

Mass Murder

By Sovereign State Sanctioned Syringe Needle!
Part 74

Exclusive Investigation of Confidential Pfizer Documents finds COVID Vaccination is going to cause Mass Depopulation

BY [THE EXPOSÉ](#) ON [JULY 10, 2022](#)

Covid-19 vaccination is going to lead to mass depopulation. This is a pretty bold claim to make. 'Your Government is trying to kill you' is even bolder.

But unfortunately, these bold claims are now backed up with a mountain of evidence, and most of that evidence can be found in the confidential Pfizer documents that the U.S. Food & Drug Administration has been forced to publish by court order.



So let's start with the evidence contained in the confidential Pfizer documents.

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

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

Since then, PHMPT has posted all of the [documents](#) on its website. The latest drop happened on 1st June 2022.

One of the documents contained in the data dump is '[reissue 5.3.6 post marketing experience.pdf](#)'. Page 12 of the confidential document contains data on the use of the Pfizer Covid-19 injection in pregnancy and lactation.

Confidential Pfizer Documents reveal 90% of Covid Vaccinated Pregnant Women lost their Baby.

Pfizer state in the document that by 28th February 2021 there were 270 known cases of exposure to the mRNA injection during pregnancy.

Forty-six-percent of the mothers (124) exposed to the Pfizer Covid-19 injection suffered an adverse reaction.

Of those 124 mothers suffering an adverse reaction, 49 were considered non-serious adverse reactions, whereas 75 were considered serious. This means 58% of the mothers who reported suffering adverse reactions suffered a serious adverse event ranging from uterine contraction to foetal death.

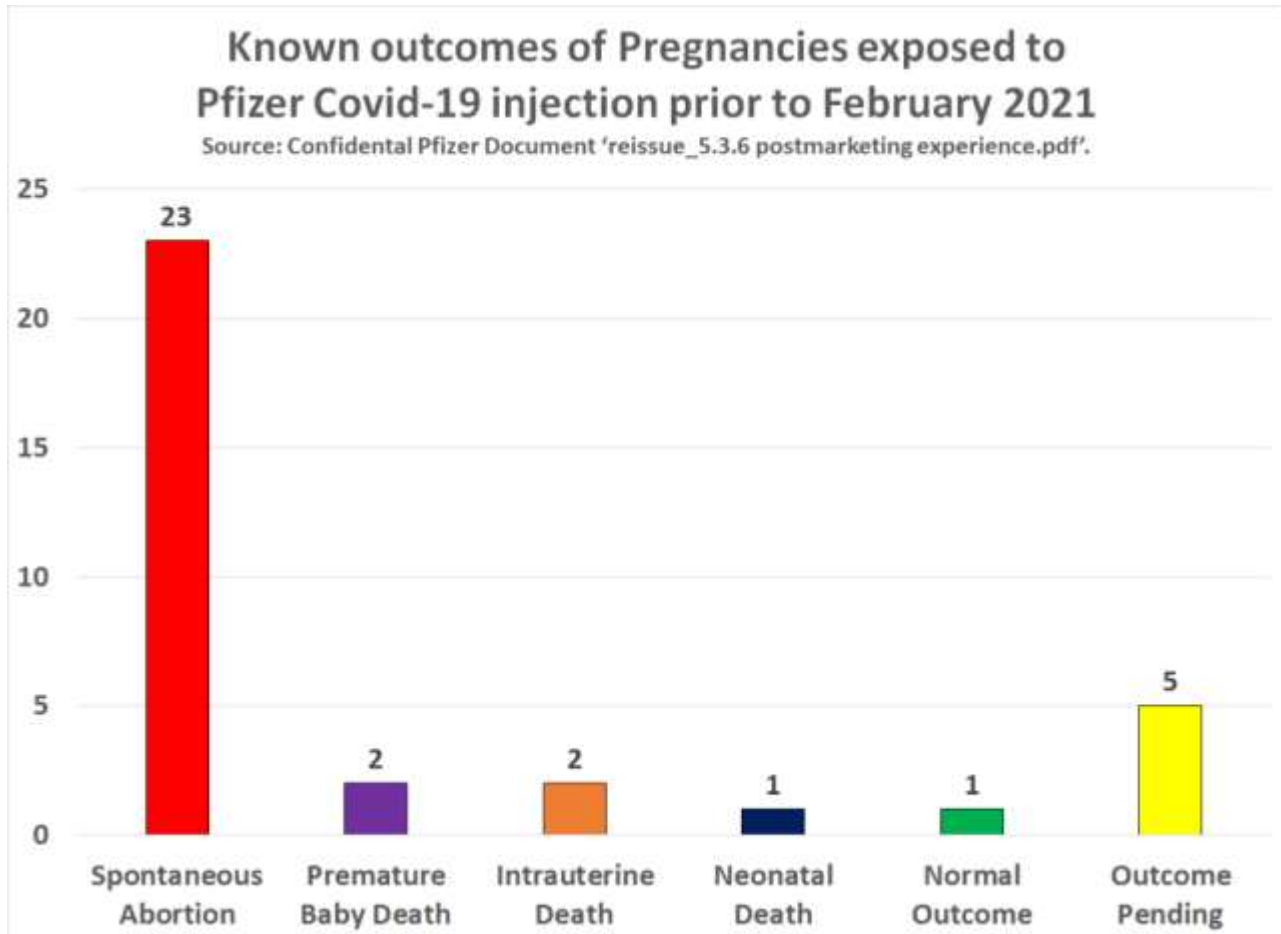
- 146 non-serious mother cases reported exposure to vaccine in utero without the occurrence of any clinical adverse event. The exposure PTs coded to the PTs Maternal exposure during pregnancy (111), Exposure during pregnancy (29) and Maternal exposure timing unspecified (6). Trimester of exposure was reported in 21 of these cases: 1st trimester (15 cases), 2nd trimester (7), and 3rd trimester (2).
- 124 mother cases, 49 non-serious and 75 serious, reported clinical events, which occurred in the vaccinated mothers. Pregnancy related events reported in these cases coded to the PTs Abortion spontaneous (25), Uterine contraction during pregnancy, Premature rupture of membranes, Abortion, Abortion missed, and Foetal death (1 each). Other clinical events which occurred in more than 5 cases coded to the PTs Headache (33), Vaccination site pain (24), Pain in extremity and Fatigue (22 each), Myalgia and Pyrexia (16 each), Chills (13) Nausea (12), Pain (11), Arthralgia (9), Lymphadenopathy and Drug ineffective (7 each), Chest pain, Dizziness and Asthenia (6 each), Malaise and COVID-19 (5 each). Trimester of exposure was reported in 22 of these cases: 1st trimester (19 cases), 2nd trimester (1 case), 3rd trimester (2 cases).

[Source – Page 12](#)

A total of 4 serious foetus/baby cases were reported due to exposure to the Pfizer injection.

- 4 serious foetus/baby cases reported the PTs Exposure during pregnancy, Foetal growth restriction, Maternal exposure during pregnancy, Premature baby (2 each), and Death neonatal (1). Trimester of exposure was reported for 2 cases (twins) as occurring during the 1st trimester.

But here's where things get rather concerning. Pfizer state that of the 270 pregnancies they have absolutely no idea what happened in 238 of them. But here are the known outcomes of the remaining pregnancies –



There were 34 outcomes altogether at the time of the report, but 5 of them were still pending. Pfizer note that only 1 of the 29 known outcomes were normal, whilst 28 of the 29 outcomes resulted in the loss/death of the baby. This equates to 97% of all known outcomes of Covid-19 vaccination during pregnancy resulting in the loss of the child.

When we include the 5 cases where the outcome was still pending it equates to 82% of all outcomes of Covid-19 vaccination during pregnancy resulting in the loss of the child. This equates to an average of around 90% between the 82% and 97% figure.

So here we have our first piece of evidence that something is amiss when it comes to administering the Pfizer Covid-19 injection during pregnancy.

Here's the guidance taken from the UK Government's 'REG 174 INFORMATION FOR UK HEALTHCARE PROFESSIONALS' document –

'Pregnancy

There are no or limited amount of data from the use of COVID-19 mRNA Vaccine BNT162b2.

*Animal reproductive toxicity studies **have not been completed**. COVID-19 mRNA Vaccine **BNT162b2 is not recommended during pregnancy.***

*For women of childbearing age, pregnancy should be excluded before vaccination. In addition, women of childbearing age should be advised to **avoid pregnancy for at least 2 months after their second dose.***

6

Breast-feeding

It is unknown whether COVID-19 mRNA Vaccine BNT162b2 is excreted in human milk. A risk to the newborns/infants cannot be excluded. COVID-19 mRNA Vaccine BNT162b2 should not be used during breast-feeding.

Fertility

*It is **unknown** whether COVID-19 mRNA Vaccine BNT162b2 has an **impact on fertility.**'*

That's how the guidance read in December 2020 anyway. Unfortunately, just a month or so later, the UK Government and other Governments around the world revised that guidance to read as follows –

4.6 Fertility, pregnancy and lactation

Pregnancy

There is limited experience with use of the COVID-19 mRNA Vaccine BNT162b2 in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/foetal development, parturition or post-natal development (see section 5.3). Administration of the COVID-19 mRNA Vaccine BNT162b2 in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and foetus.

Breast-feeding

It is unknown whether the COVID-19 mRNA Vaccine BNT162b2 is excreted in human milk.

Fertility

Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3)

[Source – Page 7](#)

This is still the official guidance as of June 2022, and leads to several questions requiring urgent answers when we consider since early 2021 pregnant women have been told Covid-19 vaccination is perfectly safe.

You only have to look at the things women were told to avoid during pregnancy prior to being told it's perfectly safe to take an experimental injection to realize something just isn't right here –

- Smoked fish,
- Soft cheese,
- Wet paint,
- Coffee,
- Herbal tea,
- Vitamin supplements,
- Processed Junk foods.

These are just to name a few, and the list is endless.

So let's start with the 'Pregnancy' section of the official guidance. In December 2020 the guidance stated '*Covid-19 vaccination is not recommended during pregnancy*'. Just a month or so later this guidance stated '*Animal studies do not indicate harmful effects with respect to pregnancy etc.*'

So let's take a look at the animal studies in question.

But before we do it's worth pointing out that the official guidance states, as of June 2022, that '*administration of the COVID-19 mRNA Vaccine BNT162b2 in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and foetus*'. So why on earth has every single pregnant woman up and down the land been actively coerced into getting this injection?

Pfizer and Medicine Regulators hid dangers of Covid-19 Vaccination during Pregnancy due to Animal Study finding an increased risk of Birth Defects & Infertility

The limited animal study talked about in the official guidance actually uncovered the risk of significant harm to the developing foetus, but medicine regulators in the USA, UK and Australia actively chose to remove this information from public documents.

The actual study can be viewed in full [here](#) and is titled '[*Lack of effects on female fertility and prenatal and postnatal offspring development in rats with BNT162b2, a mRNA-based COVID-19 vaccine*](#)'.

The study was performed on 42 female Wistar Han rats. Twenty-one were given the Pfizer Covid-19 injection, and 21 were not. Here are the results of the study –

Table 3. Summary of rat fetal examination data from the embryo fetal development study with control (saline) and BNT162b2 (n = 21 rats per group).

	Control (saline)	BNT162b2	CRL-Lyon HC ^a
Ribs			
Supernumerary cervical – [A]	3/3 (2.1)	–	11 (4.5)
Supernumerary lumbar – [A]	3/3 (2.1)	6/12 (8.3)	17 (9.7)
Supernumerary lumbar, short – [V]	17/57 (39.6)	18/71 (49.3)	500 (56.1)
Thick – [A]	1/2 (1.4)	3/4 (2.8)	57 (11.2)
Wavy – [A]	–	1/1 (0.7)	13 (3.4)

Source

The results of the number of foetuses observed to have supernumerary lumbar ribs in the control group were 3/3 (2.1). But the results of the number of foetuses to have supernumerary lumbar ribs in the vaccinated group were 6/12 (8.3). Therefore on average, the rate of occurrence was 295% higher in the vaccinated group.

Supernumerary ribs also called accessory ribs are an uncommon variant of extra ribs arising most commonly from the cervical or lumbar vertebrae.

So what this study found is evidence of abnormal foetal formation and birth defects caused by the Pfizer Covid-19 injection.

But the abnormal findings of the study don't end there. The 'pre-implantation loss' rate in the vaccinated group of rats was double that of the control group.

Table 2. Cesarean section observations and fetal weights from the female rats in the cesarean section cohort administered control (saline) or BNT162b2.

	Control (saline)	BNT162b2	CRL-Lyon HC Mean (min-max) ^a
C-Section Cohort (n) ^b	21	21	-
Gravid uterine weight (g)	86.32 ± 7.69 ^c	87.65 ± 13.48	75.6 (64.6–86.8)
Corpora lutea	14.7 ± 1.6	15.5 ± 2.1	13.2 (11.6–14.3)
Implantation sites	14.1 ± 1.6	14.0 ± 2.2	12.1 (10.4–13.8)
Pre-implantation loss (%)	4.09 ± 6.56	9.77 ± 8.09 ⁺	8.4 (1.4–16.2)
Post-implantation loss (%)	6.10 ± 7.64	5.85 ± 7.28	8.8 (2.4–17.3)
Number live fetuses	13.2 ± 1.6	13.1 ± 2.1	11.0 (9.3–12.7)
Mean fetal body weight (g)	4.89 ± 0.23	4.90 ± 0.30	5.09 (4.87–5.24)

Source

Pre-implantation loss refers to fertilized ova that fail to implant. Therefore, this study suggests that the Pfizer Covid-19 injection reduces the chances of a woman being able to get pregnant. So, therefore, increases the risk of infertility.

So with this being the case, how on earth have medicine regulators around the world managed to state in their official guidance that “*Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy*”? And how have they managed to state “*It is unknown whether the Pfizer vaccine has an impact on fertility*”?

The truth of the matter is that they actively chose to cover it up.

We know this thanks to a ‘Freedom of Information (FOI) request made to the Australian Government Department of Health Therapeutic Goods Administration (TGA).

A [document](#) titled ‘[Delegate’s Overview and Request for ACV’s Advice](#)’ that was created on 11th January 2021 was published under the FOI request. Page 30 onwards of the [document](#) shows a ‘review of the product information’, and highlights changes that should be made to the ‘Non-clinical evaluation report’ prior to official publication.

The changes were requested to be made by Pfizer prior to the next product information update.

Some of those requested changes were as follows –

4. Please revise the PI statement according to the recommendations made by the Module 4 evaluator below:

4.6 Fertility, pregnancy and lactation

Effects on fertility

The statement proposed in Section 5.3 *Preclinical safety data – Reproductive toxicity* should be moved here with minor modification.

“In a combined fertility and developmental toxicity study, female rats were intramuscularly administered COMIRNATY prior to mating and during gestation (4 full human doses of 30 µg each, spanning between pre-mating day 21 and gestation day 20). SARS CoV-2 neutralising antibodies were present in maternal animals from prior to mating to the end of the study on postnatal day 21 as well as in fetuses and offspring. There were no vaccine related effects on female fertility and pregnancy rate. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see Section 5.3 Preclinical safety data).”

The Module 4 evaluator requested Pfizer remove their claim that “Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity”.

Why?

As discussed in the assessment, Pregnancy Category B2 is considered appropriate for this product. Following changes are recommended.

“Pregnancy Category B2

There is limited experience with use of COMIRNATY in pregnant women. Animal studies do A combined fertility and developmental toxicity study in rats showed increased occurrence of supernumerary lumbar ribs in fetuses from COMIRNATY-treated female rats did not indicate direct or indirect harmful effects with respect to pregnancy, embryo/fetal development, r post-natal development (see Effects on fertility Section 5.3 Preclinical safety data). Administration of COMIRNATY in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and fetus.”

The Module 4 evaluator told Pfizer that ‘Pregnancy Category B2’ was considered appropriate and requested that they added the following line –

“A combined fertility and developmental toxicity study in rats showed increased occurrence of supernumerary lumbar ribs in fetuses from COMIRNATY- treated female rats”.

But here’s a reminder of how the [official document](#) issued to the general public reads –

Use in pregnancy - Pregnancy Category B1

There is limited experience with use of COMIRNATY in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/fetal development, parturition or post-natal development (see Effects on fertility). Administration of COMIRNATY in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and fetus.

[Source – Page 7](#)

The pregnancy category was changed to ‘B1’, no line was included on the increased occurrence of supernumerary lumbar ribs in fetuses, and they instead included the line that was requested to be removed claiming “*Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy...*”.

Here’s the official description of the pregnancy categories –

Category B1

Drugs which have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human fetus having been observed.

Studies in animals have not shown evidence of an increased occurrence of fetal damage.

Category B2

Drugs which have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human fetus having been observed.

Studies in animals are inadequate or may be lacking, but available data show no evidence of an increased occurrence of fetal damage.

[Source](#)

That’s quite a big difference between the two categories. But the fact that the Module 4 evaluator even though Pregnancy Category B2 was appropriate is highly questionable when you consider the results, as we revealed above, of the “inadequate” and extremely small animal study that was performed to evaluate the safety of administering the Pfizer Covid-19 injection during pregnancy.

So not only do we have evidence that the Pfizer vaccine may cause between 82% and 97% of recipients to lose their babies, we also now have evidence that the Pfizer vaccine leads to an increased risk of suffering infertility or birth defects.

Both of these examples alone support the suggestion that Covid-19 vaccination is going to lead to depopulation. But unfortunately, the evidence doesn't end there.

Confidential Pfizer Documents reveal the Covid-19 Vaccine accumulates in the Ovaries.

[Another study](#), which can be found in the long list of confidential Pfizer documents that the FDA have been forced to publish via a court order [here](#), was carried out on Wistar Han rats, 21 of which were female and 21 of which were male.

Each rat received a single intramuscular dose of the Pfizer Covid-19 injection and then the content and concentration of total radioactivity in blood, plasma and tissues were determined at pre-defined points following administration.

In other words, the scientists conducting the study measured how much of the Covid-19 injection has spread to other parts of the body such as the skin, liver, spleen, heart etc.

But one of the most concerning findings from the study is the fact that the Pfizer injection accumulates in the ovaries over time.

An 'ovary' is one of a pair of female glands in which the eggs form and the female hormones oestrogen and progesterone are made.

2.6.5.5B. PHARMACOKINETICS: ORGAN
DISTRIBUTION CONTINUED

Test Art

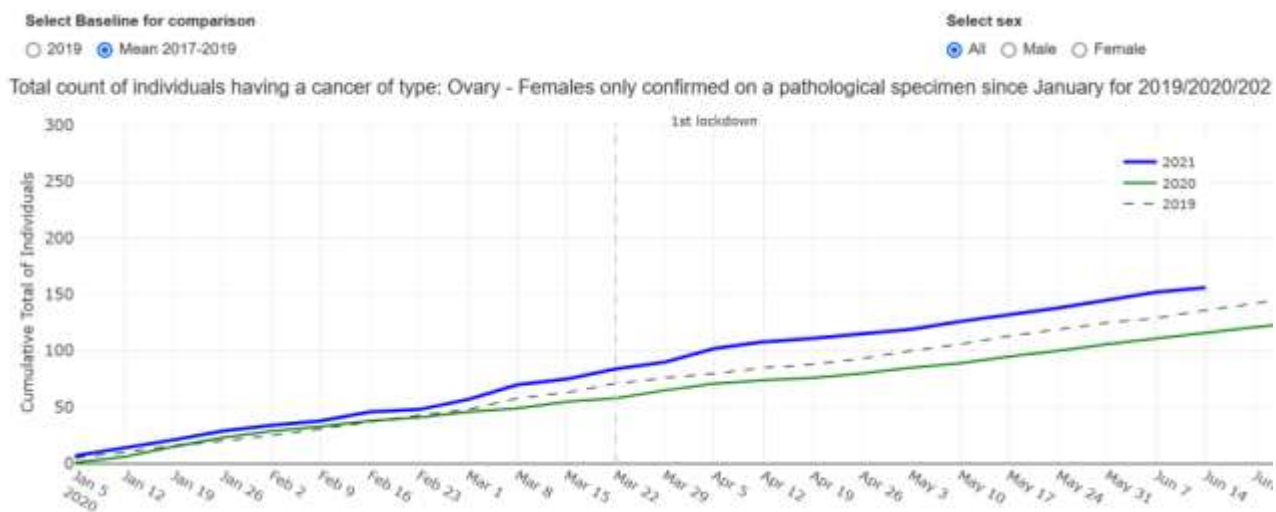
Sample	Total Lipid concentration (μg lipid equivalent/g [or mL]) (males and females combined)						
	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h
Lymph (mandibular)	0.064	0.189	0.290	0.408	0.534	0.554	0.727
Lymph node (mesenteric)	0.050	0.146	0.530	0.489	0.689	0.985	1.37
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192
Ovaries (females)	0.104	1.34	1.64	2.34	3.09	5.24	12.3
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253
Small intestine	0.030	0.221	0.476	0.879	1.28	1.30	1.47
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112
Spleen	0.334	2.47	7.73	10.3	22.1	20.1	23.4
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215
Testes (Males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.00
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456
Whole blood	1.97	4.37	5.40	3.05	1.31	0.909	0.420
Plasma	3.97	8.13	8.90	6.50	2.36	1.78	0.805
Blood: plasma ratio	0.815	0.515	0.550	0.510	0.555	0.530	0.540

In the first 15 minutes following injection of the Pfizer jab, researchers found that the total lipid concentration in the ovaries measured 0.104ml. This then increased to 1.34ml after 1 hour, 2.34ml after 4 hours, and then 12.3ml after 48 hours.

The scientists, however, did not conduct any further research on the accumulation after a period of 48 hours, so we simply don't know whether that concerning accumulation continued.

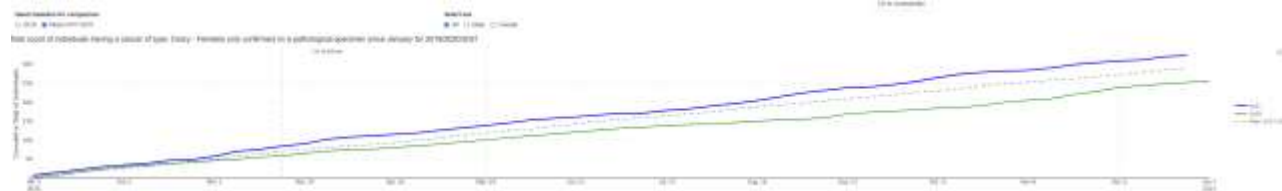
But official UK data published by Public Health Scotland, which can be found [here](#), offers some concerning clues as to the consequences of that accumulation on the ovaries.

Figures for the number of individuals suffering from ovarian cancer show that the known trend in 2021 was significantly higher than 2020 and the 2017-2019 average.



Ovarian Cancer – [Source](#)

The above chart shows up to June 2021, but the charts found on Public Health Scotland's dashboard now show figures all the way up to December 2021 and unfortunately reveal that the gap has widened even further with the number of women suffering Ovarian cancer increasing significantly.



Click to enlarge

That concludes our third piece of evidence. So now we know –

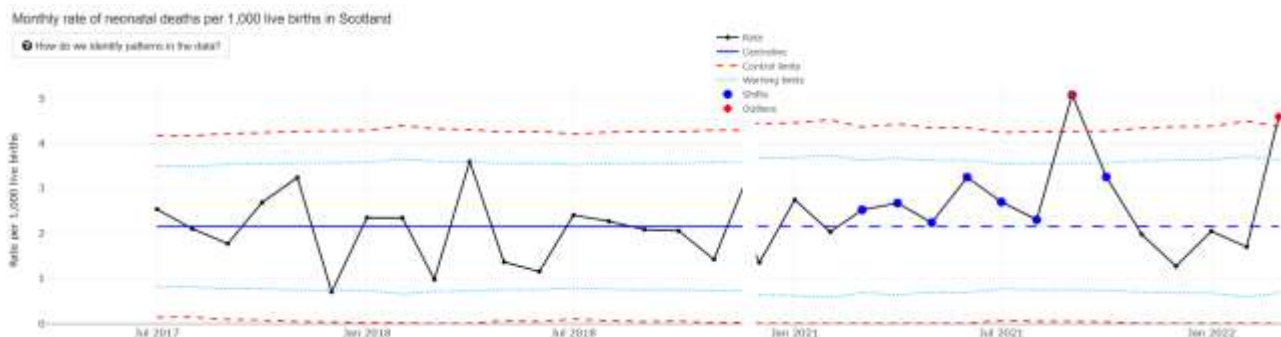
- Confidential Pfizer documents show a miscarriage rate between 82 and 97%,
- The only animal study performed to prove the safety of administering the Pfizer vaccine during pregnancy indicated an increased risk of infertility and birth defects,
- and further confidential Pfizer documents reveal the vaccine accumulates in the ovaries.

Unfortunately, we also have evidence that Covid-19 vaccination increases the risk of newborn babies sadly losing their lives, and it also comes from the Public Health Scotland 'Covid-19 Wider Impacts' dashboard.

Newborn Baby Deaths hit critical levels for 2nd time in 7 Months in March 2022.

[Official figures](#) reveal that the rate of neonatal deaths increased to 4.6 per 1000 live births in March 2022, a 119% increase on the expected rate of deaths. This means the neonatal mortality rate breached an upper warning threshold known as the 'control limit' for the second time in at least four years.

The last time it breached was in September 2021, when neonatal deaths per 1000 live births climbed to 5.1. Although the rate fluctuates month to month, the figure for both September 2021 and March 2022 is on a par with levels that were last typically seen in the late 1980s.



[Click to enlarge](#)

[Source](#)

Public Health Scotland (PHS) did not formally announce they had launched an investigation, but this is what they are supposed to do when the upper warning threshold is reached, and they did so back in 2021.

At the time, PHS said the fact that the upper control limit has been exceeded “*indicates there is a higher likelihood that there are factors beyond random variation that may have contributed to the number of deaths that occurred*”.

Our final piece of evidence to support the claim that Covid-19 vaccination is going to lead to depopulation comes in the form of more real-world data, but this time from the USA.

Covid-19 Vaccination increases risk of suffering Miscarriage by at least 1,517%.

According to the Centers for Disease Control’s (CDC) [Vaccine Adverse Event Database \(VAERS\)](#), as of April 2022, a total of 4,113 foetal deaths had been reported as adverse reactions to the Covid-19 injections, 3,209 of which were reported against the Pfizer injection.

4,113 Fetal Deaths

following COVID-19 vaccines

17 Months Time Period

Table

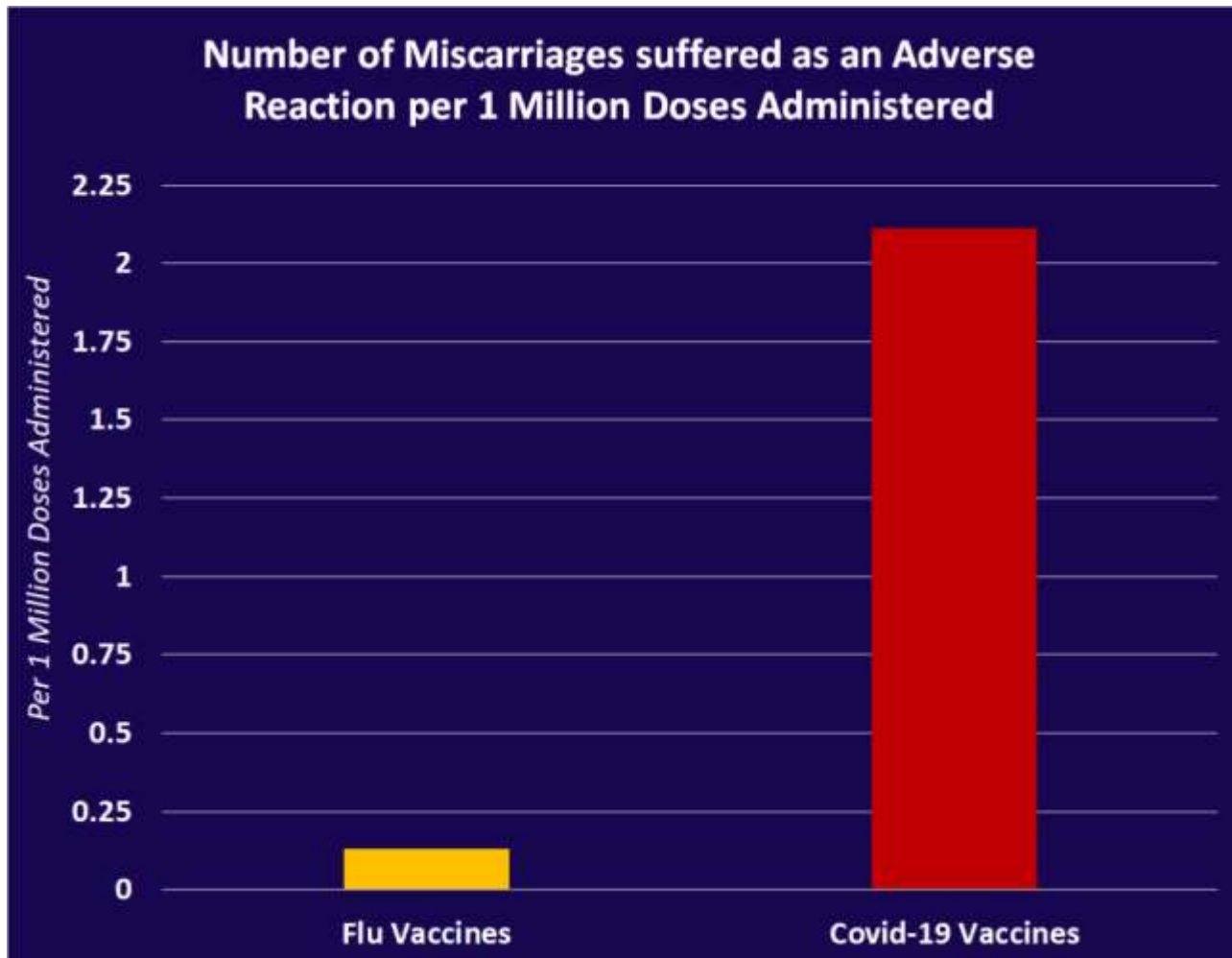
↓	↑	↓
Vaccine/Manufacturer	Count	Percent
TOTAL	† 4,382	† 106.54%
COVID19 / PFIZER/BIONTECH	3,209	78.02%
COVID19 / MODERNA	996	24.22%
COVID19 / JANSSEN	140	3.4%
UNK / UNKNOWN MANUFACTURER	21	0.51%
COVID19 / UNKNOWN MANUFACTURER	10	0.24%
HEPA / UNKNOWN MANUFACTURER	2	0.05%
TDAP / GLAXOSMITHKLINE BIOLOGICALS	1	0.02%
TD / SANOFI PASTEUR	1	0.02%
IPV / SANOFI PASTEUR	1	0.02%
FLUC4 / SEQIRUS, INC.	1	0.02%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 4113 (the number of cases found), and the Total Percentage is greater than 100.

Credit: [Health Impact News](#)

The CDC has admitted that just 1 to 10% of adverse reactions are actually reported to VAERS therefore the true figure could be many times worse. But to put these numbers into perspective, there were only 2,239 reported foetal deaths to VAERS in the 30 years prior to the emergency use authorization of the Covid-19 injections in December of 2020. ([Source](#))

And a further study which can be viewed [here](#), found that the risk of suffering a miscarriage following Covid-19 vaccination is **1,517% higher** than the risk of suffering a miscarriage following flu vaccination.



The true risk could however actually be much higher because pregnant women are a target group for Flu vaccination, whereas they are only a small demographic in terms of Covid-19 vaccination so far.

With the risk of this turning into an essay that concludes our evidence for today, but there is plenty more of it out there and we will make sure to report on it.

But with –

- Confidential Pfizer documents showing a miscarriage rate between 82% and 97%,
- The only animal study performed to prove the safety of administering the Pfizer vaccine during pregnancy indicating an increased risk of infertility and birth defects,
- Further confidential Pfizer documents revealing the vaccine accumulates in the ovaries, data from Scotland revealing cases of Ovarian cancer are at an all time high,
- Further data from Scotland revealing deaths of new born babies have hit critical levels for the second time in seven months,

- and CDC VAERS data showing Covid-19 vaccination increases the risk of suffering a miscarriage by at least 1,517%,

It looks like we already have more than enough evidence to make the claim that Covid-19 vaccination is going to lead to depopulation.

The World Health Organization Is A One World Government

Did you know the World Health Organization is literally set up to operate as a one world government?

Did you know that when the WHO declares a pandemic, the laws of all the nations are nullified, and the entire world is submitted to the so called 'constitution' of the WHO?

Did you know the WHO declared the pandemic based on the severely flawed PCR test, which produces up to 94% of false positives?

Did you know that all the nations of the world are bound to unquestioning submission to whatever guidelines the WHO issues?

Did you know the WHO is owned and controlled by private individuals, who are not democratically elected by anyone?

Did you know this makes the WHO effectively a private entity that rules the entire world, outside of any form of democracy?

<https://stopworldcontrol.com/who>

Haiti Did Not Vaccinate Its Citizens, The Current Vax Rate is 1.4% Yet Country Has One of Lowest COVID Death Rates in the World

July 8, 2022 2:38 pm by [IWB](#)

Data from the World Health Organization (WHO) showed only 837 people have died in Haiti since the pandemic began, with a vaccination rate of 1.4% of the 11.4 million population.

“In Haiti, from 3 January 2020 to 5:03 pm CEST, 7 July 2022, there have been 31,703 confirmed cases of COVID-19 with 837 deaths, reported to WHO. As of 24 June 2022, a total of 342,724 vaccine doses have been administered,” according to the data from WHO.

As of June 24, only 1.4% of the population was fully vaccinated. Haiti had a population of 11,681,526 people as of Thursday, July 7, 2022, according to the data from Worldometers

Parents Resist: Only 1.3% of Eligible Kids Under 5 Have Gotten COVID Vaccine

[Women System July 10, 2022](#)



Very few American children are getting vaccinated, according to newly released data.

Only 1.3% of eligible children under the age of 5 have gotten vaccinated in just over three weeks.

In many states, that number is under 1%.

[The Epoch Times reported:](#)

Uptake of COVID-19 vaccines has been low so far in young children, with a small fraction of those newly eligible for a vaccine receiving one, according to new data.

In a pair of moves in June, the U.S. Food and Drug Administration (FDA) and the U.S. Centers for Disease Control and Prevention (CDC) made the Moderna and Pfizer vaccines available to children from 6 months to 5 years of age, and recommended virtually every child in the age group get vaccinated.

But parents have been hesitant to get their child a vaccine, according to the newly released data.

Just 1.3 percent of eligible children under 5 have received one or two doses of a vaccine, data from the CDC show.

For comparison, 16.70% of those aged 5-11 were vaccinated after one month, and 19.50% of those aged 12-15 were vaccinated after three weeks.

A study done by the Kaiser Family Foundation found that 68% of parents planned on either not vaccinating their kids or waiting to see how the vaccine works for others.

[From KFF.org:](#)

With news that Moderna has asked the FDA to authorize its COVID-19 vaccine for young children, the latest KFF COVID-19 Vaccine Monitor survey finds that about one in five parents of children under age 5 (18%) are eager to get their child vaccinated right away, while a larger share (38%) say they plan to wait a while to see how the vaccine is working for others. About four in ten parents of children under 5 are more reluctant to get their child vaccinated with 27% saying they will “definitely not” get their child vaccinated and 11% saying they will only do so if they are required. Just over half of parents of children in this age range say they do not have enough information about the vaccines’ safety and effectiveness for children under age 5.

Another loss for the COVID tyrants.

Whilst Trudeau had Covid-19 again, his Government revealed the Vaccinated account for 93% of COVID Deaths in Canada; 50% of which were Quadruple Jabbed

BY [THE EXPOSÉ](#) ON [JULY 9, 2022](#)

Despite allegedly being triple vaccinated, the Prime Minister of Canada, Justin Trudeau, recently tested positive for Covid-19 for a second time, and it looks like he was lucky to survive it.

Because according to his own Government, the fully vaccinated now account for 93% of all Covid-19 deaths across Canada, and 50% of the most recent deaths have been among Canadians who had been given four doses of a Covid-19 injection.

Ontario Stops Showing Covid Statistics By Vaccine Status

Ontario stops showing COVID by vaccine status. Now, why would they do that? Well, the reason given is to prevent false impressions that the vaccine isn't working: "This data set reported the total number of patients in hospital by vaccination status without taking into consideration the number of people in Ontario who are vaccinated overall. Comparing groups using count data (such as the number of patients) is appropriate when the groups being compared are about the same size (i.e. around mid-2021). However, now that approximately 87% of eligible Ontarians are fully vaccinated (compared to 3% partially vaccinated and 10% unvaccinated) This comparison is no longer appropriate and may be misleading."

In other words, they're hiding behind the "base rate fallacy," which occurs when categories with different population sizes are compared. For example, if there are 10x as many Americans as Canadians, comparing deaths needs to be done per 100,000 people to show a rate rather than the base numbers, wherein American death totals will be higher because of their larger population alone. However, this reason for pulling the data appears to be a cop-out and is misleading. At The Counter Signal, we've reported that the rates themselves have become unfavorable and disproportional for the vaccinated categories.

by Mike Campbell
<https://thecountersignal.com/ontario-stops-showing-covid-statistics-by-vaccine-status>

In a video message, Dr. Geert Vanden Bossche begs parents not to have their children vaccinated against COVID under any circumstances. "If you do, it could mean their death sentence."

Full transcript:

"My name is Geert Vanden Bossche. I am a vaccinologist. I have worked in the vaccine industry for many, many years. I am trained as a virologist, having worked for many years not only in the vaccine industry but also with Gavi and the Bill & Melinda Gates Foundation.

Today I want to talk about your children.

I beg you, I really beg you, do not vaccinate your children against COVID.

I will do my best to explain as best I can why this would be dramatic.

I'm not even going to talk about the fact that there's no need to vaccinate children against COVID. And that there are too many and too dangerous side effects.

I'm going to talk about how these vaccines affect children's immune systems. I am not exaggerating when I say that these vaccines could be a death sentence for your child.

Innate Antibodies

Let me explain how these vaccines will damage your child's innate immune system.

First, and these are facts and data that you can check, we have never, really ever used a viral vaccine other than live attenuated vaccine. During childhood, we never use any vaccine other than live attenuated vaccine. And there's a good reason for that.

This has everything to do with the innate or innate antibodies in the child. A child is equipped with a special kind of antibodies, innate antibodies. And those antibodies are only present for a limited time during childhood, then they disappear.

Kick-off immune system

These innate antibodies have an extremely important function. They help the child to kick-off his own immune system. The only way it can do this properly is thanks to its innate antibodies. What do these antibodies do?

First, the innate antibodies can neutralize the virus. And not just COVID but all kinds of viruses. Viruses are everywhere and people are continuously exposed to them.

But more importantly, by binding to the live virus, the innate antibodies learn to give proper instructions to the immune system to recognize not only the viruses it faces, but many other viruses as well. And that is important because the innate antibodies will disappear over time. So the immune system has to be trained to recognize viruses later in life, when the innate antibodies are no longer there.

But that's not all. By binding to viruses, the innate antibodies will prevent your innate immune system from recognizing self-components. These are components of the child's own body that should not be recognized.

What Happens When You Vaccinate Your Child?

What Happens When You Vaccinate Your Child? Then the vaccine creates antibodies, which will bind strongly to the virus and they will displace the innate antibodies. The innate antibodies are then no longer able to bind to the virus.

Source: <https://rumble.com/v1az8uc-dont-vaccinate-your-children-with-covid-vaccines-ev>

Share this:

Monkeypox has always been extremely rare and the disease was first identified in humans in 1970 in the Democratic Republic of the Congo. Since then, human cases of monkeypox have been reported in 11 African countries.

But it wasn't until 2003 that the first monkeypox outbreak was recorded in the United States. Monkeypox has never been recorded in multiple countries at the same time until this year.

This year's cases of monkeypox have been recorded in the U.S., Australia, Belgium, Canada, France, Germany, Italy, the Netherlands, Spain, Sweden and the U.K. all at the same time.

As of July, the alleged number of cases in the U.K. has skyrocketed to 1,235.

However, there's something unusual about the outbreak, especially since the world is allegedly experiencing an outbreak across first-world countries all at the same time.

Back in March 2021, the Nuclear Threat Initiative (NTI) collaborated with the Munich Security Conference (MSC) to run a tabletop exercise on reducing high-consequence biological threats. The exercise analyzed gaps in national and international biosecurity and pandemic preparedness architectures to find out possible opportunities to “improve prevention and response capabilities for high-consequence biological events.”

This is the scenario the NTI and the MSC conducted: A monkeypox outbreak that began on May 15 resulted in 3.2 billion cases and 271 million deaths by December 1, 2023.

The similarities are too close to reality and it would be unwise to consider the current monkeypox outbreak as an unusual coincidence, especially since the first cases were reported to the *World Health Organization* (WHO) on May 13.

Portugal's NIH suggests monkeypox outbreak may have been engineered.

Findings from the study conducted by Portugal's NIH suggest that the [current monkeypox outbreak](#) may be engineered.

For the study, NIH researchers gathered specimens from nine patients with monkeypox between May 15 and May 17 of this year and analyzed them. Results revealed that the recent multi-country outbreak of monkeypox is probably the [result of a single origin](#) since all sequences of viruses released to date tightly cluster together.

The research team also reported that the virus belongs to the West African group of monkeypox viruses. Additionally, they discovered that the virus is most closely related to monkeypox viruses that were exported from Nigeria to several countries in 2018 and 2019, specifically the U.K., Israel and Singapore.

This is the first clue that shows how the latest outbreak may be the result of an engineered virus that leaked from a lab.

The second clue that the monkeypox virus was leaked from a lab is the fact that even though the virus closely resembles those exported from Nigeria, it is still different with more than 50 single nucleotide polymorphisms (SNPs).

SNPs are genetic variations and the researchers explained that 50 SNPs are “*far more than one would expect.*” This implies that someone manipulated the monkeypox virus in a lab. (Related: [Study finds monkeypox virus has been heavily manipulated in a lab.](#))

Dr. Robert Malone broke down the Portugal study in an op-ed piece published by *Life Site News* and concluded that the current monkeypox outbreak is indeed engineered. “*This double stranded DNA virus, infections by which have historically been self-limiting, appears to be evolving to a form that is more readily transmitted from human to human. Bad news,*” he wrote.

Watch the video below to [know more about the monkeypox virus.](#)

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

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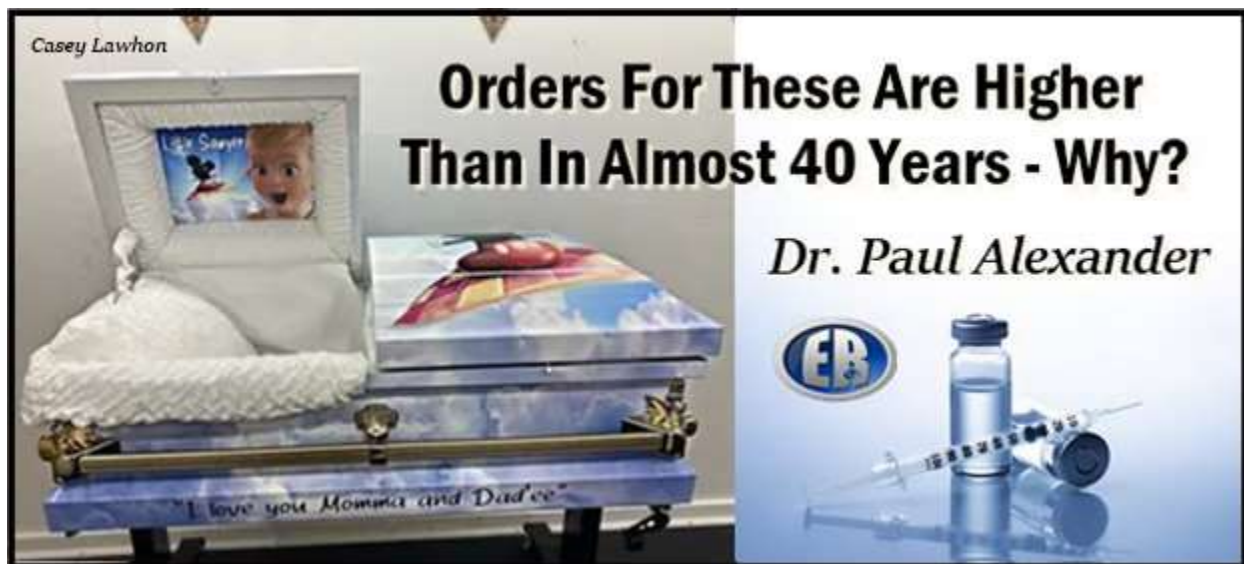
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[Monkeypox release is PSYCHOLOGICAL TERRORISM to keep humanity paralyzed with FEAR.](#)

[Same Wuhan lab linked to covid recently tampered with monkeypox strains.](#)

Casket Orders for Child-Sized Coffins Up in US & Canada, First Time in Decades

[July 11, 2022 TLB Staff](#)



ER Editor: In relation to the funeral industry and noticeable increases in death happening around periods of Covid vaccination uptake, we recommend any and all interviews given by UK funeral director, [John O’Looney](#). We also recommend checking out the links Dr. Paul Alexander gives below for Etana Hecht and Dr. Pierre Kory. They are illuminating, not least of which is that ‘Long Covid’ is being used as a cover-up for vaccine injury.

Coffins for children, casket orders for children sized coffins up in US & Canada, under 5 foot sized coffins, bulk orders are reportedly increasing for the first time in decades; if true, OMINOUS!

"I am sharing the tweets and any intel on this, of course we are trying to verify this but we always take any evidence, including anecdotal into account as we understand what is happening and COMING!"

[DR. PAUL ALEXANDER](#)

This piece of sharing is very very troubling for me and very painful and frightening for you and I. Is this a signal of what is coming? One cannot say that increased casket volume, numbers, is due to the vaccines direct, but is it? Could it be that straight forward? Is this a flag to signal to us, along with other evidence, that something is happening here and we have to be very very careful what we do next with our children and these COVID injections.

"We, Geert, Yeadon, myself, McCullough, Wolf etc. have said it is very dangerous to children...these injections will kill children. Has this begun? We need to investigate the veracity of this but this is very troubling as reported in media."

Record: Casket Maker Fears Mass Orders of Child Dimension Coffins Signal Impending Vaccine Deaths.

Responding to a Twitter user who has claimed he'd spoken along with funeral directors about an unusual rise in children who died after being vaccinated, Canadian Twitter user [@highesthalfling](#) asserted his family's casket business recently received two bulk orders for child dimension coffins.

[Etana Hecht](#) writes and she is a class act, intellect and serious and I trust this person's accuracy and truthfulness fully:

*'We spoke to the family the master of one of the largest casket producers in North America. They supply caskets to huge chains across the US and manufacture Perfect Caskets, among others. It's terrible to have to report upon such a thing, but the owners said that their sales of standard caskets have increased by **20%**, and since Dec 2021 their sales of small-size caskets (under five feet, i.e., for children) have increased simply by **400%**. He is not the only one talking about this, those in the funeral industry are well aware of the unexpected change in the nature of the business.'*

See my friend Dr. [Kory](#)'s

‘Head-Spinning’: FDA Quietly Grants Full Approval of Pfizer Comirnaty Vaccine for Adolescents

In a move Children’s Health Defense President Mary Holland called “head-spinning,” the U.S. Food and Drug Administration on Friday granted full approval of Pfizer-BioNTech’s Comirnaty COVID-19 vaccine for adolescents 12 through 15 years old.

By Megan Redshaw

The U.S. Food and Drug Administration (FDA) on Friday granted full approval of Pfizer-BioNTech’s Comirnaty [COVID-19](#) vaccine for adolescents 12 through 15 years old.

In an [FDA press release](#), the agency said full approval of Comirnaty follows a “rigorous analysis and evaluation of the safety and effectiveness data,” and the Pfizer-BioNTech vaccine “has been, and will continue to be authorized for emergency use in this age group since May 2021.”

[Pfizer’s press release](#) announcing the approval said the Comirnaty vaccine has been available under Emergency Use Authorization (EUA) since May 2021 for the adolescent age group.

Yet, Comirnaty is [not available](#) in the U.S for any age group and is [not the same formula](#) as the Pfizer-BioNTech vaccine currently authorized under EUA and being distributed as a “[fully approved](#)” vaccine.

“The approval of Comirnaty for adolescents 12 to 15 is head-spinning,” said Mary Holland, president and general counsel for [Children’s Health Defense](#).

Holland added:

“The FDA failed to convene an expert committee and failed to appropriately weigh the risk-benefit profile of this vaccine for this age group. Even Vaccine cheerleader Dr. Paul Offit acknowledged FDA decisions are being made based on political pressure, not science when, in commenting on the agency’s vote last week to allow reformulated booster shots, he said it felt like ‘[the fix was in.](#)”

Holland said that at base, *“this is a move by pharma to ensure liability protection”* under the [National Childhood Vaccine Injury Act of 1986](#). Some states likely will attempt to put Comirnaty on the childhood vaccine schedule, despite the myriad known and unknown risks, Holland said.

“Pfizer’s fraud and collusion with government is becoming more evident by the day,” Holland said. *“CHD, already challenging the authorizations for those six months through age 11, will be at the forefront of challenging this approval for teenagers.”*

Efficacy claims based on old analysis of 16- to 25-year-olds — before Delta, Omicron variants

Pfizer said Friday's approval is [based on data](#) from a Phase 3 clinical trial of 2,260 participants ages 12 through 15.

About half of the participants, *“elicited SARS-CoV-2–neutralizing antibody geometric mean titers (GMTs)”* demonstrating *“strong immunogenicity in a subset of adolescents one month after the second dose,”* Pfizer said.

It is unknown what happened to antibody levels after one month, but [peer-reviewed research](#) suggests vaccine protection conferred by second and third doses of Pfizer's COVID-19 vaccine [waned rapidly](#) against the Omicron variant.

“Our study found a rapid decline in Omicron-specific serum neutralizing antibody titers only a few weeks after the second and third doses of [the Pfizer-BioNTech] BNT162b2,” said the authors of a May 13 [study](#) published in JAMA.

To further [support its claim](#) that Comirnaty is effective in the 12 to 15 age group, Pfizer used an old analysis of 16- to 25-year-olds conducted before the Delta and Omicron surges.

“The efficacy analysis was conducted between November 2020 and May 2021, which was before the Delta and Omicron surges,” and the *“only SARS-CoV-2 variant of concern identified from the confirmed COVID-19 cases in this age group was Alpha,”* Pfizer said in its press release.

FDA experts question neutralizing antibodies as standard for vaccine effectiveness.

During a [June 28 meeting](#) of the FDA's Vaccine and Related Biological Products Advisory Committee (VRBPAC), vaccine experts raised concerns that neutralizing antibodies did not correlate to clinical protection — noting Moderna's COVID-19 vaccine had a [two-fold increase](#) in neutralizing antibody levels compared with Pfizer's vaccine during clinical trials, but it did not translate into a clinically significant difference in terms of protection against severe disease.

[Dr. Ofer Levy](#), VRBPAC member and infectious disease physician at Boston Children's Hospital, [said](#) during the meeting there is still “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 said:

“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.”

Levy, who said antibodies are important, but T cells are more important, called for federal leadership to establish 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.”

Dr. Peter Marks, head of the FDA’s Center for Biologics Evaluation and Research, acknowledged the importance of Levy’s question and said they are “having conversations” with colleagues at the National Institutes of Health and throughout government about how they might move forward, but it is something they “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.”

Comirnaty not available in the U.S.

According to Pfizer’s [press release](#), Comirnaty was previously made available to the 12 to 15 age group in the U.S. under EUA and 9 million U.S. adolescents in this age group have completed a primary series.

“The vaccine, sold under the brand name Comirnaty for adults, has been available under an emergency use authorization since May 2021 for the 12-15 age group,” [Reuters reported](#). “It will now be sold under the same brand name for adolescents as well.”

Yet, Pfizer’s [information hotline](#) says it has no specific information on when Comirnaty will be available.

The [FDA said](#) Friday the Pfizer-BioNTech vaccine “has been, and will continue to be, authorized for emergency use in this age group since May 2021.”

The CDC’s website [states](#) that Comirnaty is “not orderable.”

A branch of the U.S. Department of Health and Human Services overseeing the [Strategic National Stockpile](#) indicated Comirnaty was [not available](#) because Pfizer did not have time to change the labels.

According to [FDA documents](#), Comirnaty is not available in the U.S. and nobody has received a fully approved and licensed COVID-19 vaccine.

“Comirnaty has not been made available under EUA,” said [Dr. Madhava Setty](#), physician and senior science editor for [The Defender](#).

Setty added:

“The FDA and Pfizer have already stated very quietly, that they have no intent of manufacturing Comirnaty for distribution. Everyone is getting the non-licensed formulation that carries no liability for pharmaceutical companies.”

The [CDC website confirms this](#), stating the Comirnaty formulation *“will not be manufactured or made available in the near term even if authorized.”*

The FDA on Aug. 23, 2021, [approved](#) Pfizer’s [biological licensing application](#) (BLA) for its COVID-19 vaccine named Comirnaty for people age 16 and older.

CHD challenged FDA on Comirnaty ‘approval’ for adults

As [The Defender reported](#), there were “several bizarre aspects to the FDA approval” that proved confusing — which led to [CHD suing the FDA](#) over its approval of Comirnaty.

The FDA acknowledged that while Pfizer had “insufficient stocks” of the newly licensed Comirnaty vaccine, there was “a significant amount” of the Pfizer-BioNTech COVID vaccine — produced under EUA — still available for use.

The FDA said the [Pfizer-BioNTech vaccine](#) under EUA should remain unlicensed but could be used *“interchangeably”* with the newly licensed Comirnaty product. The FDA also said the licensed Pfizer Comirnaty vaccine and the existing Pfizer-BioNTech vaccine were *“legally distinct,”* but proclaimed their differences did not *“impact safety or effectiveness.”* ***“Bait and Switch Trickery!”***

Yet, there is a [“huge real-world difference”](#) between products approved under EUA compared with those the FDA has fully licensed.

EUA products are [experimental](#) under U.S. law and cannot be mandated. A licensed vaccine, such as Comirnaty, [can be mandated](#) by employers and schools.

Although Pfizer's Comirnaty vaccine can be mandated, it has no liability shield. Vials of the branded product, which say "Comirnaty" on the label, are subject to the same product liability laws as other U.S. products.

Only COVID-19 vaccines distributed under EUA — which in the U.S. includes Pfizer-BioNTech, Moderna and Johnson & Johnson — have liability protection under the [2005 Public Readiness and Preparedness Act](#) (PREP).

Under [PREP](#), the only way an injured party can sue a pharmaceutical company for an injury caused by an EUA vaccine is if he or she can prove willful misconduct and if the U.S. government has also brought an enforcement action against the party for willful misconduct. No such lawsuit has ever succeeded.

Comirnaty cannot receive liability protection unless it is fully approved for children and added to the CDC's immunization schedule bringing it under the auspices of the [National Vaccine Injury Compensation Program](#).

Pfizer-BioNTech and Comirnaty vaccines aren't interchangeable

The FDA on Oct. 29, 2021, [authorized a manufacturing change](#) to allow an additional formulation of the Pfizer-BioNTech COVID-19 vaccine that uses tromethamine (Tris) buffer instead of phosphate-buffered saline (PBS) used in the originally authorized Pfizer-BioNTech COVID-19 vaccine.

The FDA on Dec. 16, 2021, approved a supplement to the Comirnaty BLA to include a new 30 mcg dose formulation that uses the Tris buffer instead of the PBS buffer used in the originally approved vaccine.

The Pfizer-BioNTech vaccine [may contain](#) either the PBS buffer or tris buffer, except for the 5 to 11 age group. The Comirnaty vaccine contains the Tris buffer. The Pfizer-BioNTech vaccine used for the 5 to 11 age group uses a Tris buffer, despite [clinical trials](#) having been conducted using Pfizer's vaccine containing the PBS buffer.

According to Pfizer's July 8 [press release](#), the FDA relied upon studies conducted prior to the formula change to justify the approval of Pfizer's Comirnaty vaccine for adolescents ages 12 to 15.

The type of buffer used in a COVID-19 vaccine can affect the potency of the vaccine, how it is stored and the propensity to develop potential adverse events, [TrialSite News reported](#).

According to [Cleveland Clinic](#), Tris is commonly used for the prevention and treatment of metabolic acidosis associated with [various clinical conditions](#) such as heart bypass surgery or cardiac arrest. It is also [used in other vaccines](#), including [Moderna's COVID-19 vaccine](#), dengue, smallpox and Ebola vaccines.

The FDA [categorizes tromethamine](#) as a [category C drug](#) and suggests using tromethamine only if clearly needed.

It is unknown if tromethamine will harm an unborn baby, but animal reproduction studies have shown an adverse effect on the fetus, and there are *“no adequate and well-controlled studies in humans.”*

“The FDA-evaluated manufacturing data [to] support the change in this inactive ingredient and concluded it did not impact the safety or effectiveness of the product,” Marks, said during an October 2021, [press briefing](#).

According to the FDA’s [Letter of Authorization](#), reissued on Oct. 29, “analytical comparability assessments” revealed the Pfizer-BioNTech COVID vaccine formulations containing Tris and PBS buffers were “analytically comparable.”

Yet, [no human or animal trials](#) were conducted to determine the safety or efficacy of the new formula.

This is further proof of the corrupt nature of the FDA along with the other public health agencies. The FDA has always required both animal and human trials on new medicines for decades. This is criminal manslaughter at best! -(Pastor Bob)

Spain Admits Spraying Chemtrails As Part Of Secret UN Program

Published on July 11, 2022

Written by Dr. Joseph Mercola



Chemical trails, commonly known as chemtrails, refer to the white trails sometimes left behind as airplanes fly through the sky.

An estimated 17 percent of people worldwide believe that these trails are actually toxic chemicals that are intentionally sprayed into the air as part of a secret large-scale atmospheric program (SLAP), also sometimes referred to as covert geoengineering.¹

Public officials have generally denied the existence of chemtrails, and a document published in 2000 by the U.S. EPA suggests “condensation trails,” or “contrails,” that are visible behind jet aircraft engines are “composed primarily of water (in the form of ice crystals) and do not pose health risks to humans,” but noted “they do affect the cloudiness of the Earth’s atmosphere, however, and therefore might affect atmospheric temperature and climate.”²

An order released by the Spanish government tells a different story, however, suggesting that it authorized its military to spray dangerous chemicals into the skies as part of a defense against COVID-19.³

Spanish Order Authorizes Biocide Spraying For Disinfection

A Royal Decree published April 16, 2020, a by the Spanish government in the Official State Gazette⁴ declared a state of emergency due to the COVID-19 pandemic, authorizing the use of biocide chemicals:⁵

“Order SND/351/2020, of April 16th, which authorizes the Armed Forces and Units and Military Emergency Units to use biocide chemicals authorized by the Ministry of Health for disinfection in order to deal with the Covid 19 Health Crisis.

Royal Decree 463/2020, of March 14th, hereby declares a state of emergency for the management of the health crisis situation caused by COVID-19, which includes a series of measures aimed at protecting the welfare, health and safety of citizens and the containment of the progression of the disease and strengthen the public health system.”

The decree granted the minister of health, Salvador Illa Roca, the authority to dictate said orders:⁶

“Order SND/351/2020, of April 16th, which authorizes the Armed Forces and Units and Military Emergency Units to use biocide chemicals authorized by the Ministry of Health for disinfection in order to deal with the Covid 19 Health Crisis.

Royal Decree 463/2020, of March 14th, hereby declares a state of emergency for the management of the health crisis situation caused by COVID-19, which includes a series of measures aimed at protecting the welfare, health and safety of citizens and the containment of the progression of the disease and strengthen the public health system.”

Use of ‘Aerial Media,’ ‘Nebulization’ Requested

In addition to acknowledging that the Ministry of Health had been evaluating the virucidal capacity of antiseptics and chemical disinfectants, the government order also details the intended application of the chemicals, which is via **“aerial”** techniques, not manual application:⁷

“Among the most effective disinfection techniques are the use of aerial media, then through them, with techniques of nebulization, thermo nebulization and micro nebulization, all surfaces are reached quickly, avoiding depending on manual application, which is slower, and sometimes does not reach all surfaces because there are obstacles that prevent reaching them.

The CBRN defense units of the Armed Forces and the Military Unit of Emergencies (UME) have personal means, materials, procedures and the sufficient training to carry out aerial disinfection, since they are operations that they execute regularly, with the exception that instead of using biocidal products do it with other decontaminating chemicals.

It is therefore that, in view of the foregoing and the effect of improving and streamlining the operations of disinfection of all types of facilities that the Armed Forces personnel come to carrying out, it is considered appropriate to authorize, exceptionally and for the duration of the state of alarm, the CBRN Defense Units of the Armed Forces and the UME, the use of disinfectants and biocides from main group 1 described in article 1.1 of Royal Decree 830/2010, of June 25, which establishes the regulations.”

In short, Planet Today reported, *“The Spanish government ordered the military to quietly spray lethal chemtrails on its citizens with UN authorization under the cover of the ‘state of emergency for the management of the health crisis situation caused by Covid-19,’”*⁸ and it’s not the first time they’ve done so.

According to the news outlet, in 2015 four whistleblowers from Spain’s meteorological agency told the European Parliament that chemicals were regularly being sprayed over the country to alter the climate:⁹

“On May 19, 2015, MEP Ramon Tremosa i Balcells (ALDE) announced in the European Parliament that four workers from the State Meteorological Agency had confessed that Spain is being sprayed entirely from planes that spread lead dioxide through the atmosphere, silver iodide and diatomite.

The objective, according to the same MEP, would be to ward off the rains and allow temperatures to rise, which creates a summery climatic environment for tourism and, at the same time, helps corporations in the agricultural sector. This, in turn, is producing cold drops of great intensity.”

Geoengineering Is Going Mainstream

Large-scale manipulation of the Earth’s climate, known as geoengineering,¹⁰ is becoming increasingly mainstream. The United Nations is among those now considering a controversial form of geoengineering, involving spraying sulfate aerosols into the Earth’s stratosphere in order to modify climate¹¹ — with unknown, and potentially disastrous, effects.

Sulfate aerosols are tiny reflective particles that can reflect more sunlight back into space when they’re sprayed into the stratosphere 12 to 16 miles above Earth’s surface. This leads to lower global temperatures — as well as lower average precipitation,¹² highlighting one significant potential downside.

A report by the United Nations Intergovernmental Panel on Climate Change (IPCC), published in August 2021,^{13,14} mentions solar radiation management and ‘greenhouse gas’ removal as forms of geoengineering.¹⁵ Sulfate aerosols fall into the solar radiation management category, but additional geoengineering techniques — such as thinning out cirrus clouds in the upper atmosphere — would be necessary to counteract the decrease in precipitation caused by their use.

What's more, different regions could face severe outcomes from geoengineering techniques used in other parts of the world, to the extent that their ability to grow food could be affected. Report author Govindasamy Bala, from the Indian Institute of Science, said *"the science is there"*¹⁶ to use geoengineering, but it's far from an exact one.

"I think the next big question," Bala told Reuters, *"is, do you want to do it? ... That involves uncertainty, moral issues, ethical issues and governance."* As Reuters reported, *"That's because every region would be affected differently. While some regions could gain in an artificially cooler world, others could suffer by, for example, no longer having conditions to grow crops."*¹⁷ Paulo Artaxo, environmental physicist at University of Sao Paulo and another report author, added:¹⁸

"Basically the message is more or less the same as (the previous report): The science is not mature enough. The side effects of any of the known geoengineering techniques can be very significant ... Society has to consider if these side effects are too big to try any strategy."

Cloud Seeding Has Been Going On For Decades

It should be noted that certain forms of geoengineering are already in use. It was the middle of the 20th century when geoengineering was first developed, using World War II technologies.

Cloud seeding is one such example that's been used for decades¹⁹ and involves "seeding" clouds with silver iodide or solid carbon dioxide to promote rain and snow or weaken tropical storms. At least eight western U.S. states and dozens of countries use cloud seeding to enhance precipitation.²⁰

"In addition, the U.S. military suggested that nuclear weapons might be used as tools to alter regional climates and make certain areas of the world more favorable for human habitation. This proposal, however, was not tested,"

Britannica reported.²¹

Other ideas to alter Earth's climate have also been discussed. Proposed methods to reflect more sunlight to reduce 'global warming' have included floating billions of golf balls in the oceans, sending a giant mirror into orbit, removing cirrus clouds, planting shinier crops and buildings and releasing microbubbles to make the ocean's surface more reflective.²²

The possibility of floating giant spaceships over the Earth to reflect sunlight has even been considered.²³

Geoengineering As A Gateway For Social Control

Bill Gates is heavily invested in geoengineering techniques. In 2010, he funded research to develop machines that would spray seawater into the clouds with the goal of increasing the ability to reflect sunlight into space, and therefore reduce global temperatures.²⁴

In 2018, Gates also helped fund experiments for Harvard scientists, who proposed spraying the stratosphere with calcium chloride to help slow the Earth's warming by blocking out the sun.²⁵ But as Vandana Shiva, Ph.D. explained in our past interview,²⁶ weather modification via geoengineering could be used as a weapon of control, including control of agriculture.

Writing in *The Defender*, Robert F. Kennedy Jr. also warned that Gates' forays into climate control could easily be a guise for social control:²⁷

"His investment history suggests that the climate crisis, for Gates and his cronies, is no more than an alibi for intrusive social control, 'Great Reset'-scale surveillance, and massive science fiction geoengineering boondoggles, including his demented and terrifying vanity projects to spray the stratosphere with calcium chloride or seawater to slow warming, to deploy giant balloons to saturate our atmosphere with reflective particles to blot out the sun, or his perilous gambit of releasing millions of genetically modified mosquitoes in South Florida."

Single Scientist Holdout Cites Barium In Atmosphere

Scientific research looking into chemtrails is unsurprisingly sparse, but one study does exist. Published in the journal *Environmental Research Letters* in 2016, it includes a survey in which experts on atmospheric chemistry and atmospheric deposition were asked to "*scientifically evaluate the claims of SLAP theorists.*"²⁸

Nearly all — 76 out of 77 — of the scientists concluded that they had not encountered evidence of SLAP and believed chemtrails could be explained by other factors, "*including well-understood physics and chemistry.*"²⁹ But there was one scientist who couldn't rule them out and, in fact, answered "yes" when asked whether they have ever encountered evidence that indicates the existence of SLAP.³⁰

They cited a remote location where barium levels in the atmosphere were unusually high compared to the levels of barium in the soil.³¹ Barium levels in the environment are typically very low³² — and abnormal concentrations of elements like barium are suggested to be one form of evidence of sprayed chemicals.³³

See more here: noqreport.com

The book '*Chemtrails are Not Contrails*' published earlier this year has confirmed that the UN is spraying burnt coal fly ash from power plants, the greatest threat to all life forms! (Pastor Bob)

Parents not rushing to vaccinate very young children for covid

<https://www.dailywire.com/news/parents-not-rushing-to-vaccinate-very-young-children-for-covid-report-finds>

Fauci still urges COVID vaccines but admits they 'don't protect overly well' against infection

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Life Insurance CEO Reveals Deaths Are Up 40% Among Working People: "Just unheard of"

<https://m.youtube.com/watch?v=Sp8ciwi0CL8>

Losing the battle? Pentagon COVID-19 vax mandates tottering under legal scrutiny

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Mask mandate could return - Los Angeles Covid surge

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Dutch farmers clog roads on the anti-government protest

<https://www.agrinews-pubs.com/business/2022/07/09/dutch-farmers-clog-roads-on-way-to-anti-government-protest/>

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<https://www.nakedcapitalism.com/2022/07/21-african-countries-just-quietly-embraced-vaccine-passports.html>

Dutch farmers say the government wants their land to build refugee housing

<https://rumble.com/v1c4o0b-dutch-farmers-say-the-government-wants-their-land-to-build-refugee-housing.html>

Starbucks will close 16 stores in major cities, citing safety concerns

<https://justthenews.com/nation/crime/starbucks-will-close-16-stores-major-cities-citing-safety-concerns>

HOOOONK! From Nijmegen to Beek, Dutch Farmers Have Taken Over the Streets

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Next Pandemic

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Mask mandate could return - Los Angeles Covid surge

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The size of the millennial generation is to blame for sky-high inflation, strategist says

<https://www.cnbc.com/2022/07/15/millennials-are-to-blame-for-sky-high-inflation-strategist-says.html>

Shinzo Abe opposed COVID vaccines and promoted ivermectin: Was he targeted for supporting health freedom?

Tuesday, July 12, 2022 by: Ethan Huff

(Natural News) By now, you have probably already heard about the assassination of former Japanese Prime Minister Shinzo Abe, who was shot dead during a recent campaign rally. But what you may not know is that Abe was a **fierce health freedom fighter** who opposed Wuhan coronavirus (COVID-19) “vaccines,” lockdowns, and other forms of medical tyranny, as well as supported the right of people to use ivermectin and other prohibited remedies.



Japan’s longest-serving prime minister, Abe is described as “a titan of anti-communism.” During the final months of his premiership back in 2020, he famously resisted the implementation of COVID authoritarianism, which also just so happened to leave Japan in much better shape, public health-wise, than much of the rest of the world that dove headlong into tyranny.

“Abe resisted border controls and the postponement of the Tokyo Olympics and, prior to leaving office, wished for COVID’s official infectious disease categorization to be lowered to the same level as influenza,” writes Michael P.

Senger on his Substack. *“For this, Abe increasingly came under fire both domestically and internationally.”*

Abe was hated by communists because he was a staunch defender of freedom, including health freedom.

Ever since Abe left office, Japan’s covid response has moved increasingly closer to the international standard – meaning it became much more of a medical police state. Even though he was not technically in office throughout the *plandemic*, Abe is considered to be *“a figure of considerable ongoing influence in Japanese politics.”*

***“Most mandates are still enforced socially rather than legally, but coupled with severe international entry requirements, some expats have dubbed this ‘lockdown in all but name,’”* Senger explains about how the loss of Abe both from office and now from life itself has been a terrible thing for Japan, which was doing quite well without covid restrictions.**

While the motives of Abe’s assassin are not fully known, we do know that Abe was hated by communists, including those in communist China. Many of them were seen celebrating Abe’s assassination on social media, seeing it as a critical move for chipping away at the ideals of freedom that he long upheld and pushed to preserve in Japan.

***“Though the assassination’s political consequences remain to be seen, Abe was one of the staunchest anti-communists in Asia and one of NATO’s most reliable partners,”* Senger further writes.**

“Under his premiership, Japan gained geopolitical significance on the world stage, especially as a counterweight to China. For that reason alone, his death carries considerable symbolic import.”

As you may recall, former Tanzanian president Dr. John Magufuli suffered a mysterious death back in April 2021 that appears to have been for similar reasons as Abe’s assassination. Magufuli was staunchly anti-communist, having at one point barred China from taking over his country. Like Abe, Magufuli also resisted COVID tyranny.

“Ask any African what happened to him, and they will immediately tell you that he was assassinated,”* wrote one of Senger’s readers about Magufuli’s death. *“The mainstream Western press loved to paint him as a kook.”

Another pointed out that Magufuli was also the first to demonstrate to the world that PCR tests are fraudulent and not in any way an accurate indicator of illness. He openly mocked the tests, in fact, showing that papaya and various inanimate objects tested “positive” for COVID using PCR tests.

“We have cousins who live there and they visited us this summer,” wrote another about the situation in Tanzania.

“They feel like they’re visiting an insane asylum when they come here as life is being lived quite normally in Tanzania. When the interim president Hassan came to their village, she was met with a crowd chanting ‘no vaccines.’”

CDC: 80% of urine samples found to contain cancer-causing glyphosate weed killer

Tuesday, July 12, 2022 by: Ethan Huff

[\(Natural News\) New research](#) commissioned by an arm of the U.S. Centers for Disease Control and Prevention (CDC) has found that nearly every person’s body is loaded with cancer-causing glyphosate, one of the main ingredients in the Roundup herbicide formula.

Calling it a “disturbing” and “concerning” discovery, the researchers behind the new study found that 1,885 urine samples collected from 2,310 people in America said to be representative of the United States population as a whole tested positive for glyphosate.

Nearly 33 percent of the samples came from children as young as six, suggesting that even little kids are being exposed to the deadly chemical, probably from eating contaminated food, drinking tainted water, and playing in the chemical-drenched grass at school or the local park. (Related: Monsanto, the original creator of glyphosate, has [known for decades](#) that the chemical causes cancer.) For many years now, academics and private researchers have been sounding the alarm of glyphosate’s pervasive presence in pretty much everything, as well as its extreme toxicity. The government, up until now, has turned a blind eye to the truth.



Only recently did the CDC start to examine the extent of these claims, discovering that they were spot-on.

“I expect that the realization that most of us have glyphosate in our urine will be disturbing to many people,” said Lianne Sheppard, a professor at the [University of Washington](#)’s department of environmental and occupational health science.

Thanks to this new research, she added, *“we know that a large fraction of the population has it in urine.”*

“Many people will be thinking about whether that includes them.”

Glyphosate appears to accumulate over time in the human body, which explains increasing concentrations of it in human urine.

Sheppard, it turns out, is one of the experts who helped co-author a famous 2019 analysis of glyphosate that determined it causes non-Hodgkin lymphoma. That analysis is now serving as evidence in a plethora of legal cases against Bayer, which took over Monsanto and ownership of glyphosate.

According to another paper published in 2017 by researchers from the [University of California San Diego School of Medicine](#), glyphosate has been identified as present in human urine for many years. Over time, however, the concentration of it has increased steadily.

When that study was first published, lead research Paul Mills stated that there was *“an urgent need”* for a thorough examination of the impact of glyphosate on human health. Since that time, glyphosate concentrations in human urine have only increased.

Somewhere in the ballpark of 200 million pounds of glyphosate are dumped every single year on U.S. farms with the government’s blessing. The chemical is sprayed directly on genetically engineered (GMO) crops such as corn and soy, as well as on non-GMO conventional crops like wheat and oats as a desiccant.

“Many farmers also use it on fields before the growing season, including spinach growers and almond producers,” *The Guardian* reports. *“It is considered the most widely used herbicide in history.”*

Baby food is among the most glyphosate-contaminated foods on the American market – but truthfully speaking, every kind of food sold in America is more than likely drenched in the deadly chemical.

“People of all ages should be concerned, but I’m particularly concerned for children,” says Phil Landrigan, who for years worked at both the CDC and the Environmental Protection Agency (EPA).

“Children are more heavily exposed to pesticides than adults because pound-for-pound they drink more water, eat more food and breathe more air. Also, children have many years of future life when they can develop diseases with long incubation periods such as cancer. This is particularly a concern with the herbicide, glyphosate.”

CDC now pushing FOURTH covid shot, with no end in sight... because “follow the science” means MINDLESSLY OBEY

Thursday, July 14, 2022 by: Ethan Huff



([Natural News](#)) Ashish Jha, the Biden regime’s Indian-American “covid czar,” held a video conference with Tony Fauci and Rochelle Walensky this week to **announce that** Americans should now line up for a *fourth* Wuhan coronavirus (Covid-19) “booster” shot.

Because of the all-new **Moronic Ninja variant** of the Chinese virus, Jha, Fauci and Walensky want everyone in the United States to have at least four injections up their sleeve in order to keep them “safe.”

“Many Americans are under-vaccinated, meaning they are not up to date on their Covid-19 vaccines,” Walensky bellowed, stumbling over her scripted portion of the presentation.

“Not all people over the age of 50 have received their first booster dose. Of those who received their first booster dose, only 28 percent of those over 50 have received a second booster dose. And of those over the age of 65, only 34 percent have received their second booster dose.”

“So, my message right now is very simple: It’s essential that these Americans, as Dr. Jha said, get their second booster shot right away.”

Fauci then chimed in about how Americans need to avoid thinking that the *plandemic* is over, even though it is clearly over – at least for the unvaccinated. Those who got jabbed, well, *good luck* with all those vaccine-induced AIDS (VAIDS) symptoms.

“Everybody wants to put this pandemic behind us, and feel and hope that it doesn’t exist. It does!” Fauci yelled at the camera during his segment.

Why do they want people to suddenly get a fourth jab at warp speed?

One wonders, why the sudden push for an immediate fourth injection? What are Jha, Fauci and Walensky up to – or rather, what do they know that they are not disclosing?

Are the triple-jabbed about to lose all immune function and thus require an extra *boost* to stay alive for a few more weeks? Or is the fourth booster the kill shot that they need to get into arms quickly for maximum impact?

“The shots don’t prevent infection, and they don’t prevent transmission,” noted [a commenter](#).

“And, there is ZERO proof that the shots ‘lessen’ the effects of symptoms. Oh – and there sure are a lot of unexplained deaths these days.”

Another wrote that anyone who willingly takes this fourth shot is *“guaranteeing themselves an early death.”*

“We are only one virulent strain away from massive deaths of the vaccinated with their compromised immune systems,” this person added. ***“Of course, the narrative will be that everyone must get vaxxed. There will still be those foolish enough to comply. They will get what they deserve.”***

Life insurance companies, meanwhile, are reporting massive increases in death claims among the 16-to-64 age demographic, which is also the most jabbed demographic.

“And casket makers are selling over 5 times the annual number of child sized caskets as they normally do in the last 7 months,” added another commenter.

One would think that there would be widespread protests in the streets over the medical genocide that is taking place. Instead, hordes of angry women and their effeminate male allies are screaming about the loss of *Roe v. Wade* and the “right” to murder unborn children.

“There isn’t a single vocal group of ticked-off, resistant Americans on the streets today protesting what is likely the worst medical atrocity in modern or any history,” a commenter wrote.

“The worse the crime, the more it passes as normal in America today.”

Another pointed out that there are still many people out there, sadly, who will listen to Jha, Fauci and Walensky, no matter the evidence they are shown to the contrary.

CDC FRAUD: Emails confirm that CDC officials fraudulently changed the definition of “vaccine” to force needless mRNA injections onto the population

Thursday, July 14, 2022 by: Lance D Johnson

[\(Natural News\)](#) Locking people down in their homes, taking their jobs, and threatening their livelihoods was never enough. To force the population to take part in needless genetic experiments, the Centers for Disease Control (CDC) [also had to change the definition of “vaccine” and “vaccinated”](#) to manipulate more individuals to comply with their ill-gotten authority. Newly uncovered emails confirm that CDC officials conspired to dumb down the definition of “vaccine” and “vaccination” to force more people to take experimental mRNA injections.

Totalitarian CDC uses deception and fraud to harm population

In 2021, many Democratic-ran governments told the people that their lives would *“not go back to normal”* unless they were fully-vaccinated. Reoccurring lockdowns, mask mandates, social distancing propaganda and fraudulent DNA swabs were used as tools of coercion to maximize vaccine compliance. The covid-19 vaccine program was rolled out militarily, targeting specific age groups, as if individual health, body autonomy, natural immunity and the doctor-patient relationship did not matter.

It didn’t take long for the *“vaccinated”* to realize that the injections were worthless for providing immunity, mitigating and/or stopping the spread of the target illness. Many people reported that the injections made them sick, too. Tens of thousands were disabled or killed and reported their case to the Vaccine Adverse Events Reporting Systems (VAERS) — with no recourse. Some Pfizer covid-19 vaccine lots were [twenty-five times more likely to cause adverse events](#) than other lots of the same vaccine. When the emergency use authorization (EUA) was approved for the mRNA jabs, the [FDA concealed important information on adverse events and deaths](#) in the clinical trials. Instead of addressing this medical holocaust, the CDC changed the definition of “vaccine” and “vaccination” to maximize compliance.

CDC officials changed the definition of “vaccine” and “vaccination” to manipulate public.

Before the covid-19 scandal, a vaccine was defined as “a product that stimulates a person’s immune system to produce immunity to a specific disease.” In September 2021, the CDC changed the definition because the mRNA jabs were not stopping infection, were not conveying immunity and therefore did not align with the traditional definition of a vaccine.

After the CDC definition change, [a vaccine is referred to as](#) “a preparation that is used to stimulate the body’s immune response.” Many things can stimulate some form of immune response, especially when those substances are injected, but this artificial augmentation does not automatically demonstrate that an experimental product confers immunity or is a safe and effective immunization.

The CDC also dumbed down the definition of vaccination. Since 2011, the CDC defined “vaccination” as “an injection that prevents a disease.” After the change, the CDC claimed a vaccination is “the act of introducing a vaccine into the body to produce protection from a specific disease.” Alex Berenson was one of the first investigative reporters to call out the CDC’s Orwellian definition change for “vaccine” and “vaccination.”

Mockingly, CDC officials defended the change of definition, claiming the “slight changes haven’t impacted the overall definition” of vaccines. They claimed the new definition was simpler for the public to understand. This twist of words could more accurately be described as deception and fraud.

CDC officials try to make covid jabs appear safe and effective, but lose public’s trust.

CDC official Alycia Downs warned her colleagues on August 25, 2021 that the American people were starting to notice that the experimental mRNA jabs do not meet the CDC’s definition of a vaccine. This internal email was sent out one month before the CDC officially changed the definition of vaccine and vaccination. Downs said the longstanding definition of “vaccine” was “problematic.” She told her colleagues that “people are using it to claim the COVID-19 vaccines [are] not a vaccine based on our own definition.” After the memo was sent, Alycia Downs worked with Allison Michelle Fisher, Cynthia Jorgensen, Valerie Morelli, and Andrew (unnamed) to come up with a new definition for “vaccine” and “vaccination.”

During the discussion, the CDC accepted comments from people who were worried that their friends and relatives wouldn’t take the shots. Downs opened up the discussion by asking, “Do you all have recommended updates for the content?” One of the public commenters provided the CDC with a basis to change the definition of “vaccine.”

“Right-wing covid-19 pandemic deniers are using your ‘vaccine’ definition to argue that mRNA vaccines are not vaccines...” the commenter suggested. “This

was twisted to claim that the existing covid-19 vaccines were not vaccines because they only prevented severe illness. I think it would be more accurate to say that a vaccine function is “to stimulate an immune response” to be clear that perfect immunity is [not what defines a vaccine](#).”

It only took one month for [the CDC to change the definition](#) and re-establish authority on the topic of vaccination. In this process of fraud and deceit, the CDC lost the public’s trust and revealed the façade of their own perceived authority.
[TheGatewayPundit.com](#)

Zuckerberg warns that COVID-19 vaccines are “experimental” and “unproven” in a leaked video (but Facebook bans you if you say the same thing)

Wednesday, July 13, 2022 by: Belle Carter

[\(Natural News\)](#) A leaked video of Meta Platforms, Inc. CEO Mark Zuckerberg showed him cautioning his inner circle of the unproven effects of the Wuhan coronavirus [\(COVID-19\) vaccines he called “experimental gene technology.”](#)

Aware of the unsubstantiated curing effects and potential dangers of the vaccines, the tech giant chief felt compelled to alert his people regarding the shots on July 16, 2020 – five months before the initial rollout of COVID-19 vaccines.

“I just want to make sure that I share some caution on this [vaccine] because we just don’t know the [long-term side-effects of basically modifying people’s DNA and RNA to directly encode in a person’s DNA and RNA basically the ability to produce those antibodies and whether that causes other mutations or other risks downstream,](#)” Zuckerberg said in the leaked video, which was taken during an internal meeting at Facebook (FB).

Project Veritas founder James O’Keefe noted during the release of the video last year that Zuckerberg would have been “censored on the platform” if what he said to his staff in July was posted on Facebook. He would be [“basically violating his own code of conduct,”](#) O’Keefe said.

“It is yet another case of ‘one rule for thee, and another for me’ that the elite use to control the masses,” news website *News Punch* said.

Back in 2019, the media magnate spoke in front of students at [Georgetown University](#) about the importance of protecting free expression. He highlighted his belief that giving everyone a voice [gives power to the powerless and pushes society to be better over time](#) – a belief that is at the core of Facebook, he said.

However, the freedom to express has been throttled on Facebook and the other major social media platforms in recent years.

Meta had censored 20 million posts since start of pandemic.

Last year, FB and Instagram (IG), which is also under the Meta Platforms umbrella, [banned major groups, accounts and IG pages](#) for speaking out and raising concerns and doubts about the vaccines' adverse effects.

According to a [Coordinated Inauthentic Behavior Report](#) last year, FB removed 65 of its own and 243 IG accounts for spreading "misinformation" about the COVID-19 vaccines. They have removed more than 20 million individual posts since the start of the pandemic.

In an interview with CBS in August last year, TV anchor Gayle King asked Zuckerberg to release information on how many people have viewed and shared FB posts containing misinformation about the COVID-19 vaccine.

He admitted that FB has removed millions of posts containing misinformation from their website, but [failed to answer when pressed by the host on how many people viewed or shared these posts](#).

"I think, to some degree, there are also different definitions that people have over what misinformation is. A lot of the stuff that's actually the hardest for us to really address is not what I would call 'misinformation' but instead another category that I would call 'hesitancy,'" he said at the time. (Related: [House Republicans demand Zuckerberg surrender all communications with Fauci over covid-19 and "vaccine hesitancy" censorship](#).)

One of the well-known personalities that have been banned from social media is Robert F. Kennedy Jr., an environmental lawyer who emerged as one of the most influential voices during the early days of the pandemic.

Kennedy Jr., who describes himself as a vaccine safety advocate, was not impressed with Bill Gates' track record of pushing vaccines on vulnerable populations, causing serious health problems in some cases. Subsequently, Meta "fact-checkers" banned Kennedy Jr. from Instagram for speaking out about vaccine safety.

20% of Deaths Reported After COVID Vaccines Related to Cardiac Disorders, CDC Data Show

VAERS data released Friday by the Centers for Disease Control and Prevention show **1,341,608 reports of adverse events** from all age groups following COVID-19 vaccines, including **29,460 deaths** and **243,466 serious injuries** between Dec. 14, 2020, and July 8, 2022.

By [Megan Redshaw](#)

The Centers for Disease Control and Prevention (CDC) today released new data showing a total of [1,341,608 reports of adverse events](#) following [COVID-19](#) vaccines were submitted between Dec. 14, 2020, and July 8, 2022, to the Vaccine Adverse Event Reporting System (VAERS). That's an increase of 12,473 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 [29,460 reports of deaths](#) — an increase of 187 over the previous week — and [243,466 serious injuries](#), including deaths, during the same time period — up 1,566 compared with the previous week.

Of the 29,460 reported deaths, [19,066 cases](#) are attributed to Pfizer's COVID-19 vaccine, [7,770 cases](#) to Moderna and [2,563 cases](#) to Johnson & Johnson (J&J).

Excluding "[foreign reports](#)" to VAERS, [842,576 adverse events](#), including [13,604 deaths](#) and [85,731 serious injuries](#), were reported in the U.S. between Dec. 14, 2020, and July 8, 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 13,604 U.S. [deaths reported](#) as of July 8, 15% occurred within 24 hours of vaccination, 19% 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., 597 million COVID-19 vaccine doses had been administered as of July 6, [including](#) 353 million doses of Pfizer, 225 million doses of Moderna and 19 million doses of Johnson & Johnson (J&J).

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

Historically, VAERS has been shown to report only [1% of actual vaccine adverse events](#).



Search Results

From the 7/8/2022 release of VAERS data:

Found 1,341,608 cases where Vaccine is COVID19

Government Disclaimer on use of this data

Table

Event Outcome	Count	Percent
Death	29,460	2.2%
Permanent Disability	55,008	4.1%
Office Visit	198,324	14.78%
Emergency Room	121	0.01%
Emergency Doctor/Room	131,621	9.81%
Hospitalized	166,440	12.41%
Hospitalized, Prolonged	408	0.03%
Recovered	349,253	26.03%
Birth Defect	1,125	0.08%
Life Threatening	32,772	2.44%
Not Serious	624,240	46.53%
TOTAL	† 1,588,772	† 118.42%

† 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 1,341,608 (the number of cases found), and the Total Percent is greater than 100.

U.S. VAERS data from Dec. 14, 2020, to July 8, 2022, for 6-month-olds to 5-year-olds show:

- [2,105 adverse events](#), including [71 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.
- [19 reports](#) of seizures.

U.S. VAERS data from Dec. 14, 2020, to July 8, 2022, for 5- to 11-year-olds show:

- [11,868 adverse events](#), including [305 rated as serious](#) and [8 reported deaths](#).
The latest reported death (VAERS I.D. #[2359520](#)) occurred in an 11-year-old boy from Texas who received two doses of Pfizer’s COVID-19 vaccine. According to his report, the boy died 54 days after his second dose from “COVID-19 infection resulting in Hemorrhagic myocarditis and death.”
- [24 reports](#) of myocarditis and pericarditis.
- [46 reports](#) of blood clotting disorders.
- [100 reports](#) of seizures.

U.S. VAERS data from Dec. 14, 2020, to July 8, 2022, for 12- to 17-year-olds show:

- [32,609 adverse events](#), including [1,845 rated as serious](#) and [44 reported deaths](#).
- [62 reports](#) of anaphylaxis among 12- to 17-year-olds where the reaction was life-threatening, required treatment or resulted in death — with 97% of cases attributed to [Pfizer's vaccine](#).
- [656 reports](#) of myocarditis and pericarditis with [644 cases](#) attributed to Pfizer's vaccine.
- [166 reports](#) of blood clotting disorders with all cases attributed to Pfizer. VAERS reported 167 cases of blood clotting disorders in the 12- to 17-year-old age group last week.
- [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 July 8, 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 July 8, [5,643 pregnant women](#) reported adverse events related to COVID-19 vaccines, including [1,765 reports of miscarriage or premature birth](#).
- Of the [3,624 cases of Bell's Palsy](#) reported, 51% were attributed to [Pfizer](#) vaccinations, 40% to [Moderna](#) and 8% to [J&J](#).
- [900 reports of Guillain-Barré syndrome](#), with 42% of cases [attributed to Pfizer](#), 30% to [Moderna](#) and 27% to [J&J](#).
- [2,291 reports](#) of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- [1,736 reports](#) of myocardial infarction.
- [14,200 reports](#) of blood-clotting disorders in the U.S. Of those, [6,348 reports](#) were attributed to Pfizer, [5,088 reports](#) to Moderna and [2,717 reports](#) to J&J.
- [4,263 cases](#) of myocarditis and pericarditis with [2,612 cases](#) attributed to Pfizer, [1,448 cases](#) to Moderna and [187 cases](#) to J&J.
- [14 cases](#) of Creutzfeldt-Jakob disease with [8 cases](#) attributed Pfizer, [5 cases](#) to Moderna and [1 case](#) to J&J.
- [269 cases](#) of POTS with [165 cases](#) attributed to Pfizer, [86 cases](#) to Moderna and [17 cases](#) to J&J.

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

FDA authorizes Novavax COVID-19 vaccine

The FDA on Wednesday [granted Emergency Use Authorization](#) (EUA) to the Novavax [COVID-19](#) vaccine for adults 18 and over.

The EUA is for a two-dose primary series targeting the original Wuhan SARS-CoV-2 virus — limiting the vaccine’s use, as about two-thirds of Americans already have completed a primary series of either the Pfizer, Moderna or J&J vaccines.

The CDC still needs to sign off on the Novavax vaccine before pharmacies and other healthcare providers can start administering the product.

The Biden administration on Monday [announced a deal](#) with Novavax to purchase 3.2 million doses of the vaccine contingent on both the FDA and CDC signing off on the new shot.

The Novavax vaccine relies on a protein-based technology used for decades, leading some media outlets to portray it as a [“traditional” vaccine](#) compared with other COVID-19 vaccines that use newer technologies — which might make it appeal to unvaccinated people who are [allergic to components of the mRNA vaccines](#), or just skeptical of the newer technologies.

But according to Dr. Meryl Nass, an internist with a special interest in vaccine-induced illnesses, chronic fatigue syndrome and toxicology, the media’s portrayal of Novavax as a more traditional vaccine is not accurate.

Nass, a member of the CHD scientific advisory committee, [pointed out](#) that the Novavax shot contains a novel adjuvant, Matrix-M, “so it is not really an old-fashioned shot.”

Nass raised safety concerns specific to the adjuvant, while others voiced concerns about Novavax being linked to heart inflammation and blood clots, and the fact that the vaccine was designed for use against the original Wuhan strain of SARS-CoV-2 — not the Omicron variants that are dominant today.

FDA quietly grants full approval of Pfizer Comirnaty vaccine for adolescents. In a move CHD President Mary Holland called “head-spinning,” the FDA on July 10 [granted full approval](#) of Pfizer-BioNTech’s Comirnaty COVID-19 vaccine for adolescents 12 through 15 years old.

In an [FDA press release](#), the agency said full approval of Comirnaty follows a “rigorous analysis and evaluation of the safety and effectiveness data,” and the Pfizer-BioNTech vaccine “has been, and will continue to be authorized for emergency use in this age group since May 2021.”

Pfizer’s press release announcing the approval said the Comirnaty vaccine has been available under EUA since May 2021 for the adolescent age group.

Yet, Comirnaty is not available in the U.S for any age group and is [not the same formula](#) as the Pfizer-BioNTech vaccine currently authorized under EUA and being distributed as a “[fully approved](#)” vaccine.

Latest Pfizer data dump reveals more vaccine injuries, deaths
Pfizer-BioNTech COVID-19 [vaccine documents](#) released in July by the FDA reveal three more reports of deaths among vaccine trial participants and further instances of Pfizer downplaying serious adverse events sustained by participants and listing the injuries as “not related” to the vaccine.

Of the [approximately 80,000 pages](#) released this month, a [3,611-page “confidential” document](#) contains information about clinical trial participants who died, sustained adverse events during the trial or contracted [COVID-19](#) during the trial.

In all three cases of reported deaths, the investigator ruled out the possibility that the deaths were related to Pfizer’s vaccines.

One instance pertains to a 56-year-old white female who suffered cardiac arrest within two months of her second Pfizer dose. The second reported death involves a 60-year-old white male who received one dose of the vaccine and died within three days of [atherosclerotic disease](#). The participant’s death was attributed to a “suspected” cause, while the possibility that it was vaccine-related in any way was dismissed.

The third death was listed under the section in the document where trial participants withdrew. A 72-year-old man developed vasovagal syncope after receiving the vaccine, was transferred to the intensive care unit and then withdrawn from the study. He died three days after being withdrawn.

According to the documents, investigators attributed the vaccine to serious adverse events in four cases, however, Pfizer disagreed with the investigators’ conclusions in three out of the four cases.

FDA colluded with Moderna to bypass COVID vaccine safety standards.

According to Alexandra Latypova, an ex-pharmaceutical industry executive, [documents obtained](#) from the U.S. Department of Health and Human Services on Moderna’s COVID-19 vaccine suggest the FDA and Moderna colluded to bypass regulatory and scientific standards used to ensure products are safe.

After analyzing 699 pages of studies and test results “supposedly used by the FDA to clear Moderna’s mRNA platform-based mRNA-1273, or [Spikevax](#),” Latypova told [The Defender](#) she believes U.S. health agencies are lying to the public on behalf of vaccine manufacturers and subverting the regulatory and scientific standards of drug safety testing.

“They accepted fraudulent test designs, substitutions of test articles, glaring omissions and whitewashing of serious signs of health damage by the product, then lied to the public on behalf of the manufacturers,” she said.

Latypova disclosed six findings from her assessment of Moderna’s documents raising serious questions about the safety and efficacy of the company’s COVID-19 vaccine, as well as conflicts of interests that she says allowed Moderna to sidestep drug development standards.

Tennis champion [Novak Djokovic](#), who last weekend won his fourth straight title at Wimbledon, said he has no plans to get vaccinated in order to bypass restrictions to enter the U.S. in August for the US Open.

Djokovic said he doesn’t think an exemption is *“realistically possible. It’s just a matter of whether or not the U.S. removes the requirement in time for him to attend the tournament,”* he said.

U.S. [COVID-19 vaccination requirements](#) for foreigners bar Djokovic’s entry into the country where he would normally compete at the US Open.

Serbia’s Djokovic, 35, has been dominant at Wimbledon for the past couple of years, [according to Tennis World USA](#). He is regarded by some as the [world’s greatest](#) tennis player ever.

Phillies catcher will miss two-game series in Canada rather than comply with vaccine mandate.

Phillies catcher J.T. Realmuto said he [refuses to get vaccinated](#) against COVID-19, even if it means missing Philadelphia’s two-game series against the Toronto Blue Jays this week.

Players who have not been vaccinated against COVID-19 are not allowed to enter Canada due to the country’s restrictions. In addition, players will not be paid for the games they miss as part of Major League Baseball’s new collective bargaining agreement.

Realmuto will lose about \$262,000 for missing the series, which he called “a little bit of money,” the [Philadelphia Inquirer reported](#). Realmuto signed a five-year, \$115.5 million contract with the Phillies in January 2021.

Realmuto said he is a 31-year-old professional athlete who had COVID-19 several times with mild symptoms. After speaking with doctors, he didn’t think he needed it and wasn’t going to get vaccinated just because he was told to.



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!! It’s all about Sustainable Development!

Anyone who is a skeptic of my statement should Google search the term “Georgia Guidestones” and read their goal engraved in granite stone back in 1980. The stone structure calls for the eradication of 93% of the world’s population. This is both an unsigned confession as well as a “Projection” of what they planned to do in their global genocidal plan.

At 4:00 AM, Wednesday, July 6th, 2022, unknown parties blew up the Georgia Guidestones. The following day an excavator was brought in to demolish the standing portion. Investigative journalist Jim Stone stated surveillance video tape taken from two different directions showed no one approaching the monument before the detonation, and suggested that it may have been an inside job.

Exclusive: ‘DOD Must End Vaccine Mandate,’ Says Army Doctor Suspended for Writing Exemptions

In an interview with Pam Long, U.S. Army veteran and frequent contributor to The Defender, Dr. Samuel Sigoloff — an osteopath board-certified in family medicine and an active-duty major with the Army suspended for writing COVID-19 vaccine exemptions for service members — explained why he believes the mandates must end.

By [Pam Long](#)

The June 30 deadline to comply with the U.S. military’s **COVID-19 vaccine mandate** for service members has passed and **tens of thousands** of service members expect to be involuntarily separated in the near future.

Doe v Rumsfeld (2003) clearly **prohibits the DOD** from mandating an Emergency Use Authorization (EUA) vaccine.

When challenged with this precedent, the **DOD falsely asserted** EUA vaccines can be used “interchangeably” with the FDA-approved **Pfizer Comirnaty** vaccine, ignoring the legal distinction even if, hypothetically, the two products are identical in **formulation**.

Pfizer records show the vaccine maker **will not begin producing** the Comirnaty vaccine until stockpiles of its Pfizer-BioNTech EUA vaccines are exhausted. In fact, Pfizer has said it will never produce FDA-approved Comirnaty — which unlike the company’s EUA version of the vaccine, would be subject to liability in the case of adverse outcomes.

The DOD has utilized **deceptive communications** to coerce uptake of the EUA products, including using the term “BLA compliant” — referring to available EUA vaccine lots as FDA-approved products, and even referring to EUA-labeled BioNTech vials as “Comirnaty.”

This month I interviewed **Dr. Samuel Sigoloff**, an osteopath board-certified in family medicine and an active-duty major with the Army, who discussed how the Army suspended him for writing **COVID-19** vaccine exemptions for service members and why he believes the mandates must end.


Sigoloff’s statements reflect his personal opinions and do not represent the view of the DOD, the Army or the U.S. government. The interview was edited for length and clarity.

Long: As of June 2022, the U.S. Coast Guard claimed to have received the first lots of “Comirnaty-labeled” vaccines. However, these vaccines have shipment documentation that originates from Fort Detrick, Maryland — not a Pfizer manufacturing address.

The labels on these vials do not match the strict requirements of FDA-approved labels. The labels do not have the red text watermark authentication. They are missing the manufactured date and the manufacturing address.

Approved Comirnaty Label vs. "Comirnaty-Labeled" Vials Recently Discovered at Select Military Installations

Approved Comirnaty Label found in FDA's Purple Book (Digital Record of ALL Licensed Drugs)



Comirnaty Approved Label within Purple Book (Click Picture Above to go Label Info)

- Approved Contains "Proper Name"- Comirnaty
- Contains Name, address, and applicable license number (2229) of the manufacturer
- Contains Expiration Date
- Redacted Area (light blue area) represents Manufacturer Location/Details because some of BioNTech's manufacturing locations are actually in China → These details should be present on the current "Comirnaty-labeled" vials in question... no manufacturer info is present.
- Approved Label contains Red Text "Comirnaty" Watermark all over the label
- This picture represents what the label in question **MUST** look like exactly

21 CFR - Regulation of biological products **42 USC § 262 Biological Products**

(1) No person shall introduce or deliver for introduction into interstate commerce any biological product unless—

(a) a foreign license under this subsection or subsection (b) is in effect for the biological product; and


(b) each package of the biological product is plainly marked with—

(1) the name of the biological product contained on the package;

(2) the name, address, and applicable license number of the manufacturer of the biological product; and

(3) the expiration date of the biological product.

"Comirnaty-Labeled" Vials, Pictured is a vial found at a Florida Coast Guard Station Medical Facility



DoD "Comirnaty-Labeled" Vial Review (42 U.S.C. § 262)

- ✓ Label contains the "Proper Name"- "Comirnaty" (42 U.S.C. § 262)
- ✓ Label shows the approved license number (US Lic. No. 2229) **Does NOT provide Manufacturer Address/Info**
- ✓ Contains an Expiration Date (Though these are seriously in question... most state Sep 2022 with the FW1331 Lot picture)

Observations

- Missing "Comirnaty" red text watermark, which is **must** be present on the label in question. **Watermarks are an extra proprietary verification method to ensure the label is authentic.**
- DoJ and DoD refer to these vials as "Comirnaty-labeled" vials...remember when we all asked to have a Coca-Cola Labeled soft drink?!
- NO details provided on Manufacturer (Notice there is **no printed info** where the blue redacted area is on these vial labels in question)
- The two labels **MUST** match each other, the manufacturer travels a watermark to further identify their product from a counterfeit label (much like USD, CAC Cards, other proprietary products)
- The missing watermark is a dead give-away that these labels are fabricated to appear to be the approved label
- Expiration dates are different, and some show up in September 2022... so only three months from receipt
- Any labeling changes must be reported to the FDA governed by 21 CFR Part 601

Where did this product originate and how can service members verify if it is FDA approved?

Sigoloff: How do we verify these are FDA-approved? We don't know. We can't know. There is so much deception involved on the part of DOD, and on the part of Pfizer, that it's almost impossible to know.

And there should be absolute public outcry due to the amount of deception. I would say that if the labeling is not exactly, precisely, as it should be, as it was approved, then it is best for the service member to assume that that is not the appropriate FDA-approved medication.

Long: Brig. Gen. Thomas Mancino, adjutant general for Oklahoma, **recently stated** that the availability of only EUA vaccines and non-availability of FDA-approved vaccines "was very much an issue in the past" (inadvertently admitting an illegal mandate of EUA vaccines) and was resolved by the arrival of the new Comirnaty-labeled vials in June 2022.

What concerns do you have that senior leadership at DOD is either (a) fraudulently promoting a relabeled EUA product as FDA-approved to increase uptake or (b) has no willingness to verify if a vaccine is counterfeit, with unknown origin and manufacturing date?

Sigoloff: About Gen. Mancino, how he stated in a video that they only had EUA vaccines, not FDA-approved, and now they have the FDA-approved vaccines — I

think that is an admission of guilt that they have been coercing service members to take something.

But they have been coercing service members to take an EUA vaccine, which is an illegal act. I think it is very important that these generals and these high-level leaders take every precaution to ensure that what they're providing is exactly what they should be providing.

I believe if there is any concern for origin, if there's any concern for manufacturing date or location, then higher leadership are adding to the confusion, and are not being open and honest with what the product actually is. And they've not done the homework to ensure that what they're providing is what they're supposed to be providing.

Long: Given the current recruitment and retention crisis with catastrophic impact on national security, with an estimated 100,000 unvaccinated service members and 400,000 partially vaccinated service members pending separation, do you think the billion-dollar vaccine contracts are forcing the near-zero exemptions mandate or "health of the force?"

Sigoloff: For the mandate, I don't think it has anything to do with the health of the force. I think it actually is the opposite, and I believe that this is a [bioweapon](#) that's being produced by our enemies.

And by produced, I mean the production, the original design was completed by our enemies, by [Fosun Pharma](#), in conjunction with BioNTech, and that was in March of 2020. Fosun Pharmaceutical, which is a Chinese company, made an agreement with Pfizer in July 2020 to develop the vaccine.

Long: Is it plausible that many of the 378,633 partially vaccinated service members, who took a first dose but refuse a second or booster dose had an [adverse reaction](#) to the first dose? Do you know of any service members who were granted or denied a medical exemption after an adverse reaction?

Sigoloff: Do I know anybody who's taken the first dose but refused the second or the booster and had a reaction to the first dose? Yes, I know a physical therapist. He's about my age. He is a very healthy and fit individual and he began to have heart issues.

I also interviewed an active-duty service member stationed in Korea, who after he received the first dose, had a heart attack. And he did receive some adverse administrative action because he would not take the second dose. He's still stuck in Korea, not allowed to leave because he does not have the second dose.

Long: The courts will decide if the DOD vaccine mandate is the “least restrictive means” to maintain the health of the force. Have you witnessed success with other COVID-19 treatments, such as [ivermectin](#) and [hydroxychloroquine](#)?

Have you witnessed any death or [myocarditis](#) in military personnel from these FDA-approved drugs?

Sigoloff: I have personally taken ivermectin the moment I thought that I might have COVID-19 and had lost my taste for 12 hours. It was the most minimal illness I’ve had. I’ve had flu multiple times, and it was about 100 times worse than when I had COVID-19.

I also had a patient, a civilian paralegal on post, and when he ran across me, just in passing, he said, “Oh, are you Doctor Sigoloff?” ... [Y]ou gave me and my wife ivermectin. It worked great. Thank you so much.”

This is right before I was suspended. And at my previous duty station, I talked to a man who was a civilian and he was breathless. He could get approximately two or three words out without having to gasp for air. I prescribed him hydroxychloroquine, and the day after he began taking it, I spoke to him. He was able to carry on long-winded sentences and his clinical picture significantly improved within a day of taking the hydroxychloroquine. I have not witnessed any deaths due to myocarditis [resulting from ivermectin and hydroxychloroquine].

Long: A recent Coast Guard email indicated that service members who are still waiting on a religious accommodation approval will not be separated immediately as per the June 30, 2022 mandate deadline. Instead, these service members will be prohibited from re-enlistment and advancement in rank and separated over time. Is this another DOD deception of voluntary attrition, yet actually involuntary separation?

Sigoloff: For a voluntary attrition, you’d actually be involved with separation. I can’t really talk about the Coast Guard. I am not in the Coast Guard and I don’t believe the Coast Guard actually follows under DOD. DOD, yes, I believe they’re telling the court system that there are no adverse actions. How? Because that’s what their policy states. They state that the service member may be ordered to take Comirnaty and that that is a legal order, which it’s all true.

And then the next statement says: ... or the service member may volunteer to take one of the EUA products. Then all these people who cannot comply with the legal order to take Comirnaty because Comirnaty doesn’t exist, they’re all being punished. Because they’re not voluntarily taking these EUA products.

And so they’re telling the court system that, oh, well, they’re not being punished for not taking Comirnaty. But what’s actually happening on the ground? These

commanders are punishing people for not taking the EUA products, which is illegal, unethical and immoral.

Long: A February 2022 [DOD IG report](#) explained that there is no reliable data on DOD employees' vaccine status. Can you explain this double standard between the suits and the boots to civilian readers?

How does this adversely undermine morale and cohesion, while DOD employees in administrative positions are not held to a vaccine mandate and 5,700 healthy and deployable service members have been separated for vaccine refusal?

Sigoloff: So, many of these DOD civilians were previously, like sometimes, just even a month ago, were active-duty service members. And so how can a human being who is not wearing uniform and a human being who is wearing uniform have different human rights?

We're seeing service members' human rights being completely trampled on. They do not have the ability to determine what goes into their body, whereas the civilians, they have the ability to say no, I don't want that in my body, so I'm not going to get it. But the service members can't make that determination because they'll get punished if they do.

Now, when you put on the uniform, many people think that you give up your civil rights. You give up your human rights. That is absolutely false. That could not be further from the truth. Service members do not give up their human rights. They retain all of their human rights because we are still human. That is the definition of human rights. All of the amendments to the Bill of Rights — those are human rights.

Many people think soldiers don't have the ability to speak freely. We do. There are certain things we should not do in uniform. We should not speak politically in uniform. But we can speak politically out of uniform. We don't lose the ability to speak. We don't lose the ability to make decisions for our own body.

Long: The DOD recently changed policy to [retain HIV-positive service members](#) and prohibit their separation. Can you comment on how this policy adversely affects morale as healthy, unvaccinated service members are being separated?

Sigoloff: Patients who are HIV-positive have decreased immune systems, which means it would be dangerous for them to go to an austere environment or a combat environment, as there are many pathogens or illnesses, viruses, bacteria and fungus that could adversely affect them, could kill them if they get infected with these different pathogens. That's why that's always been a policy.

You have to remember the DOD is not running a charity here. When you're employed by the U.S. government in military service, you have certain expectations. Some of those expectations are you must be able to be ready to deploy, defend, destroy the enemy, to engage with the enemy in close combat. And if you're unable to do that because you could get a life-endangering infection, then sorry, you can't be in the military because that's what we do.

Long: As China and Russia monitor the DOD, what do you view as the most important priority if Congress were to intervene to reverse the recent decisions by DOD leadership? Does the military have critical personnel shortages in any areas while high-trained, unvaccinated pilots are being assigned administrative and janitorial positions?

Sigoloff: I think they should immediately put a moratorium on any vaccine. I think they should bar any service member from receiving this bioweapon. And I take the time to [explain this in a video](#) that I've published on Rumble. It's an hour-long explanation, because what I'm saying may sound absolutely crazy. But as I walk you through the logic as to why I believe this is a bioweapon, I show you every document. I'm not just shooting from the hip to say that this is a bioweapon, this is.

We have proof that Fosun Pharma went into agreement with BioNTech, a German company. So a Chinese company gave \$100,000,000 to Germany's BioNTech. And then after that agreement was made, that Chinese company now made an agreement with Pfizer. Because of redactions in the Freedom of Information Act documents Pfizer released, we cannot determine some of the locations where the testing sites took place. And my concern is some of those testing sites were in China.

Next, if we also look at that original agreement, China retained the rights to sell it to only the Chinese market, whereas BioNTech was allowed to sell to the entire world. Also, in that same video, I show a clip of a man saying he knew a woman from China who came to America. She was told by China that if she gets any of these mRNA "vaccines" (they're not vaccines, they're genetic therapies) in America she would be tested and/or scanned when she tries to re-enter China to see if she's had that administered to her, and if that test or scan were positive, she would be barred from entry to her home country.

So I do believe that this is a bioweapon, developed and engineered by our enemy. And I think Congress should immediately bar any service member from receiving any more of these genetic therapies, because if this is a binary weapon system, meaning it takes two things to make it work, this may be the first thing. And when China hits the second thing, it could decimate all of our forces, because the only people that are allowed to work are those who got the shot.

And I can't speak about [unvaccinated pilots](#) because I don't work with pilots, but I can speak about myself. The military has a critical personnel shortage in the department of medicine. At my duty station, I am one of two active-duty doctors. We have a couple of civilian PAs and NPs. I was the medical director for about a month. And then I was suspended and given a relief for cause because I gave out medical exemptions. And so yes, I am now doing paperwork, doing administrative work.

They could use me working for them, but they refused to have me work because I was doing my job appropriately and protecting service members who did not want to receive the shot. And my medical exemption has now become an affidavit in [Robert v. Austin](#). My medical exemption was about how the first three ingredients of Comirnaty are not FDA-approved for medical use and they're for research use only.

Long: What resources do you recommend for service members who are pending separation?

Sigoloff: I don't really know many resources. I would try and make that process take as long as possible. And even if they've threatened separation over the next year, I would begin doing the [Soldier for Life](#) transition assistance program. This is for the Army, but it is the Congressionally mandated transition program, and I believe every branch of the service has its own.

What that will do is get you out of the office, get you out of whatever you're doing, get you away from your unit for a while, and give you some time to work things out. Give you some time to take a knee and breathe and learn how to get ready for civilian life.

The biggest thing is you must make a decision. Are you going to get this vaccine or are you not? If you will never get this then don't ever get it. Stick to your guns. If you do decide that you may get it, first, you must ask yourself why you fought this long, only to give up now?

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.



Blessings,

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