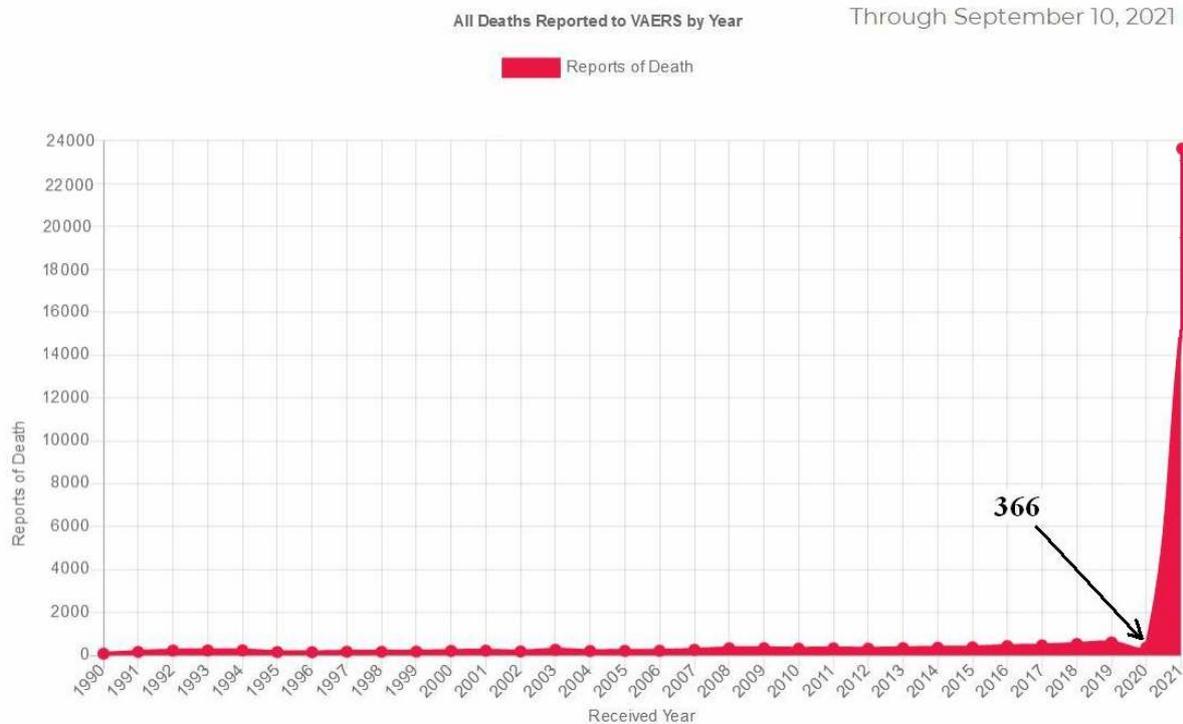


The most dangerous drugs ever unleashed on the human population in the history of medicine

Brendan Godwin; 29th September 2021; Australian Bureau of Meteorology (Retired)



VAERS Deaths from Vaccines to the 10th of September 2021

Keywords: Coronavirus; SARS-Cov-2; Vaccine, Gene therapy, Spike protein; Adverse event; Side effect; Mortality.

Abstract

SARS-Cov-2 was manufactured in a lab and unleashed on the world by China in late 2019. Since then the politicians and political bureaucrats have been on a crusade to have a vaccine invented and everyone jabbed. Medical science always tries to treat any disease early. The earlier you can find and treat a disease the better the chances of survival are. But with this virus, the politicians and political bureaucrats ignored and vilified known early anti-viral treatments and government policy is that there be no early treatment. Medical scientists had been trying to invent a vaccine for SARS-Cov-1 since 2003 without success. Vaccine development normally takes several to 10 years. But, as if by a miracle, the world seemingly had several inside a year.

But what we have are not vaccines. They do not pass the patentable, legal or clinical definition of a vaccine in that they do nothing to prevent infection. They are gene therapy. They are patented as gene therapy. Calling them a vaccine is misleading and deceiving in the extreme.

It is not fully known what is in any of these drugs. They contain genetic material encoded with genetic instructions known as the gene sequence. We do not know what that is. They contain ingredients that are not listed as ingredients.

There are two very serious safety issues with the drugs. When in the body they generate a synthetic spike protein which is a toxin and in one of the lipid nano particles is grapheme oxide, a substance known to be poisonous to humans. The spike protein was seen in 2005 as a highly malleable bioweapon. It has been known for a long time to be a dangerous toxin. The injections destroy a persons' innate immune system and they have destroyed the blood and organ donation systems. In the rush to get these drugs into people, very basic safety tests were not done.

The real world data shows that these drugs are not working. They are not stopping infections, nor transmissibility and nor deaths. Now governments are selling and people are falling for this crazy logic of "take a booster – because the 1st two shots did not work". When injected, the gene sequence causes the body to generate a synthetic computer generated spike protein. The theory is that, when exposed to the virus' real spike protein, the body will have an immunity to that as well. There is zero clinical evidence that is occurring. With a destroyed natural immune system the jabbed people are now the dangerous spreaders. They have no protection, either from the jab or their natural immune system.

Safety and efficacy were never a concern. There became a sense of urgency to get people jabbed up with a known to be dangerous spike protein.

The number of deaths and serious side effects are staggering. Historically when deaths reported from a drug reached 50 on the CDC VAERS database, the drug was immediately withdrawn from the market for safety reasons. See the VAERS chart above.

Experts have trawled through the global adverse events and estimate global deaths to be at least 500,000 with 10 mil side effects half of those serious. The mortality rate from taking one of these shots in the US is 1 in 15,500. The rate for serious permanent side effect is 1 in 2,200.

The injections of these drugs has taken the lives of half a million people and destroyed the lives of 10 million more. The evidence clearly shows they have not saved one life.

Anyone who thinks that a drug, that is unable to recognize a virus and prevent it's infection, but will prevent you from dying from it, is living an illusion.

Ingredients

The published list of ingredients for the **Pfizer mRNA** drug are:¹

- *mRNA*
- Lipids (including ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3- phosphocholine, and cholesterol)
- Potassium chloride
- Monobasic potassium phosphate
- Sodium chloride
- Dibasic sodium phosphate dehydrate
- Sucrose

The *mRNA* for Pfizer has been transcribed from a Chinese hamster.²

The published list of ingredients for the AstraZeneca drug are:³

What each does is described in the reference but Messenger RNA, or *mRNA* is genetic material that can instruct human cells to make a coronavirus protein called spike. Once manufactured, the spike protein teaches the immune system to recognize the coronavirus so it can be fought off in the future. That is what is supposed to happen.

The *mRNA* genetic material is generated by computer code. The spike protein is a synthetic protein and is not the virus.

Each multi-dose of the **AstraZeneca** vial contains 5×10^{11} viral particles (vp) of (ChAdOx1-S^{a, b}) in 5mL.

One dose (0.5 mL) contains 5×10^{10} vp of (ChAdOx1-S^{a, b}).

^a Recombinant, replication-deficient chimpanzee adenovirus vector encoding the ARS-CoV-2 Spike (S) glycoprotein (GP)

^b The vaccine is manufactured using material originally sourced from a human embryo (Human Embryonic Kidney cells: HEK293)

This product contains genetically modified organisms (GMOs).

COVID-19 Vaccine AstraZeneca contains the excipients histidine, histidine hydrochloride monohydrate, sodium chloride, magnesium chloride hexahydrate, disodium edetate (EDTA), sucrose, ethanol absolute, polysorbate 80 and water for injections.

These are what are published for the 2 main jabs in Australia. Globally, the other two main jab drugs are Moderna and J&J. Moderna is an *mRNA* much the same as Pfizer and J&J is the viral vector adenovirus much the same as AstraZeneca. For the purposes of this paper, these two drugs cover for the top 4 drugs being injected globally as Covid vaccines.

The genetic material in all of these injections are coded with a gene sequence that causes your body to generate a spike protein. They all use the HEK-293 cells as part of development and for batch testing during manufacturing. Pamela Acker, a vaccine researcher, explains how the process works.⁴

HEK stands for, and she told me, "Human Embryonic Kidney." 293 stands for this is the 293rd experiment that this particular researcher did to develop a cell lines - for 293 experiments you need far more than one abortion. And we're talking probably 100s of abortions.

So, the spike protein by itself is, in the words of one researcher, kind of floppy, it doesn't tend to keep its shape very well. And so, scientists genetically engineered a spike protein that will keep its shape . . . And that original experiment was done in HEK-293 cells. So, the spike protein that the vaccines code for, was originally developed, effectively, in aborted fetal cells. . . . before they were going to inject this mRNA into a human being to see if you could get human cells to make Coronavirus spike protein, you would want to test that in cell culture, you would want to test that in a laboratory.

"You need to get that tissue within about five minutes of the abortion in order for it to be optimally viable, and if you wait an hour, it's useless."

because it is done on purpose for research purposes, so they will actually deliver these babies via cesarean section, the babies are in some cases still alive when the researchers start extracting the tissue. To the point where their heart is still beating, and they're generally not given any anesthetic because that would disrupt the cells that the researchers are trying to extract. So, they're removing this tissue while the baby's alive, and in extreme amounts of pain, and so this makes it even more sadistic.

Many human beings are killed to make these jab drugs,

But what is really in them?

Dr Richard Fleming in a recent presentation⁵ produced the results of medical studies showing the body is making antibodies to the encapsulating material around the genetic material that is not supposed to be part of the vaccine. There is something else in the drug that is not on the ingredients list.

That is supported by a recent study.⁶ In a 53 page paper it was found using both Electron Microscopy, Spectroscopy and other laboratory techniques, that all 4 of the major jab drugs were found to have Graphene Oxide in them. A non disclosed ingredient.

This was supported by further evidence from a former Pfizer employee Karen Kingston now working as a research analyst for the pharmaceutical and medical device

industries.⁷ She found using patent data and general research that graphene oxide was present in Pfizer and Moderna injection drugs.⁸

Main talking points:

- *all of the COVID-19 “vaccines” are bioweapons*
- *there are 4 PEGylated lipid nano particles in the COVID-19 vaccines (PEG = polyethylene glycol):*
 1. *a cholesterol lipid enables the vaccine ingredients to be transported by the blood*
 2. *the fossil lipid adheres to the cell membrane to make it permeable*
 3. *an ionizable lipid provides a positive ionic charge so the mRNA can enter the cell*
 4. *a PEGylated lipid made by SINOPEG, a Chinese company*
- *mRNA is very unstable, thus it needs a “biosphere” to protect it until it can enter the cell – this is provided by the lipid nano particles and graphene oxide*

Sinopeg provide the graphene oxide.

In another very insightful paper, James P.M. Odell looked in depth at the evidence of graphene oxide in the Spanish paper along with Karen Kingston’s research and concluded.⁹

Thus, it is certainly not beyond the realm of possibility that Pfizer has included GO [graphene oxide] in some of its lots of Covid inoculations.

In this paper James P.M. Odell looked at: 1. the evidence of graphene oxide in the Pfizer mRNA Covid 19 formulation; 2. graphene’s use in industry and medicine; and 3. the toxicity and lethality of graphene-based materials in a biological context. He referred to numerous medical science studies and their published papers. His references accounted for one quarter of his 20 page paper.

Let us be clear, the mRNA inoculations (Pfizer and Moderna) are a synthetic, chimeric pathogenic gene therapy. These have been sequenced from a computer simulation, not an isolated purified model. All the current marketed inoculations: the mRNA, DNA, viral vectored, recombinant protein, viral-like particles, and peptide-based vaccines, use the pathogenic coronavirus’s spike protein in some way or another. (Note: The spike protein of SARS-CoV-2 is made up of two portions, which are S1 and S2. The S1 binds to the ACE2 receptor on the human cell surface, and S2 initiates membrane fusion to complete cell infection.)

Added to this from Dr David Martin:¹⁰

the actual patents for Pfizer’s and Moderna’s injections more truthfully describe them as “gene therapy,” not vaccines.

According to the U.S. Centers for Disease Control and Prevention,1 a vaccine is “a product that stimulates a person’s immune system to produce immunity to a specific disease, protecting the person from that disease.” Immunity, in turn, is defined as “Protection from an infectious disease,” meaning that “If you are immune to a disease, you can be exposed to it without becoming infected.”

Neither Moderna nor Pfizer claim this to be the case for their COVID-19 “vaccines.” In fact, in their clinical trials, they specify that they will not even test for immunity.

*. . . COVID-19 injections contain synthetic RNA fragments encapsulated in a nanolipid carrier compound, the sole purpose of which is to **lessen clinical symptoms associated with the S-1 spike protein, not the actual virus.**[Emphasis added]*

They do not actually impart immunity or inhibit transmissibility of the disease.

These so called vaccines are genetic material that has been *sequenced from a computer simulation*. I.e. They are encoded with messages to do things inside a person’s body after being injected. But no one is able to disclose to the world what that gene sequence is.

In an interview, Dr David Martin gave detailed evidence in the make up of all of these injections. Dr David Martin is a National Intelligence Analyst and founder of IQ100 Index - NYSE, which developed linguistic genomics, a platform capable of determining the intent of communications. In 1999, IBM digitized 1 million U.S. patents, which allowed Martin’s company to conduct a review of all these patents. He says:¹¹

My organization was asked to monitor chemical and biological treaty violations in the very early days of 2,000. You’ll remember the anthrax events in September of 2001 and we were part of an investigation that gave rise to the Congressional inquiry into not only the anthrax origins but also into what was unusual behaviour around bears ciprofloxacin drug which was used as a potential treatment for anthrax poisoning.

[1:20:30] In 2003 and 2004 when the European Patent Office was first audited by my organization, and where we showed that somewhere between 20% and 30% of the patents in Europe were functional forgeries.

And our concern was that coronavirus was being seen as not only a potential manipulable agent for potential use as a vaccine vector. But it was also very clearly being considered as a biological weapon candidate.

if we are going to examine what ultimately is being injected into individuals, we need the exact sequence. . . . [1:04:48] . . if you look at the FDA's requirement, and if you look at the European Regulatory environment and if you look at the rest of the world's regulatory environment, for reasons that cannot be explained, the exact sequence that has gone into what is amplified inside of the injection, seems to be illusive. It seems to be something that someone cannot in fact state with a 100% certainty, the sequence is "x".

David Martin's organisation has spent more than 20 years researching coronaviruses and no one has been able to tell him the gene sequence or genetic code used in any of these injections. Without that knowledge, no person knows what they are being injected with. No doctor in the world is able to offer informed consent to patients they are injecting.

Toxicity

There are 2 toxins in these SARS-Cov-2 injections. Graphene Oxide and the Spike Protein. Between them they cause a whole range of different problems.

Graphene Oxide

Graphene oxide has been known to be poisonous to humans for along time. James P.M. Odell continues:¹²

Karen Kingston explained that the graphene oxide in the inoculations is neutrally charged (inactive), however, if/when it becomes positively charged, such as by electromagnetic radiation (radio frequency, such as wireless devices, wireless networks such as 5G, etc.), it can cause neurological damage and death depending on how much of it exists in the body and where it is located. Therefore, according to Kingston, multiple COVID-19 inoculations and booster shots are needed to gradually increase the amount of graphene oxide in the body to make the body receptive to electromagnetic radiation.

GO is a fluorescent material and can be used for biosensing applications for early disease detection and detecting biologically relevant molecules.

That means it could be used to detect via electro magnetic radiation whether a person has been jabbed with the substance.

graphene-based neural interfaces and intelligent neuromodulation systems . . . will be able to read and modulate brain activity with very high resolution . . . intelligent graphene systems designed to modulate vagus nerve signals

these materials are considered excellent for usage as electrode materials in batteries

*The interest in using graphene-related nanomaterials (GFN) in medicine lies chiefly upon the extraordinary properties of graphene, including its mechanical properties, flexibility, transparency, and thermo-electrical conductivity.¹³ **The holdup has been its biological toxicity** [Emphasis added]*

the long-term goal is to achieve "symbiosis with artificial intelligence"

can be used like aluminum as a vaccine adjuvant . . . adjuvants are shown to be also immunologic and neurologically toxic and thus may result in adverse reactions, some serious or even fatal.

The bottom line here is that despite these questionable explanations, graphene oxide is a known biological toxin and upon injection it accumulates in organs, glands, and tissue causing varying degrees of inflammation, oxidative stress, and cellular damage [Emphasis added]

Due to their nano-size, GFNs can reach all organs and penetrate the central nervous system. It can induce acute and chronic injuries in tissues by passing through the normal physiological barriers, such as the blood-air barrier, blood-testis barrier, blood-brain barrier (BBB), and blood-placental barrier.

GO may possess significant genotoxic properties and cause severe DNA damage

many now claim the thrombosis, microthrombi, and vascular injury that is adversely associated with the COVID inoculation not only is due to the creation of spike proteins throughout the capillary endothelium but may also be due the GO

any inclusion of graphene oxide in the Covid inoculations has questionable and potentially nefarious purposes . . . GFNs are a known and proven toxic material to human biological regulatory systems . . . Regardless of the intent behind the use of graphine oxide, its use in vaccines is deleterious to human biology.

With regard to thrombosis. Dr Jane Ruby was interviewed by Stew Peters who showed examples of what the deteriorated blood looks like when exposed to Graphene Oxide.¹³ She used data obtained by Dr Philippe van Welbergen, a 40 year physician from the UK. Dr van Welbergen examined patients who had come to him with complaints and illnesses from the Covid-19 injections. He conducted several blood smear tests from several of his patients, one that had not been injected and several that had. Dr van Welbergen examined the blood smears under a regular microscope and took photos of the result that he shared with Dr Ruby.

You are looking at these particular pictures side by side, same magnification under the microscope – she said.



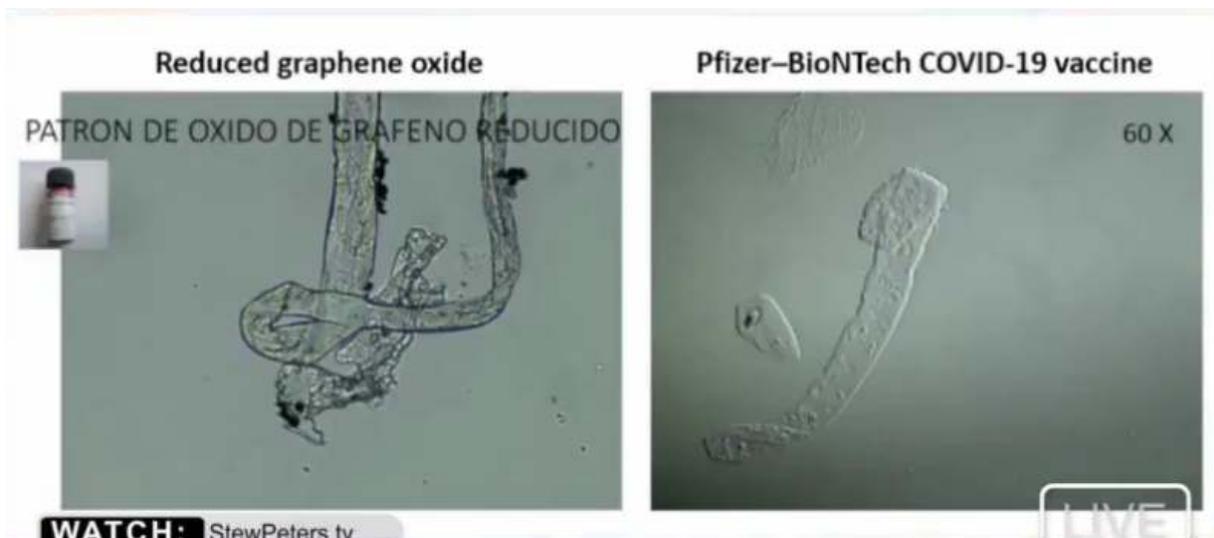
Blood from an unjabbed patient

Blood from a jabbed patient Moderna jab

Blood spear test under a microscope

She described the blood smears showing the good red blood cells on the left and the crumpled, coagulated and clumping ones on the right from the injected patient.

Dr van Welbergen calls those gold tubular structures on the right tubes that they, when he magnified them even further on the regular microscope, they are actually in a tube form and you can see the opening on either end of those. Remember this looks strikingly like the grapheme oxide that we saw under the regular microscope from the Spanish researchers La Quinta Columna where you saw that sort of folded over protein that looks like it was under a piece of Kleenex under paint.



Stew Peters referred to several other doctors that he had interviewed, naming some, that he had since seen that all acknowledged that they believe in the validity of the Spanish researchers La Quinta Columna, they had seen the chain of custody and they believe this to be absolutely accurate.

Dr Jane Ruby:

The red blood cells main job is to carry oxygen to all of the body. This is the connection to why people are tied, dizzy, not feeling well, mentally confused, - they've been poisoned.

Stew Peters seemingly described:¹⁴

Graphene Oxide is an oxygen sponge which deprives the body of necessary oxygen and causes many complications, including but not limited to anaphylactic shock, toxic blood clotting, fatal lung paralysis, mitochondrial cancer, and endothelial cancer.

But provided no references for that statement.

The S1 Spike Protein

Dr David Martin:¹⁵

this was seen as a highly malleable bioweapon. There is no question that by 2005 it (the vaccine) was unquestionably a weapon of choice. . . . This conversation is about whether we are having a vaccine for a virus. The fact of the matter is we're not. We are injecting a Spike protein mRNA secula. mRNA sequence which is a computer simulation, it's not derived from nature, it's a computer simulation of a sequence which has been known and patented for years.

*the evidence makes it abundantly clear that there has been no effort by any pharmaceutical company to combat the virus. **This is about getting people injected with the, known to be harmful, S1 Spike Protein.** [Emphasis added]*

Around mid 2021, Bret Weinstein, who has a PhD in Evolutionary Biology, on his DarkHorse podcast, interviewed Dr Robert Malone, the inventor of gene therapy vaccine technology along with Steve Kirsch.¹⁶ They started their conversation referring to the discovery by Dr Byram Bridle of the Pfizer confidential biodistribution data from Japan. Dr Byram Bridle explained that with every normal vaccine, they go in the shoulder and stay in the shoulder. . . *the antibodies are generated and they attack this antigen in the shoulder.* But with these injections, . . . *it doesn't stay in the shoulder where we all thought it should stay, it goes throughout your entire body. It goes to your brain, to your heart.*

Bret Weinstein

*That's two problems. One problem is it isn't where it is supposed to be
And the other thing, the other problem . . . the spike protein itself, we now
know, is very dangerous. It's toxic, is that a fair description?*

Dr Robert Malone

More than fair

Dr Robert Malone

*So the whole reason to use a adenovirus vector and mRNA, is not just to
generate antibodies. A lot of the data, and a lot of us that are deep in this data
[9:19] think that the way that they are really providing the protection is by
cellular cytotoxicity. So you're getting CTLs against it. And that's the reason
to use this gene therapy based technology, is not just to generate neutralizing
antibodies but to generate cytotoxicity.*

Steve Kirsch

*And by the way we have no problems at all with mRNA vaccines.
It's just this particular vaccine because of the spike protein and because it
cleaves off the cell and it goes throughout your body, your brain, your heart
and anywhere that you can have these symptoms that are so variant. . . . you
know my carpet cleaner Jim. He is disabled now [He had a stroke after taking
the injection]*

Steve Kirsch

*when a doctor sees a miscarriage. I've never seen a baby like this in my entire
career where it is so bloody and the brain is split in half . . . And the woman
was vaccinated a month ago and she's 25 weeks*

Dr Robert Malone [14:30]

*This is totally new technology and that kind of gets at the core. I think one of
our problems here is the assumption that this is like every other vaccine they
have ever seen and it's not. It's very different technology.*

Dr. Robert Malone, M.D., M.S., a distinguished physician who discovered RNA transfection and invented mRNA vaccines, was on Steve Bannon's War Room with some alarming news—new data indicates that people who have taken the Pfizer and Moderna vaccines are at greater risk of getting Covid than someone who is not vaccinated.¹⁷

For more on Dr Robert Malone see.¹⁸

In a separate interview Dr Malone said.¹⁹

*There's pretty clear evidence that the spike protein expressed from vaccines is
caused from toxicity in a small subset of patients. The question is how big is*

that subset and how bad and broad are those toxicities? The honest truth is we don't know and furthermore there is a lot of signs that that information is being withheld from us . . .

In 2020, Dr Byram Bridle was awarded a \$230,000 government grant for research on COVID vaccine development. As part of that research, he and a team of international scientists requested a Freedom of Information Act (FOIA) access to Pfizer's biodistribution study²⁰ from the Japanese regulatory agency. The research, previously unseen, demonstrates a huge problem with all COVID-19 vaccines.²¹ Dr Byram Bridle discusses his findings in an interview with Alex Pierson.

"We made a big mistake," Bridle says. "We thought the spike protein was a great target antigen; we never knew the spike protein itself was a toxin and was a pathogenic protein. So, by vaccinating people we are inadvertently inoculating them with a toxin."

Pfizer Omitted Industry-Standard Safety Studies

Neither reproductive toxicity nor genotoxicity (DNA mutation) studies were performed, both of which are considered critical when developing a new drug or vaccine for human use. The problems now surfacing matter greatly, as they significantly alter the risk-benefit analysis underlying the vaccines' emergency use authorization.

Toxic Spike Protein Enters Blood Circulation

The assumption that vaccine developers have been working with is that the mRNA in the vaccines (or DNA in the case of Johnson & Johnson and AstraZeneca's vaccines) would primarily remain in and around the vaccination site, i.e., your deltoid muscle, with a small amount draining into local lymph nodes.⁸

We have known for a long time that the spike protein is a pathogenic protein. It is a toxin. It can cause damage in our body if it gets into circulation. ~ Dr. Byram Bridle

The mRNA enters your bloodstream and accumulates in a variety of organs, primarily your spleen, bone marrow, liver, adrenal glands and, in women, the ovaries. The spike protein also travel to your heart, brain and lungs, where bleeding and or blood clots can occur as a result, and is expelled in breast milk.

This is a problem, because rather than instructing your muscle cells to produce the spike protein (the antigen that triggers antibody production), spike protein is actually being produced inside your blood vessel walls and various organs, where it can do a great deal of damage.

Bridle also cites recent research showing the spike protein remained in the bloodstream of humans for 29 days.

Bridle highlights the following known and potential side effects.

- Women have reported changes in menstruation after taking *mRNA* vaccines.
- Problems with blood clotting (coagulation) - you end up with a stroke or a heart attack.
- almost entirely responsible for the damage to the cardiovascular system, if it gets into circulation.
- Problems with the spike protein binding to platelet receptors.
 1. It can cause platelets to clump together
 2. It can cause abnormal bleeding
 3. In your heart, it can cause heart problems
 4. In your brain, it can cause neurological damage
- both the vaccine and the spike protein are being expelled in breast milk, and this could be lethal for their babies

Importantly, **people who have been vaccinated against COVID-19 absolutely should not donate blood**, seeing how the vaccine and the spike protein are both transferred. In **fragile patients receiving the blood, the damage could be lethal.** [*Emphasis added*]

SARS-CoV-2 Spike Protein May Damage Mitochondrial Function

When the spike protein interacts with the ACE2 receptor, it can disrupt mitochondrial signaling, thereby inducing the production of reactive oxygen species and oxidative stress. If the damage is serious enough, uncontrolled cell death can occur, which in turn leaks mitochondrial DNA (*mtDNA*) into your bloodstream.¹³

Aside from being detected in cases involving acute tissue injury, heart attack and sepsis, freely circulating *mtDNA* has also been shown to contribute to a number of chronic diseases, including systemic inflammatory response syndrome or SIRS, heart disease, liver failure, HIV infection, rheumatoid arthritis and certain cancers

The Spike Protein Is a Bioweapon

However, while the spike protein found in the virus is bad, the spike protein your body produces in response to the vaccine is far worse. Why?

Because the synthetic *mRNA* in the vaccine has been programmed to instruct your cells to produce an unnatural, genetically engineered spike protein. Specific alterations make it far more toxic than that found on the virus itself. . . .

as it is a disease-causing agent that demolishes innate immunity and exhausts your natural killer (NK) cells' ability to determine which cells are infected and which aren't. [*Emphases added*]

In short, when you get the COVID-19 vaccine, you are being injected with an agent that instructs your body to produce the bioweapon in its own cells. This is about as diabolical as it gets.

What's more, because the RNA code has been enriched with extra guanines (Gs) and cytosines (Cs), and configured as if it's a human messenger RNA molecule ready to make protein by adding a polyA tail, the spike protein's RNA sequence in the vaccine looks as if it is part bacteria, 17 part human 18 and part viral at the same time.

There's also evidence suggesting the SARS-CoV-2 spike protein may be a prion

Regarding the drug not staying in the injection site and spreading around the body, in a 1:35 hour interview former Vice-President and Chief Science Officer for 16 years of Pfizer, Dr. Michael Yeadon was scathing.²² He said he is a Toxicologist and that there are two basic tests that are conducted with every vaccine to be injected into humans.

1. Where does it go when it is inside your body and how long does it stay there?
That's called Pharmacokinetics; And
2. What does it do there?
That's called pharmacodynamics.

These are the two areas that he specialized in. He said that the pharmaceutical companies have not done these basic tests. He was scathing that these basic tests had not been conducted.

The biodistribution data shows large numbers of the spike protein in the ovaries of women. There has been no pharmacodynamics safety studies to determine, what is this spike protein doing to the eggs in the ovaries? We are now seeing a large and increasing number of reports from medical physicians and specialists of menstrual cycle changes with pregnant women. 30,000+ women in the UK have reported menstrual problems after the COVID shots.²³ And thousands of fetal deaths.²⁴

Additional problems with the gene therapy injections

Another medical paper has discovered another problem.²⁵ This was analyzed by Alex Berenson where he explained.²⁶

The novel coronavirus itself (Sars-Cov-2) cannot attack these CD147s and damage the pericyte cells, potentially leading to clotting and heart attacks.

But free-floating spike protein – like the spike protein the vaccines make our bodies produce – can.

Conducting mass vaccination campaigns on a background of high infection rates generates optimal conditions for breeding even more infectious Sars-CoV-2 variants. . . . Mass vaccination, therefore, promotes viral evolution towards more infectious variants and, therefore, will only contribute to expediting viral evolution towards enhanced infectiousness . . . mass vaccination is turning healthy people into asymptomatic breeding grounds and spreaders of evolving, more infectious variants, which is quite the opposite effect of what mass vaccination was supposed to do (i.e., to generate herd immunity).

A former Vice-President of Pfizer and Chief Science Officer for 16 years, Dr. Michael Yeadon, recently shared a warning.²⁷

“‘it makes no sense’ to vaccinate children with a vaccine that is statistically ‘50 times more likely’ to kill the child than the virus itself.”

Dr Byram Bridle pointed out:²⁸

people who have been vaccinated against COVID-19 absolutely should not donate blood, . . . fragile patients receiving the blood, the damage could be lethal.

In a new paper Red Cross is warning all Americans that Covid-vaccinated humans are ineligible for donating plasma.²⁹

Hospitals like to use certain plasma that is made up of antibodies from people who have recovered from the China flu to help new China flu victims recover, but the Covid vaccines wipe out those antibodies, rendering their plasma useless

In addition:

Autopsies of patients who were vaccinated for Covid reveal billions, and sometimes trillions, of spike proteins spread throughout the entire body, including capillaries, the brain, the heart and vital cleansing organs like the pancreas, lungs, liver and kidneys (the most popular organ donations).

These organs and tissues are no longer fit to be donated to someone else, who’s body is likely to reject them as foreign pathogens or will simply not be able to use them because they’re already failing due to spike protein invasion.

In addition to all of the aforementioned, un-jabbed patients are unlikely to accept transfusions of blood infected with the toxic S spike protein.

Delving into his 20 years of research, Dr David Martin goes on.³⁰

*the evidence makes it abundantly clear that there has been no effort by any pharmaceutical company to combat the virus. **This is about getting people injected with the, known to be harmful, S1 Spike Protein.** [Emphasis added]*

Anthony Fauci thought that he could get an mRNA like vaccine patented as a vaccine. And here's the quote. [48:10]

“These arguments are persuasive to the extent that an antigenic peptide stimulates an immune response that may produce antibodies that bind to a specific peptide or protein. But it is not persuasive in regards to a vaccine. The immune response produced by a vaccine must be more than merely some immune response but must also be protective. As noted in the previous office action, the art recognizes the term vaccine to be a compound which prevents infection. The applicant has not demonstrated that the instantly claimed vaccine meets even the lower standard set forth in the specification. Let alone the standard definition for being operative in regard. Therefore claims 5, 7 and 9 are not operative as the anti-HIV vaccine (which is what he was working on) is not patentable utility.”

So Anthony Fauci himself was told by the patents office themselves that what he was proposing as a vaccine, does not meet the patentable standard, the legal standard or the clinical standard. [49:36]

we have hundreds of millions of people who are being injected with a pathogen stimulating computer sequence . . . not . . . a vaccine. But by using the term we actually are now subjecting hundreds of millions of people to what was known to be 2005, a biological weapon.

Geert Vanden Bosshe PhD, DVM, an extremely highly qualified and very much pro vax immunization specialist who has managed many of the global vaccine rollouts shares an urgent warning to the world on these coronavirus injections.³¹

He says the jab produces long lived antibodies that have high specificity for the virus they out-compete our natural antibodies. Your natural antibodies are variant non-specific. . . . You lose any protection at all against any viral variant or coronavirus variant etc. Your immunity has become nil. Your immune system doesn't work any more and your innate immune system has become completely bypassed. I am a highly passionate vaccine guy.

They destroy your innate immune system, Your natural immunity. Forever. Permanent. Your innate immune system has non specific immunity cells that can and do attack any type of infection, virus or strain of virus. The jab targets one specific virus and it is not very good at that either. The jab genetic material causes your body to generate the

spike protein. But it is a synthetic spike protein generated by computer code. It is not the same as the natural virus. It only targets one strain. It causes your body to generate specific antibodies to the synthetic spike protein. Geert Vanden Bossche says the jabbed people *will become asymptomatic carriers. They are shedding the virus. (Super spreaders.) They are not protected at all.*

Dr Ryan Cole, a well-respected doctor, has a laboratory in Idaho USA and he has revealed his findings, that people who have received the various coronavirus vaccines have exhibited very serious and permanent medical conditions. Cole found a massive suppression of 'helper T-cells' which cause immune system functions to plummet and leave the patient susceptible to a variety of illnesses. Similarly, Cole described, "*Post-vaccine, what we are seeing is a drop in your killer T-cells, in your CD8 cells. And what do CD8 cells do? They keep all other viruses in check,*" he said.

Cole stated that as a result of this vaccine-induced 'killer T-cell' suppression, he is seeing an 'uptick' of not only endometrial cancer, but also melanomas, as well as herpes, shingles, mono and a 'huge uptick' in HPV when looking at the cervical biopsies of women.³²

Efficacy

These drugs are not vaccines. Calling them vaccines is misleading and deceptive. They do not stop infection, nor do they prevent transmissibility. To gain emergency use the drug companies provided the regulatory authorities with data showing a 95% efficacy at reducing one symptom from the spike protein, not the virus. The theory was that once infected, a person will also have reduced symptoms from the virus including a reduction in death rates.

The efficacy rates were calculated using a model.³³ The calculations were based on a relative risk reduction algorithm.³⁴

Pfizer claims its vaccine is 95% effective, this is the relative risk reduction. The absolute risk reduction is actually less than 1%. Analysis of recently released data suggests the relative risk reduction for Pfizer's vaccine may actually be between 19% and 29% — far lower than the required licensing threshold of 50%

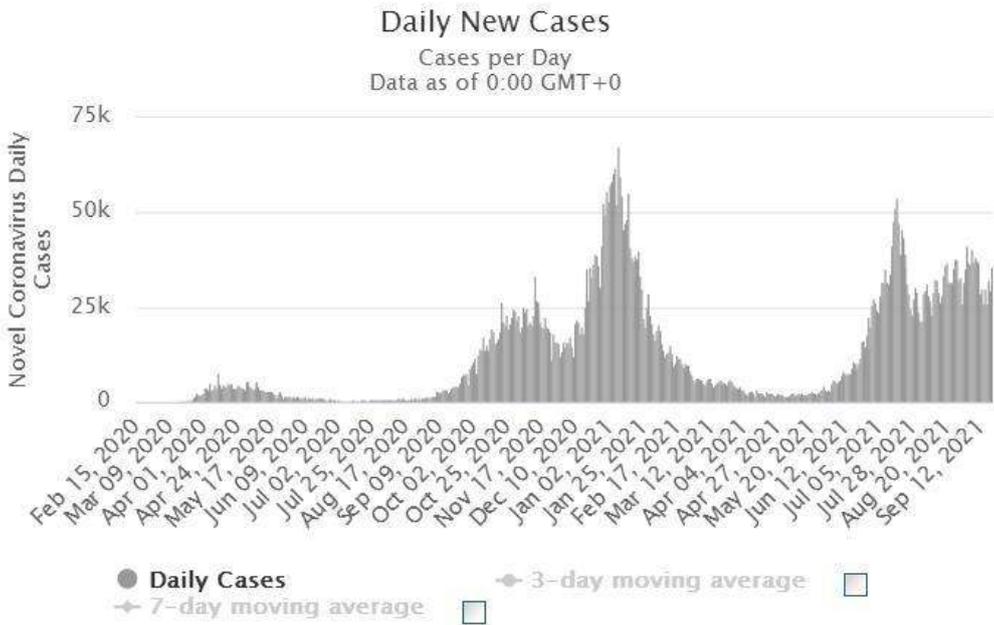
Even the less than 1% is still based on a model. Models all use assumptions. During their clinical trials no one was tested to see if they developed an immunity when exposed to the virus. . . *the evidence makes it abundantly clear that there has been no effort by any pharmaceutical company to combat the virus. This is about getting people injected with the, known to be harmful, S1 Spike Protein.*³⁵ Moderna nor Pfizer . . . *in their clinical trials, they specify that they will not even test for immunity.*³⁶ The models used to calculate efficacy are based on little to no clinical data.

*The initial clinical trials did not find a reduction in death or hospitalization.*³⁷

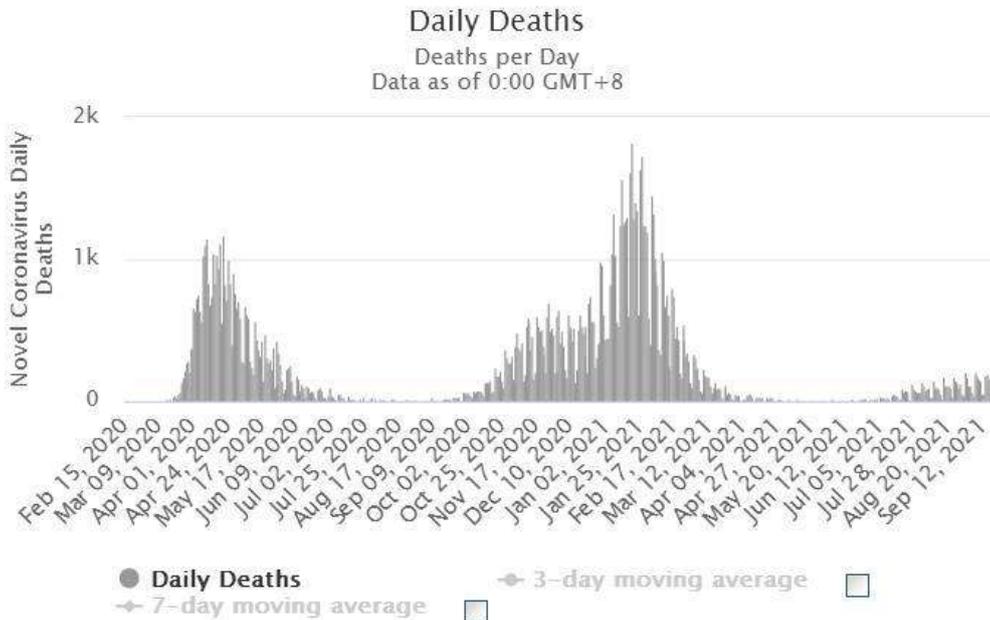
We now have real world evidence from particularly the US, UK, Israel and India. The US, UK & Israel are all having summer Covid waves. Virologist experts say it is unheard of for viruses to have waves in the summer.

[The UK jab rate to the 23rd of September 2021 is 81.9%](#). The following are UK daily new cases and deaths to the 22nd of September 2021.

Daily New Cases in the United Kingdom **worldometer**



Daily New Deaths in the United Kingdom



Daily new cases are marginally below the previous winter wave while to date deaths are down more. Deaths are approximately one tenth of the previous two waves. Jab rates did not peak until around June/July and that was when the infections took off. Deaths followed with the usual 6 week lag. Some would argue that the reduction in deaths shows the jabs are working. That is a correlation. Correlations do not prove causations. The current summer wave is the Delta variant. In a study published by Public Health England, deaths from the Delta variant are 10% of those from the Alpha variant.³⁸ That is exactly what we are seeing.

There is no clinical evidence to show the jabs are working. No one has been tested to see whether, after being jabbed, they develop an immunity when exposed to the virus and do not get infected. The only evidence we have is correlative.

[60% of People Being Admitted to Hospital with Covid-19 in England Have Been Fully Vaccinated](#)

As of July 2, 2021 61% of Covid-19 deaths had received one jab and 44% had receive two jabs.³⁹ That percentage increases with time.

[74% of Covid-19 deaths due to the Delta Covid-19 variant have been among the vaccinated population \[Aug 2 to Sept 12, 2021\]](#)⁴⁰

Whereas the data shows that 68% of hospital admissions among the fully vaccinated population have resulted in death. With 1,613 deaths occurring among 2,361 hospital admissions.

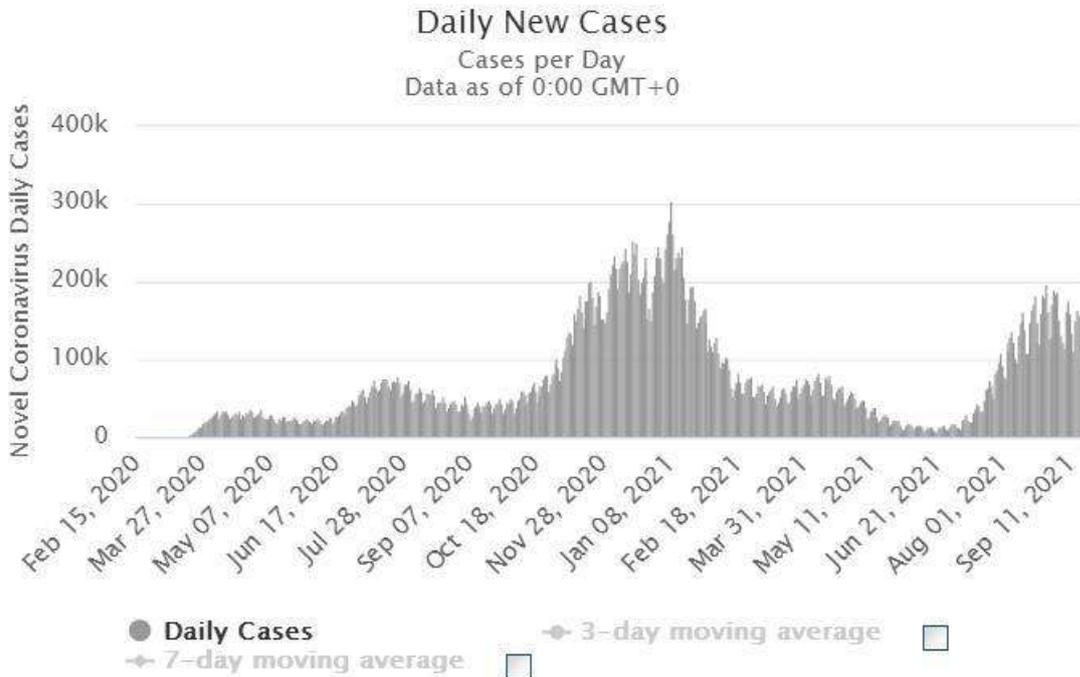
Therefore the hospitalisation-fatality rate among the fully vaccinated population is 195% higher than the hospitalisation-fatality rate among the unvaccinated population according to the Public Health England data.

The evidence shows that the Covid-19 vaccines are either not working, or they are making recipients worse – possibly due to antibody-dependent enhancement or vaccine-induced enhanced disease, it also shows that the summer third wave is in fact among the vaccinated population,

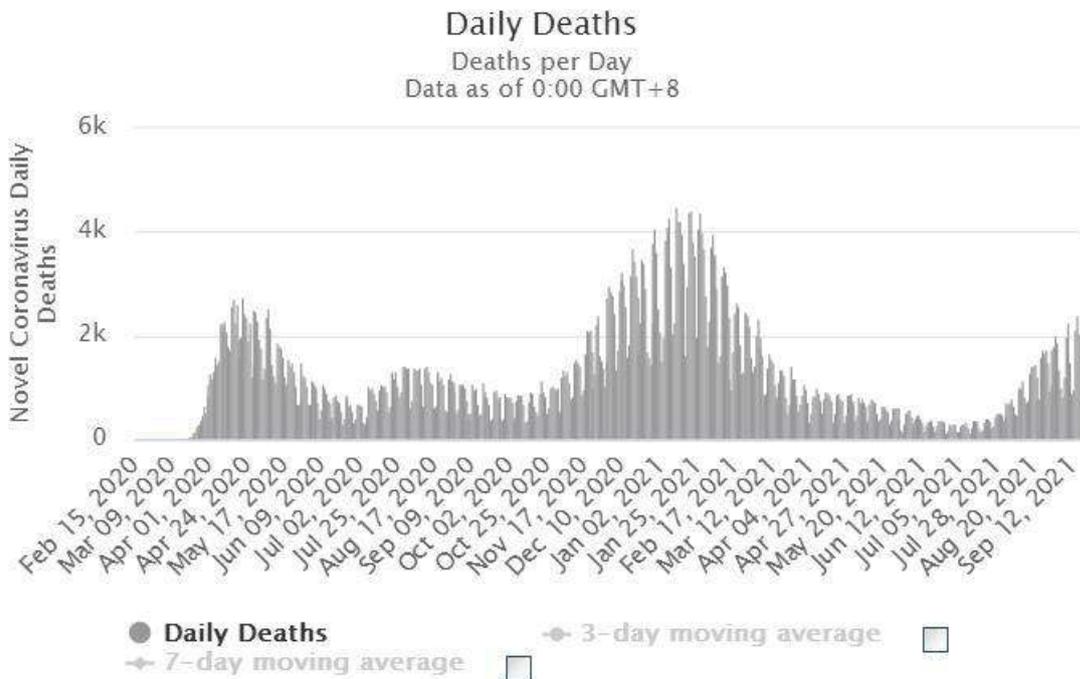
[US Coronavirus Full Vaccination Rate 54.12% for Sep 21 2021](#)

The following are US daily new cases and deaths to the 22nd of September 2021.

Daily New Cases in the United States worldometer



Daily New Deaths in the United States



The US summer wave daily new cases are only marginally below the winter wave and deaths are also marginally below the winter wave and the same as the initial wave. The US death rate for this summer wave is higher than the UK. The US summer wave is predominately the Delta variant.

In terms of hospitalizations and deaths among jabbed people, this data is being heavily censored by the CDC. In deed the CDC are manipulating the data in every way possible. They actually do not publish a death as a percentage of infections, they publish death as a percentage of total jabs delivered. That is a macro small and totally irrelevant number. They also created a new definition of “being jabbed”. If a person dies within 2 weeks after being fully double jabbed they are counted as being un-jabbed. They are cooking the books every which way they can. Main stream media want you to believe the death rate for the jabbed is 0% The gene sequence in these drugs can determine whether you come from the UK, Israel or the US. If you come from the UK or Israel you die. If you come from the US you do not die.

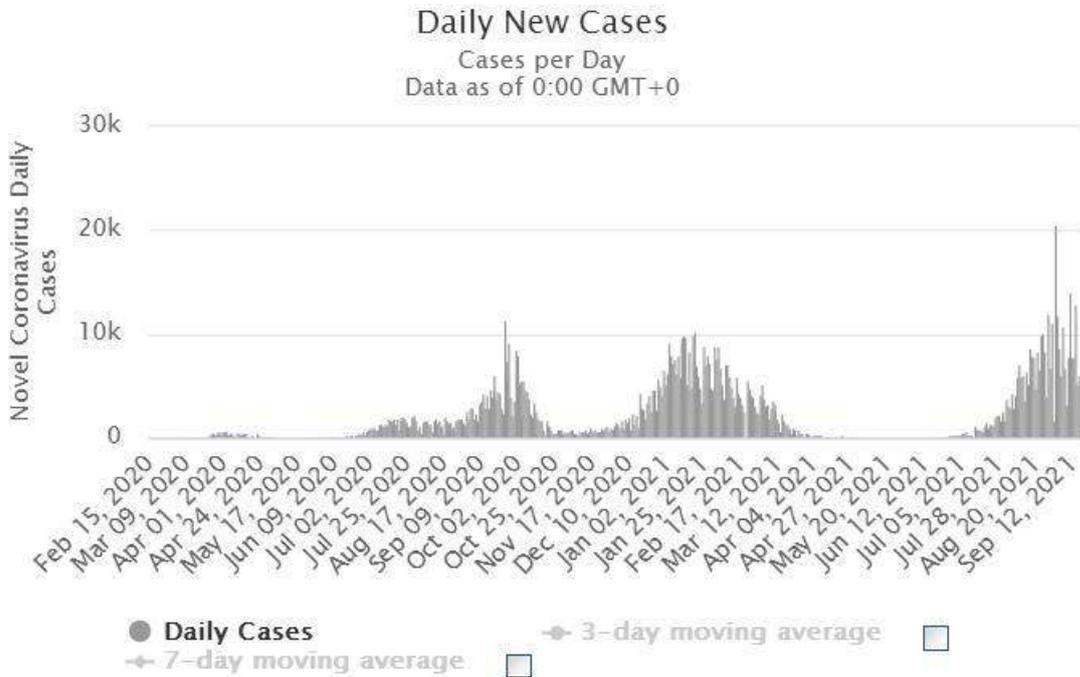
In a recent study it was found that 74% of people infected in Massachusetts Covid outbreak were fully jabbed.⁴¹

Eventually the truth will get out.

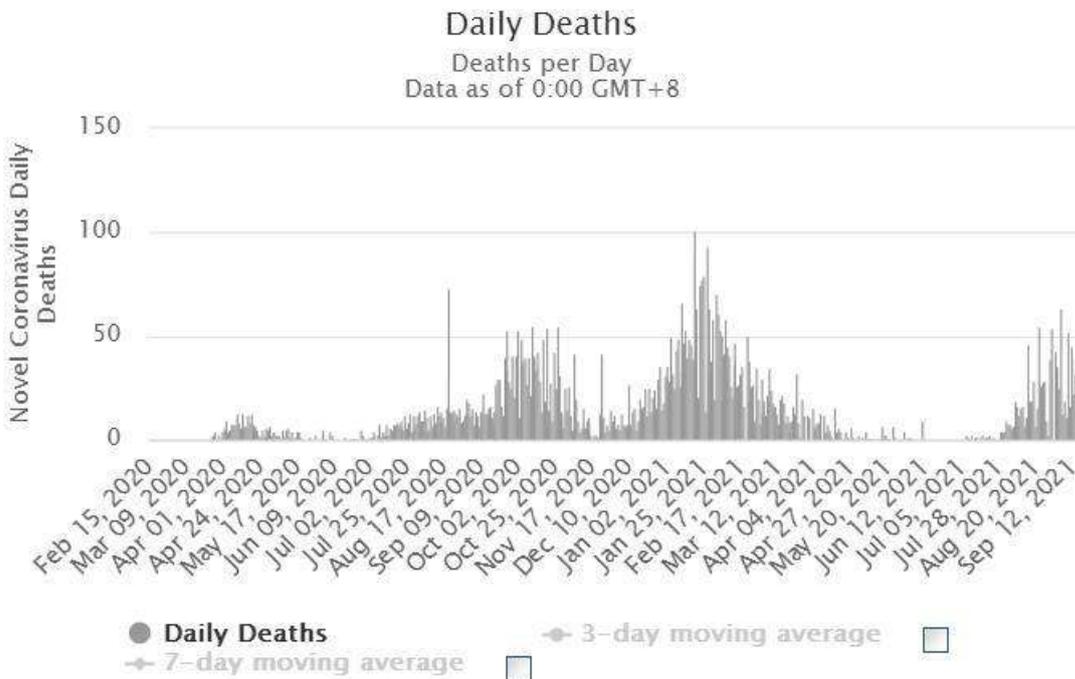
[The fully jabled rate for Israel to the 10th September 2021 is 63.6%](#)

The following are Israel daily new cases and deaths to the 22nd of September 2021

Daily New Cases in Israel



Daily New Deaths in Israel



Data for Israel is a lot more readily available. Sen. Ron Johnson: Data from Israel Shows 84% of New COVID Cases are with Vaccinated Individuals.⁴² The Ministry of Health on February 10 states 660 COVID-19 deaths among the vaccinated, 51.9% of the deaths for that period.⁴³ Most Covid patients at Israeli hospital fully vaccinated.⁴⁴

Dr Kobi Haviv, medical director of Herzog Hospital in Jerusalem, stated that the majority of coronavirus patients in an Israeli hospital are fully vaccinated, including those with severe disease.

Dr Haviv further specified that: “95% of the severe patients are vaccinated,” adding “85-90% of the hospitalizations are in fully vaccinated people”

Public Health England suggests vaccinated people infected with the Delta variant may be as infectious as their unvaccinated counterparts.

Israel Today reports:⁴⁵

A new study suggests that Israel’s high vaccination rate could be at least partially to blame for the current spike in coronavirus infections.

The study was carried out last month by Israel’s Maccabi Healthcare Services (one of the local HMOs), and the results were featured in the leading scientific journals Science and Nature. (See: [Why is Israel Still Giving COVID Boosters if the WHO Said to Stop?](#))

Indeed, the majority of the nearly 700 Israelis currently hospitalized due to COVID-19 are fully vaccinated against that virus, and vaccinated individuals make up a large percentage, if not a majority of those testing positive every day. In other words, the “vaccine” is not preventing either infection or transmission.

65% of all August covid related deaths are from vaccinated.⁴⁶

There are constant reports from governments and their compliant media that there needs to be an 80% jab rate in order to achieve herd immunity. Professor Sir Andrew Pollard, a professor of pediatric infection and immunity at the University of Oxford and director of the Oxford Vaccine Group that developed the AstraZeneca drug said this is mythical.⁴⁷

Professor Sir Andrew Pollard, director of the Oxford Vaccine Group, said on Tuesday that herd immunity is “not a possibility” with the current Delta variant.

He called the idea “mythical”, warning that vaccine programmes should not be developed around it.

“I think we are in a situation here with this current variant where herd immunity is not a possibility because it still infects vaccinated individuals,”

He said the seasonal coronaviruses in circulation will infect people “repeatedly” throughout their lives, typically on average every four or five years.

it was unlikely that herd immunity will ever be reached

It is actually worse that what Sir Andrew Pollard has said. The medical scientists herein have explained how these jabs totally destroy a person's innate immune system. If no one took the jab we could have achieved herd immunity once 80% of the population were infected. With 50% to 80% of the populations taking this jab, natural herd immunity is also now impossible. The jab has made sure herd immunity is impossible.

Australia is currently having a winter wave and the media are censoring the deaths from jabbed people. The Therapeutic Goods Administration do not publish this data. The media will publish when the deaths are un-jabbed people. Occasionally there is a media report and it appears like currently, approximately one quarter of deaths are jabbed individuals.

Summarizing the efficacy

There is zero clinical evidence of efficacy of these jabs. The drug companies did not specify that they would even test for immunity in their clinical trials. There is most probably a good reason for that, i.e., they knew the tests would show no clinical evidence. In their applications for emergency use, the drug companies stated the jabs would reduce symptoms. That is an easy claim to make. 90% of all infections have no symptoms. Claiming reduced symptoms cannot be verified.

Now the political health bureaucrats and politicians are pushing for boosters. How do people miss the logic of "take a 3rd shot" when the first two did not work.

Now as if to, all but, admit the jabs do not work, the CDC have decided to change their definition of "vaccine".⁴⁸ The universal definition of "Vaccine" is:

Vaccine– "a product that stimulates a person's immune system to produce immunity to a specific disease". And;

Vaccination– "the act of introducing a vaccine into the body to produce immunity to a specific disease."

It is patently clear from all the data now available that these jabs do not stimulate a person's immune response to SARS-Cov-2. The drug companies cannot even be bothered testing to see if that is happening. It is obvious from all the correlative evidence it is not. So not to be deterred, the CDC changed their definition of vaccine to:

Vaccine – "a preparation that is used to stimulate the body's immune response against diseases."

So what do you do when the jab doesn't work? The CDC has just emended their definition of "vaccine" from one "that stimulates a person's immune system to

produce immunity to a specific disease”, to “stimulate the body’s immune response against diseases”.

They no longer produce immunity to specific diseases. They have removed the words “produce immunity” and “specific”.

So now the jabs work. They do not produce any immunity to SARS-Cov-2 but they stimulate the body’s immune response -- to the synthetic spike protein generated in your body from the genetic material in the injection. Which is not the virus.

Rather than just admit the jabs don’t work, they have changed the definition of vaccine.

Peter Daszak in 2015, reported in the National Academy of Press Publication February 12th 2016. And I’m quoting: “***We need to increase public understanding of the need for medical countermeasures such as a pan coronavirus vaccine. A key driver is the media and the economics will follow the hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of the process.***” [30:31]

Peter Daszak, the person who was independently corroborating the Chinese non lab leak non theory because there wasn’t a lab leak. **This was an intentional bioweaponization of spike protein to inject into people to get them addicted to a pan coronavirus vaccine.**⁴⁹ [*Emphasis added*]

Number of deaths and serious side effects

Whilst there is zero clinical evidence these jabs have saved any lives and as good as zero correlative evidence they have saved anyone’s lives, they have certainly taken many lives.

Throughout the history of vaccines, the CDC’s **VAERS** – Vaccine Adverse Event Reporting System database has been used as a guide to safety. Dr. Peter McCullough, the doctor with the most citations in the National Library of Medicine on these topics, says that throughout that history when reported deaths after taking the vaccine reaches 50 on VAERS the drugs are immediately removed from the market.⁵⁰

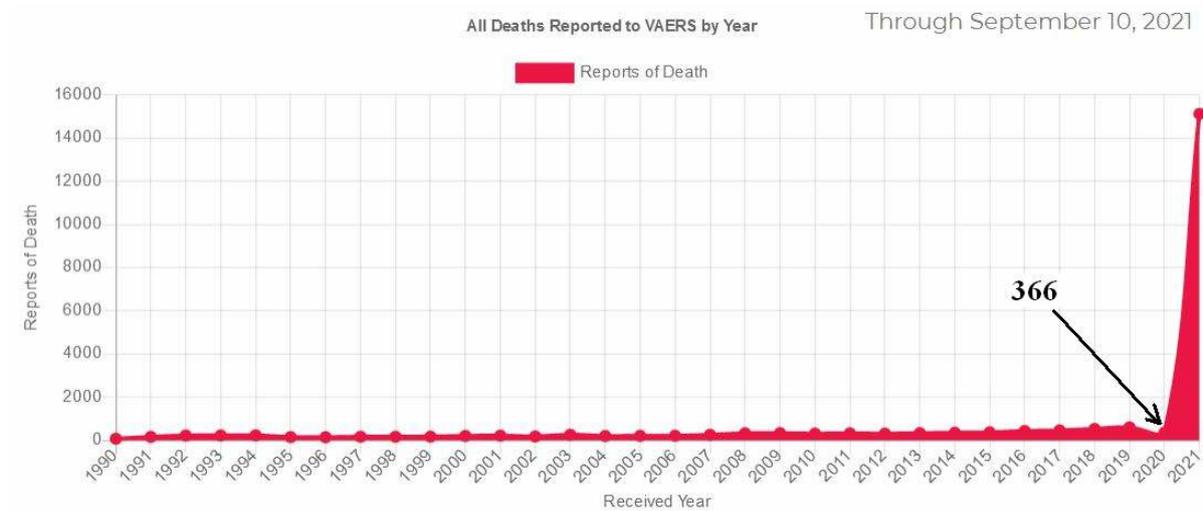
The CDC are desperately manipulating this data. They do not want people to see large numbers of deaths after taking these jabs. They have now modified their reporting. As of the 10th of September, this is the report of deaths.⁵¹

14,925 COVID Vaccine Reported Deaths / 23,817 Total Reported Deaths

VAERS is a vaccine adverse events report. Total Reported Deaths is what they used to report. Now they are going through those and removing numerous deaths as being non covid. Their official figure is 14,925. That is still 300 times more than the 50 that has always been used before the drugs are removed for being too dangerous.

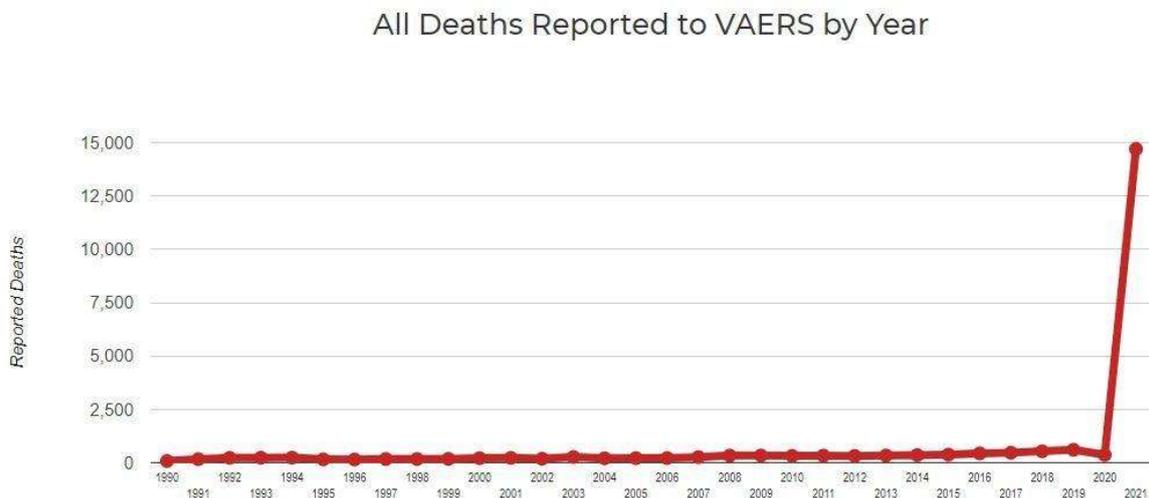
The CDC is also reporting 1,519,354 adverse events.

Just using their, what they call, official COVID vaccine deaths it looks like this.



The OpenVAERS Deaths report link has been changed. When the link is clicked it goes to the “The OpenVAERS Project” page. CDC has stopped people from viewing the same chart as above with the 23,817 Total Reported Deaths. The heavy censoring of CDC is astonishing.

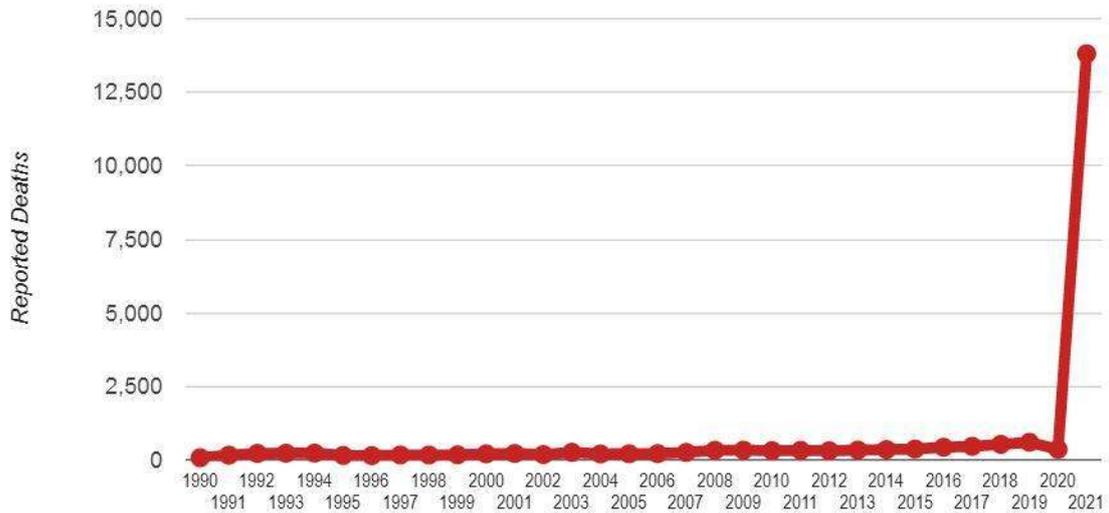
On the 24th of July this was their chart with just short of 15,000 deaths.



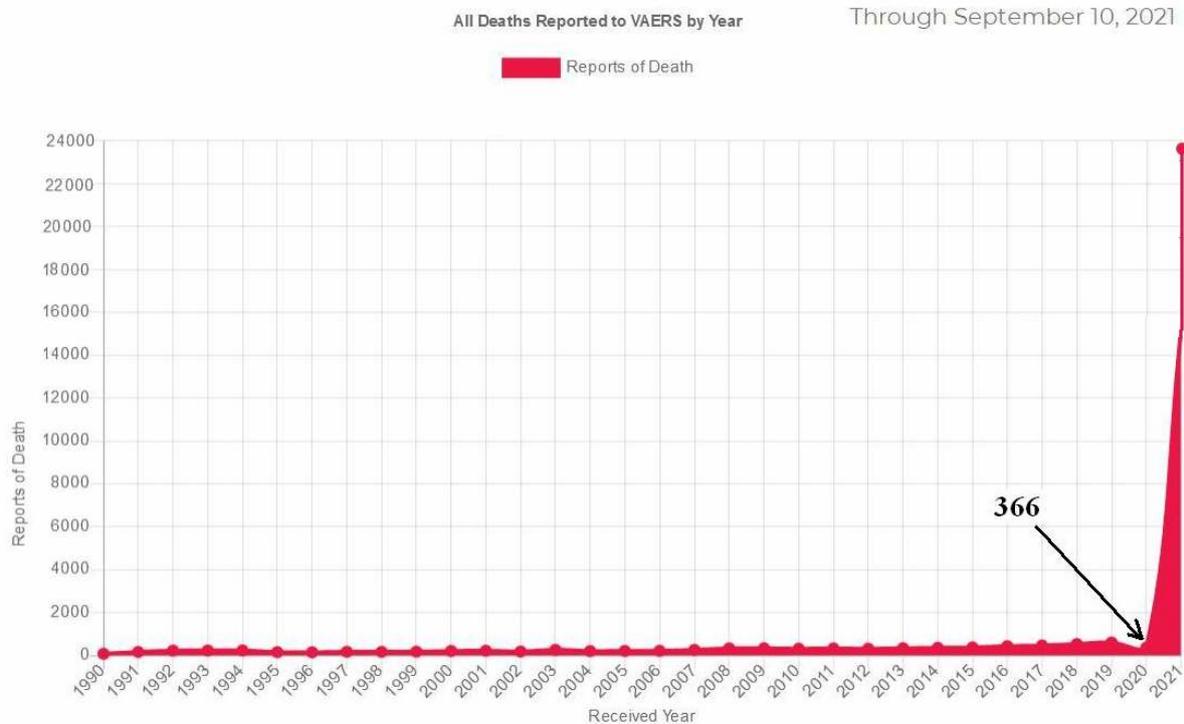
Then by August 20 it has dropped to 14,000.

Through August 20, 2021

All Deaths Reported to VAERS by Year



Every time the number gets to 15,000 to 16,000 the CDC remove more deaths and reduces the number. The real chart with 23,817 deaths follows.



The CDC are removing deaths that they determine are not actual job deaths and putting them into the Total Reported Deaths column. This just demonstrates how hypocritical

they are. For coronavirus deaths, if you die with the virus, the CDC counts you as a covid death. But if you die immediately after the jab you do not die from the jab.

When this data is analyzed, in every instance the total vaccine deaths before the covid jab roll out was 366 and that figure has never gone above 605 since 1990 when VAERS was introduced. 366 is total deaths from all other vaccines. The CDC want everyone to think that just 14,925 deaths are from the jab and the difference with the Total Reported Deaths of 23,817, which is 8,892, are all deaths from other vaccines. The total deaths from all other vaccines has suddenly jumped in just 1 year from 366 to 8,892, when it has never been above 605 before. The CDC treat all Americans as being some sort of low intellectual class that will never see what they are doing. Their slight of hand knows no bounds.

It does not matter whether it is 15,000 or 24,000 deaths, they are both astronomically higher than the 50 that has been used historically before a drug is removed for being too dangerous.

VAERS is for America only and it is a voluntary system. A medical study was conducted in 2011 that showed as few as 1% of vaccine deaths are actually reported on VAERS. That paper is known as the Lazarus Report. It is referenced on the CDC web site.⁵²

There are now numerous whistleblowers coming forward substantiating claims where doctors are now being coerced, pressured, intimidated and threatened into not reporting adverse events and deaths after taking the covid jab. There is a lot of political activism occurring inside many of the hospitals. In June 2021 Dr. Peter McCullough reported on a number of whistleblowers from inside the CDC that came to him.⁵³ He holds the distinction of being the most widely cited physician in the treatment of COVID-19 with more than 600 citations in the National Library of Medicine.

The federal Vaccine Adverse Event Reporting System [VAERS] logged 5,993 reports of deaths of people injected with the COVID vaccine between Dec. 14, 2020, and June 11, 2021.

“We have now a whistleblower inside the CMS, and we have two whistleblowers in the CDC. We think we have 50,000 dead Americans. Fifty thousand deaths. So we actually have more deaths due to the vaccine per day than certainly the viral illness by far. It’s basically propagandized bioterrorism by injection.”

He said the suppression of early COVID treatments, such as hydroxychloroquine and especially Ivermectin, “*was tightly linked to the development of a vaccine.*”

Without the suppression of the already-available treatments, the government would not have been able to legally grant *Emergency Use Authorization* to the three vaccines rushed to market by Moderna, Pfizer and Johnson and Johnson. In the case of Moderna, the U.S. government is co-patent holder

6,000 deaths in June to 24,000 in September in 4 times more. That would mean the 50,000 actual deaths in June would be 200,000 in September.

Another whistleblower Dr. Mollie James has come forward with her first hand experiences.⁵⁴ She says VAERS is undercounting by a factor of 100.

“I feel pressured not to use VAERS and many of my colleagues confidently tell me the same,” Dr. James said . . . *“They are scared of the politics, of being outed, shamed, and ridiculed. It’s easy for a Doctor to lose their admitting privileges somewhere, and many know if they report something as a vaccine side effect they could lose their job.*

Dr. James points to peer-reviewed studies and surveys that show the VAERS system is off by a factor of 100, and says this matches her own experiences.

“There is clearly an increased risk of strokes, heart attack, blood clots, autoimmune issues, arterial issues, and neurological issues associated with the vaccine that are not being tracked because politics is demanding that the vaccine be considered perfect. The risks go all the way up to death. People are suffering major adverse reactions and I have no doubt many are dying from these vaccines but we can’t discuss this openly without fear of political consequences. I have to speak out.”

VAERS captures, at best, 1-10% at most of the actual complications.

Scientist and whistleblower Tony Heller has published a Project Veritas report on a doctor in a hospital being coerced into not reporting an adverse event from the covid jab.⁵⁵

100 times is obviously Dr James’ estimate. The Lazarus Report says 100 times. Data from Dr. Peter McCullough’s whistleblowers show 4 times underreporting. 100 times 24,000 is 2.4 million. There are obviously more than 24,000 deaths after the jab and it would be safe to assume somewhere between 200,000 and 2 million deaths from the jab in the United States.

There are a number of adverse event databases internationally. The European database **EudraVigilance** is the next most important after the US. These reports are submitted electronically to EudraVigilance by national medicines regulatory authorities and by pharmaceutical companies that hold marketing authorisations (licences) for the medicines.⁵⁶ This electronic reporting is obligatory for marketing authorisation holders and sponsors of clinical trials.⁵⁷ However it is not obligatory for all.

EudraVigilance reported adverse events to the 3rd of August 2021. 20,595 Dead 1.9 Million Injured (50% Serious) Reported in European Union's Database of Adverse Drug Reactions for COVID-19 Shots

The following are deaths and adverse events reported by the UK's **Yellow Card** reporting system.⁵⁸

As of 15 September 2021, for the UK, 114,752 Yellow Cards have been reported for the Pfizer/BioNTech vaccine, 231,920 have been reported for the COVID-19 Vaccine AstraZeneca, 15,916 for the COVID-19 Vaccine Moderna and 1088 have been reported where the brand of the vaccine was not specified.

The MHRA has received 534 UK reports of suspected ADRs to the Pfizer/BioNTech vaccine in which the patient died shortly after vaccination, 1,083 reports for the COVID-19 Vaccine AstraZeneca, 17 for the COVID-19 Vaccine Moderna and 28 where the brand of vaccine was unspecified.

That is a total of 363,676 reported adverse events or Adverse Drug Reactions - ADRs. 1,662 deaths. To the 15 September 2021.

Monitoring events on the Yellow Card database at <https://yellowcard.mhra.gov.uk/iDAP/> requires knowing the "active ingredient" found on the "patient information leaflet" that was supplied with the injection. In a search through Yellow Card none of those active ingredients came up. The UK government's MHRA appear to be heavily censoring Yellow Card data. Throughout the weekly ADR report "*reported events are not always proven side effects. Some events may have happened anyway, regardless of vaccination*" is mentioned numerous times. MHRA are as hypocritical as the CDC in that if you die with covid you die from it but if you die after taking a jab you do not die from the jab. They have double standards. The adverse events and deaths are extremely low in comparison to EudraVigilance and VAERS.

Having said that, still 1,662 deaths and 363,676 adverse events are still way higher than the 50 standard used on VAERS since it's inception to remove a drug from use for safety reasons. An independent report from Dr. Tess Lawrie (MBBCh, PhD) Confirms this as her recommendation.⁵⁹

VigiAccess is another adverse events report run by the World Health Organization or WHO. To the 26th of September 2021, [VigiAccess](#) reports 2,068,596 Adverse drug reactions (ADRs). Half of those are in Europe. The only way to retrieve VigiAccess reports is to search and the search criteria must use the exact words. It does add a lot of extra countries but it is unsure if there is a doubling up with VAERS, EudraVigilance and Yellow Card.

  			
Medicine	Year started reporting	Deaths	Adverse events
Ivermectin	1992	16	4 669
Remdesivir	2020	417	5 297
Tocilizumab	2005	764	47 086
COVID-19 vaccines	2021	8 532	1 490 915
Tetanus vaccine	1968	32	14 697




Drug comparison on VigiAccess

The Australian **Therapeutic Goods Administration or TGA** have an adverse events database. The TGA release weekly reports. The current is the **COVID-19 vaccine weekly safety report - 23-09-2021**.⁶⁰ In this report there have been 556 deaths. 61,738 adverse events. The TGA, like VAERS and the UK's MHRA are highly hypocritical and politicized. They only accept 9 deaths as linked to the injections. The rest they ignore. They are desperate for the general populous to not see the total deaths. They threaten anyone who points out these deaths with litigation. As far as the TGA is concerned, if you die with covid you died from it but if you die immediately after receiving the injection you definitely do not die from the injection. They go to pains to point out these people are aged with comorbidities. They fail to point out that the vast majority of those that die from covid are the same. But they do point out their inflated covid deaths as an excuse to take the dangerous injection. They ignore hundreds of medical science papers that show absolutely how early treatment with anti-viral drugs such as Hydroxychloroquine and Ivermectin work and save lives and try their hardest to prevent doctors from prescribing these life saving treatments. Their actions are homicidal. They want and try to make people die either from the virus or the injection. They flatly and belligerently deny early life saving treatment.

Before this politicized virus, once the VAERS deaths reached 50 the drugs were immediately removed from the market. The CDC did not meticulously go through all the deaths and claim most were old with comorbidities, the 50 counted no matter what.

VAERS	23,817 (most likely 200,000) and 1,519,354 adverse events
EudraVigilance	20,595 Dead 1.9 Million Injured (50% Serious)
Yellow Card	1,662 and 363,676 reported adverse events
VigiAccess	8,532 and 2,068,596 adverse events
TGA	556 and 61,738 adverse events
Total	55,162 and 5,913,364 adverse events

Being non voluntary and not all countries are included by any means, these figures will be substantially higher. It would be more realistic to think in terms of:

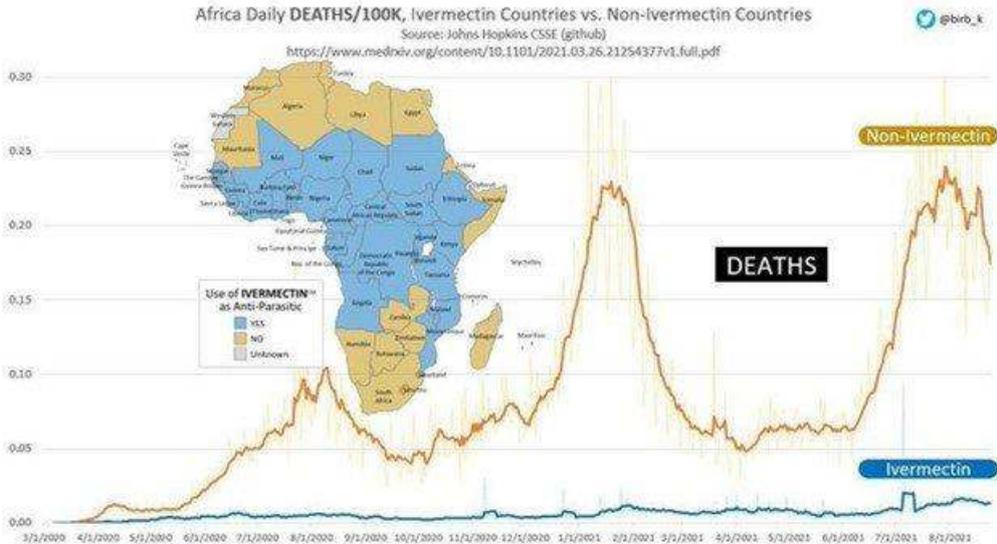
250,000 dead and 10,000,000 adverse events.

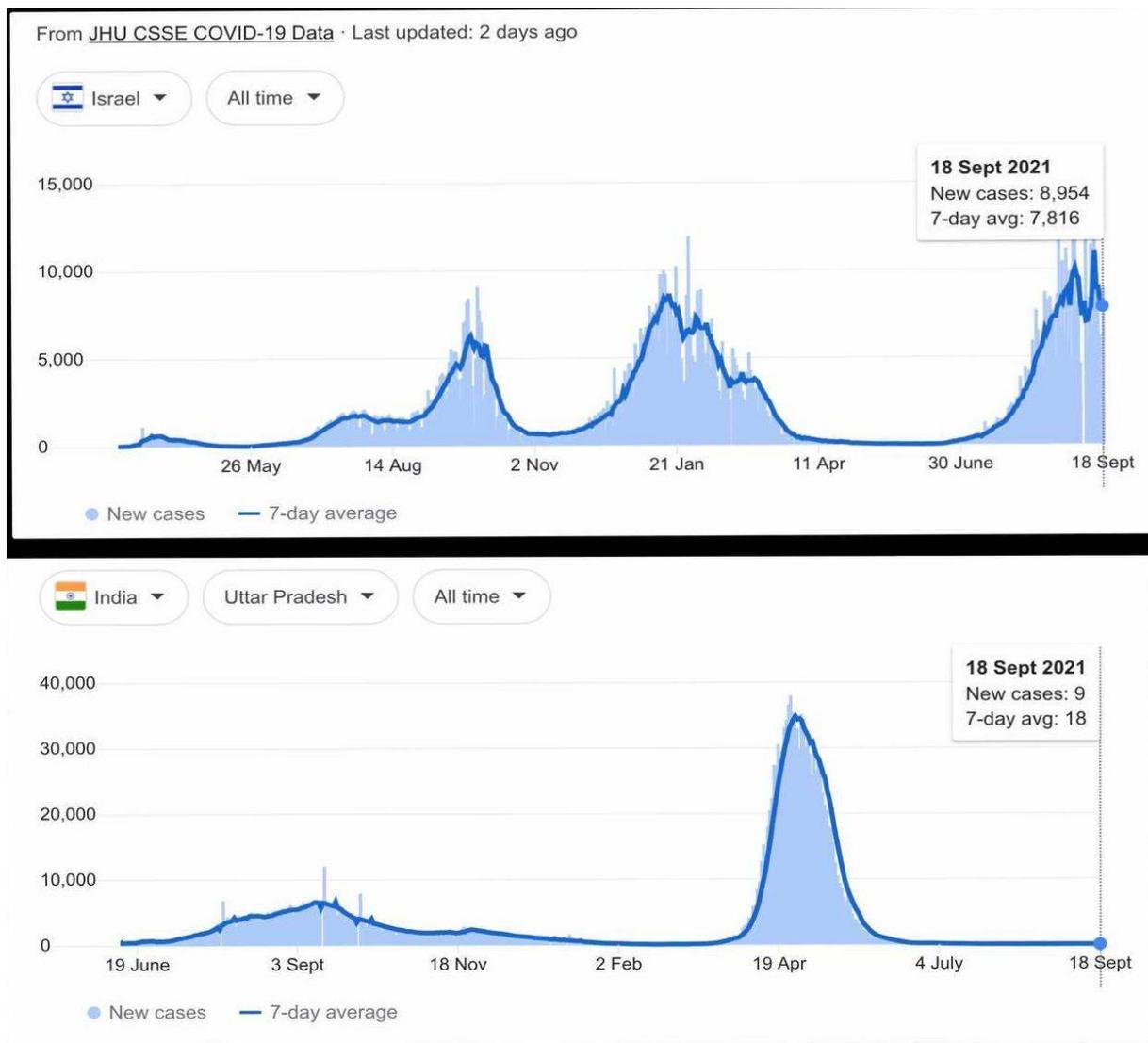
A comparison has been done comparing deaths after taking the covid jab and the flu vaccine in Australia. Data extracted from the Therapeutic Goods Administration Database of Adverse Event Notifications shows that for 2019 there were 0.56 subsequent deaths per million doses of influenza vaccine. As of the 8th of September 2021 there have been 51.6 subsequent deaths per million doses of covid jab.

German lawyer Reiner Fuellmich in his report posted in a video message on the 16th September 2021 stated:⁶¹

Experts estimate the total deaths from the injections to date is 500,000

It is worth noting the comparisons with countries that are treating their people with Ivermectin. India is one. Their jab rate is low, around 13% Plus Africa.





Summary

It is not fully known as to what is in any of these drugs. The drugs contain genetic material encoded with genetic instructions known as the gene sequence. We know one genetic instruction and that is to produce the S1 spike protein. We do not know what else they are encoded to do and the evidence clearly shows they are encoded to do other things. We know the spike protein is a toxin and is causing most of the massive number of side effects. We also know all 4 of the top injection drugs contain graphene oxide and that is not labeled as an ingredient. We know graphene oxide is poisonous to humans. Graphene oxide, from blood smear tests, appears to be causing many of these blood clotting incidents. Aside from that, it is injected with a neutral charge. It can be charged with a positive charge when exposed to Electro Magnetic Radiation EMR. When positively charged, depending on where exactly it is located inside the body, can be deadly. It is also being used in biosensing applications and has the potential to be used to detect whether a person has taken the injection. I.e. To detect and track recalcitrant people who refuse to take these extremely dangerous injections.

The spike protein was seen in 2005 as a highly malleable bioweapon. It has been known for a long time to be a dangerous toxin.

These drugs are not vaccines. They do not pass the patentable, legal or clinical definition of a vaccine in that they do nothing to prevent infection. To get around that pesky problem the CDC altered their definition of vaccine to one that makes these drugs look, or give the illusive pretense, they are working as a vaccine.

A normal vaccine contains dead viral fragments that stay in the injection site in the shoulder. These drugs are nothing like that. They have genetic material that causes the body to generate a spike protein. This does not stay in the injection site. It spreads through out the entire body in the billions to all the organs including the brain, all within just a few hours of being injected. These spike proteins congregate in very large numbers in the ovaries of women causing many menstrual cycle problems. 30,000+ women in the UK have reported menstrual problems after the COVID shots along with thousands of fetal deaths. While the spike protein found in the virus is bad, the spike protein your body produces in response to the injection is far worse

To gain emergency use approval, most of the very basic safety tests were not done. Such as reproductive toxicity nor genotoxicity, pharmacokinetics or pharmacodynamics.

People who have been vaccinated against COVID-19 absolutely should not donate blood. The damage could be lethal for fragile patients receiving the blood with the toxic spike protein.

Autopsies of jabbed patients show all the popular organs used for transplants are riddled with billions of toxic spike proteins making them all unsuitable for organ donations.

These injections have destroyed the blood and organ donation systems.

The injections destroy a persons' innate immune system. Jabbed people have no immunity to other viruses or covid variants. Their blood plasma has been rendered useless for donations.

The real world data from US, UK, Israel and India shows that these drugs are not working. They are not stopping infections, not stopping transmissibility and not stopping deaths. Now governments are selling and people are falling for this crazy logic of “take a booster – because the 1st two shots did not work” When injected, the body develops the spike protein and the body then develops an immune reaction to the synthetic, computer generated spike protein, not the virus. The theory is the body should develop an immune reaction to the virus spike protein. But it does not. There is no clinical evidence that is happening, no one has ever been tested to determine that is happening and all the correlative evidence is that it is not happening.

The jabbed people are now the dangerous spreaders. The jab does not protect them and with their innate immune systems destroyed, they have no protection. They are now the ones that will be getting the disease, spreading it and dying.

Safety and efficacy were not a concern with these drugs. There has become a sense of urgency to get people jabbed up with a pathogen stimulating computer sequence before they all wake up that they do not work.

The number of deaths and serious side effects are staggering. We used to have a guide. When deaths reported from a drug reached 50 on the CDC VAERS database, the drug was immediately withdrawn from the market for safety reasons. VAERS is currently sitting on 23,817. The CDC have resorted to inventing excuses claiming that just 14,925 of these deaths are from the injections. The rest died from comorbidities. When the limit was 50 they never went through those 50 to make determinations of who died from what. 50 reported was the limit for safety. All of these vaccine adverse event reporting systems are voluntary. The Lazarus Report shows as little as 1% report in the US. Evidence from one doctor in one hospital shows that number to be accurate for that hospital. If that was accurate nationally the actual deaths in the US from taking the injection would be 2,381,700. Other whistleblowers in the US calculate the actual death rate in the US to be 200,000.

Experts have trawled through the global adverse events and estimate global deaths to be at least 500,000 with 10 mil side effects, half of those serious.

The injections of these drugs has taken the lives of half a million people and destroyed the lives of 10 million more. And the evidence clearly shows they have not saved the life of one person.

That makes these drugs the most dangerous ever unleashed on the human population in the history of medicine.

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