www.covid19exposed.net presents:

The VAX-CON 2022 Report

Hard Evidence Exposing The Biggest Medical Scam in the History of the World

sarscov2exposed@gmail.com

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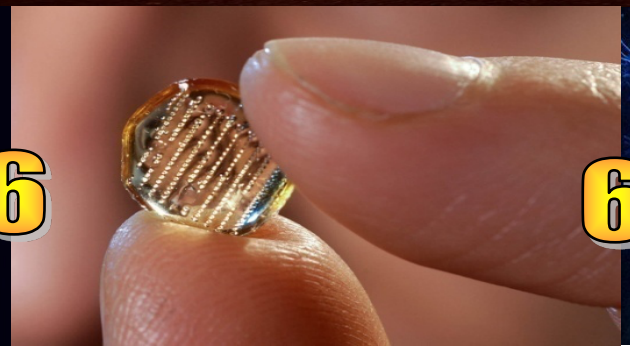

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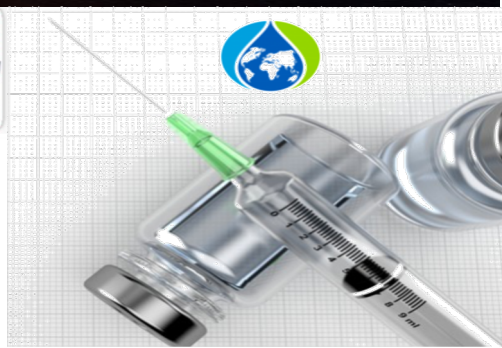

VACCINE
INFORMATION
NETWORK
www.covid19exposed.net

COVID-19 VACCINES ARE:

- Poisoning You
- Infecting You
- Re-Programming Your DNA
- Weakening Your Immune System
- Killing and Injuring Adults & Children

Sarscov2exposed@gmail.com

Information – Accuracy - Empowerment – Preparation – Safety - Recovery

FOR THE FULL VERSION OF THE
VAX-CON 2022 REPORT
(which contains video evidence that cannot be played in the pdf version),
send an info request to
sarscov2exposed@gmail.com

ITS NO LONGER OUR JOB TO WAKE UP THE SHEEP
ITS TIME TO WAKE UP THE OTHER LIONS!

“If you have to be persuaded, reminded, pressured, lied to, incentivized, coerced, bullied, socially shamed, guilt-tripped, threatened, punished and criminalized ... If all of this is considered necessary to gain your compliance -- you can be absolutely certain that what is being promoted is not in your best interest.”

Ian Watson

DISCLAIMER

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POLITICAL NOTE:

This pandemic, the virus and the vaccines are

NOT A POLITICAL PARTISAN ISSUE.

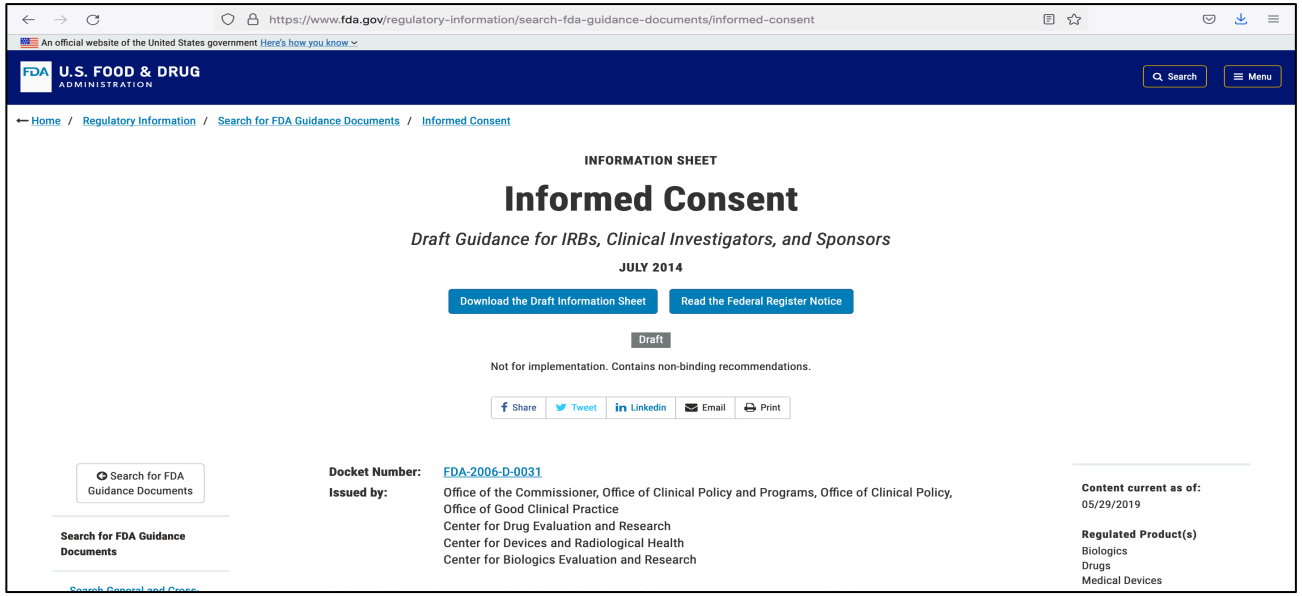
Both the Trump and Biden administration have or had their role in all of the above.

Do not be distracted by partisanship set up to divide and distract us

while the agenda went and goes forward.

THE COVID-19 PANDEMIC IS AN EXPERIMENT

If You Take ANY Of The Covid-19 Vaccines, you will be a lab rat in the biggest experiment in world history. It's not about saving lives, it's about the experiment and the pandemic creators learning from it in order to better scare, manipulate, infect, transform and control the population.



https://www.fda.gov/regulatory-information/search-fda-guidance-documents/informed-consent

https://www.fda.gov/regulatory-information/search-fda-guidance-documents/informed-consent

the agencies' regulatory requirements and guidance for human subject research. This guidance document was developed as a part of these efforts.

The U.S. Department of Health and Human Services announced in 2011 that the federal government is contemplating various ways of enhancing the regulations overseeing research on human subjects. Before developing proposed changes to the regulations – which have been in place since 1991 and are often referred to as the Common Rule – the government issued an Advance Notice of Proposed Rulemaking (ANPRM) seeking the public's input on an array of issues related to the ethics, safety, and oversight of human research. The changes under consideration can be found in in the July 26, 2011 Federal Register in an ANPRM titled "Human Subjects Research Protections: Enhancing Protections for Research Subjects and Reducing Burden, Delay, and Ambiguity for Investigators." FDA issues this draft guidance while the agencies continue to explore

THE PCR TEST: CONTAMINATED, POISON AND UNSAFE

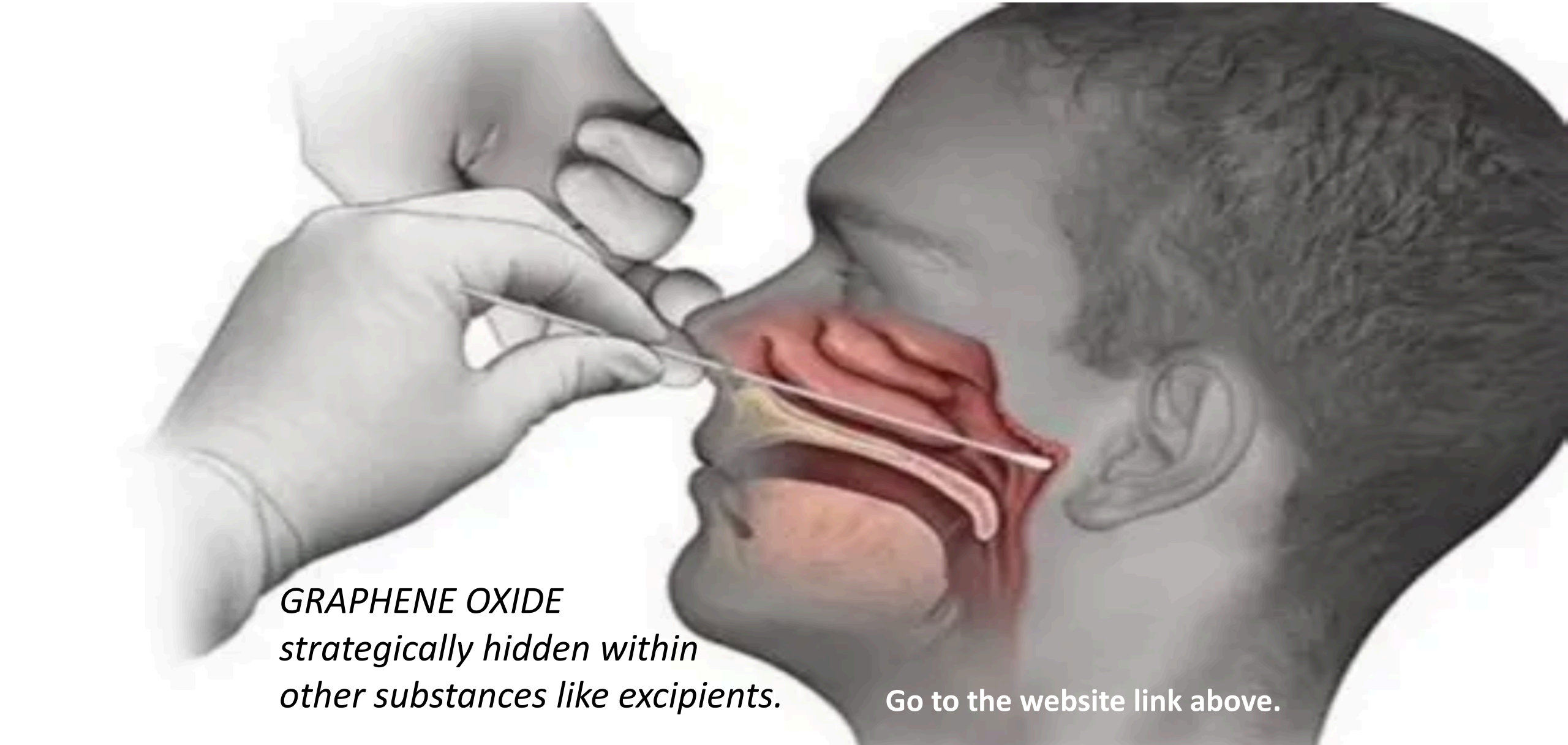
In January of 2022, 2 years to the month that the CDC created contaminated Covid-19 tests, Dr. Walensky (Director of the CDC) was testifying at a Senate hearing. That same month, the head of HHS stated that President Biden was sending out 1 billion Covid-19 test kits. And as you know, after holding on to N95 masks for years under both Trump and Biden, the federal government appears to be opening the stockpile of 737 million N95 masks to citizens (Dawn O'Connell of HHS, January, 2022). The very same stockpile they told us was for the medical industry, but never sent them to the medical industry. We have all this on video.

Connect the dots. If you were going to infect everybody in America with the virus that causes Covid-19 (and worse), how would you do it? You would contaminate the vaccine with the virus itself. Done. Then you would likely contaminate the tests and the masks. Finally, if you did not reach your goal, you would go for the air, the water and the food supply. Contaminated food, water and air is more of a reality than you would believe, but that is another topic for another day. And you are about to understand a big part of the 5G connection, the CDC Zombie Preparedness Plan and more of the endgame in the next few pages.

Even the courageous medical doctors and scientists exposing the Covid-19 vaccines will not likely tell you what you are about to hear. In part because it is out of their areas of research and expertise. But listen closely and know that we have quite a bit of hard evidence. Unfortunately, though we touch on these areas in this report, the data we have gathered is so extensive that it would have to be another report by itself.

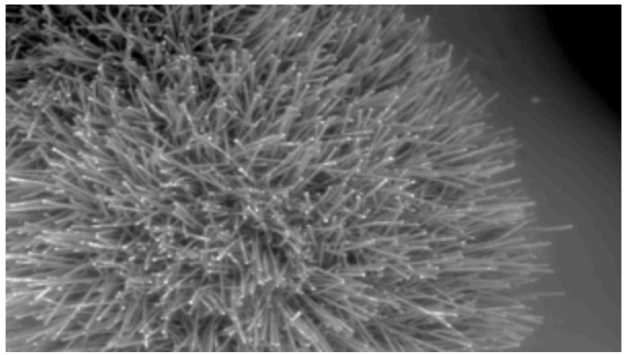
https://www.holistichealthonline.info/pcr-swabs/

What is in the PCR Tests? Graphene Oxide Found in COVID Shots, Masks and Swabs



GRAPHENE OXIDE
strategically hidden within
other substances like excipients.

Go to the website link above.



The experimental physicist and biomaterial researcher Dr Antonietta Gatti **examined various PCR test rods under the microscope and analyzed their ingredients.** Antonietta M. Gatti, Ph.D. is also the coordinator of the Italian Institute of Technology's Project of Nanoecotoxicology, called INESE.

The irritating result: the PCR test swabs are made of hard materials and contain a **variety of (nano) particles made of silver, aluminium, titanium, glass fibres etc, many of which are *undeclared in the package leaflet*.** When they enter the mucous membrane, they can cause wounds and inflammation, the scientist said. ENT doctors told 2020News that they are finding **more hardened mucous membranes in people who are often tested for SARS-CoV-2.** No longer intact mucous membranes can no longer fulfill their task of repelling viruses, bacteria and fungi before they reach the airways, as the pediatrician Eugen Janzen also reports. The germs thus penetrate into the airways without any immune filter.

According to another independent test on PCR swabs in Slovakia, the material they found was Darpa patented hydrogel, lithium, and nylon.

Important excerpt:

> *"After spawning a mixture of nylon fiber fragments, **Darpa Hydrogel remains on the nasal mucosa under the pituitary and pineal gland along with lithium.** This mixture immediately reacts with living structures to form crystals that are directionally oriented to the pineal gland, which has its own electromagnetic field. The shape of the crystals determines the type of hydrogel used. The **crystals are conductive due to the lithium** contained in it. The **crystals can receive the signal from the transmitter to the cell and transmit signals from the cell to the transmitter. These are actually nano-antennas.**"*

According to the article, lithium as well as aluminum and mercury (widely used in vaccines) are ***highly toxic to the pineal gland*** *influence. In low doses lithium blocks it and in higher doses it can completely destroy it.*

Important excerpt:

> *"Darpa Hydrogel and lithium* ***block and destroy the pineal gland*** *and cause the thinking person to become a controllable biorobot. A hydrogel is a carrier of an active substance, its task is to get the substance into the body at a pre-desired place."* – see shocking photos: Nutritruth.org

INTERESTINGLY, IVERMECTIN WHICH HAS BEEN FOUND TO BE AN EFFECTIVE, SAFE TREATMENT FOR COVID, DISSOLVES THE HYDROGEL CRYSTALS. THIS CHEAP TREATMENT HAS BEEN WIDELY CENSORED BY OUR CORRUPT PUBLIC HEALTH 'OFFICIALS'.

PCR tests despite their great erroneous false positives and lack of gold standard also contain **ethylene oxide, used as a pesticide in agriculture which just *happens to cause cancer.***

Gatti's research shows the **PCR swab destroys our natural mucosa membrane** leaving us more susceptible to further viral infection. Additionally, it appears the **hydrogel is causing blood clots** in the blood vessels.

It is also ironic that getting COVID injections also makes people *more susceptible to further viral infection.* Efficacy is extremely low. In fact, they are estimated to be less than 1% effective. Further, the injections do not prevent infection or transmission. All gene-based injections *can be expected* to cause **blood clotting, bleeding, and other adverse events,** particularly with each re-vaccination and each intervening coronavirus exposure. Over time, whether months or years, this renders both vaccination and coronaviruses dangerous to young and healthy age groups, for whom *without vaccination COVID-19 poses no substantive risk.*

The flu vaccine also puts people at a 36% greater risk of getting COVID through something called "viral interference."

https://www.azonano.com/experts.aspx?iExpertID=151

AZO NANO

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Become a Membe

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Click here to visit Web Site

Background

Antonietta M. Gatti, Ph.D. is the coordinator of the Italian Institute of Technology's Project of Nanoecotoxicology, called INESE.

She is a selected expert of the FAO/WHO for the safety in nanotechnological food, and a Member of the NANOTOX Cluster of the European Commission.

She is also the author of a book titled “Nanopathology: the health impact of nanoparticles,” and on the Editorial Board of Journal of Biomaterials Applications and a member of the CPCM of the Italian Ministry of Defense.

Scientist exposes Graphene Oxide in

1. Vaccines
2. PCR testing swabs
3. Some masks.

INFORMED CONSENT: WHAT IS IT? (1)

WHAT YOU NEED TO KNOW YESTERDAY

Permission granted with the knowledge of the possible consequences, typically that which is given by a patient to a doctor for treatment with full knowledge of the possible risks and benefits.

There are 4 components of informed consent including **decision capacity, documentation of consent, disclosure, and competency**. Doctors will give you information about a particular treatment or test in order for you to decide whether or not you wish to undergo a treatment or test. https://www.emedicinehealth.com/informed_consent/article_em.htm

INFORMED CONSENT (2)

YOU HAVE NOT BEEN INFORMED – YOU HAVE BEEN DECEIVED

In most cases they can get away with “informing” you in writing or online, concluding that you read the warnings and signed the consent forms. Know the laws in your state on “informed consent”.

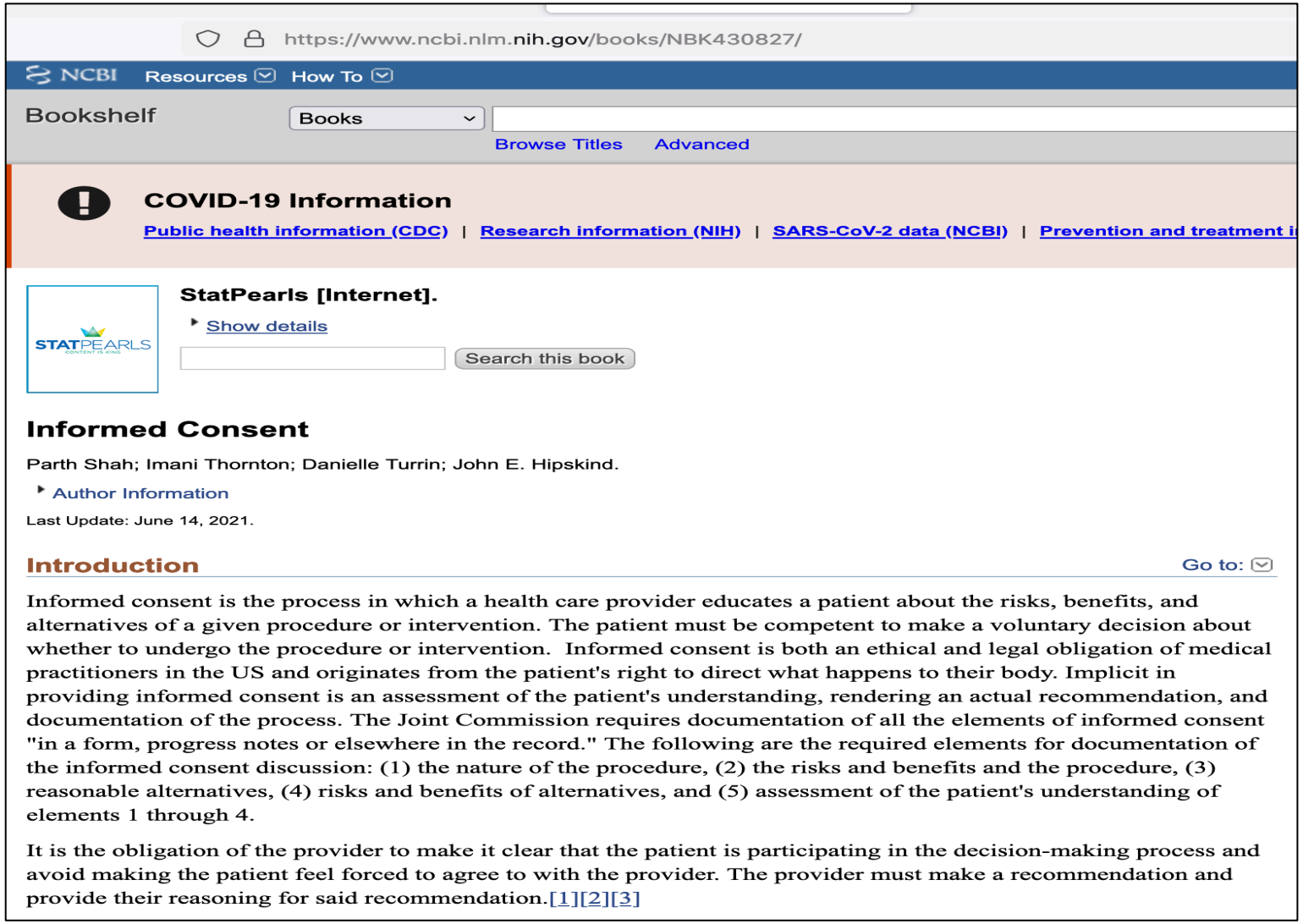
The reality is you have not been fully informed if you don’t know:

Moderna is not disclosing everything in their vaccine, poisons in the vaccines have dangerous and deadly side effects, there are at least 22 possible “adverse event outcomes” the FDA knew about in 2020, Pfizer in 2021 knew their vaccines were inuring and killing people, hundreds of thousands of American adults and children are dying/injured/disabled after taking any of the Covid-19 vaccines and that there were/are effective medical treatments for Covid-19 instead of the vaccines.

NIH ON INFORMED CONSENT

https://www.ncbi.nlm.nih.gov/books/NBK430827/

“It is the obligation of the provider to make it clear that the patient is participating in the decision-making process and avoid making the patient feel forced to agree to with the provider. The provider must make a recommendation and provide their reasoning for said recommendation.”



https://www.ncbi.nlm.nih.gov/books/NBK430827/

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Public health information (CDC) | Research information (NIH) | SARS-CoV-2 data (NCBI) | Prevention and treatment i

StatPearls [Internet].

Show details

Search this book

Informed Consent

Parth Shah; Imani Thornton; Danielle Turrin; John E. Hipskind.

Author Information

Last Update: June 14, 2021.

Introduction

Go to:

Informed consent is the process in which a health care provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention. The patient must be competent to make a voluntary decision about whether to undergo the procedure or intervention. Informed consent is both an ethical and legal obligation of medical practitioners in the US and originates from the patient's right to direct what happens to their body. Implicit in providing informed consent is an assessment of the patient's understanding, rendering an actual recommendation, and documentation of the process. The Joint Commission requires documentation of all the elements of informed consent "in a form, progress notes or elsewhere in the record." The following are the required elements for documentation of the informed consent discussion: (1) the nature of the procedure, (2) the risks and benefits and the procedure, (3) reasonable alternatives, (4) risks and benefits of alternatives, and (5) assessment of the patient's understanding of elements 1 through 4.

It is the obligation of the provider to make it clear that the patient is participating in the decision-making process and avoid making the patient feel forced to agree to with the provider. The provider must make a recommendation and provide their reasoning for said recommendation.[1][2][3]

American Medical Association on Informed Consent

https://www.ama-assn.org/delivering-care/ethics/informed-consent

(a) Assess the patient's ability to understand relevant medical information and the implications of treatment alternatives and to make an independent, voluntary decision.

(b) Present relevant information accurately and sensitively, in keeping with the patient's preferences for receiving medical information. The physician should include information about:

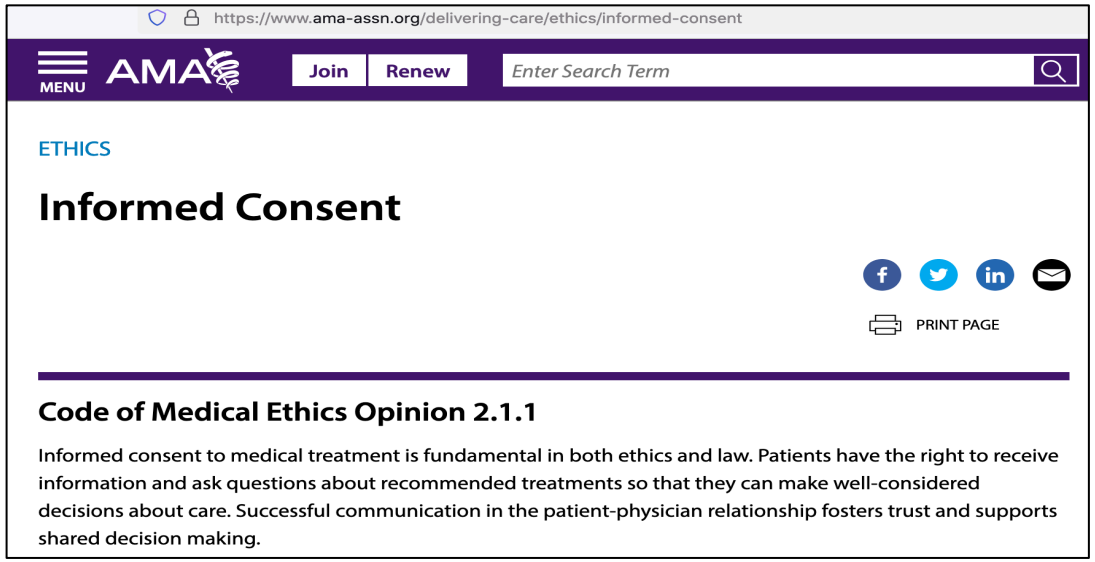
- The diagnosis (when known)
- The nature and purpose of recommended interventions
- The burdens, risks, and expected benefits of all options, including forgoing treatment

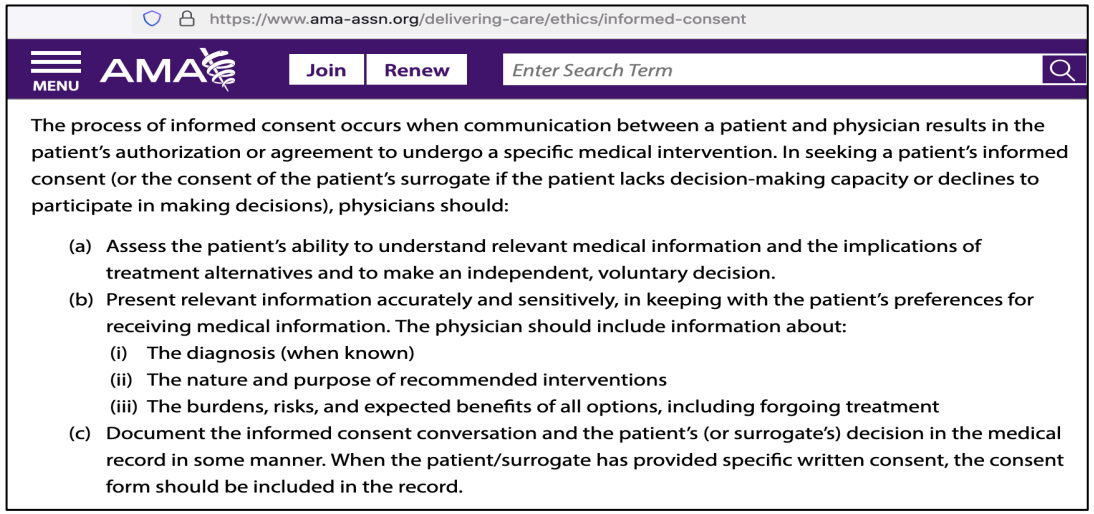
(c) Document the informed consent conversation and the patient's (or surrogate's) decision in the medical record in some manner. When the patient/surrogate has provided specific written consent, the consent form should be included in the record.

THE REALITY IS:

(a) Isn't happening when the vaccine is mandated/required.

(b) Isn't happening because accurate information is omitted.





FEDERAL COURT ORDERS FDA TO RELEASE HIDDEN PFIZER VACCINE DATA

You Are About To Find How Much Has Been Hidden From You

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

PUBLIC HEALTH AND MEDICAL PROFESSIONALS FOR TRANSPARENCY,

Plaintiff,

v. No. 4:21-cv-1058-P

FOOD AND DRUG ADMINISTRATION,

Defendant.

ORDER

Accordingly, having considered the Parties' arguments, filings in support, and the applicable law, the Court **ORDERS** that:

1. The FDA shall produce the "more than 12,000 pages" articulated in its own proposal, *see* ECF No. 29 at 24, **on or before January 31, 2022.**
2. The FDA shall produce the remaining documents at a rate of **55,000** pages every **30 days**, with the first production being due **on or before March 1, 2022**, until production is complete.
3. To the extent the FDA asserts any privilege, exemption, or exclusion as to any responsive record or portion thereof, FDA shall, concurrent with each production required by this Order, produce a redacted version of the record, redacting only those portions as to which privilege, exemption, or exclusion is asserted.

THE FDA IS HIDING DATA YOU NEED TO KNOW

https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=601.51

U.S. Department of Health & Human Services

FDA U.S. FOOD & DRUG ADMINISTRATION

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CFR - Code of Federal Regulations Title 21

FDA Home › Medical Devices › Databases

The information on this page is current as of Jan 06, 2022.

For the most up-to-date version of CFR Title 21, go to the Electronic Code of Federal Regulations (eCFR).

New Search — Help | More About 21CFR

[Code of Federal Regulations]
[Title 21, Volume 7]
[CITE: 21CFR601.51]

TITLE 21--FOOD AND DRUGS
CHAPTER I--FOOD AND DRUG ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBCHAPTER F - BIOLOGICS

PART 601 -- LICENSING

Subpart F - Confidentiality of Information

Sec. 601.51 Confidentiality of data and information in applications for biologics licenses.

(a) For purposes of this section the biological product file includes all data and information submitted with or incorporated by reference in any application for a biologics license, IND's incorporated into any such application, master files, and other related submissions. The availability for public disclosure of any record in the biological product file shall be handled in accordance with the provisions of this section.

(b) The existence of a biological product file will not be disclosed by the Food and Drug Administration before a biologics license application has been approved unless it has previously been publicly disclosed or acknowledged. The Food and Drug Administration will maintain a list available for public disclosure of biological products for which a license application has been approved.

The FDA's own regulations require them to release information they have received or gathered about vaccines.

But until the court ordered them to disclose, they were hiding over 450K pages of data regarding the Pfizer vaccine alone.

What about the Moderna and J&J hidden data?

https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=601.51

e.g., at an open session of a Food and Drug Administration advisory committee or pursuant to an exchange of important regulatory information with a foreign government.

(2) Notwithstanding paragraph (d)(1) of this section, FDA will make available to the public upon request the information in the IND that was required to be filed in Docket Number 95S-0158 in the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852, for investigations involving an exception from informed consent under § 50.24 of this chapter. Persons wishing to request this information shall submit a request under the Freedom of Information Act.

(e) After a license has been issued, the following data and information in the biological product file are immediately available for public disclosure unless extraordinary circumstances are shown:

(1) All safety and effectiveness data and information.

(2) A protocol for a test or study, unless it is shown to fall within the exemption established for trade secrets and confidential commercial or financial information in § 20.61 of this chapter.

(3) Adverse reaction reports, product experience reports, consumer complaints, and other similar data and information, after deletion of:

(i) Names and any information that would identify the person using the product.

(ii) Names and any information that would identify any third party involved with the report, such as a physician or hospital or other institution.

(4) A list of all active ingredients and any inactive ingredients previously disclosed to the public, as defined in § 20.81 of this chapter.

(5) An assay method or other analytical method, unless it serves no regulatory or compliance purpose and it is shown to fall within the exemption established in § 20.61 of this chapter.

(6) All correspondence and written summaries of oral discussions relating to the biological product file, in accordance with the provisions of part 20 of this chapter.

(7) All records showing the manufacturer's testing of a particular lot, after deletion of data or information that would show the volume of the drug produced, manufacturing procedures and controls, yield from raw materials, costs, or other material falling within § 20.61 of this chapter.

(8) All records showing the testing of and action on a particular lot by the Food and Drug Administration.

(f) The following data and information in a biological product file are not available for public disclosure unless they have been previously disclosed to the public as defined in § 20.81 of this chapter or they relate to a product or ingredient that has been abandoned and they no longer represent a trade secret or confidential commercial or financial information as defined in § 20.61 of this chapter:

(1) Manufacturing methods or processes, including quality control procedures.

(2) Production, sales, distribution, and similar data and information, except that any compilation of such data and information aggregated and prepared in a way that does not reveal data or information which is not available for public disclosure under this provision is available for public disclosure.

(3) Quantitative or semiquantitative formulas.

(g) For purposes of this regulation, safety and effectiveness data include all studies and

REGARDING VAERS DATA

And Other Federal Database Patient Files

VAERS data may be removed when their system segregates which causes new cases to overlay old cases. They will admit that themselves. Therefore if you cannot find a particular case by checking the VAERS ID, this is likely the reason why. However, at the time we captured the data via query from the CDC Wondersite or other site databases, files and reports, the data was on the sites.

Also the CDC and FDA have begun using a new database called NNDSS, therefore this new database is being used to track more cases of vaccine-related damage, injury and death. The databases and reports holding the truth about many of the deaths, injuries, damages, disabilities and hush-money payouts are listed below.

VAERS / NNDSS / MMWR / CICP / VICP

Over 400,000 Dead After Taking Covid-19 Vaccines

Grant Final Report

Grant ID: R18 HS 017045

Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS)

Inclusive dates: 12/01/07 - 09/30/10

Principal Investigator:
Lazarus, Ross, MBBS, MPH, MMed, GDCompSci

Team members:
Michael Klompas, MD, MPH

Performing Organization:
Harvard Pilgrim Health Care, Inc.

Project Officer:
Steve Bernstein

Note: Harvard Pilgrim Healthcare is a credible and recognized leader in Healthcare. Check for yourself. The estimate above was acquired by multiplying the deaths the CDC admits times the actual rate if 100% were reported.

Results

Preliminary data were collected from June 2006 through October 2009 on 715,000 patients, and 1.4 million doses (of 4 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (2.6 percent of vaccinations) were identified. This is an average of 890 possible events, an average of 1.3 events per clinician, per month. These data were presented at the 2009 AMI conference.

In addition, ESP:VAERS investigators participated on a panel to explore the perspective of clinicians, electronic health record (EHR) vendors, the pharmaceutical industry, and the FDA towards systems that use proactive, automated adverse event reporting.

Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of "problem" drugs and vaccines that endanger public health. New surveillance methods for drug and vaccine adverse effects are needed. Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting: reporting is not part of clinicians' usual workflow, takes time, and is duplicative. Proactive, spontaneous, automated adverse event reporting imbedded within EHRs and other information systems has the potential to speed the identification of problems with new drugs and more careful quantification of the risks of older drugs.

Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION
VACCINATIONS
WHO

WHAT IS THE

CDC?

It’s time you found out
the real identity and history of the
Center for Disease Control

Copy the link below and paste in your browser.

http://www.truthwiki.org/cdc-centers-for-disease-control-and-prevention/

https://en.wikipedia.org/wiki/Unethical_human_experimentation_in_the_United_States

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Unethical human experimentation in the United States

From Wikipedia, the free encyclopedia

Numerous experiments which were performed on human test subjects in the United States are considered unethical, because they were illegally performed or they were performed without the knowledge, consent, or informed consent of the test subjects. Such tests were performed throughout American history, but most of them were performed during the 20th century. The experiments included the exposure of humans to many chemical and biological weapons (including infections with deadly or debilitating diseases), human radiation experiments, injections of toxic and radioactive chemicals, surgical experiments, interrogation and torture experiments, tests which involved mind-altering substances, and a wide variety of other experiments. Many of these tests were performed on children,[1] the sick, and mentally disabled individuals, often under the guise of "medical treatment". In many of the studies, a large portion of the subjects were poor, racial minorities, or prisoners.

A subject of the Tuskegee syphilis experiment has his blood drawn, c. 1953

Many of these experiments violated US law. Some others were sponsored by government agencies or rogue elements thereof, including the Centers for Disease Control, the United States military, and the Central Intelligence Agency, or they were sponsored by private corporations which were involved in military activities.[2][3][4] The human research programs were usually highly secretive and performed without the knowledge or authorization of Congress, and in many cases information about them was not released until many years after the studies had been performed.

The ethical, professional, and legal implications of this in the United States medical and scientific community were quite significant, and led to many institutions and policies that attempted to ensure that future human subject research in the United States would be ethical and legal. Public outrage in the late 20th century over the discovery of government experiments on human subjects led to numerous congressional investigations and hearings, including the Church Committee and Rockefeller Commission, both of 1975, and the 1994 Advisory Committee on Human Radiation Experiments, among others.

Contents [hide]

1 Surgical experiments
2 Pathogens, disease and biological warfare agents
  2.1 Late 19th century
  2.2 Early 20th century
  2.3 1940s
  2.4 1950s
  2.5 1960s
3 Human radiation experiments
  3.1 Radioactive iodine experiments
  3.2 Uranium experiments
  3.3 Plutonium experiments

https://en.wikipedia.org/wiki/Unethical_human_experimentation_in_the_United_States

GUINEA PIG EXPERIMENTATION on American citizens has become the norm. And Covid-19 vaccines are the biggest example of all.

INTRODUCTION

Background You Need To Know Before Reading This Report

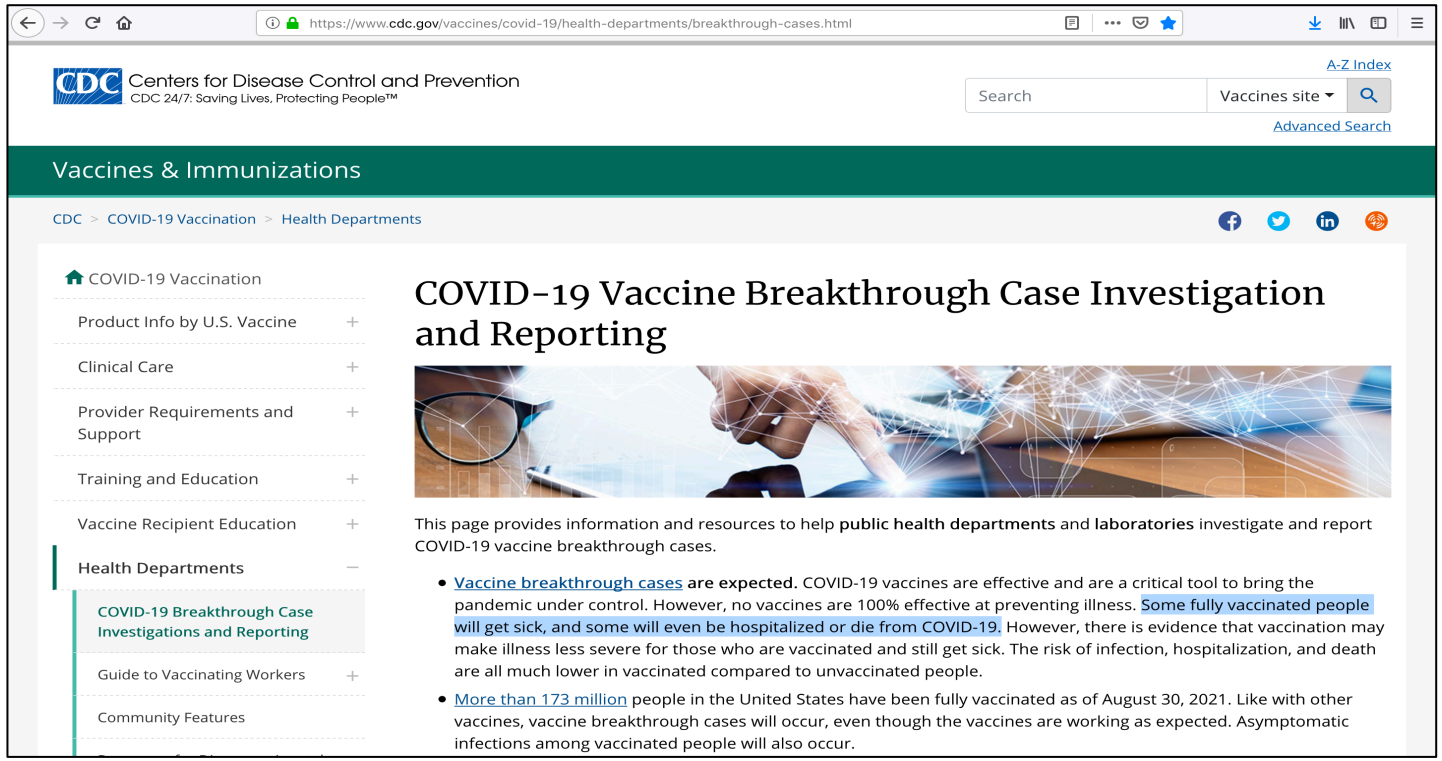
Because there are thousands of doctors and scientists now speaking out against the Covid-19 vaccines, we have compiled factual data exposing the pandemic for over 2 years, new developments validating the truth are happening so fast and you have not attended the dozens of 2-4 hour briefings we have conducted, it will be next to impossible to bring you fully up-to-date. But this Introduction will give you some of the basics that will help you connect the dots to the facts, the truth and the proof - regardless of what you have been told in the past. The only question is whether or not you want the truth.

This **VAX-CON 2022 REPORT**
includes more facts, hard evidence and proof from the databases, documents and reports of the FDA, CDC, HHS, Johns Hopkins University, Moderna, Pfizer, J&J and others.

To receive a copy of our VAX-CON 2021 REPORT, send an email request to **sarscov2exposed@gmail.com**.

COVID-19 VACCINES
ARE NOT GUARANTEED TO STOP

- Death
- Hospitalization
- Sickness
- Contagion
- Infection
- Re-Infection
- Transmission



IN FACT, THE CDC SAYS THE VACCINES WON'T

See enlargement of CDC document on next page.

This was taken in mid-2021 before they changed it to contradict themselves.

WHISTLEBLOWER MEDICAL DOCTORS TARGETED

There has been a deliberate effort to discredit, punish, suspend, fire, quiet, coerce and threaten medical doctors, scientists and nurses in America who have spoken up to expose the Covid-19 vaccines. Their licenses, practices, staff and lives have even been threatened.

Ironically, before the pandemic, these doctors and scientists were accepted as credible in their respective fields. And no they didn't just lose it when the pandemic hit. They stepped up to tell the truth.

Some of these U.S. doctors include Dr. McCullough, Dr. Henpenny, Dr. Malone, Dr. Madej, Dr. Buttar, Dr. Cole, Dr. Stella Immanuel, Dr. Mikovitz, Dr. Northrup, Dr. Gold, Dr. Jensen and thousands more.

Real Data Proves

Covid-19 was not the super-spreader, serial killer the CDC, FDA, HHS, Fauci and the vaccine companies presented to be.

THEY DECEIVED YOU SO YOU WOULD BE AFRAID AND GET VACCINATED

Want Proof? You will see it in this report and our VAX-CON 21 REPORT but here is a quick reference summary.

1. COVID-19, throughout all of 2020, had a survival rate of over 99.7% in America without any vaccines.
2. All the Covid-19 vaccine efforts did not even increase the survival rate by 1% or more (see Johns Hopkins data herein).
3. 146.6 Million Americans already had/have some level of natural immunity without any vaccines. (CDC data follows)
4. Throughout all of 2020, during the worse part of the pandemic, barely 10% of America was infected.
5. Covid-19 did not kill nearly as many people as you were led to believe. That scare tactic was so you would get vaccinated. WE CAN SHOW YOU IN OUR OTHER REPORTS HOW THE NUMBERS WERE FAKED AND MANIPULATED

SURVIVAL RATE WITHOUT THE COVID-19 VACCINES (2020)

Per Johns Hopkins University, the survival rate in America without the vaccines was 98.2%
And this was during the worst part of the pandemic.

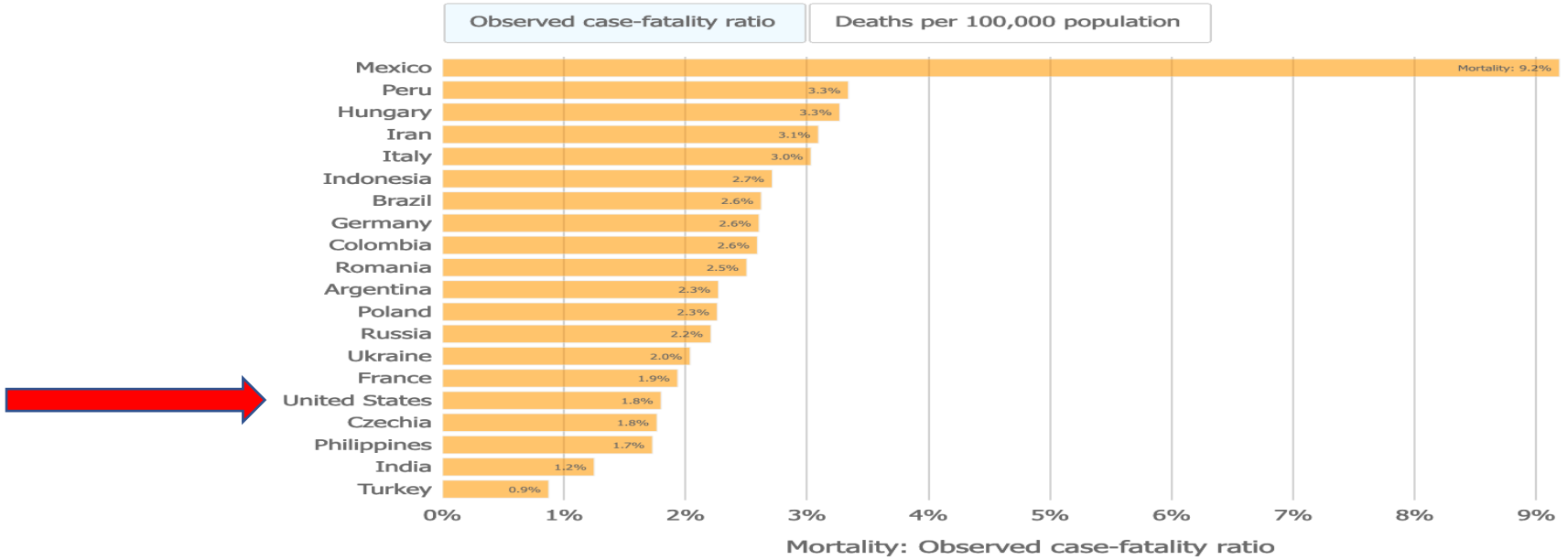
https://coronavirus.jhu.edu/data/mortality

JOHNS HOPKINS UNIVERSITY & MEDICINE | CORONAVIRUS RESOURCE CENTER

Home | Tracking | Testing | Tracing | Vaccines

Tracking Home | Critical Trends | Global Map | U.S. Map | Data in Motion | Tracking FAQ

For the twenty countries currently most affected by COVID-19 worldwide, the bars in the chart below show the number of deaths either per 100 confirmed cases (observed case-fatality ratio) or per 100,000 population (this represents a country's general population, with both confirmed cases and healthy people). Countries at the top of this figure have the most deaths proportionally to their COVID-19 cases or population, not necessarily the most deaths overall.



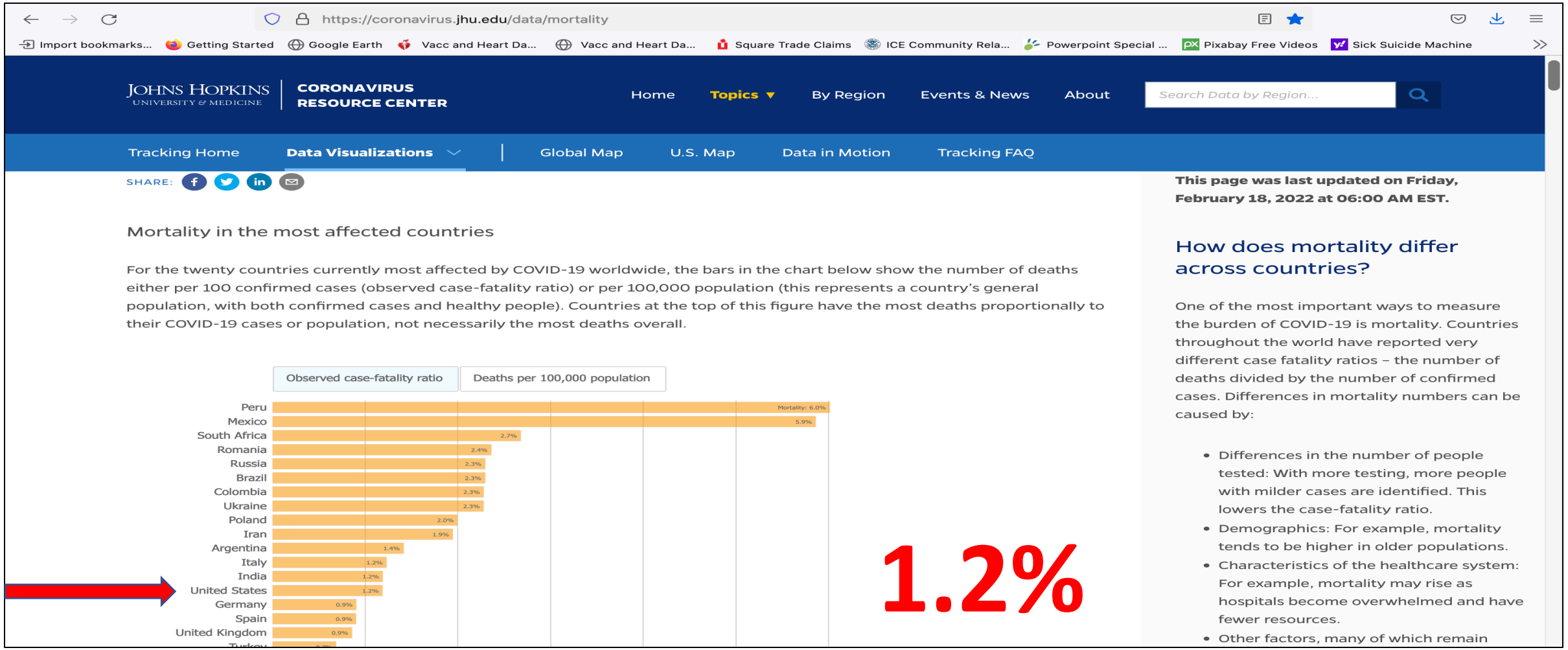
1.8%

SURVIVAL RATE WITH THE COVID-19 VACCINES (Feb. 2022)

Per Johns Hopkins University, the survival rate in America with the vaccines was 98.8%

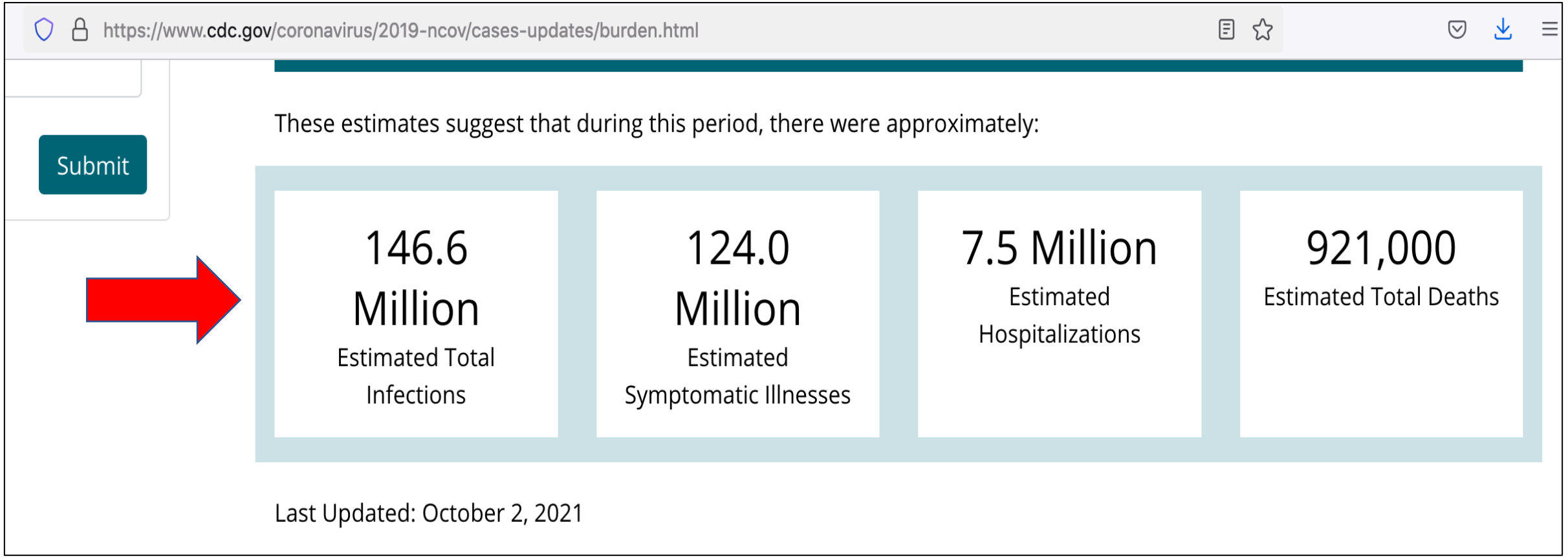
If JHU is accurate, vaccinating over 200 million people in America did not even increase the survival rate 1%.

JHU is widely accepted in the medical industry but if their info is inaccuraye, they are providing misinformation.



1.2%

CDC DATA ON # OF AMERICANS WHO HAVE/HAD COVID-19



This CDC Data was acquired February 27, 2022
Apparently they have not updated since October, 2021 so the numbers of infected people has increased.
That means the number of people with NATURAL IMMUNITY from direct infection has also increased.

VENTILATORS KILLED PATIENTS

But Covid-19 Was Blamed

And Medical Doctors Know It

VENTILATORS ARE KILLING COVID-19 PATIENTS:

The government knows that ventilators are killing people. But they keep pushing more ventilators just as much of the medical industry does. Physicians Weekly recently published an article exposing the deaths caused by ventilators but hospitals and the government keep offering ventilators as if they are a solution.

In some cases as much as 86% of those placed on ventilators then died.
https://www.physiciansweekly.com/mortality-rate-of-covid-19-patients-on-ventilators/

Mortality Is Directly Related to the Duration of Mechanical Ventilation Before the Initiation of Extracorporeal Life Support for Severe Respiratory Failure - PubMed
https://pubmed.ncbi.nlm.nih.gov/8989172/

80% of New York City patients with COVID-19 who are placed on ventilators actually die and New York doctors want to stop using ventilators. https://
www.businessinsider.com/coronavirus-ventilators-some-doctors-try-reduce-use-new-york-death-rate-2020-4

OVER 500K AMERICANS NEVER DIED OF COVID-19 IN 2020
Many died from the unnecessary and/or misuse of ventilators. And we have doctors on video admitting the truth.

DARE TO WEIGH OUT THE TRUTH

NO GUARANTEES HERE:

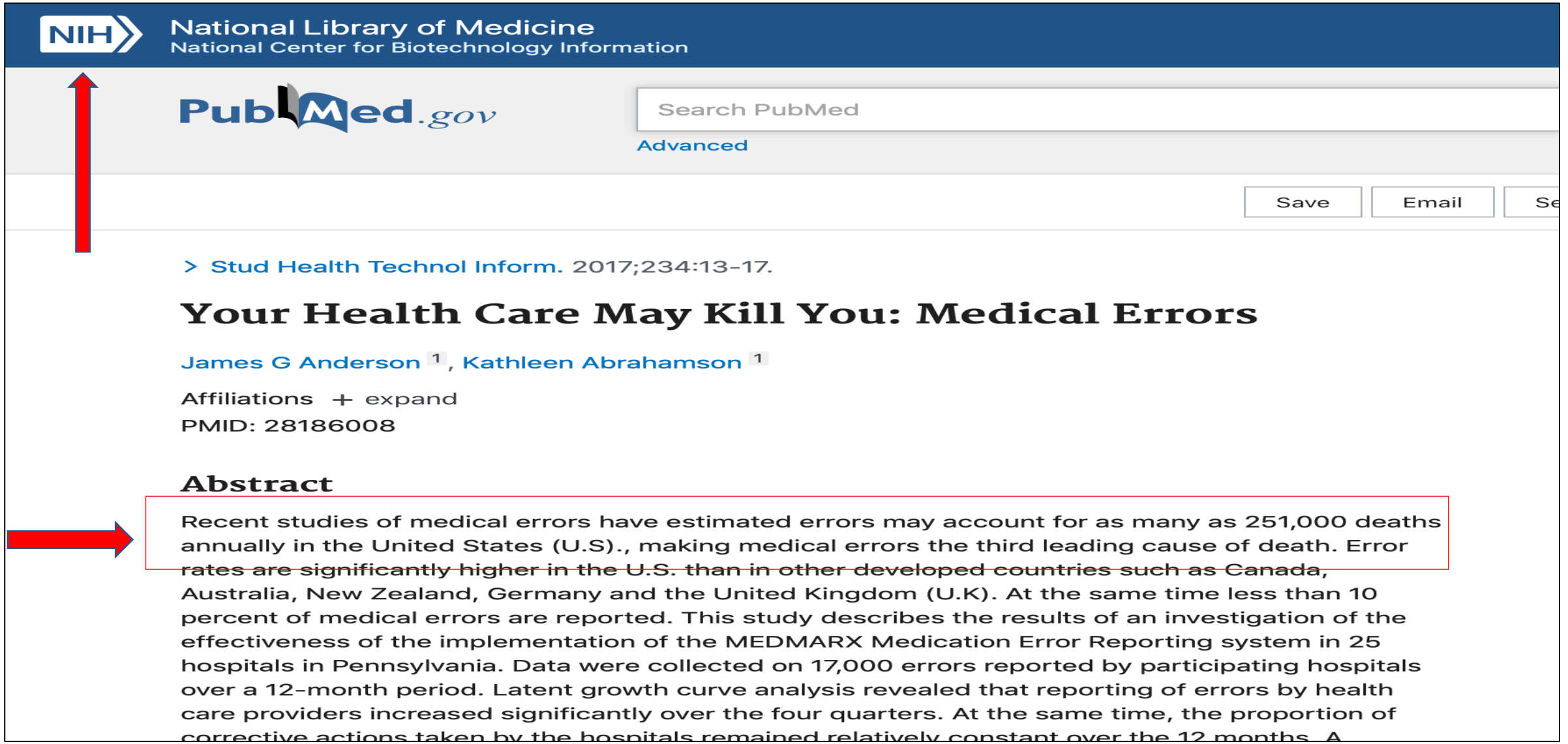
- Covid-19 Vaccines Don't Guarantee Survival (ex. Colin Powell)
- The Vaccines Don't Guarantee No Infection
- The Vaccines Don't Guarantee No Re-Infection
- The Vaccines Don't Guarantee You Won't Spread Covid-19
- The Vaccines Don't Guarantee To Work For Everybody
- That You Are Protected Against All The Variants

HERE ARE YOUR GUARANTEES (COVID-19 VACCINATED PEOPLE):

- You Don't Know What's In The Covid-19 Vaccines
- You Don't Know What The Vaccines Are Doing To Your Body
- Covid-19 Vaccines Have Infected You With The Virus That Causes Covid-19
- The Vaccines Have Poisoned You (PEG etc.)
- The mRNA Vaccines Are Altering and Re-programming Your DNA (Gene Editing)
- Your Body Now Produces The Virus (SARS-CoV-2 Spike Protein)
- The Vaccines Are Tampering With Your Immune System
- There Has Always Been A 99%+ Survival Rate Without Using A Vaccine
- You Survived All of 2020 Without Any Vaccine
- The Agencies You Repeatedly Lied To and Manipulated Your Thinking and Actions (Using Fear and Ignorance)

*** We Challenge Any Medical Doctor To Say These Claims Are False, Put It In Writing and Sign It**

MEDICAL ERROR: 3RD LEADING CAUSE OF DEATH IN AMERICA



National Library of Medicine
National Center for Biotechnology Information

PubMed.gov

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> Stud Health Technol Inform. 2017;234:13-17.

Your Health Care May Kill You: Medical Errors

James G Anderson [1], Kathleen Abrahamson [1]

Affiliations + expand

PMID: 28186008

Abstract

Recent studies of medical errors have estimated errors may account for as many as 251,000 deaths annually in the United States (U.S)., making medical errors the third leading cause of death. Error rates are significantly higher in the U.S. than in other developed countries such as Canada, Australia, New Zealand, Germany and the United Kingdom (U.K). At the same time less than 10 percent of medical errors are reported. This study describes the results of an investigation of the effectiveness of the implementation of the MEDMARX Medication Error Reporting system in 25 hospitals in Pennsylvania. Data were collected on 17,000 errors reported by participating hospitals over a 12-month period. Latent growth curve analysis revealed that reporting of errors by health care providers increased significantly over the four quarters. At the same time, the proportion of corrective actions taken by the hospitals remained relatively constant over the 12 months. A

JOHNS HOPKINS MEDICINE

News and Publications

In This Section

Study Suggests Medical Errors Now Third Leading Cause of Death in the U.S.

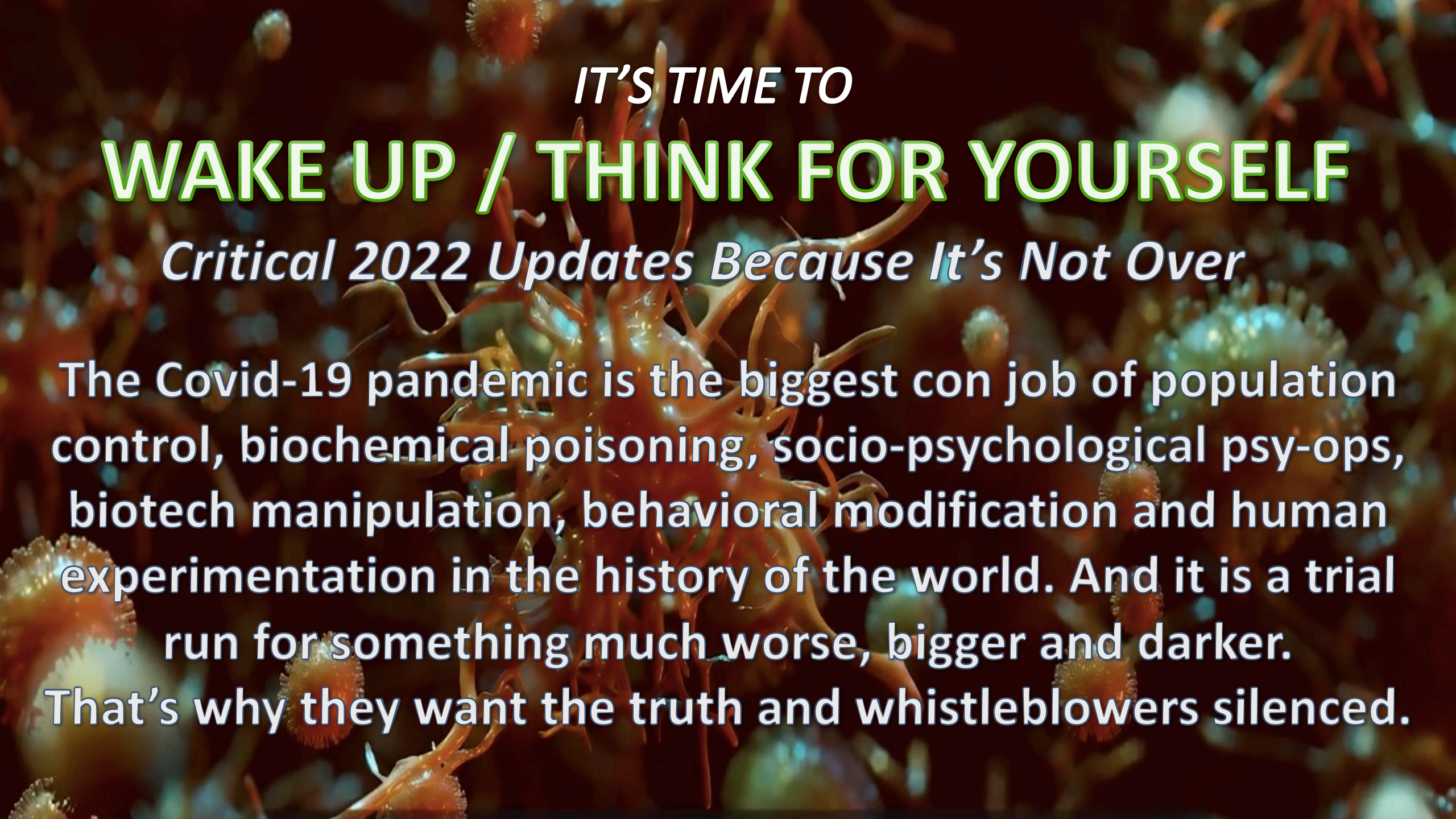
Physicians advocate for changes in how deaths are reported to better reflect reality

Release Date: May 3, 2016

SHARE FAST FACTS

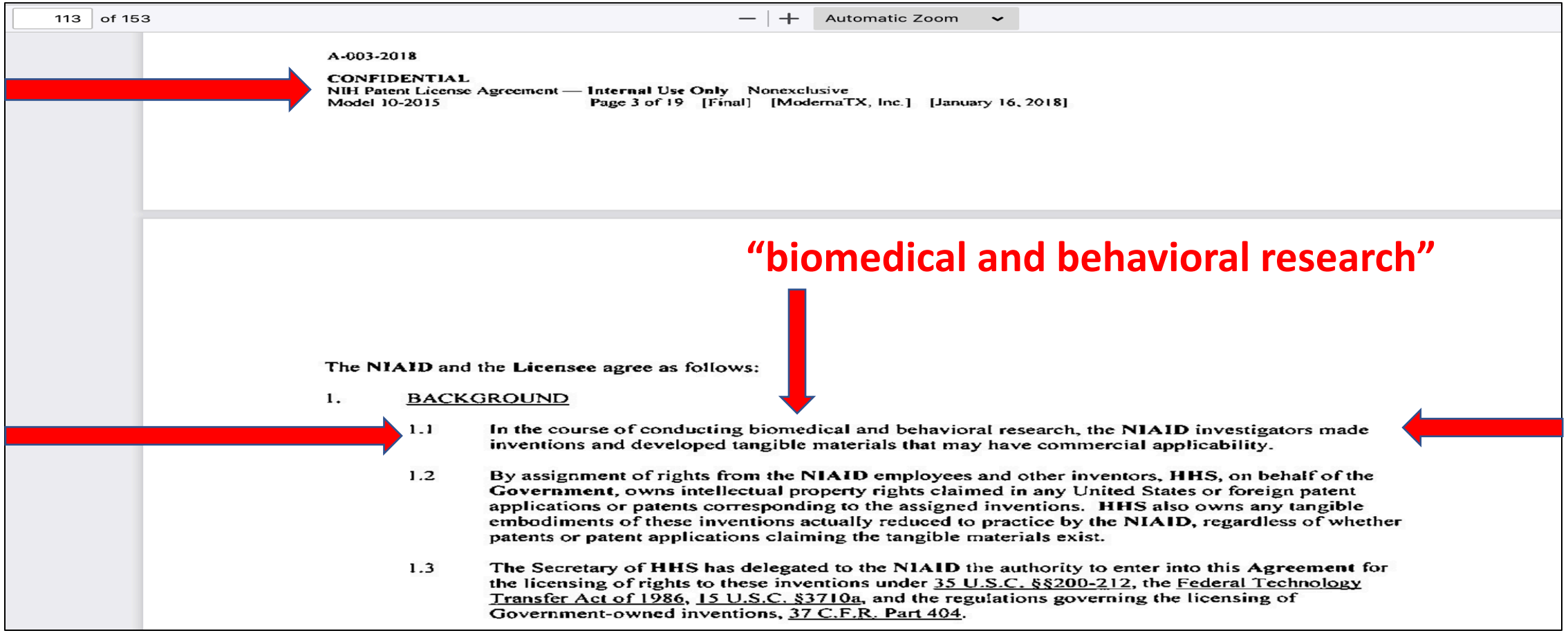
- 10 percent of all U.S. deaths are now due to medical error. - Click to Tweet
- Third highest cause of death in the U.S. is medical error.- Click to Tweet
- Medical errors are an under-recognized cause of death. - Click to Tweet

Analyzing medical death rate data over an eight-year period, Johns Hopkins patient safety experts have calculated that more than 250,000 deaths per year are due to medical error in the U.S. Their figure, published


IT'S TIME TO
WAKE UP / THINK FOR YOURSELF
Critical 2022 Updates Because It's Not Over
The Covid-19 pandemic is the biggest con job of population control, biochemical poisoning, socio-psychological psy-ops, biotech manipulation, behavioral modification and human experimentation in the history of the world. And it is a trial run for something much worse, bigger and darker.
That's why they want the truth and whistleblowers silenced.

2018 Contract Between Moderna, NIH and NIAID (Fauci)

THIS CONTRACT MAKES THE VACCINATED EXPERIMENTAL GUINEA PIGS



113 of 153 — + Automatic Zoom

A-003-2018

CONFIDENTIAL
NIH Patent License Agreement — **Internal Use Only** Nonexclusive
Model 10-2015 Page 3 of 19 [Final] [ModernaTX, Inc.] [January 16, 2018]

"biomedical and behavioral research"

The **NIAID** and the **Licensee** agree as follows:

1. BACKGROUND

1.1 **In the course of conducting biomedical and behavioral research, the NIAID investigators made inventions and developed tangible materials that may have commercial applicability.**

1.2 **By assignment of rights from the NIAID employees and other inventors, HHS, on behalf of the Government, owns intellectual property rights claimed in any United States or foreign patent applications or patents corresponding to the assigned inventions. HHS also owns any tangible embodiments of these inventions actually reduced to practice by the NIAID, regardless of whether patents or patent applications claiming the tangible materials exist.**

1.3 **The Secretary of HHS has delegated to the NIAID the authority to enter into this Agreement for the licensing of rights to these inventions under 35 U.S.C. §§200-212, the Federal Technology Transfer Act of 1986, 15 U.S.C. §3710a, and the regulations governing the licensing of Government-owned inventions, 37 C.F.R. Part 404.**

https://s3.documentcloud.org/documents/6935295/NIH-Moderna-Confidential-Agreements.pdf

12 POINT SUMMARY

1. This document will show why the Covid-19 vaccines are unsafe, ineffective and unnecessary.
2. The proof will come from the documents, databases and reports of the FDA, CDC, Moderna, Pfizer, J&J (Janssen), Johns Hopkins University, the Georgia Department of Public Health, HRSA and various physicians.
3. The vaccine manufacturers, medical industry and regulatory agencies have consistently lied, manipulated the numbers and deceived the public about the SARS-CoV-2 virus, the Covid-19 disease, the pandemic and the vaccines.
4. The Moderna, Pfizer and/or J&J vaccines are infecting every recipient, resulting in variants, full blown Covid-19 (breakthrough cases), contagious spread of the virus, prolonging of the pandemic and the deaths, injuries and/or disabilities of thousands upon thousands of vaccinated American citizens. Death, blood clots or heart attacks shortly after taking the covid-19 is not coincidence.
5. There is a deliberate, coordinated and collaborative effort by the media and social media to block the facts about the pandemic, the virus and the vaccines while systematically discrediting every medical doctor and/or scientist speaking out with evidence to expose this Covid-19 pandemic. The media and social media have been used as a willing propaganda machine to deceive the public.
6. Mainstream and effective Covid-19 medical treatments available since 2020 have been deliberately hid from the public and/or discredited by the regulatory agencies in order to create the illusion and imply that the Covid-19 vaccines were the only hope or solution for Covid-19. Ex: Remdesivir, Hydroxychloroquine, Regeneron, Monoclonal Antibodies, Ivermectin
7. There is a direct connection between the delivery and injection of millions of vaccines and the surge in Covid-19 one year later.
8. The medical and vaccine industry and pandemic regulatory agencies want you to listen to them and believe they are experts when they want to control your thinking and behavior using your fear. However, when there statements are disproven, they want to use the excuse that they are still learning about Covid-19.
9. The truth, facts and evidence hidden from the public blocks the ability of citizens to be informed enough to give “informed consent” when taking the Covid-19 vaccines.
10. At the end of 2021 and the beginning of 2022 the CDC, HHS and FDA allowed the public to believe the Omicron variant was dangerous when the research showed something very different. And while people rushed to get tested, the tests were far below 100% accurate and the current vaccines did not protect against Omicron anyway.
11. Throughout all of 2020 during the Covid-19 pandemic, the survival rate was over 99.5% without the help of vaccines.
12. During all of 2020 barely 10% of America was infected with Covid-19 and 500K+ people never died in 2020 of Covid-19 in America.

EVERY COVID-19 VACCINATED PERSON:

Don't you want to know what is going on inside the body of Covid-19 vaccinated people?

- Is Infected With The Virus That Causes Covid-19
- Has Been Poisoned (Polyethylene Glycol etc.)
- Is Unknowingly Having His/Her DNA Manipulated and Re-programmed
  (Gene Editing, Moderna Software of Life, Operating System)
- Is (Or will Soon Be) Full of Programmable Nanotechnology
- **You Cannot Poison Your Way to Good Health!**

THE MASK ISSUE – AND THE UNBIASED FACTS

We have a full length presentations packed with evidence that properly worn N95 masks do work. And even though this report is not about masks, we need to address a few key areas to correct the lies, misconceptions, biases and fears about wearing masks as protection against Covid-19. Feel free to contact us via email if you want the data or to have us present it on your Zoom presentation. Most people who speak against the N95 mask effectiveness have no real idea how these masks work in the first place. Note: Cloth or cheap paper masks provide very little protection. Don't be cheap.

There is a ton of research and proof to show that (a) properly worn, fitted and sanitized then re-sanitized N95 masks block Covid-19 size particles and therefore provide protection against infection, (b) many of the people speaking out against wearing N95 masks just don't personally want to wear a mask and they are skewing facts to support their personally choices, (c) those telling you not to wear a mask are not offering you any better nor safer alternative, (d) while repeated long term wearing of a mask can decrease your oxygen efficiency and expose you to your own germs, your germs have never killed you nor likely even put you in the hospital. Therefore you would be smarter to take a chance with your own germs instead of someone else's tuberculosis, flu, cold or even Covid-19. And (e), Painters, sanders, drywall people and even surgeons have worn N95 masks for a long time. And there are no massive reports of illness from wearing them. These are realities that people who don't want to wear protective masks are not telling you.

Wear the N95 mask. Buy your own supply. Alternate the masks you wear daily. Keep the inside clean. Re-sanitize the outside. Do not wear the mask below your nose. Keep your hands off the outside of the mask when out in public or around others. We put out an 8 page summary on mask guidance in June of 2020. All of our team has worn the N95 regularly. Not one has gotten sick from wearing it. And not one has gotten Covid-19. **Contact us for mask wearing safety guidelines**.

WAKE UP!

VACCINES in America have not been safe for a long time.

Vaccines and medications have repeatedly killed and injured hundreds of thousands of people.

The widely accepted idea of infecting you with a virus inside a vaccine to get you healthy has always been a problem.

Just because you are not a doctor, that does not mean you should give up the right to think for yourself.

Since 2020 there have been several mainstream and effective treatments for Covid-19 that were intentionally discredited and/or hidden from the public.

All doctors are not bad, but the two snakes wrapped around a stick (medical symbol) demands a dark allegiance that does not make your health and wellness the top priority.

The very regulatory agencies you trust have repeatedly lied, moved the goalpost, gaslighted you and hid the truth about the pandemic, the virus and the vaccines. They are the carriers of misinformation.

Pandemic Zombies 101:

Maybe you have seen movies such as Contagion, Outbreak, I Am Legend, World War Z or Resident Evil. Maybe you only thought that was the movies. But in the last few years surely you have come to know that life is very often stranger than fiction. The merging of man and technology through artificial intelligence, cybernetics and even bionics still was not enough for the people behind this pandemic, the virus and the vaccines. Practically everyone of the movies I just mentioned started with man tampering with viruses and vaccines then releasing them on the population or injecting them into the arms of the public. The result? Zombies.

WHAT IS A "ZOMBIE"?

Generally there are 2 types. We will look at the second type along with verifiable proof Parasites that make zombies TYPE 2 CHARACTERISTICS: 1. Once human 2. Human+nanotechnology +mutated dna+poison+virus 3. Blindly Follows the crowd 4. Not thinking for themselves

So in this presentation we are going to examine how the pandemic of today has created just that, zombies. And it did so quietly, relatively easily and all the while deceiving millions and millions of Americans to take vaccine shots that alter your DNA (gene editing). We're going to show you the proof that every person vaccinated against COVID-19 is no longer fully human, but rather a "zombie" at the first stage or of the first kind.

https://www.youtube.com/watch?v=vijGdWn5-h8

https://www.cdc.gov/cpr/documents/zombie_gn_final.pdf
of 36)
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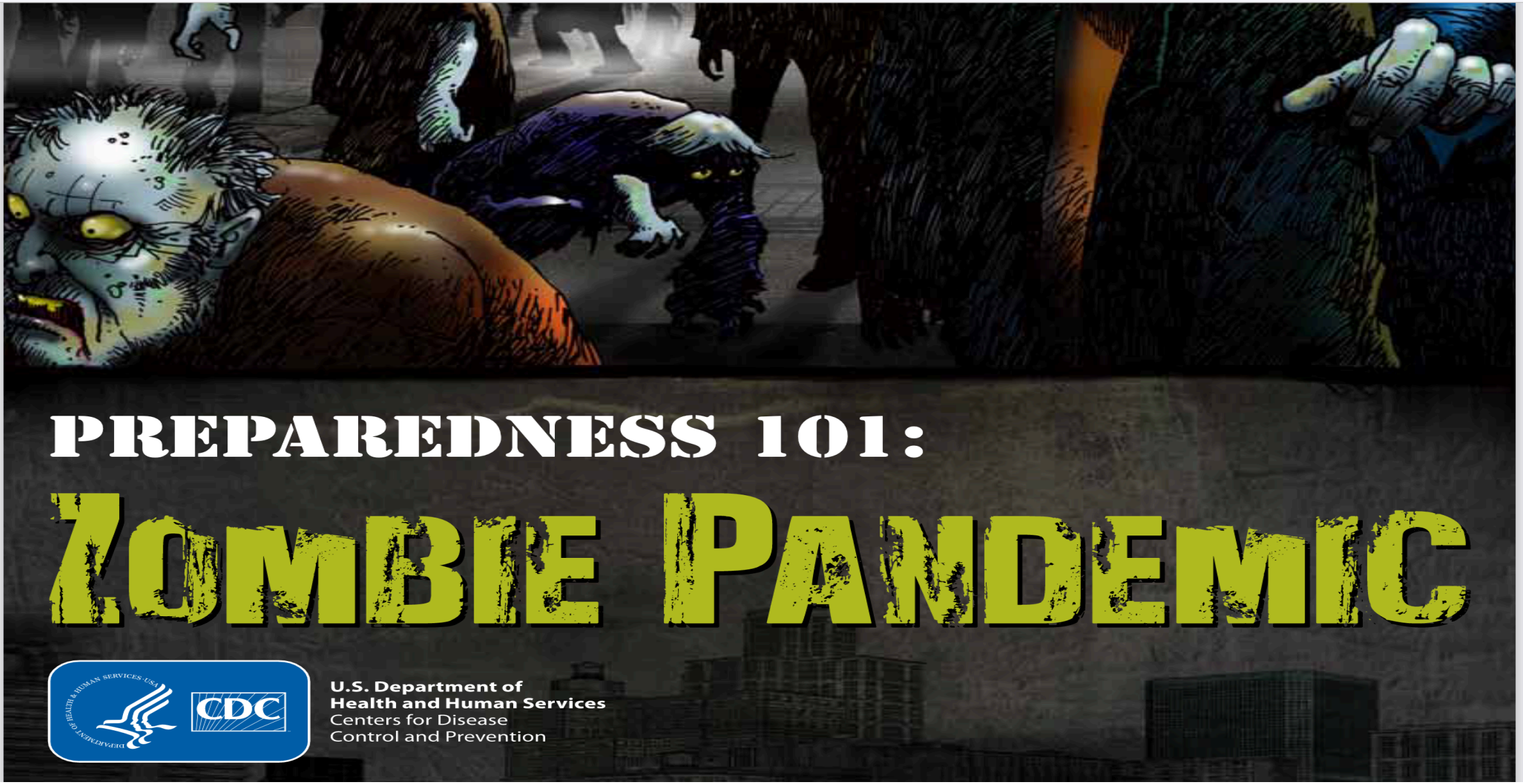

United States Department of Defense “Zombie Dominance” Plan

https://www.stratcom.mil/Portals/8/Documents/FOIA/CONPLAN_8888-11.pdf

Automatic Zoom

(U) CONPLAN 8888

UNCLASSIFIED

From Intellipedia
Jump to: navigation, search

From Intellipedia Location: Map | Coordinates | About

HEADQUARTERS UNITED STATES STRATEGIC COMMAND

CDRUSSTRATCOM CONPLAN 8888-11 "COUNTER-ZOMBIE DOMINANCE" 30 APR 2011

Classified by: N/A

Reason: N/A

Declassify on: N/A

DISCLAIMER: This fictitious plan was created by junior military officers undergoing training related to the Department of Defense's Joint Operational Planning and Execution System (JOPES), the formalized process by which the Department conducts all contingency planning and execution. In an effort to learn the JOPES process, and to do so in a more interesting way, the students were assigned this completely fictitious scenario and directed to use JOPES to develop a written contingency plan. Using this fictitious scenario avoided concerns over the use of classified information, it resolved sensitivity to using real-world nations or scenarios, and it better engaged the students.

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- 2 (U) LETTER OF TRANSMITTAL
- 3 (U) SECURITY INSTRUCTIONS
- 4 (U) PLAN SUMMARY
  - 4.1 (U) PURPOSE
  - 4.2 (U) DEFENSIVE OPERATIONS
  - 4.3 (U) OFFENSIVE OPERATIONS
  - 4.4 (U) CONDITIONS FOR IMPLEMENTATION
  - 4.5 (U) PLAN EXECUTION
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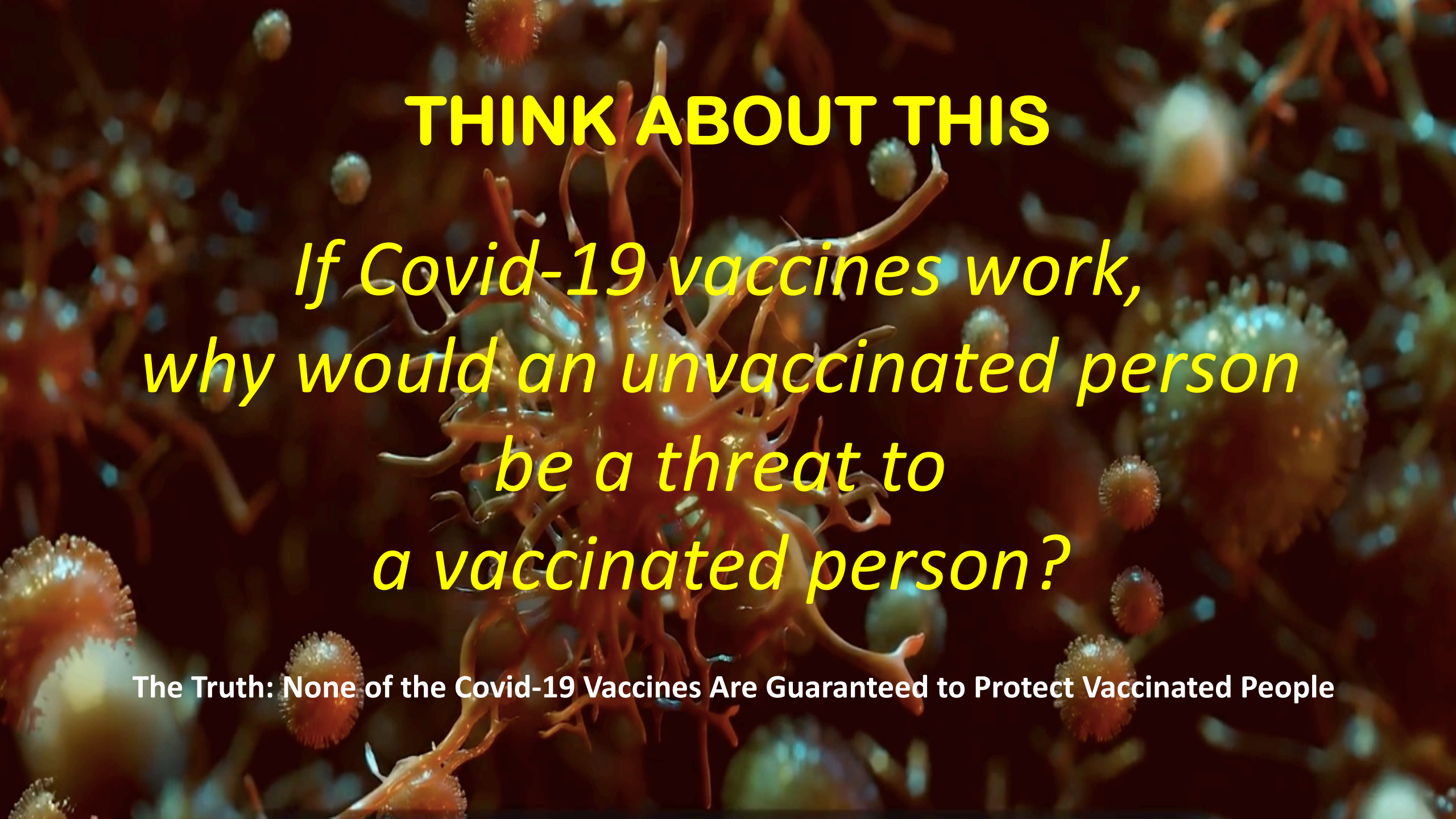
    - 5.5.5 DECISIVE POINTS/CRITICAL CAPABILITIES(CCs)
    - 5.5.6 DECISIVE POINTS/CRITICAL REQUIREMENTS(CR)
    - 5.5.7 DECISIVE POINTS/CRITICAL VULNERABILITIES (CV)

(U) DISCLAIMER

(U) CONPLAN 8888 DISCLAIMER: This plan was not actually designed as a joke. During the summers of 2009 and 2010, while training augmentees from a local training squadron about the JOPP, members of a USSTRATCOM component found out (by accident) that the hyperbole involved in writing a "zombie survival plan" actually provided a very useful and effective

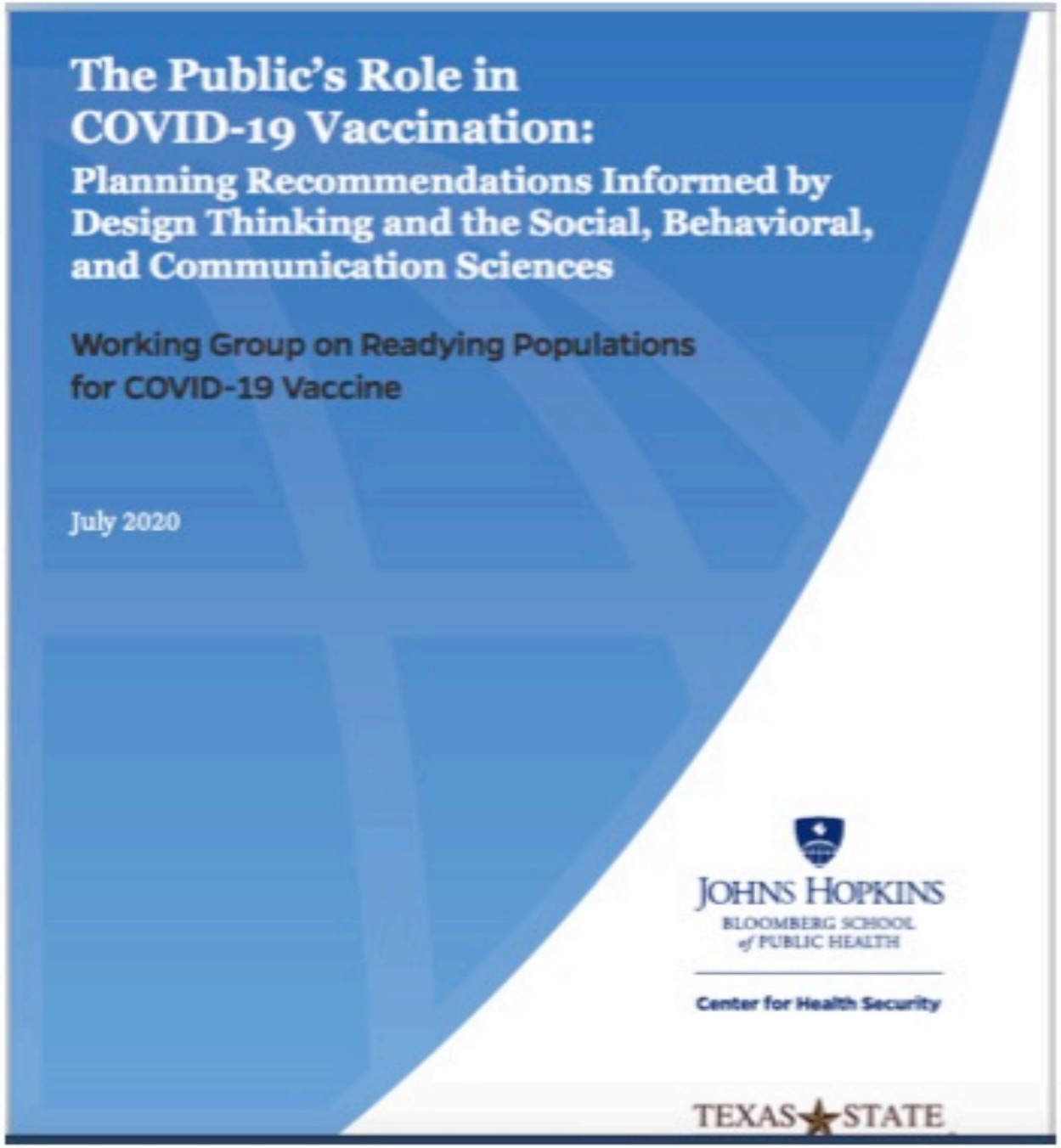
CONOP 8888 is a training tool for USSTRATCOM (U.S. Strategic Command) planners.

https://www.stratcom.mil/Portals/8/Documents/FOIA/CONPLAN_8888-11.pdf?ver=2016-10-17-114016-887


THINK ABOUT THIS
If Covid-19 vaccines work,
why would an unvaccinated person
be a threat to
a vaccinated person?
The Truth: None of the Covid-19 Vaccines Are Guaranteed to Protect Vaccinated People

DON’T THINK FOR YOURSELF
I REPRESENT THE OTHER SERPENT IN THE GARDEN
THE PHARMACEUTICAL INDUSTRY

SLEEP ZOMBIE
I REPRESENT THE FIRST SERPENT IN THE GARDEN
THE MEDICAL INDUSTRY YOU TRUST IN!
The next page shows how you were socio-psychologically manipulated into taking the vaccines.



GUIDE CREATED FOR PUBLIC MANIPULATION

This is the guide created by scientists and specialists at Johns Hopkins and Texas State for the government and the medical industry to trick, deceive and manipulate you into taking the VACCINE.

This 47 page Behavioral Modification plan is mass mind control by another name. And there are specific section on how to target the African American Community and how to connect the Vaccine to government benefits.

The Medical, Regulatory and Vaccine Industries

RE-DEFINED "SAFE & EFFECTIVE" IN THEIR FAVOR

So Let's Look At What "Safe & Effective" Should Mean To You

The potential, anticipated and actual documented incidents of the following prove these vaccines are NOT safe and NOT effective.

NOT SAFE

DEATH
STROKES
SEIZURES
HEART ATTACKS
AUTOIMMUNE DISEASES
BLOOD CLOTS
BELLS PALSY
DNA TAMPERING

NOT EFFECTIVE

Doesn't Stop Infection
Doesn't Stop Re-Infection
Doesn't Stop Contagion
Doesn't Stop Death
Doesn't Protect Against All Variants
No Long Term Data
No Long Term Immunity
Not Even Approved

They can GUARANTEE NOTHING yet say anything when federal law protects them from liability.

Why People Take and Believe In Covid-19 Vaccines

- Fear
- Blind Trust
- Manipulation
- The Norm

  (Pharmaceutical Poisoning)

Note: Your immune system has protected you for your entire life.
But suddenly they convinced you that it would fail you
and that something they cooked up in a lab in 6 months would work better.

22 KEY PANDEMIC FACTS THEY HAVE BEEN HIDING FROM YOU (1)

(THIS REPORT WILL PROVE THE CDC, FDA, HHS AND VACCINE COMPANIES ARE THE ONES SPREADING MISINFORMATION):

1. As of Jan. 2022, the CDC is tracking a dozen variants but they are not telling you.
2. Outside activity is worse than inside because the virus is airborne. Six feet social distancing is insufficient.
3. Cloth masks don't work. And the public was discouraged from wearing the N95 so the virus could spread.
4. Omicron is used as a scare tactic but it is not even deadly. The CDC and FDA only made you think it was, but they never said it. Statistical data proves Omicron is not deadly.
5. The vaccines are not for everybody and never were
6. The vaccines do not block infection, reinfection, transmission nor guarantee survival (ex. Colin Powell)
6. Fully vaccinated people can still die from COVID-19.
7. Vaccine exemptions are allowed in all 50 states
8. There is no justification for vaccinating children 17 years old and under. Their risk of death is very low.
9. People who have already had COVID-19 have long and strong immunity, better than the vaccines.
10. Throughout all of 2020 nobody (outside of the trials) had the Covid-19 vaccine, yet the survival rate without these vaccines was over 99.6%.
11. The thousands upon thousands of people who never had COVID-19 until after they got the vaccine is not a coincidence. The vaccines infected them with the virus then it turned into full blown Covid-19.

Every single claim you have just read can be proven using the very data, databases, reports and/or documents of the FDA, CDC, Johns Hopkins University, HRSA, state health departments, NIH, credible medical doctors and/or scientists with the courage to speak the truth, provide proof and/or video evidence.

22 KEY PANDEMIC FACTS THEY HAVE BEEN HIDING FROM YOU (2)

12. The Pfizer, Moderna and Johnson and Johnson vaccines all infect you with the virus that causes COVID-19.
13. There is no such thing as one vaccine fits all. Just like you shouldn't take someone else's medication.
14. Hundreds of thousands of Americans (incl. children) suffered illness, death or injury from these vaccines.
15. Properly worn, sanitized and re-sanitized N95 masks do work. Obviously better than no protection at all.
16. SARS-CoV-2 was intentionally created in a lab at the University of North Carolina on purpose as SHC014.
17. The chemicals in the vaccines are poison to the human body. For example, Polyethylene Glycol (PEG). This is why there are so many bad side effects such as death, blood clots and heart attacks.
18. Vaccine trials take years. So just because a vaccinated person feels fine now, that does not mean that they are OK. Data shows increases in cancer and other worsening pre-existing conditions for the vaccinated.
19. Dr Fauci and the head of the NIH in 2020 intentionally conspired to discredit qualified scientists and/or medical personnel who were telling the truth. Doctors promoting the vaccine use Fauci's talking points script.
20. As early as mid-2020, effective medical main stream treatments were available and/or authorized for COVID-19 recovery, but they were deliberately hid from the public, blocked and discredited by the very regulatory agencies managing this pandemic.
21. The COVID-19 death numbers were intentionally manipulated and 500k people never died of COVID-19 in 2020. Many died WITH Covid-19, but not from Covid-19. People were allowed to die. Death certificates were falsified. Effective treatments were withheld and discredited. Ventilators killed Covid-19 patients.
22. People are not flooding into hospitals just because of Covid-19 and certainly not just because of Omicron. People are also in hospitals for bronchitis, acute asthma, lung cancer, cold, tuberculosis, flu and pneumonia.

CAN YOU TRUST THE MEDICAL INDUSTRY REGARDING COVID-19 VACCINE INFORMATION?

NO. YOU CAN'T AND HERE ARE THE REASONS WHY:

1. The American medical industry is following the script from serial liar Anthony Fauci, the FDA and CDC.
2. Most medical doctors who know the truth are afraid to speak up because they will be ostracized.
3. Doctors are fired, suspended and loosing their licenses for telling the truth. The medical industry demands their allegiance above your safety.
4. The facts and evidence contradict what most doctors are telling you.
5. Thousands of courageous, credible doctors and scientists have exposed the vaccines. But they are kept out of the mainstream news.

The American medical symbol is the Caduceus, the staff of Hermes, A THIEF and A TRICKSTER

Sometimes They Show You Exactly Who They Are

IN PLAIN SIGHT

BAPHOMET
A depiction of satan. Also a thief and a deceiver.

https://www.fda.gov/media/143557/download

6 of 27 — Automatic Zoom

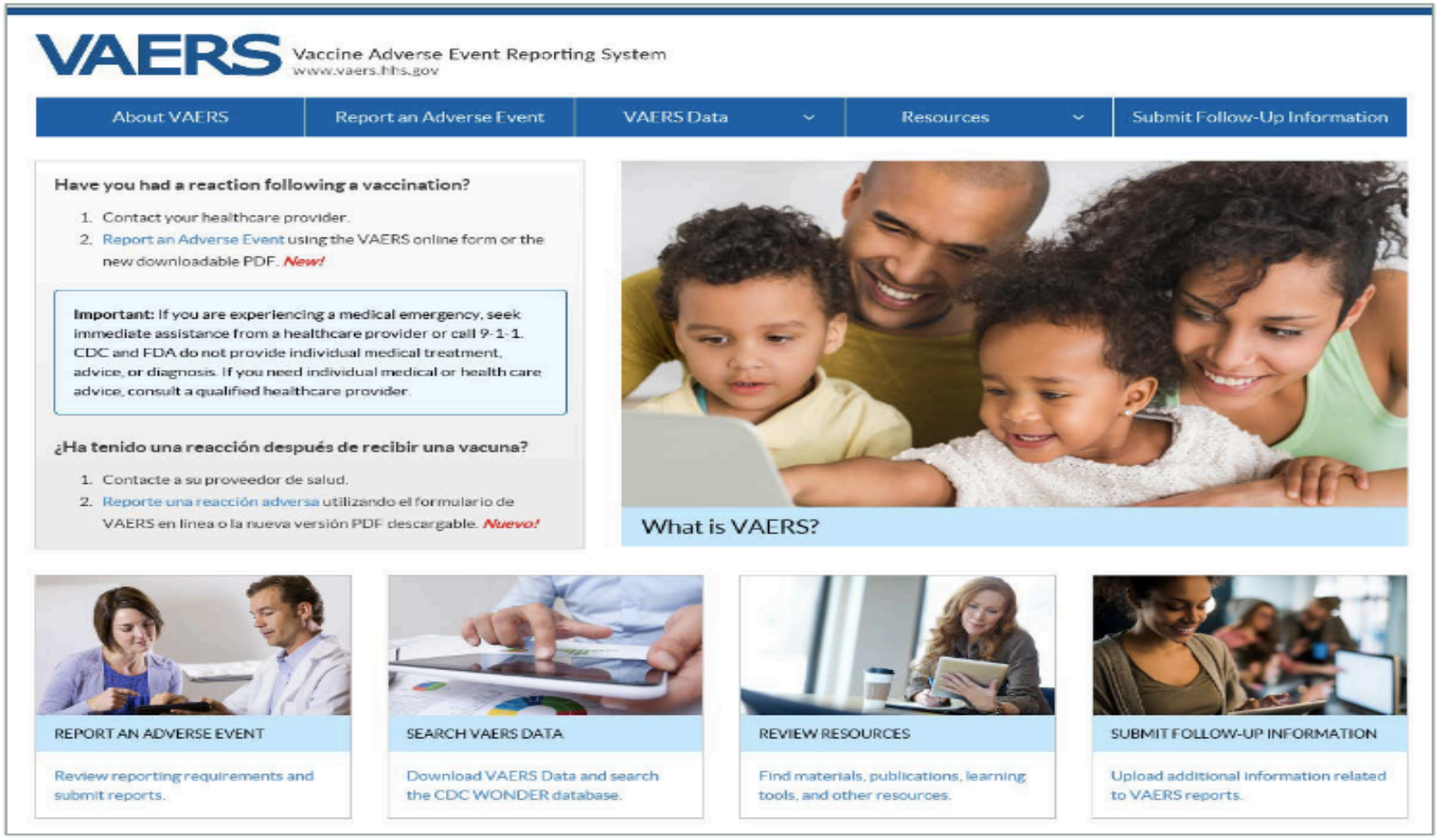
VAERS

Vaccine Adverse Event Reporting System

Co-managed by CDC and FDA

CDC + FDA

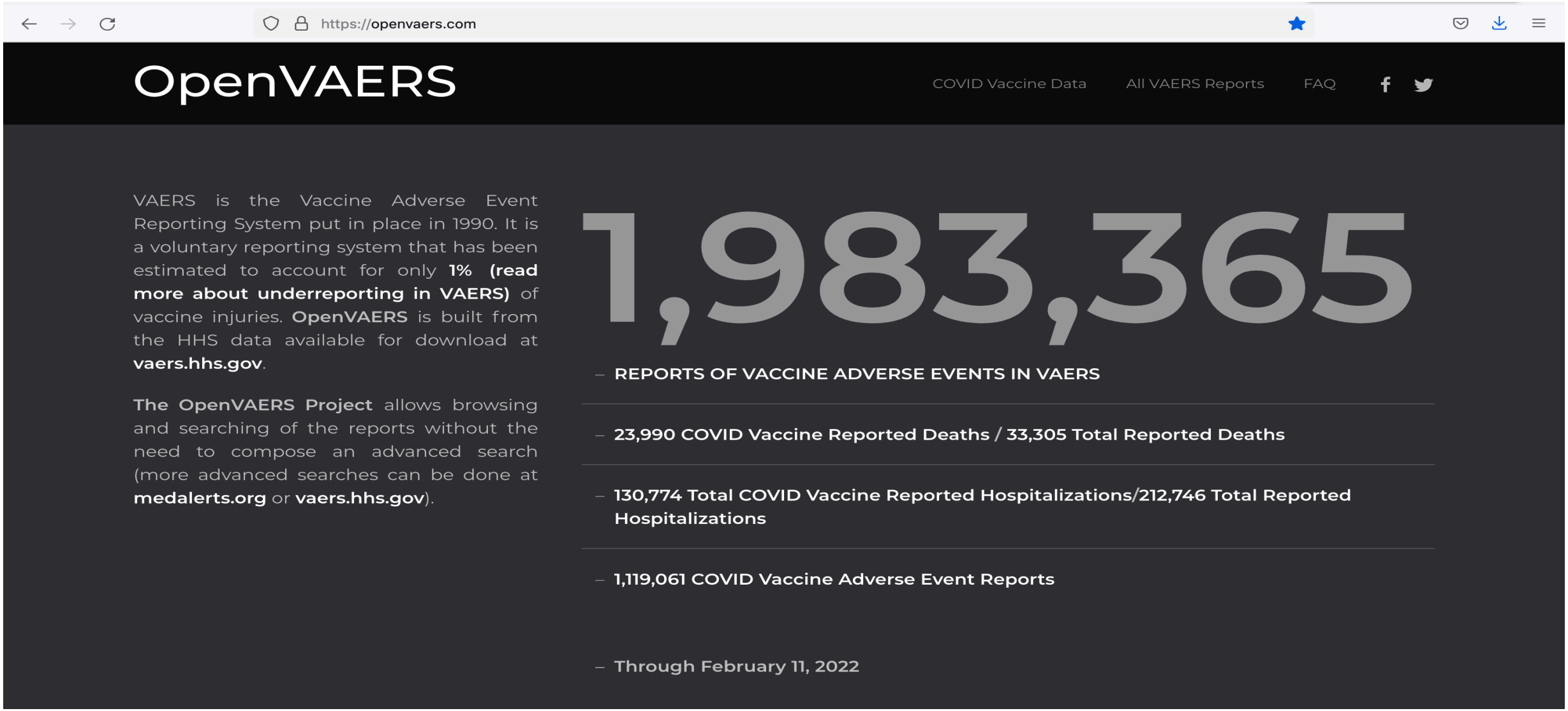
http://vaers.hhs.gov



If Vaccines are so “safe and effective”, why does the government need an entire database to track the vaccine deaths and severe damages?

EASIER TO USE VACCINE TRACKING DATABASE

This private database posts vaccine injury/death data from the VAERS report. But with OpenVAERS, you don't have to set the query parameters for database searches as you have to in the CDC Wondersite VAERS database.



THE ROCKEFELLER FOUNDATION HAD THE PANDEMIC PLAN IN 2010

The Narrative: "Lock Step"

The "Lock Step" scenario is the first of four narratives presented in the Rockefeller Foundation's summary document, "Scenarios for the Future of Technology and International Development". It deals with a zoonotic viral pandemic that wipes out millions across the globe. It's not that long of a read, so let's just take a quick walk through it, because it is indeed very eye-opening. The details are worth knowing.

Scenarios for the Future of Technology and International Development

In October of 2019 the Bill & Melinda Gates Foundation, Johns Hopkins and other agencies conducted what they called a "Pandemic Exercise" to see what would happen if a pandemic from China swept over the planet. The problem was that **it was not an exercise. It was the real thing**. Event 201, passed off as a pandemic exercise, only showed they knew what was coming and they were a part of it.

The Huge Mutated Baby Is Born
C0VID-19

Presenting The Coming Virus
COVID-19

PROOF & PAPER TRAILS

THE MADE-IN-AMERICA VIRUS

GAIN-OF-FUNCTION EXPERIMENTS/MONEY FUNNELED TO WUHAN
THE FDA, HARVARD, UNIVERSITY OF NORTH CAROLINA

Scientists at the University of North Carolina working with the FDA, Harvard University and the Wuhan Virology Lab. They acquired a coronavirus from bats in Wuhan. Then they bioengineered the virus (known as SHC014) in the UNC labs by using gain-of-function to make the virus stronger, jump to humans and more dangerous. When the Obama administration placed a ban on lethal pathogen bioengineering in 2014, Dr Baric of UNC and his team sent the virus to Wuhan with the scientists who had been working on it at UNC, Chapel Hill.

https://www.covid19exposed.net/_files/ugd/a9dba4_3b21e35420b943cabc57e32ee77ffbf1.pdf

Eco Health Alliance, a private company which conducted the research in bat coronaviruses, contacted DARPA (a military defense contractor) with a solution to avoid the spread of the virus. But DARPA rejected the proposal. Eco Health Alliance was also used to funnel money from the United States to Wuhan in the form of grants, a payoff to complete the virus which would then be released in October of 2019 during the World Military Games in Wuhan, China. 100 countries having military in Wuhan for the games had no idea what was happening.

Fortunately there was a paper trail left and you will see some of the documents below. And we have more.
https://www.projectveritas.com/news/military-documents-about-gain-of-function-contradict-fauci-testimony-under/

REJECTION OF DEFUSE PROJECT PROPOSAL

Proposal Title:	DEFUSE - Defusing the Threat of Bat-borne Coronaviruses (2018)
Proposal Identifier:	HR001118S0017-PREEMPT-FP-019

Amounts Requested by EcoHealth Alliance:

Phase I	$8,411,546
Phase II	$5,797,699
Total:	**$14,209,245**

RESULT

The DEFUSE proposed project by EHA was **rejected by DARPA**, although *"if funding became available"*, certain components of particular interest could have gone ahead, subject to a clear contractual Dual Use Research of Concern (DURC) risk mitigation plan that *'includes a responsible communications plan'*.

REASONS FOR REJECTION

The Biological Technologies Office of DARPA reviewed the EcoHealth Alliance DEFUSE proposal and the Evaluation Reports and decided it was "**selectable**". In doing so, two out of three reviewers considered the aim of preempting "zoonotic spillover through reduction of viral shedding in the bat caves" as of interest to DARPA. These reviewers assessed the EHA and Collaborators team and concluded that:

- They have plenty of prior experience.
- They have access to Yunnan caves where bats are infected with SARSr viruses.
- They have carried out past surveillance work
- They have developed geo-based risk maps of zoonotic hotspots
- Their proposed experimental work is logical and can validate molecular and evolutionary models.
- Their proposed preemption approaches can rapidly be validated using bat and "batenized" mouse models.

However, the Biological Technologies Office did not recommend it be funded **at that time** because significant weaknesses were identified:

DARPA

DEFENSE
ADVANCE
RESEARCH
PROJECTS
AGENCY

(Dept of Defense Contractor)

ACTUAL REJECTION LETTER

1. Acknowledged that Eco Health Alliance (EHA) was involved.

2. Then rejected the EHA proposal (DEFUSE) to stop the virus from spreading to humans and becoming a pandemic.

3. The pandemic could have been stopped.

1. The proposal is considered to potentially involve GoF/DURC research because they propose to synthesize spike glycoproteins which bind to human cell receptors and insert them into SARSr-CoV backbones to assess whether they can cause SARS-like disease.
2. However the proposal does not mention or assess potential risks of Gain of Function (GoF) research.
3. Nor does the proposal mention or assess Dual Use Research of Concern (DURC) issues, and thus fails to present a DURC risk mitigation plan.
4. The proposal hardly addresses or discusses ethical, legal, and social issues (ELSI).
5. The proposal fails to discuss problems with the proposed vaccine delivery systems caused by the known issues of variability in vaccine dosage.
6. The proposal did not provide sufficient information about how EHA would use any data obtained and how they would model development or perform any necessary statistical analysis.
7. The proposal did not explain clearly how EHA will take advantage of their previous work, nor how that previous work could be extended.
8. The proposal failed to clearly assess how it would deploy and validate the "TA2 preemption methods" in the wild. This refers to carrying out experiments with effective immune boosting molecules and delivery techniques via FEA aerosolization mechanism at one test and. two control bat cave sites in Yunnan, China (PARC, EHA, WIV).
9. The proposal does not address concerns about these vaccines not being able to protect against the wide variety of coronaviruses in bat caves which are constantly evolving, due to insufficient epitope coverage.

DRASTIC independently assesses that the tone of the proposal (see for instance the 'our cave complex') and the deep suggested involvement of some of the WIV parties (Shi Zheng Li employed half-time for 3 years - paid via the grant - and invited to DARPA headquarters at Arlington), may not have helped either - especially in the absence of any DURC risk mitigation program.

It is clear that the proposed DEFUSE project led by Peter Daszak could have put local communities at risk by failing to consider the following issues:

- Gain of Function
- Dual Use Research of Concern
- Vaccine epitope coverage
- Regulatory requirements
- ELSI (ethical, legal, and social issues)
- Data Usage

END

UNC | SCHOOL OF MEDICINE
Microbiology and Immunology

Ralph Baric, PhD

Professor
Department of Epidemiology
3304 MHRC, School of Public Health
919-966-3895

https://www.med.unc.edu/microimm/directory/ralph-baric-phd-1/

Research

Most of the research in our laboratory has used coronaviruses as models to study the genetics of RNA virus transcription, replication, persistence, and cross species transmission. We have also been using alphavirus vaccine vectors to develop novel candidate vaccines against caliciviruses. Specific areas of interest include:

1. **Coronavirus Reverse Genetics** and vaccine development.

We have developed infectious cDNAs from two coronaviruses. Specific applications include: a) studying critical cis and trans acting factors that regulate coronavirus subgenomic mRNA synthesis and replication, b) rearranging the coronavirus gene order to study genome evolution and function in coronavirus transcription and replication, c) identification of the minimal coronavirus genome, d) development of coronavirus replicon RNAs and coronavirus replicon particles for vaccine development, e) expression of heterologous genes from coronavirus vaccine vectors for swine and other important species.

The Made-In-America (NC) Patented Virus That Deliberately Started It All

https://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO2&Sect2=HITOFF&p=1&u=%2Fnetahtml%2FPTO%2Fsearch-bool.html&r=1&f=G

USPTO PATENT FULL-TEXT AND IMAGE DATABASE

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Images

(1 of 1)

United States Patent **7,279,327**
Curtis , et al. **October 9, 2007**

**Please see images for: (Certificate of Correction) **

Methods for producing recombinant coronavirus

Abstract

A helper cell for producing an infectious, replication defective, coronavirus (or more generally nidovirus) particle cell comprises (a) a nidovirus permissive cell; (b) a nidovirus replicon RNA comprising the nidovirus packaging signal and a heterologous RNA sequence, wherein the replicon RNA further lacks a sequence encoding at least one nidovirus structural protein; and (c) at least one separate helper RNA encoding the at least one structural protein absent from the replicon RNA, the helper RNA(s) lacking the nidovirus packaging signal. The combined expression of the replicon RNA and the helper RNA in the nidovirus permissive cell produces an assembled nidovirus particle which comprises the heterologous RNA sequence, is able to infect a cell, and is unable to complete viral replication in the absence of the helper RNA due to the absence of the structural protein coding sequence in the packaged replicon. Compositions for use in making such helper cells, along with viral particles produced from such cells, compositions of such viral particles, and methods of making and using such viral particles, are also disclosed.

Inventors: **Curtis; Kristopher M.** (Chapel Hill, NC), **Yount; Boyd** (Hillsborough, NC), **Baric; Ralph S.** (Haw River, NC)
Assignee: **The University of North Carolina at Chapel Hill** (Chapel Hill, NC)

Family ID: **26963129**
Appl. No.: **10/474,962**
Filed: **April 19, 2002**
PCT Filed: **April 19, 2002**
PCT No.: **PCT/US02/12453**
371(c)(1),(2),(4) Date: **May 25, 2004**
PCT Pub. No.: **WO02/086068**
PCT Pub. Date: **October 31, 2002**

Government Interests

STATEMENT OF FEDERAL SUPPORT

This invention was made possible with government support under grant numbers AI23946 and GM63228 from the National Institutes of Health. The United States government has certain rights to this invention.

Parent Case Text

RELATED APPLICATIONS

This application claims priority under 35 U.S.C. .sctn. 371 from PCT Application No. PCT/US02/12453, filed in English on Apr. 19, 2002, which claims the benefit of U.S. Application Ser. No. 60/285,320 and U.S. Application Ser. No. 60/285,318, both filed on Apr. 20, 2001, the disclosures and contents of which are incorporated by reference herein in their entireties.

Claims

What is claimed is:

1. A helper cell for producing an infectious, replication defective, coronavirus particle, wherein said cell is a coronavirus permissive cell, comprising: (a) a coronavirus replicon RNA comprising a coronavirus packaging signal, and a heterologous RNA sequence, wherein said replicon RNA further lacks a sequence encoding at least one coronavirus structural protein; and (b) at least one separate helper RNA encoding the at least one structural protein absent from the replicon RNA, said helper RNA lacking a coronavirus packaging signal. wherein the combined expression of the replicon RNA and the helper RNA produces an assembled coronavirus particle which comprises said heterologous RNA sequence, is able to infect a cell, and is replication defective.

2. The helper cell according to claim 1, said replicon RNA further comprising a sequence encoding at least one of the coronavinis structural proteins.

3. The helper cell according to claim 1, wherein said helper RNA contains at least one gene encoding a structural protein selected from the group consisting of the E, M, N, and S genes.

4. The helper cell according to claim 1, wherein said helper RNA contains the E gene.

5. The helper cell according to claim 1, wherein said coronavirus is selected from the group consisting of human respiratory coronavirus, mouse hepatitis virus, porcine transmissible gastroenteritis virus, porcine respiratory coronavirus, canine coronavirus, feline enteric coronavirus, feline infectious peritonitis virus, rabbit coronavirus, murine hepatitis virus, sialodacryoadenitis virus, porcine hemagglutinating encephaloinyclitis virus, bovine coronavirus, avian infectious bronchitis virus, and flu-key coronavirus.

MADE-IN-AMERICA: THE VIRUS THAT CAUSES COVID-19 WAS FIRST CALLED SHC014

And Created At The University of North Carolina, Chapel Hill Before Being Sent To Wuhan

ster of circulating bat coronaviruses shows potential...

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4797993/

Nature Public Health Emergency Collection

Public Health Emergency COVID-19 Initiative

Nat Med. 2015; 21(12): 1508–1513.
Published online 2015 Nov 9. doi: 10.1038/nm.3985

PMCID: PMC4797993
NIHMSID: NIHMS766724
PMID: 26552008

A SARS-like cluster of circulating bat coronaviruses shows potential for human emergence

Vineet D Menachery,[✉1] Boyd L Yount, Jr,[1] Kari Debbink,[1,2] Sudhakar Agnihothram,[3] Lisa E Gralinski,[1] Jessica A Plante,[1] Rachel L Graham,[1] Trevor Scobey,[1] Xing-Yi Ge,[4] Eric F Donaldson,[1] Scott H Randell,[5,6] Antonio Lanzavecchia,[7] Wayne A Marasco,[8,9] Zhengli-Li Shi,[4] and Ralph S Baric[✉1,2]

Nature Public Health Emergency Collection

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[1]Department of Epidemiology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina USA
[2]Department of Microbiology and Immunology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina USA
[3]National Center for Toxicological Research, Food and Drug Administration, Jefferson, Arkansas USA
[4]Key Laboratory of Special Pathogens and Biosafety, Wuhan Institute of Virology, Chinese Academy of Sciences, Wuhan, China
[5]Department of Cell Biology and Physiology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina USA
[6]Cystic Fibrosis Center, Marsico Lung Institute, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina USA
[7]Institute for Research in Biomedicine, Bellinzona Institute of Microbiology, Zurich, Switzerland
[8]Department of Cancer Immunology and AIDS, Dana-Farber Cancer Institute, Harvard Medical School, Boston, Massachusetts USA

ALL THESE CULPRITS WERE IN ON THE CREATION OF THE VIRUS

[1]Department of Epidemiology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina USA
[2]Department of Microbiology and Immunology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina USA
[3]National Center for Toxicological Research, Food and Drug Administration, Jefferson, Arkansas USA
[4]Key Laboratory of Special Pathogens and Biosafety, Wuhan Institute of Virology, Chinese Academy of Sciences, Wuhan, China
[5]Department of Cell Biology and Physiology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina USA
[6]Cystic Fibrosis Center, Marsico Lung Institute, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina USA
[7]Institute for Research in Biomedicine, Bellinzona Institute of Microbiology, Zurich, Switzerland
[8]Department of Cancer Immunology and AIDS, Dana-Farber Cancer Institute, Harvard Medical School, Boston, Massachusetts USA
[9]Department of Medicine, Harvard Medical School, Boston, Massachusetts USA

Abstract

The emergence of severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome (MERS)-CoV underscores the threat of cross-species transmission events leading to outbreaks in humans. Here we examine the disease potential of a SARS-like virus, SHC014-CoV, which is currently circulating in Chinese horseshoe bat populations[1]. Using the SARS-CoV reverse genetics system[2], we generated and characterized a chimeric virus expressing the spike of bat coronavirus SHC014 in a mouse-adapted SARS-CoV backbone. The results indicate that group 2b

viruses encoding the SHC014 spike in a wild-type backbone can efficiently use multiple orthologs of the SARS receptor human angiotensin converting enzyme II (ACE2), replicate efficiently in primary human airway cells and achieve *in vitro* titers equivalent to epidemic strains of SARS-CoV. Additionally, *in vivo* experiments demonstrate replication of the chimeric virus in mouse lung with notable pathogenesis. Evaluation of available SARS-based immune-therapeutic and prophylactic modalities revealed poor efficacy; both monoclonal antibody and vaccine approaches failed to neutralize and protect from infection with CoVs using the novel spike protein. On the basis of these findings, we synthetically re-derived an infectious full-length SHC014 recombinant virus and demonstrate robust viral replication both *in vitro* and *in vivo*. Our work suggests a potential risk of SARS-CoV re-emergence from viruses currently circulating in bat populations.

Main

The emergence of SARS-CoV heralded a new era in the cross-species transmission of severe respiratory illness with globalization leading to rapid spread around the world and massive economic impact[3,4]. Since then, several strains—including influenza A strains H5N1, H1N1 and H7N9 and MERS-CoV—have emerged from animal populations, causing considerable disease, mortality and economic hardship for the afflicted regions[5]. Although public health measures were able to stop the SARS-CoV outbreak[4], recent metagenomics studies have identified sequences of closely related SARS-like viruses circulating in Chinese bat populations that may pose a future threat[1,6]. However, sequence data alone provides minimal insights to identify and prepare for future prepandemic viruses. Therefore, to examine the emergence potential (that is, the potential to infect humans) of circulating bat CoVs, we built a chimeric virus encoding a novel, zoonotic CoV spike protein—from the RsSHC014-CoV sequence that was isolated from Chinese horseshoe bats[1]—in the context of the SARS-CoV mouse-adapted backbone. The hybrid virus allowed us to evaluate the ability of the novel spike protein to cause disease independently of other necessary adaptive mutations in its natural backbone. Using this approach, we characterized CoV infection mediated by the SHC014 spike protein in primary human airway cells and *in vivo*, and tested the efficacy of available immune therapeutics against SHC014-CoV. Together, the strategy translates metagenomics data to help predict and prepare for future emergent viruses.

READ THE YELLOW HIGHLIGHTED AREAS

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Supplementary information

The online version of this article (doi:10.1038/nm.3985) contains supplementary material, which is available to authorized users.

Subject terms: Policy and public health in microbiology, Viral infection, SARS virus, Translational research

Main

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The sequences of SHC014 and the related RsWIV1-CoV show that these CoVs are the closest relatives

GAIN OF FUNCTION

Gain-of-function mutation:
A mutation that confers new or enhanced activity on a protein.
https://www.medicinenet.com/script/main/art.asp?articlekey=39613

Gain-of-function (GOF) **research** involves experimentation that aims or is expected to (and/or, perhaps, actually does) increase the transmissibility and/or virulence of pathogens. ... GOFR is a subset of "dual-use **research**"—i.e., **research** that can be used for both beneficial and malevolent purposes.
Aug 8, 2016

U.S. National Library of Medicine: National Institutes of Health
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4996883/

INT'L COOPERATION

Partnerships

Joint Research Units

International Positions

Partnerships

International cooperation is an important component of science and technology activities and it has played a positive role in promoting WIV's science and technology advancement and enhancing the contribution of our research achievements to the local economic growth. International cooperation is instrumental for research program and management personnel to get timely informed about the material development trend in the world. It also provides support for the decision making process that defines major strategic goals of our research plans.

As the National International Collaboration Center, WIV facilitate medium- and long-term international collaboration with the approach to strengthen science and technology ties with European countries, to extend its collaboration with developing countries, as well as to explore the model of collaboration with developed countries like U.S.A, and to enhance collaboration and dialog with relevant international organizations. After years of development, we have establishes a lot of international partnerships.

LIST OF AMERICAN AGENCIES PARTNERING WITH WUHAN INSTITUTE OF VIROLOGY

The Very Biolab That Released The Pandemic Virus

USA

University of Alabama

University of North Texas

EcoHealth Alliance

Harvard University

The National Institutes of Health, the United States

National Wildlife Federation

Note: This is a partial list.

nature
International weekly journal of science

NATURE | NEWS

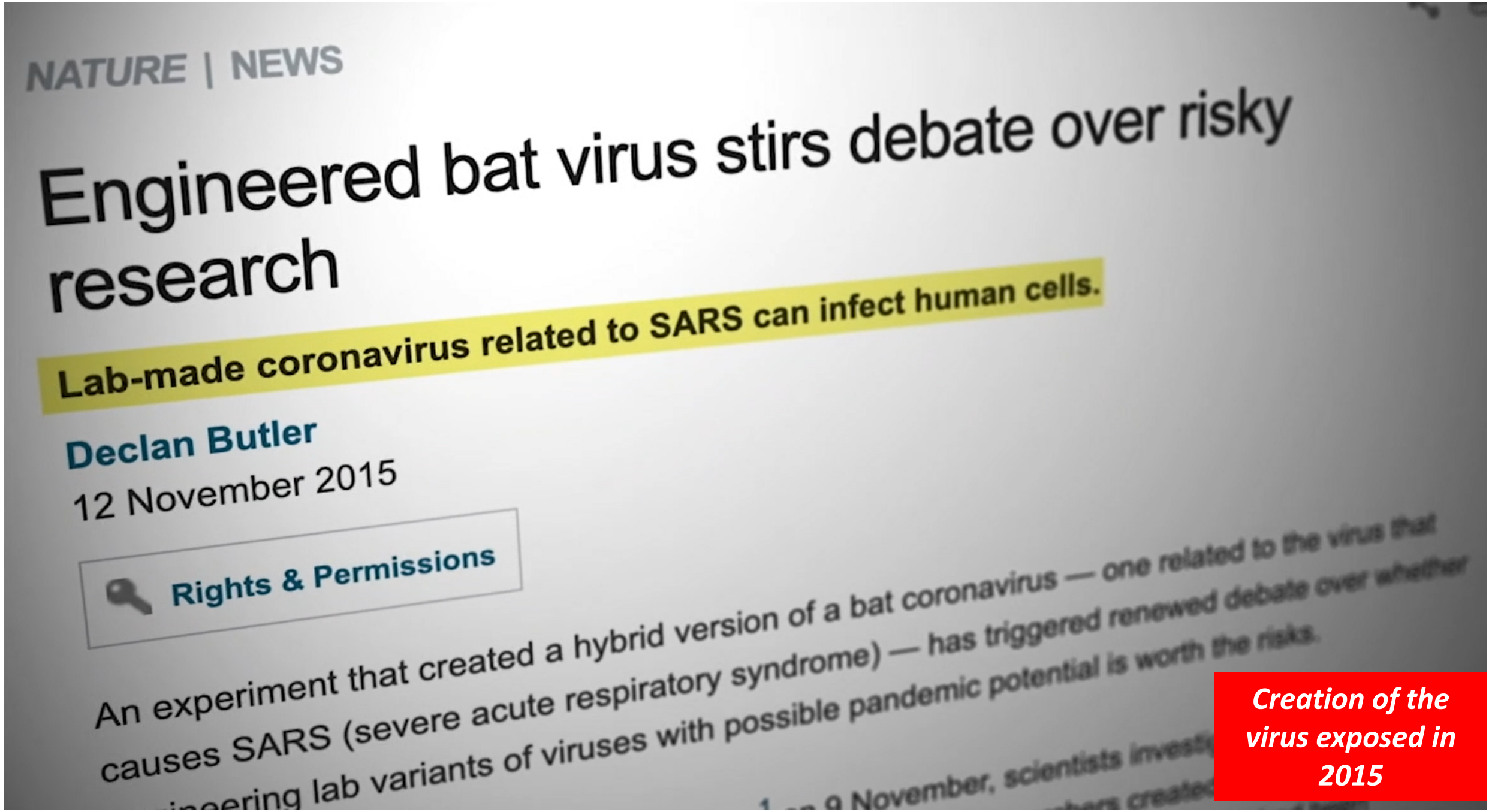
US suspends risky disease research

Government to cease funding gain-of-function studies that make viruses more dangerous pending a safety assessment.

Sara Reardon

22 October 2014

NATURE
is a highly respected
peer-reviewed science magazine.


NATURE | NEWS
Engineered bat virus stirs debate over risky research
Lab-made coronavirus related to SARS can infect human cells.
Declan Butler
12 November 2015
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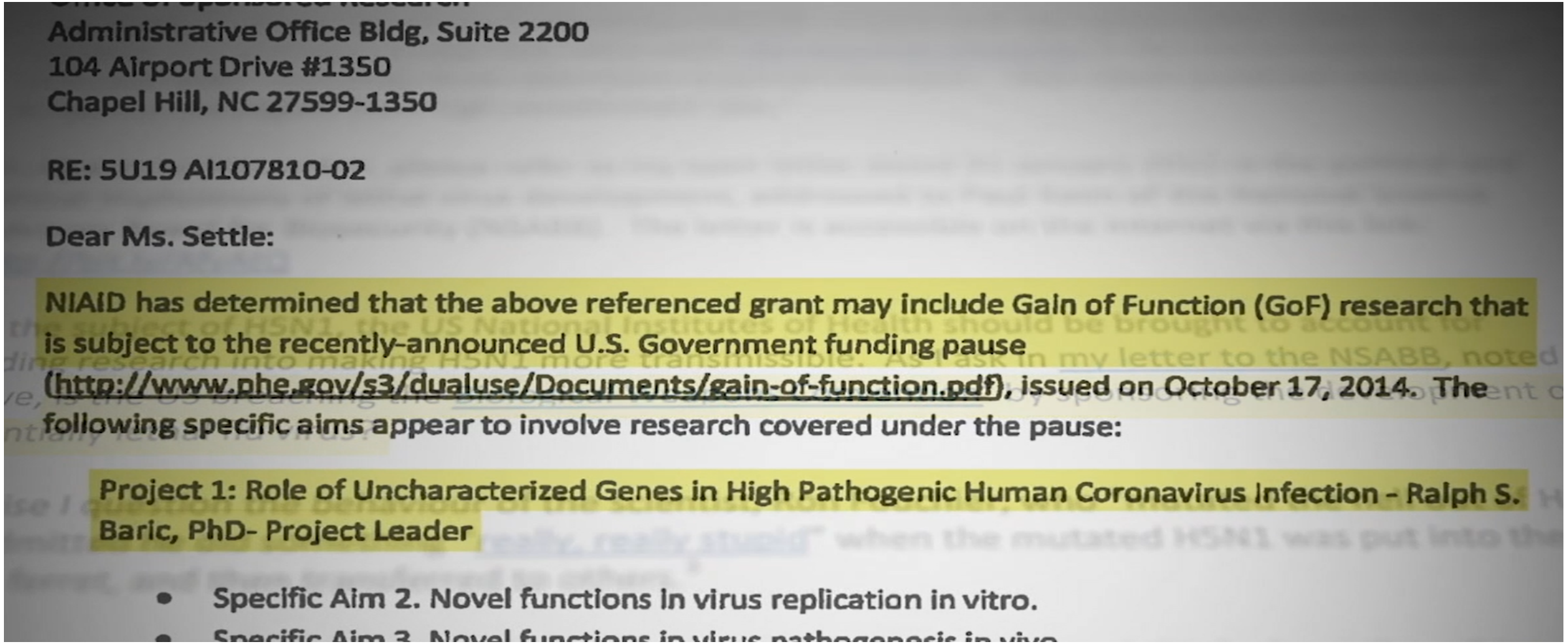
An experiment that created a hybrid version of a bat coronavirus — one related to the virus that causes SARS (severe acute respiratory syndrome) — has triggered renewed debate over whether
lab variants of viruses with possible pandemic potential is worth the risks.
Creation of the virus exposed in 2015

2014: UNC Asked to Stop Work On The Virus



Administrative Office Bldg, Suite 2200
104 Airport Drive #1350
Chapel Hill, NC 27599-1350

RE: 5U19 AI107810-02

Dear Ms. Settle:

NIAID has determined that the above referenced grant may include Gain of Function (GoF) research that is subject to the recently-announced U.S. Government funding pause (http://www.phe.gov/s3/dualuse/Documents/gain-of-function.pdf), issued on October 17, 2014. The following specific aims appear to involve research covered under the pause:

Project 1: Role of Uncharacterized Genes in High Pathogenic Human Coronavirus Infection - Ralph S. Baric, PhD- Project Leader

- Specific Aim 2. Novel functions in virus replication in vitro.

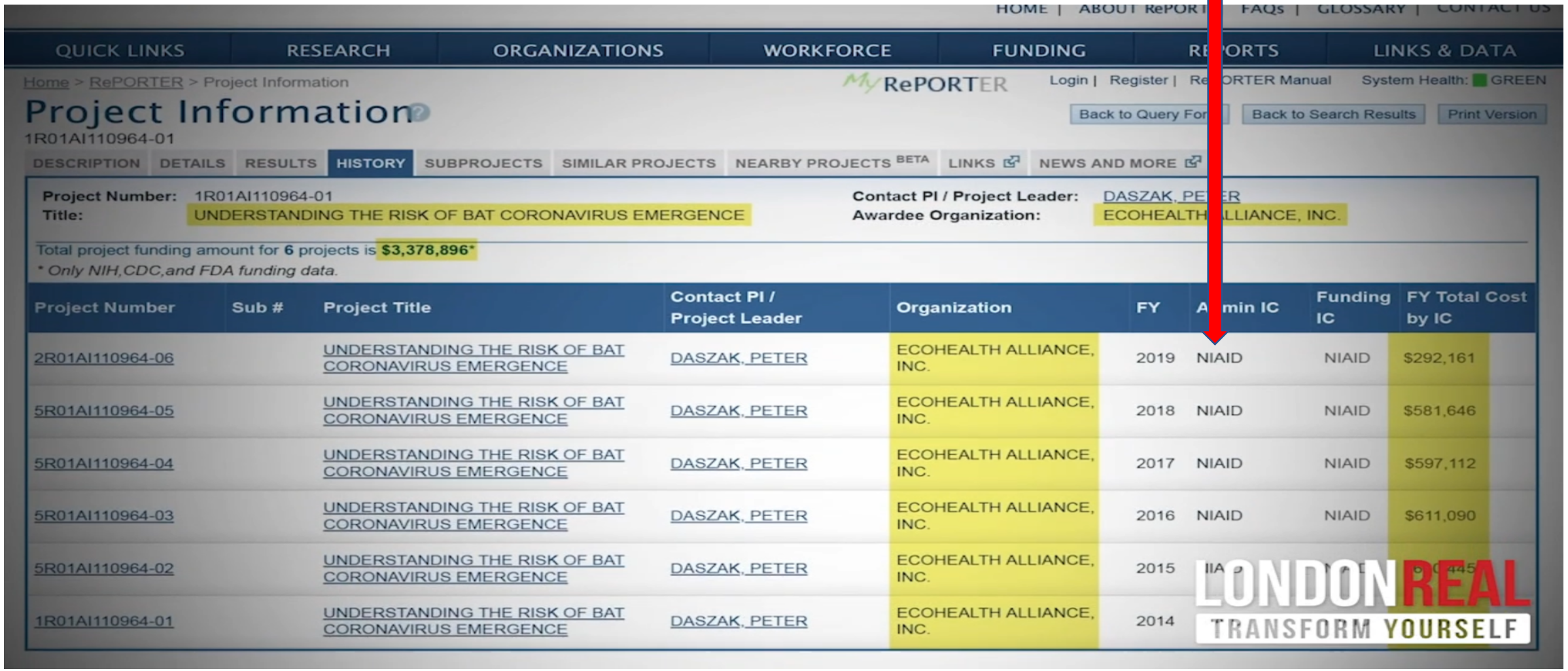
https://www.covid19exposed.net/_files/ugd/a9dba4_3b21e35420b943cabc57e32ee77ffbf1.pdf

- *Specific Aim 2. To determine the significance of uncharacterized replication.*
- *Specific Aim 3. To determine the significance of uncharacterized pathogenicity.*

As your grant is currently funded, this pause is voluntary. **Organizations supported by the NIH have an opportunity to transition the applicable covered by the funding pause; halt the applicable GoF research until the process is known; or continue to conduct the applicable GoF research within budget period.**

2014: America Funnels Millions To Wuhan For The Virus

The NIAID Is The Agency Run By Dr. Fauci



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Project Information

1R01AI110964-01

DESCRIPTION | DETAILS | RESULTS | HISTORY | SUBPROJECTS | SIMILAR PROJECTS | NEARBY PROJECTS BETA | LINKS | NEWS AND MORE

Project Number: 1R01AI110964-01
Title: UNDERSTANDING THE RISK OF BAT CORONAVIRUS EMERGENCE

Contact PI / Project Leader: DASZAK, PETER
Awardee Organization: ECOHEALTH ALLIANCE, INC.

Total project funding amount for **6** projects is **$3,378,896***

** Only NIH,CDC,and FDA funding data.*

Project Number	Sub #	Project Title	Contact PI / Project Leader	Organization	FY	Admin IC	Funding IC	FY Total Cost by IC
2R01AI110964-06		UNDERSTANDING THE RISK OF BAT CORONAVIRUS EMERGENCE	DASZAK, PETER	ECOHEALTH ALLIANCE, INC.	2019	NIAID	NIAID	$292,161
5R01AI110964-05		UNDERSTANDING THE RISK OF BAT CORONAVIRUS EMERGENCE	DASZAK, PETER	ECOHEALTH ALLIANCE, INC.	2018	NIAID	NIAID	$581,646
5R01AI110964-04		UNDERSTANDING THE RISK OF BAT CORONAVIRUS EMERGENCE	DASZAK, PETER	ECOHEALTH ALLIANCE, INC.	2017	NIAID	NIAID	$597,112
5R01AI110964-03		UNDERSTANDING THE RISK OF BAT CORONAVIRUS EMERGENCE	DASZAK, PETER	ECOHEALTH ALLIANCE, INC.	2016	NIAID	NIAID	$611,090
5R01AI110964-02		UNDERSTANDING THE RISK OF BAT CORONAVIRUS EMERGENCE	DASZAK, PETER	ECOHEALTH ALLIANCE, INC.	2015	[illegible]	[illegible]	[illegible]
1R01AI110964-01		UNDERSTANDING THE RISK OF BAT CORONAVIRUS EMERGENCE	DASZAK, PETER	ECOHEALTH ALLIANCE, INC.	2014	[illegible]	[illegible]	[illegible]

LONDON REAL
TRANSFORM YOURSELF

China Government Spokesman Says U.S. Military May Have Brought Virus to China

March 12, 2020, at 5:24 a.m.

BEIJING (Reuters) - A spokesman for China's Foreign Ministry suggested on Thursday the U.S. military might have brought the coronavirus to the Chinese city of Wuhan, which has been hardest hit by the outbreak, doubling down on a war of words with Washington.

https://www.usnews.com/news/world/articles/2020-03-12/china-says-immoral-and-irresponsible-us-officials-shift-coronavirus-blame

How could this be true UNLESS the United States had military in Wuhan, China late in 2019? Like maybe in October of 2019? Look at the next page!

WUHAN 2019

7th CISM Military World Games

October, 2019

United States Military
Just Happened to Be
In Wuhan, China

100 Country's Military

Ideal time to release a virus to spread worldwide and de-stabilize China's economy at the same time. While America was losing the tariff war.

Dr. Li-Meng Yan, Chinese Virologist

Worked At The WHO Screening Lab in China

September 14, 2020

Working paper | Open Access

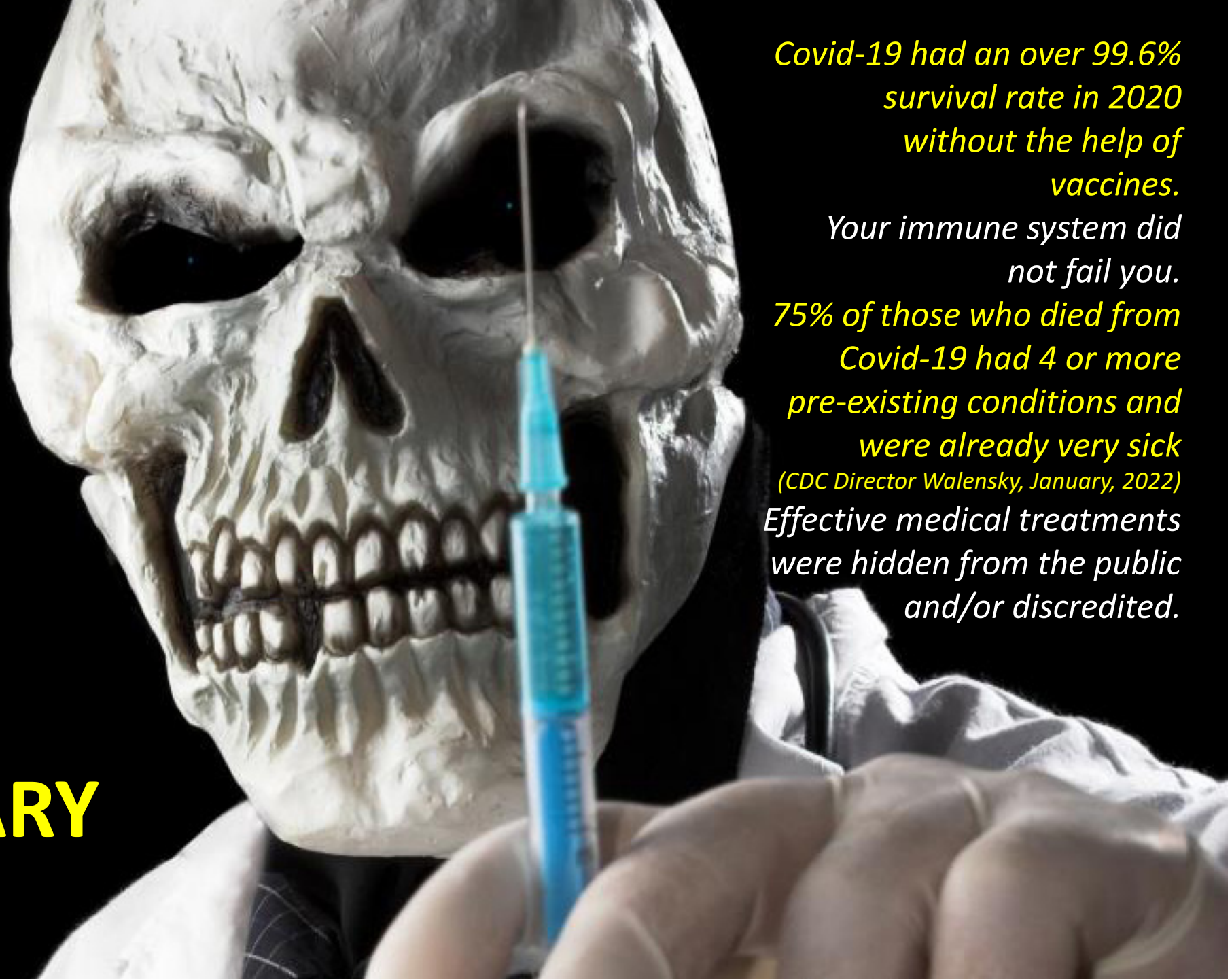
Unusual Features of the SARS-CoV-2 Genome Suggesting Sophisticated Laboratory Modification Rather Than Natural Evolution and Delineation of Its Probable Synthetic Route

Yan, Li-Meng; Kang, Shu; Guan, Jie; Hu, Shanchang

The COVID-19 pandemic caused by the novel coronavirus SARS-CoV-2 has led to over 910,000 deaths worldwide and unprecedented decimation of the global economy. Despite its tremendous impact, the origin of SARS-CoV-2 has remained mysterious and controversial. The natural origin theory, although widely accepted, lacks substantial support. The alternative theory that the virus may have come from a research laboratory is, however, strictly censored on peer-reviewed scientific journals. Nonetheless, SARS-CoV-2 shows biological characteristics that are inconsistent with a naturally occurring, zoonotic virus. In this report, we describe the genomic, structural, medical, and literature evidence, which, when considered together, strongly contradicts the natural origin theory. The evidence shows that SARS-CoV-2 should be a laboratory product created by using bat coronaviruses ZC45 and/or ZXC21 as a template and/or backbone. Building upon the evidence, we further postulate a synthetic route for SARS-CoV-2, demonstrating that the laboratory-creation of this coronavirus is convenient and can be accomplished in approximately six months. Our work emphasizes the need for an independent investigation into the relevant research laboratories. It also argues for a critical look into certain recently published data, which, albeit problematic, was used to support and claim a natural origin of SARS-CoV-2. From a public health perspective, these actions are necessary as knowledge of the origin of SARS-CoV-2 and of how the virus entered the human population are of pivotal importance in the fundamental control of the COVID-19 pandemic as well as in preventing similar, future pandemics.

https://zenodo.org/record/4028830#.X2-L6tRlDIU

THERE IS MEDICAL PROOF: Covid-19 Vaccines Are UNNECESSARY



Covid-19 had an over 99.6% survival rate in 2020 without the help of vaccines.

Your immune system did not fail you.

75% of those who died from Covid-19 had 4 or more pre-existing conditions and were already very sick

(CDC Director Walensky, January, 2022)

Effective medical treatments were hidden from the public and/or discredited.

MEDICAL PROOF: Covid-19 Vaccines Are Unsafe, Deadly, Killing People

VAERS
NNDSS
CICP
MMWR

You just have to know where to look for the evidence.

PROOF: AMERICAN VACCINES ARE UNSAFE

You are seeing vaccine injury data from the CDC/FDA database (VAERS) and HRSA.gov. payouts.

https://www.hrsa.gov/sites/default/files/vaccinecompensation/vaccineinjurytable.pdf

Automatic Zoom

Vaccine Injury Table

Applies Only to Petitions for Compensation Filed under the National Vaccine Injury Compensation Program on or after March 21, 2017

(a) In accordance with section 312(b) of the National Childhood Vaccine Injury Act of 1986, title III of Public Law 99-660, 100 Stat. 3779 (42 U.S.C. 300aa-1 note) and section 2114(c) of the Public Health Service Act, as amended (PHS Act) (42 U.S.C. 300aa-14(c)), the following is a table of vaccines, the injuries, disabilities, illnesses, conditions, and deaths resulting from the administration of such vaccines, and the time period in which the first symptom or manifestation of onset or of the significant aggravation of such injuries, disabilities, illnesses, conditions, and deaths is to occur after vaccine administration for purposes of receiving compensation under the Program. Paragraph (b) of this section sets forth additional provisions that are not separately listed in this Table but that constitute part of it. Paragraph (c) of this section sets forth the qualifications and aids to interpretation for the terms used in the Table. Conditions and injuries that do not meet the terms of the qualifications and aids to interpretation are not within the Table. Paragraph (d) of this section sets forth a glossary of terms used in paragraph (c).

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
I. Vaccines containing tetanus toxoid (*e.g.,* DTaP, DTP, DT, Td, or TT)	A. Anaphylaxis B. Brachial Neuritis	≤4 hours. 2-28 days (not less than 2 days and not more than 28 days).
	C. Shoulder Injury Related to Vaccine Administration	≤48 hours.
	D. Vasovagal syncope	≤1 hour.
II. Vaccines containing whole cell pertussis bacteria, extracted or partial cell pertussis bacteria, or specific pertussis antigen(s) (*e.g.,* DTP, DTaP, P, DTP-Hib)	A. Anaphylaxis	≤4 hours.
	B. Encephalopathy or	≤72 hours.

https://www.hrsa.gov/sites/default/files/vaccinecompensation/vaccineinjurytable.pdf

The 12 Page VICP document above was verified February 18, 2022

VAERS Table of Reportable Events Following Vaccination*

Vaccine/Toxoid	Event and interval** from vaccination
Tetanus in any combination; DTaP, DTP, DTP-Hib, DT, Td, TT, Tdap, DTaP-IPV, DTaP-IPV/Hib, DTaP-HepB-IPV	A. Anaphylaxis or anaphylactic shock (7 days) B. Brachial neuritis (28 days) C. Shoulder Injury Related to Vaccine Administration (7 days) D. Vasovagal syncope (7 days) E. Any acute complications or sequelae (including death) of above events (interval - not applicable) F. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
Pertussis in any combination; DTaP, DTP, DTP-Hib, Tdap, DTaP-IPV, DTaP-IPV/Hib, DTaP-HepB-IPV	A. Anaphylaxis or anaphylactic shock (7 days) B. Encephalopathy or encephalitis (7 days) C. Shoulder Injury Related to Vaccine Administration (7 days) D. Vasovagal syncope (7 days) E. Any acute complications or sequelae (including death) of above events (interval - not applicable) F. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
Measles, mumps and rubella in any combination; MMR, MMRV, MM	A. Anaphylaxis or anaphylactic shock (7 days) B. Encephalopathy or encephalitis (15 days) C. Shoulder Injury Related to Vaccine Administration (7 days) D. Vasovagal syncope (7 days) E. Any acute complications or sequelae (including death) of above events (interval - not applicable) F. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
Rubella in any combination; MMR, MMRV	A. Chronic arthritis (42 days) B. Any acute complications or sequelae (including death) of above event (interval - not applicable) C. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
Measles in any combination; MMR, MMRV, MM	A. Thrombocytopenic purpura (7-30 days) B. Vaccine-strain measles viral infection in an immunodeficient recipient o Vaccine-strain virus identified (interval - not applicable) o If strain determination is not done or if laboratory testing is inconclusive (12 months) C. Any acute complications or sequelae (including

https://vaers.hhs.gov/docs/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf

VAERS Table of Reportable Events Following Vaccination*	
Vaccine/Toxoid	**Event and interval** from vaccination**
	death) of above events (interval - not applicable) D. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
Oral Polio (OPV)	A. Paralytic polio o in a non-immunodeficient recipient (30 days) o in an immunodeficient recipient (6 months) o in a vaccine-associated community case (interval - not applicable) B. Vaccine-strain polio viral infection o in a non-immunodeficient recipient (30 days) o in an immunodeficient recipient (6 months) o in a vaccine-associated community case (interval - not applicable) C. Any acute complication or sequelae (including death) of above events (interval - not applicable) D. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
Inactivated Polio in any combination-IPV, DTaP-IPV, DTaP-IPV/Hib, DTaP-HepB-IPV	A. Anaphylaxis or anaphylactic shock (7 days) B. Shoulder Injury Related to Vaccine Administration (7 days) C. Vasovagal syncope (7 days) D. Any acute complication or sequelae (including death) of the above event (interval - not applicable) E. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
Hepatitis B in any combination- HepB, HepA-HepB, DTaP-HepB-IPV, Hib-HepB	A. Anaphylaxis or anaphylactic shock (7 days) B. Shoulder Injury Related to Vaccine Administration (7 days) C. Vasovagal syncope (7 days) D. Any acute complications or sequelae (including death) of the above event (interval - not applicable) E. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
Haemophilus influenzae type b in any combination (conjugate)- Hib, Hib-HepB, DTaP-IPV/Hib, Hib-MenCY	A. Shoulder Injury Related to Vaccine Administration (7 days) B. Vasovagal syncope (7 days) C. Any acute complication or sequelae (including death) of above events (interval - not applicable) D. Events described in manufacturer's package insert as contraindications to additional doses of vaccine

VAERS Table of Reportable Events Following Vaccination*	
Vaccine/Toxoid	**Event and interval** from vaccination**
	(interval - see package insert)
Varicella in any combination- VAR, MMRV	A. Anaphylaxis or anaphylactic shock (7 days) B. Disseminated varicella vaccine-strain viral disease. o Vaccine-strain virus identified (time interval unlimited) o If strain determination is not done or if laboratory testing is inconclusive (42 days) C. Varicella vaccine-strain viral reactivation (time interval unlimited) D. Shoulder Injury Related to Vaccine Administration (7 days) E. Vasovagal syncope (7 days) F. Any acute complication or sequelae (including death) of above events (interval - not applicable) G. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
Rotavirus (monovalent or pentavalent) RV1, RV5	A. Intussusception (21 days) B. Any acute complication or sequelae (including death) of above events (interval - not applicable) C. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
Pneumococcal conjugate(7-valent or 13-valent) PCV7, PCV13	A. Shoulder Injury Related to Vaccine Administration (7 days) B. Vasovagal syncope (7 days) C. Any acute complication or sequelae (including death) of above events (interval - not applicable) D. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
Hepatitis A in any combination- HepA, HepA-HepB	A. Shoulder Injury Related to Vaccine Administration (7 days) B. Vasovagal syncope (7 days) C. Any acute complication or sequelae (including death) of above events (interval - not applicable) D. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
Seasonal influenza--trivalent inactivated influenza, quadrivalent inactivated influenza, live attenuated	A. Anaphylaxis or anaphylactic shock (7 days) B. Shoulder Injury Related to Vaccine Administration (7 days) C. Vasovagal syncope (7 days)

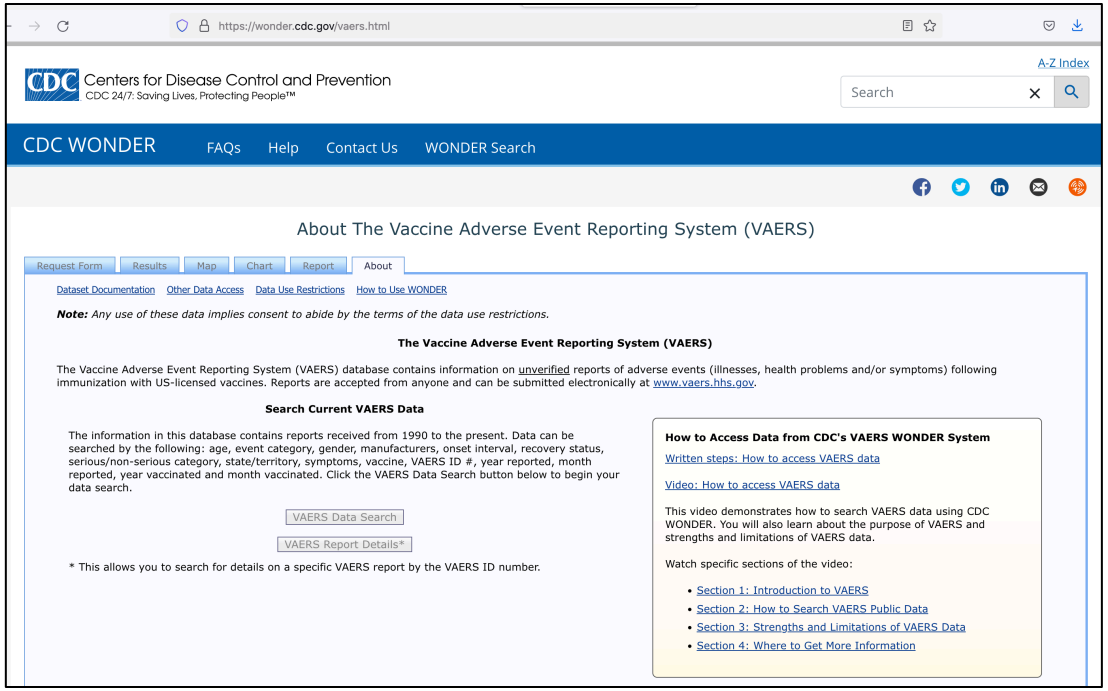
https://vaers.hhs.gov/docs/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf

VAERS Table of Reportable Events Following Vaccination*	
Vaccine/Toxoid	**Event and interval** from vaccination**
influenza-IIV, IIV3, IIV4, RIV3, ccIIV3, LAIV4	D. Guillain-Barré Syndrome (42 days) E. Any acute complication or sequelae (including death) of above events (interval - not applicable) F. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
Meningococcal - MCV4, MPSV4, Hib-MenCY, MenACWY, MenB	A. Anaphylaxis or anaphylactic shock (7 days) B. Shoulder Injury Related to Vaccine Administration. (7 days) C. Vasovagal syncope (7 days) D. Any acute complication or sequelae (including death) of above events (interval - not applicable) E. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
Human Papillomavirus (Quadrivalent, Bivalent, or 9 valent) - 9vHPV, 4vHPV, 2vHPV	A. Anaphylaxis or anaphylactic shock (7days) B. Shoulder Injury Related to Vaccine Administration (7 days) C. Vasovagal syncope (7 days) D. Any acute complication or sequelae (including death) of above events (interval - not applicable) E. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
Any new vaccine recommended by the Centers for Disease Control and Prevention for routine administration to children	A. Shoulder Injury Related to Vaccine Administration (7 days) B. Vasovagal syncope (7 days) C. Any acute complication or sequelae (including death) of above events (interval - not applicable) D. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval - see package insert)
* Effective date: March 21, 2017. The Reportable Events Table (RET) reflects what is reportable by law (42 USC 300aa-25) to the Vaccine Adverse Event Reporting System (VAERS) including conditions found in the manufacturer package insert. In addition, healthcare professionals are encouraged to report any clinically significant or unexpected events (even if not certain the vaccine caused the event) for any vaccine, whether or not it is listed on the RET. Manufacturers are also required by regulation (21CFR 600.80) to report to the VAERS program all adverse events made known to them for any vaccine. Note that the RET differs from the Vaccine Injury Table (VIT) regarding timeframes of adverse events. Timeframes listed on the RET reflect what is required for reporting, but not what is required for compensation. To view timeframes for compensation, please see the VIT at	

VAERS Table of Reportable Events Following Vaccination*	
Vaccine/Toxoid	**Event and interval** from vaccination**
https://www.hrsa.gov/vaccinecompensation/vaccineinjurytable.pdf **Represents the onset interval between vaccination and the adverse event. For a detailed explanation of terms, see the Vaccine Injury Table at **https://www.hrsa.gov/vaccinecompensation/vaccineinjurytable.pdf**	

A list of vaccine abbreviations is located at: **https://www.cdc.gov/vaccines/terms/vacc-abbrev.html**

https://vaers.hhs.gov/docs/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf



CDC/FDA VAERS DATABASE
https://wonder.cdc.gov/vaers.html

DIRECT FROM THE FDA
PROOF THAT VACCINES ARE NOT SAFE

https://www.fda.gov/drugs/questions-and-answers-fdas-adverse-event-reporting-system-faers/faers-reporting-pati

Figure 4. This figure illustrates the patient outcome(s) for reports in FAERS since the year 2006 including reports until the first quarter of 2015. Serious outcomes include death, hospitalization, life-threatening, disability, congenital anomaly and/or other serious outcome.

Year	Deaths	Serious
2006	37,309	264,227
2007	36,689	272,324
2008	49,699	318,536
2009	63,830	373,471
2010	82,704	471,243
2011	98,469	572,992
2012	117,202	656,613
2013	116,388	707,593
2014	123,927	807,270
2015(Q1)	44,693	253,017

When They Say Vaccines Are Safe, They Are Lying

VACCINE-RELATED DEATH HAS BECOME ACCEPTABLE IN AMERICA

As Most Americans Look The Other Way, Live in Denial, Refuse to Look at the Proof And Simply Hope It Does Not Happen To Them! People Have Become ZOMBIES!

https://www.nytimes.com/1976/10/13/archives/swine-flu-programm-is-halted-in-9-states-as-3-die-after-shots.html

The New York Times

SWINE FLU PROGRAM IS HALTED IN 9 STATES AS 3 DIE AFTER SHOTS

By Harold M. Schmeck Jr. Special to The New York Times

Oct. 13, 1976

See the article in its original context from October 13, 1976, Page 1 | Buy Reprints

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*Does not include Crossword-only or Cooking-only subscribers.

Data available in NY Times Archives

"Keep in mind that some states suspended the swine flu vaccine program in 1976 after three individuals had died following inoculation. After 25 – 32 deaths had been attributed to it nationwide, the federal government pulled it entirely.

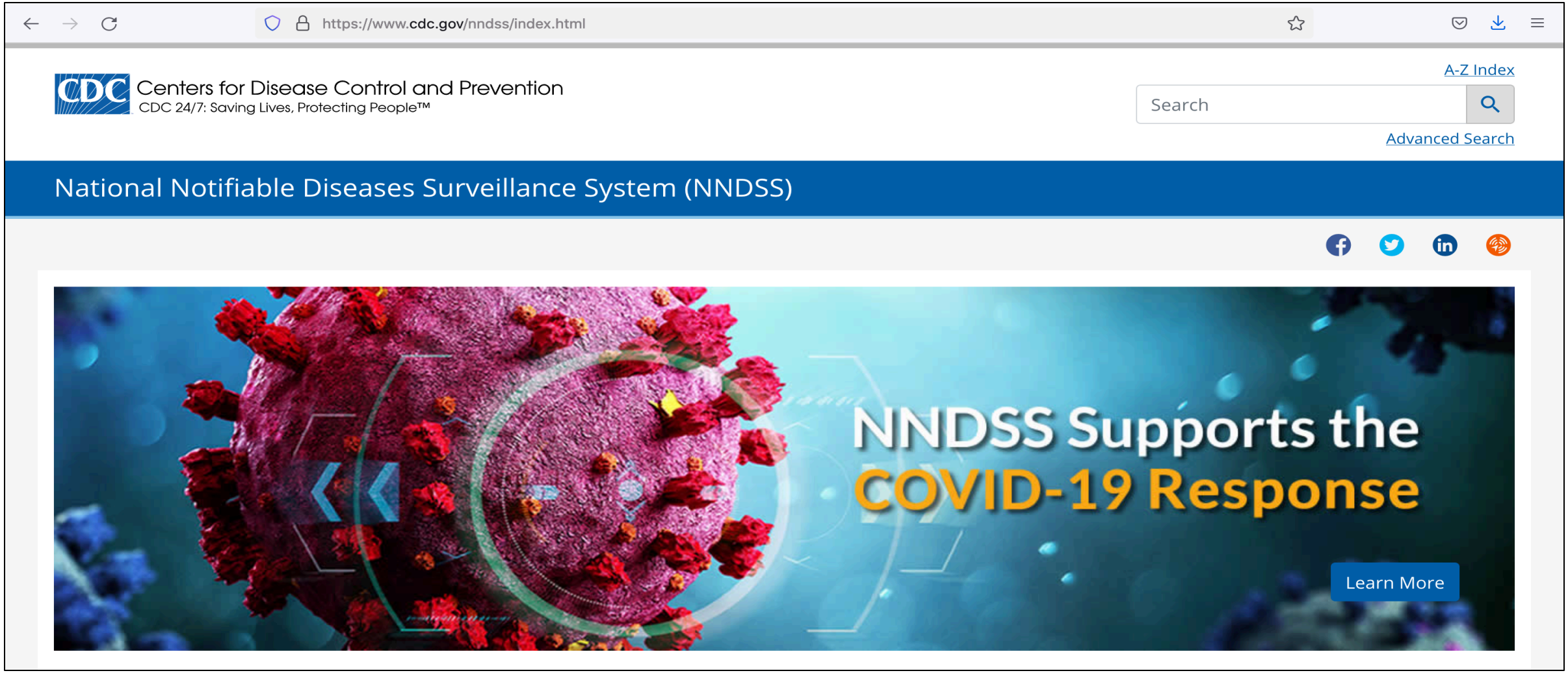
On October 12, 1976, The New York Times reported:
Swine flu vaccination programs in nine states and in Pittsburgh and its suburbs were suspended today, two weeks after they began nationally, after the deaths of three elderly persons who received the vaccine yesterday at a clinic in Pittsburgh.

Federal and Pennsylvania health officials said there was no evidence that the deaths had resulted from the vaccinations. But they also said that the highly unusual circumstances of three fatalities among the patients of one clinic in such a short time required investigation.

All three patients are known to have had heart disease, health officials said. And autopsies showed that two died of heart attacks. The family of the third patient did not permit an autopsy.
In addition to pulling the plug on the swine flu vaccine, then-CDC Director Dr. David Sencer was fired."

CDC SWITCHES VACCINE TRACKING DATA TO HIDDEN DATABASE

When many of us found out about VAERS and the vaccine deaths, injuries, illnesses and disabilities arising after people took Covid-19 vaccines, suddenly this CDC database (NNDSS) came online. But the public does not know about it.



CHILDREN AND COVID-19 VACCINES

They are experimenting on, infecting, injuring and killing our children.

Dr Michael Yeadon was verifiably a Chief Scientist at Pfizer and very qualified. Efforts to discredit him are because he told the truth.

COVID-19 VACCINES KILLING And INJURING CHILDREN

Read the CDC Wondersite VAERS data for yourself

THOUSANDS OF CHILDREN

This is deliberately being kept out of the news.

VACCINATING CHILDREN (17 & under) AGAINST COVID-19

Unnecessary, Unjustifiable, Dangerous, Deadly

1. Children are at extremely low risk of death from Covid-19.
2. Even if “fully vaccinated”, children can still get infected.
3. Even if “fully vaccinated”, children can still die from Covid-19.
4. Even if “fully vaccinated”, children can still become contagious. Especially from several variants or strains.
5. Even if ”fully vaccinated”, children can still spread the virus.
6. Many children have DIED after taking the vaccines, even during the vaccine trials. The VAERS database proves this but it is being kept completely out of the mainstream news.
7. Healthy children suffered heart swelling, blood clots and worse after taking the vaccines.
8. ***WHY LET THEM EXPERIMENT ON YOUR CHILDREN?***

Parents think, wake up, resist, oppose, fight back. Learn the real facts, not the ones that place your child at risk.

Vaccines and Related Biological Products Advisory Committee Meeting
October 26, 2021

FDA Briefing Document

EUA amendment request for Pfizer-BioNTech COVID-19 Vaccine for use in children 5 through 11 years of age

https://www.fda.gov/media/153447/download

PAGE 14 EXCERPT FOLLOWS

VACCINATE MILLIONS OF CHILDREN
Based on Clinical Ongoing Incomplete Studies of 1,518 Children?
THAT IS SEVERELY INSUFFICIENT DATA

5 EUA AMENDMENT REQUEST FOR THE PFIZER-BIONTECH COVID-19 VACCINE FOR USE IN CHILDREN 5-11 YEARS OF AGE

On October 6, 2021, Pfizer and BioNTech submitted a request to amend this EUA to include use of a 2-dose primary series of the Pfizer-BioNTech COVID-19 Vaccine (10 µg each dose, administered 3 weeks apart) in individuals 5-11 years of age for active immunization to prevent COVID-19 caused by severe acute coronavirus 2 (SARS-CoV-2).

The request is accompanied by safety data from 1,518 BNT162b2 and 750 placebo (saline) Phase 2/3 participants 5-11 years of age in ongoing clinical study, C4591007, of which a total of 1,444 (95.1%) had safety follow-up ≥2 months after Dose 2 at the time of a September 6, 2021 data cutoff, and data from an additional 1,591 BNT162b2 and 788 placebo participants with a median duration of follow-up of 2.4 weeks post-Dose 2 at the time of an October 8, 2021 data cutoff. Vaccine effectiveness in children 5-11 years of age was inferred by immunobridging SARS-CoV-2 50% neutralizing antibody titers (NT50, as assessed by SARS-CoV-2 mNG microneutralization assay) among C4591007 study participants 5-11 years of age following completion of a primary series to antibody titers of those of young adults 16-25 years of age who received two doses of 30 µg BNT162b2 in study C4591001. Efficacy against COVID-19 disease was assessed descriptively in study C4591007 participants 5-11 years of age.

”Vaccine effectiveness in children 5-11 years of age was *inferred*”

To deduce or conclude from evidence and reasoning.

Inferring is not the same thing as certainty. Ands when lives are at stake, inferring is not good enough.

5 EUA AMENDMENT REQUEST FOR THE PFIZER-BIONTECH COVID-19 VACCINE FOR USE IN CHILDREN 5-11 YEARS OF AGE

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Columbia University Study Exposes
Vaccinating Children and Low-Risk People Unjustified

COVID vaccination and age-stratified all-cause mortality risk

Preprint · October 2021
DOI: 10.13140/RG.2.2.28257.43366

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Columbia University
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194 PUBLICATIONS **3,778** CITATIONS
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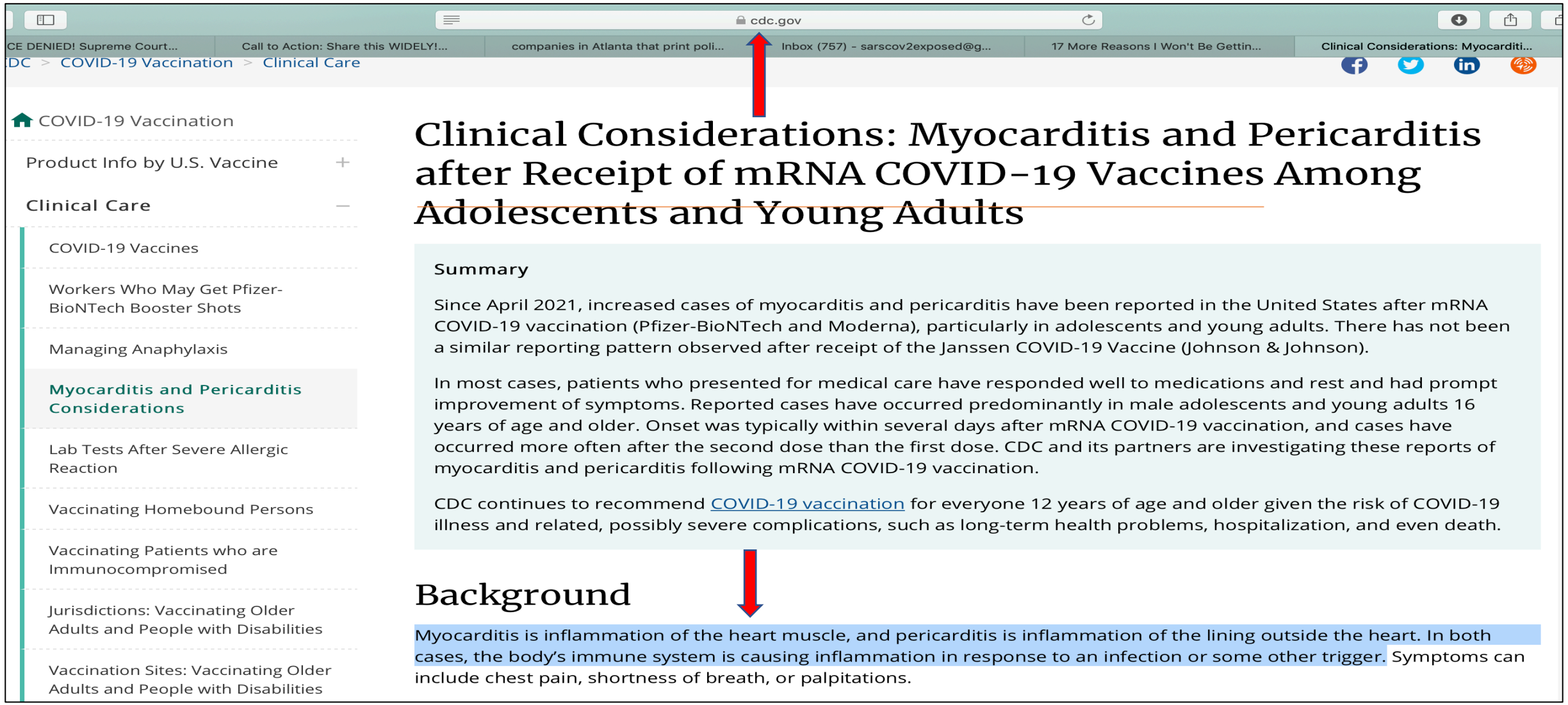
VAERS deaths are underreported by a factor of 20, consistent with known VAERS under-ascertainment bias. Comparing our age-stratified VFRs with published age-stratified coronavirus infection fatality rates (IFR) suggests the risks of COVID vaccines and boosters outweigh the benefits in children, young adults, and older adults with low occupational risk or previous coronavirus exposure. Our findings raise important questions about current COVID mass

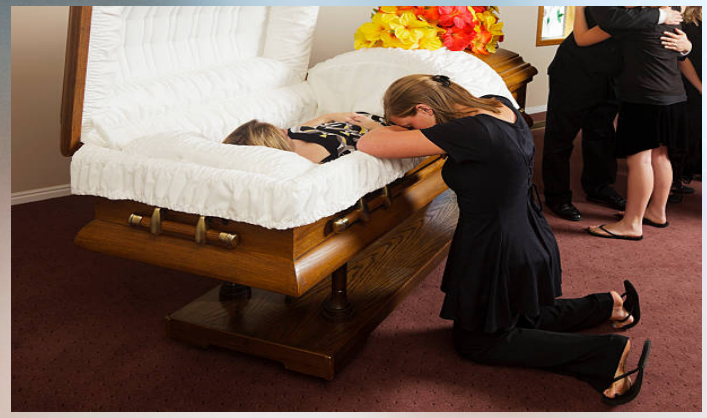
CDC SAYS: COVID-19 VACCINES ARE RE-PROGRAMMING THE BODY TO ATTACK ITSELF



NOT COINCIDENCE

Healthy children take Covid-19 vaccines and then this happens.

WAKE UP PEOPLE!



CHILDREN DEAD AFTER TAKING COVID-19 VACCINES

(AND THERE ARE MORE!)

"A 1-year-old baby boy from Florida (VAERS ID 1261766) took the Moderna shot and **died two days later** after suffering convulsions and seizures.

A 2-year old little girl from Virginia (VAERS ID 1255745) took the Pfizer shot and **died five days later**.

One of the infants who died was apparently in a Pfizer trial, while the other one was apparently in a Moderna trial.

Sadly, the CDC's VAERS database showed a total of **152 fetal deaths** reported after receiving COVID-19 vaccines through April 23, 2021.

A 15-year-old female in New Hampshire (VAERS ID 1187918) **died from cardiac arrest on April 6, 2021** — approximately 3-4 days after the second dose of the Moderna vaccine.

A 17-year-old female in Wisconsin (VAERS ID 1218081) received the Pfizer vaccine on April 2nd, 2021. Patient reported difficulty breathing and chest pain, then suffered cardiac arrest and **died 8 days later on April 10th**.

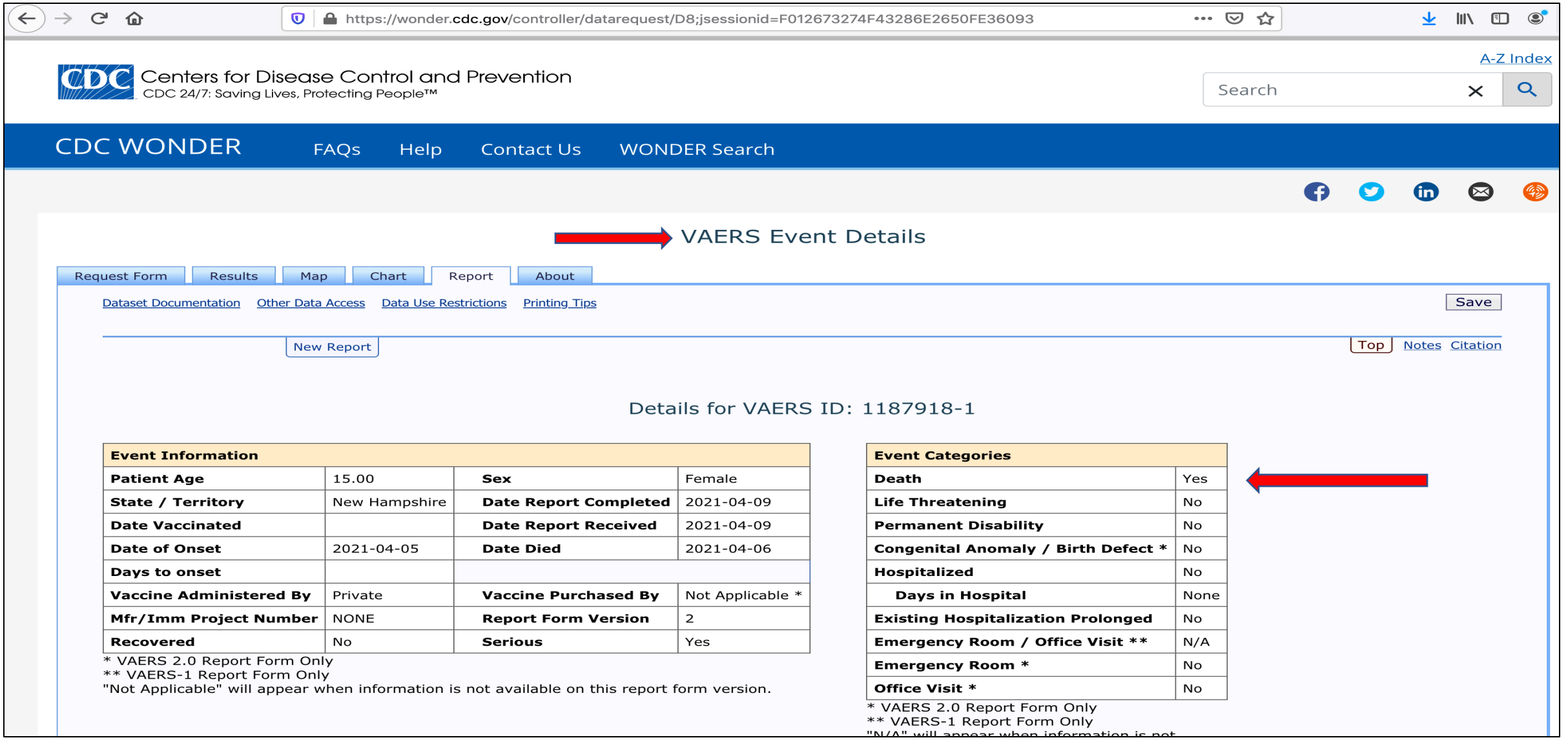
A 15-year-old male in Colorado (VAERS ID 1242573) received the Pfizer vaccine on April 18th and suffered heart failure and **died two days later on April 20th**.

A 16-year-old female in Wisconsin (VAERS ID 1225942) received Pfizer vaccine on March 19th. Patient suffered cardiac arrest at home on March 28th and **died March 30th**."

Reference: TheTruthAboutVaccines.com *Verified Through VAERS Database*

INSIDE THE CDC DATABASE DEATH FILES: ACTUAL VAERS DATA CASE FILE

Example: This 15 Year Old Child in New Hampshire Died After Receiving The Covid-19 Vaccine



https://wonder.cdc.gov/controller/datarequest/D8;jsessionid=F012673274F43286E2650FE36093

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

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VAERS Event Details

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Details for VAERS ID: 1187918-1

Event Information			
Patient Age	15.00	**Sex**	Female
State / Territory	New Hampshire	**Date Report Completed**	2021-04-09
Date Vaccinated		**Date Report Received**	2021-04-09
Date of Onset	2021-04-05	**Date Died**	2021-04-06
Days to onset			
Vaccine Administered By	Private	**Vaccine Purchased By**	Not Applicable *
Mfr/Imm Project Number	NONE	**Report Form Version**	2
Recovered	No	**Serious**	Yes

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"Not Applicable" will appear when information is not available on this report form version.

Event Categories	
Death	Yes
Life Threatening	No
Permanent Disability	No
Congenital Anomaly / Birth Defect *	No
Hospitalized	No
Days in Hospital	None
Existing Hospitalization Prolonged	No
Emergency Room / Office Visit **	N/A
Emergency Room *	No
Office Visit *	No

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"N/A" will appear when information is not

COVID-19 VACCINE DAMAGE 100X WORSE THAN THE VAERS DATABASE IS REPORTING?

This study shows that less than 1% of the vaccine adverse events (vaccine damage, death or injury) is actually represented in the VAERS database. See page 6 of the report below. And because we know the FDA, CDC, medical and vaccine industries will try to discredit the data, the researcher or both, below is a short summary of how highly Harvard Pilgrim Healthcare (not affiliated with Harvard University) is regarded.

Download the study here: **https://www.talkingaboutthescience.com/wp-content/uploads/Harvard2009.pdf**

WHAT DOES LESS THAN 1% REPORTING MEAN IN THE COVID-19 PANDEMIC?
It means that the numbers of adverse events, deaths, heart attacks, blood clots, Bells Palsy, autoimmune disease, blood disorder etc. after taking the Covid-19 vaccines are almost 100 TIMES HIGHER than what the VAERS database is reporting. That means COVID-19 VACCINE DAMAGE IS MASSIVE!

Is Harvard Pilgrim good?
Harvard Pilgrim **leads the country in member satisfaction and quality of care**. ... J.D. Power's National Health Insurance Plan Satisfaction Study gave Harvard Pilgrim a satisfaction index of 785 — the highest score of any plan in the nation — out of a possible 1,000.Mar 23, 2021

https://www.managedcaremag.com/archives/2008/3/what-makes-harvard-pilgrim-so-good/

https://www.talkingaboutthescience.com/wp-content/uploads/Harvard2009.pdf

Automatic Zoom

Preliminary data were collected from June 2006 through October 2009 on 715,000 patients, and 1.4 million doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (2.6 percent of vaccinations) were identified. This is an average of 890 possible events, an average of 1.3 events per clinician, per month. These data were presented at the 2009 AMIA conference.

In addition, ESP:VAERS investigators participated on a panel to explore the perspective of clinicians, electronic health record (EHR) vendors, the pharmaceutical industry, and the FDA towards systems that use proactive, automated adverse event reporting.

Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of "problem" drugs and vaccines that endanger public health. New surveillance methods for drug and vaccine adverse effects are needed. Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting: reporting is not part of clinicians' usual workflow, takes time, and is duplicative. Proactive, spontaneous, automated adverse event reporting imbedded within EHRs and other information systems has the potential to speed the identification of problems with new drugs and more careful quantification of the risks of older drugs.

Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation.

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

MedAlerts.org

Search Results

From the 1/28/2022 release of VAERS data:

Found 1,088,560 cases where Vaccine is COVID19

Government Disclaimer on use of this data

Table

Event Outcome	Count	Percent
Death	23,149	2.13%
Permanent Disability	41,163	3.78%
Office Visit	169,216	15.54%
Emergency Room	100	0.01%
Emergency Doctor/Room	116,627	10.71%
Hospitalized	124,121	11.4%
Hospitalized, Prolonged	324	0.03%
Recovered	310,888	28.56%
Birth Defect	896	0.08%
Life Threatening	26,283	2.41%
Not Serious	479,545	44.05%
TOTAL	† 1,292,312	† 118.72%

† 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 1088560 (the number of cases found), and the Total Percentage is greater than 100.

Case Details

This is page 1 out of 108,856

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VAERS ID:	902418 (history)	**Vaccinated:**	2020-12-15
Form:	Version 2.0	**Onset:**	2020-12-15
Age:	56.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	New Jersey	**Entered:**	2020-12-15

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EH9899 / 1	LA / IM

Administered by: Private **Purchased by:** ?
Symptoms: Hypoaesthesia, Injection site hypoaesthesia
SMQs:, Peripheral neuropathy (broad), Guillain-Barre syndrome (broad), Sexual dysfunction (broad)
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? Yes
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: latex
Current Illness: none
Preexisting Conditions: none
Allergies: none
Diagnostic Lab Data: none
CDC Split Type:
Write-up: Patient experienced mild numbness traveling from injection site up and down arm that subsided over 20 minutes.

VAERS ID:	902440 (history)	**Vaccinated:**	2020-12-15
Form:	Version 2.0	**Onset:**	2020-12-15
Age:	35.0	**Days after vaccination:**	0
Sex:	Female	**Submitted:**	0000-00-00
Location:	Arizona	**Entered:**	2020-12-15

PROOF: ALL 3 COVID-19 VACCINES ARE UNSAFE, INJURING AND KILLING PEOPLE

And before you say this is third party information, notice the data is provided to check VAERS for yourself.

Over 1 MILLION CASES OF DEATH, INJURY& ILLNESS

(Permanent & Temporary)

(Severe & Minor)

CDC DATA PROVES
COVID-19 VACCINES UNSAFE & DEADLY

The Centers for Disease Control and Prevention (CDC) today released new data showing a total of 1,071,856 reports of adverse events following COVID vaccines were submitted between Dec. 14, 2020, and Jan. 21, 2022, to the Vaccine Adverse Event Reporting System (VAERS). VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S.

The data included a total of 22,607 reports of deaths — an increase of 414 over the previous week — and 178,994 reports of serious injuries, including deaths, during the same time period — up 4,130 compared with the previous week.

Excluding "foreign reports" to VAERS, 740,000 adverse events, including 10,316 deaths and 67,496 serious injuries, were reported in the U.S. between Dec. 14, 2020, and Jan. 21, 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 10,316 U.S. deaths reported as of Jan. 21, 19% occurred within 24 hours of vaccination, 24% occurred within 48 hours of vaccination and 61% occurred in people who experienced an onset of symptoms within 48 hours of being vaccinated.

U.S. VAERS data from Dec. 14, 2020, to Jan. 21, 2022, for 5- to 11-year-olds show:

•7,052 adverse events, including 152 rated as serious and 3 reported deaths.

The most recent death involves a 7-year-old girl (VAERS I.D. 1975356) from Minnesota who died 11 days after receiving her first dose of Pfizer's COVID vaccine when she was found unresponsive by her mother. An autopsy is pending.

•14 reports of myocarditis and pericarditis (heart inflammation).

•24 reports of blood clotting disorders.

U.S. VAERS data from Dec. 14, 2020, to Jan. 21, 2022, for 12- to 17-year-olds show:

•27,772 adverse events, including 1,588 rated as serious and 37 reported deaths.

The most recent deaths involve a 13-year-old male (VAERS I.D. 2042005) from an unidentified state who died from a sudden heart attack seven months after receiving his second dose of Moderna, and a 17-year-old female from an unidentified state (VAERS I.D. 2039111) who died after receiving her first dose of Moderna. Medical information was limited and it is unknown if an autopsy was performed in either case.

•68 reports of anaphylaxis among 12- to 17-year-olds where the reaction was life-threatening, required treatment or resulted in death — with 96% of cases attributed to Pfizer's vaccine.

•609 reports of myocarditis and pericarditis with 597 cases attributed to Pfizer's vaccine.

•154 reports of blood clotting disorders, with all cases attributed to Pfizer.

U.S. VAERS data from Dec. 14, 2020, to Jan. 21, 2022, for all age groups combined, show:

•21% 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 72.7.

•As of Jan. 21, 4,925 pregnant women reported adverse events related to COVID vaccines, including 1,575 reports of miscarriage or premature birth.

•Of the 3,474 cases of Bell's Palsy reported, 51% were attributed to Pfizer vaccinations, 41% to Moderna and 8% to J&J.

•850 reports of Guillain-Barré syndrome (GBS), with 41% of cases attributed to Pfizer, 30% to Moderna and 28% to J&J.

•2,281 reports of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.

•12,704 reports of blood clotting disorders in the U.S. Of those, 5,646 reports were attributed to Pfizer, 4,521 reports to Moderna and 2,490 reports to J&J.

•1,542 reports of myocardial infarction.

•3,817 cases of myocarditis and pericarditis with 2,348 cases attributed to Pfizer, 1,293 cases to Moderna and 164 cases to J&J's COVID vaccine.

PROOF – VACCINES INEFFECTIVE

FROM CDC: COVID-19 VACCINES DO NOT STOP INFECTION

And these fully vaccinated people can become contagious, still spreading the virus.
Which means Covid-19 vaccines do not stop transmission either.

https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e2.htm?s_cid=mm7104e2_w

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Morbidity and Mortality Weekly Report (*MMWR*)

CDC

COVID-19 Incidence and Death Rates Among Unvaccinated and Fully Vaccinated Adults with and Without Booster Doses During Periods of Delta and Omicron Variant Emergence — 25 U.S. Jurisdictions, April 4–December 25, 2021

Weekly / January 28, 2022 / 71(4);132–138

On January 21, 2022, this report was posted online as an MMWR *Early Release.*

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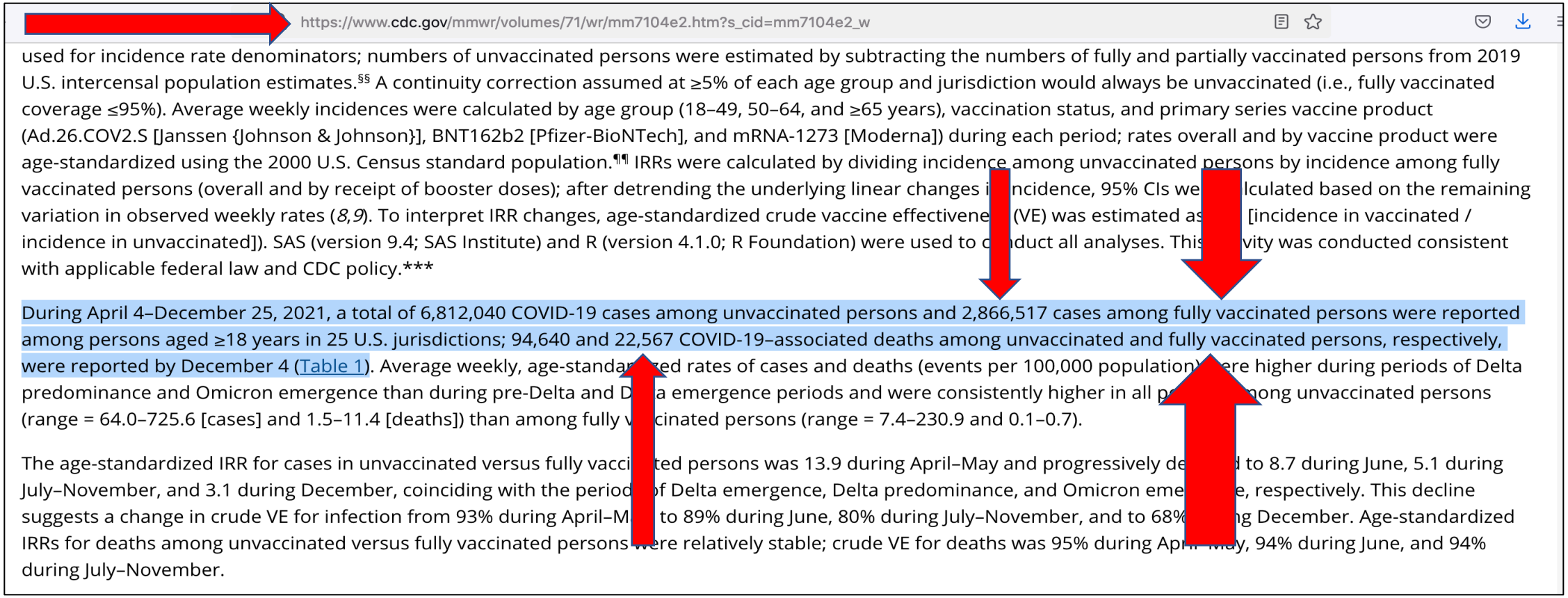
PROOF – VACCINES INEFFECTIVE

FROM CDC: COVID-19 VACCINES DO NOT STOP INFECTION

And these fully vaccinated people can become contagious, still spreading the virus.

Which means Covid-19 vaccines do not stop transmission either.



https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e2.htm?s_cid=mm7104e2_w

used for incidence rate denominators; numbers of unvaccinated persons were estimated by subtracting the numbers of fully and partially vaccinated persons from 2019 U.S. intercensal population estimates.[§§] A continuity correction assumed at ≥5% of each age group and jurisdiction would always be unvaccinated (i.e., fully vaccinated coverage ≤95%). Average weekly incidences were calculated by age group (18–49, 50–64, and ≥65 years), vaccination status, and primary series vaccine product (Ad.26.COV2.S [Janssen {Johnson & Johnson}], BNT162b2 [Pfizer-BioNTech], and mRNA-1273 [Moderna]) during each period; rates overall and by vaccine product were age-standardized using the 2000 U.S. Census standard population.[¶¶] IRRs were calculated by dividing incidence among unvaccinated persons by incidence among fully vaccinated persons (overall and by receipt of booster doses); after detrending the underlying linear changes in incidence, 95% CIs were calculated based on the remaining variation in observed weekly rates (*8*,*9*). To interpret IRR changes, age-standardized crude vaccine effectiveness (VE) was estimated as [incidence in vaccinated / incidence in unvaccinated]). SAS (version 9.4; SAS Institute) and R (version 4.1.0; R Foundation) were used to conduct all analyses. This activity was conducted consistent with applicable federal law and CDC policy.***

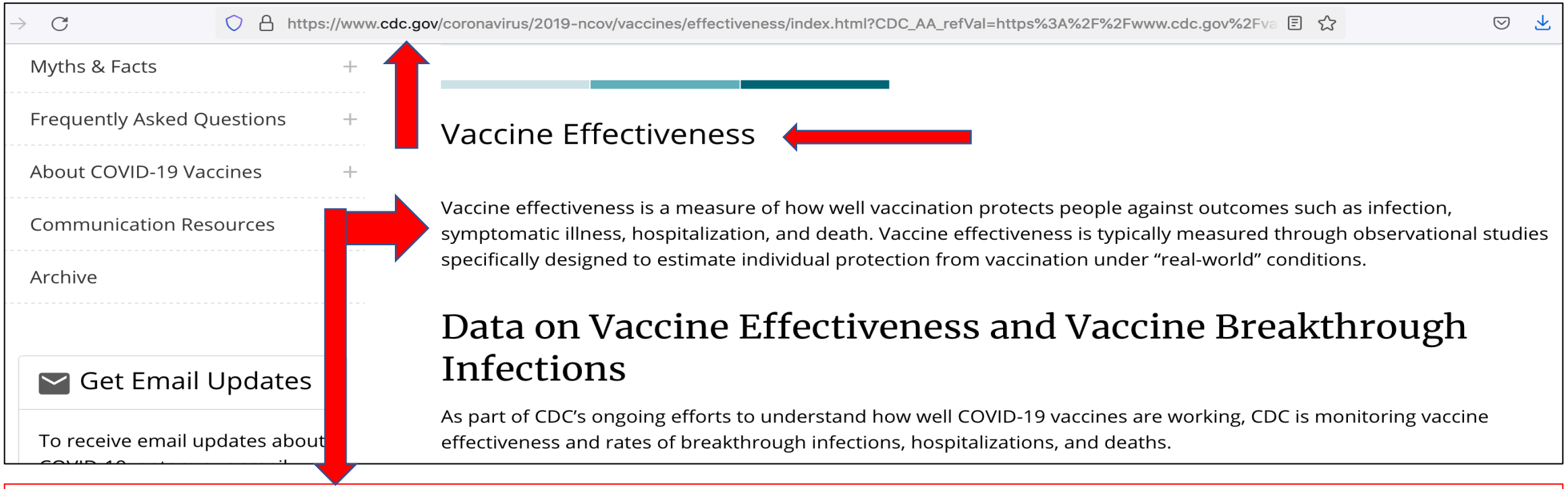
During April 4–December 25, 2021, a total of 6,812,040 COVID-19 cases among unvaccinated persons and 2,866,517 cases among fully vaccinated persons were reported among persons aged ≥18 years in 25 U.S. jurisdictions; 94,640 and 22,567 COVID-19–associated deaths among unvaccinated and fully vaccinated persons, respectively, were reported by December 4 (Table 1). Average weekly, age-standardized rates of cases and deaths (events per 100,000 population) were higher during periods of Delta predominance and Omicron emergence than during pre-Delta and Delta emergence periods and were consistently higher in all periods among unvaccinated persons (range = 64.0–725.6 [cases] and 1.5–11.4 [deaths]) than among fully vaccinated persons (range = 7.4–230.9 and 0.1–0.7).

The age-standardized IRR for cases in unvaccinated versus fully vaccinated persons was 13.9 during April–May and progressively declined to 8.7 during June, 5.1 during July–November, and 3.1 during December, coinciding with the periods of Delta emergence, Delta predominance, and Omicron emergence, respectively. This decline suggests a change in crude VE for infection from 93% during April–May to 89% during June, 80% during July–November, and to 68% during December. Age-standardized IRRs for deaths among unvaccinated versus fully vaccinated persons were relatively stable; crude VE for deaths was 95% during April–May, 94% during June, and 94% during July–November.

In only 9 months, over 2 million FULLY VACCINATED PEOPLE INFECTED! AND 22,567 FULLY VACCINATED DEAD FROM COVID-19. This means the vaccines do not stop death from COVID-19 either.

THE SCIENCE EXPOSES CDC, FDA AND VACCINE COMPANY LIES & COVER-UPS

Since the CDC, FDA, Fauci and the medical industry want to say look at the science,
let's see how they evaluate vaccine effectiveness. Then let's evaluate their data by their own standards.



Vaccine effectiveness is a measure of how well vaccination protects people against outcomes such as infection, symptomatic illness, hospitalization, and death. Vaccine effectiveness is typically measured through observational studies specifically designed to estimate individual protection from vaccination under "real-world" conditions.

PROOF: PEOPLE WHO ALREADY HAD COVID-19 DO NOT NEED THE VACCINES

This information from the NIH, the government agency that oversees Dr Fauci's NIAID, proves that millions of people who already had Covid-19 DO NOT NEED THE VACCINES. They are protected and better than the vaccines provide.

And remember, according to John's Hopkins, only 1.8% per 100,000 people in America do not survive Covid-19. That is 18 people per every 1 million. All important people but not the numbers you were tricked into believing.

PROOF FROM PFIZER: THEIR VACCINE IS UNSAFE, KILLING AND INJURING PEOPLE

The next 6 pages are from a 38 page secret report (4/2021) Pfizer sent to the FDA about their vaccine.

YOU WERE NEVER SUPPOSE TO SEE THIS REPORT AND KNOW THE TRUTH

5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

30-Apr-2021 09:26 (GMT)

Report Prepared by:

Worldwide Safety

Pfizer

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Table 1 below presents the main characteristics of the overall cases.

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

Characteristics		Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17 18-30 31-50 51-64 65-74 ≥ 75 Unknown	175[a] 4953 13886 7884 3098 5214 6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400

a. in 46 cases reported age was <16-year-old and in 34 cases <12-year-old.

As shown in Figure 1, the System Organ Classes (SOCs) that contained the greatest number

conditions (51,335 AEs), Nervous system disorders (25,957), Musculoskeletal and connective tissue disorders (17,283), Gastrointestinal disorders (14,096), Skin and subcutaneous tissue disorders (8,476), Respiratory, thoracic and mediastinal disorders (8,848), Infections and infestations (4,610), Injury, poisoning and procedural complications (5,590), and Investigations (3,693).

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Figure 1. Total Number of BNT162b2 AEs by System Organ Classes and Event Seriousness

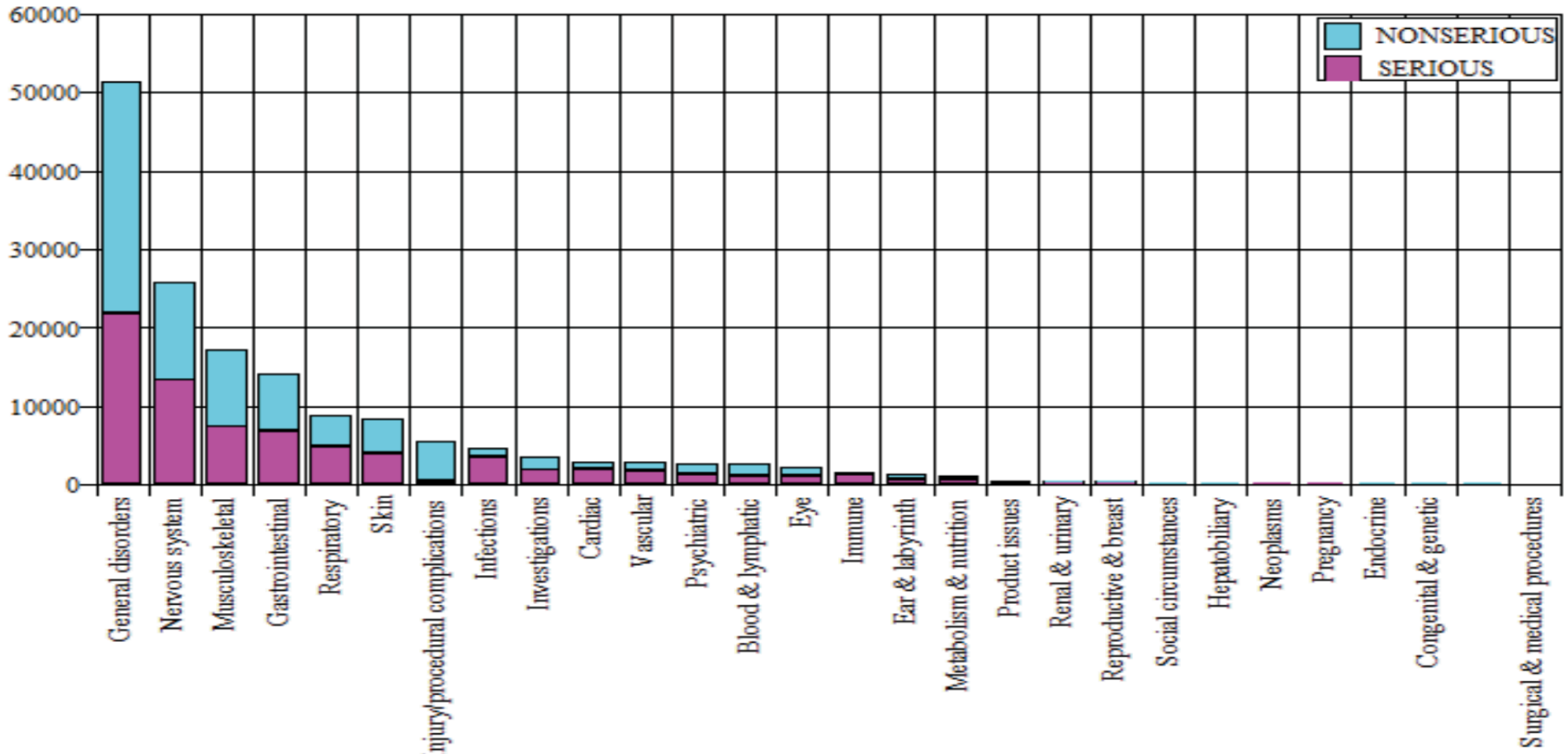

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Table 2 shows the most commonly (≥2%) reported MedDRA (v. 23.1) PTs in the overall dataset (through 28 February 2021),

Table 2. Events Reported in ≥2% Cases

		Cumulatively Through 28 February 2021
MedDRA SOC	**MedDRA PT**	**AEs (AERP%) N = 42086**
Blood and lymphatic system disorders		
	Lymphadenopathy	1972 (4.7%)
Cardiac disorders		
	Tachycardia	1098 (2.6%)
Gastrointestinal disorders		
	Nausea	5182 (12.3%)
	Diarrhoea	1880 (4.5%)
	Vomiting	1698 (4.0%)
General disorders and administration site conditions		
	Pyrexia	7666 (18.2%)
	Fatigue	7338 (17.4%)
	Chills	5514 (13.1%)
	Vaccination site pain	5181 (12.3%)

FDA-CBER-2021-5683-0000061

Table 2. Events Reported in ≥2% Cases

MedDRA SOC	MedDRA PT	Cumulatively Through 28 February 2021 AEs (AERP%) N = 42086
	Pain	3691 (8.8%)
	Malaise	2897 (6.9%)
	Asthenia	2285 (5.4%)
	Drug ineffective	2201 (5.2%)
	Vaccination site erythema	930 (2.2%)
	Vaccination site swelling	913 (2.2%)
	Influenza like illness	835 (2%)
Infections and infestations		
	COVID-19	1927 (4.6%)
Injury, poisoning and procedural complications		
	Off label use	880 (2.1%)
	Product use issue	828 (2.0%)
Musculoskeletal and connective tissue disorders		
	Myalgia	4915 (11.7%)
	Pain in extremity	3959 (9.4%)
	Arthralgia	3525 (8.4%)
Nervous system disorders		
	Headache	10131 (24.1%)
	Dizziness	3720 (8.8%)
	Paraesthesia	1500 (3.6%)
	Hypoaesthesia	999 (2.4%)
Respiratory, thoracic and mediastinal disorders		
	Dyspnoea	2057 (4.9%)
	Cough	1146 (2.7%)
	Oropharyngeal pain	948 (2.3%)
Skin and subcutaneous tissue disorders		
	Pruritus	1447 (3.4%)
	Rash	1404 (3.3%)
	Erythema	1044 (2.5%)
	Hyperhidrosis	900 (2.1%)
	Urticaria	862 (2.1%)
Total number of events		**93473**

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Table 6. Description of Missing Information

Topic	Description
Missing Information	**Post Authorization Cases Evaluation (cumulative to 28 Feb 2021) Total Number of Cases in the Reporting Period (N=42086)**
Use in Pregnancy and lactation	• Number of cases: 413[a] (0.98% of the total PM dataset); 84 serious and 329 non-serious; • Country of incidence: US (205), UK (64), Canada (31), Germany (30), Poland (13), Israel (11); Italy (9), Portugal (8), Mexico (6), Estonia, Hungary and Ireland, (5 each), Romania (4), Spain (3), Czech Republic and France (2 each), the remaining 10 cases were distributed among 10 other countries. Pregnancy cases: 274 cases including: • 270 mother cases and 4 foetus/baby cases representing 270 unique pregnancies (the 4 foetus/baby cases were linked to 3 mother cases; 1 mother case involved twins). • Pregnancy outcomes for the 270 pregnancies were reported as spontaneous abortion (23), outcome pending (5), premature birth with neonatal death, spontaneous abortion with intrauterine death (2 each), spontaneous abortion with neonatal death, and normal outcome (1 each). No outcome was provided for 238 pregnancies (note that 2 different outcomes were reported for each twin, and both were counted). • 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). • 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

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Table 7. AESIs Evaluation for BNT162b2

AESIs[a] Category	Post-Marketing Cases Evaluation[b] Total Number of Cases (N=42086)
Anaphylactic Reactions *Search criteria: Anaphylactic reaction SMQ (Narrow and Broad, with the algorithm applied), selecting relevant cases according to BC criteria*	Please refer to the Risk 'Anaphylaxis' included above in Table 4.
Cardiovascular AESIs *Search criteria: PTs Acute myocardial infarction; Arrhythmia; Cardiac failure; Cardiac failure acute; Cardiogenic shock; Coronary artery disease; Myocardial infarction; Postural orthostatic tachycardia syndrome; Stress cardiomyopathy; Tachycardia*	• Number of cases: 1403 (3.3% of the total PM dataset), of which 241 are medically confirmed and 1162 are non-medically confirmed; • Country of incidence: UK (268), US (233), Mexico (196), Italy (141), France (128), Germany (102), Spain (46), Greece (45), Portugal (37), Sweden (20), Ireland (17), Poland (16), Israel (13), Austria, Romania and Finland (12 each), Netherlands (11), Belgium and Norway (10 each), Czech Republic (9), Hungary and Canada (8 each), Croatia and Denmark (7 each), Iceland (5); the remaining 30 cases were distributed among 13 other countries; • Subjects' gender: female (1076), male (291) and unknown (36); • Subjects' age group (n = 1346): Adult[c] (1078), Elderly[d] (266) Child[e] and Adolescent[f] (1 each); • Number of relevant events: 1441, of which 946 serious, 495 non-serious; in the cases reporting relevant serious events; • Reported relevant PTs: Tachycardia (1098), Arrhythmia (102), Myocardial infarction (89), Cardiac failure (80), Acute myocardial infarction (41), Cardiac failure acute (11), Cardiogenic shock and Postural orthostatic tachycardia syndrome (7 each) and Coronary artery disease (6); • Relevant event onset latency (n = 1209): Range from <24 hours to 21 days, median <24 hours;

FDA-CBER-2021-5683-0000069

https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e2.htm?s_cid=mm7104e2_w#T1_down

TABLE 1. Average weekly age-standardized incidence of COVID-19 cases (April 4–December 25, 2021) and associated deaths (April 4–December 4, 2021) and incidence rate ratios* for unvaccinated and fully vaccinated persons,† by period§ — 25 U.S. jurisdictions,¶ April–December 2021

Return

Event/Variant emergence/ Predominance period§	Unvaccinated persons		Fully vaccinated persons		Average weekly IRR (95% CI)**
	Total no.	Average weekly incidence*	Total no.	Average weekly incidence*	
COVID-19 cases					
Pre-Delta (April–May 2021)	1,006,686	163.8	48,111	11.8	13.9 (12.4–15.5)
Delta emergence (June 2021)	196,988	64.0	30,317	7.4	8.7 (6.1–12.4)
Delta predominance (July–November 2021)	4,546,682	460.1	1,862,090	90.9	5.1 (4.3–6.0)
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Total	6,812,040	—	2,866,517	—	—
COVID-19–associated deaths					
Pre-Delta (April–May 2021)	11,047	2.7	1,016	0.1	21.9 (17.8–26.8)
Delta emergence (June 2021)	3,107	1.5	556	0.1	16.4 (13.2–20.4)
Delta predominance (July–November 2021)	78,256	11.4	20,313	0.7	16.3 (13.8–19.3)

The CDC's own data proves fully vaccinated people can still die from Covid-19.

EVERYBODY APPARENTLY FORGOT

According to the CDC, Covid-19 vaccines were never for everybody.

Proof that follows was obtained from the CDC on January 6, 2022

THEY SAID:

(A) If you ever had any allergic reaction to what is in the vaccines, do not take them.

(B) This includes youth, teens and adults.

THIS IS WHY MEDICAL EXEMPTIONS EXISTED IN THE FIRST PLACE

PROOF: VACCINE PROTECTION DECEPTION EXPOSED

From the CDC Director, fully vaccinated people can get infected or re-infected by Delta variant and transmit it.

Statement from CDC Director Rochelle P. Walensky, MD, MPH on Today's MMWR

Media Statement

For Immediate Release: Friday, July 30, 2021
Contact: Media Relations
(404) 639-3286

On July 27th, CDC updated its guidance for fully vaccinated people, recommending that everyone wear a mask in indoor public settings in areas of substantial and high transmission, regardless of vaccination status. This decision was made with the data and science available to CDC at the time, including a valuable public health partnership resulting in rapid receipt and review of unpublished data.

Today, some of those data were published in CDC's *Morbidity and Mortality Weekly Report (MMWR)*, demonstrating that Delta infection resulted in similarly high SARS-CoV-2 viral loads in vaccinated and unvaccinated people. High viral loads suggest an increased risk of transmission and raised concern that, unlike with other variants, vaccinated people infected with Delta can transmit the virus. This finding is concerning and was a pivotal discovery leading to CDC's updated mask recommendation. The masking recommendation was updated to ensure the vaccinated public would not unknowingly transmit virus to others, including their unvaccinated or immunocompromised loved ones.

Proof: The Pfizer Vaccine Re-program Your Immune System

https://www.medrxiv.org/content/10.1101/2021.05.03.21256520v1.full

medRxiv
THE PREPRINT SERVER FOR HEALTH SCIENCES

CSH Cold Spring Harbor Laboratory BMJ Yale

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The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses

F. Konstantin Föhse, Büsranur Geckin, Gijs J. Overheul, Josephine van de Maat, Gizem Kilic, Ozlem Bulut, Helga Dijkstra, Heidi Lemmers, S. Andrei Sarlea, Maartje Reijnders, Jacobien Hoogerwerf, Jaap ten Oever, Elles Simonetti, Frank L. van de Veerdonk, Leo A.B. Joosten, Bart L. Haagmans, Reinout van Crevel, Yang Li, Ronald P. van Rij, Corine GeurtsvanKessel, Marien I. de Jonge, Jorge Domínguez-Andrés, Mihai G. Netea

doi: https://doi.org/10.1101/2021.05.03.21256520

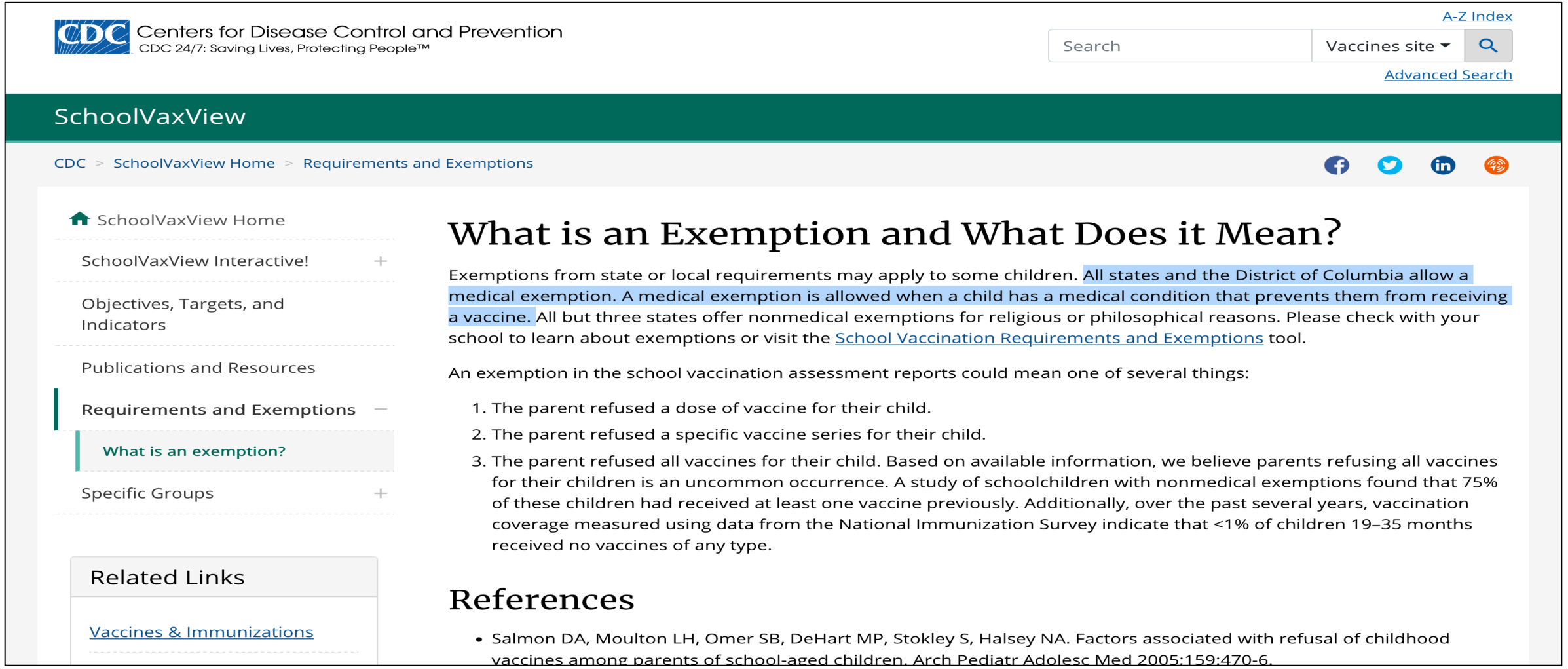
This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should *not* be used to guide clinical practice.

Abstract | **Full Text** | Info/History | Metrics | Preview PDF

Summary

The mRNA-based BNT162b2 vaccine from Pfizer/BioNTech was the first registered COVID-19 vaccine and has been shown to be up to 95% effective in preventing SARS-CoV-2 infections. Little is known about the broad effects of the new class of mRNA vaccines, especially whether they have combined effects on innate and adaptive immune responses. Here we confirmed that BNT162b2 vaccination of healthy individuals induced effective humoral and cellular immunity against several SARS-CoV-2 variants. Interestingly, however, the BNT162b2 vaccine also modulated the production of inflammatory cytokines by innate immune cells upon stimulation with both specific (SARS-CoV-2) and non-specific (viral, fungal and bacterial) stimuli. The

CDC ALLOWS VACCINE EXEMPTIONS IN ALL 50 STATES



CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

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SchoolVaxView

CDC > SchoolVaxView Home > Requirements and Exemptions

SchoolVaxView Home
SchoolVaxView Interactive!
Objectives, Targets, and Indicators
Publications and Resources
Requirements and Exemptions
What is an exemption?
Specific Groups

Related Links
Vaccines & Immunizations

What is an Exemption and What Does it Mean?

Exemptions from state or local requirements may apply to some children. All states and the District of Columbia allow a medical exemption. A medical exemption is allowed when a child has a medical condition that prevents them from receiving a vaccine. All but three states offer nonmedical exemptions for religious or philosophical reasons. Please check with your school to learn about exemptions or visit the School Vaccination Requirements and Exemptions tool.

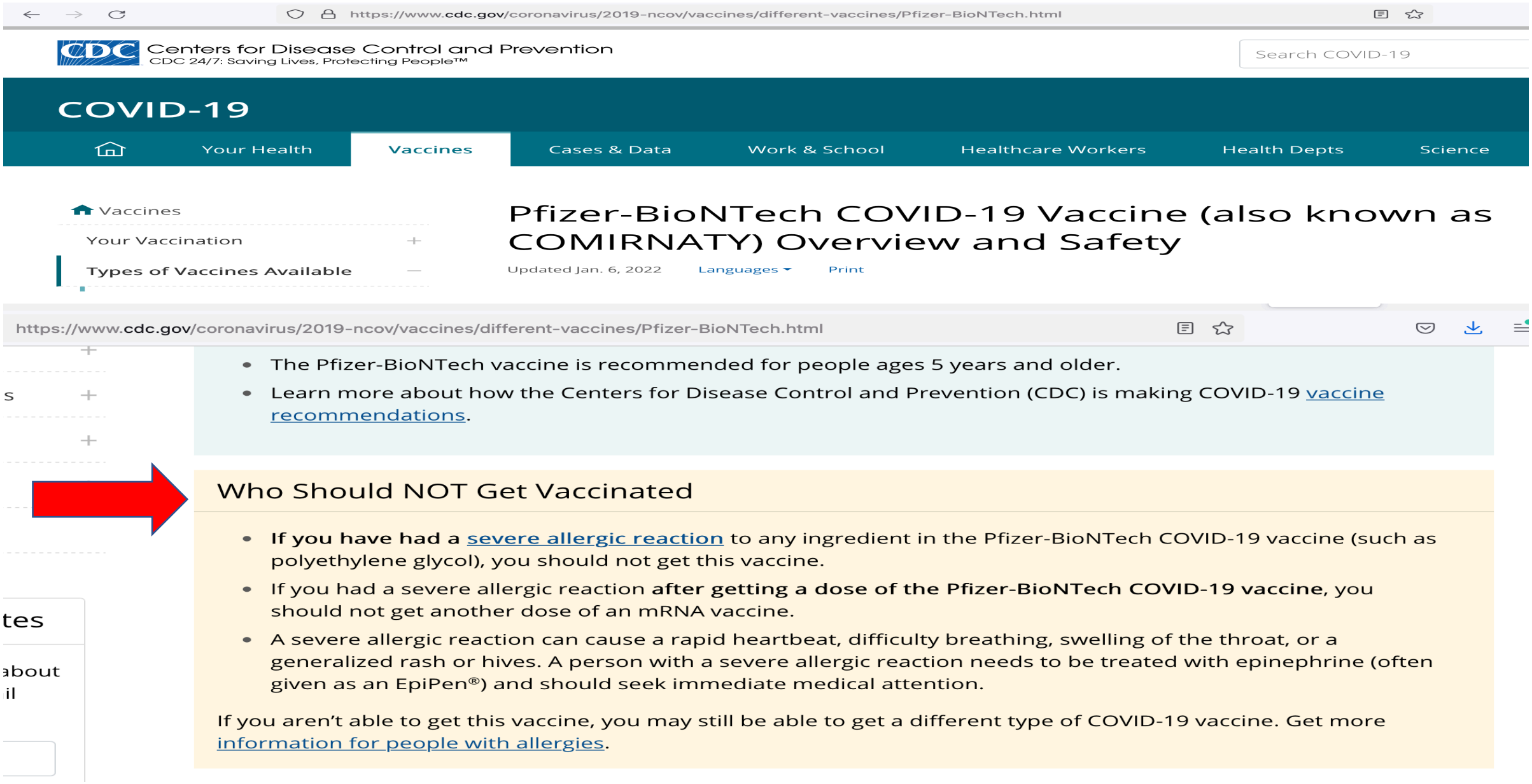
An exemption in the school vaccination assessment reports could mean one of several things:

1. The parent refused a dose of vaccine for their child.
2. The parent refused a specific vaccine series for their child.
3. The parent refused all vaccines for their child. Based on available information, we believe parents refusing all vaccines for their children is an uncommon occurrence. A study of schoolchildren with nonmedical exemptions found that 75% of these children had received at least one vaccine previously. Additionally, over the past several years, vaccination coverage measured using data from the National Immunization Survey indicate that <1% of children 19–35 months received no vaccines of any type.

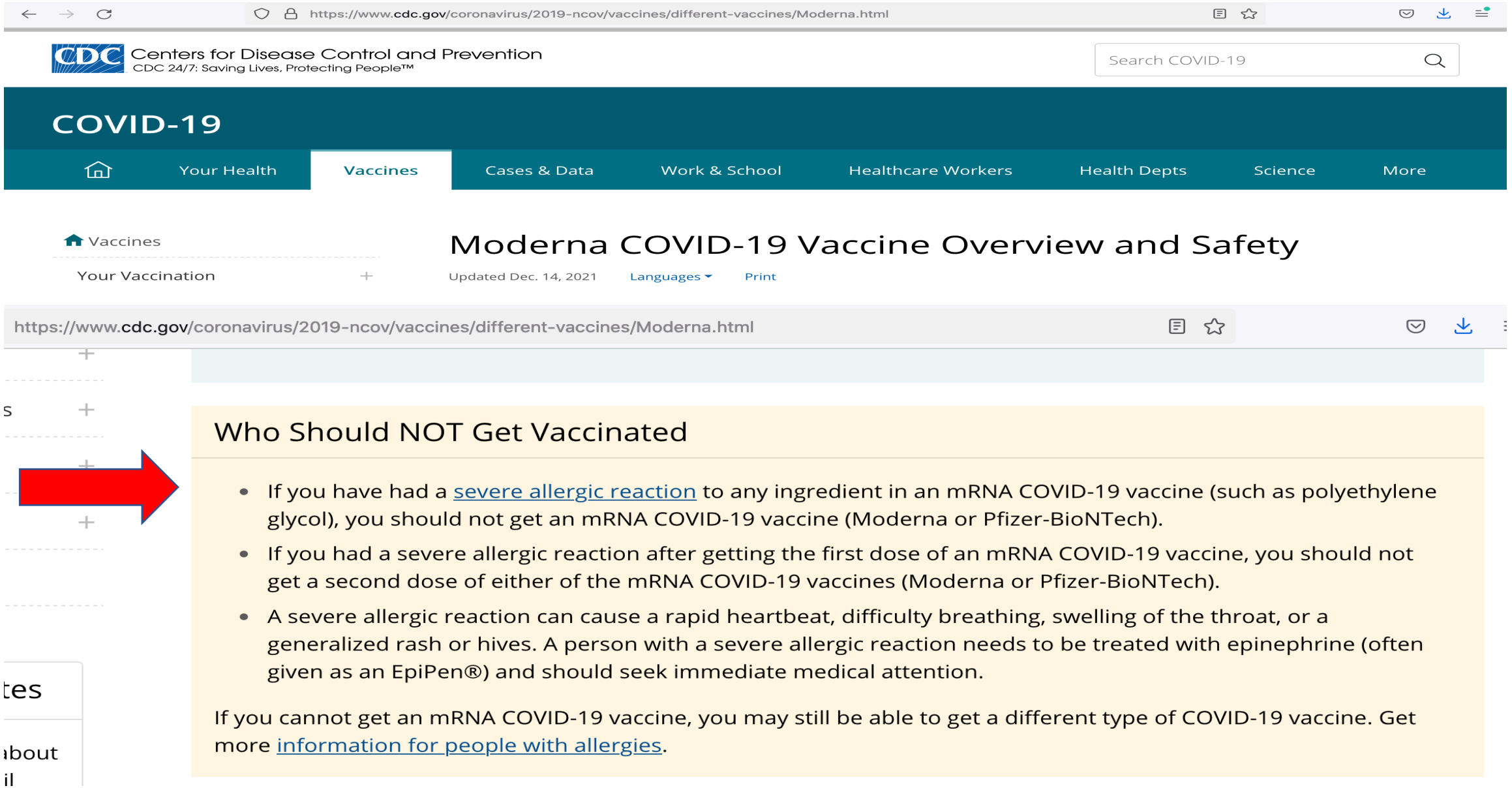
References

- Salmon DA, Moulton LH, Omer SB, DeHart MP, Stokley S, Halsey NA. Factors associated with refusal of childhood vaccines among parents of school-aged children. Arch Pediatr Adolesc Med 2005;159:470-6.

https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/requirements/exemption.html
https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/requirements/exemption.html



https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Pfizer-BioNTech.html



https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/Moderna.html

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/janssen.html

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COVID-19

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Vaccines

Your Vaccination

Types of Vaccines Available

Johnson & Johnson's Janssen COVID-19 Vaccine Overview and Safety

Updated Dec. 28, 2021 Languages Print

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/janssen.html

Who Should Not Get J&J/Janssen COVID-19 vaccine

If you have had a severe allergic reaction (anaphylaxis) or an immediate allergic reaction, even if it was not severe, to any ingredient in the J&J/Janssen COVID-19 vaccine (such as polysorbate), you should not get the J&J/Janssen COVID-19 vaccine.

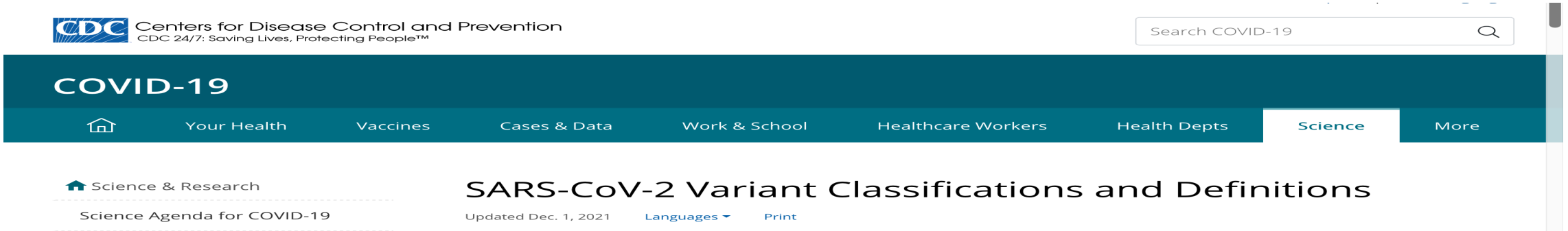
- A severe allergic reaction is one that needs to be treated with epinephrine or EpiPen or requiring additional medical care. Learn about common side effects of COVID-19 vaccines and when to call a doctor.
- An immediate allergic reaction means a reaction within 4 hours of exposure, including symptoms such as hives, swelling, or wheezing (respiratory distress).

If you developed thrombosis with thrombocytopenia syndrome after your initial J&J/Janssen vaccine, you should get the Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) for your booster dose.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/janssen.html

HOW MANY MORE BOOSTERS?

If you plan to get a booster for every variant that pops up,
you plan to become a zombie pin cushion every year.



https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-classifications.html#anchor_1632150752495

Variants Being Monitored (VBM)

CDC monitors all variants circulating in the United States. Variants designated as VBM include those where data indicates there is a potential or clear impact on approved or authorized medical countermeasures or that have been associated with more severe disease or increased transmission but are no longer detected, or are circulating at very low levels, in the United States. These variants do not pose a significant and imminent risk to public health in the United States.

A Variant of Interest or a Variant of Concern may be downgraded to this list after a significant and sustained reduction in its national and regional proportions over time, or other evidence indicates that a variant does not pose significant risk to public health in the United States.

These variants continue to be closely monitored to identify changes in their proportions and new data are continually being analyzed. If the data indicate that a VBM warrants more concern, the classification will be changed based on the SIG assessment of the attributes of the variant and the risk to public health in the United States.

WHO Label	Pango Lineage	Date of Designation		
Alpha	B.1.1.7 and Q lineages	**VOC**: December 29, 2020		**VBM**: September 21, 2021
Beta	B.1.351 and descendent lineages	**VOC**: December 29, 2020		**VBM**: September 21, 2021
Gamma	P.1and descendent lineages	**VOC**: December 29, 2020		**VBM**: September 21, 2021
Epsilon	B.1.427 B.1.429	**VOC**: March 19, 2021	**VOI**: February 26, 2021 **VOI**: June 29, 2021	**VBM**: September 21, 2021

https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-classifications.html#anchor_1632150752495

			VOI: June 29, 2021	
Eta	B.1.525		**VOI**: February 26, 2021	**VBM**: September 21, 2021
Iota	B.1.526		**VOI**: February 26, 2021	**VBM**: September 21, 2021
Kappa	B.1.617.1		**VOI**: May 7, 2021	**VBM**: September 21, 2021
N/A	B.1.617.3		**VOI**: May 7, 2021	**VBM**: September 21, 2021
Zeta	P.2		**VOI**: February 26, 2021	**VBM**: September 21, 2021
Mu	B.1.621, B.1.621.1			**VBM**: September 21, 2021

*Including Delta and Omicron BA.1 and Omicron Stealth BA.2 (not on the list), that makes **13 VARIANTS**.*

COVID-19 VACCINES ARE CAUSING COVID-19

The proof and the evidence are all around you, obvious to anyone who can understand that 2+2=4. It is not coincidence that the more people are vaccinated, the more Covid-19 seems to surge and spike. There is a direct connection. The Pfizer, Moderna and J&J vaccines all contain the spike protein of the SARS-CoV-2 virus which causes Covid-19. And if this spike protein were dead as they want you to believe, (1) it would not be a suitable nor realistic test for your immune system and (2) people who have never contracted Covid-19 would not be suddenly getting it after taking the vaccines with the virus in them. When people are vaccinated, many of them unknowingly contract full blown Covid-19. The CDC calls this ”breakthrough infections”.

IF YOU DON’T WANT COVID-19, WHY TAKE VACCINES THAT GIVE YOU THE VIRUS WHICH CAUSES COVID-19?

Neither the FDA nor CDC has said that Omicron is dangerous, deadly or causing mass deaths. In fact in her January, 2022 testimony before congress, the CDC Director said something very different. They simply keep repeating how Omicron is “spreading”. But the CDC, FDA, news media and medical industry is just spreading fear. The pandemic managers are using a combination of the following to launch an Omicron “Boogeyman” scare in order to manipulate people into talking the vaccines and they are tracking at least 8 more variants they can pull out of a hat:

1. Holiday Gatherings Causing Contagious Spread
2. Numbers of People Sick From Colds, the Flu and Other Respiratory Problems (Called Covid-19 Anyway)
3. Actual Omicron Numbers
4. Relaxed Citizen Behavior Where People Are Dropping Their Guards and Protective Efforts

WHY IS COVID-19 STILL AROUND IN 2022

Covid-19 is still around because of 2 reasons.

1. Because the creators of the pandemic will not let the virus die down and/or die out. Every living thing (including every virus) has a lifecycle. It starts, it reproduces. It spreads. It peaks. It plateaus then begins its decline. It gets weaker and weaker until it either disappears or blends into the environment (becoming endemic). But if you keep freezing the virus (SARS-CoV-2), thawing it out and placing it into living human guinea pigs by way of the vaccines, the virus reproduces in that environment and keeps becoming Covid-19. That in turn spreads and the pandemic continues. That is why in January 2022 the CDC is tracking 8 more variants.

2. The Covid-19 vaccines are pushing the virus into a corner where it continues to mutate in order to survive. In the process, it creates variants to bypass the vaccines. That is why the first 2 Moderna and Pfizer shots did not protect against the Delta and Omicron variants, if at all. That, in large part, is also why unsuspecting human guinea pigs have to keep getting booster shots. That is why the more people are vaccinated, the more variants arise and spread.

THIS GAME OF RE-ANIMATION AND CATCH-UP IS INTENTIONALLY THROWING THE GAME

These are the facts and every halfway decent Virologist, Immunologist and Epidemiologist knows all of this is true. But most are afraid to speak up and others are in on and/or benefitting from the vaccine scam.

WEEKLY CDC REPORT (MMWR) TRACKS COVID-19 VACCINE INJURIES AND DEATHS

https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e3.htm

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Morbidity and Mortality Weekly Report (*MMWR*)

CDC

COVID-19 Vaccine Breakthrough Infections Reported to CDC — United States, January 1–April 30, 2021

Weekly / May 28, 2021 / 70(21);792–793

On May 25, 2021, this report was posted online as an MMWR *Early Release.*

CDC COVID-19 Vaccine Breakthrough Case Investigations Team (View author affiliations)

View suggested citation

COVID-19 vaccines are a critical tool for controlling the ongoing global pandemic. The Food and Drug Administration (FDA) has issued Emergency Use Authorizations for three COVID-19 vaccines for use in the United States.* In large, randomized-controlled trials, each vaccine was found to be safe and efficacious in preventing symptomatic, laboratory-confirmed COVID-19 (*1–3*). Despite the high level of vaccine efficacy, a small percentage of fully vaccinated persons (i.e. received all recommended doses of an FDA-authorized COVID-19 vaccine) will develop symptomatic or asymptomatic infections with SARS-CoV-2, the virus that causes COVID-19 (*2–8*).

CDC is working with state and territorial health departments to investigate SARS-CoV-2 infections among persons who are fully vaccinated and to monitor trends in case characteristics and SARS-CoV-2 variants identified from persons with these infections. For this surveillance, a vaccine breakthrough infection is defined as the detection of SARS-CoV-2 RNA or antigen in a respiratory specimen collected from a person ≥14 days after receipt of all recommended doses of an FDA-authorized COVID-19 vaccine.

Article Metrics

Altmetric:

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Facebook (3)
Reddit (1)
Video (1)
Mendeley (18)

Citations: 0

CICP QUIETLY PAYS PEOPLE/FAMILIES INJURED OR KILLED BY COVID-19 VACCINES

But wait, why is this needed if the vaccines are "safe"? Because the vaccines are NOT safe.

THE CDC WAS SUED BY MEDICAL DOCTORS AND SCIENTISTS

The CDC is accused of hiding the data from the V-Safe app.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html

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COVID-19

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- Vaccines
  - Your Vaccination
  - Types of Vaccines Available
  - Possible Side Effects
  - Stay Up to Date with Vaccines
  - Safety & Monitoring
    - V-safe
    - Allergic Reactions
    - Safety of COVID-19 Vaccines
    - Vaccine Reporting Systems
  - COVID-19 Vaccines are Effective

V-safe After Vaccination Health Checker

Updated Nov. 9, 2021 Languages Print

NOTICE: CDC now recommends that children between the ages of 5 and 11 years receive the Pfizer-BioNTech pediatric COVID-19 Vaccine. Learn more about vaccines for children and teens.

ACTUAL COURT ORDER FOR FDA TO PRESENT DOCUMENTS ON PFIZER VACCINE

The FDA has been hiding over 400,000 pages of data on Pfizer vaccine.

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

PUBLIC HEALTH AND MEDICAL
PROFESSIONALS FOR TRANSPARENCY,

Plaintiff,

v. No. 4:21-cv-1058-P

FOOD AND DRUG ADMINISTRATION,

Defendant.

ORDER

This case involves the Freedom of Information Act ("FOIA"). Specifically, at issue is Plaintiff's FOIA request seeking "[a]ll data and information for the Pfizer Vaccine enumerated in 21 C.F.R. § 601.51(e) with the exception of publicly available reports on the Vaccine Adverse Events Reporting System" from the Food and Drug Administration ("FDA"). *See* ECF No. 1. As has become standard, the Parties failed to

https://childrenshealthdefense.org/wp-content/uploads/ORDER_2022_01_06-9e24e298ae561d16d68a3950ab57077b.pdf

LOOK HOW MUCH PFIZER VACCINE INFO WAS KEPT FROM YOU

When The FDA Knew All Of It

Accordingly, having considered the Parties' arguments, filings in support, and the applicable law, the Court **ORDERS** that:

1. The FDA shall produce the "more than 12,000 pages" articulated in its own proposal, *see* ECF No. 29 at 24, **on or before January 31, 2022.**
2. The FDA shall produce the remaining documents at a rate of **55,000** pages every **30 days**, with the first production being due **on or before March 1, 2022**, until production is complete.
3. To the extent the FDA asserts any privilege, exemption, or exclusion as to any responsive record or portion thereof, FDA shall, concurrent with each production required by this Order, produce a redacted version of the record, redacting only those portions as to which privilege, exemption, or exclusion is asserted.

Now Imagine How Much Moderna and J&J Vaccine Info Is Being Kept From You

PROOF: FAUCI AND COLLINS CONSIORED TO BLOCK THE SCIENCE

Below is an email from Francis Collins (former head of the NIH) to Dr. Fauci obtained under the FOIA.

From: Collins, Francis (NIH/OD) [E] (b) (6)
Sent: Thursday, October 8, 2020 2:31 PM
To: Fauci, Anthony (NIH/NIAID) [E] (b) (6); Lane, Cliff (NIH/NIAID) [E]
(b) (6)
Cc: Tabak, Lawrence (NIH/OD) [E] (b) (6)
Subject: Great Barrington Declaration

Hi Tony and Cliff,

See https://gbdeclaration.org/ This proposal from the three fringe epidemiologists who met with the Secretary seems to be getting a lot of attention – and even a co-signature from Nobel Prize winner Mike Leavitt at Stanford. There needs to be a quick and devastating published take down of its premises. I don't see anything like that on line yet – is it underway?

Francis

https://www.wsj.com/articles/fauci-collins-emails-great-barrington-declaration-covid-pandemic-lockdown-11640129116

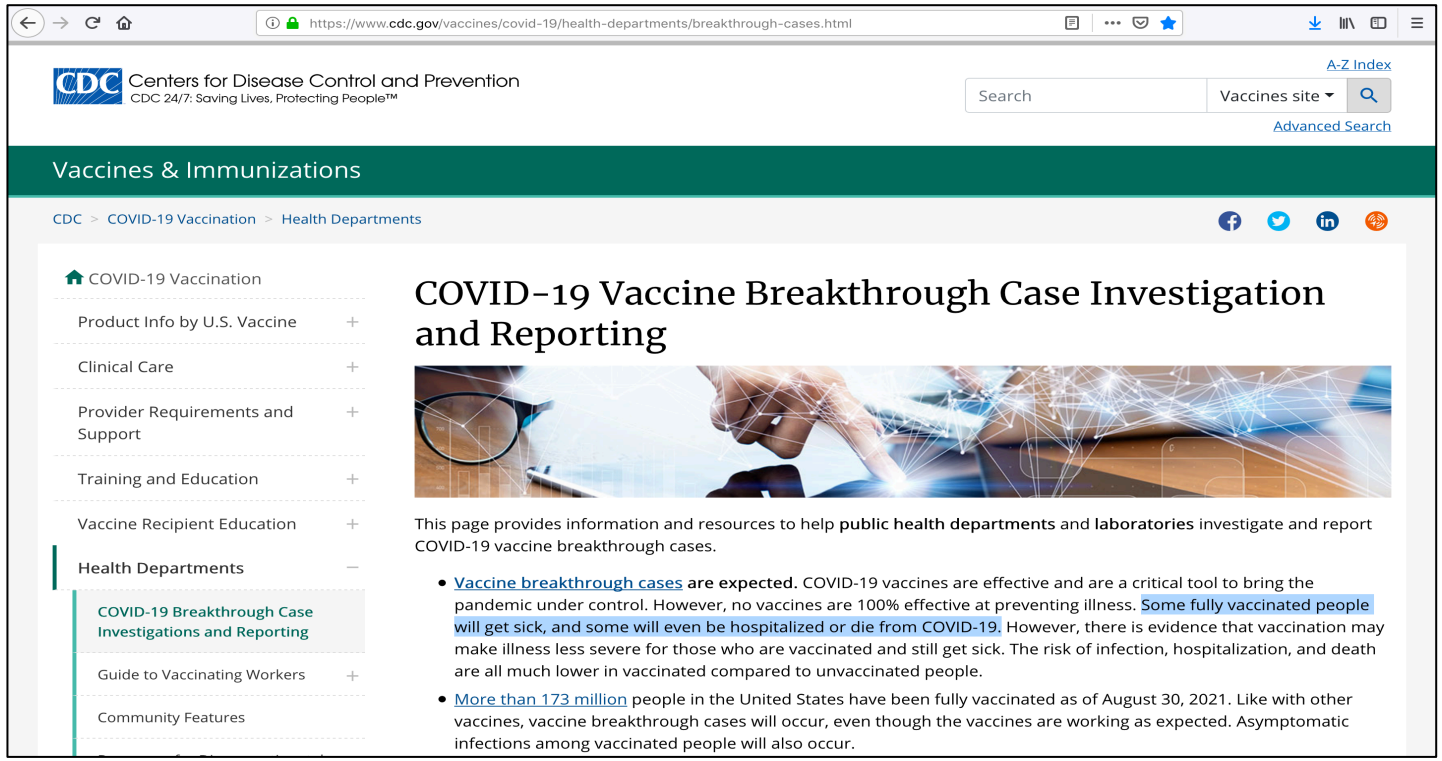
SLEEP ZOMBIE
REJECT THE SERPENTS:
COVID-19 VACCINES ARE INEFFECTIVE
But you will keep taking them because you trust me!

MEDICAL PROOF: Covid-19 Vaccines Are INEFFECTIVE

NEVER 100%
Decreasing Effectiveness
Temporary Solution At Best
Booster After Booster
Variants Dodge Vaccines
No "One Vaccine Fits All"
Vaccines Causing Variants

COVID-19 VACCINES
ARE NOT GUARANTEED TO STOP

- Death
- Hospitalization
- Sickness
- Contagion
- Infection
- Re-Infection
- Transmission



IN FACT, THE CDC SAYS THE VACCINES WON'T

See enlargement of CDC document on next page.

This was taken in mid-2021 before they changed it to contradict themselves.

COVID-19 VACCINES ARE INEFFECTIVE

Because COVID-19 vaccines are <u>not guaranteed to</u>:

- Stop Infection / Prevent Infection
- Stop Re-infection
- Stop Transmission
- Stop Covid-19 Damage
- Stop Death From Covid-19
- Protection Against Strains, Variants or Mutations
  (Delta, Omicron and the many others the CDC has not told you about)

STOP LETTING THESE AGENCIES DECEIVE YOU

DECREASING SOME RISKS IS NOT GUARANTEEING YOU ANYTHING

Newsroom Home
Press Materials
CDC Newsroom Releases
2022 News Releases
2021 News Releases
2020 News Releases
2019 News Releases
2018 News Releases
Historical News Releases
Statement from CDC Director Rochelle P. Walensky, MD, MPH on Today's MMWR
Journal Summaries

Statement from CDC Director Rochelle P. Walensky, MD, MPH on Today's MMWR

Media Statement

For Immediate Release: Friday, July 30, 2021
Contact: Media Relations
(404) 639-3286

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THE TRUTH IS NOT “COINCIDENCE”

In this one example of many, Rhode Island has one of the highest covid-19 vaccination rates in America.
But in 2021 they also had one of the highest rates of covid-19 infection.
AND LOOK AT ALL THE FULLY VACCINATED PEOPLE WHO HAVE AND SPREAD COVID-19 IN RHODE ISLAND

Rhode Island COVID-19 Breakthrough Data

Breakthrough Infections Among Fully Vaccinated Rhode Islanders

Number of Rhode Islanders Fully Vaccinated: 774,322

Breakthrough Cases	Breakthrough Hospitalizations	Breakthrough Deaths
18,257	704	113
Total Cases Among Rhode Islanders: 185,971	*Total Hospitalizations Among Rhode Islanders: 10,697	Total Deaths Among Rhode Islanders: 2,947

Fully vaccinated people are not as protected as they were led to believe and they are playing a role in the spread.

THE CDC SAYS THE FOLLOWING – TAKEN FROM THEIR WEBSITE JANUARY 28, 2022

"Covid-19 vaccines are effective at preventing infection, serious illness and death."

BUT THEIR OWN CHARTS SHOW MILLIONS OF CASES THAT PROVE THEY ARE LYING

https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e2.htm?s_cid=mm7104e2_w#T1_down

TABLE 1. Average weekly age-standardized incidence of COVID-19 cases (April 4–December 25, 2021) and associated deaths (April 4–December 4, 2021) and incidence rate ratios* for unvaccinated and fully vaccinated persons,† by period§ — 25 U.S. jurisdictions,¶ April–December 2021

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Delta emergence (June 2021)	3,107	1.5	556	0.1	16.4 (13.2–20.4)
Delta predominance (July–November 2021)	78,256	11.4	20,313	0.7	16.3 (13.8–19.3)

https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e3.htm?s_cid=mm7034e3_w

SARS-CoV-2 Infection Among Nursing Home Residents Before and During Widespread Circulation of the SARS-CoV-2 B.1.617.2 (Delta) Variant — National Healthcare Safety Network, March 1–August 1, 2021

Weekly / August 27, 2021 / 70(34);1163-1166

On August 18, 2021, this report was posted online as an MMWR *Early Release.*

Srinivas Nanduri, MD[1,*]; Tamara Pilishvili, PhD[1,*]; Gordana Derado, PhD[1]; Minn Minn Soe, MBBS[1]; Philip Dollard, MPH[1]; Hsiu Wu, MD[1]; Qunna Li, MSPH[1]; Suparna Bagchi, DrPH[1]; Heather Dubendris, MSPH[1,2]; Ruth Link-Gelles, PhD[1]; John A. Jernigan, MD[1]; Daniel Budnitz, MD[1]; Jeneita Bell, MD[1]; Andrea Benin, MD[1]; Nong Shang, PhD[1]; Jonathan R. Edwards, MStat[1,*]; Jennifer R. Verani, MD[1,*]; Stephanie J. Schrag, DPhil[1,*] (View author affiliations)

View suggested citation

Summary

What is already known about this topic?

Early observational studies among nursing home residents showed mRNA vaccines to be 53% to 92% effective against SARS-CoV-2 infection.

What is added by this report?

Two doses of mRNA vaccines were 74.7% effective against infection among nursing home residents early in the vaccination program (March–May 2021). During June–July 2021, when B.1.617.2 (Delta) variant circulation predominated, effectiveness declined significantly to 53.1%.

What are the implications for public health practice?

Multicomponent COVID-19 prevention strategies, including vaccination of nursing home staff members, residents, and visitors, are critical. An additional dose of COVID-19 vaccine might be considered for nursing home and long-term care facility residents to optimize a protective immune response.

Article Metrics

Altmetric:

Citations: 0

Views: 99,612

Views equals page views plus PDF downloads

Metric Details

Covid-19 Vaccine Only 53.1% Effective In Many Cases, According To The CDC

You Didn't Hear That On The News Did You?

https://www.cdc.gov/vaccines/covid-19/health-departments/breakthrough-cases.html

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- Vaccine Recipient Education
- Health Departments
  - COVID-19 Breakthrough Case Investigations and Reporting
  - Guide to Vaccinating Workers
  - Community Features

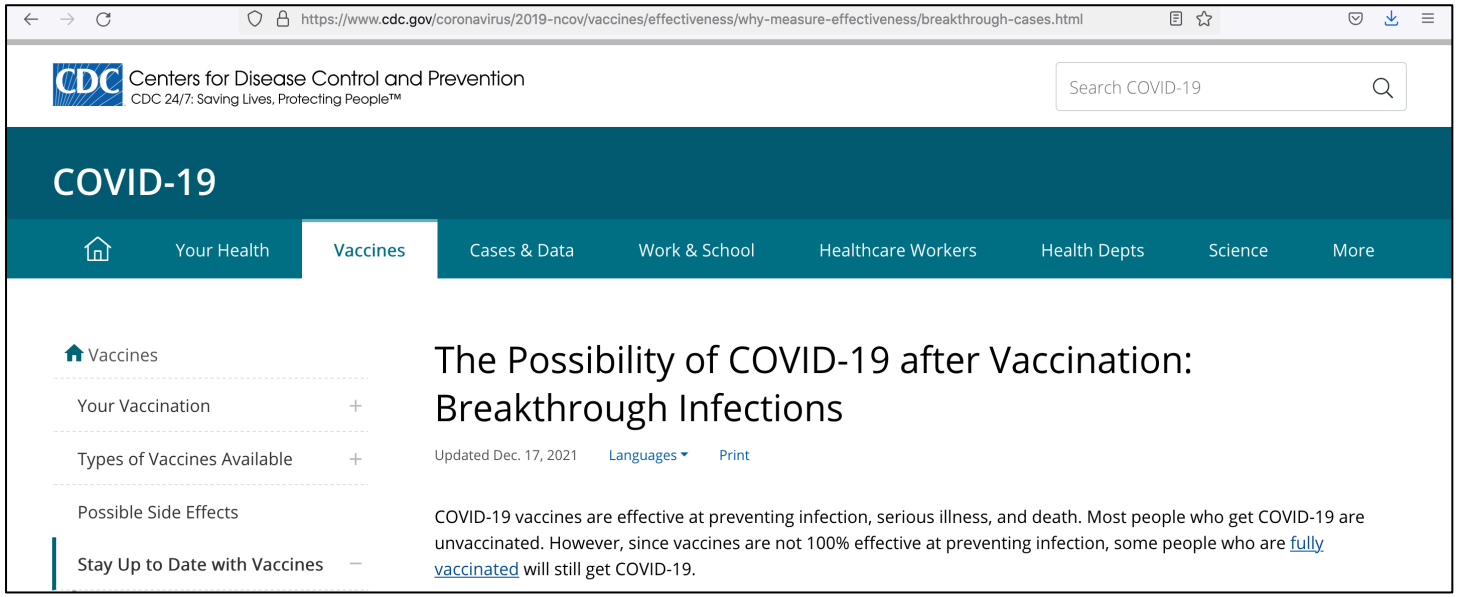
COVID-19 Vaccine Breakthrough Case Investigation and Reporting

This page provides information and resources to help **public health departments** and **laboratories** investigate and report COVID-19 vaccine breakthrough cases.

- **Vaccine breakthrough cases are expected.** COVID-19 vaccines are effective and are a critical tool to bring the pandemic under control. However, no vaccines are 100% effective at preventing illness. Some fully vaccinated people will get sick, and some will even be hospitalized or die from COVID-19. However, there is evidence that vaccination may make illness less severe for those who are vaccinated and still get sick. The risk of infection, hospitalization, and death are all much lower in vaccinated compared to unvaccinated people.
- More than 173 million people in the United States have been fully vaccinated as of August 30, 2021. Like with other vaccines, vaccine breakthrough cases will occur, even though the vaccines are working as expected. Asymptomatic infections among vaccinated people will also occur.

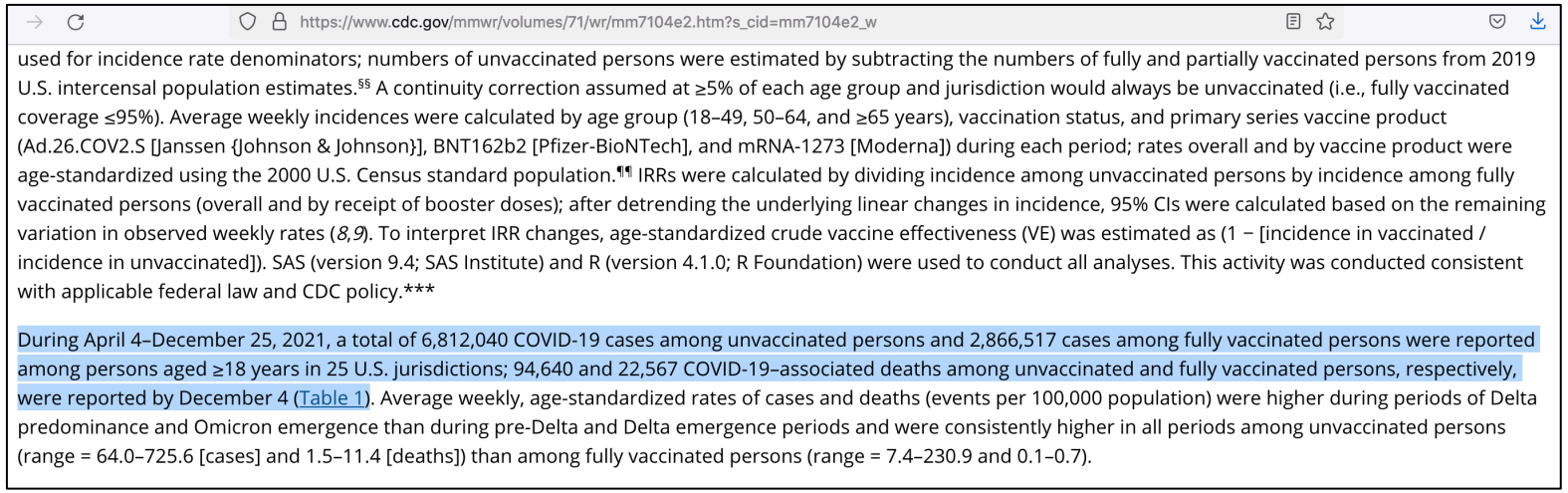
"Some fully vaccinated people will get sick, and some will even be hospitalized or die from Covid-19."

*The CDC Will **Mix Truth With Deception and Distractions***



On the left they say Covid-19 vaccines are effective at preventing <u>infection</u>, serious illness and <u>death</u>.

But on the right, they show over 2 million (2,866,517) cases of infection among fully vaccinated people and 22,567 deaths among fully vaccinated people.



These screenshots were taken from the CDC website on January 28, 2022

https://www.cdc.gov/mmwr/volumes/70/wr/mm7034e3.htm?s_cid=mm7034e3_w

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Morbidity and Mortality Weekly Report (*MMWR*)

CDC

Effectiveness of Pfizer–BioNTech and Moderna Vaccines in Preventing SARS–CoV–2 Infection Among Nursing Home Residents Before and During Widespread Circulation of the SARS–CoV–2 B.1.617.2 (Delta) Variant — National Healthcare Safety Network, March 1–August 1, 2021

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View suggested citation

Summary

What is already known about this topic?

Article Metrics

Altmetric:

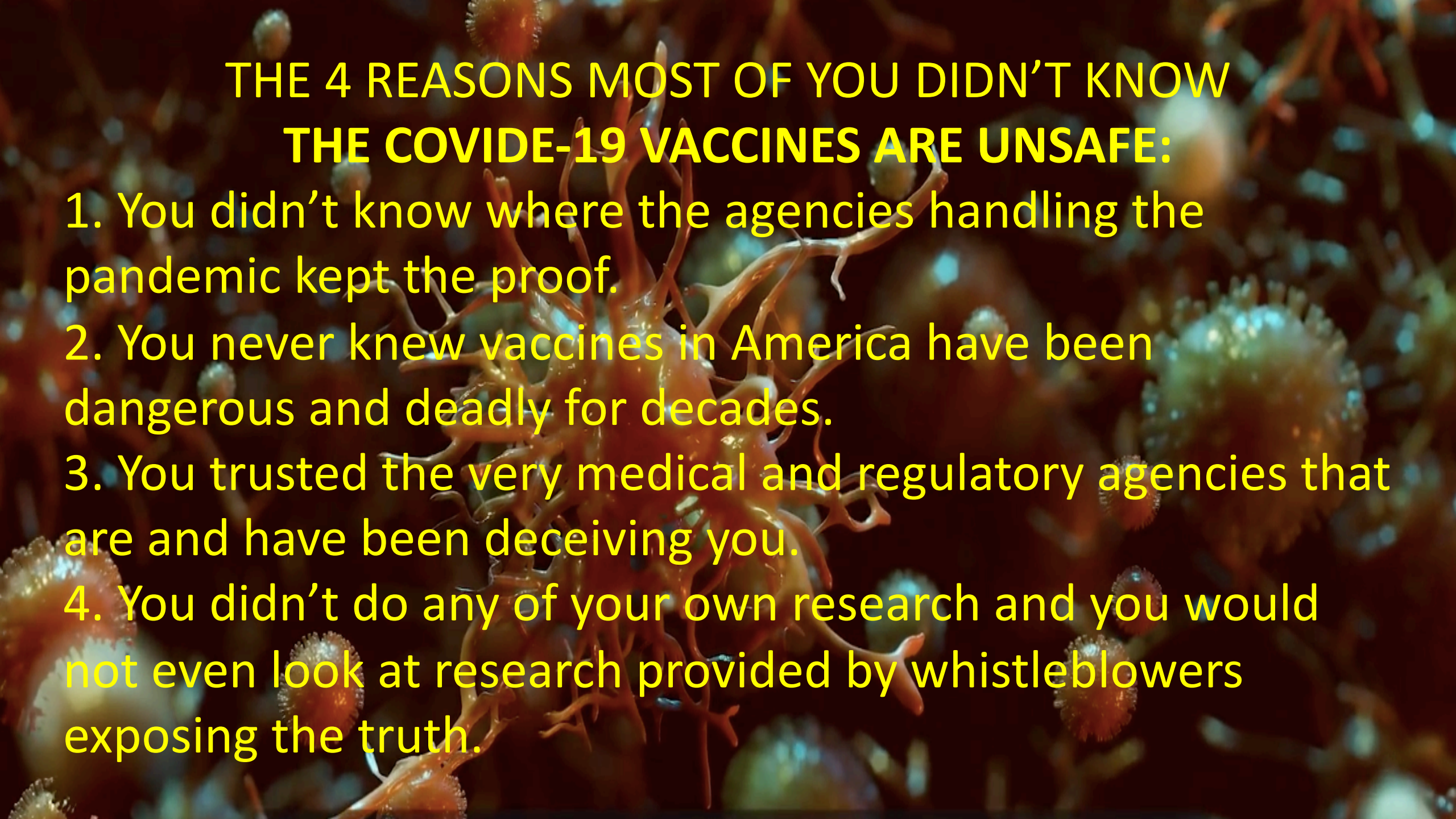
See Decreased Vaccine Effectiveness On Next CDC Slide

“We know that these shots are not working – they are failed now. Now that Omicron is here, the shots have completely failed,” he continued.

“The shot they still are telling people to get a booster [of] is a spike protein that is toxic to the human body. It causes the same disease as the virus and predisposes people to autoimmune attacks and potentially short-term cancer risks,” the pathologist added.

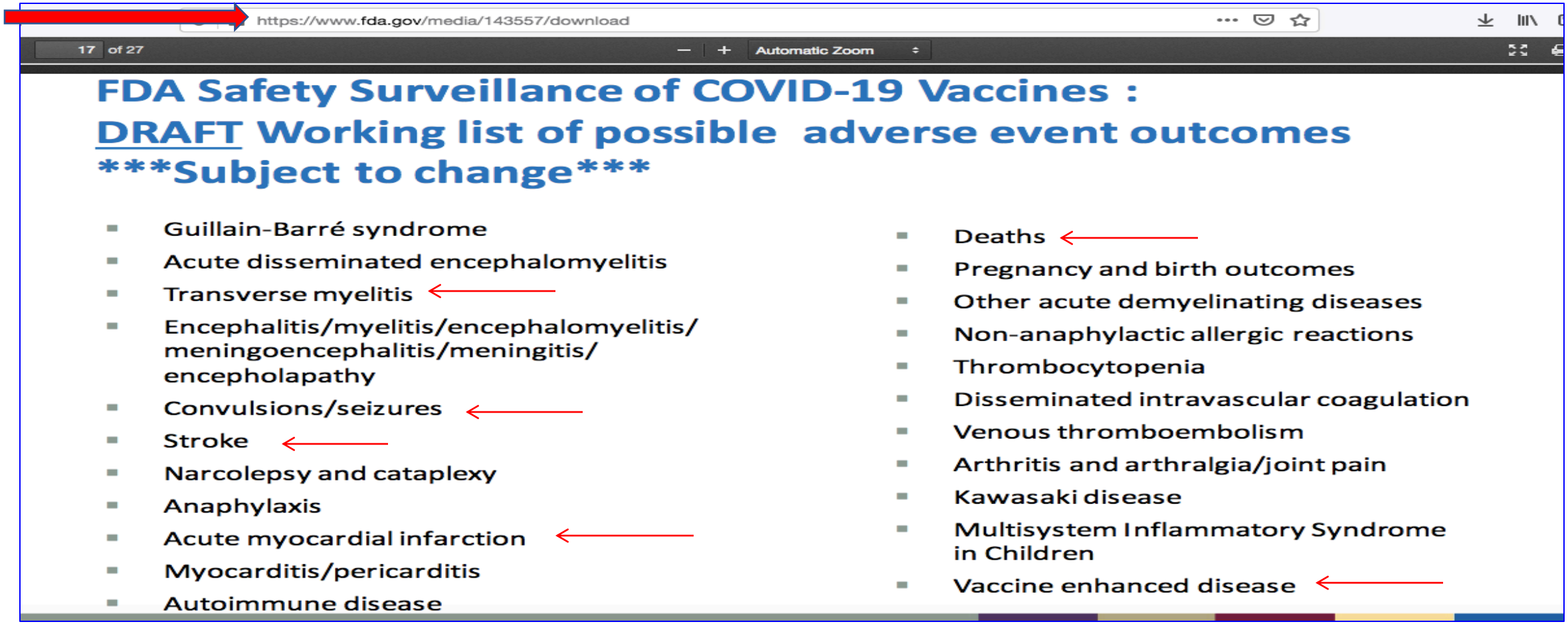
It should be noted that Cole is a board-certified pathologist who was trained at the Mayo Clinic, as well as the CEO and Medical Director of Cole Diagnostics, one of the largest independent labs in the State of Idaho.

SLEEP ZOMBIE
REJECT THE SERPENTS:
COVID-19 VACCINES ARE UNSAFE
People are dying and injured all around you from my vaccines!


THE 4 REASONS MOST OF YOU DIDN'T KNOW
THE COVIDE-19 VACCINES ARE UNSAFE:
1. You didn't know where the agencies handling the pandemic kept the proof.
2. You never knew vaccines in America have been dangerous and deadly for decades.
3. You trusted the very medical and regulatory agencies that are and have been deceiving you.
4. You didn't do any of your own research and you would not even look at research provided by whistleblowers exposing the truth.

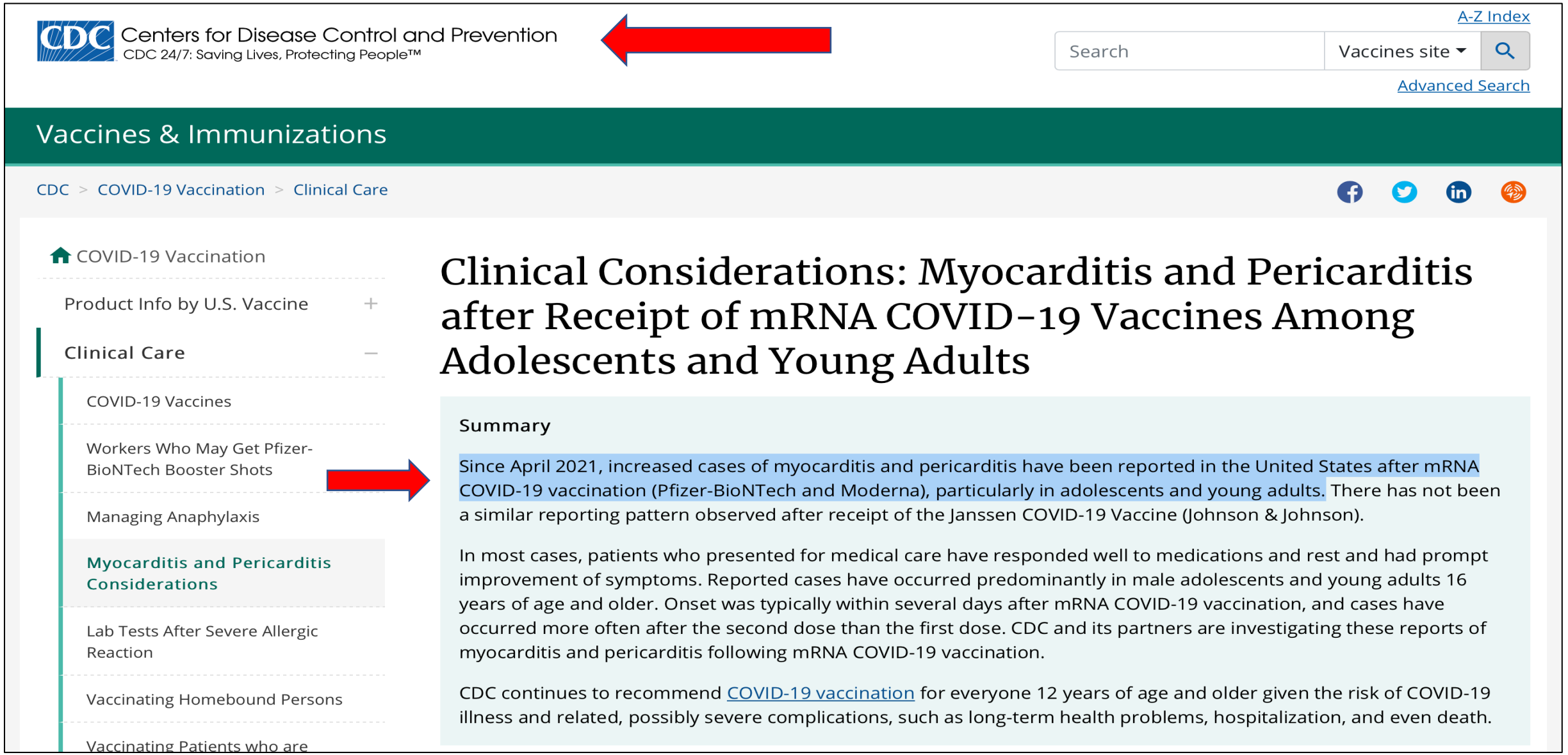
FDA EXPECTED DANGEROUS & DEADLY VACCINE SIDE EFFECTS

As Bad As Those From The Virus – And Worse (Dec. 2020 Screenshot)



WHICH OF THESE SOUND "SAFE AND EFFECTIVE"?

CDC ADMITS HEART PROBLEMS AFTER PEOPLE GET COVID-19 VACCINES



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COVID-19 Vaccination

Product Info by U.S. Vaccine +

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- Managing Anaphylaxis
- Myocarditis and Pericarditis Considerations
- Lab Tests After Severe Allergic Reaction
- Vaccinating Homebound Persons
- Vaccinating Patients who are

Clinical Considerations: Myocarditis and Pericarditis after Receipt of mRNA COVID-19 Vaccines Among Adolescents and Young Adults

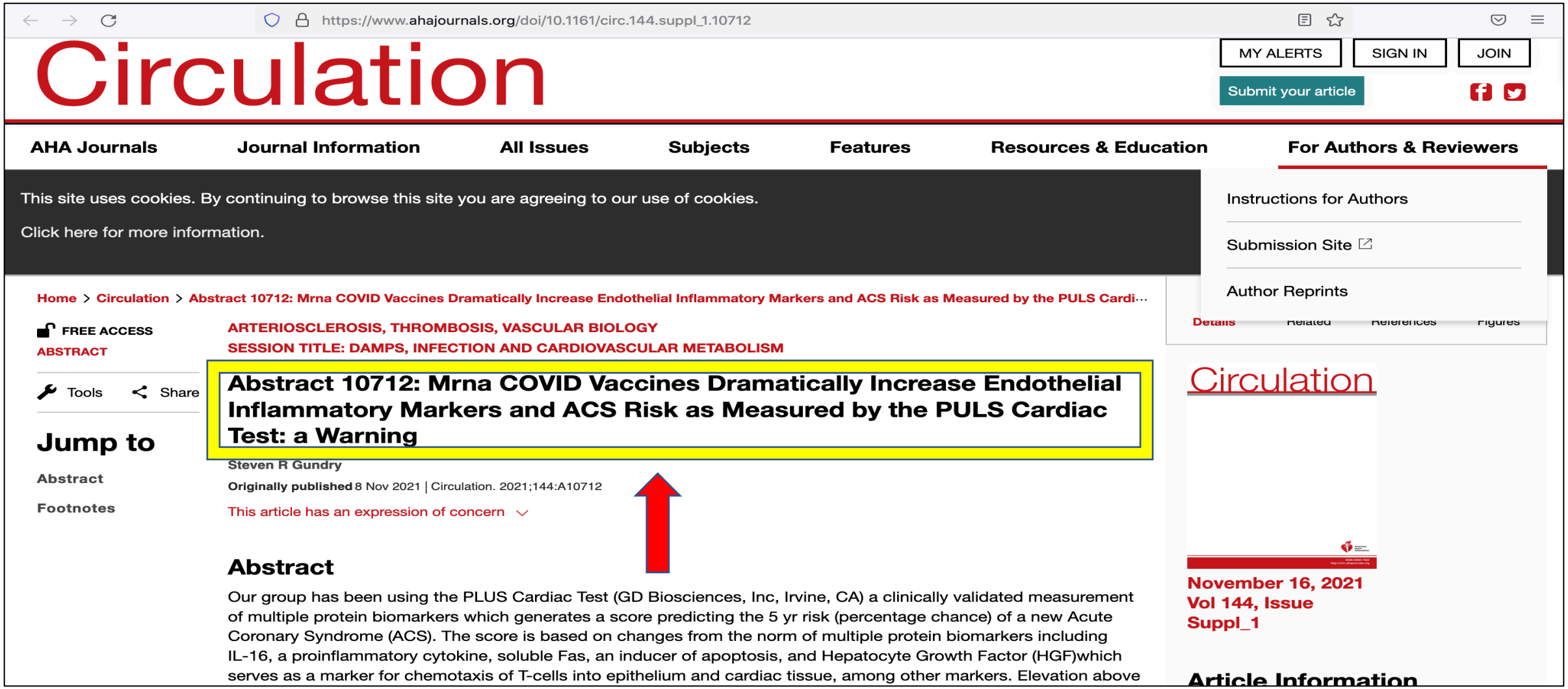
Summary

Since April 2021, increased cases of myocarditis and pericarditis have been reported in the United States after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna), particularly in adolescents and young adults. There has not been a similar reporting pattern observed after receipt of the Janssen COVID-19 Vaccine (Johnson & Johnson).

In most cases, patients who presented for medical care have responded well to medications and rest and had prompt improvement of symptoms. Reported cases have occurred predominantly in male adolescents and young adults 16 years of age and older. Onset was typically within several days after mRNA COVID-19 vaccination, and cases have occurred more often after the second dose than the first dose. CDC and its partners are investigating these reports of myocarditis and pericarditis following mRNA COVID-19 vaccination.

CDC continues to recommend COVID-19 vaccination for everyone 12 years of age and older given the risk of COVID-19 illness and related, possibly severe complications, such as long-term health problems, hospitalization, and even death.

PROOF FROM THE AMERICAN HEART ASSOCIATION (AHA):
mRNA Vaccines (Pfizer & Moderna) Increase Heart Dangers and Injury Risks



https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712

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Home > Circulation > Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardi…

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ABSTRACT

ARTERIOSCLEROSIS, THROMBOSIS, VASCULAR BIOLOGY

SESSION TITLE: DAMPS, INFECTION AND CARDIOVASCULAR METABOLISM

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Abstract

Footnotes

Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning

Steven R Gundry

Originally published 8 Nov 2021 | Circulation. 2021;144:A10712

This article has an expression of concern

Abstract

Our group has been using the PLUS Cardiac Test (GD Biosciences, Inc, Irvine, CA) a clinically validated measurement of multiple protein biomarkers which generates a score predicting the 5 yr risk (percentage chance) of a new Acute Coronary Syndrome (ACS). The score is based on changes from the norm of multiple protein biomarkers including IL-16, a proinflammatory cytokine, soluble Fas, an inducer of apoptosis, and Hepatocyte Growth Factor (HGF)which serves as a marker for chemotaxis of T-cells into epithelium and cardiac tissue, among other markers. Elevation above

Details | Related | References | Figures

Circulation

November 16, 2021
Vol 144, Issue
Suppl_1

Article Information

We added the red arrows and yellow box to point out specific details.

AMERICAN HEART ASSOCIATION EXPOSES COVID-19 VACCINES DAMAGE THE HEART

https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712

Steven R Gundry

Originally published 8 Nov 2021 | Circulation. 2021;144:A10712

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CDC's OWN DATABASE SHOWS DEATHS AFTER COVID-9 VACCINES

And Not Just A Few – You Just Didn't Know Where To Look

NOTE: THIS IS ONLY A SMALL SAMPLE OF THE MANY PEOPLE DYING AFTER TAKING THE COVID-19 VACCINES

https://wonder.cdc.gov/controller/datarequest/D8;jsessionid=075FE3BAA85C658AD3719E25D472

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The Vaccine Adverse Event Reporting System (VAERS) Results

Request Form | Results | Map | Chart | Report | About

Dataset Documentation | Other Data Access | Help for Results | Printing Tips | Help with Exports

Save | Export | Reset

Quick Options | More Options

Top | Notes | Citation | Query Criteria

Messages:

- **VAERS data in CDC WONDER are updated every Friday. Hence, results for the same query can change from week to week.**
- **These results are for 4,265 total events.**
- **When grouped by VAERS ID, results initially don't show Events Reported, Percent, or totals. Use Quick or More Options to restore them, if you wish.**
- **Click on a VAERS ID to see a report containing detailed information for the event.**

Some measures are hidden, use Quick or More Options above to restore them.

Vaccine Type	VAERS ID	Event Category	Adverse Event Description
COVID19 VACCINE (COVID19)	0909095-1	Death	on 12/24/2020 the resident was sleepy and stayed in bed most of the shift. He stated he was doing okay but requested pain medication for his legs at 250PM. At 255AM on 12/25/2020 the resident was observed in bed lying still, pale, eyes half open and foam coming from mouth and unresponsive. He was not breathing and with no pulse
COVID19 VACCINE (COVID19)	0910363-1	Death	Patient had mild hypotension, decreased oral intake, somnolence starting 3 days after vaccination and death 5 days after administration. He did have advanced dementia and was hospice eligible based on history of aspiration pneumonia.
COVID19 VACCINE (COVID19)	0913143-1	Death	Vaccine administered with no immediate adverse reaction at 11:29am. Vaccine screening questions were completed and resident was not feeling sick and temperature was 98F. At approximately 1:30pm the resident passed away.
COVID19 VACCINE (COVID19)	0913733-1	Death	My grandmother died a few hours after receiving the moderna covid vaccine booster 1. While I don?t expect that the events are related, the treating hospital did not acknowledge this and I wanted to be sure a report was made.
COVID19 VACCINE (COVID19)	0914604-1	Death	Spouse awoke 12/20 and found spouse dead. Client was not transferred to hospital.

https://wonder.cdc.gov/controller/datarequest/D8;jsessionid=A832F448B7114647EDF7E1B54522

Event Category	Vaccine	VAERS ID	Adverse Event Description	Adverse Events After Prior Vaccinations
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1093939-1	No report of negative event after 15 min wait past receipt of vaccine. Notified by Coronor, on 3/11/2021 that this patient expired on 3/11/2021 at home. Not sent to hospital. Pronounced at home. Sent to Funeral Home	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1098028-1	Cardiac arrest, death approx 12 hours later	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1100865-1	Patient died within 24 hours of vaccine. Unknown at this time if related.	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1102572-1	Was notified by a third party that patient died on morning of 3/15/2021. No other information available.	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1102815-1	Patient presented to hospital on 3/11 with shortness of breath. History of chronic oxygen dependency at night. Became more sob over last several days and was not able to make it to md appointment. Had a recent abnormal stress test. Family states she was febrile at home. Was low on oxygen level on 2LNC, placed on non-rebreather and then BIPAP. Positive for Rhinovirus. Chest xray showed bilateral lower infiltrates. Patient detiorated through the night and was intubated and placed on vasopressors for septic shock. Patient was made DNR and family refused hemodialysis. Family then made decision to withdraw care.	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1103106-1	Patient died on 01/24/2021. Began exhibiting symptoms similar to Covid 1 day after vaccination.	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1103748-1	Cardiac Arrest/Death	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1104430-1	Death Narrative: Patient has been admitted to a home hospice program since approximately 11/12/20 with an initial terminal diagnosis of dysphagia which was later changed in February 2021 to vascular dementia. Patient with significant past medical history of several CVA's which led to aphasia and vascular dementia.	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1104671-1	Patient has a long history of seizures. He has seizures on a daily basis. He lives with his family, who are his primary caregivers, they family provides all of his activities of daily living. Patient received vaccine on Friday morning, feeling well throughout the day according to the father. Went to bed, during the night in bed he had seizures which is typical for him, and during the episode the father noticed that he had stopped breathing. called 911 who came to the house and the patient died in the house. I do not believe he went to the hospital.	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1106737-1	weakness/malaise per daughter, death on 3/14 (did have underlying medical conditions)	No prior vaccinations for this event.

Note: Because the VAERS database updates new data on top of older data, some of this information may disappear.

https://wonder.cdc.gov/controller/datarequest/D8;jsessionid=A832F448B7114647EDF7E1B54522

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Death	COVID19 (COVID19 (JANSSEN)) (1203)	1106737-1	weakness/malaise per daughter, death on 3/14 (did have underlying medical conditions)	No prior vaccinations for this event.

Note: All this data came directly from the VAERS database and there were thousands more pages. See VAX-CON 21 REPORT for more.

https://wonder.cdc.gov/controller/datarequest/D8;jsessionid=A832F448B7114647EDF7E1B54522

Death	COVID19 (COVID19 (JANSSEN)) (1203)	1108312-1	Severe exacerbation of idiopathic capillary leak syndrome 48 hours following administeration of Janssen vaccine leading to profound vasodilatory shock, renal failure and DIC and death	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1110099-1	3/12/21 Sudden cardiac arrest at home; unable to be resuscitated at scene (Brother) Caller is a family friend who was asked by family to call and report incident. If f/u is needed, please contact him first. Current Medical History: unknown by caller Current Medications: unknown by caller	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1111699-1	Patient developed symptomatic COVID infection with symptoms starting 3/13, was admitted to the hospital for respiratory failure on 3/16 and expired on 3/18/21	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1112122-1	"Patient was admitted for Multi drug resistant UTI (for which he has been admitted many times before). Was hospitalized for 3 days while awaiting cultures, hemodynamically stable, with no lab abnormalities. On the day of discharge (sensitivities to UTI came back, pt to be discharged on cefepime, had PICC line) pt got up from bed, sat on the edge of the bed and was being given belongings by the nurse, alert and oriented and in a pleasant mood, when suddenly pt grabbed at his chest and stated ""I can't breathe"" and became combative and altered when O2 was attempted to be placed on pt's face; then pt had PEA arrest x3 and unable to achieve ROSC."	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1112701-1	Pt received COVID19 shot on 3/12/2021. Pt passed away on 3/15/2021. Dr called us to inform us that our patient had passed away but he did not believe it was caused by the vaccination at this time.	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1114806-1	Diagnosis: Cortical vein thrombosis, massive intracerebral hemorrhage with tentorial herniation, thrombocytopenia. Clinical Presentation and Course: 1 week after receiving Janssen COVID19 vaccination, patient developed gradually worsening headache. On March 17th, patient presented to Hospital with dry heaving, sudden worsening of headache and L sided weakness. Evaluation with head CT revealed a large R temporoparietal intraparenchymal hemorrhage with 1.3cm midline shift. She ended up getting intubated for worsening mental status. On evaluation at arrival in Medical Center, she was noted to have extensor posturing. Repeat imaging revealed worsening midline shift to 1.6cm. CTA showed cortical vein thrombosis involving the right transverse and sigmoid sigmoid sinus with tentorial herniation. Patient developed brain herniation and brain death was pronounced on March 18th, 2021.	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1117078-1	Patient died approx. 5 hours after shot was administered. Cause of death reported is Atherosclerotic Cardiovascular Disease. The death certificate was signed by the county coroner without autopsy, based on the report by the onsite deputy coroner. No doctors or hospitals were involved. This report is FYI only; there has been no direct connection made between my mother's death and the vaccine other than one followed shorty after the other.	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1118314-1	She received the Johnson and Johnson vaccine on Wednesday and died on Sunday 3/14/2021. Her autopsy is pending.	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1124688-1	Sudden death March 20, 2021	No prior vaccinations for this event.
Death	COVID19 (COVID19 (JANSSEN)) (1203)	1125903-1	Patient stayed in health center under routine observation for 15-20 minutes after vaccine injection and showed no symptoms and was subsequently released to go home. A friend drove her home after her injection. On 3/19/21 at 09:09 a.m. a medical assistant from our facility called pt. to inform her of normal lab results. On 3/21/21 at approximately 05:43 p.m. the on call provider took a call from Deputy from the Sherriffs office informing us that pt. was found deceased in her bed on the afternoon of 3/21/21.	No prior vaccinations for this event.

This from the CDC database itself. And if they say this data is incorrect, then they are distributing misinformation.

Smoking Gun A: COVID-19 VACCINES DAMAGE IMMUNE SYSTEM

Scientists Prove mRNA Vaccines Suppress Your Immune System

See The Research For Yourself From Oncologists, MIT and Others

Innate Immune Suppression by SARS-CoV-2 mRNA Vaccinations: The role of G-quadruplexes, exosomes and microRNAs

Stephanie Seneff[1], Greg Nigh[2], Anthony M. Kyriakopoulos[3], and Peter A McCullough[4]

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Smoking Gun B

Scientists Prove mRNA Vaccines Suppress Your Immune System

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Abstract

The mRNA SARS-CoV-2 vaccines were brought to market in response to the widely perceived public health crises of Covid-19.The utilization of mRNA vaccines in the context of infectious disease had no precedent, but desperate times seemed to call for desperate measures. The mRNA vaccines utilize genetically modified mRNA encoding spike proteins. These alterations hide the mRNA from cellular defenses, promote a longer biological half-life for the proteins, and provoke higher overall spike protein production. However, both experimental and observational evidence reveals a very different immune response to the vaccines compared to the response to infection with SARS-CoV-2. As we will show, the genetic modifications introduced by the vaccine are likely the source of these differential responses. In this paper, we present the evidence that **vaccination, unlike natural infection, induces a profound impairment in type I interferon signaling, which has diverse adverse consequences to human health**. We explain the mechanism by which immune cells release into the circulation large quantities of exosomes containing spike protein along with critical microRNAs that induce a signaling response in recipient cells at distant sites. We also identify potential profound disturbances in regulatory control of protein synthesis and cancer surveillance. **These disturbances are shown to have a potentially direct causal link to neurode generative disease, myocarditis, immune thrombocytopenia, Bell's palsy, liver disease, impaired adaptive immunity, increased tumorigenesis, and DNA damage**. We show evidence from adverse event reports in the VAERS database supporting our hypothesis. We believe a comprehensive risk/benefit assessment of the mRNA vaccines excludes them as positive contributors to public health, even in the context of the Covid-19 pandemic

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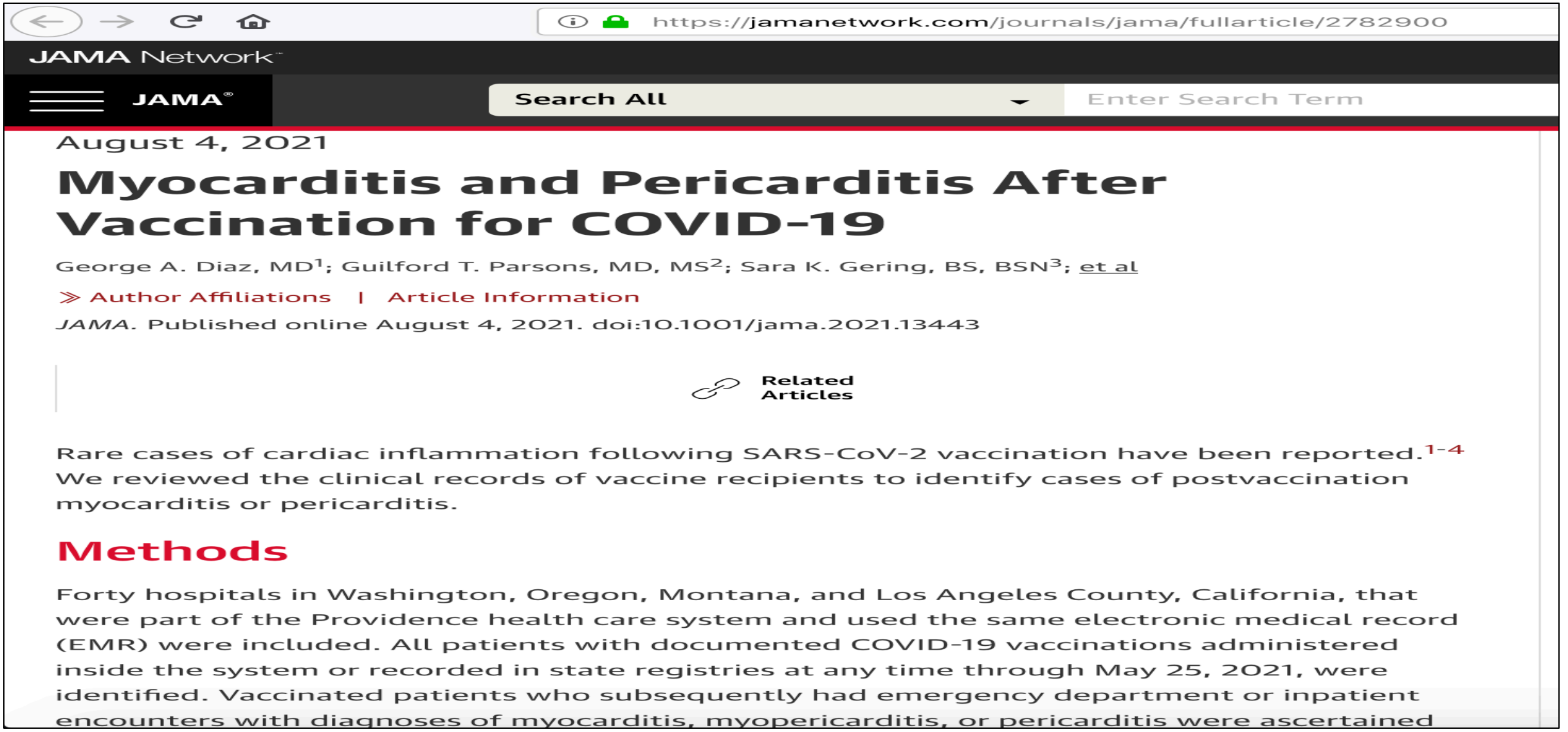
THE AMERICAN MEDICAL ASSOCIATION KNEW THE VACCINES WERE UNSAFE

And The Data From Their AMA Journal Proves It



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August 4, 2021

Myocarditis and Pericarditis After Vaccination for COVID-19

George A. Diaz, MD[1]; Guilford T. Parsons, MD, MS[2]; Sara K. Gering, BS, BSN[3]; et al

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JAMA. Published online August 4, 2021. doi:10.1001/jama.2021.13443

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Rare cases of cardiac inflammation following SARS-CoV-2 vaccination have been reported.[1-4] We reviewed the clinical records of vaccine recipients to identify cases of postvaccination myocarditis or pericarditis.

Methods

Forty hospitals in Washington, Oregon, Montana, and Los Angeles County, California, that were part of the Providence health care system and used the same electronic medical record (EMR) were included. All patients with documented COVID-19 vaccinations administered inside the system or recorded in state registries at any time through May 25, 2021, were identified. Vaccinated patients who subsequently had emergency department or inpatient encounters with diagnoses of myocarditis, myopericarditis, or pericarditis were ascertained

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change in incidence between periods and 95% confidence intervals for incidence were assessed using an exact rate ratio test assuming Poisson distribution, with a 2-sided $P < .05$ defining statistical significance. R version 2021 statistical software (R Foundation) was used. The Providence institutional review board approved the study with a waiver of informed consent.

Results

Among 2 000 287 individuals receiving at least 1 COVID-19 vaccination, 58.9% were women, the median age was 57 years (interquartile range [IQR], 40-70 years), 76.5% received more than 1 dose, 52.6% received the BNT162b2 vaccine (Pfizer/BioNTech), 44.1% received the mRNA-1273 vaccine (Moderna), and 3.1% received the Ad26.COV2.S vaccine (Janssen/Johnson & Johnson). Twenty individuals had vaccine-related myocarditis (1.0 [95% CI, 0.61-1.54] per 100 000) and 37 had pericarditis (1.8 [95% CI, 1.30-2.55] per 100 000).

Myocarditis occurred a median of 3.5 days (IQR, 3.0-10.8 days) after vaccination (mRNA-1273 vaccine, 11 cases [55%]; BNT162b2 vaccine, 9 cases [45%]) (**Table**). Fifteen individuals (75%; 95% CI, 53%-89%) were male, and the median age was 36 years (IQR, 26-48 years). Four persons (20%; 95% CI, 8%-42%) developed symptoms after the first vaccination and 16 (80%; 95% CI, 58%-92%) developed symptoms after the second. Nineteen patients (95%; 95% CI, 76%-99%) were admitted to the hospital. All were discharged after a median of 2 days (IQR, 2-3 days). There were no readmissions or deaths. Two patients received a second vaccination after onset of myocarditis; neither had worsening of symptoms. At last available follow-up (median, 23.5 days [IQR, 4.8-41.3 days] after symptom onset), 13 patients (65%; 95% CI, 43%-82%) had symptom resolution and 7 (35%; 95% CI, 18%-57%) were improving.

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Pericarditis developed after the first immunization in 15 cases (40.5%; 95% CI, 26%-57%) and after the second immunization in 22 cases (59.5%; 95% CI, 44%-74%) (mRNA-1273 vaccine, 12 cases [32%]; BNT162b2 vaccine, 23 cases [62%]; Ad26.COV2.S vaccine, 2 cases [5%]). Median onset was 20 days (IQR, 6.0-41.0 days) after the most recent vaccination. Twenty-seven individuals (73%; 95% CI, 57%-85%) were male, and the median age was 59 years (IQR, 46-69 years). Thirteen (35%; 95% CI, 22%-51%) were admitted to the hospital, none to intensive care. Median stay was 1 day (IQR, 1-2 days). Seven patients with pericarditis received a second vaccination. No patient died. At last available follow-up (median, 28 days; IQR, 7-53 days), 7 patients (19%; 95% CI, 9%-34%) had resolved symptoms and 23 (62%; 95% CI, 46%-76%) were improving.

The mean monthly number of cases of myocarditis or myopericarditis during the prevaccine period was 16.9 (95% CI, 15.3-18.6) vs 27.3 (95% CI, 22.4-32.9) during the vaccine period ($P < .001$) (**Figure**). The mean numbers of pericarditis cases during the same periods were 49.1 (95% CI, 46.4-51.9) and 78.8 (95% CI, 70.3-87.9), respectively ($P < .001$).

Discussion

Two distinct self-limited syndromes, myocarditis and pericarditis, were observed after COVID-19 vaccination. Myocarditis developed rapidly in younger patients, mostly after the second vaccination. Pericarditis affected older patients later, after either the first or second dose.

Some vaccines are associated with myocarditis,[5] including mRNA vaccines,[1-4] and the Centers

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Brief Report

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June 29, 2021

Myocarditis Following Immunization With mRNA COVID-19 Vaccines in Members of the US Military

Jay Montgomery, MD[1,2]; Margaret Ryan, MD, MPH[1,3]; Renata Engler, MD[4]; et al

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JAMA Cardiol. Published online June 29, 2021. doi:10.1001/jamacardio.2021.2833

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2,783 cases where Vaccine is COVID19 and Symptom is Stroke Since December 2020 - 14 Months

Table

Event Outcome	Count	Percent
Death	266	9.56%
Permanent Disability	518	18.61%
Office Visit	261	9.38%
Emergency Doctor/Room	906	32.55%
Hospitalized	2,225	79.95%
Hospitalized, Prolonged	5	0.18%
Recovered	395	14.19%
Birth Defect	5	0.18%
Life Threatening	621	22.31%
Not Serious	143	5.14%
TOTAL	† 5,345	† 192.06%

† 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 2783 (the number of cases found), and the Total Percentage is greater than 100.

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Data claims for the next 3 slides was provided by www.vaccineimpact.com. Verify for yourself in VAERS database.

6,717 cases where Vaccine is COVID19 and Symptom is *palsy Since December 2020 - 14 Months

Table

Event Outcome	Count	Percent
Death	21	0.31%
Permanent Disability	645	9.6%
Office Visit	2,230	33.2%
Emergency Room	1	0.01%
Emergency Doctor/Room	2,187	32.56%
Hospitalized	777	11.57%
Hospitalized, Prolonged	2	0.03%
Recovered	809	12.04%
Birth Defect	9	0.13%
Life Threatening	89	1.32%
Not Serious	2,221	33.07%
TOTAL	† 8,991	† 133.85%

† 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 6717 (the number of cases found), and the Total Percentage is greater than 100.

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9,799 cases where Vaccine is COVID-19 and Symptom is neuro*
Since December 2020 - 14 Months

Table

Event Outcome	Count	Percent
Death	150	1.53%
Permanent Disability	1,521	15.52%
Office Visit	3,041	31.03%
Emergency Doctor/Room	2,463	25.14%
Hospitalized	3,346	34.15%
Hospitalized, Prolonged	13	0.13%
Recovered	1,423	14.52%
Birth Defect	6	0.06%
Life Threatening	427	4.36%
Not Serious	2,411	24.6%
TOTAL	† 14,801	† 151.05%

† 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 9799 (the number of cases found), and the Total Percentage is greater than 100.

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doi: 10.1016/j.jneuroim.2021.577755. Epub 2021 Oct 20.

Initial clinical manifestation of multiple sclerosis after immunization with the Pfizer-BioNTech COVID-19 vaccine

Juichi Fujimori [1], Kouichi Miyazawa [2], Ichiro Nakashima [2]

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PMID: 34700047 PMCID: PMC8527738 DOI: 10.1016/j.jneuroim.2021.577755

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Multiple cranial nerve palsies following COVID-19 vaccination-Case report

Maria Mirabela Manea [1 2], Dorin Dragoș [1 3], Iulia Enache [2], Adrian George Sirbu [2 4], Sorin Tuta [1 2]

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Abstract

Background: The novel COVID-19 vaccines have side effects that require efficient and close monitoring.

Aims of the study: To examine whether the Pfizer-BioNTech vaccine is associated with multiple cranial neuropathy.

Methods: We report the case of a 29-year-old male patient with no notable history who presented with left oculomotor, abducens, trigeminal and facial palsies 6 days after receiving the first dose of the Pfizer-BioNTech COVID-19 vaccine.

Results: Gadolinium-enhanced MRI of the brain revealed enhancement in the left facial, trigeminal and oculomotor nerves, which persisted upon repeated examination. The cerebrospinal fluid analysis showed no sign of inflammation, both initially and after 1 month from the start of the patient's symptoms. Other causes were excluded by laboratory tests. The patient received high doses of corticosteroids, with improvement of symptoms.

Conclusions: In our case, the most probable etiology of the patient's multiple cranial neuropathy is the Pfizer-BioNTech vaccine, which highlights the need for prolonged surveillance of COVID-19 vaccine neurological complications.

Keywords: COVID-19; adverse effects; cranial nerve palsies; vaccination.

https://www.mdpi.com/2076-393X/9/5/435/htm#

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Immune-Mediated Disease Flares or New-Onset Disease in 27 Subjects Following mRNA/DNA SARS-CoV-2 Vaccination

by Abdulla Watad [1,2,3,4], Gabriele De Marco [4], Hussein Mahajna [2,5], Amit Druyan [2,3], Mailam Eltity [6], Nizar Hijazi [7], Amir Haddad [7,8], Muna Elias [7,8], Devy Zisman [7,8], Mohammad E. Naffaa [9], Michal Brodavka [2,3], Yael Cohen [2,3], Arsalan Abu-Much [10], Muhanad Abu Elhija [7,8], Charlie Bridgewood [4], Pnina Langevitz [2,3], Joanna McLorinan [11], Nicola Luigi Bragazzi [12,13,*], Helena Marzo-Ortega [4], Merav Lidar [2,3], + Show full author list

1 Department of Medicine 'B, Zabludowicz Center for Autoimmune Diseases, Sheba Medical Center, Tel-Hashomer 10457, Israel
2 Sackler Faculty of Medicine, Tel-Aviv University, Tel-Aviv 69978, Israel
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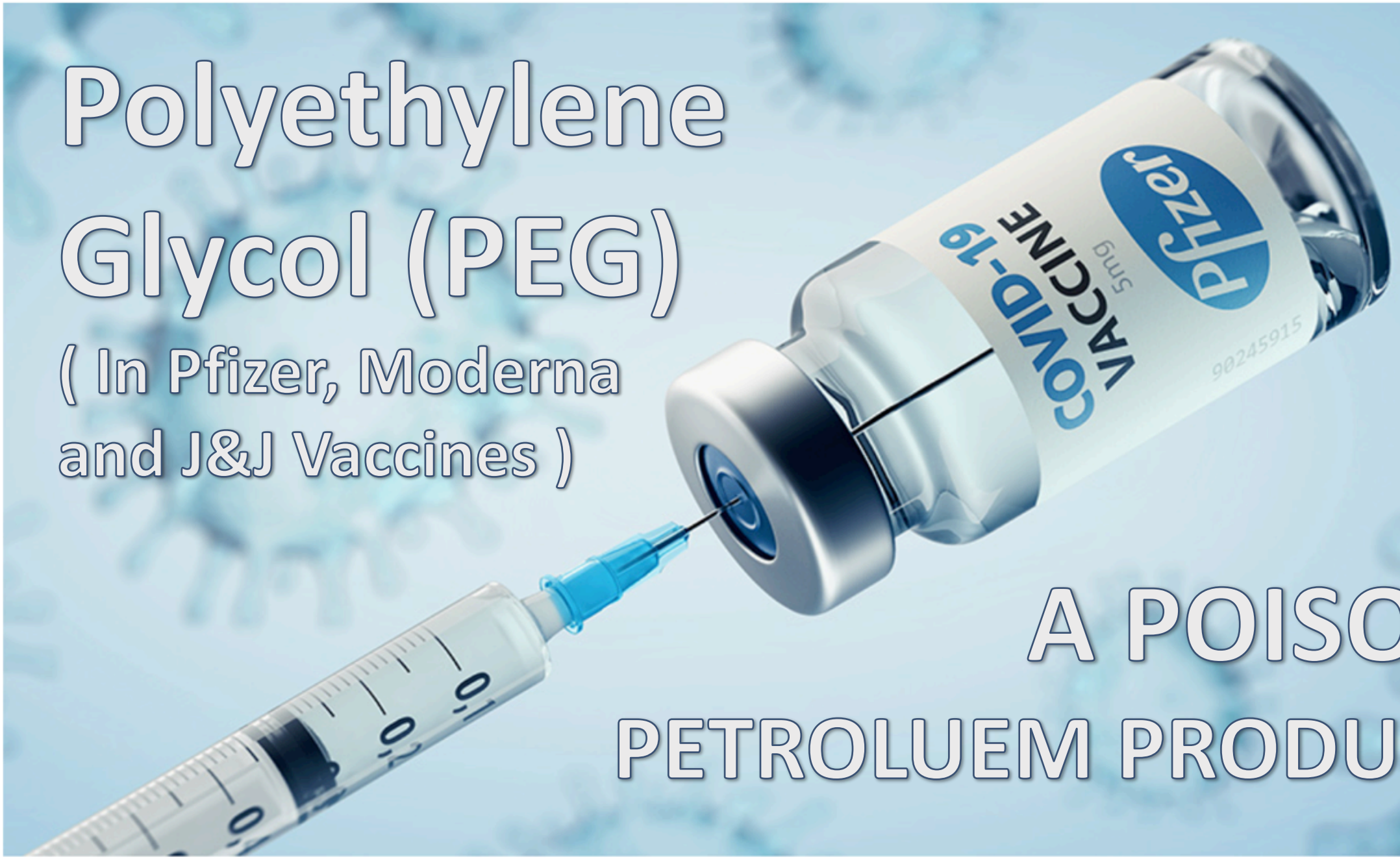
4 NIHR, Leeds Biomedical Research Centre, The Leeds Teaching Hospitals NHS Trust & Leeds Institute of Rheumatic and Musculoskeletal Medicine, University of Leeds, Leeds LS9 7TF, UK
5 Gastroenterology Department, Sheba Medical Center, Tel-Aviv 10457, Israel
6 Department of Neurology, Sheba Medical Center, Tel-Aviv 10457, Israel
7 Rheumatology Unit, Carmel Medical Center, Michal Street, Haifa 3436212, Israel

SLEEP
I am keeping the truth out of the news, blocking it on social media, discrediting those who tell the truth, keep you from thinking for yourself
and controlling your mind with fear and deception.!

Polyethylene Glycol (PEG)

(In Pfizer, Moderna and J&J Vaccines)



A POISON PETROLUEM PRODUCT

POLYETHYLENE GLYCOL (PEG)

A Dangerous Petroleum Product In The Vaccine

WebMD SUBSCRIBE

Gram/Dose Oral Powder

Polyethylene Glycol 3350 17 Gram/Dose Oral Powder Side Effects by Likelihood and Severity

COMMON side effects

If experienced, these tend to have a Less Severe expression

- A Feeling Of General Discomfort Called Malaise
- A Sleep Disorder
- Abdominal Bloating
- Dehydration
- Excessive Thirst
- Intense Abdominal Pain
- Irritation Of The Rectum
- Nausea
- Stomach Cramps
- Upper Abdominal Pain
- Vomiting

WebMD SUBSC

INFREQUENT side effects

If experienced, these tend to have a Severe expression

- Acidosis, A High Level Of Acid In The Blood
- An Increased Sodium Level In The Blood
- High Amount Of Calcium In The Blood
- High Amount Of Uric Acid In The Blood
- High Levels Of Potassium In The Blood
- Hives
- Low Amount Of Calcium In The Blood
- Low Amount Of Magnesium In The Blood
- Low Amount Of Phosphate In The Blood
- Low Amount Of Potassium In The Blood
- Low Amount Of Sodium In The Blood

RARE side effects

If experienced, these tend to have a Severe expression

- A Feeling Of Throat Tightness
- A Puncture, Tear Or Hole In The Esophagus
- A Significant Type Of Allergic Reaction Called Anaphylaxis
- A Skin Rash
- A Type Of Allergic Reaction Called Angioedema
- A Type Of Stomach Irritation Called Gastritis
- Abnormal Heart Rhythm
- Asystole, Stopping The Heart
- Atrial Fibrillation
- Bleeding From Stomach, Esophagus Or Duodenum
- Decreased Kidney Function
- Fainting
- Fast Heartbeat
- Fluid Retention In The Legs, Feet, Arms Or Hands
- High Blood Pressure
- Insufficient Blood Supply To The Colon
- Lip Swelling
- Muscle Tremors
- Puffy Face From Water Retention
- Rapid Onset Of Fluid In The Lungs
- Seizures
- Swelling Of The Tongue
- Trouble Breathing
- Ulceration Of The Colon

If experienced, these tend to have a Less Severe expression

- An Imbalance Of Body Fluids
- Chest Tightness
- Chills
- Dizziness
- Fever
- Heart Throbbing Or Pounding
- Itching
- Skin Inflammation

They know it is dangerous and they knew what it would do to people when they put in the Vaccine and approved it. Yet they never let the Vaccine be blamed as the cause.

POISON GRAPHENE OXIDE IN THE COVID-19 VACCINES

The vaccine companies and regulatory agencies have gone to great lengths to hide graphene oxide within other vaccine substances, disguise and/or deny the existence of the poisonous Graphene Oxide in the Covid-19 vaccines. But we found the breadcrumbs. And there are several ways to tell it is there, if you know what to look for. It leaves a trail of symptoms from it poisoning the body just as a car running over a pedestrian leaves a unique set of tire tracks. You are about to read the data below gathered by scientists who found Graphene Oxide in the Pfizer vaccine. Also know that we have much more evidence than shown here, including the Chinese patent on Graphene Oxide being developed for the vaccines.

"We had access to a sealed vial from Pfizer, and by means of a request for services to a university, specifically in my name, it was sent for an analysis of the vial, where we were looking for the material in question: graphene. After some time of investigation by Dr. Pablo Campra Madrid, Doctor in Chemical Sciences, Bachelor in Biological Sciences and member of the University of Almeria, we obtained this preliminary report where we are told that there is indeed solid evidence of graphene oxide in the sample and that it is also the main component of what they wrongly called a vaccine.

From here and with this solid evidence, which will be further complemented with other spectroscopy techniques that can be done. Those that have been used are transmission electron microscopy; EMF techniques, also, optical microscopy; and ultraviolet radiation spectroscopy, which coincide with the peak wavelength of graphene oxide. From here we began to study the toxicity or cytotoxicity that graphene oxide has on the body.

Pay attention to this finding: ***Graphene oxide inside the body causes thrombogenicity, thrombi. Graphene oxide inside the body causes blood clotting. Graphene oxide inside the body causes post inflammatory syndrome or systemic or multi-organ inflammations. Graphene oxide inside the body when it is above the levels of glutathione —which is the body's natural reserve of antioxidants—, causes alteration of the immune system, collapse of the immune system and cytokine storm. Inhaled graphene oxide spreads evenly throughout the alveolar tract and causes bilateral pneumonias. Inhaled graphene oxide causes inflammation of the mucous membranes and thus loss of taste and smell, possible loss of taste and smell: anosmia****.*

In short, graphene oxide behaves exactly like the supposed SARS-CoV-2 of the official version, generating the same symptomatology of severe COVID-19. When installed at the neuronal level, it causes neurodegeneration or, in other words, neurological COVID-19."

https://truthcomestolight.com/on-the-connection-between-graphene-oxide-found-in-covid-vaccines-electromagnetic-fields-blood-clots-severe-covid-symptoms-how-to-remove-graphene-oxide-from-the-body/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7577689/

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COVID-19 Information

Public health information (CDC) | Research information (NIH) | SARS-CoV-2 data (NCBI) | Prevention and treatment information (HHS) | Español

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Journal List › Elsevier Public Health Emergency Collection › PMC7577689

Elsevier Public Health Emergency Collection

Public Health Emergency COVID-19 Initiative

Mater Today Chem. 2020 Dec; 18: 100385.

Published online 2020 Oct 21. doi: 10.1016/j.mtchem.2020.100385

PMCID: PMC7577689

PMID: 33106780

Potential of graphene-based materials to combat COVID-19: properties, perspectives, and prospects

A.K. Srivastava,** N. Dwivedi,* C. Dhand, R. Khan, N. Sathish, M.K. Gupta, R. Kumar, and S. Kumar

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Newly Emerging Human Coronaviruses: Animal Models and Vaccine Research for SARS, MERS, and CC [Immune Netw. 2020]

Genomics insights of SARS-CoV-2 (COVID-19) into target-based

Global Patent for 2019-nCov Vaccines' Graphene Lipid Nanotechnology

Nano coronavirus recombinant vaccine taking graphene oxide as

Abstract

The invention belongs to the field of nano materials and biomedicine, and relates to a vaccine, in particular to development of 2019-nCoV coronavirus nuclear recombinant nano vaccine. The invention also comprises a preparation method of the vaccine and application of the vaccine in animal experiments. The new corona vaccine contains graphene oxide, carnosine, CpG and new corona virus RBD; binding carnosine, CpG and neocoronavirus RBD on the backbone of graphene oxide; the CpG coding sequence is shown as SEQ ID NO 1; the novel coronavirus RBD refers to a novel coronavirus protein receptor binding region which can generate a high-titer specific antibody aiming at the RBD in a mouse body, and provides a strong support for prevention and treatment of the novel coronavirus.

U.S. ... ghai National Engineering

Description

Nano coronavirus recombinant vaccine taking graphene oxide as carrier

Technical Field

The invention belongs to the field of nano materials and biomedicine, and relates to development of a vaccine development platform. In particular to the development of 2019-nCoV coronavirus nuclear recombinant nano-vaccine. The invention also includes the use of the vaccine in animal testing.

Technical Field

The vaccine is an ultimate weapon for eliminating major infectious diseases, has the advantages of lowest cost and more advantages of prior enemy than other therapies, undoubtedly becomes hopeful to the public, the smallpox is eliminated by human beings through vaccination, the poliomyelitis cases are reduced by 99 percent, the infectious diseases such as diphtheria are rare, and the incidence rate of diseases such as measles, neonatal tetanus and the like is remarkably reduced. The effect of vaccines on human health is not excessive, and the birth of each new vaccine is a great victory for human beings to overcome an infectious disease! To date, no medical treatment has been able to have such an important, lasting and profound effect on human health as a vaccine; nor is any therapeutic available to eliminate a disease from the earth at the very least cost of a vaccine.

China

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Other languages: Chinese

Inventor: ...

Current Assignee : Shanghai National Engineering Center for Nanotechnology Co Ltd

Worldwide applications

2020 · CN

Application CN202011031367.1A events

2020-09-27 • Application filed by Shanghai National Engineering Research Center for Nanotechnology Co Ltd

2020-09-27 • Priority to CN202011031367.1A

2021-01-15 • Publication of CN112220919A

Status • Pending

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LIVE RVM

OOPS, CDC SPILLED THE BEANS AGAIN

CDC Director of Immunizations spilled the beans connecting deaths to the vaccine and exposing that Covid-19 adverse reactions (Anaphylaxis in particular)
are 900% worse than flu vaccine reactions.

AND WE HAVE
THE TRANSCRIPT TO PROVE
WHAT SHE ADMITTED

Nancy Messonnier

American physician

Nancy Messonnier is an American physician who serves as the director of the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention. She is working on the CDC response to the COVID-19 pandemic in the United States. Wikipedia

Born: November 1965 (age 55 years), Philadelphia, PA

Spouse: Mark Messonnier

Education: University of Pennsylvania

Branch/service: U.S. Public Health Service

Rank: Captain

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Press Briefing Transcript

Wednesday, January 6, 2021

Please Note: This transcript is not edited and may contain errors.

OPERATOR: AT THIS TIME, ALL PARTICIPANTS ARE ON LISTEN-ONLY MODE. SO, IF YOU WOULD LIKE TO ASK A QUESTION, PLEASE PRESS STAR AND THEN ONE.

TODAY'S CONFERENCE IS BEING RECORDED. IF YOU HAVE ANY OBJECTIONS,

YOU MAY DISCONNECT AT THIS TIME. AND NOW I WOULD LIKE TO TURN THE

MEETING OVER TO MR. BENJAMIN HAYNES. SIR YOU MAY BEGIN.

HAYNES: THANK YOU, BRITTANY. AND THANKS TO EVERYONE WHO HAS JOINED US FOR TODAY'S BRIEFING TO DISCUSS VACCINE SAFETY. WE ARE JOINED BY THE

900% Higher Anaphylaxis Reaction From COVID-19 VACCINE

1.3/million Flu Vaccine Reaction vs 11.1 Covid-19 Vaccine Reaction

ps://www.cdc.gov/media/releases/2021/t0106-cdc-update-covid-19.html

WITHIN 15 MINUTES. 17 PATIENTS HAD A DOCUMENTED HISTORY OF ALLERGIES OR ALLERGIC REACTIONS, INCLUDING TO DRUGS OR MEDICAL PRODUCTS, FOODS AND INSECT STINGS. NO GEOGRAPHIC CLUSTERS OF ANAPHYLAXIS CASES WAS OBSERVED AND THE CASES OCCURRED AFTER RECEIPT OF DOSES FROM MULTIPLE VACCINE LOTS. THIS AVERAGES OUT TO A RATE OF 11.1 ANAPHYLAXIS CASES PER ONE MILLION DOSES ADMINISTERED. THE RATE OF ANAPHYLAXIS FOR FLU VACCINE IS 1.3 PER ONE MILLION DOSES ADMINISTERED. THE ANAPHYLAXIS RATE FOR COVID-19 VACCINES MAY SEEM HIGH COMPARED TO FLU VACCINES, BUT I WANT TO REASSURE YOU THIS IS STILL A RARE OUTCOME. ADDITIONALLY, WE HAVE BEEN ADAPTING OUR

And her statements directly connect Anaphylaxis to the Covid-19 Vaccines.

Beware of who you listen to.
The stick between the snakes is YOU.
Medical symbol prepared to strike.
You better wake up and see the light.

Proof:
The Moderna Vaccine Re-programs Your DNA

You have two functioning immune system (Innate and Adaptive) which have protected you for your entire life without the vaccines. And no vaccines can't do that.

Enabling Drug Discovery & Development

We built Moderna on the guiding premise that if using mRNA as a medicine works for one disease, it should work for many diseases. And, if this is possible – given the right approach and infrastructure – it could meaningfully improve how medicines are discovered, developed and manufactured.

Our Operating System

Recognizing the broad potential of mRNA science, we set out to create an mRNA technology platform that functions very much like an operating system on a computer. It is designed so that it can plug and play interchangeably with different programs. In our case, the "program" or "app" is our mRNA drug - the unique mRNA sequence that codes for a protein.

We have a dedicated team of several hundred scientists and engineers solely focused on advancing Moderna's platform technology. They are organized around key disciplines and work in an integrated fashion to advance knowledge surrounding mRNA science and solve for challenges that are unique to mRNA drug development. Some of these disciplines include mRNA

PROOF FROM MODERNA THEY ARE RE-PROGRAMMING YOUR DNA

You were born with 2 customized immune systems that protected you for your entire life without mRNA technology.
Your DNA programming has largely been working just fine, unless your lifestyle or pharmaceutical poisons hindered it.

https://www.modernatx.com/mrna-technology/mrna-platform-enabling-drug-discovery-development

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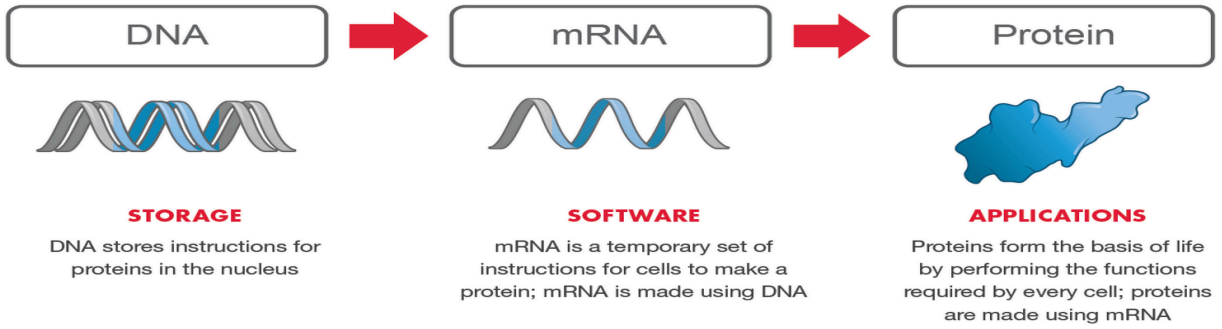

Now Ask Yourself - What Does Software an Operating System Do?

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SARS–CoV–2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro

by Hui Jiang [1,2,*] and Ya-Fang Mei [2,*]

[1] Department of Molecular Biosciences, The Wenner–Gren Institute, Stockholm University, SE-10691 Stockholm, Sweden

[2] Department of Clinical Microbiology, Virology, Umeå University, SE-90185 Umeå, Sweden

[*] Authors to whom correspondence should be addressed.

Academic Editor: Oliver Schildgen

Viruses **2021**, *13*(10), 2056; https://doi.org/10.3390/v13102056

Received: 20 August 2021 / Revised: 8 September 2021 / Accepted: 8 October 2021 / Published: 13 October 2021

(This article belongs to the Special Issue SARS-CoV-2 Host Cell Interactions)

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COVID-19 VACCINES DAMAGE YOUR IMMUNE SYSTEM

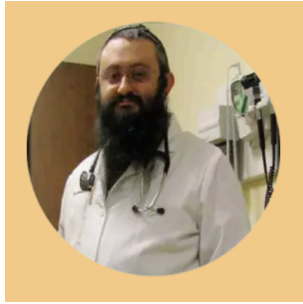
Medical Doctor Zelenko Explains

“Vaccine’s immunity-killing properties cause immune deficiency problems among the fully vaccinated

On Jan. 11, Zelenko, a Ukrainian-American family physician, was interviewed by Clay Clark, host of the *Thrive Time Show* on *Brighteon.TV* to talk about how the fully vaccinated patients he has been seeing are experiencing immune deficiency problems.

“They have AIDS. But it’s not HIV-induced AIDS,” said Zelenko. “HIV damages your killer T cells and weakens your immune system. So, that syndrome is called AIDS. But there are other things that damage your immune system.” “By taking a shot that damages your natural killer T cells, damages your tumor suppressor genes, what’s happening is your innate immune system is getting shot,” he continued.

Zelenko then explained that this “vaccine-acquired immunodeficiency syndrome” is the reason that he and many other doctors have seen a massive surge in debilitating illnesses like cancer, autoimmune diseases and other “opportunistic infections” and conditions like heart attacks, strokes and miscarriages.”



Zelenko Protocols against Covid-19

- Zelenko Protocol innovator: 99% survival of high risk Covid-19 patients
- Nominated for the Presidential Medal of Freedom
- Recognized as a hero at U.S. Senate Homeland Security committee hearing
- Published in top peer reviewed journals with world renowned physicians
- Provided counsel to White House personnel, multiple governments, hospitals, physicians, public figures
- Board Certified Family Physician with over 20 years experience

All research is published open source for public benefit.

https://vladimirzelenkomd.com/

Dr Zelenko Covid-19 Protocols

Covid-19 Prehospital Protocol

COVID-19 PRE-HOSPITAL PROTOCOL

Low Risk
Less than 45 years old
No comorbidities
No shortness of breath

Rest, oral hhdration, fever control
Elemental Zinc 50 mg once a day x 1 wk
Vitamin C 1000mg once a day x 1 wk
Vitamin D 5000iu once a day x 1 wk

Quercetin 500mg twice a day x 1 wk or
EGCG 400mg twice a day x 1 wk

Moderate/High Risk
More than 45 years old
Less than 45 years old with comorbidities
Any age if short of breath

Elemental Zinc 50mg/day x 1 wk
Vitamin C 1000mg/day x 1 wk
Vitamin D 10000mg/day x 1 wk
Azithromycin 500mg/day x 5 days or
Doxycycline 100mg twice/day x 1 wk
HCQ 200mg 2 times/day for 5-7 days and/or
Ivermectin 0.4-0.5 mg/kg/day for 5-7 days

Other Treatment Options

Dexamethasone 6-12 mg/day x 1 wk or
Prednisone 40mg/day x 1wk, taper as needed
Budesonide 1mg/2cc via neb twice/day x 1 wk
Blood thinners (Lovenox, Eliquis, Xarelto, Pradaxa, Aspirin)
Colchicine 0.6mg 2-3 times a day for 5-7 days
Monoclonal anitibodies
Home IV fluids and oxygen

Prophylaxis Protocol

PROPHYLAXIS PROTOCOL

Low Risk
Less than 45 years old
No comorbidities

Zinc 25mg once a day
Vitamin C 250-500mg once a day
Vitamin D3 5000iu once a day
Quercetin 250mg a day or
EGCG 200mg a day

Moderate / High Risk
More than 45 years old
Less than 45 years old with comorbidities
High viral load exposure

Zinc 25-50mg once a day
Vitamin C 1000mg once a day
Vitamin D 5000iu once a day or 50000iu once a week

Hydroxychloroquine (HCQ) 200mg once a day for 5 days, then HCQ 200-400mg one time a week or
Ivermectin 0.2mg/kg one dose on day 1 and day 3, then take one dose weekly

Dr. Zelenko reports he treated 350 covid-19 patients, did not use the vaccine to do so and only 1 had to be hospitalized.

MORE DEATHS AFTER TAKING COVID-19 VACCINES: NOT COINCIDENCE

And click the link below to see the actual cases in the VAERS database for yourself before they are removed or overwritten.

https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&PERPAGE=600&VAX=COVID19&DIED=Yes&Whi

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

MedAlerts.org

Search Results

From the 12/31/2021 release of VAERS data:

Found 3,348 cases where Age is 18-or-more-and-under-65 and Vaccine is COVID19 and Patient Died

Government Disclaimer on use of this data

Table

Event Outcome	Count	Percent
Death	3,348	100%
Permanent Disability	25	0.75%
Office Visit	155	4.63%
Emergency Doctor/Room	638	19.06%
Hospitalized	911	27.21%
Hospitalized, Prolonged	3	0.09%
Recovered	3	0.09%
Birth Defect	3	0.09%
Life Threatening	180	5.38%
TOTAL	† 5,266	† 157.29%

† 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 3348 (the number of cases found), and the Total Percentage is greater than 100.

https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&PERPAGE=600&VAX=COVID19&DIED=Yes&WhichAge=range&LOWAGE=18&HIGHAGE=65

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EJ1685 / UNK	- / -

Administered by: Work **Purchased by:** ?
Symptoms: Death, Myocardial infarction
SMQs:, Myocardial infarction (narrow), Embolic and thrombotic events, arterial (narrow)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2020-12-23
Days after onset: 0
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
ER or Doctor Visit? No
Hospitalized? No
Previous Vaccinations:
Other Medications: Atenolol, Chlorthalidone, Tamsulosin
Current Illness: None
Preexisting Conditions: hypertension
Allergies: None
Diagnostic Lab Data: Death certificate
CDC Split Type:
Write-up: Death by massive heart attack. Pfizer-BioNTech COVID-19 Vaccine EUA

Vaccine-Related Death Examples In VAERS Report We Obtained On January 8, 2022

VAERS ID:	918065 (history)	**Vaccinated:**	2020-12-30
Form:	Version 2.0	**Onset:**	2021-01-01
Age:	64.0	**Days after vaccination:**	2
Sex:	Male	**Submitted:**	0000-00-00
Location:	California	**Entered:**	2021-01-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	025J20-2A / 1	- / IM

Administered by: Other **Purchased by:** ?
Symptoms: Death, Unresponsive to stimuli
SMQs:, Hyperglycaemia/new onset diabetes mellitus (broad), Neuroleptic malignant syndrome (broad), Guillain-Barre syndrome (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Hypotonic-hyporesponsive episode (broad), Hypoglycaemia (broad)
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-01-01
Days after onset: 0
Permanent Disability? No

THERE ARE THOUSANDS OF COVID-19 VACCINE RELATED DEATHS

THE DATABASE YOU HAD NO IDEA EXISTED

Tracking Pandemic Data You Didn't Know About Either

NNDSS

What is Case Surveillance?

Case Surveillance in Action

Data and Statistics

Notifiable Infectious Disease Tables

About Notifiable Infectious Diseases and Conditions Data

About Weekly and Quarterly Tables (Provisional)

About Annual Tables (Final)

Notifiable Infectious Disease Data Tables

The data for national notifiable infectious diseases and conditions are aggregated weekly for all conditions except for tuberculosis. Tuberculosis data are published quarterly.

Weekly and quarterly data are considered provisional data. Annual data are considered finalized data. Finalized data are created within approximately 6 months after the end of the calendar year.

Weekly Tables

- WONDER Weekly Tables of Infectious Diseases (1996 to present)
- DATA.CDC.gov Provisional Weekly Infectious Disease Data (2014 to present)
- MMWR Weekly Tables of Infectious Diseases (through December 2017)
  Hint: Use link for “Notifiable Diseases and Mortality Tables”, then on the next page select “PDF” in the “Format” menu box on the right to view Data tables in PDF.
- CDC Stacks Collections of Weekly Infectious Disease Tables (1951 to present)

https://www.hrsa.gov/cicp

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Countermeasures Injury Compensation Program (CICP)

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1-855-266-2427 (1-855-266-CICP)

For your security, please do not send any personal information (Social Security Number, medical, legal, or financial documents, etc.) by email to the Program.

Please call the above number and you will receive information on sending emails safely and securely.

News

Public Readiness and Emergency Preparedness (PREP) Act:

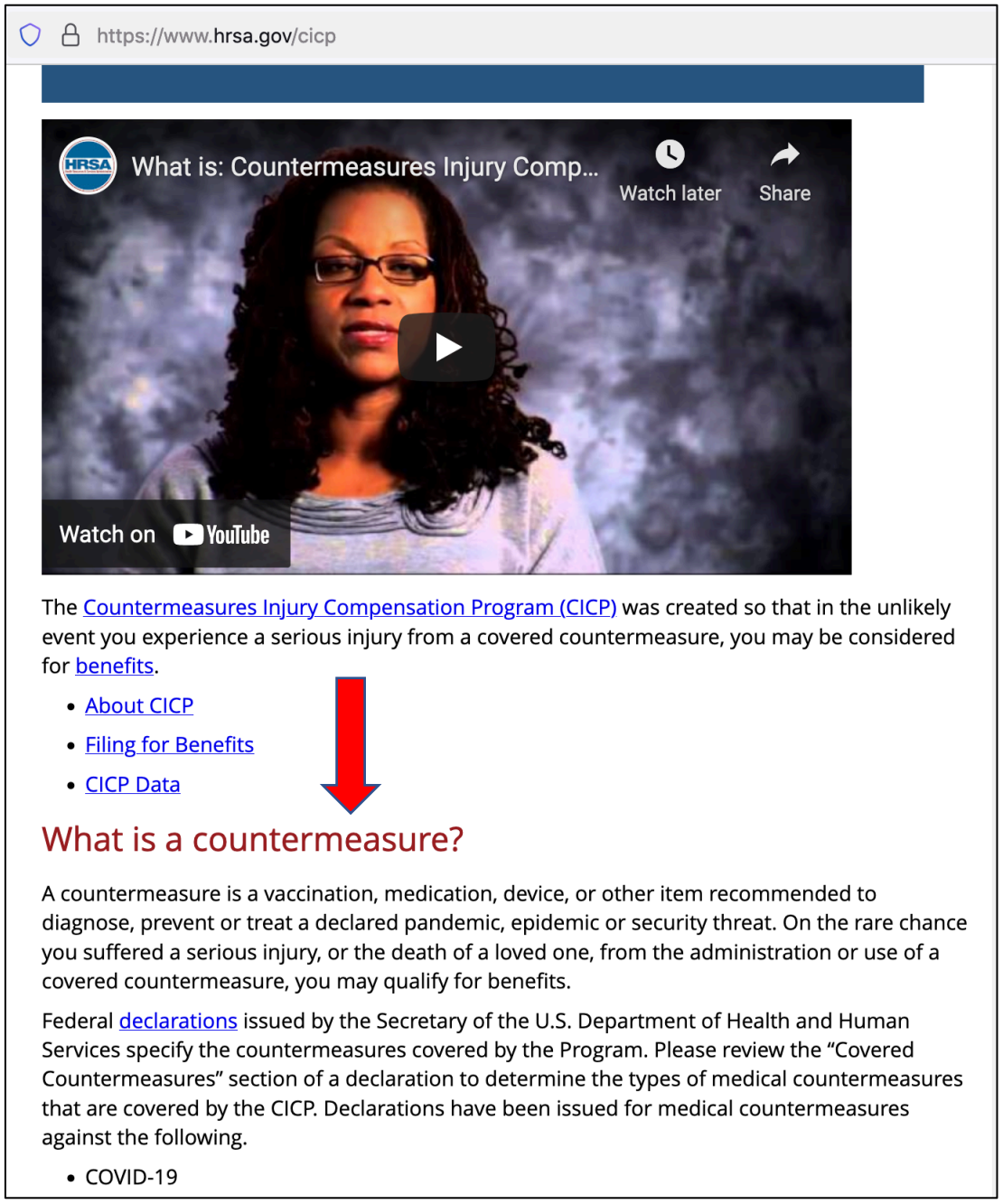
- COVID-19 PREP Act Declaration (fourth amendment published on

https://www.fda.gov/media/144413/download

Automatic Zoom

The Countermeasures Injury Compensation Program

The Countermeasures Injury Compensation Program (CICP) is a federal program that has been created to help pay for related costs of medical care and other specific expenses to compensate people injured after use of certain medical countermeasures. Medical countermeasures are specific vaccines, medications,



What is a countermeasure?

A countermeasure is a vaccination, medication, device, or other item recommended to diagnose, prevent or treat a declared pandemic, epidemic or security threat. *On the rare chance you suffered a serious injury, or the death of a loved one, from the administration or use of a covered countermeasure,* you may qualify for benefits. Federal declarations issued by the Secretary of the U.S. Department of Health and Human Services specify the countermeasures covered by the Program. Please review the "Covered Countermeasures" section of a declaration to determine the types of medical *countermeasures that are covered by the CICP. Declarations have been issued for medical countermeasures against the following.*

- *COVID-19*

https://www.hrsa.gov/VACCINE-COMPENSATION/DATA/INDEX.HTML

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Home > National Vaccine Injury Compensation Program > Vaccine Injury Compensation Data

Vaccine Injury Compensation Data

Most Recent Data Report

National Vaccine Injury Compensation Program Data Report (PDF - 281 KB) - updated February 1, 2022.

Updated monthly, and includes the number of

- petitions filed;
- adjudications compensated and dismissed;
- awards paid by type and amount;
- claims by vaccine; and
- adjudication categories by vaccine.

National Vaccine Injury Compensation Program

Home

About the Program

Infographic (PDF - 1.1 MB)

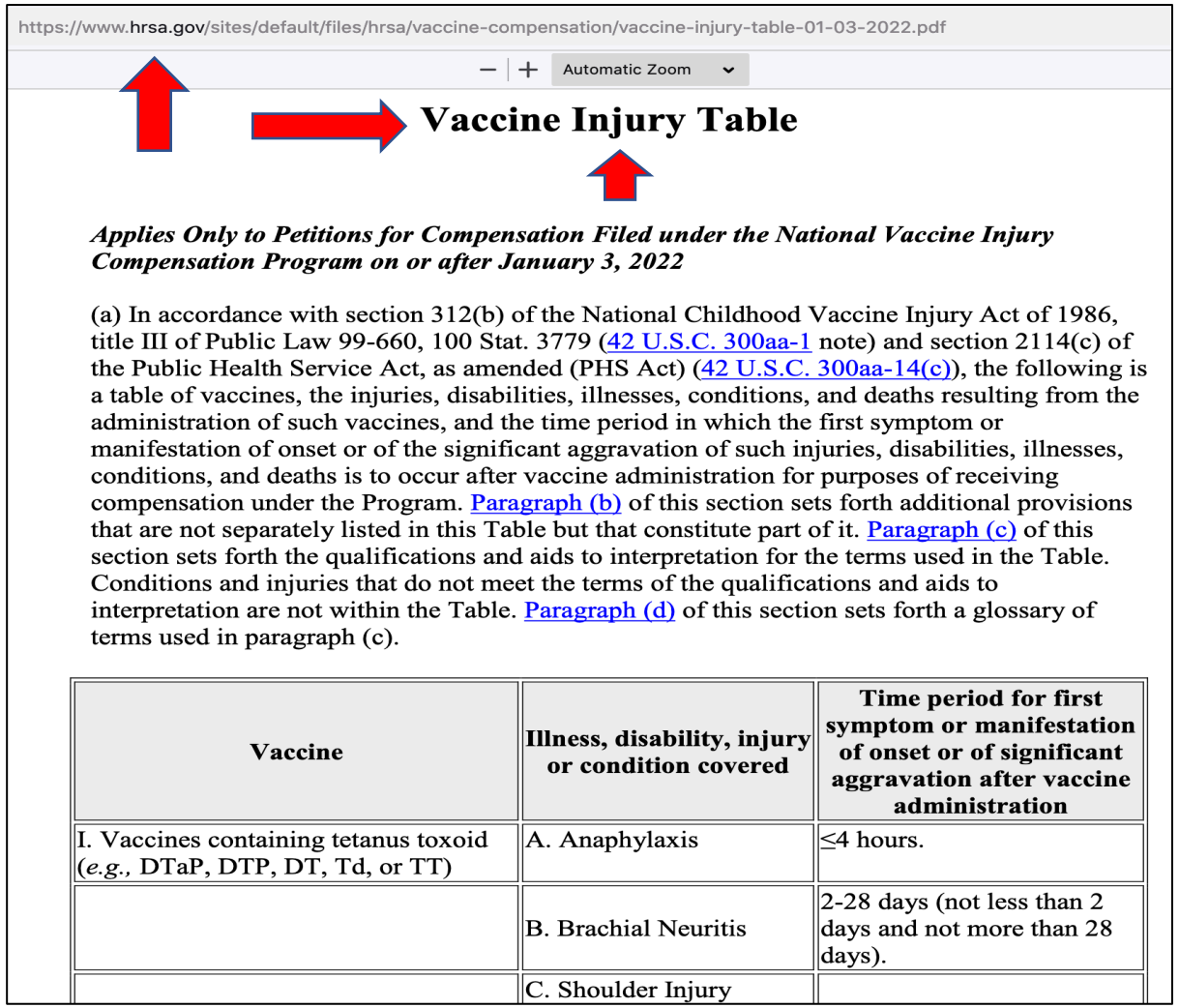
Covered Vaccines

Vaccine Injury Table (Revised and Effective January 3, 2022) (PDF - 304 KB)

Vaccine Injury Table (Revised and Effective between March 21, 2017 and January 2, 2022) (PDF - 119 KB)

https://www.hrsa.gov/vaccine-compensation/data/index.html

FEDERAL GOVERNMENT (HRSA) **VACCINE INJURY** TABLE



https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/vaccine-injury-table-01-03-2022.pdf

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Vaccine Injury Table

Applies Only to Petitions for Compensation Filed under the National Vaccine Injury Compensation Program on or after January 3, 2022

(a) In accordance with section 312(b) of the National Childhood Vaccine Injury Act of 1986, title III of Public Law 99-660, 100 Stat. 3779 (42 U.S.C. 300aa-1 note) and section 2114(c) of the Public Health Service Act, as amended (PHS Act) (42 U.S.C. 300aa-14(c)), the following is a table of vaccines, the injuries, disabilities, illnesses, conditions, and deaths resulting from the administration of such vaccines, and the time period in which the first symptom or manifestation of onset or of the significant aggravation of such injuries, disabilities, illnesses, conditions, and deaths is to occur after vaccine administration for purposes of receiving compensation under the Program. Paragraph (b) of this section sets forth additional provisions that are not separately listed in this Table but that constitute part of it. Paragraph (c) of this section sets forth the qualifications and aids to interpretation for the terms used in the Table. Conditions and injuries that do not meet the terms of the qualifications and aids to interpretation are not within the Table. Paragraph (d) of this section sets forth a glossary of terms used in paragraph (c).

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
I. Vaccines containing tetanus toxoid (*e.g.,* DTaP, DTP, DT, Td, or TT)	A. Anaphylaxis	≤4 hours.
	B. Brachial Neuritis	2-28 days (not less than 2 days and not more than 28 days).
	C. Shoulder Injury	

This 15 page table (available at the link below) lists vaccines and many (not all) of the injuries they cause. But wait, ***how can all these injuries exist if vaccines are "safe"? Because the vaccines are not safe***.

https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/vaccine-injury-table-01-03-2022.pdf

STOP and THINK
If Covid-19 vaccines are safe, why does the federal government need 2 entire departments dedicated to compensating people injured by “safe” vaccines?
VICP & CICP

Expert Medical Specialists Prove Covid-19 Vaccine Death

https://doctors4covidethics.org/wp-content/uploads/2021/12/end-covax.pdf

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On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination

Sucharit Bhakdi, MD and Arne Burkhardt, MD

This text is a written summary of Dr. Bhakdi's and Dr. Burkhardt's presentations at the Doctors for COVID Ethics symposium that was live-streamed by UKColumn on December 10th, 2021. The two presentations can be viewed at the very beginning of the video recording of the symposium.

The authors

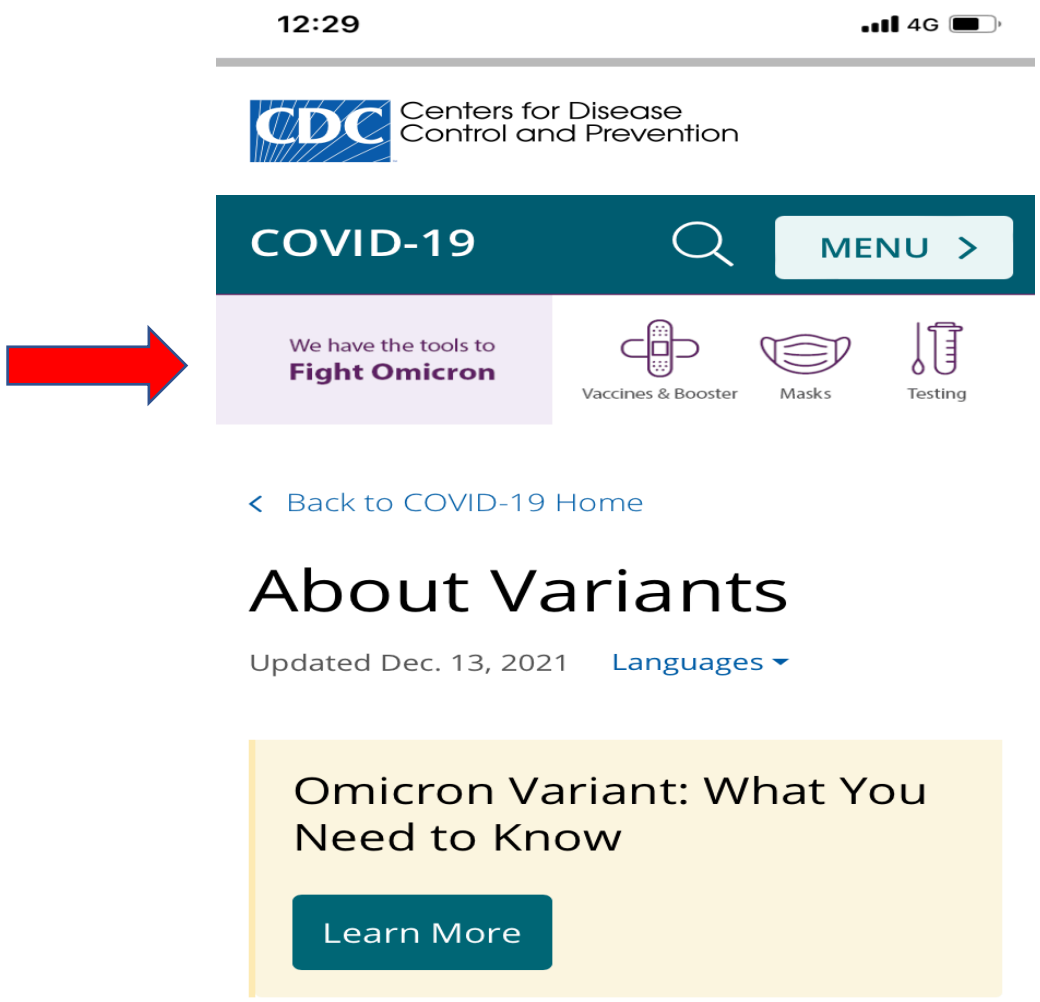
Dr. Bhakdi has spent his life practicing, teaching and researching medical microbiology and infectious diseases. He chaired the Institute of Medical Microbiology and Hygiene at the Johannes Gutenberg Unversity of Mainz, Germany, from 1990 until his retirement in 2012. He has published over 300 research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

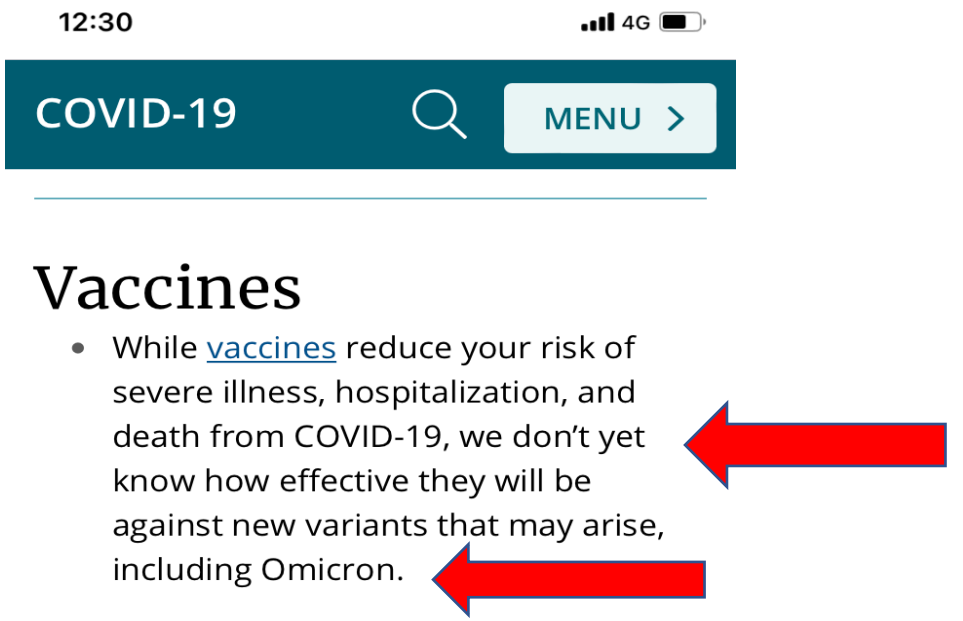
Dr. Arne Burkhardt is a pathologist who has taught at the Universities of Hamburg, Berne and Tübingen. He was invited for visiting professorships/study visits in Japan (Nihon University), the United States (Brookhaven National Institute), Korea, Sweden, Malaysia and Turkey. He headed the Institute of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

https://doctors4covidethics.org/wp-content/uploads/2021/12/end-covax.pdf

Can You Spot The CDC Lie?

These screenshots were both obtained from the CDC.gov website on January 6, 2022





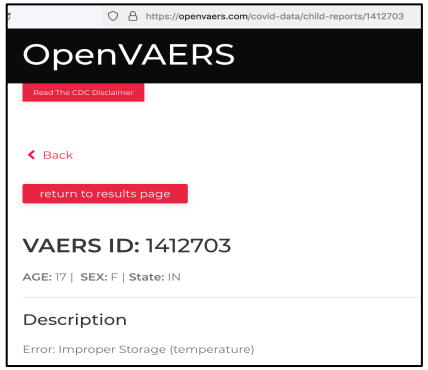
OTHER VACCINE DANGERS THEY ARE HIDING FROM YOU

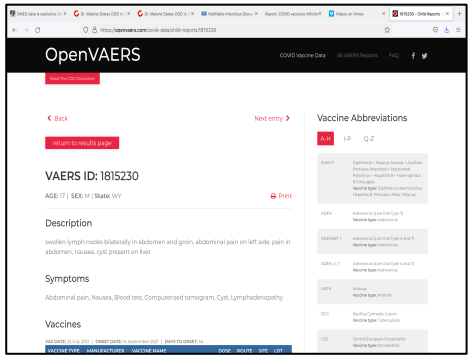
(See Examples and VAERS ID Numbers to the Right)

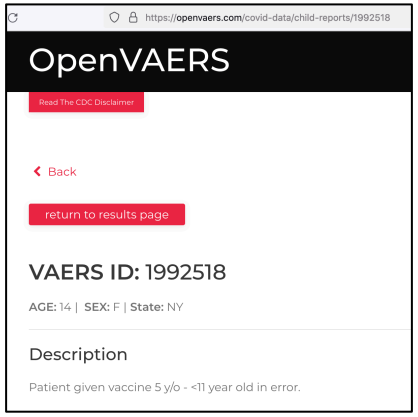
1. Millions of Contaminated Doses (J&J etc.):

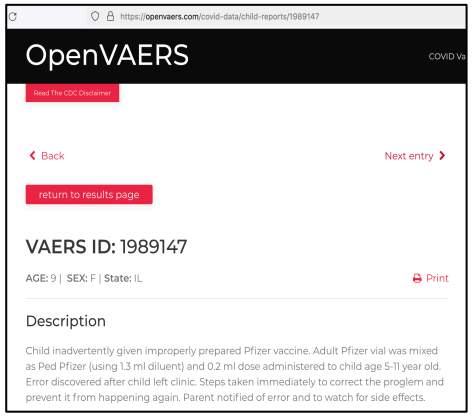
15 Million Johnson and Johnson doses had to be thrown out because they were ALL contaminated. This happened because J&J used facility not authorized by the FDA and all 15 million doses plus other doses that escaped were contaminated.

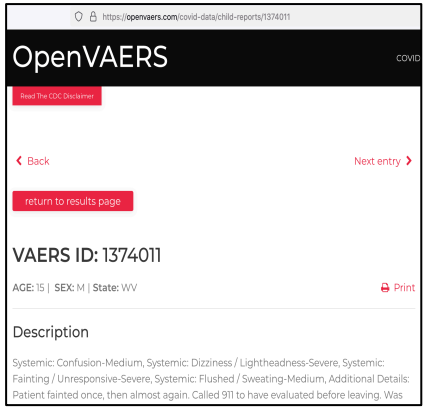
2. Expired Doses Given Out Anyway
3. Wrong Dosage Injected: Too Much
4. Doses Kept At Wrong Temperature (Spoilage)

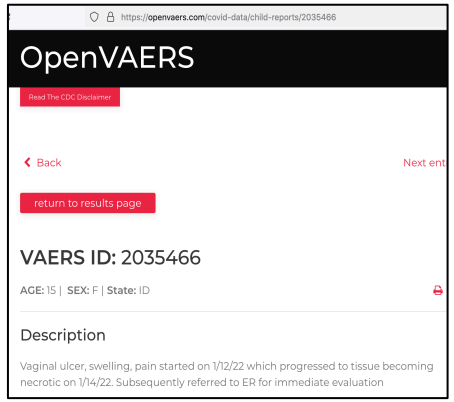












THE FDA KNOWINGLY PLACED CITIZENS AT RISK WITH VACCINE

The Washington Post + Follow

Emergent plant that ruined Johnson & Johnson vaccine doses had prior FDA violations

Jon Swaine, Christopher Rowland - Apr 1, 2021

React | 5

In April last year, an investigator from the Food and Drug Administration reported problems he had discovered at a Baltimore plant operated by Emergent BioSolutions, a major supplier of vaccines to the federal government.
Some employees had not been properly trained. Records were not adequately secured. Established testing procedures were not being followed. And a measure intended to “prevent contamination or mix-ups” was found to be deficient.
Soon after the inspection, Emergent’s Baltimore plant was given an important role in Operation Warp Speed, the government’s program to rapidly produce vaccines to fight the coronavirus pandemic. Emergent was awarded $628 million by the government and also secured deals totaling more than $740 million with Johnson & Johnson and AstraZeneca to produce coronavirus vaccines for both companies at the Baltimore site.
It emerged on Wednesday that a batch of Johnson & Johnson vaccine was recently contaminated with AstraZeneca ingredients at the Emergent plant, as two federal officials described the problem, in a mix-up that spoiled enough raw vaccine for up to 15 million doses.

Vaccine Production Plant Failed Inspection But Was Still Allowed To Produce J&J Vaccine Anyway

https://www.msn.com/en-us/news/us/emergent-plant-that-ruined-johnson-andamp-johnson-vaccine-doses-had-prior-fda-violations/ar-BB1fdRoT

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Congress of the United States

House of Representatives

SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS

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https://coronavirus.house.gov

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RANKING MEMBER

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NICOLE MALLIOTAKIS
MARIANNETTE MILLER-MEEKS, M.D.

MEMORANDUM

May 14, 2021

To: **Members of the Select Subcommittee on the Coronavirus Crisis**

Fr: **Committee Staff**

Re: **Hybrid Hearing on "Examining Emergent BioSolutions' Failure to Protect Public Health and Public Funds"**

On **Wednesday, May 19, 2021, at 10:30 a.m. ET,** the Select Subcommittee on the Coronavirus Crisis will host a hybrid in-person/remote hearing on "Examining Emergent BioSolutions' Failure to Protect Public Health and Public Funds."

This hearing will convene in person in 2154 Rayburn House Office Building and remotely using Zoom, which has been approved by the House, at the discretion of the Chairman, the witnesses, and other Members.

"I. SCOPE AND PURPOSE OF HEARING

The hearing will examine Emergent BioSolutions, Inc.'s (Emergent) role in and impact on the response to the coronavirus pandemic, including its manufacturing of coronavirus vaccines developed by other companies. Contamination at Emergent's Bayview plant in Baltimore, Maryland caused up to 15 million doses of Johnson & Johnson vaccines to be destroyed and required millions of others to be segregated for testing to ensure they are safe for use."

https://www.congress.gov/117/meeting/house/112641/documents/HHRG-117-VC00-20210519-SD002.pdf

https://www.congress.gov/117/meeting/house/112641/documents/HHRG-117-VC00-20210519-SD002.pdf

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Between April and July 2020, Emergent signed additional agreements with Johnson & Johnson and AstraZeneca to manufacture their respective coronavirus vaccines.[7]

III. CONTAMINATION OF CORONAVIRUS VACCINES AT EMERGENT'S BALTIMORE PLANT

In late February 2021, Emergent employees contaminated millions of doses of Johnson & Johnson's coronavirus vaccine by mixing them with ingredients from AstraZeneca's vaccine. Emergent was forced to destroy up to 15 million tainted doses of Johnson & Johnson's vaccine as a result. Approximately 62 million additional Johnson & Johnson doses and 70 million AstraZeneca doses are in jeopardy until tests reveal whether they are safe for use.[8]

This incident followed several other incidents in which vaccine doses were destroyed due to errors:

- In October 2020, Emergent destroyed two to three million doses of AstraZeneca's vaccine due to suspected contamination;
- In November 2020, Emergent discarded a batch of Johnson & Johnson vaccine after workers "hooked up" the wrong gas line and accidentally "suffocated" the cells where the virus for the vaccine is grown; and
- In December 2020, Emergent destroyed another eight to 12 million doses of AstraZeneca's vaccine due to bacterial contamination of equipment.[9]

Although investigation of the February 2021 contamination of the Johnson & Johnson doses is still ongoing, one likely cause is the failure of some employees to shower and change clothes as required when they moved between the factory zones dedicated to production of the AstraZeneca and Johnson & Johnson vaccines.[10] Inspections of the Bayview facility conducted in 2020 flagged problems with mold, poor disinfection of plant equipment, and inadequate training of employees.[11]

1. The FDA knew about this facility but didn't monitor.
2. Johnson & Johnson selected this plant.
3. The federal government gave a $650 million contract to this contractor.
4. The plant was allowed to make the J&J vaccine for Americans, even after problems were found.
5. FDA and J&J oversite failed repeatedly.

https://coronavirus.house.gov/sites/democrats.coronavirus.house.gov/files/Staff%20Memo%20re%20Emergent%20-%20FINAL.pdf

https://www.congress.gov/117/meeting/house/112641/documents/HHRG-117-VC00-20210519-SD00

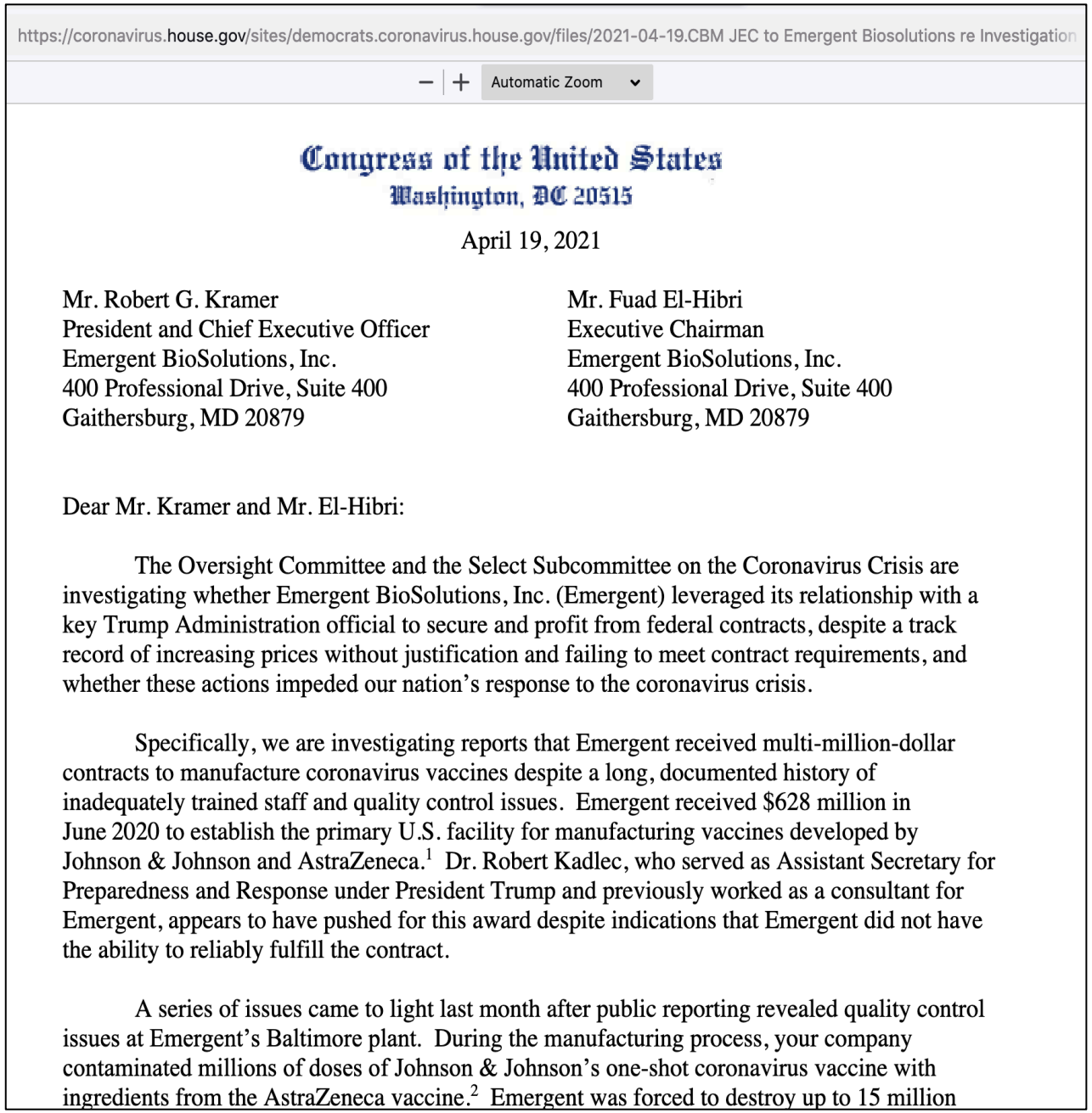
4 of 5 Automatic Zoom

On April 12, 2021, FDA commenced a wide-ranging inspection of Emergent's Bayview facility.[13] Four days later, the agency asked the company to stop manufacturing any new material, and to quarantine all existing vaccine substance.[14] Emergent announced on April 19 that it had agreed with FDA to shut down new manufacturing "pending completion of the inspection and remediation of any resulting findings."[15] On April 21, FDA issued an inspection report, which found that:

- Emergent failed to properly investigate the incident that led to the contamination of Johnson & Johnson's vaccine, noting that "there is no assurance that other batches have not been subject to cross-contamination."
- Emergent's facility is "not maintained in a clean and sanitary condition," noting that unsealed bags of medical waste came into contact with raw manufacturing materials, and that paint flecks and black and brown residue covered the walls and floors.
- Emergent "failed to adequately train personnel involved in manufacturing operations, quality control sampling, weigh and dispense, and engineering operations to prevent cross contamination of bulk drug substances."[16]

Emergent's serious errors have not impacted the safety or efficacy of coronavirus vaccines available to Americans. Because FDA has not certified the Bayview plant, no vaccines manufactured at the facility have been distributed to the American public, including the contaminated doses.[17] FDA is continuing to evaluate the situation and may decide that none of

The federal government and the FDA authorizes and/or pays private companies to make the vaccines. Companies they do not monitor closely. This means contaminated vaccines that did not even meet the standards are produced.



https://coronavirus.house.gov/sites/democrats.coronavirus.house.gov/files/2021-04-19.CBM JEC to Emergent Biosolutions re Investigation

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Congress of the United States
Washington, DC 20515

April 19, 2021

Mr. Robert G. Kramer
President and Chief Executive Officer
Emergent BioSolutions, Inc.
400 Professional Drive, Suite 400
Gaithersburg, MD 20879

Mr. Fuad El-Hibri
Executive Chairman
Emergent BioSolutions, Inc.
400 Professional Drive, Suite 400
Gaithersburg, MD 20879

Dear Mr. Kramer and Mr. El-Hibri:

The Oversight Committee and the Select Subcommittee on the Coronavirus Crisis are investigating whether Emergent BioSolutions, Inc. (Emergent) leveraged its relationship with a key Trump Administration official to secure and profit from federal contracts, despite a track record of increasing prices without justification and failing to meet contract requirements, and whether these actions impeded our nation's response to the coronavirus crisis.

Specifically, we are investigating reports that Emergent received multi-million-dollar contracts to manufacture coronavirus vaccines despite a long, documented history of inadequately trained staff and quality control issues. Emergent received $628 million in June 2020 to establish the primary U.S. facility for manufacturing vaccines developed by Johnson & Johnson and AstraZeneca.[1] Dr. Robert Kadlec, who served as Assistant Secretary for Preparedness and Response under President Trump and previously worked as a consultant for Emergent, appears to have pushed for this award despite indications that Emergent did not have the ability to reliably fulfill the contract.

A series of issues came to light last month after public reporting revealed quality control issues at Emergent's Baltimore plant. During the manufacturing process, your company contaminated millions of doses of Johnson & Johnson's one-shot coronavirus vaccine with ingredients from the AstraZeneca vaccine.[2] Emergent was forced to destroy up to 15 million

Excerpt From The Letter (Congressional Investigation)

"A series of issues came to light last month after public reporting revealed quality control issues at Emergent's Baltimore plant. During the manufacturing process, your company contaminated millions of doses of Johnson & Johnson's one-shot coronavirus vaccine with ingredients from the AstraZeneca vaccine.2 Emergent was forced to destroy up to 15 million tainted doses of the Johnson & Johnson vaccine, with another 62 million doses in jeopardy until it can be determined that they were not affected. The plant also had to destroy millions of doses of AstraZeneca's coronavirus vaccine between October 2020 and January 2021 due to suspected contamination."

Excerpt From The Letter (Page 2)

"Emergent Received Lucrative Contracts Despite a Track Record of Failures"

"In June 2012, the Department of Health and Human Services (HHS) awarded a $163 million contract to Emergent to retrofit and expand its Baltimore manufacturing plant. Through this public-private partnership, the federal government hoped to increase its ability to rapidly manufacture vaccines in the event of an infectious disease outbreak or biological attack.

In 2019, ASPR commissioned a review of the company's progress under the 2012 contract, which determined that Emergent's ability to deliver in a pandemic remained largely unproven. Emergent ultimately failed to meet the contract's June 2020 deadline. An FDA inspection of the Baltimore plant in April 2020 revealed that Emergent did not have the necessary personnel to produce a coronavirus vaccine. A separate inspection in June 2020 found that Emergent's plan for manufacturing urgently needed coronavirus vaccines was inadequate due to poorly trained staff and quality control problems.
Even in light of these failures, the Trump Administration awarded an additional $628 million to Emergent in June 2020 to manufacture coronavirus vaccines."

https://coronavirus.house.gov/sites/democrats.coronavirus.house.gov/files/2021-04-19.CBM%20JEC%20to%20Emergent%20Biosolutions%20re%20Investigation%20.pdf

PFIZER'S FRAUD CHARGES BY THE DOJ

https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history

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FOR IMMEDIATE RELEASE Wednesday, September 2, 2009

Justice Department Announces Largest Health Care Fraud Settlement in Its History

Pfizer to Pay $2.3 Billion for Fraudulent Marketing

WASHINGTON – American pharmaceutical giant Pfizer Inc. and its subsidiary Pharmacia & Upjohn Company Inc. (hereinafter together "Pfizer") have agreed to pay $2.3 billion, the largest health care fraud settlement in the history of the Department of Justice, to resolve criminal and civil liability arising from the illegal promotion of certain pharmaceutical products, the Justice Department announced today.

Pharmacia & Upjohn Company has agreed to plead guilty to a felony violation of the Food, Drug and Cosmetic Act for misbranding Bextra with the intent to defraud or mislead. Bextra is an anti-inflammatory drug that Pfizer pulled from the market in 2005. Under the provisions of the Food, Drug and Cosmetic Act, a company must specify the intended uses of a product in its new drug application to FDA. Once approved, the drug may not be marketed or promoted for so-called "off-label" uses – *i.e.*, any use not specified in an application and approved by FDA. Pfizer promoted the sale of Bextra for several uses and dosages that the FDA specifically declined to approve due to safety concerns. The company will pay a criminal fine of $1.195 billion, the largest criminal fine ever imposed in the United States for any matter. Pharmacia & Upjohn will also forfeit $105 million, for a total criminal resolution of $1.3 billion.

In addition, Pfizer has agreed to pay $1 billion to resolve allegations under the civil False Claims Act that the company illegally promoted four drugs – Bextra; Geodon, an anti-psychotic drug; Zyvox, an antibiotic; and Lyrica, an anti-epileptic drug – and caused false claims to be submitted to government health care programs for uses that were not medically accepted indications and therefore not covered by those programs. The civil settlement also resolves allegations that Pfizer paid kickbacks to health care providers to induce them to prescribe these, as well as other, drugs. The federal share of the civil settlement is $668,514,830 and the state Medicaid share of the civil settlement is $331,485,170. This is the largest civil

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“Pfizer Corporate Rap Sheet

Here’s a brief glimpse of Pfizer’s track record for safety and ethics. This is a short list, by no means inclusive of the company’s entire rap sheet.
Pfizer received the biggest fine in U.S. history as part of a $2.3 Billion plea deal with federal prosecutors for mis-promoting medicines (Bextra, Celebrex) and paying kickbacks to compliant doctors. Pfizer pleaded guilty to mis-branding the painkiller Bextra by promoting the drug for uses for which it was not approved.
In the 1990s, Pfizer was involved in defective heart valves that lead to the deaths of more than 100 people. Pfizer had deliberately misled regulators about the hazards. The company agreed to pay $10.75 Million to settle justice department charges for misleading regulators.
Pfizer paid more than $60 Million to settle a lawsuit over Rezulin, a diabetes medication that caused patients to die from acute liver failure.
In the UK, Pfizer has been fined nearly €90 Million for overcharging the NHS, the National Health Service. Pfizxer charged the taxpayer an additional €48 Million per year for what should have cost €2 million per year.
Pfizer agreed to pay $430 Million in 2004 to settle criminal charges that it had bribed doctors to prescribe its epilepsy drug Neurontin for indications for which it was not approved.
In 2011, a jury found Pfizer committed racketeering fraud in its marketing of the drug Neurontin. Pfizer agreed to pay $142.1 Million to settle the charges.
Pfizer disclosed that it had paid nearly nearly 4,500 doctors and other medical professionals some $20 Million for speaking on Pfizer’s behalf.
In 2012, the U.S. Securities and Exchange Commission announced that it had reached a $45 Million settlement with Pfizer to resolve charges that its subsidiaries had bribed overseas doctors and other healthcare professionals to increase foreign sales.
Pfizer was sued in a U.S. federal court for using Nigerian children as human guinea pigs, without the childrens’ parents’ consent. Pfizer paid $75 Million to settle in Nigerian court for using an experimental antibiotic, Trovan, on the children. The company paid an additional undisclosed amount in the U.S. to settle charges here. Pfizer had violated international law, including the Nuremberg Convention established after WWII, due to Nazi experiments on unwilling prisoners.
Amid widespread criticism of gouging poor countries for drugs, Pfizer pledged to give $50 million for an AIDS drug to South Africa. Later, however, Pfizer failed to honor that promise.”

https://www.mp-22.com/vax

Johnson and Johnson Rap Sheet (1)

1995: $7.5 million fine for destroying documents to cover up an investigation into wrongful marketing of its Retin-A acne cream to remove wrinkles.
1996: An undisclosed settlement on false claims over condom protection claims to protect against HIV and other STDs.
2001: Paid out $860 million in a class action lawsuit for misleading customers about prematurely discarding its 1-Day Acuvue soft contact lens.
2010: $81 million settlement for misbranding its anti-epileptic drug Topamax to treat psychiatric disorders and hiring outside physicians to join its sales force to promote the drug for unapproved conditions. The following year, J&J paid $85 million for similar charges against its heart drug Natrecor.
2011: Several J&J baby products were discovered to contain carcinogenic ingredients.
2013: Paid nearly $2.5 billion to compensate 8,000 recipients for its flawed hip implants. Again in 2016, another $1 billion was awarded to plaintiffs injured from this device.
2013: The U,S. Justice Department charged the company $2.2 billion in criminal fines for marketing its autism and anti-psychotic drug Risperdal for unapproved uses. Forty-five states had filed civil lawsuits against J&J in the scandal. Janssen also had an aggressive campaign to market Risperdal for use in children with behavioral challenges. Other serious adverse effects from Risperdal reported by the FDA include diabetes mellitus, hyperprolactinaemia, somnolence, depression, anxiety, psychotic behavior, suicide and death.
In October 2019, a Philadelphia jury awarded a man $8 billion in punitive damages for failing to warn that the drug could cause young men to grow breasts. Other recent suits include litigation over its blood thinner Xarelto risks of internal bleeding, and a $775 million settlement to 25,000 plaintiffs.

https://childrenshealthdefense.org/defender/johnson-johnson-why-trust-vaccine/

Johnson and Johnson Rap Sheet (2)

2016: Two women were awarded $127 million in damages for the talc in its J&J Baby Powder causing ovarian cancer. Later, more than 1,000 similar cases came forward. During the trial it was discovered that J&J suspected a link between talcum and ovarian cancer back in the 1970s. A Missouri verdict fined the company over $4 billion but it was later reduced to $2.1 billion. A New York Times investigation into internal J&J memos uncovered evidence that the talcum powder may have contained asbestos. These cases continue. In July 2019, J&J made efforts to dismiss 14,000 lawsuits over the talcum-cancer risk.

J&J too has had to pay out billions of dollars over the decades for civil settlements and criminal activities. As the pharmaceutical giant receives applause across the mainstream media for the release and Emergency Use Authorization for its COVID-19 vaccine, Brazil's Public Prosecution Service started an investigation into J&J's antitrust activities under the Foreign Corrupt Practices Act (FCPA) for "possible improper payments in its medical device industry."

This was part of a 2019 Federal Bureau of Investigation bribery scheme investigation that included Siemens, General Electric and Philips acting as a larger cartel to illegally pay off government officials in return for securing contracts with Brazil's national health programs. The charges also included price gouging and inflating prices up to 800 percent above market price to cover bribes.

This is not the first time J&J has violated FCPA laws. In 2011, J&J was charged by the U.S. Department of Justice with conspiracy for paying off Greek doctors to advance its product sales. The Securities and Exchange Commission also charged civil complaints.

The company had to pay out a $70 million penalty for buying off officials in Greece, Poland and Romania. In 2010, an executive for J&J's subsidiary DePuy was sentenced to a year in prison for corrupt payments to physicians within the Greek national healthcare system.

SLEEP ZOMBIE
REJECT THE SERPENTS:
COVID-19 VACCINES ARE
UNNECESSARY
Most of you don’t realize your immune system is working.

Throughout *all of 2020* there was no vaccine available to the public.
Yet the *survival rate* during Covid-19 was 99.6%+
WITHOUT ANY VACCCINE

The EUA for Pfizer and Moderna were issued mid-December of 2020 and the vaccines did not go out to the general public until after that. So even if citizens received the Covid-19 vaccines at the end of 2020, any effectiveness would not have been until January, 2021 at the earliest. Because the vaccines supposedly take 14 days to build up antibodies.

WHAT PROTECTED 99.6% of Americans? THEIR OWN INNATE AND ADAPTIVE IMMUNE SYSTEMS

SURVIVAL RATE WITHOUT THE COVID-19 VACCINES (2020)

Per Johns Hopkins University, the survival rate in America without the vaccines was 98.2%
And this was during the worst part of the pandemic.

https://coronavirus.jhu.edu/data/mortality

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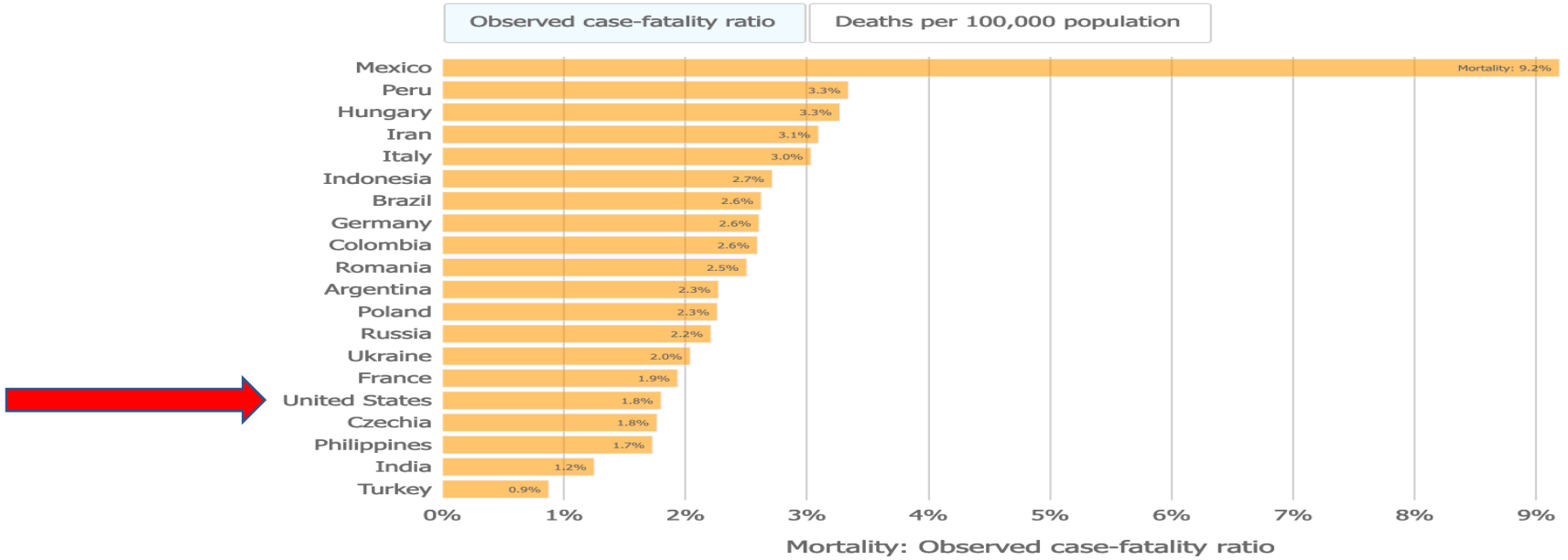
Tracking Home | Critical Trends | Global Map | U.S. Map | Data in Motion | Tracking FAQ

For the twenty countries currently most affected by COVID-19 worldwide, the bars in the chart below show the number of deaths either per 100 confirmed cases (observed case-fatality ratio) or per 100,000 population (this represents a country's general population, with both confirmed cases and healthy people). Countries at the top of this figure have the most deaths proportionally to their COVID-19 cases or population, not necessarily the most deaths overall.



1.8%

SURVIVAL RATE WITH THE COVID-19 VACCINES (Feb. 2022)

Per Johns Hopkins University, the survival rate in America with the vaccines was 98.8%

If JHU is accurate, vaccinating over 200 million people in America did not even increase the survival rate 1%.

https://coronavirus.jhu.edu/data/mortality

Import bookmarks... | Getting Started | Google Earth | Vacc and Heart Da... | Vacc and Heart Da... | Square Trade Claims | ICE Community Rela... | Powerpoint Special ... | Pixabay Free Videos | Sick Suicide Machine

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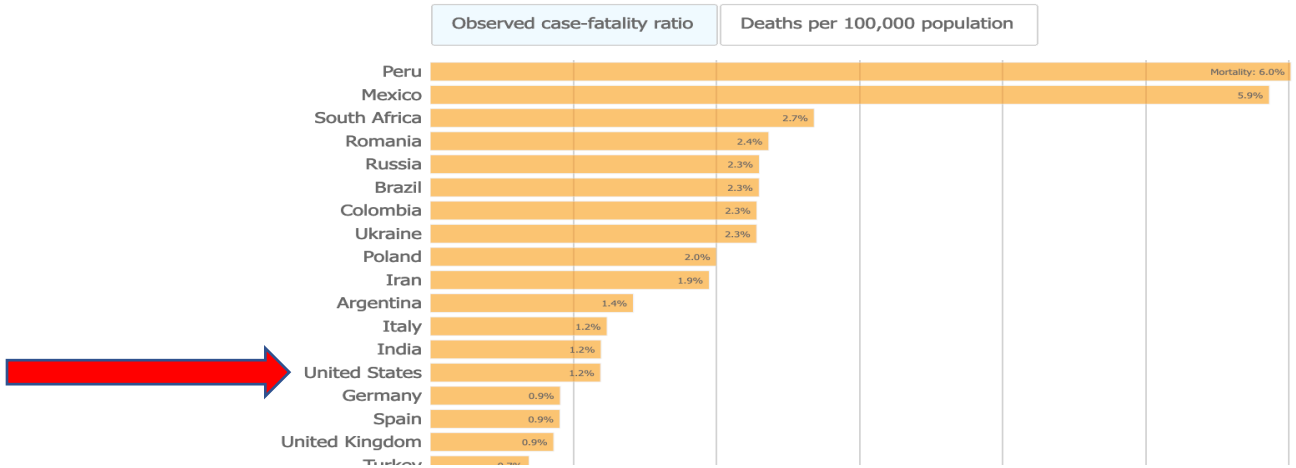
This page was last updated on Friday, February 18, 2022 at 06:00 AM EST.

Mortality in the most affected countries

For the twenty countries currently most affected by COVID-19 worldwide, the bars in the chart below show the number of deaths either per 100 confirmed cases (observed case-fatality ratio) or per 100,000 population (this represents a country's general population, with both confirmed cases and healthy people). Countries at the top of this figure have the most deaths proportionally to their COVID-19 cases or population, not necessarily the most deaths overall.



1.2%

How does mortality differ across countries?

One of the most important ways to measure the burden of COVID-19 is mortality. Countries throughout the world have reported very different case fatality ratios – the number of deaths divided by the number of confirmed cases. Differences in mortality numbers can be caused by:

- Differences in the number of people tested: With more testing, more people with milder cases are identified. This lowers the case-fatality ratio.
- Demographics: For example, mortality tends to be higher in older populations.
- Characteristics of the healthcare system: For example, mortality may rise as hospitals become overwhelmed and have fewer resources.
- Other factors, many of which remain

https://coronavirus.jhu.edu/data/mortality

Import bookmarks... Getting Started Google Earth Vacc and Heart Da... Vacc and Heart Da... Square Trade Claims ICE Community Rela... Powerpoint Specia

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Argentina	8,799,858	124,924	1.4%	277.99
Armenia	411,878	8,253	2.0%	279.03
United States	78,269,443	931,741	1.2%	283.86
Poland	5,460,552	109,205	2.0%	287.60
Lithuania	842,277	8,210	1.0%	294.60
Slovenia	868,142	6,152	0.7%	294.64
Brazil	27,940,119	642,156	2.3%	304.27

WHAT THE DATA SHOWS:

- According to the Johns Hopkins charts you have just seen, From mid-2020 to February of 2022, the Covid-19 mortality (death) rate in the United States dropped from 1.8% to 1.2%. That is .6%.
- **Vaccinating over 200 million people in America did not even drop the rate of Covid-19 deaths by 1%.**
- So either Johns Hopkins is correct or they are putting out misinformation. Yet they have been seen as credible by the FDA, CDC and the medical industry.

EFFECTIVE COVID-19 TREATMENTS HIDDEN FROM THE PUBLIC

As early as mid-2020, effective, mainstream and authorized medical treatments for Covid-19 were kept out of the media so the public would believe the vaccines were the only hope.

SEVERAL TREATMENTS WITHOUT THE VACCINES / LOOK AT THE DATES

FDA's Own Website:

But the public had no idea of other options instead of the vaccines.

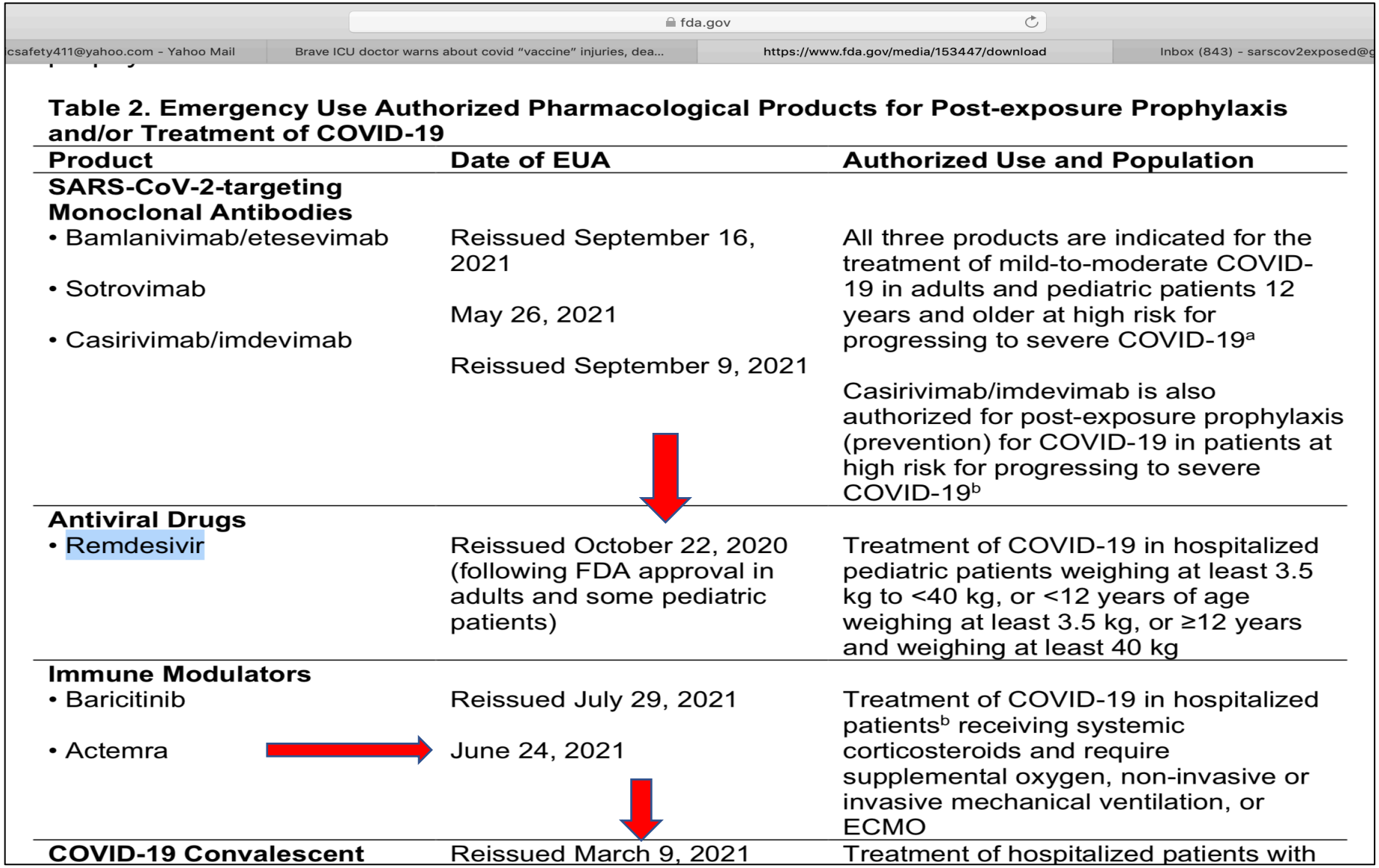


Table 2. Emergency Use Authorized Pharmacological Products for Post-exposure Prophylaxis and/or Treatment of COVID-19

Product	Date of EUA	Authorized Use and Population
SARS-CoV-2-targeting Monoclonal Antibodies		
• Bamlanivimab/etesevimab	Reissued September 16, 2021	All three products are indicated for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients 12 years and older at high risk for progressing to severe COVID-19[a]
• Sotrovimab	May 26, 2021	
• Casirivimab/imdevimab	Reissued September 9, 2021	Casirivimab/imdevimab is also authorized for post-exposure prophylaxis (prevention) for COVID-19 in patients at high risk for progressing to severe COVID-19[b]
Antiviral Drugs		
• Remdesivir	Reissued October 22, 2020 (following FDA approval in adults and some pediatric patients)	Treatment of COVID-19 in hospitalized pediatric patients weighing at least 3.5 kg to <40 kg, or <12 years of age weighing at least 3.5 kg, or ≥12 years and weighing at least 40 kg
Immune Modulators		
• Baricitinib	Reissued July 29, 2021	Treatment of COVID-19 in hospitalized patients[b] receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or ECMO
• Actemra	June 24, 2021	
COVID-19 Convalescent	Reissued March 9, 2021	Treatment of hospitalized patients with

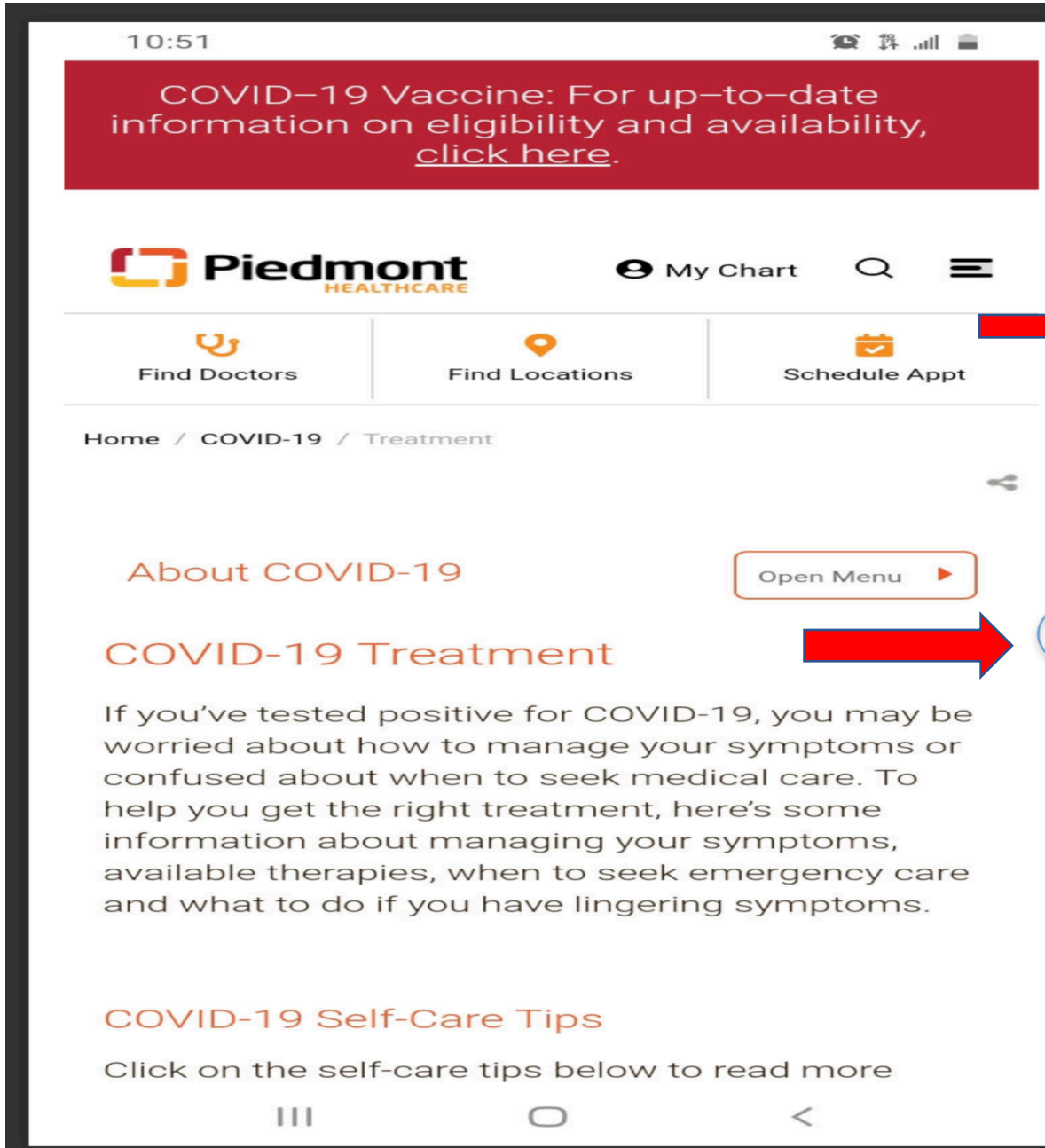
FDA IDENTIFIES EFFECTIVE COVID-19 TREATMENTS

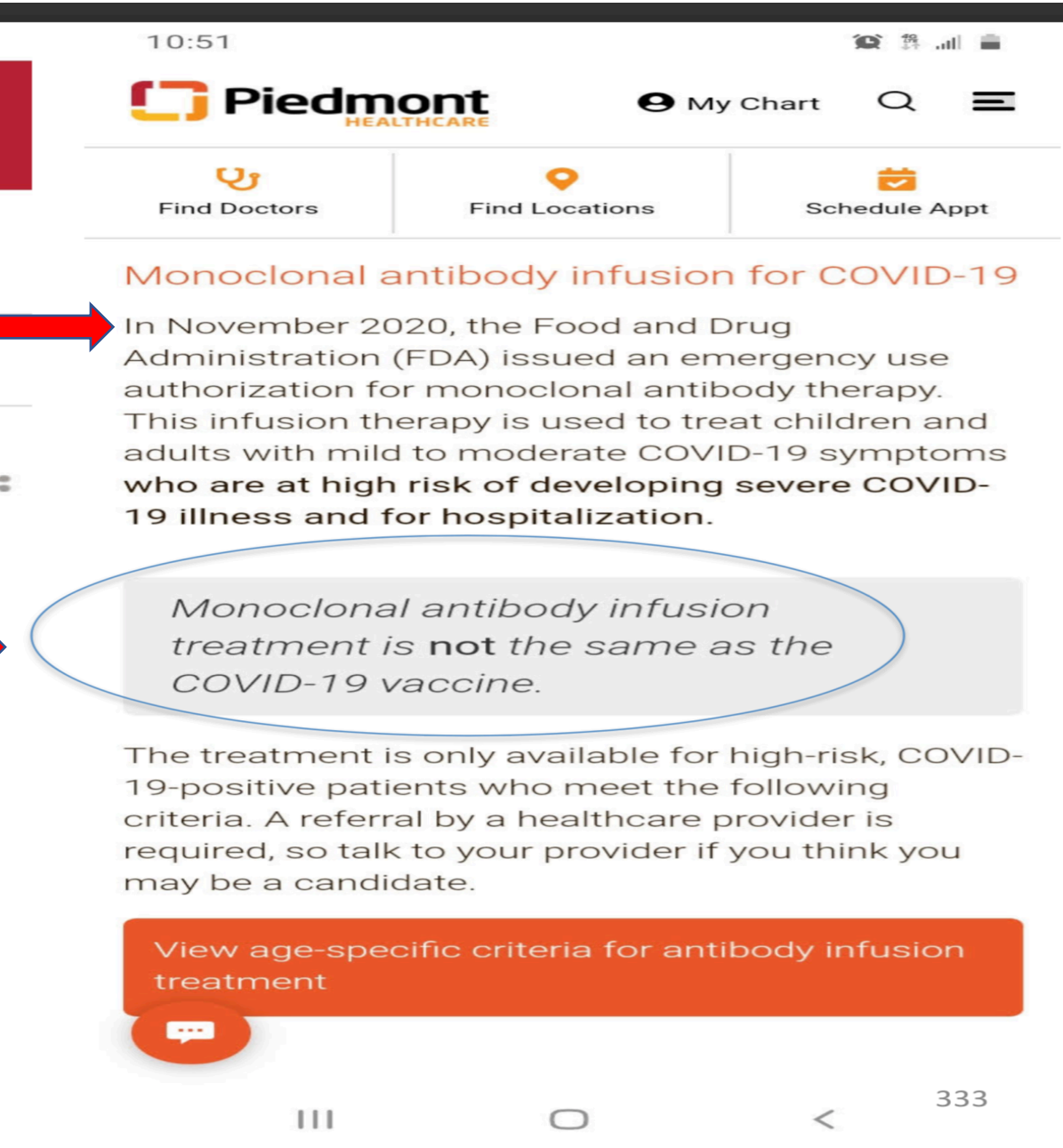
The FDA believes that these alternative monoclonal antibody therapies remain appropriate to treat patients with COVID-19 when used in accordance with the authorized labeling based on information available at this time.

"While the risk-benefit assessment for using bamlanivimab alone is no longer favorable due to the increased frequency of resistant variants, other monoclonal antibody therapies authorized for emergency use remain appropriate treatment choices when used in accordance with the authorized labeling and can help keep high risk patients with COVID-19 out of the hospital," said Patrizia Cavazzoni, M.D., director of the FDA's Center for Drug Evaluation and Research. "We urge the American public to seek out these therapies when needed while we continue to use the best data available to provide patients with safe and effective treatments during this pandemic."

https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-revokes-emergency-use-authorization-monoclonal-antibody-bamlanivimab

Note: The FDA revoked 1 treatment but in doing so, they acknowledged other effective medical treatments for Covid-19. So why are the vaccines needed?


10:51
COVID–19 Vaccine: For up–to–date information on eligibility and availability, click here.
Piedmont HEALTHCARE
My Chart
Find Doctors
Find Locations
Schedule Appt
Home / COVID-19 / Treatment
About COVID-19
Open Menu
COVID-19 Treatment
If you've tested positive for COVID-19, you may be worried about how to manage your symptoms or confused about when to seek medical care. To help you get the right treatment, here's some information about managing your symptoms, available therapies, when to seek emergency care and what to do if you have lingering symptoms.
COVID-19 Self-Care Tips
Click on the self-care tips below to read more


10:51
Piedmont HEALTHCARE
My Chart
Find Doctors
Find Locations
Schedule Appt
Monoclonal antibody infusion for COVID-19
In November 2020, the Food and Drug Administration (FDA) issued an emergency use authorization for monoclonal antibody therapy. This infusion therapy is used to treat children and adults with mild to moderate COVID-19 symptoms who are at high risk of developing severe COVID-19 illness and for hospitalization.
Monoclonal antibody infusion treatment is not the same as the COVID-19 vaccine.
The treatment is only available for high-risk, COVID-19-positive patients who meet the following criteria. A referral by a healthcare provider is required, so talk to your provider if you think you may be a candidate.
View age-specific criteria for antibody infusion treatment
333

CDC's OWN DATA PROVES
NO NEED TO MASS VACCINATE ALL CHILDREN

While every life is important and Covid-19 does kill (even children), the rest of the truth is that children are at very low risk of death (645) from Covid-19. And they are also dying after taking the Covid-19 vaccines.

***See Proof in This Report**

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/burden.html

Table 1: Preliminary estimated COVID-19 cumulative incidence, by age group — United States, February 2020–September 2021†

	Infections		Symptomatic Illness		Hospitalizations		Deaths	
Age group	Estimate	95% UI*	Estimate	95% UI*	Estimate	95% UI*	Estimate	95% UI*
0-17 years	25,844,005	21,361,986 – 31,614,224	22,030,307	19,108,000 – 25,701,942	266,597	224,715 – 315,966	645	501 – 1,141
18-49 years	75,179,070	62,681,393 – 90,520,720	64,029,542	56,477,718 – 73,348,809	1,996,830	1,719,541 – 2,334,921	60,355	56,641 – 64,388
50-64 years	27,407,088	22,869,356 – 32,921,158	23,378,591	20,628,625 – 26,697,449	2,009,141	1,771,585 – 2,304,508	159,489	154,920 – 164,453
65+ years	18,012,882	14,527,427 – 22,761,991	14,626,141	12,913,173 – 16,745,092	3,232,213	2,864,006 – 3,683,201	700,882	688,959 – 713,090
All ages	146,585,169	125,980,377 – 171,574,943	123,979,337	111,032,406 – 139,954,539	7,506,029	6,715,747 – 8,465,642	921,371	902,527 – 941,172

TREATMENTS HIDDEN FROM THE PUBLIC

JUST SO YOU WOULD SEE THE VACCINES AS THE ONLY HOPE

THE AMERICAN JOURNAL of MEDICINE
Official Journal of the Alliance for Academic Internal Medicine

REVIEW | VOLUME 134, ISSUE 1, P16-22, JANUARY 01, 2021

Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection

Peter A. McCullough, MD, MPH • Ronan J. Kelly, MD • Gaetano Ruocco, MD • Edgar Lerma, MD • James Tumlin, MD • Kevin R. Wheelan, MD • Nevin Katz, MD • Norman E. Lepor, MD • Kris Vijay, MD • Harvey Carter, MD • Bhupinder Singh, MD • Sean P. McCullough, BS • Brijesh K. Bhambi, MD • Alberto Palazzuoli, MD, PhD • Gaetano M. De Ferrari, MD, PhD • Gregory P. Milligan, MD, MPH • Taimur Safder, MD, MPH • Kristen M. Tecson, PhD • Dee Dee Wang, MD • John E. McKinnon, MD • William W. O'Neill, MD • Marcus Zervos, MD • Harvey A. Risch, MD, PhD • Show less

Open Access • Published: August 06, 2020 • DOI: https://doi.org/10.1016/j.amjmed.2020.07.003

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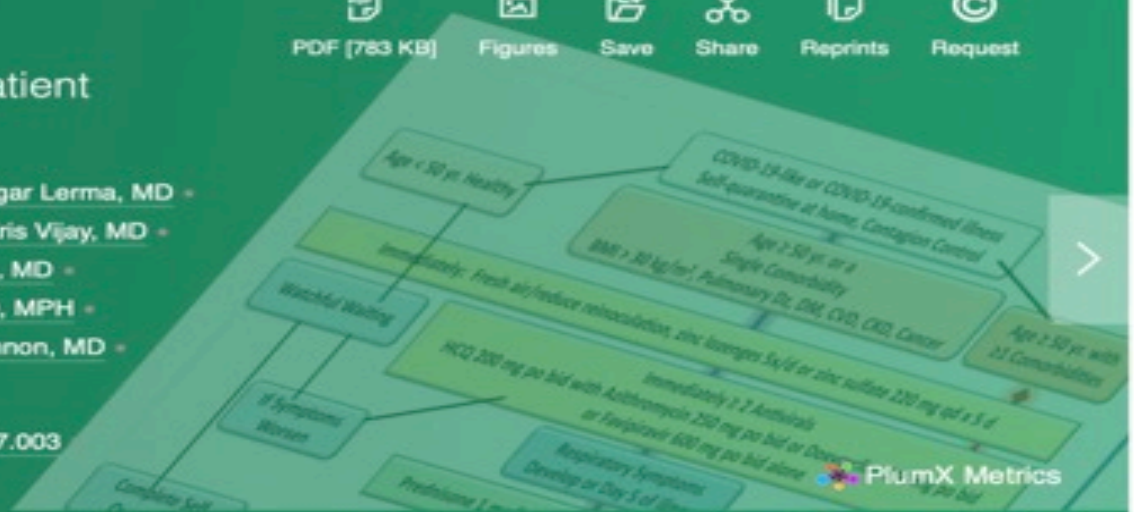


Abstract
Keywords
Control of Contagion
Reduction of Self-

Abstract

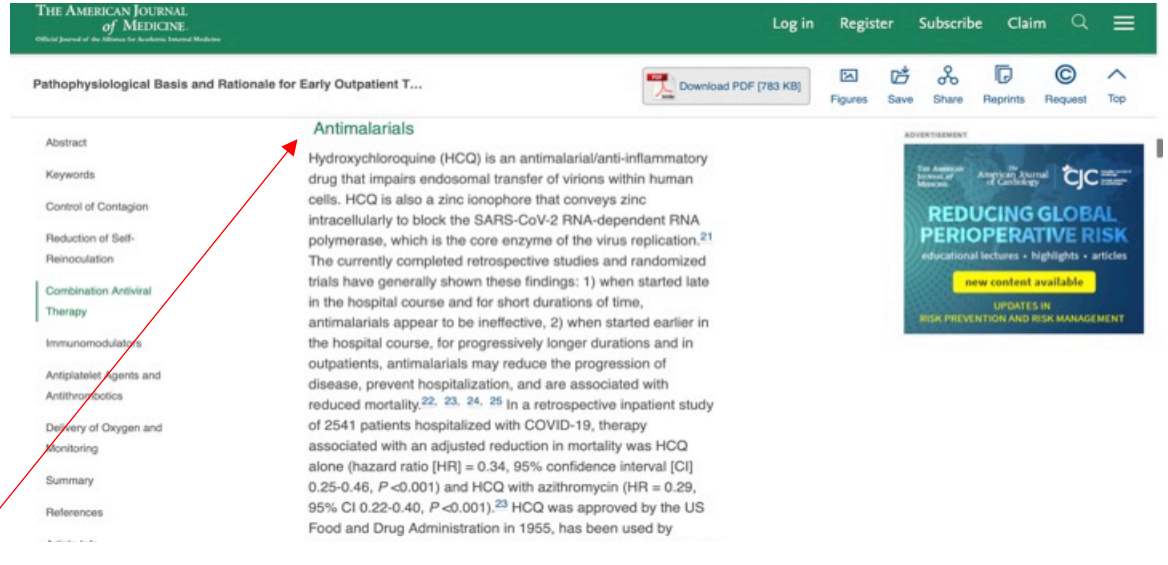
Approximately 9 months of the severe acute respiratory syndrome coronavius-2 (SARS-CoV-2 [COVID-19]) spreading across the globe has led to widespread COVID-19 acute hospitalizations and death. The rapidity and highly

ADVERTISEMENT
The American Journal of Medicine | The American Journal of Cardiology | CJC
REDUCING GLOBAL PERIOPERATIVE RISK

Abstract
Keywords
Control of Contagion
Reduction of Self-Reinoculation
Combination Antiviral Therapy
Immunomodulators
Antiplatelet Agents and Antithrombotics
Delivery of Oxygen and Monitoring
Summary
References
Article Info

As in all areas of medicine, the large randomized, placebo-controlled, parallel group clinical trial in appropriate patients at risk with meaningful outcomes is the theoretical gold standard for recommending therapy. These standards are not sufficiently rapid or responsive to the COVID-19 pandemic.[4] One could argue the results of definitive trials were needed at the outset of the pandemic, and certainly are needed now with more than 1 million cases and 500,000 deaths worldwide.[5] Because COVID-19 is highly communicable, many ambulatory clinics do not care for patients in face-to-face visits, and these patients are commonly declined by pharmacies, laboratories, and imaging centers. On May 14, 2020, after about 1 million cases and 90,000 deaths in the United States had already occurred, the National Institutes of Health (NIH) announced it was launching an outpatient trial of hydroxychloroquine (HCQ) and azithromycin in the treatment of COVID-19.[6] A month later, the agency announced it was closing the trial because of the lack of enrollment with only 20 of 2000 patients recruited.[7] No safety concerns were associated with the trial. This effort serves as the best current working example of the lack of feasibility of outpatient trials for COVID-19. It is also a strong signal that future ambulatory trial results are not imminent or likely to report soon enough to have a significant public health impact on clinical outcomes.[8]

ADVERTISEMENT

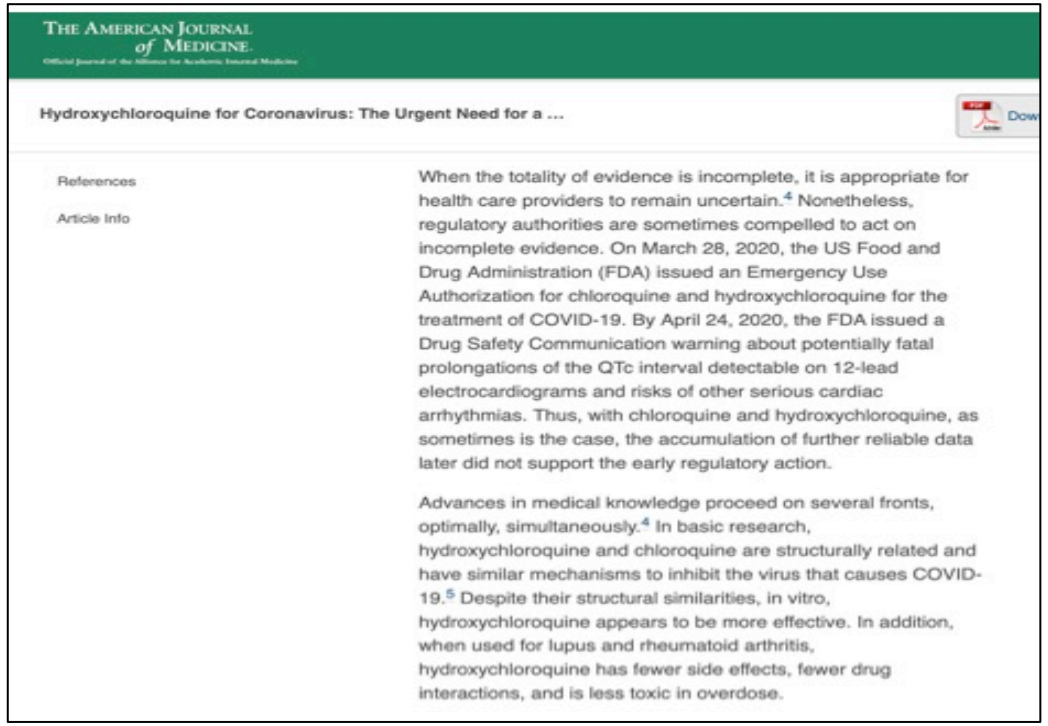


Antimalarials

Hydroxychloroquine (HCQ) is an antimalarial/anti-inflammatory drug that impairs endosomal transfer of virions within human cells. HCQ is also a zinc ionophore that conveys zinc intracellularly to block the SARS-CoV-2 RNA-dependent RNA polymerase, which is the core enzyme of the virus replication.[21] The currently completed retrospective studies and randomized trials have generally shown these findings: 1) when started late in the hospital course and for short durations of time, antimalarials appear to be ineffective, 2) when started earlier in the hospital course, for progressively longer durations and in outpatients, antimalarials may reduce the progression of disease, prevent hospitalization, and are associated with reduced mortality.[22, 23, 24, 25] In a retrospective inpatient study of 2541 patients hospitalized with COVID-19, therapy associated with an adjusted reduction in mortality was HCQ

MORE FDA FLIP-FLOPS

AND YOU TRUST THEIR EUAs?



The American Journal of Medicine

Hydroxychloroquine for Coronavirus: The Urgent Need for a ...

References

Article Info

When the totality of evidence is incomplete, it is appropriate for health care providers to remain uncertain.[4] Nonetheless, regulatory authorities are sometimes compelled to act on incomplete evidence. On March 28, 2020, the US Food and Drug Administration (FDA) issued an Emergency Use Authorization for chloroquine and hydroxychloroquine for the treatment of COVID-19. By April 24, 2020, the FDA issued a Drug Safety Communication warning about potentially fatal prolongations of the QTc interval detectable on 12-lead electrocardiograms and risks of other serious cardiac arrhythmias. Thus, with chloroquine and hydroxychloroquine, as sometimes is the case, the accumulation of further reliable data later did not support the early regulatory action.

Advances in medical knowledge proceed on several fronts, optimally, simultaneously.[4] In basic research, hydroxychloroquine and chloroquine are structurally related and have similar mechanisms to inhibit the virus that causes COVID-19.[5] Despite their structural similarities, in vitro, hydroxychloroquine appears to be more effective. In addition, when used for lupus and rheumatoid arthritis, hydroxychloroquine has fewer side effects, fewer drug interactions, and is less toxic in overdose.

This is the FDA that knows what its doing? Or are there outside motivators, puppetmasters and hidden agendas?

When the totality of evidence is incomplete, it is appropriate for health care providers to remain uncertain.[4] Nonetheless, regulatory authorities are sometimes compelled to act on incomplete evidence. On March 28, 2020, the US Food and Drug Administration (FDA) issued an Emergency Use Authorization for chloroquine and hydroxychloroquine for the treatment of COVID-19. By April 24, 2020, the FDA issued a Drug Safety Communication warning about potentially fatal prolongations of the QTc interval detectable on 12-lead electrocardiograms and risks of other serious cardiac arrhythmias. Thus, with chloroquine and hydroxychloroquine, as sometimes is the case, the accumulation of further reliable data later did not support the early regulatory action.

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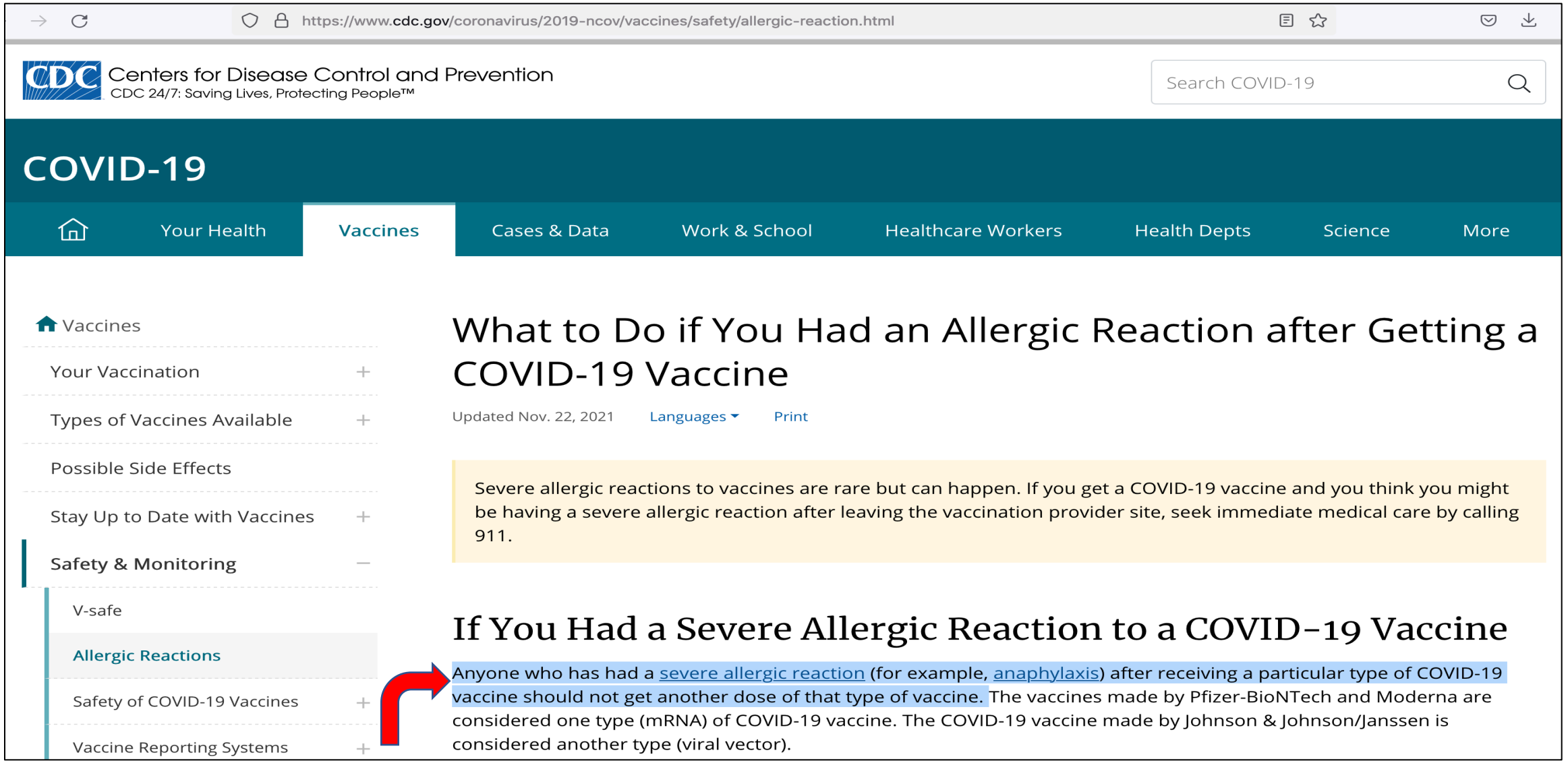
DID YOU KNOW:

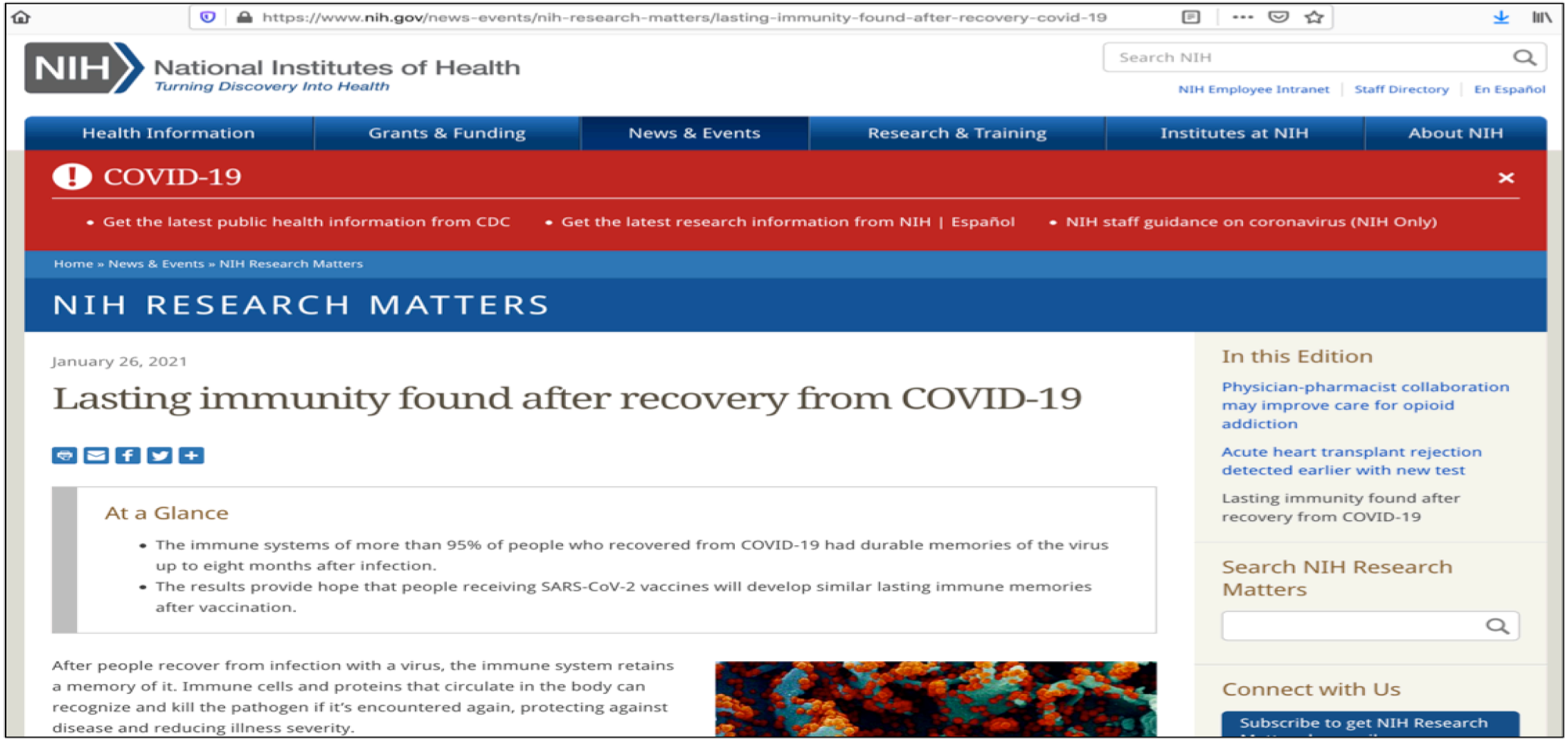
While the FDA was bad-mouthing the very drugs THEY AUTHORIZED, the key study used to go back and cancel the drugs was RETRACTED?

CDC PROOF: THE VACCINES WERE NEVER FOR EVERYBODY

Most people forgot about this, regulatory agencies lied and the media did not remind you.

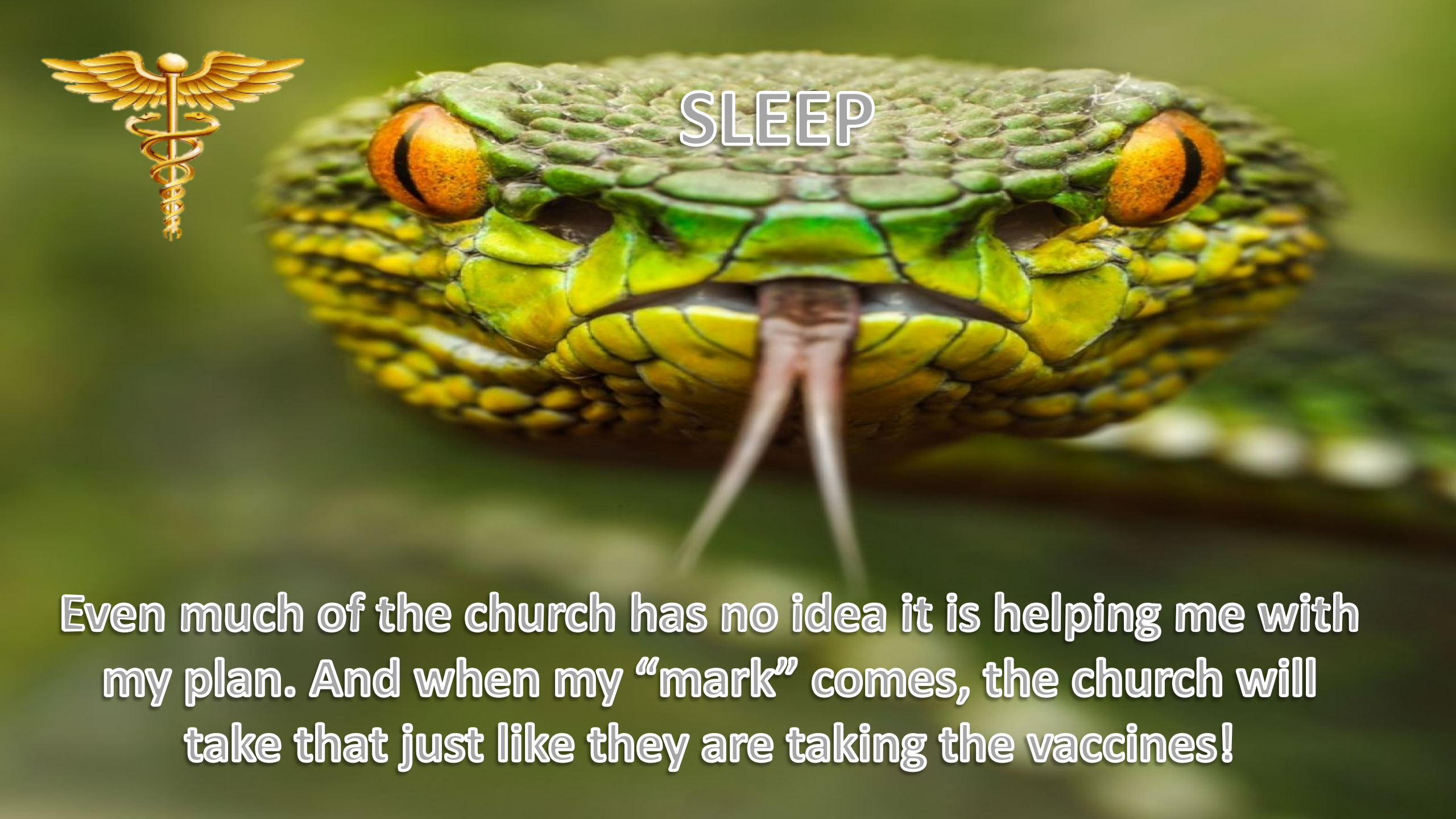


PROOF THAT MILLIONS OF AMERICANS DO NOT NEED THE COVID-19 VACCINES



The NIH is the federal government agency that oversees Dr Fauci's NIAID.

SLEEP
The man-made virus, unnecessary deadly vaccines and
manufactured Pandemic
are the biggest deception in YOUR lifetime!


SLEEP
Even much of the church has no idea it is helping me with my plan. And when my “mark” comes, the church will take that just like they are taking the vaccines!

FEDERAL GOVERNMENT AGENCIES

Quietly Paying People Injured By Covid-19 Vaccines

Why are these agencies and payments necessary if the vaccines are safe?

https://www.hrsa.gov/vaccine-compensation/data/index.html

Paying people to keep quiet?

And because the PREP Act blocks you from suing and winning against the vaccine companies and distributors.

DIRECT FROM THE FDA

PROOF THAT VACCINES ARE NOT SAFE

https://www.fda.gov/drugs/questions-and-answers-fdas-adverse-event-reporting-system-faers/faers-reporting-patie

Figure 4. This figure illustrates the patient outcome(s) for reports in FAERS since the year 2006 including reports until the first quarter of 2015. Serious outcomes include death, hospitalization, life-threatening, disability, congenital anomaly and/or other serious outcome.

Year	Deaths	Serious
2006	37,309	264,227
2007	36,689	272,324
2008	49,699	318,536
2009	63,830	373,471
2010	82,704	471,243
2011	98,469	572,992
2012	117,202	656,613
2013	116,388	707,593
2014	123,927	807,270
2015(Q1)	44,693	253,017

When They Say Vaccines Are Safe, They Are Lying

NOT COINCIDENCE

90% of what the medical "experts", politicians and regulatory agencies in this country have done during the Pandemic has caused it to spread, infect and kill more people.

This includes contaminated tests, inaccurate tests, blocking medications, changing/limiting injury-tracking databases, giving you the facts too little too late, deadly vaccines, withholding information, ineffective safety recommendations, using ventilators that kill, masks that don't work, concealing vaccine injury & death data and opening up the states, the bars, the restaurants, schools, worship centers far too early.

THE AGENCIES YOU TRUST ARE GIVING OUT MISINFORMATION

https://fos-sa.org/?p=6375

UNCATEGORIZED

"The CDC is Now Listing Vaccinated COVID-19 Deaths as Unvaccinated Deaths if They Die Within 14 Days of the Vaccine" – Dr. Simone Gold

By **FOS-SA**

SEP 4, 2021

This surprises no one. The CDC is again bastardizing results of COVID and now vaccine statistics.

MD EXPOSES CDC:

Shares 1 Of Many Ways the CDC is manipulating Covid-19 death numbers to deceive you.

Simone Gold

American physician

Overview | Education

Simone Melissa Gold is an American physician, attorney, author, and the founder of America's Frontline Doctors, an American right-wing political organization known for spreading misinformation about the COVID-19 pandemic. Wikipedia

Known for: Founding America's Frontline Doctors, participating in the 2021 storming of the United States Capitol

Books: I Do Not Consent: My Fight Against Medical Cancel Culture

Education: Renaissance School of Medicine at Stony Brook University (1997), More

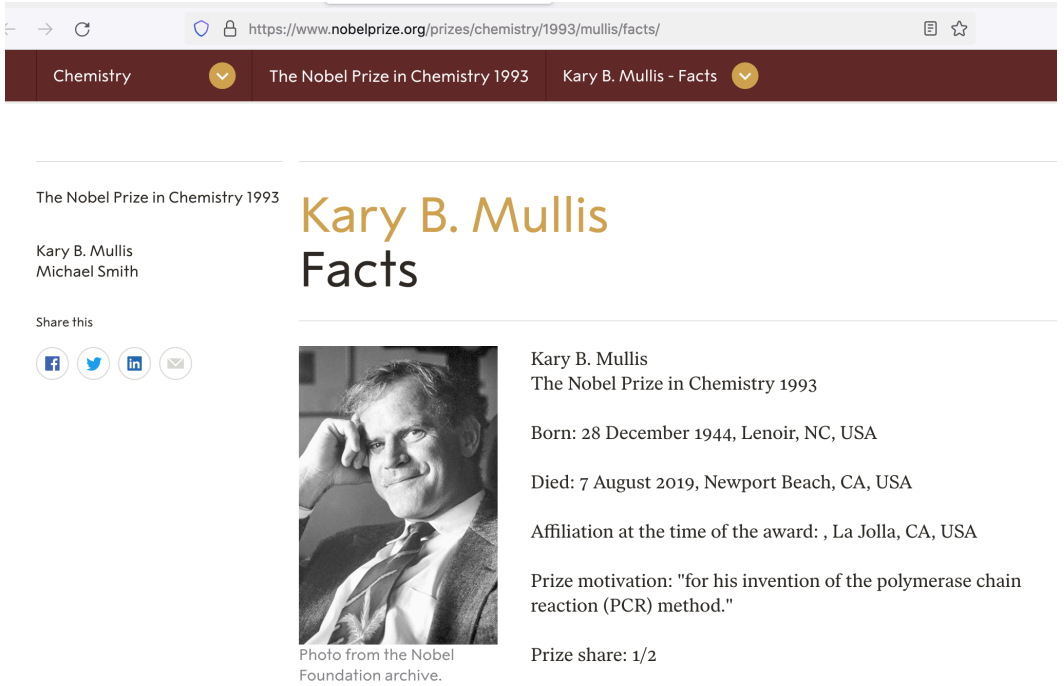
CREATOR of the PCR TEST SPEAKS OUT

The PCR Test was used and promoted in 2020/2021
as a reliable way to identify Covid-19 infections. Now we know different.

Kary Mullis

Nobel Prize Winning Biochemist
Creator of the PCR Test:

"The PCR, if you do it well, you can find almost anything in anybody. It doesn't tell you that you're sick and it doesn't tell you that the thing you ended up with is really going to hurt you."

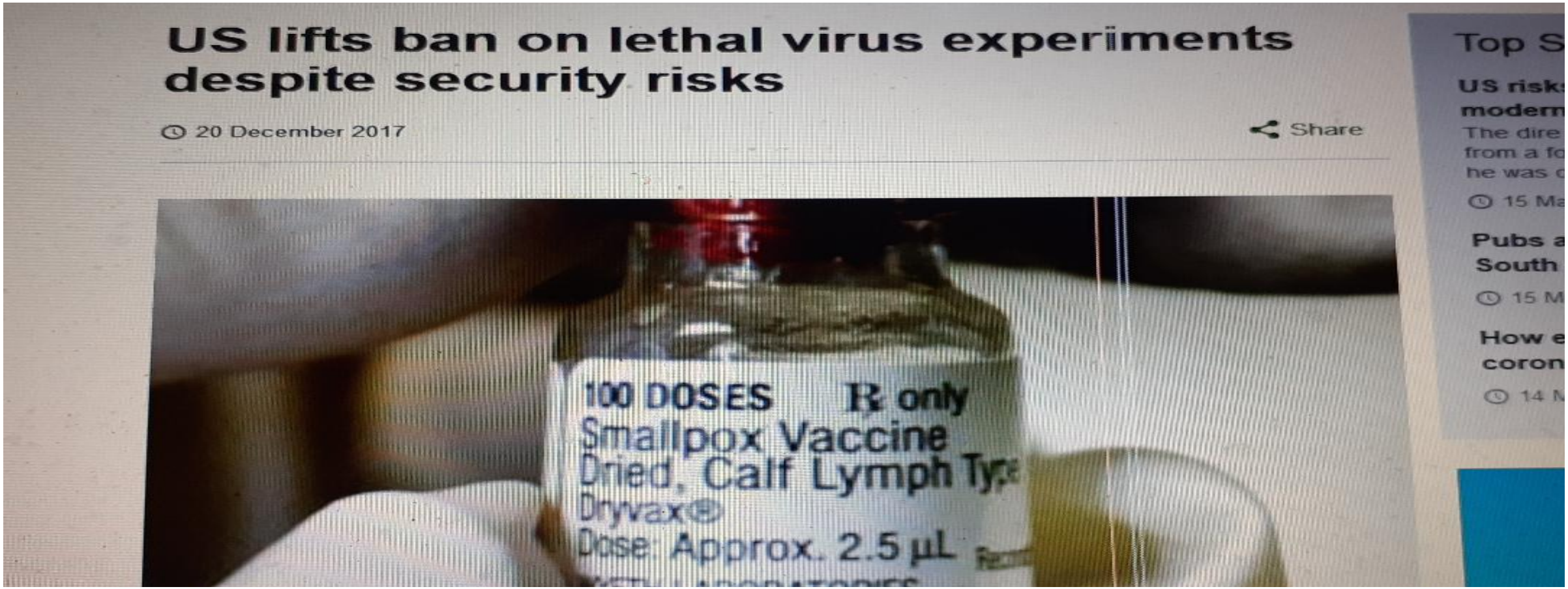


And yes, we have him saying this on video.
Died 2 months before the virus was released.

2017

The same year Dr. Fauci announced the Trump administration would have a “surprise pandemic”,

THIS ALSO HAPPENED



https://www.google.com/amp/s/www.bbc.com/news/amp/world-us-canada-42426548

Propaganda Techniques

Adapted from the Propaganda Critic Web site. For more detailed definitions and additional examples see www.propagandacritic.com.

PROPAGANDA – the use of a variety of communication techniques that create an emotional appeal to accept a particular belief or opinion, to adopt a certain behavior or to perform a particular action. There is some disagreement about whether all persuasive communication is propagandistic or whether the propaganda label can only be applied to dishonest messages.

NAME CALLING – links a person, or idea, to a negative symbol. *Examples: commie, fascist, yuppie*

GLITTERING GENERALITIES – use of virtue words; the opposite of name calling, i.e., links a person, or idea, to a positive symbol. *Examples: democracy, patriotism, family*

The next two are ways of making false connections:

TRANSFER – a device by which the propagandist links the authority or prestige of something well-respected and revered, such as church or nation, to something he would have us accept. *Example: a political activist closes her speech with a prayer*

TESTIMONIAL – a public figure or a celebrity promotes or endorses a product, a policy, or a political candidate. *Examples: an athlete appears on the Wheaties box; an actor speaks at a political rally*

The following three constitute special appeals:

PLAIN FOLKS – attempt to convince the audience that a prominent person and his ideas are "of the people." *Examples: a prominent politician eats at McDonald's; an actress is photographed shopping for groceries*

BANDWAGON – makes the appeal that "everyone else is doing it, and so should you." *Examples: an ad states that "everyone is rushing down to their Ford dealer"*

FEAR – plays on deep-seated fears; warns the audience that disaster will result if they do not follow a particular course of action. *Example: an insurance company pamphlet includes pictures of houses destroyed floods, followed up by details about home-owners' insurance.*

The next two are types of logical fallacies:

BAD LOGIC – an illogical message is not necessarily propagandistic; it can be just a logical mistake; it is propaganda if logic is manipulated deliberately to promote a cause. *Example: Senator X wants to regulate the power industry. All Communist governments regulate their power industries. Senator X is a Communist.*

UNWARRANTED EXTRAPOLATION – making huge predictions about the future on the basis of a few small facts. *Example: If the U.S. approves NAFTA, thousands of jobs and factories will move to Mexico.*

Behavioral Modification of citizens without your knowledge or conscious consent is MIND CONTROL

COVID-19 VACCINES GUARANTEE INFECTION

One of the biggest deceptions they ever perpetrated is to get you to accept that you need the virus to infect you to protect you from the virus.

Note: Infection with the Sars-Cov-2 virus does not mean automatic development of the "Covid-19" Disease, but it is happening to thousands and thousands of Americans.
Moderna and Pfizer and J&J vaccines infect you.

Think: If you don't want Covid-19, why would you take a vaccine that contains the virus that causes Covid-19?

JUDGE ORDERS FDA TO RELEASE HIDDEN PFIZER VACCINE DOCUMENTS

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION

PUBLIC HEALTH AND MEDICAL PROFESSIONALS FOR TRANSPARENCY,

Plaintiff,

v.

No. 4:21-cv-1058-P

FOOD AND DRUG ADMINISTRATION,

Defendant.

ORDER

Accordingly, having considered the Parties' arguments, filings in support, and the applicable law, the Court **ORDERS** that:

1. The FDA shall produce the "more than 12,000 pages" articulated in its own proposal, *see* ECF No. 29 at 24, **on or before January 31, 2022.**
2. The FDA shall produce the remaining documents at a rate of **55,000** pages every **30 days**, with the first production being due **on or before March 1, 2022**, until production is complete.
3. To the extent the FDA asserts any privilege, exemption, or exclusion as to any responsive record or portion thereof, FDA shall, concurrent with each production required by this Order, produce a redacted version of the record, redacting only those portions as to which privilege, exemption, or exclusion is asserted.

Judge Pittman rejected the FDA's claim that it could release redacted versions of documents at a rate of only 500 pages per month, which would have meant the full cache of documents wouldn't become public until 2096.

The documents in question relate to a Freedom of Information Act (FOIA) request filed in August 2021 by Public Health and Medical Professionals for Transparency (PHMPT), a group of more than 30 medical and public health professionals and scientists from institutions such as Harvard, Yale, and UCLA.

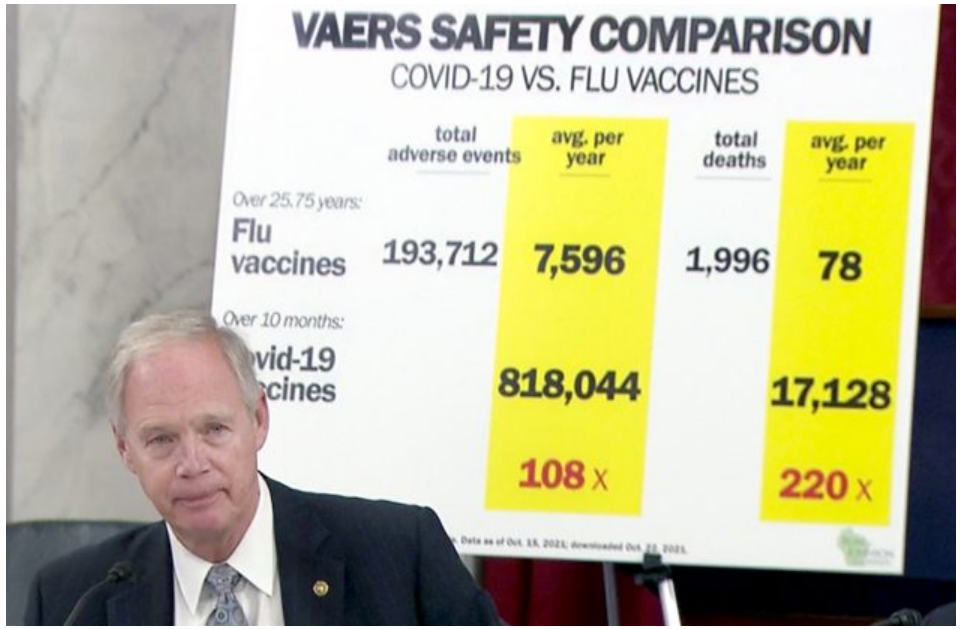
In his four-page order, Judge Pittman ordered the FDA to produce more than 12,000 pages of documents on or before Jan. 31, and thereafter to "produce the remaining documents at a rate of 55,000 pages every 30 days, with the first production being due on or before March 1, 2022, until production is complete."
According to this timeline, the almost-400,000 pages of documents will have been made public, sans redactions, within eight months, rather than by the year 2097.

In its FOIA request, PHMPT asked the FDA to release "all data and information for the Pfizer vaccine," including safety and effectiveness data, adverse reaction reports, and a list of active and inactive ingredients.

SENATOR RON JOHNSON VACCINE HEARING / PANEL ROUNDTABLE (11/2/21)

Medical Doctors, Science and Experts Expose The Vaccines

INCLUDING DR. MALONE WHO CREATED THE MRNA TECHNOLOGY IN THE VACCINES



The following medical experts and doctors took part in the panel discussion:

- **Dr Robert Malone, Inventor of the mNA technology used in Moderna and Pfizer vaccines**

•**Lieutenant Colonel Theresa Long**, Brigade Surgeon for the 1st Aviation Brigade, Ft. Rucker, Alabama, U.S. Army.

•**Dr. Linda Wastila**, professor and Parke-Davis chair in Geriatric Pharmacotherapy, University of Maryland School of Pharmacy.

•**Dr. Robert Kaplan**, a faculty member at the Stanford School of Medicine Clinical Excellence Research Center.

•**Dr. Peter Doshi**, associate professor of pharmaceutical health services research at the University of Maryland School of Pharmacy.

•**Dr. Joseph Fraiman**, board-certified emergency medicine physician.

•**Dr. Patrick Whelan**, associate clinical professor of pediatrics in the Division of Rheumatology at the University of California, Los Angele.s

•**Dr. Aditi Bhargava**, professor in the Department of Obstetrics and Gynecology and the Center for Reproductive Sciences at the University of California, San Francisco.

•**Dr. Retsef Levi**, J. Spencer Standish (1945) professor of operations management at MIT

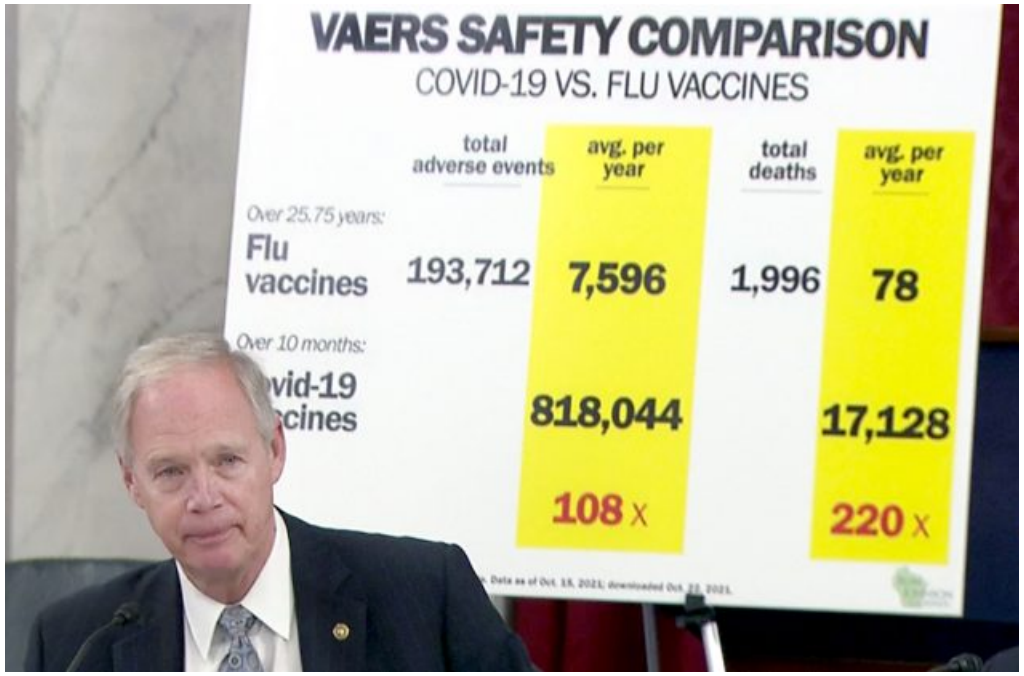
•**Dr. David Healy**, professor in the Department of Family Medicine at McMaster University in Ontario.

•**Dr. Iona Heath**, retired general practitioner from Kentish Town in London and past president, Royal College of General Practitioners.

•**Kim Witczak**, international drug safety advocate and speaker, serves as a consumer representative on the FDA Psychopharmacologic Drug Advisory Committee

SENATOR RON JOHNSON VACCINE HEARING

Guests Who Were Injured By Covid-19 Vaccines



Sen. Johnson talked with:

•**Cody Flint**, an airline pilot from Cleveland, Mississippi, who accumulated 10,000 hours of flight time was diagnosed with left and right perilymphatic fistula, Eustachian tube dysfunction and elevated intracranial pressure following Pfizer vaccination.

•**Ernest Ramirez**, a father from Austin, Texas, whose only son collapsed playing basketball and passed away from myocarditis following Pfizer vaccination.

•**Amy and Abby Alvo** from Los Angeles, California, whose daughter suffered an adverse reaction from her first dose of Pfizer vaccine, having been denied a medical exemption twice, she will be kicked off her collegiate cheer team if she is not fully vaccinated.

•**Doug Cameron**, farm operations manager from Idaho, permanently paralyzed following vaccination.

•**Kyle Werner**, a professional mountain bike racer from Boise, Idaho was diagnosed with pericarditis following vaccination.

•**Suzanna Newell**, a triathlete from Saint Paul, Minneapolis, was diagnosed with an autoimmune disease and reliant on a walker or cane to walk following vaccination.

•**Kelly Ann Rodriguez**, a young mother from Tacoma, Washington is reliant on a walker following vaccination.

•**Maddie de Garay**, a 12-year-old Pfizer clinical trial participant from Cincinnati, Ohio, is confined to a wheelchair and feeding tube.

•**Brianne Dressen**, an AstraZeneca clinical trial participant from Utah, co-founded react19.org, a patient advocacy organization dedicated to increasing awareness of adverse events.

•**Dr. Joel Wallskog**, an orthopedic surgeon from Mequon, Wisconsin, was diagnosed with transverse myelitis following Moderna vaccination.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8452996/

RHEUMATOLOGY ADVANCES IN PRACTICE

BRITISH SOCIETY FOR RHEUMATOLOGY

Rheumatol Adv Pract. 2021; 5(3): rkab050.
Published online 2021 Sep 16. doi: 10.1093/rap/rkab050

PMCID: PMC8452996
PMID: 34557622

Cutaneous vasculitis after severe acute respiratory syndrome coronavirus 2 vaccine

Ripalta Colia, Cinzia Rotondo, Addolorata Corrado, and Francesco P Cantatore

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Associated Data

▸ Data Availability Statement

DEAR EDITOR, We present the case of a young woman who developed cutaneous vasculitis after the second inoculation with Comirnaty [mRNA BNT162b2 severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccine]. Comirnaty is a vaccine for preventing coronavirus disease 2019 (COVID-19) in people aged ≥16 years. It contains mRNA with instructions for producing a protein from SARS-CoV-2, the virus that causes COVID, the so-called spike protein. This is a surface protein of the SARS-CoV-2 virus, which the virus needs to enter the cells of the body.

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> Vasc Med. 2021 Nov 1;1358863X211055507. doi: 10.1177/1358863X211055507.
Online ahead of print.

Images in Vascular Medicine: Leukocytoclastic vasculitis after COVID-19 vaccine booster

Andrew B Dicks [1], Bruce H Gray [1]

Affiliations + expand

PMID: 34720009 DOI: 10.1177/1358863X211055507

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Leukocytoclastic vasculitis as a cutaneous manifestation of ChAdOx1 nCoV-19 corona virus vaccine (recombinant).
Sandhu S, Bhatnagar A, Kumar H, Dixit PK, Paliwal G, Suhag DK, Patil C, Mitra D.
Dermatol Ther. 2021 Nov;34(6):e15141. doi: 10.1111/dth.15141. Epub 2021 Oct 5.
PMID: 34546608 Free PMC article.

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> Circulation. 2021 Dec 6. doi: 10.1161/CIRCULATIONAHA.121.056583. Online ahead of print.

Clinically Suspected Myocarditis Temporally Related to COVID-19 Vaccination in Adolescents and Young Adults

Dongngan T Truong [1], Audrey Dionne [2], Juan Carlos Muniz [3], Kimberly E McHugh [4], Michael A Portman [5], Linda M Lambert [1], Deepika Thacker [6], Matthew D Elias [7], Jennifer S Li [8], Olga H Toro-Salazar [9], Brett R Anderson [10], Andrew M Atz [4], C Monique Bohun [11], M Jay Campbell [8], Maryanne Chrisant [12], Laura D'Addese [12], Kirsten B Dummer [13], Daniel Forsha [14], Lowell H Frank [15], Olivia H Frosch [16], Sarah K Gelehrter [16], Therese M Giglia [7], Camden Hebson [17], Supriya S Jain [18], Pace Johnston [19], Anita Krishnan [15], Kristin C Lombardi [20], Brian W McCrindle [21], Elizabeth C Mitchell [22], Koichi Miyata [23], Trent Mizzi [21], Robert M Parker [24], Jyoti K Patel [25], Christina Ronai [11], Arash A Sabati [26], Jenna Schauer [5], S Kristen Sexson-Tejtel [5], J Ryan Shea [19], Lara S Shekerdemian [27], Shubhika Srivastava [6], Jodie K Votava-Smith [28], Sarah White [29], Jane W Newburger [2]

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PMID: 34865500 DOI: 10.1161/CIRCULATIONAHA.121.056583

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> J Eur Acad Dermatol Venereol. 2021 Nov 28. doi: 10.1111/jdv.17837. Online ahead of print.

Genital necrosis with cutaneous thrombosis after COVID-19 mRNA vaccination

A Kuzumi [1], A Yoshizaki [1], K Chiba [1], S Mitsuo [1], K M Matsuda [1], Y Norimatsu [1], K Nagai [1], J Omatsu [1], T Miyake [1], S Sato [1]

Affiliations + expand

PMID: 34839563 DOI: 10.1111/jdv.17837

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Vaccine-induced immune thrombotic thrombocytopenia and cerebral venous sinus thrombosis post COVID-19 vaccination; a systematic review.
Sharifian-Dorche M, Bahmanyar M, Sharifian-Dorche A, Mohammadi P, Nomovi M, Mowla A.
J Neurol Sci. 2021 Sep 15;428:117607. doi: 10.1016/j.jns.2021.117607. Epub 2021 Aug 3.
PMID: 34365148 Free PMC article. Review.

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Observational Study > J Neurol Sci. 2021 Nov 15;430:120030. doi: 10.1016/j.jns.2021.120030. Epub 2021 Oct 13.

Hospital-based observational study of neurological disorders in patients recently vaccinated with COVID-19 mRNA vaccines

Jasmine Shimin Koh [1], Rebecca Hui Min Hoe [2], Ming Hui Yong [3], Hui Jin Chiew [2], Yihui Goh [4], Kok Pin Yong [5], Tian Ming Tu [6], Derrick Wei Shih Chan [7], Benjamin Yong-Qiang Tan [4], Leonard Leong Litt Yeo [4], Amy May Lin Quek [4], Isabel Siow [8], Monica Saini [2], Jasmyn Angon [9], Sharmini Rathakrishnan [9], Geraldine Jiangyan Chen [10], Andrew Che-Fai Hui [11], Aftab Ahmad [11], Moe Pearl Shwe [11], Kevin Tan [2], Raymond Chee Seong Seet [4], Mingshi Cai [12], Si Min Kuo [12], Ling Li Foo [12], Thirugnanam Umapathi [2]

Affiliations + expand

PMID: 34688190 PMCID: PMC8511874 DOI: 10.1016/j.jns.2021.120030

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> Intensive Care Med. 2021 Jul;47(7):790–791. doi: 10.1007/s00134-021-06425-y. Epub 2021 May 13.

Fatal cerebral venous sinus thrombosis after COVID–19 vaccination

Matthieu Jamme [1] [2], Elie Mosnino [3], Jan Hayon [3], Guillaume Franchineau [3] [4]

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PMID: 33983464 PMCID: PMC8117129 DOI: 10.1007/s00134-021-06425-y

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Case Reports > BMJ Case Rep. 2021 Jul 14;14(7):e243975. doi: 10.1136/bcr-2021-243975.

Pulmonary embolism, transient ischaemic attack and thrombocytopenia after the Johnson & Johnson COVID-19 vaccine

Bilal Malik [1], Atefeh Kalantary [2], Kamal Rikabi [2], Arvind Kunadi [3]

Affiliations + expand

PMID: 34261635 PMCID: PMC8280905 DOI: 10.1136/bcr-2021-243975

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Abstract

As with past illnesses, an approach has been taken to vaccinate the population and halt the spread of COVID-19. On 13 April 2021, the US Food and Drug Administration called for a halt in the administration of the Johnson & Johnson (J&J) COVID-19 vaccine due to reports of thrombosis and thrombocytopenia being associated with vaccination. We present the case of a 43-year-old

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Case Reports > Am J Cardiol. 2021 Oct 1;156:129-131. doi: 10.1016/j.amjcard.2021.06.047. Epub 2021 Jul 12.

Acute Myocardial Infarction Within 24 Hours After COVID-19 Vaccination

Jonathan G Sung [1], Piotr S Sobieszczyk [1], Deepak L Bhatt [2]

Affiliations + expand

PMID: 34364657 PMCID: PMC8272970 DOI: 10.1016/j.amjcard.2021.06.047

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Abstract

COVID-19 vaccination was launched in the United States in mid-December 2020. There are limited data on the risk of thrombotic events related to COVID-19 vaccines. In conclusion, we report 2 cases of acute myocardial infarction with onset <24 hours after the first dose of a COVID-19 vaccine in patients presenting with shoulder pain.

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Review > J Autoimmun. 2021 Sep;123:102706. doi: 10.1016/j.jaut.2021.102706.
Epub 2021 Jul 15.

Acute autoimmune-like hepatitis with atypical anti-mitochondrial antibody after mRNA COVID-19 vaccination: A novel clinical entity?

Michele Ghielmetti [1], Helen Dorothea Schaufelberger [2], Giorgina Mieli-Vergani [3], Andreas Cerny [4], Eric Dayer [5], Diego Vergani [6], Benedetta Terziroli Beretta-Piccoli [7]

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PMID: 34293683 PMCID: PMC8279947 DOI: 10.1016/j.jaut.2021.102706
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Abstract

Autoimmune phenomena and clinically apparent autoimmune diseases, including autoimmune hepatitis, are increasingly been reported not only after natural infection with the SARS-CoV-2 virus, but also after vaccination against it. We report the case of a 63-year old man without a

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Case Reports > J Autoimmun. 2021 Sep;123:102710. doi: 10.1016/j.jaut.2021.102710. Epub 2021 Jul 28.

Autoimmune hepatitis triggered by SARS-CoV-2 vaccination

Élise Vuille-Lessard [1], Matteo Montani [2], Jaume Bosch [3], Nasser Semmo [4]

Affiliations + expand

PMID: 34332438 PMCID: PMC8316013 DOI: 10.1016/j.jaut.2021.102710

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Abstract

The development of autoimmune diseases has been reported after SARS-CoV-2 infection. Vaccination against SARS-CoV-2 could also trigger auto-immunity, as it has been described with other vaccines. An aberrant immune response induced by molecular mimicry and bystander activation, especially in predisposed individuals, is a potential mechanism. We report the case of a

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Case Reports > Ugeskr Laeger. 2021 Aug 30;183(35):V05210455.

[Guillian Barré syndromeafter mRNA-1273 vaccination against COVID-19]

[Article in Danish]

Søren Kirchhoff Christensen, Martin Ballegaard, Magnus Spangsberg Boesen [1]

Affiliations + expand

PMID: 34477091

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Abstract

Vaccination may on rare occasions trigger Guillian Barré syndrome, and the syndrome has previously been associated with vaccines against H1N1 swine flu. We present a case report of a

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Case Reports > Cureus. 2021 Jun 26;13(6):e15935. doi: 10.7759/cureus.15935. eCollection 2021 Jun.

Bell's Palsy After 24 Hours of mRNA-1273 SARS-CoV-2 Vaccine

Haris Iftikhar [1], Syeda Mishkaat U Noor [1], Maarij Masood [1], Khalid Bashir [1]

Affiliations + expand

PMID: 34336436 PMCID: PMC8312995 DOI: 10.7759/cureus.15935

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Abstract

Coronavirus disease 2019 (COVID-19) has become the fastest-spreading pandemic of the 21st century. Various vaccines have been made available via emergency use authorization. Currently, two mRNA vaccines are being offered internationally, BNT162b2 and mRNA-1273. In randomized trials of these vaccines, the incidence of Bell's palsy in the vaccinated group does not statistically exceed the placebo group. The FDA recommends increased surveillance for Bell's palsy as a potential side effect with the administration of the vaccines among larger populations globally. There have been a few case reports of Bell's palsy associated with mRNA vaccines. Type I

https://pubmed.ncbi.nlm.nih.gov/33825239/

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Case Reports > Clin Exp Allergy. 2021 Jun;51(6):861-863. doi: 10.1111/cea.13874.
Epub 2021 Apr 9.

Polyethylene glycol (PEG) is a cause of anaphylaxis to the Pfizer/BioNTech mRNA COVID-19 vaccine

Priya Sellaturay [1], Shuaib Nasser [1], Sabita Islam [2], Padmalal Gurugama [1], Pamela W Ewan [1 3]

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PMID: 33825239 PMCID: PMC8251011 DOI: 10.1111/cea.13874

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> Clin Immunol. 2021 Jun;227:108748. doi: 10.1016/j.clim.2021.108748. Epub 2021 Apr 28.

Anaphylaxis associated with the mRNA COVID-19 vaccines: Approach to allergy investigation

Viktorija Erdeljic Turk [1]

Affiliations + expand

PMID: 33932618 PMCID: PMC8080508 DOI: 10.1016/j.clim.2021.108748

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Abstract

Reports about cases of anaphylaxis to mRNA vaccines have created anxiety in the community and could increase vaccine hesitancy in the population. There are no standardized protocols for allergy testing to mRNA vaccines. PEG is currently the only excipient in both vaccines with recognized allergenic potential. Allergy to PEG has been reported with increasing frequency over recent years, often in patients who had repeated systemic allergic reactions/anaphylaxis to several classes of

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Case Reports > J Korean Med Sci. 2021 Aug 16;36(32):e229.
doi: 10.3346/jkms.2021.36.e229.

Cardiac Imaging of Acute Myocarditis Following COVID-19 mRNA Vaccination

In Cheol Kim [1] [2], Hyungseop Kim [3], Hee Jeong Lee [1], Ji Yoon Kim [1], Jin Young Kim [4]

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PMID: 34402228 PMCID: PMC8369314 DOI: 10.3346/jkms.2021.36.e229
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Abstract

Increasing rates of coronavirus disease 2019 (COVID-19) vaccination coverage will result in more vaccine-related side effects, including acute myocarditis. In Korea, we present a 24-year-old male with acute myocarditis following COVID-19 vaccination (BNT162b2). His chest pain developed the

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June 29, 2021

Patients With Acute Myocarditis Following mRNA COVID-19 Vaccination

Han W. Kim, MD[1,2]; Elizabeth R. Jenista, PhD[1,2]; David C. Wendell, PhD[1,2]; et al

» Author Affiliations | Article Information

JAMA Cardiol. 2021;6(10):1196-1201. doi:10.1001/jamacardio.2021.2828

COVID-19 Resource Center

Editorial Comment

Related Articles

Key Points

Question Is COVID-19 vaccination linked to the occurrence of myocarditis?

Findings In this study of 7 patients with acute myocarditis, 4 occurred within 5 days of COVID-19 vaccination between February 1 and April 30, 2021. All 4 patients had received the second dose of a messenger RNA (mRNA) vaccine, presented with severe chest pain, had biomarker evidence of myocardial injury, were hospitalized, and had cardiac magnetic resonance imaging findings typical of myocarditis.

Meaning Although causality cannot be established, the findings raise the possibility of an association between mRNA COVID-19 vaccination and acute myocarditis.

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Editorial > Heart Lung Circ. 2021 Oct;30(10):1425-1429. doi: 10.1016/j.hlc.2021.07.011.

Epub 2021 Jul 31.

Myocarditis, Pericarditis and Cardiomyopathy After COVID-19 Vaccination

Salvatore Pepe [1], Ann T Gregory [2], A Robert Denniss [3]

Affiliations + expand

PMID: 34340927 PMCID: PMC8324414 DOI: 10.1016/j.hlc.2021.07.011

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> Eur J Case Rep Intern Med. 2021 Jun 14;8(7):002681. doi: 10.12890/2021_002681. eCollection 2021.

COVID-19 mRNA Vaccine and Myocarditis

Balraj Singh [1], Parminder Kaur [2], Leon Cedeno [3], Taulant Brahimi [3], Prem Patel [2], Hartaj Virk [2], Fayez Shamoon [2], Manesh Bikkina [2]

Affiliations + expand

PMID: 34268277 PMCID: PMC8276934 DOI: 10.12890/2021_002681
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Abstract

Coronavirus disease 2019 (COVID-19) is believed to have originated in the Hua nan South China Seafood Market in Wuhan and can present with a spectrum of clinical manifestations. We report the case of 24-year-old male patient who developed chest pain after administration of the second dose of the Pfizer-BioNTech mRNA COVID-19 vaccine and who was diagnosed with myocarditis on work-up.

Learning points: Localized injection site reactions and systemic adverse effects can occur after administration of the various COVID-19 vaccines.Healthcare providers should maintain a high index of suspicion regarding myocarditis after mRNA COVID-19 vaccination in the appropriate clinical scenario.

https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.121.056135

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Myocarditis With COVID-19 mRNA Vaccines

Biykem Bozkurt, MD, PhD; Ishan Kamat, MD; Peter J. Hotez, MD, PhD

ABSTRACT: Myocarditis has been recognized as a rare complication of coronavirus disease 2019 (COVID-19) mRNA vaccinations, especially in young adult and adolescent males. According to the US Centers for Disease Control and Prevention, myocarditis/pericarditis rates are ≈12.6 cases per million doses of second-dose mRNA vaccine among individuals 12 to 39 years of age. In reported cases, patients with myocarditis invariably presented with chest pain, usually 2 to 3 days after a second dose of mRNA vaccination, and had elevated cardiac troponin levels. ECG was abnormal with ST elevations in most, and cardiac MRI was suggestive of myocarditis in all tested patients. There was no evidence of acute COVID-19 or other viral infections. In 1 case, a cardiomyopathy gene panel was negative, but autoantibody levels against certain self-antigens and frequency of natural killer cells were increased. Although the mechanisms for development of myocarditis are not clear, molecular mimicry between the spike protein of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) and self-antigens, trigger of preexisting dysregulated immune pathways in certain individuals, immune response to mRNA, and activation of immunologic pathways, and dysregulated cytokine expression have been proposed. The reasons for male predominance in myocarditis cases are unknown, but possible explanations relate to sex hormone differences in immune response and myocarditis, and also underdiagnosis of cardiac disease in women. Almost all patients had resolution of symptoms and signs and improvement in diagnostic markers and imaging with or without treatment. Despite rare cases of myocarditis, the benefit-risk assessment for COVID-19 vaccination shows a favorable balance for all age and sex groups; therefore, COVID-19 vaccination is recommended for everyone ≥12 years of age.

Key Words: COVID-19 ■ COVID-19 vaccines ■ mRNA vaccine ■ myocarditis ■ pericarditis ■ SARS-CoV-2 ■ vaccination

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Ann Intern Med. 2021 Oct;174(10):1480-1482. doi: 10.7326/L21-0244. Epub 2021 Jun 29.

Thrombosis With Thrombocytopenia After the Messenger RNA-1273 Vaccine

Swathi Sangli [1], Ahmed Virani [1], Nicholas Cheronis [1], Brittany Vannatter [1], Corbyn Minich [1], Shaun Noronha [1], Rama Bhagavatula [1], Daniel Speredelozzi [1], Meera Sareen [1], Robert B Kaplan [1]

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Am J Hematol. 2021 Sep 1;96(9):E357-E361. doi: 10.1002/ajh.26272. Epub 2021 Jun 26.

Cerebral venous thrombosis post BNT162b2 mRNA SARS-CoV-2 vaccination: A black swan event

Bingwen Eugene Fan [1,2], Jia Yi Shen [3], Xin Rong Lim [4], Tian Ming Tu [3], Cheng Chieh Ray Chang [1], Hnin Su Wai Khin [3], Jasmine Shimin Koh [3], Jai Prashanth Rao [5], Soon Lee Lau [6], Guat Bee Tan [6], Yew Woon Chia [7], Kay Yaw Tay [3], Shahul Hameed [3], Thirugnanam Umapathi [3], Kiat Hoe Ong [1,2], Banumukala Madhava Rao Vishnu Prasad [2]

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Am J Hematol. 2021 May 1;96(5):534-537. doi: 10.1002/ajh.26132. Epub 2021 Mar 9.

Thrombocytopenia following Pfizer and Moderna SARS-CoV-2 vaccination

Eun-Ju Lee [1], Douglas B Cines [2], Terry Gernsheimer [3], Craig Kessler [4], Marc Michel [5], Michael D Tarantino [6], John W Semple [7], Donald M Arnold [8], Bertrand Godeau [5], Michele P Lambert [9 10], James B Bussel [11]

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PMID: 33606296 PMCID: PMC8014568 DOI: 10.1002/ajh.26132

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Case Reports > J Blood Med. 2021 Apr 6;12:221-224. doi: 10.2147/JBM.S307047. eCollection 2021.

Severe, Refractory Immune Thrombocytopenia Occurring After SARS-CoV-2 Vaccine

Jackie M Helms [1], Kristin T Ansteatt [1], Jonathan C Roberts [1 2], Sravani Kamatam [3], Kap Sum Foong [2 3], Jo-Mel S Labayog [4], Michael D Tarantino [1 2]

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PMID: 33854395 PMCID: PMC8040692 DOI: 10.2147/JBM.S307047

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US Case Reports of Cerebral Venous Sinus Thrombosis With Thrombocytopenia After Ad26.COV2.S Vaccination, March 2 to April 21, 2021

Isaac See, MD[1]; John R. Su, MD, PhD, MPH[1]; Allison Lale, MD, MPH[1]; et al

» Author Affiliations | Article Information

JAMA. 2021;325(24):2448-2456. doi:10.1001/jama.2021.7517

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Case Reports > JAMA. 2021 Jun 22;325(24):2448-2456. doi: 10.1001/jama.2021.7517.

US Case Reports of Cerebral Venous Sinus Thrombosis With Thrombocytopenia After Ad26.COV2.S Vaccination, March 2 to April 21, 2021

Isaac See [1], John R Su [1], Allison Lale [1], Emily Jane Woo [2], Alice Y Guh [1], Tom T Shimabukuro [1], Michael B Streiff [3], Agam K Rao [1], Allison P Wheeler [4], Suzanne F Beavers [1], Anna P Durbin [3], Kathryn Edwards [4], Elaine Miller [1], Theresa A Harrington [1], Adamma Mba-Jonas [2], Narayan Nair [2], Duong T Nguyen [1], Kawsar R Talaat [3], Victor C Urrutia [3], Shannon C Walker [4], C Buddy Creech [4], Thomas A Clark [1], Frank DeStefano [1], Karen R Broder [1]

Affiliations + expand

PMID: 33929487 PMCID: PMC8087975 DOI: 10.1001/jama.2021.7517

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Leaked Pfizer Document to the FDA (In Early 2021) Proves Pfizer Knew Their Vaccine Was Unsafe and Deadly

7 Pages Follow

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Pfizer's Own Report Proves Their Vaccine Unsafe and Deadly

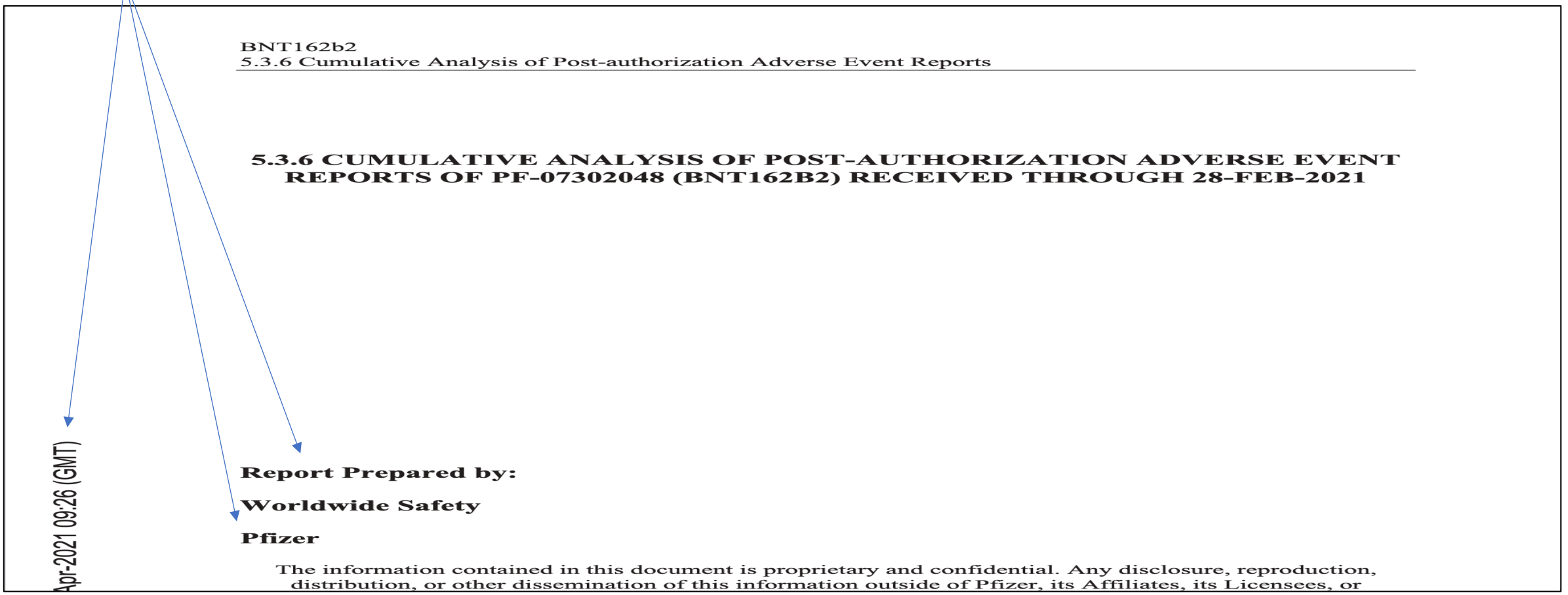
This "confidential" report is from Pfizer itself. Look at the charts and numbers of deaths, illnesses and injuries from their Covid-19 vaccines. They knew about this in April of 2021 when the report was released, yet the CDC, FDA and Pfizer continued to lie and say the vaccines were "safe".

https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf

Page 6: 158,893 injuries, most from United States
Page 7: Fatal 1,223, Unrecovered 11,361
Page 7: Nervous System Disorders 25,957 Poisoning 5,590
Page 8-9: Look at All the Vaccine Damage and Disorders (Table 1, Table 2)
And don't buy the lie that (1) this is coincidence, (2) these are small numbers.
The numbers are even higher and every person dying after taking the vaccines matters.

*** Note: If the report is taken down by the time you check it,**
send an email request to us and we will send you the entire report.

PFIZER'S OWN REPORT TO FDA EXPOSES THEIR DANGEROUS VACCINE



BNT162b2
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021

Report Prepared by:

Worldwide Safety

Pfizer

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*"The document reveals that within just 90 days after the EUA release of Pfizer's mRNA vaccine, the company was already aware of voluntary adverse reaction reports that revealed **1,223 deaths** and over **42,000 adverse reports** describing a total of **158,893 adverse reactions**. The reports originated from numerous countries, including the United States, United Kingdom, Italy, Germany, France, Portugal, Spain and other nations."*

https://thetruthaboutvaccines.com/smoking-gun-confidential-pfizer-document/

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Table 1 below presents the main characteristics of the overall cases.

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

Characteristics		Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17 18-30 31-50 51-64 65-74 ≥ 75 Unknown	175[a] 4953 13886 7884 3098 5214 6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400

a. in 46 cases reported age was <16-year-old and in 34 cases <12-year-old.

As shown in Figure 1, the System Organ Classes (SOCs) that contained the greatest number (≥2%) of events, in the overall dataset, were General disorders and administration site conditions (51,335 AEs), Nervous system disorders (25,957), Musculoskeletal and connective tissue disorders (17,283), Gastrointestinal disorders (14,096), Skin and subcutaneous tissue disorders (8,476), Respiratory, thoracic and mediastinal disorders (8,848), Infections and infestations (4,610), Injury, poisoning and procedural complications (5,590), and Investigations (3,693).

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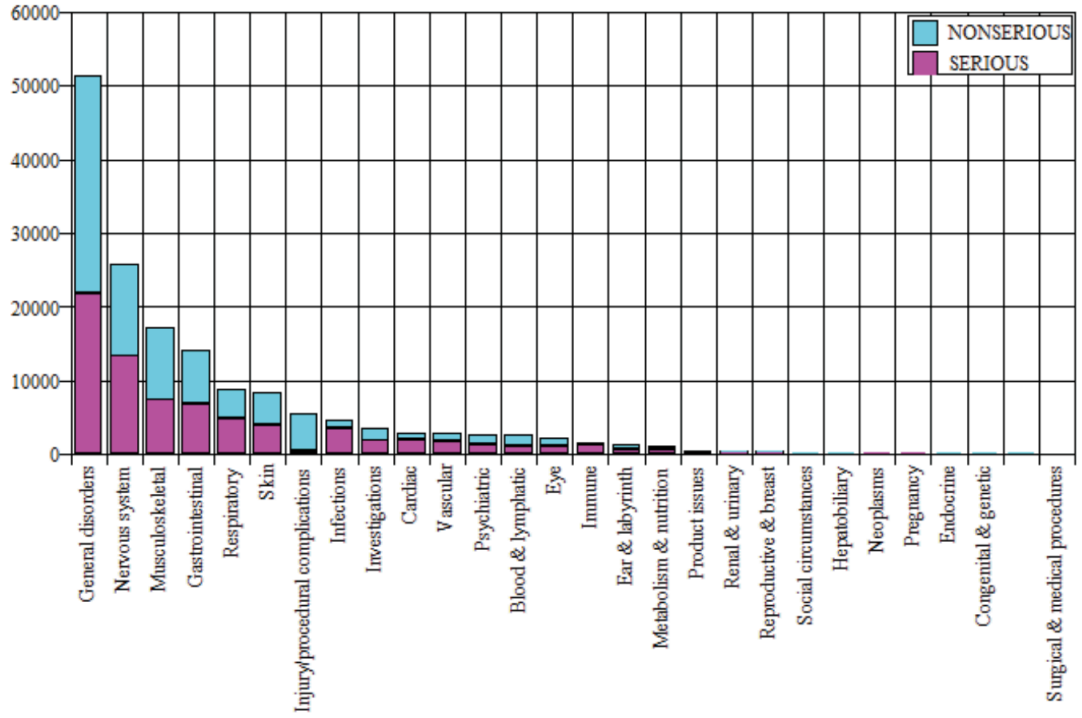
PFIZER VACCINE DAMAGE
From April, 2021 Pfizer Report to FDA
PAGE 8

BNT162b2
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Figure 1. Total Number of BNT162b2 AEs by System Organ Classes and Event Seriousness



BNT162b2
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Figure 1. Total Number of BNT162b2 AEs by System Organ Classes and Event Seriousness

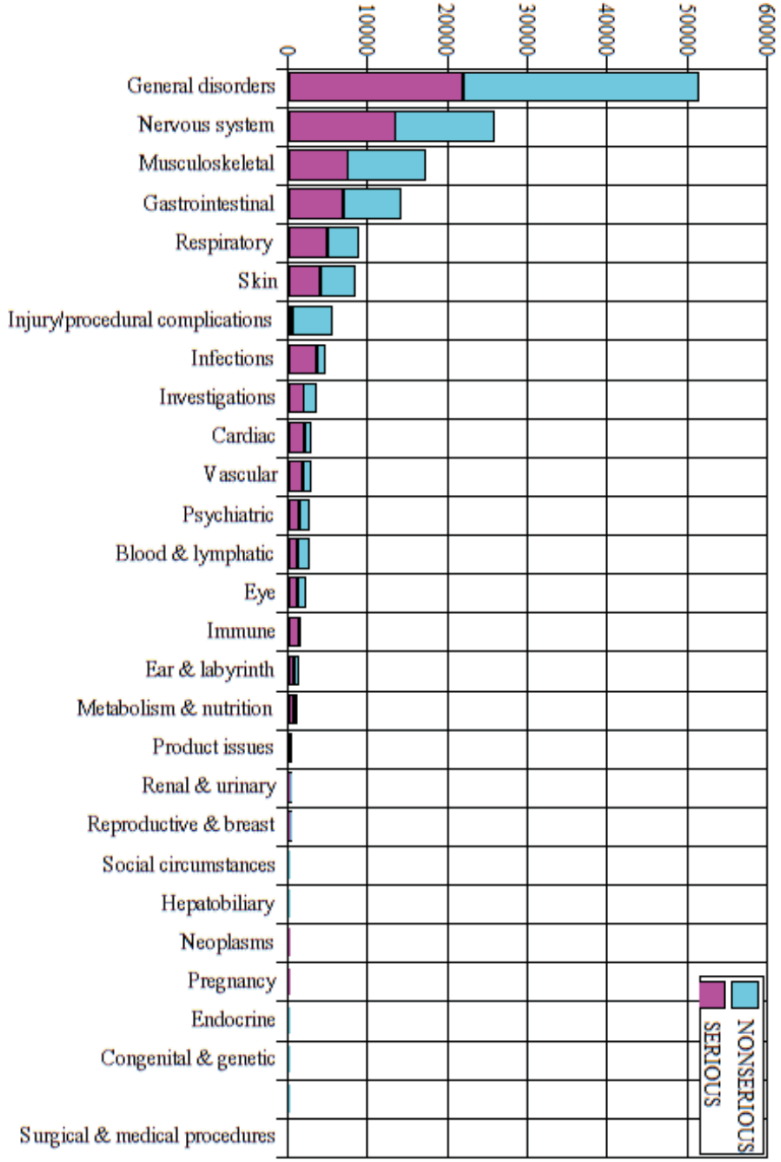


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Table 2 shows the most commonly (≥2%) reported MedDRA (v. 23.1) PTs in the overall dataset (through 28 February 2021),

Table 2. Events Reported in ≥2% Cases

		Cumulatively Through 28 February 2021
MedDRA SOC	**MedDRA PT**	**AEs (AERP%) N = 42086**
Blood and lymphatic system disorders		
	Lymphadenopathy	1972 (4.7%)
Cardiac disorders		
	Tachycardia	1098 (2.6%)
Gastrointestinal disorders		
	Nausea	5182 (12.3%)
	Diarrhoea	1880 (4.5%)
	Vomiting	1698 (4.0%)
General disorders and administration site conditions		
	Pyrexia	7666 (18.2%)
	Fatigue	7338 (17.4%)
	Chills	5514 (13.1%)
	Vaccination site pain	5181 (12.3%)

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Table 2. Events Reported in ≥2% Cases

MedDRA SOC	MedDRA PT	Cumulatively Through 28 February 2021 AEs (AERP%) N = 42086
	Pain	3691 (8.8%)
	Malaise	2897 (6.9%)
	Asthenia	2285 (5.4%)
	Drug ineffective	2201 (5.2%)
	Vaccination site erythema	930 (2.2%)
	Vaccination site swelling	913 (2.2%)
	Influenza like illness	835 (2%)
Infections and infestations		
	COVID-19	1927 (4.6%)
Injury, poisoning and procedural complications		
	Off label use	880 (2.1%)
	Product use issue	828 (2.0%)
Musculoskeletal and connective tissue disorders		
	Myalgia	4915 (11.7%)
	Pain in extremity	3959 (9.4%)
	Arthralgia	3525 (8.4%)
Nervous system disorders		
	Headache	10131 (24.1%)
	Dizziness	3720 (8.8%)
	Paraesthesia	1500 (3.6%)
	Hypoaesthesia	999 (2.4%)
Respiratory, thoracic and mediastinal disorders		
	Dyspnoea	2057 (4.9%)
	Cough	1146 (2.7%)
	Oropharyngeal pain	948 (2.3%)
Skin and subcutaneous tissue disorders		
	Pruritus	1447 (3.4%)
	Rash	1404 (3.3%)
	Erythema	1044 (2.5%)
	Hyperhidrosis	900 (2.1%)
	Urticaria	862 (2.1%)
Total number of events		**93473**

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Table 7. AESIs Evaluation for BNT162b2

AESIs[a] Category	Post-Marketing Cases Evaluation[b] Total Number of Cases (N=42086)
Anaphylactic Reactions *Search criteria: Anaphylactic reaction SMQ (Narrow and Broad, with the algorithm applied), selecting relevant cases according to BC criteria*	Please refer to the Risk 'Anaphylaxis' included above in Table 4.
Cardiovascular AESIs *Search criteria: PTs Acute myocardial infarction; Arrhythmia; Cardiac failure; Cardiac failure acute; Cardiogenic shock; Coronary artery disease; Myocardial infarction; Postural orthostatic tachycardia syndrome; Stress cardiomyopathy; Tachycardia*	• Number of cases: 1403 (3.3% of the total PM dataset), of which 241 are medically confirmed and 1162 are non-medically confirmed; • Country of incidence: UK (268), US (233), Mexico (196), Italy (141), France (128), Germany (102), Spain (46), Greece (45), Portugal (37), Sweden (20), Ireland (17), Poland (16), Israel (13), Austria, Romania and Finland (12 each), Netherlands (11), Belgium and Norway (10 each), Czech Republic (9), Hungary and Canada (8 each), Croatia and Denmark (7 each), Iceland (5); the remaining 30 cases were distributed among 13 other countries; • Subjects' gender: female (1076), male (291) and unknown (36); • Subjects' age group (n = 1346): Adult[c] (1078), Elderly[d] (266) Child[e] and Adolescent[f] (1 each); • Number of relevant events: 1441, of which 946 serious, 495 non-serious; in the cases reporting relevant serious events; • Reported relevant PTs: Tachycardia (1098), Arrhythmia (102), Myocardial infarction (89), Cardiac failure (80), Acute myocardial infarction (41), Cardiac failure acute (11), Cardiogenic shock and Postural orthostatic tachycardia syndrome (7 each) and Coronary artery disease (6); • Relevant event onset latency (n = 1209): Range from <24 hours to 21 days, median <24 hours;

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Table 6. Description of Missing Information

Topic	Description
Missing Information	**Post Authorization Cases Evaluation (cumulative to 28 Feb 2021) Total Number of Cases in the Reporting Period (N=42086)**
Use in Pregnancy and lactation	• Number of cases: 413[a] (0.98% of the total PM dataset); 84 serious and 329 non-serious; • Country of incidence: US (205), UK (64), Canada (31), Germany (30), Poland (13), Israel (11); Italy (9), Portugal (8), Mexico (6), Estonia, Hungary and Ireland, (5 each), Romania (4), Spain (3), Czech Republic and France (2 each), the remaining 10 cases were distributed among 10 other countries. Pregnancy cases: 274 cases including: • 270 mother cases and 4 foetus/baby cases representing 270 unique pregnancies (the 4 foetus/baby cases were linked to 3 mother cases; 1 mother case involved twins). • Pregnancy outcomes for the 270 pregnancies were reported as spontaneous abortion (23), outcome pending (5), premature birth with neonatal death, spontaneous abortion with intrauterine death (2 each), spontaneous abortion with neonatal death, and normal outcome (1 each). No outcome was provided for 238 pregnancies (note that 2 different outcomes were reported for each twin, and both were counted). • 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). • 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

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THIS COMPLETES THE VAX-CON 2022 REPORT

For questions, more proof, to contact us, schedule a Zoom briefing or to debate any issue raised herein, send an email to sarscov2exposed@gmail.com.

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