases, the Medical Examiners listed the cause of death as 'COVID-19,' when it was clearly not COVID-19. And in both cases, the Medical Examiners omitted listing causes Y590 'Viral vaccines' and T881 'Other complications following immunization, not elsewhere classified,' when these clearly were proximate and actual causes.

Death certificates from the state of Massachusetts are sent to the CDC, a federal entity. Thus, fraud on a state death certificate is a federal crime as it affects federal death records. Several federal felony crimes apply in this instance and are listed below.

If you dismiss this NOTICE and recommend the EUA amendment without first investigating these two deaths, you become liable for inchoate crimes and the felony crime of 'misprision of felony.' If a single person subsequently dies as a result of the amendment, all the elements will have been satisfied for you to face felony murder charges or involuntary manslaughter. Qualified immunity is not a valid defense ...

There were found sixty likely C19 vaccine deaths in a 25-minute perusal of the 2021 and 2022 death certificates, which extrapolates to hundreds, probably thousands of C19 vaccine deaths in Massachusetts.

Refusal to investigate these fraudulent records is a crime that, because of the felony murder aspect, has no statute of limitations. Five, ten, or twenty years from now, if a federal prosecutor were to learn of this NOTICE, he or she would have significant evidence to bring charges for felony murder.

In summary, this NOTICE places you in a position requiring you to investigate these deaths prior to recommending the amendment. If you dismiss this NOTICE, you may be criminally liable for involuntary manslaughter, felony murder, and a list of federal crimes and inchoate crimes ... Comment Tracking Number l4d-m52d-ge4m."

Florida Bucks the Trend

My home state of Florida now stands out as the only U.S. state that is recommending AGAINST the COVID jab for 6-month-olds to 5-year-olds. Parents can still get their infants jabbed if they want, but the official state recommendation is not to do it, as there's simply no scientific or logical rationale for doing so.

Florida also did not preorder any extra doses for this age group.[13] In a June 18, 2022, Substack article, Dr. Robert Malone addressed the latest EUA authorization for infants and young children, and applauded Florida Gov. Ron DeSantis' decision to buck the trend. It's hard to believe he is the only governor in the U.S. who resisted this murderous threat to the children:[14]

"Have you looked at the VAERS data lately? The CDC apparently has not. In the USA alone, there have been 831,801 adverse events, of which 12,776 are life threatening. There have been 63,978 hospitalizations. There have been 13,293 deaths and 14,232 permanent disabilities from these vaccines.

True, these are 'unverified' — but previous research has shown that the VAERS system under-reported adverse events associated with vaccines, not over-reported ... Then there are the international post-vaccine adverse event summaries.[15]

The CDC, under Freedom of Information Act Request (FOIA) has now admitted[16] that even though they had promised to analyze the VAERS data before advising about these vaccines for children, they did not.

The VAERS data were NOT taken into consideration before the authorization of these genetic agents for babies and young children. Frankly, this is shocking. So shocking, it is hard for me to even write about it.

Now, approximately 430 children with other severe illnesses have died with COVID in the last 2.5 years (that would be 172 per year). Plus there have been 2,600 hospitalizations of children, most with underlying conditions — over that 2.5 year period. These numbers show that even before Omicron, in the case of children, COVID is less severe than flu ...

Omicron in children is much less severe. We know this. The scientific evidence is clear. Yet the FDA goes back to data from the DELTA variant when discussing the effects of this virus ... Governor DeSantis again has it right. It is time to stop. Parents must stop. The time is now to just say no."

Last but not least, if you're still unsure whether the COVID shot is the "right" choice for your child, please read through Dr. Byram Bridle's "COVID-19 Vaccines and Children: A Scientist's Guide for Parents,"[17] published by the Canadian Covid Care Alliance. It goes through how the shots work, what the known side effects are, results from the clinical trial, the effects of the spike protein and much more.

SMOKING GUN: CDC deliberately withheld truth from public about covid vaccines causing fatal blood clots

Monday, June 27, 2022 by: Ethan Huff

(Natural News) For a full two weeks, the U.S. Centers for Disease Control and Prevention (CDC) knowingly allowed the general public to get injected with Janssen's (Johnson & Johnson) "vaccine" for the Wuhan coronavirus (Covid-19) without telling them that the experimental jab causes deadly blood clots.

In late 2021, the CDC finally confirmed that a person had died from blood clotting following the injection, determining that the shot does, in fact, coagulate the blood and possibly lead to death. The private corporation posing as a federal agency, however, took its sweet time letting the public know about it.

Dr. Tom Shimabukuro, a CDC official, told both his colleagues and the U.S. Food and Drug Administration (FDA) on Dec. 2, 2021, that *"We have confirmed a 9th TTS death following Janssen vaccination."* This email was obtained via a Freedom of Information Act (FOIA) request.

TTS, by the way, refers to thrombosis with thrombocytopenia syndrome, a condition marked by low platelet levels and blood clots.

Earlier that year in April, government officials had recommended hitting the pause button on that particular brand of Fauci Flu shot after six women developed TTS following the injection. Three of these women later died.

The pause was lifted not long after, however, with government officials declaring that despite the deaths, the shot from Janssen is perfectly "safe and effective" and nobody should worry.

The CDC couldn't care less about your health – only profits
In the months following these women's deaths, almost nothing was said publicly by the government about it, or about the possible risks involved with the Janssen shot. This is despite the fact that five more people died before the end of summer last year from the very same condition.

In mid-October, Shimabukuro gave a single update about the issue, briefly admitting that five more people had died before moving on to other subject matter.

Then December came, and by that time *nine* people had died from jab-induced TTS. Shimabukuro quietly notified his colleagues about it, telling them to be careful administering the shot to certain high-risk people.

Two days later, Dr. Isaac See, another official at the CDC, informed the public that nine people had, in fact, died from TTS after getting injected for the Fauci Flu with a Janssen needle.

***"It's unclear when the CDC learned of the sixth, seventh, and eighth deaths," The Epoch Times* reports.**

A quick look at the Vaccine Adverse Event Reporting System (VAERS) shows that there have actually been many more cases of post-injection TTS death than the CDC admits. The nine deaths are just those that the CDC has officially *"confirmed."*

After notifying his colleagues about all this, Shimabukuro's message was reportedly forwarded on to Dr. Amanda Cohn, who then passed it on to CDC head Dr. Rochelle Walensky.

***"See below, information on a 9th completely tragic death from TTS,"* Cohn wrote in her email to Walensky (it sounds a bit sarcastic, does it not?).**

***"Many thanks for letting us know (about) any tragic case,"* Walensky responded (also a bit sarcastic?).**

A closed-door meeting was held just days later to give an update to the COVID-19 Vaccine Safety Technical Work Group, which is part of the CDC's vaccine advisory panel. It then took another 14 days before the public was notified about the deaths.

"That happened during a virtual meeting of the advisory panel that anyone was free to tune into," the *Times* explains, pointing out the fact that this pertinent information was not reported on by the media, but rather slipped by in a virtual meeting that almost nobody actually saw.

Official Government Data Record 74,783 Deaths and 5,830,235 Injuries Following COVID-19 Vaccines In The U.S. And Europe

The European Medicines Agency (EMA) database of adverse drug reactions is now reporting 45,752 deaths and 4,522,307 injuries following COVID-19 vaccines, while the United States' vaccine adverse events recording system (VAERS) is now reporting 29,031 deaths and 1,307,928 injuries following COVID-19 vaccines. We know that as huge as these numbers are which are official government statistics, that they only represent a very small fraction of the total number of deaths and injuries suffered by those who chose to receive COVID-19 vaccines during the past 18 months.

Last year, Dr. Jessica Rose did a comprehensive analysis to determine the *"under-reported factor"* in VAERS, and came up with 41X, meaning that the recorded data for adverse reactions to COVID-19 vaccines in VAERS had to be multiplied by 41 to get more accurate numbers. However, now that more time has elapsed since this study was performed, many feel that 41X is significantly too low, and should be closer to 100X, which is the number that was previously used based on a 2011 report by Harvard Pilgrim Health Care, Inc. for the U.S. Department of Health and Human Services (HHS).

So if we take the publicly available data from VAERS and the European EMA and multiply by 100, these would be the true numbers of adverse events following COVID-19 vaccines: 7,478,300 deaths and 583,023,500 injuries in Europe and the U.S. Is there any evidence available to corroborate these kinds of numbers of people who died and were injured from the COVID-19 vaccines? Oh yes, there most certainly is! Former Blackrock Fund Manager Edward Dowd was one of the first to sound the alarm about the massive increase in payouts for life insurance and health insurance benefits in February of this year (2022), as insurance companies began reporting on their earnings from 2021, the year the COVID-19 vaccines were rolled out.

We also published an article about a week ago from Margaret Menge reporting that a 163% increase in death benefits was paid out for group life insurance policies by the 5th largest life insurance company in the U.S. in 2021. This is creating tremendous shortages of human resources in the economy as the entire financial system is heading towards a collapse. When will the masses wake up to the fact that their governments and Big Pharma have an agenda, a very evil agenda, to reduce the world's population which is now a year and half old? And when they finally do wake up, will it be too late? Will they be sitting in a FEMA camp somewhere hoping that the government is going to give them enough food

to stay alive?
by Brian Shilhavy
https://earthnewspaper.com/2022/06/28/official-government-data-record-74783-deaths-and-5830235-injuries-following-covid-19-vaccines-in-the-u-s-and-europe-by-brian-shilhavy

Frontline doctors develop protocol to help those injured by COVID jab

by: Sara Middleton, staff writer | June 29, 2022

(NaturalHealth365) Since the late 1980s, the number of petitions filed with the United States National Injury Compensation Program (VICP) seeking compensation for injury or death caused by vaxxes has increased considerably. Last year's total (2,057) neared the historical peak of 2003 (2,592). It's yet to be seen how the trend will play out over the next few years.

Incredibly, more than half of these petitions have been dismissed, and not all cases that received actual compensation were necessarily able to "prove" that a vax caused the purported injury or illness (although one could safely surmise that the entire VICP process is bogged down with bureaucratic red tape and other behind-closed-doors decisions that protect the best interests of anyone *but* the vax-injured). Regardless, the point is clear: people have and will continue to be injured by the COVID shots currently authorized for use by the Food and Drug Administration (FDA).

Thankfully, while many public health officials, Big Pharma folks, and conventional healthcare providers are sticking their heads in the sand, some frontline doctors are taking a stand – and possibly risking their medical licenses by doing so – to help those who are harmed.

No conspiracy here: Children and adults *are* getting hurt by COVID-19 shots … but are they being listened to?

It's hard to claim that we're still in an "emergency" state when it comes to the pandemic (although that certainly isn't stopping the FDA from authorizing the "emergency" use of the gene-based COVID shots for virtually everyone in the United States older than 6 months old).

Meanwhile, data continues to emerge that muddies the water for anyone trying to make informed decisions about these injections. For instance, getting vaxxed seems to *increase* your risk of getting COVID-19 (a painfully ironic phenomenon known as "negative efficacy,") which we can infer from the observation that highly vaxxed countries suffer from soaring infection and death rates compared to low vaxxed countries.

Additionally, as summarized by Dr. Joseph Mercola in a recent newsletter, official vax safety surveillance data confirm that the mRNA jabs have *"caused more harm*

in 18 months than all other vaxxes on the market, combined, over the past three decades." **And that's even leaving alone the likelihood that VAERS is not capturing the true incidence of adverse effects from the COVID jabs due to the frustrating reality of adverse event underreporting.**

Of course, acknowledging that people are suffering serious and sometimes fatal issues because of these heavily propagandized drugs in no way ignores the fact that people have also been suffering because of COVID-19. But bringing to light this issue hopefully *will* encourage more providers to at least put vax injury on their radar when seeing people suffering from problems such as strokes, fall-related injuries after fainting episodes, heart inflammation, worsening chronic illness, "sudden unexplained deaths," and more.

Because truthfully, if doctors aren't even *considering* the possibility that their patients' suffering could be related to recent jabs due to ignorance or fear of professional repercussions, how would a potential link ever be uncovered?

If patients aren't listened to when they show up to urgent care clinics and emergency rooms, if their concerns are downplayed or ignored, or *if their symptoms aren't reported to VAERS,* then how exactly will ongoing safety monitoring of these shots ever be appropriately carried out?

Here are some things you can do if you develop post-vax syndrome following a COVID shot, according to frontline experts.

The Frontline COVID-19 Critical Care Alliance (FLCCC) is a group of healthcare providers – led by esteemed Pulmonary and Critical Care Specialists Dr. Pierre Kory, M.D., M.P.A., and Dr. Paul E. Marik, M.D., FCCM, FCCP – who have created and shared life-saving, evidence-based protocols for patients throughout the pandemic (protocols that often go against mainstream messaging and are therefore frequently censored). Now, they've developed a protocol specifically for people who have suffered illness or injury following a COVID jab.

The FLCCC endorses the importance of such a protocol given that *"a temporal correlation between a patient receiving a COVID-19 vaccine and beginning or worsening of clinical manifestations is sufficient to diagnose as a COVID-19 vaccine-induced injury when the symptoms are unexplained by other concurrent causes."*

If you're curious, here are some "first-line" treatments from the FLCCC Alliance's "I-RECOVER POST-VACCINE TREATMENT PROTOCOL" (the protocol includes many more treatments as well, including several non-pharmacological options):

- **Intermittent daily fasting**
- **Vitamin C,**
- **Vitamin D3,**

- **Vitamin K2 [Do not take K2 if you are on Blood Pressure medicine or taking a blood thinner. K2 is a clotting agent –Pastor Bob]**
- **Magnesium**
- **Melatonin**
- **Quercetin with Zinc**
- **Nigella Sava**
- **Omega-3 fatty acids**
- **Ivermectin**
- **Aspirin**

Readers note: the FLCCC encourages patients to consult with a healthcare provider before starting any new treatment protocol, and that any treatment protocol should be individualized based on each patient's needs. Keep this in mind as you search for a healthcare provider you can trust with your family's health and well-being.

Pro-Vaccine Masses Who Survived COVID Injections Targeted for Monkeypox Vaccines as Depopulation Plans Advance

Posted By *AdminM* On June 29, 2022
by Brian Shilhavy
Editor, Health Impact News

The vaccine industry is committing suicide.
It was announced this week that the CDC has ordered 1.6 million doses of Bavarian Nordic's smallpox and monkeypox vaccines to be injected into people during the second half of 2022, starting with 56,000 doses immediately, another 240,000 doses in the coming weeks, then another 750,000 doses over the rest of the summer with another 500,000 doses in the fall.

With the carnage that has just occurred for the past 18 months where 7,478,300 people were killed and 583,023,500 people were injured by experimental COVID shots [1] in the U.S. and Europe, who in the world would fall for the lies of Big Pharma and their crony politicians again, and sign up to get these shots?

Certainly not the anti-vaxxers, and certainly not those who were foolish enough to get the COVID shots, were injured by them, and then woke up to the fact that they were lied to and hence suffered tremendously.

No, these shots are obviously targeting those who survived the COVID shots, believed the shots somehow conferred benefit on them since they are still alive and breathing, and trust the medical tyrants to cure their fear of the fake monkeypox pandemic which has not even really started yet.

Most of them are probably suffering some kind of skin infection that was probably produced as a side effect from the COVID shots, such as shingles [2], and they will be

led to believe they have some dreaded new form of monkeypox that needs another vaccine.

This is vaccine marketing suicide, as they are killing off and crippling the vaccine cult members, and destroying their repeat business. Obviously reducing the world's population is a worthy goal in their minds, so much so they are sacrificing the future of the vaccine business model by destroying their future customers.

Amid monkeypox outbreak, U.S. officials plan to release 1.6M doses of Bavarian Nordic's Jynneos vaccine
by Eric Sagonowsky
FiercePharma [3]
As a monkeypox outbreak quietly gains steam in the U.S. and elsewhere, American health officials are laying out a plan to stop it. One major component is vaccinations.

Tuesday, officials with the Centers for Disease Control and Prevention (CDC) revealed a plan to make available 1.6 million doses of Bavarian Nordic's smallpox and monkeypox vaccine Jynneos by the end of the year, according to press reports. Of that total, officials will immediately make available 56,000 doses in areas of high transmission.

They'll follow that release with another 240,000 doses in the coming weeks, then with another 750,000 doses over the rest of the summer, *'USA Today'* reports [4]. The officials plan to release another 500,000 doses in the fall, taking the total supply to around 1.6 million doses.

The doses are intended for people with known exposures to the virus or those who are at high risk. At a briefing, CDC official Jennifer McQuiston said that intimate or sexual contact appears to be a "primary driver for transmission," as quoted [4] by *'USA Today'.*

Officials say people should get vaccinated if they have had a sexual partner diagnosed with the illness. Men who have sex with men—and who have had multiple partners in areas of high transmission—should seek vaccination as well, officials said.

Bavarian Nordic's Jynneos vaccine has been in high demand for more than a month since monkeypox cases started cropping up in Europe and North America. In the U.S., the vaccine won approval [5] in 2019 to prevent smallpox and monkeypox in people determined to be at high risk.

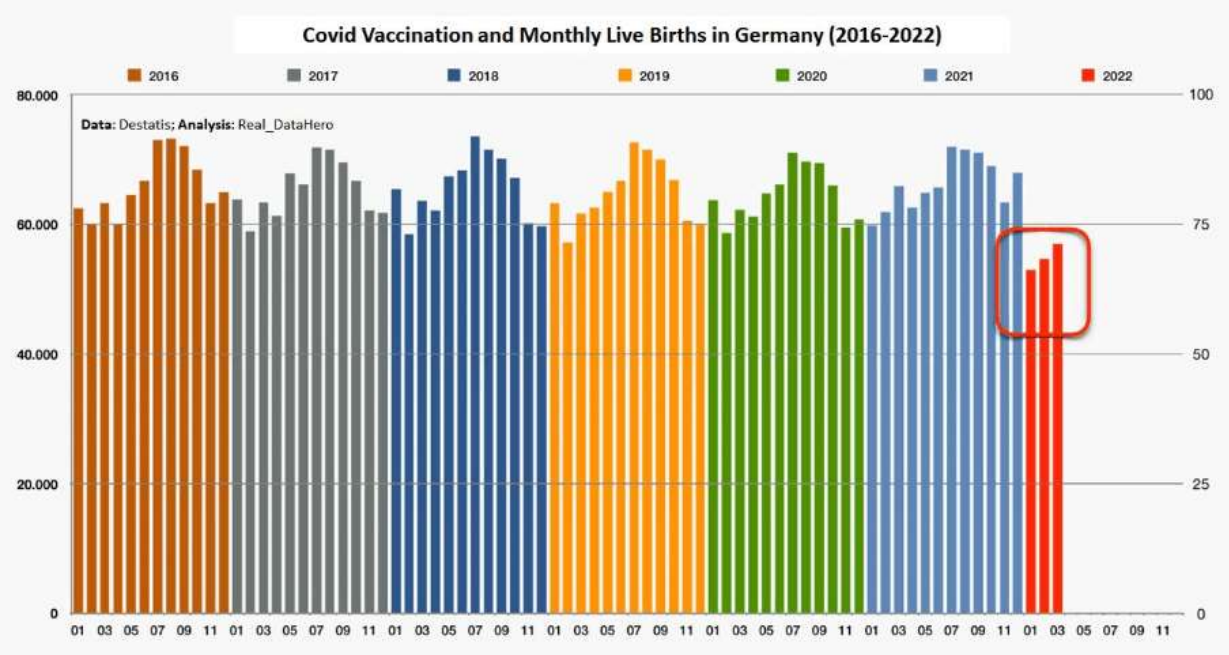
Outside of the U.S., Bavarian Nordic in mid-May inked [6] a vaccine order with an unnamed European country. After that order, the company has twice lifted its 2022 revenue forecast after more orders came in.

Also on Tuesday, CDC officials said they're starting [7] up a Emergency Operations Center to respond to the monkeypox outbreak. The center will be staffed by 300 people. Read the full article at **FiercePharma [3].**

Related:
[MonkeyPox Vaccine Has HIGHER Rates of Heart Disease Side Effects than COVID Vaccines and the CDC Wants to Inject them Into Your Children] [8]
[Monkeypox Renamed for Shingles? COVID-19 Vaccines Increase Risk of Shingles by 4,925%] [2]
[Monkeypox is Following the COVID Playbook Step by Step] [9]
[Plandemic II Launched to Keep Pandemic Funds Flowing to Big Pharma: MonkeyPox] [10]

Birth Rates Drop Worldwide Following Mass COVID-19 Vaccination in 2021

Posted By *AdminM* On June 29, 2022 @ 4:38 pm In Headline News



Comments by Brian Shilhavy
Editor, Health Impact News

More evidence that the COVID-19 mass vaccination programs were specifically designed to reduce the world's population to fit the "Green Agenda" that the earth can no longer support current population levels continues to be reported, as now statistics show declining birthrates worldwide following the COVID-19 vaccine roll outs in 2021. As we have recently reported, the COVID-19 vaccines cause a higher percentage of miscarriages than even the abortion pills.

[82% Pregnant Women Getting COVID Vaccine have Miscarriages – More than the Abortion Pill] [1]

It is truly amazing to see how evil and criminal our health officials in government, such as CDC Director Rochelle Walensky, have become when they go on TV and blatantly lie to the American people about the safety and efficacy of these killer COVID vaccines. The pharma-funded corporate media is also complicit with mass murder and criminal intent to harm.

This is a worldwide catastrophe unfolding right before our eyes, as labor shortages are already crippling our economy due to how many people have died and been crippled by the vaccines, and now we see that there is little hope of replenishing the work force anytime soon, as birth rates rapidly decline and young, child-bearing adults become infertile.

We truly live in evil times!

If there is any small consolation in all of this, it is the fact that the "anti-vaccine" people who still have their minds and souls in tact because they did not bow down and submit to these evil demonic tyrants, will be the ones who are still fertile and reproducing human life in the future.

The pro-Darwinian motto of *"survival of the fittest"* is going to take on a whole new meaning in the years ahead, if God does not completely destroy the planet first and start over with the promised **Messianic New World Order** [2].

Covid Vaccines and Infertility
Why are birth rates plummeting in the United Kingdom, Germany, Sweden, Netherlands, Switzerland, and Taiwan — nine months after mass covid vaccinations?
by KanekoaTheGreat [3]

Germany
Germany reported a **13% decline** [4] in births between January and March 2022 compared to the same period in 2021. [5]

United Kingdom
The United Kingdom reported a **7.7% decline** [6] in births with 75,670 births between January and February 2022 compared to 82,042 births during the same period in 2021. [7]

Switzerland
In Switzerland, birth rates have also plummeted since the introduction of the covid vaccines.
[8]Source: **SWPRS** [4]

Taiwan
Taiwan reported a **23.2% decline** [9] in births in May 2022 compared to the same month in 2021.

Igor Chudov, the author of a popular covid newsletter wrote [10], "When expressed in "sigmas", units of standard deviation, the 23.24% drop in the birth rate in Taiwan is a 26-sigma event! This is can be described as *"unimaginable"* in terms of the likelihood of happening due to random chance." [11]

Sweden
Sweden, without lockdown and school closures, reported a 6.6% decline [12] with 35,454 births between January and April 2022 compared to 37,950 births during the same period in 2021.

The decline in birth rates is 6.9% for that same time period when compared to the average of 2019-2021.

Netherlands
Netherlands reported a **6.3% decline** [13] with 53,090 births between January and April 2022 compared to 56,671 births during the same period in 2021.

In conclusion, data from around the world shows a substantial monthly decrease in birth rates from January 2022 to April 2022 compared to previous years.

Bio-distribution studies show [14] that Pfizer's mRNA vaccine lipid nanoparticles do end up in the ovaries and testes and subsequent studies have shown that **covid-19** [15] and **covid vaccines** [16] lower sperm counts.

Furthermore, the rate of fertility problems reported [17] on the CDC's VAERS database for the covid vaccines are astronomical.

Prior to the introduction of the mRNA vaccines, there were about 1,500 reports of fertility problems over the 31-year history of VAERS for all vaccines combined.

There are **15,000 reports** [17] of fertility issues from the covid vaccine alone, which accounts for 95% of all the fertility issues in the history of VAERS.

In the United Kingdom, there are more than **30,000 reports** [18] of menstrual changes after covid vaccinations.

Why are birth rates plummeting in the United Kingdom, Germany, Sweden, Netherlands, Switzerland, and Taiwan — nine months after the beginning of covid mass vaccinations?

Children are statistically at-or-near **zero risk** [19] of being hospitalized or dying from covid-19.

The mass vaccination of children must stop now.
Read the full article at **Kanekoa's Newsletter** [3].

FDA Panel Votes to Waive Clinical Trials for New COVID Boosters

By Megan Redshaw | The Defender | June 29, 2022

The U.S. Food and Drug Administration's (FDA) vaccine advisory panel on Tuesday voted 19 to 2 to recommend new COVID-19 booster shots that include the Omicron variant this fall.

The FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) did not issue guidance on whether additional data would be needed to recommend an updated composition of the primary-series vaccines authorized for emergency use in the U.S., or whether it would be appropriate to continue to use a primary-series vaccine as a booster.

It is the first time VRBPAC has suggested vaccine makers modify their vaccines to target a different variant, according to CNBC, which also reported the FDA will likely accept the committee's recommendation.

If so, the FDA would be authorizing a vaccine change without requiring additional data showing a bivalent vaccine — containing both the original 2019 Wuhan variant and one of the Omicron variants — is safe and effective for those age groups that are already authorized to receive a booster dose.

The FDA plans to decide by early July whether vaccines will target the now-dominant BA.4 and BA.5 Omicron subvariants or the BA.1 Omicron variant that led to a surge in infections last winter, Reuters reported.

At the beginning of the meeting, Dr. Peter Marks, director of the FDA's Center for Biologics Evaluation and Research, suggested a newly designed shot could begin in October, adding that it takes manufacturers around three months to choose a vaccine design and begin producing doses.

Dr. Paul Offit, director of the Vaccine Education Center and professor of pediatrics in the Division of Infectious Diseases at Children's Hospital of Philadelphia, and Dr. Hank Bernstein, professor of pediatrics at Zucker School of Medicine, were the only two members who broke from the panel to vote against the initiative.

Offit acknowledged there's a benefit to providing a booster in the fall to some age groups, but questioned whether Omicron was the right strain. He said the move to new-variant vaccines was happening too fast, with too little data.

"I think as a new product it should be handled as a new product,"* Offit said*. "I think we need a higher standard than what we've been given. …"I'm not comfortable enough to support the risk of a new product."

Bernstein expressed concern over the lack of data used to justify changing the strain, and the potential that by the time a subsequent booster is approved, it will contain outdated strains.

***"So, in sum, I think including an Omicron strain in the vaccine seems to have some potential, but data especially for BA.4 and BA.5 are limited at this time, and that's why I'm struggling to even make a strain change at this time,"* Bernstein said.**

Bernstein also said he didn't see a need to change the strain as the current vaccine being used is shown to be effective against severe disease — a claim made just two weeks earlier at a prior VRBPAC meeting.

Bernstein said the strain change would need to be supported by data showing improved vaccine effectiveness and he "didn't think we really have the data to be able to say that" even though the panel looked at the immune response.

Dr. Ofer Levy, VRBPAC member and an infectious disease physician at Boston Children's Hospital, voted "yes" to change the computation of COVID-19 boosters, despite Pfizer's admission there is *"no established correlate of protection,"* referring to the level of antibodies needed to confer protection.

"You have a lot of data now,"* Levy told Pfizer. *"What is your relative protection?"
***"I would say there is no established correlate of protection,"* Kena Swanson, Ph.D., vice president of viral vaccines at Pfizer, told Levy.**

Levy circled back during the meeting:
"I would like to hear from FDA what their overall approach will be around improving our understanding of correlate protection. We spend a good amount of time reviewing antibody data. We have no doubt antibody data is important. We don't have a level of antibody that anybody is comfortable stating is correlated [with] protection."

"So yes, the antibodies are important but so are the T cells. We heard from Dr. Weir, yes, T-cell assays are trickier and they're more diverse, but it's not going to happen without federal leadership to have a standardization of the T-cell assay and encourage or in fact require the sponsors to gather that information."

"So what is the effort to standardize the pre-clinical assays?"* Levy asked. *"This is an effort that's critical not just now but for future cycles of vaccine revision. If we aren't able to define a standard for correlate protection we are fighting with one arm behind our back."

Marks acknowledged the importance of Levy's question, but said T-cell-mediated immunity was *"difficult to study"* initially.

"We have been having conversations with our colleagues at the NIH [National Institutes of Health] and throughout government about how we might move forward here," **Marks said.** ***"It is something that we don't have an answer to yet."***

Marks said as vaccines are developed in the future, it will ***"become even more important" to define a standard of correlate protection because "we won't be able to have a large naive population to vaccinate with newer vaccines."***

"We will need to understand the T-cell response better," **Marks said.** ***"I take your point, it's just that we haven't solved the problem yet."***

Dr. Meryl Nass, a member of the Children's Health Defense scientific advisory committee, told *The Defender* that in her opinion, Tuesday's meeting was a ***"vote to essentially approve a future framework — the future framework being a dearth of evidence required to change the booster, without clinical evidence and without a correlation of protection."***

Nass added:
"They voted on using an Omicron variant in the next booster iteration — which could contain any Omicron variant and could be either mono- or bi-valent.

"But most likely they will keep the current version and add another — which might double the amount of mRNA, or not."

The new formulation might be for adults alone or adults and children, or only older adults and the immunocompromised, Nass said.

Brian Hooker, Ph.D., Children's Health Defense chief scientific officer and professor of biology at Simpson University, told *The Defender*:

"The proposed move by VRBPAC will increase the harm to the U.S. public to unprecedented levels, as this action will further circumvent necessary clinical trials even beyond the slapdash testing of COVID-19 vaccines under Emergency Use Authorization."

"This adds to a foundation of lies used to authorize the original COVID-19 vaccines without anywhere near proper testing."

Dr. Cody Meissner, VRBPAC panel member and professor of pediatrics at Tufts University, expressed concern about the financial risk pharmaceutical companies ***"are taking by making these vaccines."***

"If there's a low likelihood the vaccines will be recommended, then they could incur significant loss," **he said.**

Marks responded:

"I guess I would say that I would make recommendations here knowing the vaccine manufacturers will be kept whole by the United States government at least for some vaccines. I could be wrong but I think that's a reasonable assumption."

During the meeting, Moderna told the panel it would be ready with a *"couple of hundred million"* bivalent, or double-targeted, vaccines designed to combat BA.1 by September, but it would be late October or early November if the company needs to design a new vaccine targeting subvariants.

Pfizer said it and partner BioNTech have a significant amount of vaccine doses designed for the BA.1 variant ready and are already preparing to produce a large number of doses targeting BA.4 and BA.5 Omicron subvariants.

Pfizer said either could be ready for an early October rollout.

Multiple concerns raised during the public comment session.
During the public comment session of the meeting, experts raised concerns that were largely ignored by the advisory panel.

Dr. Dustin Bryce, with Interest of Justice, said the FDA, Centers for Disease Control and Prevention (CDC) and the World Health Organization are "usurping Congress' definition of a vaccine — which is any substance designed for the prevention of one or more disease."

"FDA actually classifies mRNA as gene therapy, which they say is to treat or cure an existing disease by modifying your genes,"* Bryce said. *"Gene therapies are still being studied and are experimental at this time."

Citing FDA documents, Bryce said gene therapy, unlike a vaccine, is so inherently unsafe the FDA says it requires 15 years of research to follow up on safety due to known risks of antibody-dependent enhancement, alteration of DNA and delayed adverse effects, such as cancer.

Bryce said:
"FDA says that gene therapy use in the mass population represents an unreasonable risk and they should limit the number of subjects who might be exposed to risk. We require due process and forbid the FDA from authorizing the proposed changes."

"We are demanding that EUA [Emergency Use Authorization] is promptly revoked because unreasonable risks are inherent in gene therapy products, as evidenced by large numbers of reports of adverse serious events linked to or suspected of being caused by an EUA product, product failure and product ineffectiveness."

Bryce said COVID-19 vaccines fail to meet the requirements of EUA because not a single mRNA vaccine has been found to be effective for the prevention or treatment of an existing disease.

Michael Briskin pointed out in his public comment that the FDA receives approximately 75% of its budget from pharmaceutical companies, which he believes represents a conflict of interest.

Briskin challenged the use of the phrase *"safe and effective"* to describe COVID-19 vaccines, given the FDA has done no long-term testing to determine whether these products are safe.

Briskin presented data showing a significant rise in reported deaths among working-age Americans following COVID-19 vaccine mandates.

He said:
"In the short-term, 2021 was a very interesting year. We saw a stark increase [in death] among working-age adults from 18 to 64 and specifically in Q3 and into Q4, so something new for the working-age demographic partly through 2021 would be the clear correlation."

"With comparable trends in BLS [Bureau of Labor Statistics] data, children's health insurance data, Israeli ambulance data, and of course we have the [Vaccine Adverse Event Reporting System (VAERS)] data — which the CDC tried to minimize but a recent FOIA [Freedom of Information Act] request forced them to reveal that they never once did the PRR calcification that was supposed to be their tool for spotting safety signals, according to their posted documents."

"And what do we do when people get injured from these vaccines?"* Briskin asked the panel. *"We leave them in the mud."

Briskin chastised the panel for authorizing boosters for infants two weeks earlier when data showed two doses weren't effective and only 10 cases were used to assess efficacy.

"Three-quarters of the severe COVID in the trial was in the vaccine arm, as was the only hospitalization case which was accompanied by a seizure," Briskin said. *"And Moderna is so dangerous in young people Nordic countries won't allow it to be used in anyone under the age of 30."*

Briskin said:
"In fact, the director of health of Denmark just admitted that vaccinating children was a mistake, whereas our officials only ever doubled down. And now we're about to double down so hard we are about to lose the pretense of holding these pharmaceutical companies to any statistically meaningful regulatory standards for formula modification."

"For people following at home, what this agency is proposing is not just modifying the genetic code in the vaccine and the structure of the proteins produced to chase variants, but even things like doubling the microgram count for Pfizer — all without doing any statistically powered safety studies."

"And to be clear,"* Briskin added, *"the companies we're giving carte blanche to include Pfizer, the world's largest criminal organization having paid the world's largest criminal fine, and Moderna, which never made a safe product before we did away with long-term safety testing."

Dr. Eric Feintuch, a chiropractor, asked the FDA if the agency knows how long mRNA from COVID-19 vaccines and the spike protein stay in the body, whether they know what the rate of protein production is and whether the FDA is aware of the consequences of the methylpseudouridine substitutions at the codon optimization step.

***"For anyone on this panel who says it doesn't go anywhere, tell me what proof you have of that,"* Feintuch said, referring to the spike protein.**

Feintuch said COVID-19 vaccines are associated with prion disease, noting 26 people have reported experiencing sudden onset of a severe and fatal brain disorder within one month of the second mRNA vaccine dose.

***"This information needs to be researched and seen,"* Feintuch said.**

"A thousand peer-reviewed studies question the safety of COVID-19 vaccines. Doesn't anyone see the safety signals? Is there anyone here who will stand up?"* he asked. *"Some of you know this, you need to stand up and you need to help us."

Dr. David Wiseman, a research scientist with a background in pharmacy, pharmacology and experimental pathology, said VRBPAC is once again being asked to opine on inadequate information.

Wiseman said the FDA recently waived efficacy requirements for COVID-19 vaccines and has ignored its experts, notably Levy, who *"has called for federal efforts to validate and standardize a correlate of protection."*

"Recent vaccine decisions were based on irrelevant Wuhan immunobridging,"* Wiseman said. *"Omicron assays are unvalidated and unverified by FDA."

Wiseman said safety questions surrounding COVID-19 vaccines remain unanswered:

"We have shown correlations between vaccination and all-cause mortality. FDA says VAERS is under- and misreported. A FOIA disclosure reveals that CDC has

not conducted safety signal analyses, which we have provided to FDA. Neurologic adverse events are finally being acknowledged [but there are] still no cancer studies."

Wiseman further pointed out that FOIA requests show vital studies involving the spike protein have not been done:

"A Stanford study in [the journal] Cell showed vaccine message and antigen persisting for at least eight weeks. Does spike accumulate? Is this why myocarditis rates after boosting match or best primary series rates for some ages?"

"Does spike persistence contribute to immune suppression, imprinting and negative efficacy? What is the toxicity of multiple doses? How will sameness of the manufacturing process be defined? Are the guidelines talking about monovalents or bivalents?"

Pfizer has dismissed concerns about the spike protein as *"academic,"* Wiseman said, *"but it is certainly not."*

Booster formulation should be changed to combat waning efficacy, committee said

During the meeting, which occurred two weeks after the panel signed off on the primary COVID-19 vaccine series for the nation's youngest children, a change in booster composition was deemed necessary due to waning effectiveness.

Dr. Mahesh Shenai, neurosurgeon and data analyst, said in a tweet:
"After many months of extolling benefits of vax and booster, now they are criticizing its efficacy and durability. . . to set the stage for a new updated booster!?"

In a briefing document published ahead of Tuesday's meeting, FDA officials predicted a major COVID-19 outbreak will occur in the fall *"due to the combination of waning immunity, further evolution of variants and increased indoor activity."*

A similar committee that advises the WHO recently suggested COVID-19 vaccines be reformulated to include both the original SARS-CoV-2 Wuhan variant and the first version of Omicron, BA.1 — although this variant has since been replaced by other strains of BA.4 and BA.5.

Moderna and Pfizer studied Omicron-specific vaccines in preparation for fall boosters, but efforts have been complicated by new subvariants.

If the government decides it wants a booster shot that targets BA.4 and BA.5 — two strains derived from the Omicron variant that are becoming dominant — vaccine manufacturers will have to race to produce the doses by fall, *The New York Times* reported.

Vaccines produced by Pfizer, Moderna, Novavax and Johnson & Johnson were developed against the original Wuhan COVID strain that emerged in 2019, but as the virus has rapidly evolved, these vaccines have become less effective.

COVID-19 vaccines target the spike protein the SARS-CoV-2 virus uses to invade human cells, but as the virus mutates away from the original strain, it has trouble *"recognizing and attacking the spike,"* CNBC reported. The Omicron variant has more than 30 mutations.

Marks said during the meeting he hopes changing the booster will *"convince people to go get that booster,"* adding the FDA plans to begin a booster campaign in October.

29,162 Reports of Deaths After COVID Vaccines, as FDA Tells Vaccine Makers to Make New Boosters Targeting Omicron

VAERS data released Friday by the Centers for Disease Control and Prevention show 1,314,594 reports of adverse events from all age groups following COVID-19 vaccines, including 29,162 deaths and 241,226 serious injuries between Dec. 14, 2020, and June 24, 2022.

The Centers for Disease Control and Prevention (CDC) today released new data showing a total of 1,307,928 reports of adverse events following COVID-19 vaccines were submitted between Dec. 14, 2020, and June 24, 2022, to the Vaccine Adverse Event Reporting System (VAERS). That's an increase of 6,666 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 29,162 reports of deaths — an increase of 131 over the previous week — and 241,226 serious injuries, including deaths, during the same time period — up 1,004 compared with the previous week.

Of the 29,162 reported deaths, 18,885 cases are attributed to Pfizer's COVID-19 vaccine, 7,673 cases to Moderna and 2,537 cases to Johnson & Johnson (J&J).

Excluding "foreign reports" to VAERS, 837,192 adverse events, including 13,463 deaths and 84,965 serious injuries, were reported in the U.S. between Dec. 14, 2020, and June 24, 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 13,463 U.S. deaths reported as of June 22, 16% occurred within 24 hours of vaccination, 20% occurred within 48 hours of vaccination and 58% occurred in people who experienced an onset of symptoms within 48 hours of being vaccinated.

In the U.S., 593 million COVID-19 vaccine doses had been administered as of June 22, including 350 million doses of Pfizer, 224 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 6/24/2022 release of VAERS data:

Found 1,314,594 cases where Vaccine is COVID19

Government Disclaimer on use of this data

Table

Event Outcome	Count	Percent
Death	29,162	2.22%
Permanent Disability	54,559	4.15%
Office Visit	196,758	14.97%
Emergency Room	121	0.01%
Emergency Doctor/Room	131,013	9.97%
Hospitalized	164,811	12.54%
Hospitalized, Prolonged	402	0.03%
Recovered	347,213	26.41%
Birth Defect	1,116	0.08%
Life Threatening	32,548	2.48%
Not Serious	602,057	45.8%
TOTAL	† 1,559,760	† 118.65%

† 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 1,314,594 (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 24, 2022, for 6-month-olds to 5-year-olds show:

- **1,791 adverse events, including 64 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 24, 2022, for 5- to 11-year-olds show:

- **11,638 adverse events, including 300 rated as serious and 7 reported deaths.**

The most recent reported death (VAERS I.D. 2327226) occurred in an 8-year-old female from Texas who developed MIS-C [multi-system inflammatory syndrome] within one month of receiving her second dose of Pfizer.

Her VAERS report states:
"She developed inflamed lymph nodes (lymphadenitis), all over the body rash, ongoing fever for more than 3 weeks. She was diagnosed with MIS-C, her heart, intestines, lungs, skin and liver were inflamed. She was hospitalized and treated with immunoglobulin, steroids, anticoagulants, fever-reducing medications, etc. By the second treatment, her belly started getting distended, her lungs were filled with liquids. She was transferred to ICU and her heart stopped beating right there."

- **23 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.**
- **45 reports of blood clotting disorders.**

U.S. VAERS data from Dec. 14, 2020, to June 24, 2022, for 12- to 17-year-olds show:

- **32,472 adverse events, including 1,838 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.**
- **654 reports of myocarditis and pericarditis with 642 cases attributed to Pfizer's vaccine.**

There was one less case reported attributed to Pfizer's vaccine since the previous week.

- **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.**
- **20 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 24, 2022, for all age groups combined, show:

- **20% of deaths were related to cardiac disorders.**
- **54% of those who died were male, 41% were female and the remaining death reports did not include the gender of the deceased.**
- **The average age of death was 73.**
- **As of June 24, 5,611 pregnant women reported adverse events related to COVID-19 vaccines, including 1,754 reports of miscarriage or premature birth.**
- **Of the 3,616 cases of Bell's Palsy reported, 51% were attributed to Pfizer vaccinations, 40% to Moderna and 8% to J&J.**
- **892 reports of Guillain-Barré syndrome, with 42% of cases attributed to Pfizer, 30% to Moderna and 27% to J&J.**
- **2,286 reports of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.**
- **1,730 reports of myocardial infarction.**
- **14,148 reports of blood-clotting disorders in the U.S. Of those, 6,325 reports were attributed to Pfizer, 5,078 reports to Moderna and 2,709 reports to J&J.**
- **4,247 cases of myocarditis and pericarditis with 2,601 cases attributed to Pfizer, 1,444 cases to Moderna and 187 cases to J&J.**
- **13 cases of Creutzfeldt-Jakob disease with 7 cases attributed Pfizer, 5 cases to Moderna and 1 case to J&J.**
- **268 cases of POTS with 165 cases attributed to Pfizer, 84 cases to Moderna and 17 cases to J&J.**

FDA advises COVID vaccine manufacturers to make new boosters targeting Omicron subvariants

The FDA on Thursday advised COVID-19 vaccine manufacturers to produce an updated booster vaccine targeting Omicron subvariants for this fall.

Following a vote by the agency's vaccine advisory panel, the FDA advised manufacturers seeking to update current COVID-19 vaccines that they should *"develop modified vaccines that add an omicron BA.4/5 spike protein component to the current vaccine composition to create a two-component (bivalent) booster*

vaccine so that the modified vaccines can potentially be used starting in early to mid-fall 2022."

According to the FDA, vaccine manufacturers already reported data from clinical trials using Omicron BA.1, but will have to submit their data to the FDA prior to its evaluation of any potential authorization of a modified vaccine containing the omicron BA.4 and BA.5 component.

Although there have been no clinical trials to date testing modified vaccines with Omicron subvariants in humans, the agency said manufacturers *"will also be asked to begin clinical trials with modified vaccines containing an omicron BA.4/5 component, as these data will be of use as the pandemic further evolves."*

The agency said it expects this year to be a *"transitional period"* when a modified booster vaccine may be introduced and is not recommending a change to the primary series vaccine at this time.

The FDA said current COVID-19 vaccines based on the original Wuhan strain — that is no longer circulating — provides a *"base of protection against serious outcomes of COVID-19 caused by circulating strains of SARS-CoV-2."*

The FDA's vaccine advisory panel on Tuesday voted 19 to 2 to recommend new COVID-19 booster shots that include the Omicron variant this fall.

The panel did not vote Tuesday on whether additional data would be needed to recommend an updated composition of the primary-series vaccines authorized for emergency use in the U.S., or whether it would be appropriate to continue to use a primary-series vaccine as a booster.

The meeting marked the first time the panel suggested vaccine makers modify their vaccines to target a different variant.

At the beginning of the meeting, Dr. Peter Marks, director of the FDA's Center for Biologics Evaluation and Research, suggested a newly designed shot could begin in October, adding that it takes manufacturers around three months to choose a vaccine design and begin producing doses.

Biden inks $3.2 billion deal with Pfizer for 105 million doses of COVID vaccines.
The Biden Administration on Wednesday announced it signed a $3.2 billion deal to purchase 105 million doses of Pfizer's COVID-19 vaccine for a fall vaccination campaign, with options to buy up to 300 million doses.

The contract includes a combination of adult and pediatric doses, as well as supplies of a re-formulated COVID-19 booster shot that will contain the original variant and BA.4 and BA.5 Omicron subvariants.

The announcement from the White House that it had entered into a contract with Pfizer to include the modified boosters targeting the subvariants was made before the FDA announced it had advised pharmaceutical companies that boosters should be modified to include the Omicron subvariants.

The $3.2 billion dollars used to fund the campaign comes directly from U.S. taxpayers, who also paid $1.95 billion for the original 100 million doses obtained under Operation Warp Speed, and $19.50 per dose for 500 million more doses obtained through the government's option contract.

Pfizer, Moderna shots more likely to cause serious injury than reduce risk of COVID-related hospitalization.

A new analysis of Pfizer and Moderna COVID-19 vaccine trial data shows the risk of serious injury following the vaccine is greater than the reduction in COVID-19 hospitalizations, according to a study posted June 23 on Social Science Research Network.

***"Combining the trials, there was a 43% increased risk of serious adverse events of special interest and an absolute risk increase of 12.5 serious adverse events of special interest per 10,000 vaccinated participants,"* the authors of the pre-print paper wrote.**

Based on their findings, the authors called for a harm-benefit analysis of COVID-19 vaccines.

The researchers, including Peter Doshi, Ph.D., senior editor at The BMJ and associate professor of pharmaceutical health services research at the University of Maryland School of Pharmacy concluded:

"A systematic review and meta-analysis using individual participant data should be undertaken to address questions of harm-benefit in various demographic subgroups. Full transparency of the COVID-19 vaccine clinical trial data is needed to properly evaluate these questions. Unfortunately, well over a year after widespread use of COVID-19 vaccines, participant-level data remain inaccessible."

Fauci experiences COVID rebound after taking Paxlovid

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases (NIAID) and chief medical advisor to President Biden, said Tuesday he is experiencing a rebound of COVID-19 symptoms after taking Paxlovid, Pfizer's COVID-19 antiviral pill, Bloomberg reported.

Fauci tested positive for COVID-19 on June 15, despite being quadruple-vaccinated, initially experiencing "mild symptoms," according to the NIAID.

Due to his age — 81 — which put him at high risk for developing complications, Fauci was prescribed Paxlovid.

The drug, which is made from a combination of nirmatrelvir and ritonavir, in December 2021 was granted Emergency Use Authorization to treat COVID-19.

***"After I finished the five days of Paxlovid, I reverted to negative on an antigen test for three days in a row,"* Fauci said Tuesday in a remote interview during the Foreign Policy's Global Health Forum.**

"And then on the fourth day, just to be absolutely certain, I tested myself again. I reverted back to positive."

***"It was sort of what people are referring to as a Paxlovid rebound,"* Fauci said. Over the next day, he began to feel *"really poorly," and "much worse than in the first go-around,"* he added.**

Court again blocks COVID vaccine mandate for federal workers
The Biden administration's COVID-19 vaccine mandate for federal employees will remain blocked until at least September after a federal appeals court on Monday agreed to reconsider its previous decision to reinstate the mandate.

The 5th U.S. Circuit Court of Appeals in New Orleans will revisit its April ruling by a three-judge panel that the administration has the legal authority to require federal employees to get vaccinated against COVID-19.

The new injunction will remain until the case can be argued before the full court's 17 judges, which is tentatively scheduled for the week of Sept. 12.

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

Monkeypox is clearly a "gay" disease, but the CDC is doing everything possible to avoid offending LGBTs

Friday, July 01, 2022 by: Ethan Huff

(Natural News) The United Kingdom's Health Security Agency (UKHSA) is not beating around the bush when it comes to the homosexual nature of monkeypox spread.

Instead of pretending as though anyone can potentially be a spreader like the United States Centers for Disease Control and Prevention (CDC) is claiming, the UKHSA issued a direct and to-the-point advisory the other day warning that monkeypox spreads "primarily in gay, bisexual and other men who have sex with men (GBMSM)."

Working in conjunction with the Joint Committee on Vaccination and Immunization (JCVI), the UKHSA is readying to unveil a new vaccine specifically for LGBT men that it says *"should be offered as soon as feasible to GBMSM at highest risk due to a large number of contacts."*

***"These risk criteria would include a recent history of multiple partners, participating in group sex, attending sex on premises venues or a proxy marker such as recent bacterial STI (sexually transmitted infections),"* the government agency added.**

Writing for *The Epoch Times*, Lily Zhou reported that based on currently available data, upwards of 99 percent of all confirmed UK cases of monkeypox are, in fact, occurring in men. And the specific demographic of men who are getting sick are those who have sexual intercourse with other men.

Since no monkeypox-specific vaccine exists, the UKHSA is planning to administer smallpox vaccines instead, which it claims will provide *"cross-protection"* against monkeypox.

The stated goal is to interrupt *"transmission in the subset of individuals at increased risk"* of the disease, meaning sexually active and typically promiscuous homosexual males.

CDC, WHO went out of their way to avoid identifying homosexuals as monkeypox spreaders.

Compare all of this to what the CDC and the World Health Organization (WHO) are saying as they go out of their way to avoid offending the Cult of LGBT in calling them out by name.

Rather than advise homosexual males against having homosexual sex, the CDC issued a politically correct statement about how Western society should avoid causing LGBTs to feel *"stigmatized,"* even if science shows they are the culprits in this outbreak.

The CDC also issued a vulgar statement about how it is currently *"researching"* to see if monkeypox lives in the various fluids and substances that come out of people's bodies. The federal agency is also urging homosexuals to commit their perverted sex acts in different ways until more is known about the spread of monkeypox.

***"Enclosed spaces, such as back rooms, saunas, or sex clubs, where there is minimal or no clothing and where intimate sexual contact occurs have a higher likelihood of spreading monkeypox,"* the CDC advises.**

"Talk to your partner about any recent illness and be aware of new or unexplained sores or rashes on your body or your partner's body, including the genitals and anus. Limit your number of partners to avoid opportunities for monkeypox to spread."

Such advise came out during Pride month, of course, so it had to be extra politically correct.

Meanwhile, New York City is following the lead of the UK in attempting to immediately roll out smallpox vaccination for homosexual men. The NYC Health Department admits, unlike the CDC, that *"most cases in the current outbreak are among gay, bisexual or other men who have sex with men."*

***"This is the price they pay for doing what God told them not to do,"* wrote someone at *Life Site News*.**

***"Remind anybody of anything?"* wrote another.**

"Remember in the 80s when HIV was going around and everybody said you can't stigmatize the gay community? They weren't stigmatized and guess what happened? It may be unfortunate for some, but it appears that mother nature is not politically correct and there is a price to pay for defying the natural law."

Millions of people are now DISABLED due to covid vaccines, data show

Friday, July 01, 2022 by: Ethan Huff

(Natural News) Ever since Operation Warp Speed was launched by Donald Trump, rates of disability across America have skyrocketed.

A shocking number of people who were previously healthy are now *permanently damaged*, the only thing that changed in their lives being that they took the *"clot shots,"* also known as Wuhan coronavirus (Covid-19) *"vaccines."*

From 2016 to 2020, the disability rate among people 16 years of age and older living in the United States remained stable. Then, right after Fauci Flu shots were unleashed, there was a sharp uptick in serious injuries that have left millions unable to work and live as normal.

A Twitter page that monitors all-cause mortality across the U.S. posted a graph recently showing a direct correlation between increased jab compliance and rising disability rates. In early 2021, the disability rate soared from 30 million Americans to nearly 33 million Americans, it showed.

Within hours of posting this graph, the Twitter account in question was flagged for spreading "disinformation," even though it was backed by data. The same account was also locked and comments on and sharing of the post were disabled.

Officially, there were 14,181 people with permanent disabilities stemming from Chinese Virus injections as of May 27, 2022. But the true number, since only a tiny fraction of vaccine injuries ever gets reported, is likely far higher. (Related: Covid injections are also linked to the destruction of men's sperm.)

After each vaccination spike, there was a subsequent disability spike.

The aforementioned Twitter account flat-out asked the question: Are covid injections responsible for the nearly three million-case increase in disabilities post-Operation Warp Speed? The answer to this question seems obvious.

Even just insinuating it, though, is a prohibited offense on social media because it calls into question the *"safety and effectiveness"* of the jabs. This is *never* supposed to happen, we now know.

Going by the metric that suggests only about one percent of vaccine injuries ever make it into the Vaccine Adverse Event Reporting System (VAERS), the official 14,181 figure makes sense.

"Seeing this … without a rise in disability reports would be surprising,"* reported *el gato malo*. *"[W]e see 14k permanently disabled in VAERS. [A]nd we see a rise in the disabled rolls of 1.8 million."

"That's pretty close to the 1-2% capture rate (more like 1%, but also likely capturing other categories as well, so hard to be precise) for reporting we've seen around other VAERS issues (besides death which seems to get better counted) so it feels like we're in a ballpark here."

Additional data collected from FRED and OWID (Our World in Data) suggests that disability rates really started spiking around April 21 of last year, right as Trump's Operation Warp Speed mass jab campaign really started coming into full force for the first time.

When vaccination uptake first peaked around May, it was followed by a massive disability peak in June. When vaccination uptake peaked once again in August, disability rates spiked once again come October.

As 2021 came to a close, vaccination started to flatten out, followed by a flatting in rates of disability come March. Each time, there was a direct correlation between the shots and permanent injuries.

***"2 month lag, 1 month lag, 2 month lag, 2 month lag. 4 separate inflections all tracked in near identical and highly plausible timeframes for vaccine injury. [W]e're starting to get past 'suggestive' here," el gato malo* added.**

"This zigs, zags, then zigs again, then zags again all as predicted if it were causal and all with the sort of lag you'd associate with reporting, 1-2 months. (all 2 mo save may – jun 21)."

700 Million Worldwide Will Die from CV19 Vaxx by 2028 – Dr. David Martin

Dr. David Martin joins Greg Hunter, who refers to Pfizer CEO Albert Bourla's recent threats to sue anti-vaxxers for *"misinformation"* and he asks Dr Martin if he thinks the vaccine manufacturers, the FDA, the NIH and the CDC are going to get away with their mass genocide?

Dr. Martin replies that they will not get away with it and he explains the reason why we don't see Pfizer or Moderna suing people like him, who are disclosing information that is material to criminal cases against them is because in order to prove defamation or libel, *"You actually have to show the evidence that what we said was not true and the problem is, 100% of the evidence that we talk about is true."*

"So, the cool thing is, they can threaten all they want, the bad news is they would have to disclose things that I can guarantee you they will never, ever disclose – and in fact, the shoe is on the other foot."

"As you probably know, we filed the very first federal case against the President [Biden], against CMS and against the Department of Health and Human Services in Utah, back in March. Oral arguments for that case are on July the 6th and we are not only not going to be sued for any libel or misinformation, we are actually holding people criminally accountable for their domestic terrorism, their crimes against humanity and the story of the coronavirus weaponization that goes back to 1998."

Greg refers to the hundreds of thousands of Americans who have been killed and maimed by the bioweapons of COVID-19 and its *"vaccine"* and he asks if it's going to get worse?

Dr Martin answers in the affirmative, saying, *"The fact is, when you inject mRNA into a human being, which is what the current manipulations are, that mRNA makes the human body produce a scheduled toxin – and by 'scheduled toxin', I mean the spike protein modeled after the coronavirus spike protein and we need to be clear on the fact that by all of their own admission, the*

spike protein that the injection manufactures is a computer-simulation of a chimera of the spike protein of coronavirus."

"It is, in fact not a coronavirus vaccine, it is a spike protein instruction to make the human body produce a toxin – and that toxin has been scheduled as a known 'biologic agent of concern' with respect to biological weapons for the last, now decade and a half."

"The fact of the matter is the injections are an act of bioweapons and bioterrorism, they are not a public health measure and the facts are very simple: this was premeditated, this was actually an action taken specifically, as disclosed in 2015 at the National Academy of Sciences when Peter Daszak, who is the money-launderer in chief, the guy who sent money over to the Wuhan labs in China during the gain-of-function moratorium, when he made the statement, as I've repeated many, many times – and I'll go ahead and read it for your audience:"

"'To sustain beyond the crisis, we need to increase the public understanding for the need for medical counter measures, such as a pan coronavirus vaccine. A key driver is the media and the economics will follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will follow if they see profit at the end of the process."

"Peter Daszak, in 2015 actually stated that this entire exercise was a campaign of domestic terror to get the public to accept a universal vaccine platform using a known biological weapon – and that is their own words, not my interpretation."

Dr Martin reminds us that, *"In 2011, when the Bill & Melinda Gates Foundation, the Chinese CDC, the Wellcome Trust – Jeremy Farrar at the Welcome Trust – and others published 'The Decade of Vaccination', back in 2011, their stated objective was a population reduction of 15% of the world's population."*

"Put that in perspective. That's about 700 million people dead...
"Ralph Baric published a paper in which he said the Wuhan Institute of Virology Virus 1 Coronavirus was quote, 'Poised for human emergence,' end quote."

"So they knew this all along, They knew it was a bioweapon since 2005. They knew it was effective at taking out populations, harming populations, intimidating and coercing populations and they did that all very intentionally for the purpose of destroying humanity..."

"By their own estimate, they're looking for 700 million people [dead] globally and that would put the U.S. participation in that, certainly, as a pro-rata of injected population somewhere between 75 and 100 million people [dead]..."

"By 2028, we have a tiny glitch on the horizon, which is the illiquidity of the Social Security and Medicare/Medicaid programs, so the fewer people who are recipients of Social Security, Medicare and Medicaid, the better. Not surprisingly, it's probably one of the motivations that led to the recommendation that people over the age of 65 were the first ones getting injected."

There's lots more, here, including the impact of forced vaccination of healthcare workers and airline pilots is beginning to have and he dispels the disinformation of the Government, NewsGuard and others about the vaxx not being capable of altering our genome, saying, *"This is proven in their own data that the mRNA has the capacity to write into the DNA of the human and as such, the long-term effects are not going to merely be symptomatic. The long-term effects are going to be the human genome of injected individuals is going to be altered..."*

"Ten years of their own data showed that it did and that is published data. That is incontrovertible, it is their data, not mine."

"And by the way, for those people who doubt, they need to go look at that project, Darwinian Chemical Systems, the National Science Foundation funded it and it was the grant that gave birth to the company that we now know as Moderna."

"There is no question that they succeeded in getting mRNA to write-in to DNA. That is the reason why the company was started."

In other words, everybody who got a shot – even one shot – now has changed DNA and Dr. Martin believes that some of the adverse effects we are seeing is coming from the abnormal fold variations of chromosomes resulting from the jabs.

As usual, Dr. Martin is superbly informed and articulate and this is yet another interview with him that is not to be missed.

Running Time: 63 mins
700 Million Worldwide Will Die from CV19 Vaxx by 2028 – Dr. David Martin

Pfizer's Puppet President Biden Gives $9 Billion Taxpayer Funds for Millions More COVID Vaccines that Nobody Wants

by Brian Shilhavy Editor, Health Impact News
Is there any more doubt that the COVID-19 plandemic, which was used to transfer America's wealth to Big Pharma with literally TRILLIONS of taxpayer funds transferred into their accounts, has now allowed Pfizer to have complete control of the country by buying the White House and President of the United States?

It began with fellow billionaire Donald Trump, of course, in 2020 who strong-armed the FDA into giving fast-track emergency use authorization to Pfizer's COVID-19 vaccine. (This is from our Bitchute channel.)

Then Biden was installed as President and kept the coffers full, and now that 80% of Americans have already received a COVID-19 vaccine and demand is waning, with 98 million doses of Pfizer's vaccine currently sitting unused due to lack of demand, the call was put in to Joe this week to keep the faucet running, and the White House obliged and pledged another $9 BILLION for 300 million more doses of the deadly COVID-19 shots.

Trump and Biden might disagree on a lot of things, but Pfizer COVID-19 vaccines ain't one of them. (This is also on our Bitchute channel.)

The top three firms who hold the most stock in Pfizer are Vanguard, Blackrock, and State Street (source), and there probably are very few investment firms who do NOT own some Pfizer stock, so when you see officials with the FDA, CDC, and others promoting Pfizer COVID-19 vaccines, they are probably all shareholders and cashing in, as are most members of Congress (unfortunately, these records at opensecrets.org only go through 2018; it would be interesting to see from 2020 and later.)

Of course we've known for a long time that Pfizer owns most of the corporate media. And they are the largest criminal organization in the world, based on settled criminal cases with the Department of Justice.

Drug Cartel: Biden Admin agrees to pay Pfizer 56% more for their COVID shot. *The pharma giant is already shattering profit records, and is expected to generate well over $100 billion in 2022 revenue.*

The Dossier
Pfizer is already swimming in record profits, but that hasn't stopped the drug company from gouging the American taxpayer for every last dollar.

On Wednesday, the Biden Administration signed off on a new vaccine supply deal with Pfizer for $3.2 billion for 105 million COVID injections, but that's only for the first batch of mRNA shots. The contract will generate well over $9 billion for Pfizer, as this latest purchase agreement tops off at 300 million doses. Compared to previous settlements with Pfizer, this public-private no-bid arrangement will come at a much higher cost to the U.S. taxpayer.

The Biden Administration has justified the deal by claiming that it needs to restock supply to prepare for seasonal spikes. The data does not support such a claim. According to the CDC, almost 100 million taxpayer-funded Pfizer shots (and 169 million total shots) have gone unused, resulting in billions of dollars in waste.

The new arrangement allows for the Biden Administration to buy Pfizer's authorization-pending COVID injections, which the company claims is reformulated for newer variants.

However, even the new formulation is already outdated. It was designed and trialed for an Omicron subvariant (BA.1) that was popular last Winter, but no longer exists in circulation, potentially rendering it just as useless as the Wuhan strain shot. The deal includes the infant and toddler formulations, which are based on the non-existent Wuhan strain.

None of the shots for this deal will be supplied under an FDA approved label. Instead, they will be distributed under emergency use authorization (EUA). Pfizer has never deployed its FDA-approved vaccine in the United States. The company

recently acknowledged that it never intends on producing its original FDA approved vaccines.

The original deal with Pfizer was negotiated by the Trump Administration during the days of Operation Warpspeed. It paid the pharma giant $19.50 a dose. The new pact gives Pfizer $30.48 per dose, resulting in an astronomical 56% hike from the deal negotiated by the last administration.

The price hike conflicts with the probability that Pfizer's costs are likely much lower than they were with the original purchase order. The infant and child shots have a fraction of the active agreement as the adult supply, and each vial stores more doses . Moreover, Pfizer has added an ingredient to the formula that allows for a significant shelf life extension, making the logistics much more cost effective.

Pfizer's margins were already through the roof prior to the Wednesday announcement.

Pfizer's May earnings report showed that the company logged a record breaking $26 billion in Q1 sales, marking a quarterly profit of $7.86 billion. Revenue was up 77% from 2021, while profit was up 61%. Now absorb these 2022 numbers in the context of Pfizer's 2021 revenue outperforming its 2020 revenue by 95%.

Before the new vaccine purchase order, Pfizer was already on track to bring in over $100 billion in revenue and $32 billion in net income this year. In financial statements, the company has acknowledged that it has transformed itself into a COVID-19-driven business. All of its new income is coming from the American taxpayer and other government *"customers"* via their taxpayers, who have virtually no say in the matter.

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World governments at Agenda 21 in 1992 at Rio di Janeiro, Brazil 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 is to bring you the truth.

Because I am not recognized as a trained 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. The growing data and various studies

provide more than just a 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. With the VAERS reporting system showing almost 30,000 deaths to the vaxxes is ample evidence to validate my original premise that this is not about a hoaxed virus but is about Genocide by State sanction! Never in the history of the pharmaceutical industry has there been such ignoring the death numbers caused by the "gene" therapy. The swine flu vaccine was suspended after 27 deaths were reported in the initial phase of vaccinating the American public. This is premediated murder by the big pharma/health agencies/government!

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!! <u>It's all about Sustainable Development</u>!

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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