

What is the **Truth** about the
COVID-19 VACCINES



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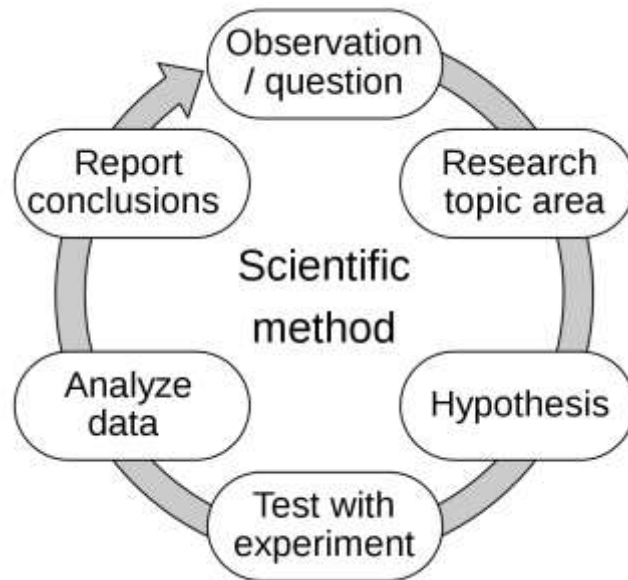
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“Truth is not afraid of questions.”

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1. How can we use science to determine the truth about the “covid-19 vaccines”?



The Scientific Method

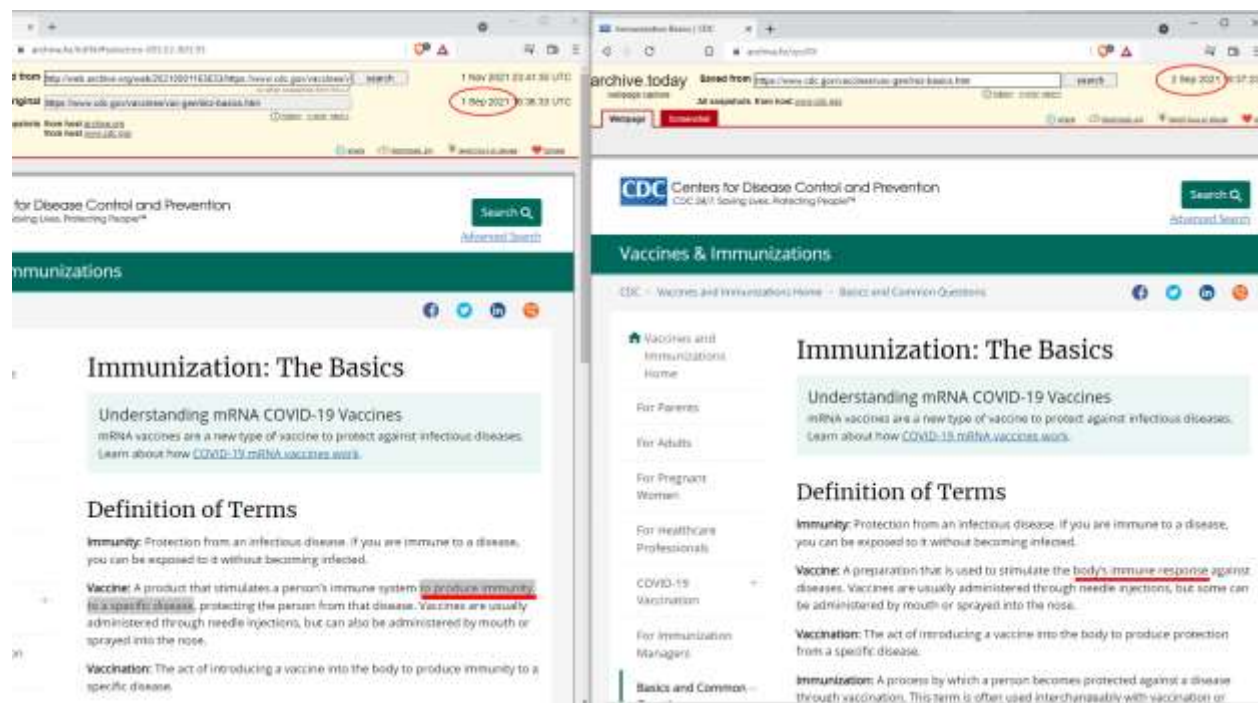
1. Ask a **question** (*Are “covid-19 vaccines” safe & effective?*)
 2. Conduct **research**
 3. Construct a **hypothesis**
 4. Test the hypothesis with an **experiment**, including:
 - a. Materials
 - b. Procedure
 - I. Variable (what is being tested)
 - II. Control (what it is being tested against—must be equal to variable)
 5. **Analyze** and record results
 6. Draw **conclusions** (and repeat process)
-

2. What is a vaccine?

The CDC's definition of a vaccine prior to September 2, 2021 was "A product that stimulates a person's immune system to produce *immunity* to a specific disease, protecting the person from that disease." The phrase "to produce immunity" was removed on September 2, 2021 according to the Internet Archive snapshots. It shows this definition has not changed since at least 2015.ⁱ

What was the CDC's motive for its timing on changing the definition of a vaccine right when pharmaceutical companies were pushing to release their covid-19 products? Did they not feel confident that the proposed covid-19 product would "produce immunity" according to their definition? Is it possible that "lowering the bar" or broadening the definition of a vaccine would help interested parties to justify and validate calling the covid-19 injections a "vaccine?"

Because this appears to be an intentional deception and because there is insufficient evidence that the products produce any immunity or meet the normal definition of a vaccine, the remainder of this ebook will only use quotes to refer to the Covid-19 "vaccine".



[Home](#) / [Newsroom](#) / [Q&A Detail](#) /
Coronavirus disease (COVID-19): Serology

Coronavirus disease (COVID-19): Serology

9 June 2020 | Q&A

What is herd immunity?



Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection. This means that even people who haven't been infected, or in whom an infection hasn't triggered an immune response, they are protected because people around them who are immune can act as buffers between them and an infected person. The threshold for establishing herd immunity for COVID-19 is not yet clear.

[Home](#) / [Newsroom](#) / [Q&A Detail](#) /
Coronavirus disease (COVID-19): Serology,
antibodies and immunity

Coronavirus disease (COVID-19): Serology, antibodies and immunity

13 November 2020 | Q&A

What is herd immunity?



'Herd immunity', also known as 'population immunity', is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached.

Herd immunity is achieved by protecting people from a virus, not by exposing them to it. Read the Director-General's 12 October media briefing speech for more detail.

WHO and other agencies also changed their definitions of vaccines and immunity near the covid-19 "vaccine" rollout.

“The greatest enemy of knowledge is not ignorance, it is the illusion of knowledge.” Daniel Boorstin

3. Are covid-19 “vaccines” safe?

From CDC’s website:

What You Need to Know

- COVID-19 vaccines are **safe and effective**.

From Google News:

Pfizer says its COVID-19 vaccine is safe and effective in children 5 to 11 years old

 CBS News • 5 hours ago

- Pfizer says COVID-19 vaccine is safe and works in kids ages 5 to 11

WTAE Pittsburgh • 7 hours ago

 [View Full Coverage](#)



From CDC Director:



Rochelle Walensky, MD, MPH
@CDCDirector

The science is clear:

If you are vaccinated against [#COVID19](#), you are safe. The vaccines work. You can take off your mask & are not at risk of severe disease or hospitalization.

If you are not vaccinated, you are not safe. Please get vaccinated or continue to wear a mask.

The New York Times @nytimes · 5/16/21

The head of the CDC, facing blowback over the agency's new liberalized mask guidelines, offered a stark reassurance on Sunday: Only unvaccinated people are at risk if they take off their masks. nyti.ms/3eRhcW3

12:39 PM · 5/17/21 · [Twitter Web App](#)

766 Retweets 701 Quote Tweets 2,317 Likes

From a US President Twitter account:



President Biden @POTUS
United States government...



My message to unvaccinated Americans is this: What more is there to wait for? What more do you need to see?

We have made the vaccinations free, safe, and convenient. The vaccine has FDA approval. Over 200 million Americans have gotten at least one shot.

Do the right thing.

9:32 AM · Sep 10, 2021



119.1K



See the latest COVID-...

Are these claims true that the covid-19 vaccine are “safe”? If so, what is their criteria or definition for the word “safe”?



The word “safe” according to Merriam-Webster dictionary means “free from harm or risk.” This means there is no risk. So, is it true that the “covid-19 vaccines” have zero risk?

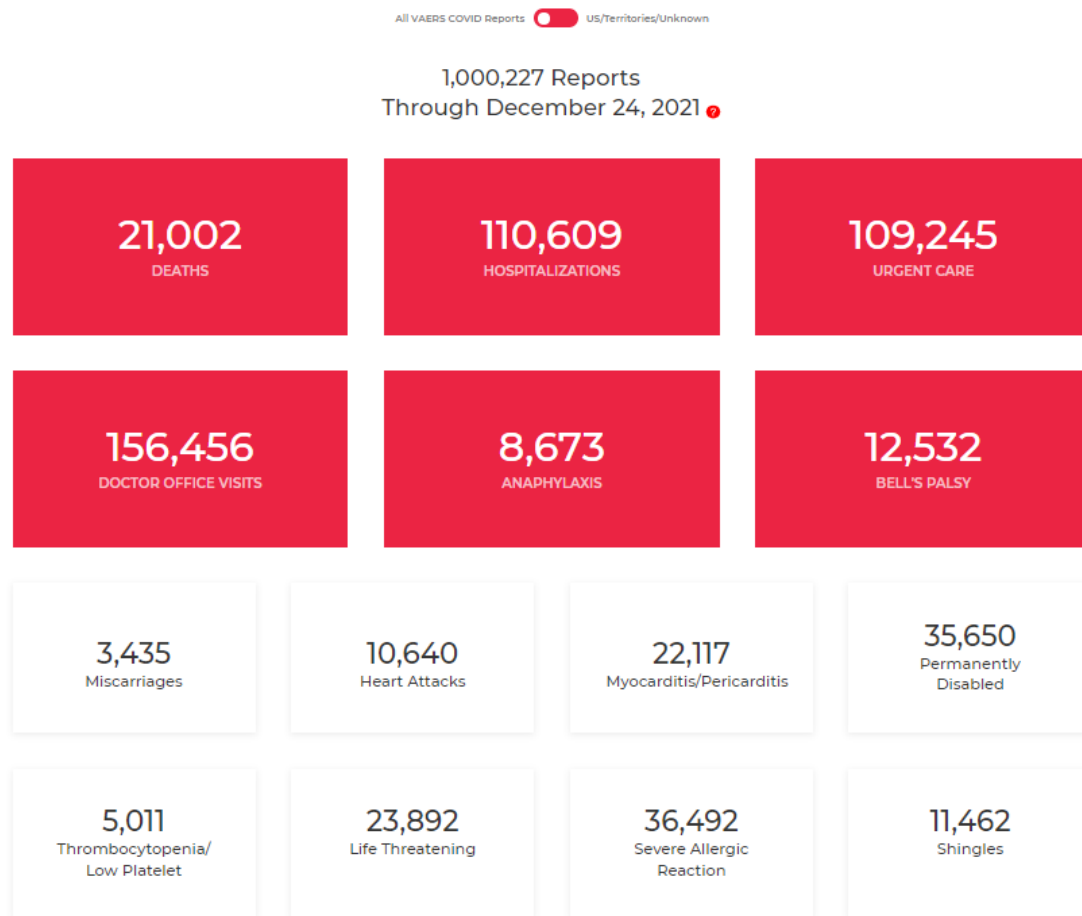
If so, how can we scientifically measure whether this is true or not?

One way would be if there were zero reports of injuries or death in any of the government databases. If it’s discovered that there are reports (at least one) of injuries or death from it, occurring anywhere in the world, even if unofficial, then this statement about it being “safe” cannot be confirmed as a true statement. Is this a fair and logical expectation?

Fortunately, various regulators track adverse events for vaccines, including the CDC (VAERS), FDA (FAERS), and Medicare. So, all someone would need to do is to search one of these databases, search social media, search scientific journals, search clinic trial and research study reports, and if no mentions of any adverse reactions are found, then the hypothesis that a “vaccine” could be safe would not yet be disproven.

Following the scientific method, we are creating a hypothesis that the covid-19 vaccines are “safe” and that no one has ever been injured or killed from it. To determine this, we will conduct a research experiment to find any evidence showing otherwise, then will base our conclusions on the found evidence. Let’s first look at the CDC’s data about it.

4. What does the CDC say about the “vaccines”?



Does the CDC's VAERS database show any adverse effects to covid-19 “vaccines”?

According to the CDC's VAERS database which openvaers.com tabulates, as of 12-24-2021 there have been more than 1 million injuries (adverse reactions) and 21,002 deaths have been reported from the Covid-19 “vaccine” just in the USA. This first piece of evidence refutes the hypothesis that they are safe. Even if it was only 1 injury that would refute the claim, but more than 1 million reported injuries is a very large number. Such a high number of injuries would normally sound loud alarm bells if it were in any other context. If this figure is true, how could anyone honestly claim it is safe? Let's continue to follow the evidence anyway and see where it leads us.

“How do we know these figures are true and not just fake, unconfirmed reports?”

We could read some excerpts from the reports and see if sounds plausible or falsified. Each report begins with a VAERS ID number which appears it can be looked up in VAERS for further detail.ⁱⁱ

Source:

<https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DIED=Yes>

0955256: "Patient was vaccinated in right arm. Within 5 to 10 seconds after vaccination, patient started clinching his hands tightly and became unresponsive. Patient was lowered to the floor and did not exhibit a pulse. CPR was initiated and 911 was called. An AED was used and healthcare professionals onsite continued compressions until the paramedics arrived."

913143: 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.

913733: My grandmother died a few hours after receiving the moderna covid vaccine booster. 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. 914690: Within 24 hours of receiving the vaccine, fever and respiratory distress, and anxiety developed requiring oxygen, morphine and ativan. My Mom passed away on the evening of 12/26/2020.

914961: pt passed away with an hour to hour and 1/2 of receiving vaccine. per nursing home staff they did not expect pt to make it many more days. pt was unresponsive in room when shot was given. per nursing home staff pt was 14 + days post covid

915562: pt received vaccine at covid clinic on 12/30 at approximately 3:30, pt vomited 4 minutes after receiving shot--dark brown vomit, staff reported pt had vomited night before. Per

staff report pt became short of breath between 6 and 7 pm that night. Pt had DNR on file. pt passed away at approximately 10pm. Staff reported pt was 14 + days post covid

914994: pt was a nursing home pt. pt received first dose of covid vaccine. pt was monitored for 15 minutes after getting shot. staff reported that pt was 15 days post covid. Pt passed away with in 90 minutes of getting vaccine

915682: Resident received vaccine per pharmacy at the facility at 5 pm. Approximately 6:45 resident found unresponsive and EMS contacted. Upon EMS arrival at facility, resident went into cardiac arrest, code initiated by EMS and transported to hospital. Resident expired at hospital at approximately 8 pm 915880: Patient died within 12 hours of receiving the vaccine.

915920: Resident received vaccine in am and expired that afternoon.

921175: Resident received Covid Vaccine, noted after 30 mins with labored breathing BP 161/77, HR 116, R 38, T 101.4,

921768: Vaccine received at about 0900 on 01/04/2021 at her place of work, Medical Center, where she was employed as a housekeeper. About one hour after receiving the vaccine she experienced a hot flash, nausea, and feeling like she was going to pass out after she had bent down. Later at about 1500 hours she appeared tired and lethargic, then a short time later, at about 1600 hours, upon arrival to a friends home she complained of feeling hot and having difficulty breathing. She then collapsed, then when medics arrived, she was still breathing slowly then went into cardiac arrest and was unable to be revived.

927189: Patient was vaccinated at 11am and was found at the facility in his room deceased at approximately 3:00pm. Nurse did not have cause of death

929764: The patient was found deceased at home about 24 hours after immunization. Date of Death:: 12/29/2020; estimated time of death 6:00pm 933578: Pronounced dead 1/9/2021 at 12:42. Received first dose of vaccine 1/8/2021

913143: 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.

914690: Within 24 hours of receiving the vaccine, fever and respiratory distress, and anxiety developed requiring oxygen, morphine and ativan. My Mom passed away on the evening of 12/26/2020.

These reports appear to be specific in detail and dates. They appear to be reported by health providers as well as by some family relatives. Family likely wouldn't describe their loved one as a resident, patient, or PT. These reports seem factual, concise and to the point, not appearing to have any narrative or agenda, such as an anti-vaccine bias. They are also heartbreaking to read, as these people probably took a vaccine thinking it would help them stay safe, but instead they died.

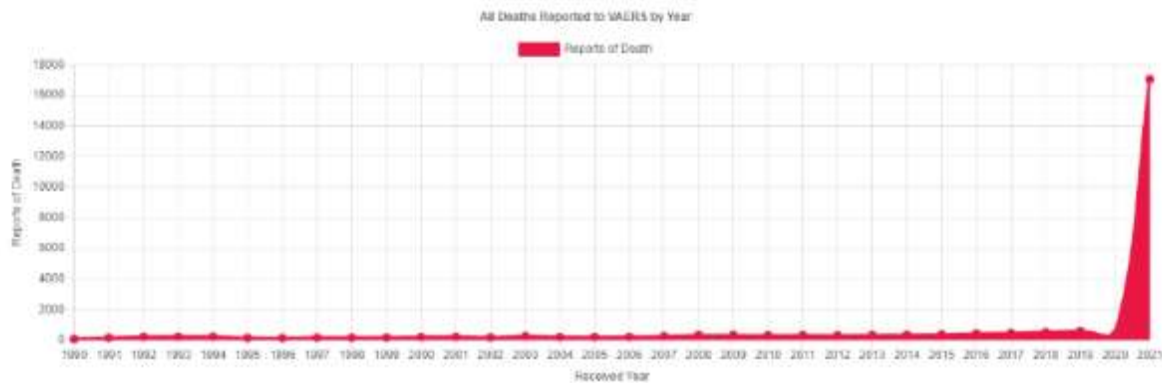
"Yeah, but maybe they died of other causes; maybe they were going to die anyway?"

Maybe, or maybe not. According to the CDC, most deaths are within the first 48 hours of the injection. Many reports of death after injection are from healthy individuals, including young people and athletes. While it may not be 100% confirmed that the deaths were caused by the "vaccine" it also can't be 100% proven it wasn't the cause. Wouldn't it be prudent to follow the scientific method to investigate further before potentially putting more lives at risk by pushing something that could be causing it?

Health professionals by law are required to report such adverse reactions to VAERS. However, there is evidence of many health professionals not reporting to VAERS due to the extra time and paperwork required. A new scientific question must now be asked: is it possible that the VAERS

figures could actually be an underestimation and do not reflect the real total of adverse reactions? What if the real number of deaths and injuries is multiples higher?

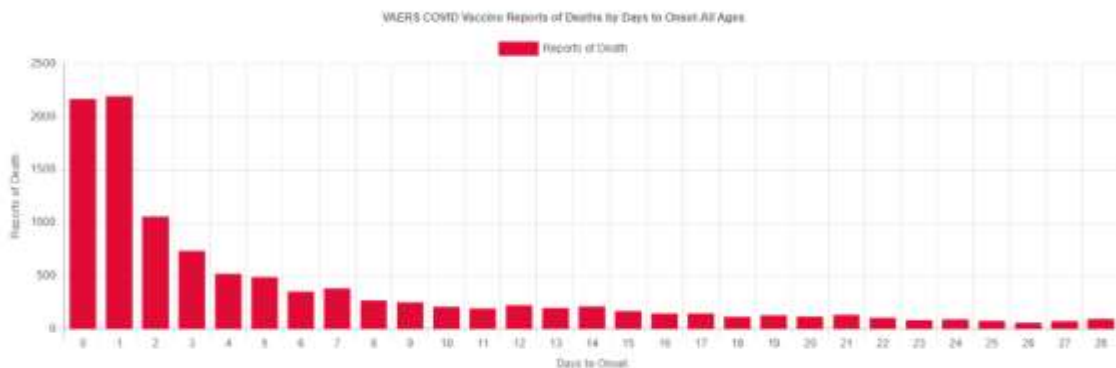
How safe is the Covid-19 “vaccine” compared to past vaccines?



According to the CDC’s same VAERS data, after only a few months of it being released, the covid-19 “vaccines” have already killed more than all other vaccines in the history of United States. If this is true, why aren’t we seeing this reported in the main stream media?

Criteria for vaccines in the past has been stringent, where if only a few people died, a vaccine would be recalled. Vaccine testing and approval process normally takes up to 10-15 years to reach the market, according to historyofvaccines.orgⁱⁱⁱ. The normal safety testing process appears to have been bypassed for the covid-19 “vaccines.”

Because the covid-19 “vaccines” indeed have reports of injury and death, can it be truthfully called “safe?”






According to CDC statistics, most deaths occur within the first 48hrs of the injection.

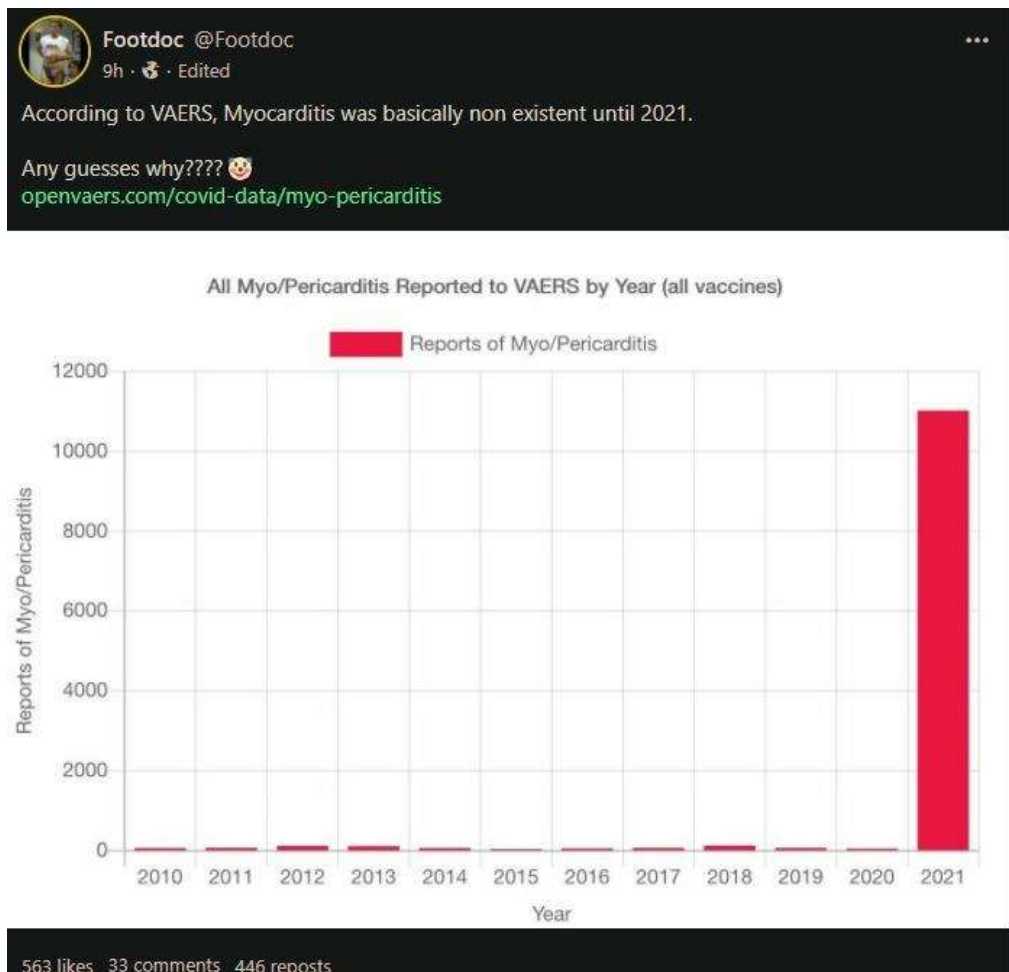
From the 12/24/2021 release of VAERS data:

Found 21,002 cases where Vaccine is COVID19 and Patient Died

Government Disclaimer on use of this data

Table

	 	
Age	Count	Percent
< 3 Years	4	0.02%
3-6 Years	1	0%
9-12 Years	1	0%
12-17 Years	42	0.2%
17-44 Years	814	3.88%
44-65 Years	2,496	11.88%
65-75 Years	2,965	14.12%
75+ Years	6,755	32.16%
Unknown	7,924	37.73%
TOTAL	21,002	100%



Side effects from the covid-19 “vaccine”?

Should this spike in myocarditis (heart swelling) be considered a red flag worthy of being investigated? Why do you suppose so few journalists from the main stream media seem willing to investigate a significant increase in health effects that started in 2021 just after the “vaccine” was introduced?

Should anyone be alarmed that myocarditis has been virtually non-existent in human beings until 2021 where the reports appear to be more than all past years in history combined? And what possibly could have been the change in 2021? Could it have been the covid-19 “vaccine” or is this just a coincidence? Under normal conditions, wouldn’t such a red flag be worthy of being investigated by journalists, government regulators, and elected officials?

“But the CDC said it’s safe, and little to no side effects, right?”

CDC’s website has a page for covid-19 “vaccine” allergic reactions, including “severe” ones. Were there really so many allergic reactions that they made a dedicated web page just for it? Is something truly “safe” if someone may have a “severe” allergic reaction to it?



Safety & Monitoring	—
V-safe	
Allergic Reactions	
Safety of COVID-19 Vaccines	—
J&J/Janssen Update	
Myocarditis and Pericarditis	
Investigating Long-Term Effects of Myocarditis	
Reported Adverse Events	
Vaccine Reporting Systems	—
Vaccine Adverse Event Reporting System	
Monitoring Systems for Pregnant People	
V-safe Pregnancy Registry	

The above categories are from the CDC website for the covid-19 “vaccine.” If it is indeed ‘safe’ why would they have multiple pages dedicated to its side effects, such as myocarditis, allergies, complications for pregnant women? Does not the existence of these potential adverse effects pages mean there is a level of risk? And if there is risk, doesn’t that by definition mean it cannot be 100% safe?



COVID-19



Your Health

Vaccines

Cases & Data

Work & School

Healthcare Workers

Health Depts

Science

More

Vaccines

Getting Your Vaccine

Types of Vaccines Available

Possible Side Effects

After You're Fully Vaccinated

Safety & Monitoring

Effectiveness

About COVID-19 Vaccines

Frequently Asked Questions

Communication Resources

Possible Side Effects After Getting a COVID-19 Vaccine

Updated June 24, 2021 Languages * Print

COVID-19 vaccination will help protect you from getting COVID-19. You may have some side effects, which are normal signs that your body is building protection. These side effects may affect your ability to do daily activities, but they should go away in a few days. Some people have no side effects.

Common Side Effects

On the arm where you got the shot:



- Pain
- Redness
- Swelling

Throughout the rest of your body:



- Tiredness
- Headache
- Muscle pain
- Chills
- Fever
- Nausea

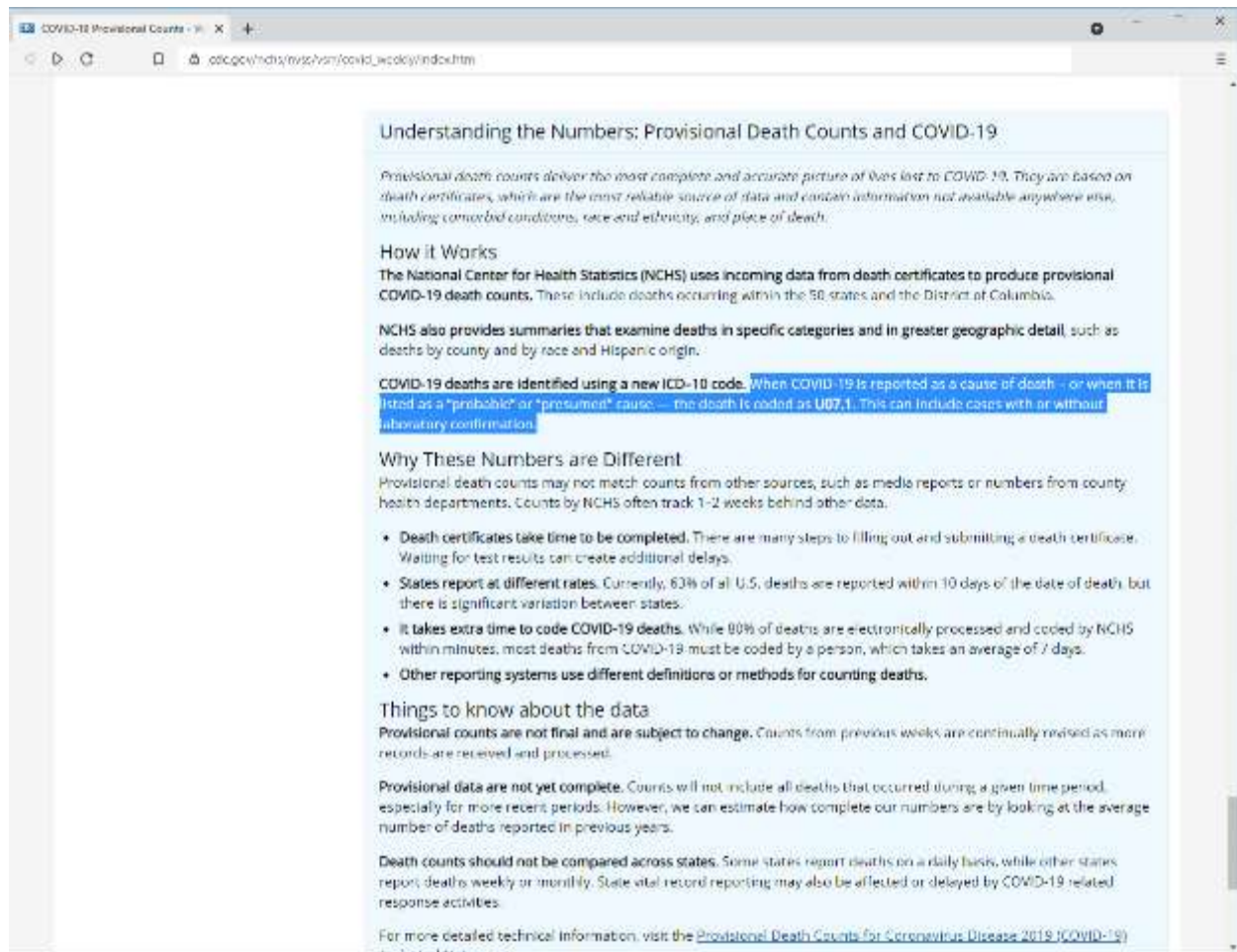
Get Email Updates

To receive email updates about COVID-19, enter your email

If you had a [severe or immediate allergic reaction](#) after getting the first dose of an mRNA COVID-19 vaccine, you should not get a second dose of either of the mRNA COVID-19 vaccines. [Learn about getting a different type of vaccine after an allergic reaction.](#)

The CDC repeats how 'rare' it is for anyone to ever have adverse effects, but this page admits covid-19 vaccines have side effects, and even titles the heading, "Common Side Effects."

It says it includes tiredness, chills, pain, fever, nausea. Aren't those some of the same symptoms of covid-19? If the goal is to avoid the symptoms of covid-19, and because these "vaccine" negative symptoms are "common," is it truly worth the risk to get these through the "vaccine"?



This CDC page says that covid-19 only has to be ‘probable’ or ‘presumed’ and is labeled as U07.1 and isn’t verified or confirmed. This sounds like an assumption. Because medical providers make more money by labelling deaths with a certain code, and because no one verifies it, and because the US medical industry already has a reputation for corruption and grossly overcharging people, wouldn’t this encourage fraud? Under these conditions, can the covid-19 death count by the CDC be trusted?

In addition, should we be suspicious that the flu and pneumonia practically disappeared in 2020? How about rapid PCR test known to have false positives. So, is it possible that a percentage of the death count the CDC offers is from taking normal deaths and counting them as covid-19 deaths?



CDC @CDCgov · Jul 30

CDC recommends people in areas with substantial or high [#COVID19](#) spread wear a mask in public indoor settings, even if fully vaccinated.

Visit CDC's COVID Data Tracker to find out what level of COVID-19 spread your area has: bit.ly/2Hw1EZZ.

DELTA VARIANT IS SURGING: IT HAS QUICKLY GROWN FROM LESS THAN 1% OF CASES IN MAY TO MORE THAN 80% NOW.

- Delta spreads about twice as easily from one person to another compared to previous variants.
- Because new evidence shows some vaccinated people can get or spread Delta, CDC recommends everyone in areas with substantial or high spread wear a mask.
- Most spread is among unvaccinated people and in areas with low vaccination rates. Vaccines help prevent Delta from spreading further.



cdc.gov/coronavirus

280

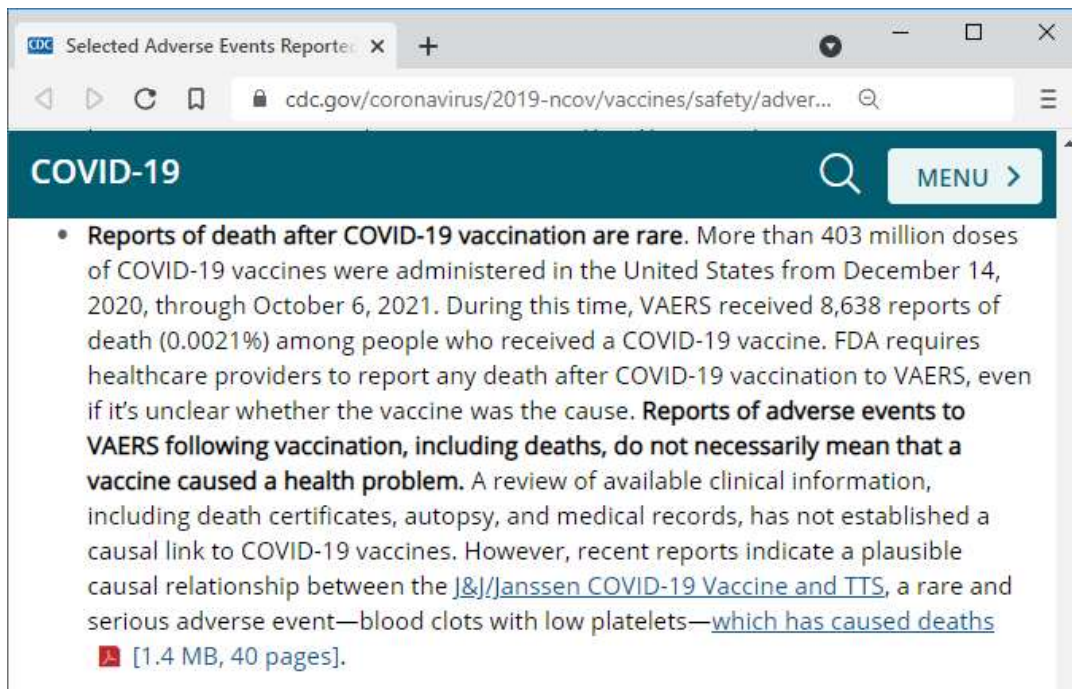
680

910



Tip

This CDC tweet admits that vaccinated people can get and spread Delta. This is a change of tune from previously when it was said that vaccinated cannot get or spread covid-19. That was the premise for them wanting everyone to get vaccinated, but it turns out that cannot be entirely true.



The CDC on this page admits that people have died from the covid-19 vaccine, yet continues to claim its 'safe'. Is it normal to claim that something is safe that has killed people? If a poisonous hamburger kills someone, is the hamburger safe to eat? If a lion kills a person, is the lion safe?

This CDC page omits that more than 1 million injuries have already been reported and that a % of these people may still die from future complications. This info also appears out of date as the reported deaths are nearly triple of this figure now.

Selected Adverse Events Reported x +

cdc.gov/coronavirus/2019-ncov/vaccines/safety/adver...

CDC Centers for Disease Control and Prevention

COVID-19 🔍 MENU >

[Back to COVID-19 Home](#)

Reported Adverse Events

Updated Oct. 13, 2021 Languages ▾

Safety of COVID-19 Vaccines

Some people have no side effects. Many people have reported side effects that may affect their ability to do daily activities, but they should go away within a few days.

[Are the Vaccines Safe?](#)

What You Need to Know

- COVID-19 vaccines are **safe and effective**.
- Millions of people in the United States have received COVID-19 vaccines under the most intense safety monitoring in U.S. history.
- CDC recommends everyone 12 years and older get vaccinated as soon as possible to help protect against COVID-19 and the related, potentially severe complications that can occur.
- CDC, the U.S. Food and Drug Administration (FDA), and other federal agencies are monitoring the safety of COVID-19 vaccines.
- Adverse events described on this page have been reported to the [Vaccine Adverse Event Reporting System \(VAERS\)](#) [↗](#).
- VAERS accepts reports of any adverse event following any vaccination.
- Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem.

4. What does the CDC say about the “vaccines”?

What You Need to Know

- COVID-19 vaccines are **safe and effective**.

The CDC page on “adverse effects” says the vaccines are “safe and effective” but if you scroll down the same web page and it shows a high number of deaths reported by the Covid-19 vaccines- more than 21,000 deaths currently reported.

Most people consider the school shootings at Virginia Tech, Sandy Hook Elementary, Columbine, and Stoneman Douglas in Parkland, Florida to be tragic disasters. Many consider the sinking of the Titanic to be a disaster, where 1,503 died, Hurricane Katrina (est 1,836 deaths), Hurricane Maria that decimated Puerto Rico (es. 2,975 deaths), or 9/11 attacks with approximately 2,996 deaths.

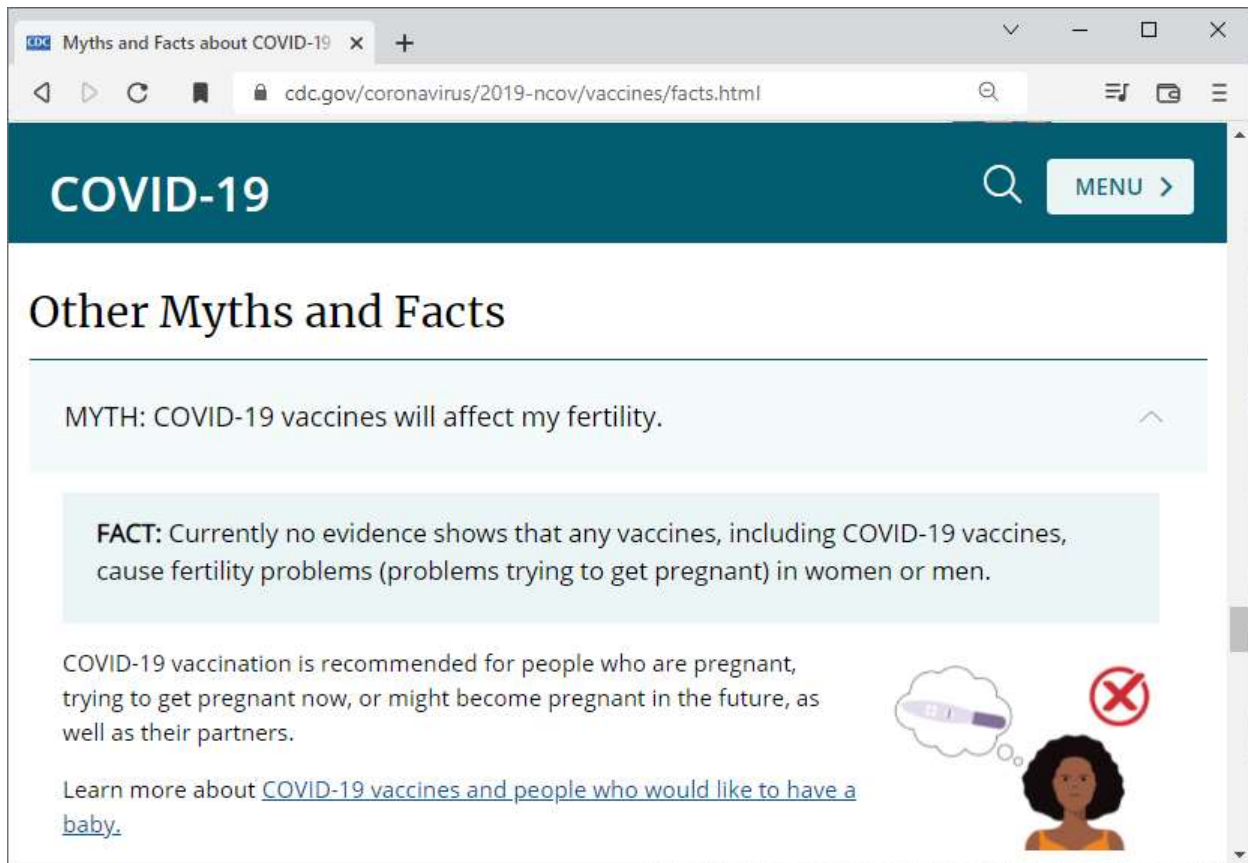
The vaccine deaths have caused more death than all of these disasters combined.

The previous incidents most people had little or no way to prevent it, but the “vaccine” injections are absolutely preventable and intentionally done. Currently, more than 21,000 deaths are the ones reported by the VAERS for the US, which does not include all the deaths. Is it honest to call something safe and effective that has already killed far more innocent people than all of these disasters? Is it ethical to promote something that may kill or injure them?

Why does the people controlling the CDC website information feel it must push the safety of the experimental non-approved covid-19 vaccines? Notice how they placed in bold how it is “safe and effective” and how it is in bold how the adverse reactions “are rare.” Are they overcompensating? Would an unbiased information site do this?

The CDC web page is <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html> and an archive of it is <https://archive.is/LSIVB> in case they decide to change the information.

Is the CDC a credible source of truth?



This CDC web page falsely suggests that men can get pregnant. Notice the phrase “fertility problems (problems trying to get pregnant) in women or men.” Afterwards they don’t say women who are pregnant, but “people” who are pregnant. Is it possible that a political or religious ideology may have influenced them to write this? If the CDC is willing to go against science and be untruthful, for possible political and ideological reasons, then can we truly trust what it says about covid-19?

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html>

“The CDC’s VAERS death statistics of covid-19 vaccines are just one data source, right? Are there other sources showing the approximate deaths?”

Yes, the FDA has their own vaccine adverse reaction tracking database, FAERS. World Health Organization (WHO) has one called Vigibase. Medicare has a tracking system that also show deaths from the covid-19 “vaccines”. Some of these sources are not as open and may require a legal FOIA request to attain the data. Other countries have their own systems.

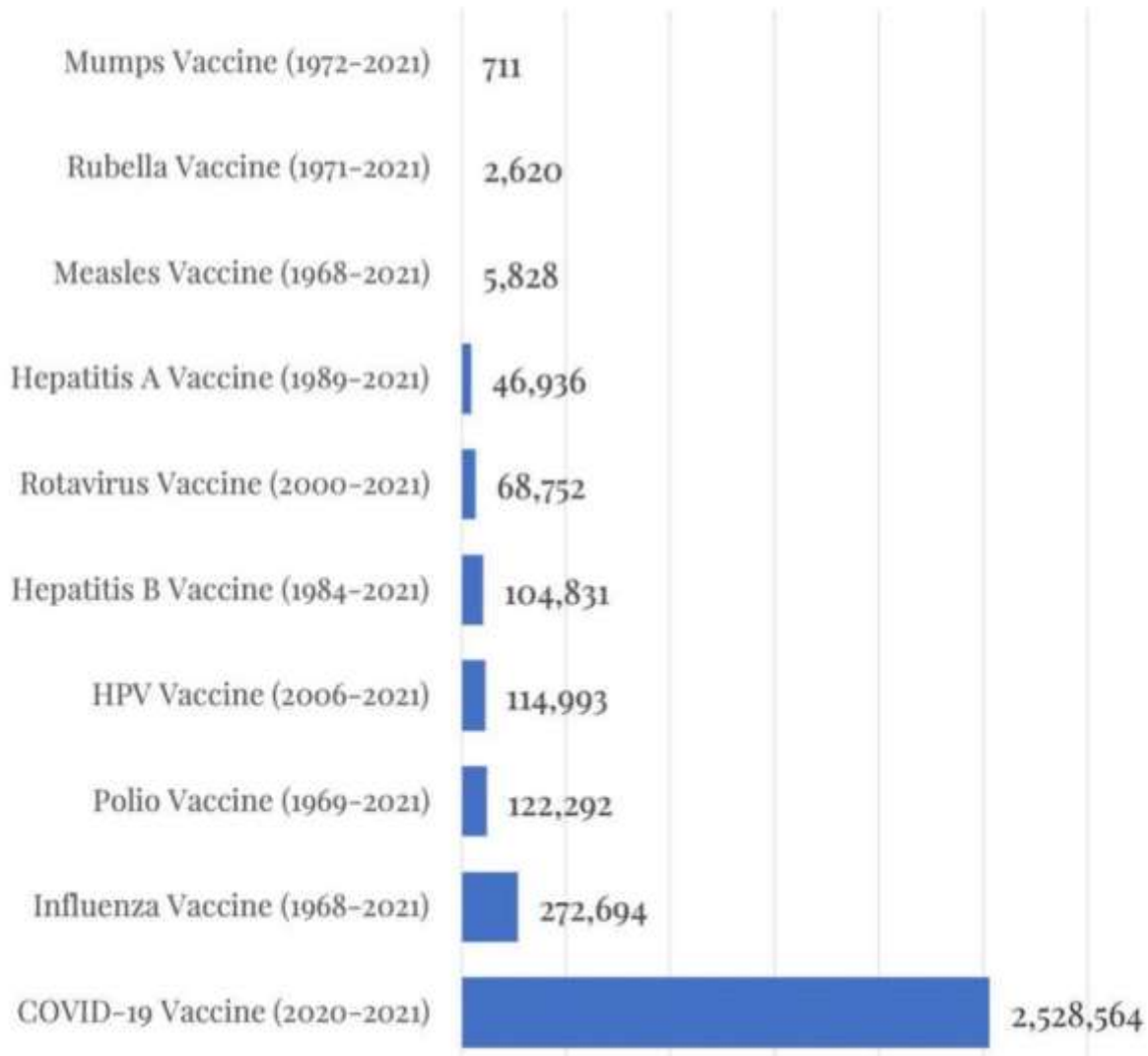
4. What does the CDC say about the “vaccines”?

VigiBase is the WHO global database of reported potential side effects of medicinal products reported by national pharmacovigilance centers or national drug regulatory authorities that are members of the WHO

WHO VigiBase Global Database of Reported Adverse Drug Reactions for Vaccines

Source: VigiAccess.com

Updated Nov. 20, 2021




One would think this staggering statistic would raise red flags across the media, but the mainstream media hardly mentions this. Could there be a reason why?

covid-19 vaccine

Search

**covid-19 vaccine** contains the active ingredient(s): **Covid-19 vaccine**.

Result is presented for the active ingredient(s).

Total number of records retrieved: **2555971**. 

Distribution

▶ Adverse drug reactions (ADRs)

▶ Geographical distribution

▶ Age group distribution

▶ Patient sex distribution

♥ ADR reports per year

Year	Count	Percentage
2021	2553539	100
2020	2299	0
2019	94	0
2018	33	0
2017	3	0
2016	1	0
2015	1	0
2014	1	0

Here is another look at the data directly from WHO's VigiAccess website showing only covid-19 vaccine injuries.

5. Media coverage

“If there are downsides to the “vaccine”, why doesn’t the media cover it?”

Australias Medicine Regulator confirms there have been nine times as many deaths due to the Covid-19 Vaccines in just 7 months than deaths due to all other Vaccines combined in over 50 years

BY DAILY EXPOSE ON SEPTEMBER 28, 2021 • (1 COMMENT)



LISTEN NOW

Serious questions have been raised as to why medicine regulators have not pulled the Covid-19 vaccines from distribution to the general public after data on the Australian Government site revealed that there have been nine times as many deaths reported as adverse reactions to the Covid-19 vaccines over a period of 7 months than deaths due to all other available vaccines combined over a period of 50 years.

45K DEAD FROM THE COVID SHOT - Watch Atty Renz lay out his lawsuit



BookItCJ · Published July 19, 2021 · 244,949 Views

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832 rumbles

EMBED

Rumble — Attorney Thomas Renz dropped a bombshell about a Whistleblower that has come forward alleging that the death rates that she has been monitoring on government websites are much much higher than what Vaers and the Media are telling people. In sworn testimony this Whistleblower is saying the accurate covid shot death number is 45,000 people .

This study shows that after three months the vaccine effectiveness of Pfizer & Moderna against Omicron is actually negative. Pfizer customers are 76.5% more likely and Moderna customers are 39.3% more likely to be infected than unvaxxed people.

medrxiv.org/content/10.1101/2021.12.23.21268881

Estimated vaccine effectiveness for BNT162b2 and mRNA-1273 against infection with the SARS-CoV-2 Omicron variants during November 20 – December 12, 2021, Denmark.

	Pfizer – BNT162b2				Moderna – mRNA-1273			
	Omicron		Delta		Omicron		Delta	
	Cases	VE, % (95% CI)	Cases	VE, % (95% CI)	Cases	VE, % (95% CI)	Cases	VE, % (95% CI)
Before booster vaccination								
14 days	14	55.2 (23.5; 73.7)	171	86.7 (84.6; 88.6)	4	36.7 (-69.9; 76.4)	29	88.2 (83.1; 93.3)
30 days	32	16.1 (-20.8; 41.7)	454	80.9 (79.0; 82.6)	8	30.0 (-41.3; 65.4)	116	81.5 (77.1; 85.9)
60 days	145	9.8 (-10.0; 26.1)	3,177	72.8 (71.7; 73.8)	48	4.2 (-30.8; 29.8)	1,037	72.2 (70.0; 74.4)
All	2,851	-76.5 (-95.3; -59.5)	34,947	53.8 (52.9; 54.6)	393	-39.3 (-61.6; -20.0)	3,459	65.0 (63.1; 66.9)
after booster vaccination								
14 days	29	54.6 (30.4; 70.4)	453	81.2 (79.2; 82.9)	-	-	5	82.8 (54.1; 100.0)

95% confidence intervals; VE = vaccine effectiveness. VE estimates adjusted for 10-year age groups, sex and region (five clinical regions). Vaccine protection was assumed 14 days post 2nd dose. Insufficient data to estimate mRNA-1273 b

11:55 AM · Dec 23, 2021 · Twitter Web App

10.4K Retweets 1,486 Quote Tweets 19.5K Likes

Metatron
@mdccclxx

Bit awkward for those claiming 90% of those in hospital with COVID are unvaccinated.

Surveillance of vaccine status in confirmed COVID-19 episodes and hospital inpatients

Table 4: Vaccine status in COVID-19 hospital inpatients as of 09/11/2021

Vaccine status at specimen collection	All Patients		Under 18		Aged 18-60		Over 60	
	n	%	n	%	n	%	n	%
Unvaccinated	76	12.8%	8	36.4%	52	34.9%	30	6.2%
Vaccinated- first dose only	7	0.9%	0	0.0%	3	2.0%	4	0.7%
Vaccinated- both doses	625	88.6%	0	0.0%	92	61.7%	583	93.4%
Unknown	20	3.2%	14	62.0%	2	1.3%	4	0.7%
Total	748	100%	22	100%	149	100%	577	100%

All 625 of the patients who were fully vaccinated before testing positive for COVID-19 all had their second vaccine dose 14 days or more before their specimen collection date. The median age of inpatient COVID-19 hospital inpatients, is 72 years (range 0-104).

8:18 AM · 12/7/21 · Twitter Web App

Covid-19 in Wales: A third of positive cases are unvaccinated

(31 minutes ago)



Nearly 50% of those over 60 and 84% of those under 60 have been vaccinated.

A third of people with confirmed Covid cases in Wales in the past week were unvaccinated, according to new figures released by Public Health Wales (PHW).

The figures also showed 99% of people who tested positive for Covid in the past week in Wales were under 60. Of these, 37% were unvaccinated.

Nearly 13% of hospital patients with confirmed Covid were unvaccinated.

Is this another way of saying that 2/3 of all positive covid-19 cases in Wales are “vaccinated?”

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A comparison of official Government reports suggest the Fully Vaccinated are developing Acquired Immunodeficiency Syndrome

BY THE EXPOSÉ ON OCTOBER 18, 2021 • (382 COMMENTS)



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Latest UK PHE Vaccine Surveillance Report figures on Covid cases show that doubly vaccinated 40-70 year olds have lost 40% of their immune system capability compared to unvaccinated people. Their immune systems are deteriorating at around 5% per week (between 2.7% and 8.7%). If this continues then 30-50 year olds will have 100% immune system degradation, zero viral defence by Christmas and all doubly vaccinated people over 30 will have lost their immune systems by March next year.

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greatgameindia.com/breastfeeding-baby-blood-clots-vaccine/

Wednesday, September 22, 2021 Publications Events Meet Our Lecturers Join Us Press Release 80

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CORONAVIRUS COVID19 PUBLICATIONS SUPPORT GGI

Coronavirus COVID19

Second Breastfeeding Baby Dies Of Blood Clots And Inflamed Arteries After Mother's Pfizer Shot As Per VAERS

September 7, 2021

According to VAERS data a [breastfeeding baby](#) died of [blood clots](#) and [inflamed arteries](#) weeks after his mother was given the Pfizer COVID-19 vaccine. The case is the second known account of a [breastfeeding baby](#) [dying of blood clots](#) from vaccine.

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UPDATE: Champion show jumper, 22, who suffered extremely reaction to Moderna vaccine may never ride again as two massive blood clots formed on her lungs after she had Covid jab. This is how the Moderna COVID-19 vaccine ruined the career of a future detective with two massive blood clots on her lungs.

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If the “vaccines” are safe, why are some governments paying compensation to victims’ families?

SATURDAY, OCTOBER 30TH, 2021

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5,522 people have died within 28 days of having a Covid-19 Vaccine in Scotland according to Public Health Scotland

BY THE EXPOSÉ ON JULY 16, 2021 • 130 COMMENTS

Public Health Scotland have revealed that 5,522 people have died within twenty-eight days of having a Covid-19 vaccine within the past 6 months in Scotland alone.

Due to dozens of freedom of information requests being made, asking Public Health Scotland (PHS) to provide the current total number of deaths of any individual who has died within 28 days of having a Covid-19 vaccine, PHS decided the best way forward was to publish the information routinely and periodically within their Covid-19 statistical report.



Dr Russell McGregor @killaudeeps...

Columbia University census/vaccine administration data analysis shows 130-180K deaths attributable to the vaccines between Feb-Aug 2021. 🙄

This far outweighs total deaths from (not with) COVID during the same period.

Dr. Cole on Covid Jabs: “We’ve Seen More Deaths From This Shot Than All Vaccines in the Last 20 Years Combined” (AUDIO)

By Cristina Laila
Published May 12, 2021 at 4:45pm
491 Comments



Dr. Ryan Cole, owner and operator of





Open your Mind 🇺🇸 @margarita15...

@Margarita150264

...

Per top cardiologist in the USA,
Dr. Peter McCullough, heart
attacks and myocardiaris are up
1600%, yes, 1600% since the
vaccine started to be distributed.
All data has been presented to
the FDA, they have ignored it all!

12:14 AM · Dec 8, 2021 · Twitter for Android

725 Retweets **66** Quote Tweets **1,306** Likes



“If the “vaccine” was really causing all these deaths, why aren’t more people talking about it?” Some are, but some are being censored and disbelieved.



Teen star rushed to hospital after Pfizer vaccine: 'So much pain'



Tom Flanagan · News Reporter

25 October 2021 · 2-min read

A NSW teen says she's been hospitalised with blood clots [after receiving the Pfizer vaccine](#) she "never wanted" – [yet health authorities say there is no link yet between the jab and the rare condition she's been diagnosed with](#)

Cienna Knowles, 19, from the Central Coast, announced to her near 30,000 Instagram followers on Monday she knew something was "seriously wrong" when waking in the middle of the night last Thursday, just hours after her second jab.

"That night I woke up so sick – vomiting, fever, wet in sweat, heart palpitations, headache, sore muscles and joints like hell, blurry vision. I was in so much pain at this point crying," she explained.



TRENDING

Powerball jackpots to \$80 million: Most commonly drawn numbers revealed

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Australian Associat... · 3-min read

Filmmaker reveals Amazon jungle's greatest danger: 'Won't tell my wife'

Yahoo News Austr... · 5-min read

NSW floods to testing after Omicron alert

Australian Associat... · 3-min read

'NO RETURN': China's warning to 'delusional' Australia

Yahoo News Austr... · 3-min read



Covid Vaccine Injuries @CovidVaxInjury · 16h

Shannon Olsen: 22-year-old Wisconsin newlywed healthcare worker says having only two seizures is a "good day" in the 10 months since second Pfizer mRNA injection



3



105



147





From December 14, 2020, to February 28, 2021, we used data from the "v-safe after vaccination health checker" surveillance system, the v-safe pregnancy registry, and the Vaccine Adverse Event Reporting System (VAERS) to characterize the initial safety of mRNA Covid-19 vaccines in pregnant persons.

Results

A total of 35,691 v-safe participants 16 to 54 years of age identified as pregnant. Injection-site pain was reported more frequently among pregnant persons than among nonpregnant women, whereas headache, myalgia, chills, and fever were reported less frequently. Among 1953 participants enrolled in the v-safe pregnancy registry, 827 had a completed pregnancy, of which 115 (13.9%) resulted in a pregnancy loss and 712 (86.1%) resulted in a live birth (mostly among participants with vaccination in the third trimester). Adverse neonatal outcomes included preterm birth (in 9.4%) and small size for gestational age (in 3.2%); no neonatal deaths were reported. Although not directly comparable, calculated proportions of adverse pregnancy and neonatal outcomes in persons vaccinated against Covid-19 who had a completed pregnancy were similar to incidences reported in studies involving pregnant women that were conducted before the Covid-19 pandemic. Among 221 pregnancy-related adverse events reported to the VAERS, the most frequently reported event was spontaneous abortion (46 cases).

Conclusions

Preliminary findings did not show obvious safety signals among pregnant persons who received mRNA Covid-19 vaccines. However, more longitudinal follow-up, including follow-up of large numbers of women vaccinated earlier in pregnancy, is necessary to inform maternal, pregnancy, and infant outcomes.

The first coronavirus disease 2019 (Covid-19) vaccines available in the United States were messenger RNA (mRNA) vaccines BNT162b2 (Pfizer-BioNTech) and mRNA-1273 (Moderna). In December 2020, the vaccines were granted Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA) as a two-dose series, 3 weeks apart for Pfizer-BioNTech and 1 month apart for Moderna, and were recommended for use by the Advisory Committee on Immunization Practices (ACIP).^{1,2} Pregnant persons were excluded from preauthorization clinical trials, and only limited human data on safety during pregnancy were available at the time of authorization. However, pregnant persons with Covid-19 are at increased risk for severe illness (e.g., resulting in admission to an intensive care unit, extracorporeal membrane oxygenation, or mechanical ventilation) and death, as compared with nonpregnant persons of reproductive age.³ Furthermore, pregnant persons with Covid-19 might be at increased risk for adverse pregnancy outcomes, such as preterm birth, as compared with pregnant persons without Covid-19.⁴ The Food and Drug Administration (FDA) and ACIP, in collaboration with the American College of Obstetrics and Gynecology (ACOG), are conducting ongoing research to better understand the safety of mRNA Covid-19 vaccines in pregnant persons.

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CDC manipulated study data to show the Covid-19 Vaccines are safe for Pregnant Women when in reality 4 in 5 suffered a miscarriage

BY THE DAILY EXPOSE ON JULY 6, 2021 • 21 COMMENTS

Listen Now

Data has been manipulated by scientists carrying out a real-world study for the CDC to show that the Covid-19 vaccines are safe for use during pregnancy, however an analysis of the actual findings shows that 4 out of 5 pregnant women vaccinated suffered a miscarriage.

The study entitled 'Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons', has been published on the New England Journal of Medicine. From December 14, 2020, to February 28, 2021, data from the "v-safe after vaccination health checker" surveillance system, the v-safe pregnancy registry, and the Vaccine Adverse Event Reporting System (VAERS) was used to characterise the initial safety of mRNA Covid-19 vaccines in pregnant persons.

The authors conclusion of the study is as follows –

Preliminary findings did not show obvious safety signals among pregnant persons who received mRNA Covid-19 vaccines. However, more longitudinal follow-up, including follow-up of large numbers of women vaccinated earlier in pregnancy, is necessary to inform maternal, pregnancy, and infant outcomes."

stages of the study, which include the 'CDC v-safe COVID-19 Pregnancy Registry Team' were

Health Ministry to consider asking newly vaccinated to avoid working out

The Health Ministry may ask newly vaccinated people to avoid exercise for a week due to a small number of myocarditis cases.

By MAAYAN JAFFE-HOFFMAN OCTOBER 7, 2021 14:33

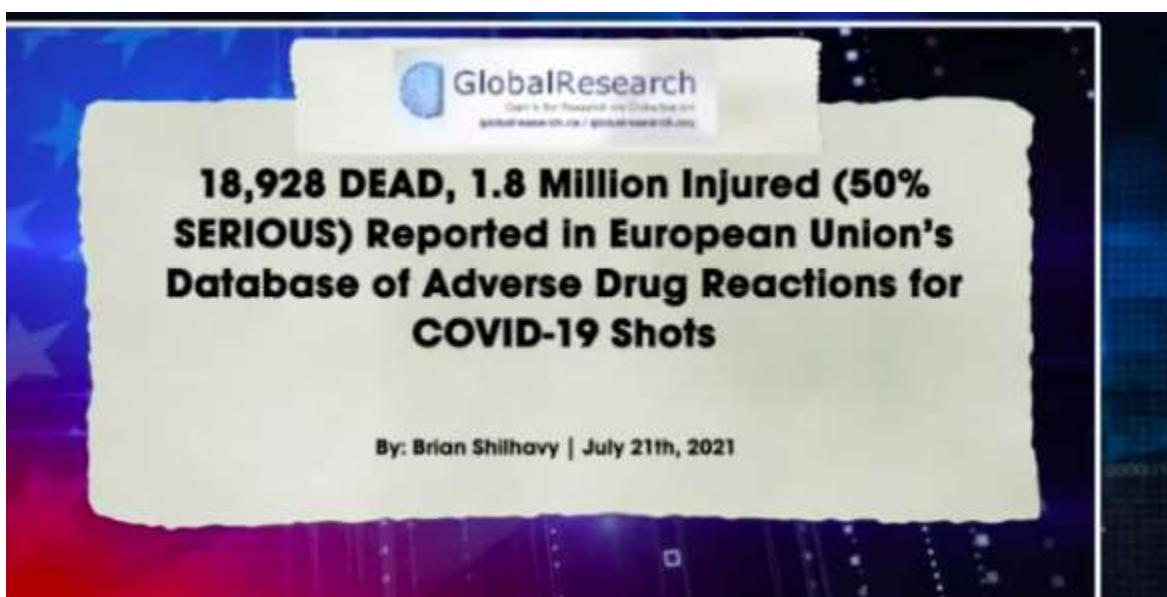


CITIZEN FREE PRESS

28X increase in stillbirths in multiple parts of Canada...

Posted by Kane on December 9, 2021 12:55 pm

[NEWS JUNKIES -- CHECK OUT OUR HOMEPAGE](#)



***“Whoever controls the media, controls
the mind” Jim Morrison***

6. Censorship

“But if people are really getting killed or injured from the covid “vaccine” why haven’t I seen any evidence of this on social media?”

There is evidence, but it appears that main stream social media platforms are censoring and removing such reports such as Facebook, Twitter, YouTube, and Reddit. There is a risk of being banned if someone posts something negative about the “vaccines.” Conservative media appear to publish some information about it, but it still seems limited. The following is one of the inventors of the technology for mRNA vaccines who was recently banned from Twitter for the tweet you see below.



3 in less than a week. Manchester,
Napoli and Rennes

2.1K 07:55



rwmalonemd ✓
@rwmalonemd · 14h

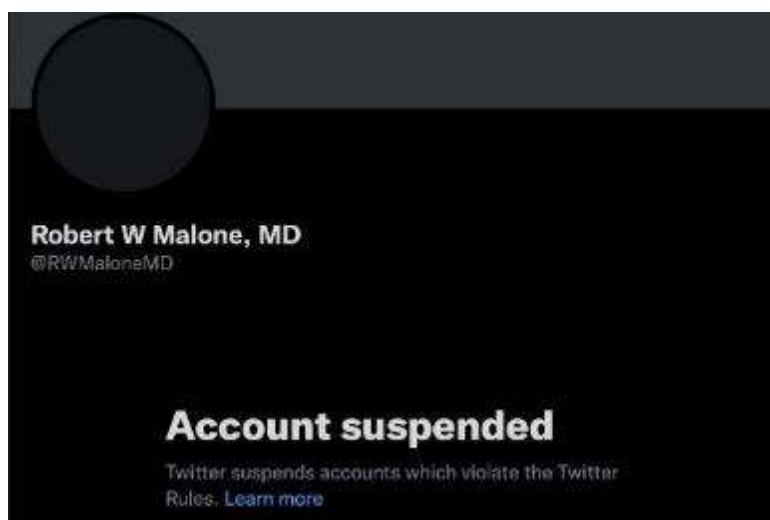


Apparently this is the offending tweet. Note the warning. There is absolutely nothing in the Canadian Covid Care Alliance video that is not factual. This is pure censorship of information necessary for true informed consent.

[Translate post](#)



Posted on 10:49 PM · Jan 3rd, 2022





These removed posts are from a pro-vaccine page on the left-leaning website, Reddit.com. All the posts that were negative toward the vaccine were removed by the “mods.” Are they afraid of letting the truth and dangers be known about the “vaccines”?



GP

NBA Player Got Blood Clots From COVID Vaccine that Ends His Season – NBA Told Him to Keep It Quiet (VIDEO)

October 14, 2021, 8:30am by Jim Hoft 5966

[Comments](#)

THE EPOCH TIMES

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11 HR | Jack Phillips



Twitter Locks News Site's Account for Report on Teen Boy Dying After Getting Vaccine



139 likes



3K shares



552 comments

11:25

5G 98%



Amazon Deletes America's Frontline Doctors' Website from the Internet – Doctors Scramble to Salvage Site

By Joe Hoft

Published June 18, 2021 at 8:15am

1096 Comments

Share (1.7k)



Gab



America's Frontline Doctors,



1:03 Visible

5G 44%

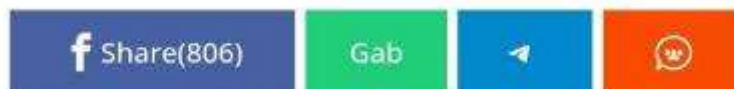


PURE EVIL: Twitter Slaps “Misleading” Label on Family’s Obituary of Young 37-Year-Old Mother Who Died from COVID Vaccine

October 3, 2021, 9:28am

by Jim Hoft

941 Comments



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Will Cain

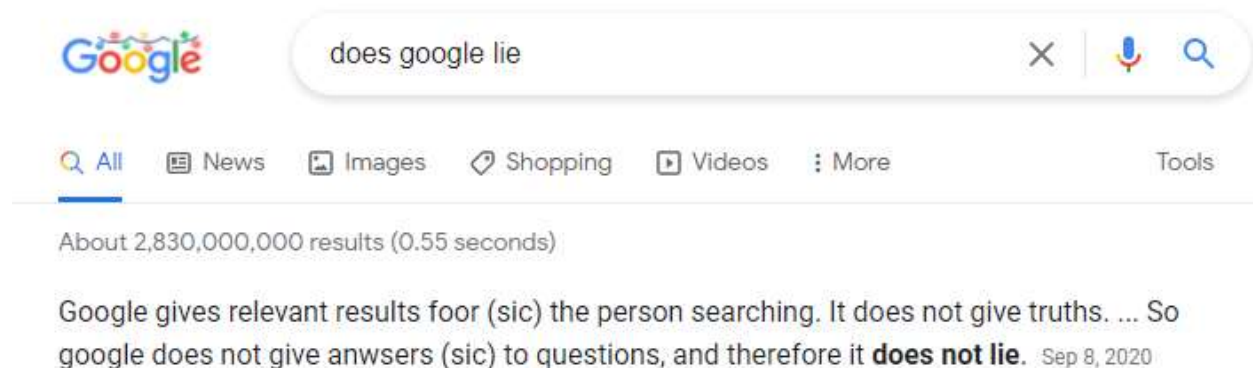
stated on October 1, 2021 in a Fox News segment:

"You are more likely, as a child, to end up in the hospital because of the vaccine than you are because of COVID. That's data from the CDC and from VAERS."



Many “fact-checking” websites are funded by pro-left and democrat party sources that are pro-vaccine by affiliation. Could this bias affect their “fact-checking”?

“What about search engines? Surely we can trust them for accurate information, right?”





is vaccine safe



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About 624,000,000 results (0.75 seconds)

Roughly 12 months of data, including data from tens of thousands of participants in clinical trials, show that **the vaccines are safe and effective at preventing serious disease or death due** to COVID-19. Additional shots and boosters are also authorized for those who meet the guidelines.



does gender exist



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About 3,300,000,000 results (0.83 seconds)

Gender refers to the characteristics of women, men, girls and boys that **are socially constructed**. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.



google.com/search?q=how+many+genders+are+there



how many genders are there



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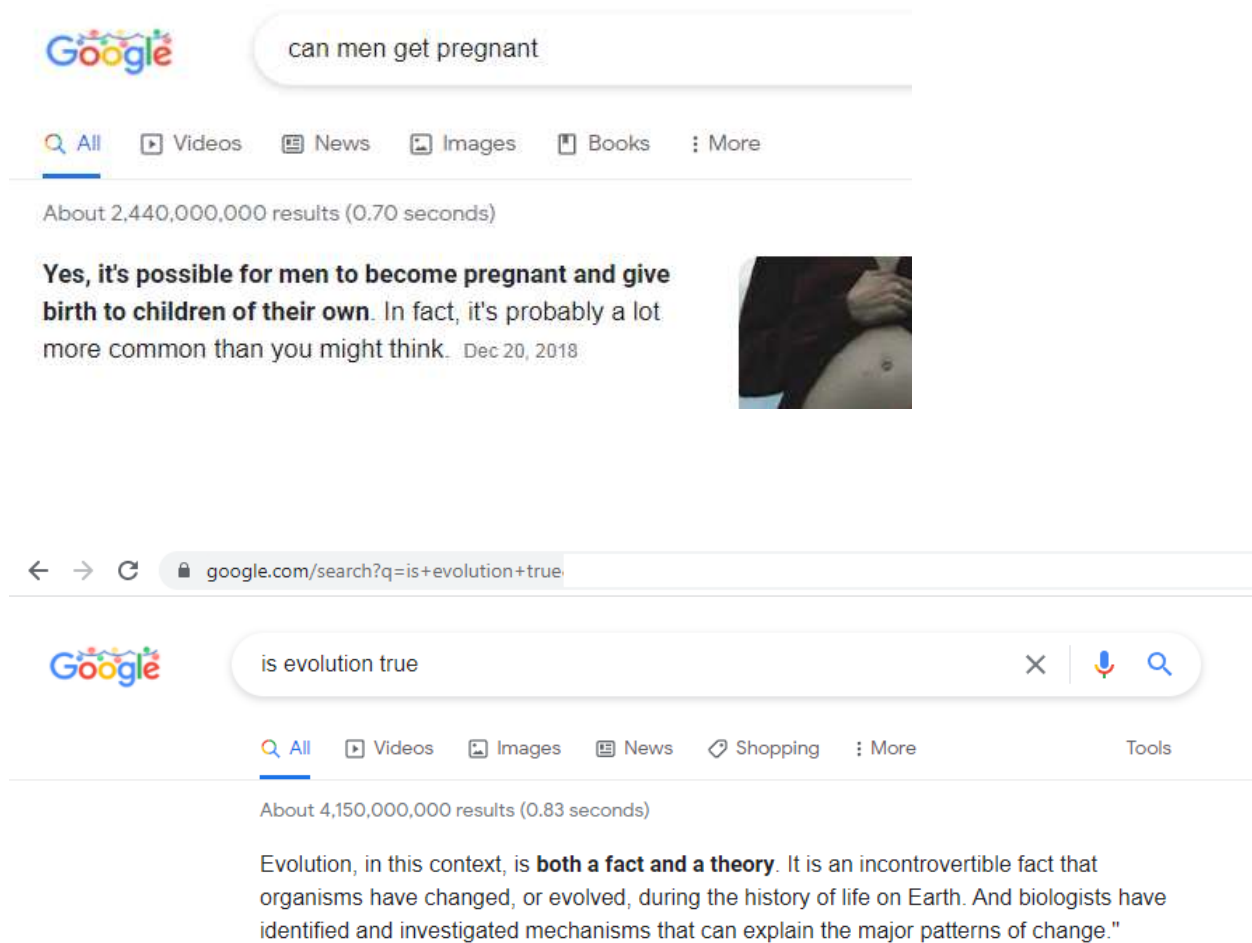
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About 4,060,000,000 results (0.55 seconds)

The following are the 58 gender options identified by ABC News: Agender. Androgyne. Androgynous. Feb 13, 2014



The same company claiming vaccines are “safe” claims that men can get pregnant, that there are 58 genders, that gender is socially constructed, that evolution is a “fact”, and that Google never lies. Does this sound credible truth, or does this sound more like ideological propaganda and a lie? Does anyone fact-check Google for spreading misinformation?

7. Quality Control

“But this medicine has high standards and quality control, right?”

← US Home

Japan suspends distribution of Moderna vaccine after vial discovered to be contaminated with black particles of STAINLESS STEEL

By Betsy Ladyzhets For Dailymail.Com
UPDATED: 15:47 on 2 September 2021



The image shows two boxes of Moderna COVID-19 Vaccine. The boxes are white with red and blue text. One box is open, showing several vials with red caps. The other box is closed. In the foreground, there are several blue vials in a clear plastic bag. A small inset graph shows the share of people who received at least one dose of COVID-19 vaccine over time, from Feb 12, 2021, to Sep 1, 2021. The graph shows a sharp increase in the share of people vaccinated starting in June 2021, reaching nearly 80% by September 1, 2021.

Share of people who received at least one dose of COVID-19 vaccine
This number of people who received at least one vaccine dose, divided by the total population of the country.

Date	Share of people who received at least one dose of COVID-19 vaccine
Feb 12, 2021	0%
Mar 15, 2021	0%
Apr 4, 2021	0%
Jul 24, 2021	~45%
Sep 1, 2021	~78%

Source: WHO and data provided by the Ministry of Health, last updated 2 September 2021. © Bloomberg
Distribution: Bloomberg - 2021

moderna
Moderna COVID-19 Vaccine
Suspension for intramuscular injection
For use under Emergency Use Authorization
112 multiple-dose vials
each with syringe
total of 11.2 mL

60 59

Share

NYC Vaccination Site Injected 899 With Expired Pfizer Doses



(Getty Images)

By Eric Mack | Monday, 14 June 2021 10:06 PM



[Comment](#) | [Print](#) | [A A](#)

An emergency notice went out to 899 vaccinated New Yorkers this week, telling them they received expired doses of the Pfizer shot.

ATC Healthcare Services told patients who got their shots at the former NFL Experience building in Times Square that they needed to get another shot, because



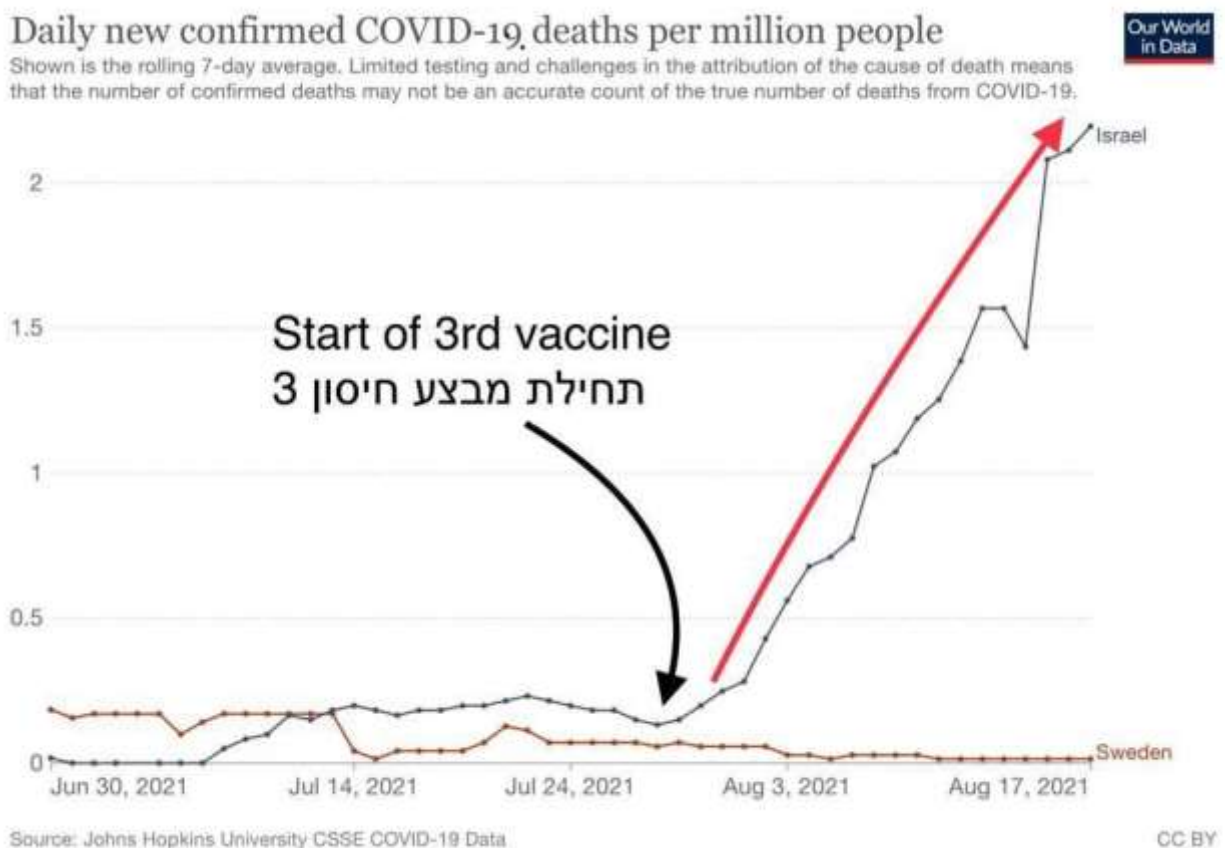
“Despite the risk, the covid-19 “vaccine” is still better than not taking it, right?”

Let's look at the evidence.

Sweden didn't lock down the economy, didn't mandate masks, didn't push vaccines, whereas, Israel did. So, given the countries had opposite strategies, which has had more covid-19 death?


The data is plotted on the chart below. Israel has had multiples higher deaths from covid-19 than Sweden. Is it possible that masks, lockdowns, and vaccines actually play a role in spreading covid-19?

Israel vs Sweden deaths:



Question: Is it possible that the masks and “vaccines” actually don't work as hoped and actually have a risk of harming people's immune systems? If this is true, would anyone be willing to follow the scientific method to conduct this experiment to confirm if this is true? And if this is true, in this politically charged and divided culture, would anyone be willing to take the social risk to admit this?

Some reports suggest that the covid-19 vaccines actually increase your viral load and harm your immune system.

 papers.ssrn.com/sol3/papers.cfm?abstract_id=3897733

Transmission of SARS-CoV-2 Delta Variant Among Vaccinated Healthcare Workers, Vietnam

31 Pages • Posted: 10 Aug 2021

[Nguyen Van Vinh Chau](#)

Hospital for Tropical Diseases

[Nghiem My Ngoc](#)

Hospital for Tropical Diseases

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Abstract

Background: Data on breakthrough SARS-CoV-2 Delta variant infections are limited.

Methods: We studied breakthrough infections among healthcare workers of a major infectious diseases hospital in Vietnam. We collected demographics, vaccination history and results of PCR diagnosis alongside clinical data. We measured SARS-CoV-2 (neutralizing) antibodies at diagnosis, and at week 1, 2 and 3 after diagnosis. We sequenced the viruses using ARTIC protocol.

Findings: Between 11th–25th June 2021 (week 7–8 after dose 2), 69 healthcare workers were tested positive for SARS-CoV-2. 62 participated in the clinical study. 49 were (pre)symptomatic with one requiring oxygen supplementation. All recovered uneventfully. 23 complete-genome sequences were obtained. They all belonged to the Delta variant, and were phylogenetically distinct from the contemporary Delta variant sequences obtained from community transmission cases, suggestive of ongoing transmission between the workers. **Viral loads of breakthrough Delta variant infection cases were 251 times higher than those of cases infected with old strains detected between March–April 2020.** Time from diagnosis to PCR negative was 8–33 days (median: 21). Neutralizing antibody levels after vaccination and at diagnosis of the cases were lower than those in the matched uninfected controls. There was no correlation between vaccine-induced neutralizing antibody levels and viral loads or the development of symptoms.

Interpretation: Breakthrough Delta variant infections are associated with high viral loads, prolonged PCR positivity, and low levels of vaccine-induced neutralizing antibodies, explaining the transmission between the vaccinated people. Physical distancing measures remain critical to reduce SARS-CoV-2 Delta variant transmission.

Funding: Wellcome (106680/B/14/Z and 204904/Z/16/Z).

Declaration of Interest: None to declare.

Ethical Approval: The study was approved by the Institutional Review Board of HTD and the Oxford Tropical Research Ethics Committee, University of Oxford, UK.

This scientific study of “vaccinated” people found they had 251 times the viral load of covid-19 than those “unvaccinated” in 2020 before the vaccine existed.



Mahmudur Rahman
@mahmudme01

...

This data is interesting. The highlighted groups were vaccinated first (Dec 27, 2020) compared to the others. The infection rate among 0-14 days after the first shot is higher than the unvax'd people. This indicates that vaccines helped in virus spreading.

medrxiv.org/content/10.110...

Table 2. BNT162b2 mRNA vaccine effectiveness in the priority groups long term care facility residents, individuals 65 years and above requiring practical help and personal care, individuals 85 years and older frontline healthcare workers and individuals with high risk of severe COVID-19 disease

Priority groups for vaccination	Time periods	No. of events	PYRS	IR	VE laboratory confirmed SARS-CoV-2					
					Unadjusted			Adjusted*		
					VE	95% CI	VE	95% CI	VE	95% CI
Individuals living in long-term care facilities										
	Unvaccinated	755	2145.7	0.352						
	0-14 days after 1st dose	811	1596.0	0.508	-0.44	-0.71	-0.22	-0.37	-0.55	-0.21
	>14 days after 1st dose until 2nd dose	212	1280.6	0.166	0.53	0.39	0.64	-0.17	-0.45	0.00
	0-7 days after 2nd dose	61	742.4	0.082	0.77	0.64	0.85	0.11	-0.25	0.37
	>7 days after second dose	68	6567.1	0.010	0.97	0.96	0.98	0.53	0.29	0.69
65 years and over living at home requiring practical help and personal										
	Unvaccinated	913	7860.8	0.116						
	0-14 days after 1st dose	105	1926.3	0.055	0.53	0.33	0.67	0.38	0.22	0.51
	>14 days after 1st dose until 2nd dose	53	1357.5	0.039	0.66	0.45	0.79	0.31	0.06	0.50
	0-7 days after 2nd dose	11	849.3	0.013	0.89	0.68	0.96	0.71	0.46	0.85
	>7 days after second dose	24	5155.0	0.005	0.96	0.92	0.98	0.86	0.78	0.91
85 years and over										
	Unvaccinated	493	15884.5	0.031						
	0-14 days after 1st dose	33	3006.4	0.011	0.65	0.34	0.81	-0.21	-0.98	0.26
	>14 days after 1st dose until 2nd dose	18	1931.4	0.009	0.70	0.31	0.87	0.22	-0.47	0.58
	0-7 days after 2nd dose	7	1419.8	0.005	0.84	0.41	0.96	0.55	-0.09	0.82
	>7 days after second dose	13	4216.9	0.003	0.90	0.74	0.96	0.77	0.50	0.89
Frontline healthcare workers										
	Unvaccinated	8806	77477.0	0.114						
	0-14 days after 1st dose	1,305	4499.6	0.290	-1.55	-1.86	-1.28	-1.13	-1.27	-1.01
	>14 days after 1st dose until 2nd dose	240	3826.2	0.063	0.45	0.29	0.57	0.16	0.04	0.26
	0-7 days after 2nd dose	62	2095.4	0.030	0.74	0.58	0.84	0.46	0.31	0.58
	>7 days after second dose	159	16161.7	0.010	0.91	0.88	0.94	0.80	0.77	0.83
Individuals with high risk of severe COVID-19 disease										
	Unvaccinated	2330	47676.4	0.049						
	0-14 days after 1st dose	170	6483.6	0.026	0.46	0.28	0.6	0.11	-0.07	0.27
	>14 days after 1st dose until 2nd dose	87	3701.4	0.024	0.52	0.28	0.68	0.19	-0.04	0.38
	0-7 days after 2nd dose	31	2242.5	0.014	0.72	0.45	0.85	0.53	0.32	0.68
	>7 days after second dose	40	5194.3	0.008	0.84	0.72	0.91	0.71	0.58	0.80
All priority groups										
	Unvaccinated	13297	151044.4	0.088						
	0-14 days after 1st dose	24	17511.9	0.5	-0.57	-0.7	-0.45	-0.72	-0.8	-0.64
	>14 days after 1st dose until 2nd dose	610	12097.1	0.050	0.43	0.33	0.51	0.07	-0.01	0.15
	0-7 days after 2nd dose	172	7349.4	0.023	0.73	0.65	0.80	0.42	0.33	0.50
	>7 days after second dose	304	37294	0.008	0.91	0.89	0.93	0.82	0.79	0.88

⚠ Misleading

Learn about the science behind COVID-19 vaccines and how health officials say they work.

[Find out more](#)

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12:03 AM · Oct 3, 2021 · Twitter Web App



The Architect. 🇨🇦 🇺🇸 🌍 🦎
@TheMarcitect

Israel is on their fourth dose.
"Covid" cases are the highest in the world. This is not about a virus. If one dose doesn't bring cases down but four doses increases them.. what is really going on?



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September 24, 2021
2:13 AM PDT
Last Updated 10 hours ago

Asia Pacific

Australia hits vaccine milestone as Melbourne cases hover near record levels

3 minute read

By Renju Jose



US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, "All Cause Severe Morbidity"

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Citation: Classen B. US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, "All Cause Severe Morbidity". Trends Int Med. 2021; 1(1): 1-6.

ABSTRACT

Three COVID-19 vaccines in the US have been released for sale by the FDA under Emergency Use Authorization (EUA) based on a clinical trial design employing a surrogate primary endpoint for health, severe infections with COVID-19. This clinical trial design has been proven dangerously misleading. Many fields of medicine, oncology for example, have abandoned the use of disease specific endpoints for the primary endpoint of pivotal clinical trials (cancer deaths for example) and have adopted "all cause mortality or morbidity" as the proper scientific endpoint of a clinical trial. Pivotal clinical trial data from the 3 marketed COVID-19 vaccines was reanalyzed using "all cause severe morbidity", a scientific measure of health, as the primary endpoint. "All cause severe morbidity" in the treatment group and control group was calculated by adding all severe events reported in the clinical trials. Severe events included both severe infections with COVID-19 and all other severe adverse events in the treatment arm and control arm respectively. This analysis gives reduction in severe COVID-19 infections the same weight as adverse events of equivalent severity. Results prove that none of the vaccines provide a health benefit and all pivotal trials show a statically significant increase in "all cause severe morbidity" in the vaccinated group compared to the placebo group. The Moderna immunized group suffered 3,042 more severe events than the control group ($p=0.00001$). The Pfizer data was grossly incomplete but data provided showed the vaccination group suffered 90 more severe events than the control group ($p=0.000014$), when only including "unsolicited" adverse events. The Janssen immunized group suffered 264 more severe events than the control group ($p=0.00001$). These findings contrast the manufacturers' inappropriate surrogate endpoints: Janssen claims that their vaccine prevents 6 cases of severe COVID-19 requiring medical attention out of 19,630 immunized; Pfizer claims their vaccine prevents 8 cases of severe COVID-19 out of 21,720 immunized; Moderna claims its vaccine prevents 30 cases of severe COVID-19 out of 15,210 immunized. Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general. Scientific principles dictate that the mass immunization with COVID-19 vaccines must be halted immediately because we face a looming vaccine induced public health catastrophe.

Keywords

Clinical trial, Vaccines, COVID-19.

Introduction

For decades, true scientists have warned that pivotal clinical trial designs for vaccines are dangerously flawed and outdated

[1]. Vaccines have been promoted and widely utilized under the false claim they have been shown to improve health. However, this claim is only a philosophical argument and not science based. In a true scientific fashion to show a health benefit one would need to show fewer overall deaths during an extended period in the vaccinated group compared to a control group. Less stringent

Study: COVID Cases are Increasing in Counties with Higher Vaccination Rates, Declining in Counties with Lower Vaccination Rates

Jul 27, 2021

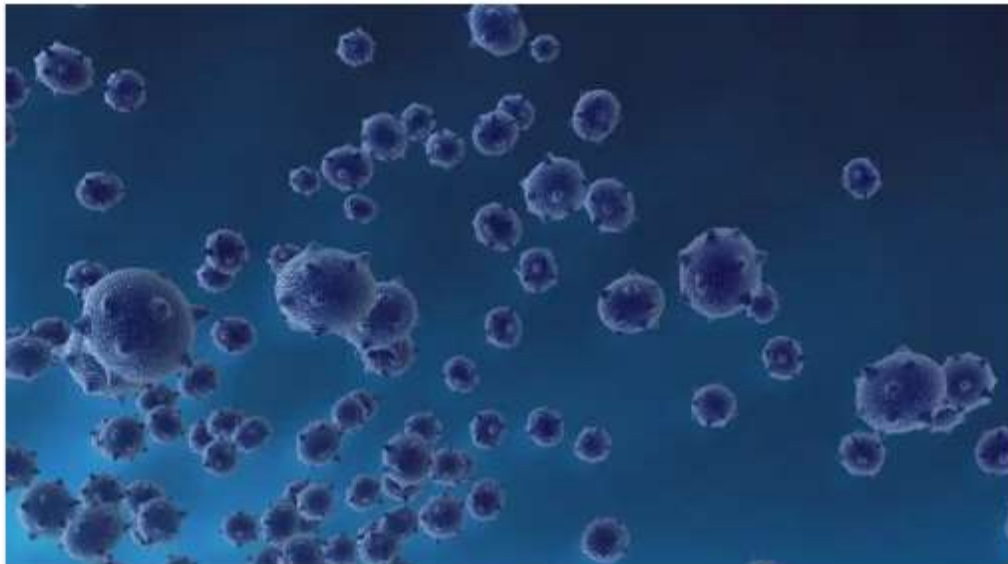


An analysis in California has shown that counties with above-average vaccination rates have higher COVID-19 case totals, which drives a stake through the heart of the propaganda line that the unvaccinated are causing a new wave of cases.

HEALTH NEWS


'Leaky' Vaccines Can Produce Stronger Versions of Viruses

By studying chickens, researchers say they have proven the theory that more virulent viruses can evolve from so-called "leaky" vaccines.




The current debate over vaccinating toddlers is small potatoes compared to the potential risks of using "leaky" vaccines to prevent disease.

Imperfect Vaccination Can Enhance the Transmission of Highly Virulent Pathogens

Andrew F. Read , Susan J. Baigent, Claire Powers, Lydia B. Kgosana, Luke Blackwell, Lorraine P. Smith, David A. Kennedy, Stephen W. Walkden-Brown, Venugopal K. Nair

Published: July 27, 2015 • <https://doi.org/10.1371/journal.pbio.1002198>

Article	Authors	Metrics	Comments	Media Coverage
				

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Author Contributions

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Figures

Abstract

Could some vaccines drive the evolution of more virulent pathogens? Conventional wisdom is that natural selection will remove highly lethal pathogens if host death greatly reduces transmission. Vaccines that keep hosts alive but still allow transmission could thus allow very virulent strains to circulate in a population. Here we show experimentally that immunization of chickens against Marek's disease virus enhances the fitness of more virulent strains, making it possible for hyperpathogenic strains to transmit. Immunity elicited by direct vaccination or by maternal vaccination prolongs host survival but does not prevent infection, viral replication or transmission, thus extending the infectious periods of strains otherwise too lethal to persist. Our data show that anti-disease vaccines that do not prevent transmission can create conditions that promote the emergence of pathogen strains that cause more severe disease in unvaccinated hosts.

Author Summary

There is a theoretical expectation that **some types of vaccines could prompt the evolution of more virulent ("hotter") pathogens**. This idea follows from the notion that natural selection removes pathogen strains that are so "hot" that they kill their hosts and, therefore, themselves. Vaccines that let the hosts survive but do not prevent the spread of the pathogen relax this selection, allowing the evolution of hotter pathogens to occur. This type of vaccine is often called a leaky vaccine. When vaccines prevent transmission, as is the case for nearly all

History suggests that it's possible for a vaccine to increase the spread of a virus.^{ivv}



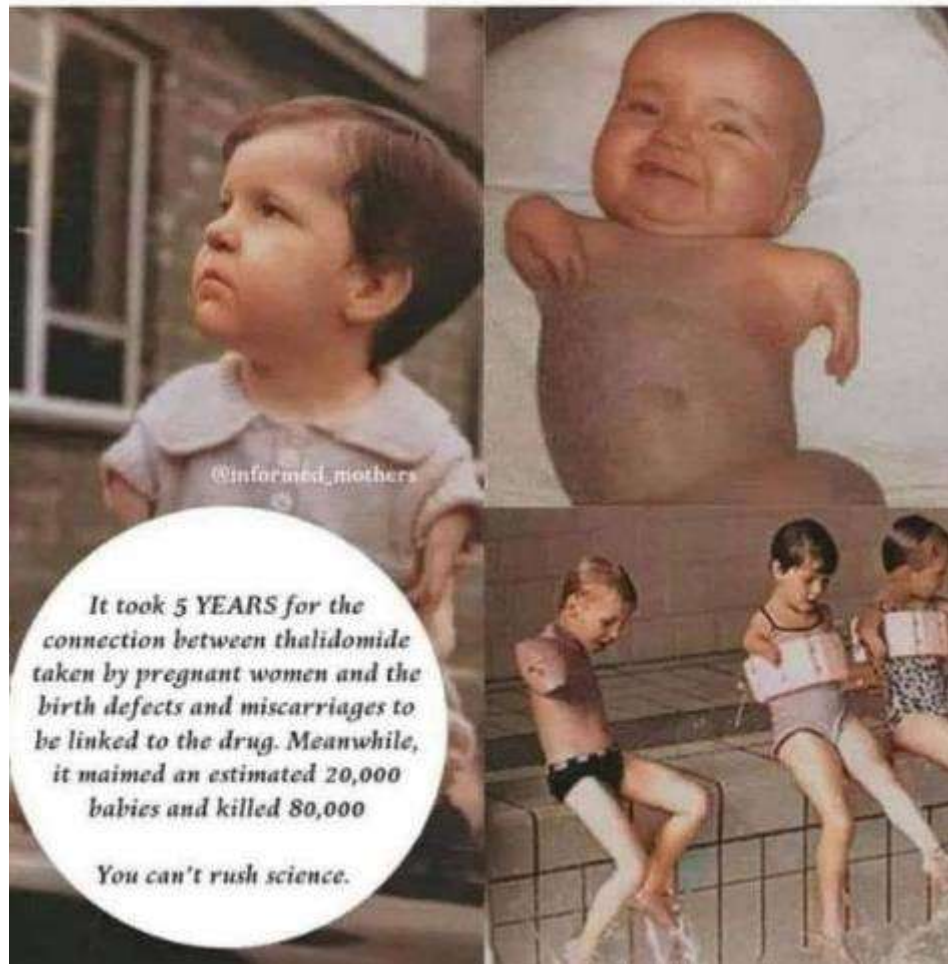
Janci Lindsay, Ph.D. • 2nd

Managing Director of Toxicology & Molecular Biology
Toxicology Support Services, LLC.

14h • Edited •

Just to be clear scientifically, it is the vaccinated NOT the unvaccinated spreading the mutant variants. This is from inoculating during the pandemic with a poor neutralizing "vaccine". This is what has happened with numerous other "leaky" (non-neutralizing) vaccines. The classic example of this is Marek's disease in chickens. I warned the CDC of this in April of this year. Other scientists warned the CDC as well as similar scientific entities world-wide, months earlier. Yet here we are. So please spare me the propaganda that the unvaccinated are the ones "causing" this because they are not and there is a clearly defined mechanistic pathway for how the vaccinated are creating the mutants. The solution would be to STOP vaccinating with these terrible GTs and start treating everyone at high risk and those not at high risk who are symptomatic with cheap safe and effective hydroxychloroquine and ivermectin until the virus is driven out. This would stop the binding, replication and transmission of the virus as well as ameliorate some pathogenic processes due to spike in the vaxxed. Oh and it would cost virtually nothing... and therein lies the problem!

This is why we wait years for approval

































“Is it true that aborted baby parts used to make these covid-19 vaccines?”

Evidence shows this to be true to some degree. While the manufacturers deny that the vaccines currently contain aborted fetal tissue, evidence shows some manufacturers may have used aborted fetal tissue cells for the initial development and testing of the covid-19 vaccines. The following chart attempts to explain this.

Analysis of COVID-19 Vaccine Candidates

Includes vaccine candidates that received "Operation Warp Speed" funding or have been submitted to the FDA for emergency use approval

 Sponsor(s)	 Status	 Development/ Production of Vaccine	 Lab Testing
 BIONTECH	Emergency Use FDA Application Approved		
	Emergency Use FDA Application Approved		
AstraZeneca 	Phase 3 Trials		
 Janssen 	Emergency Use FDA Application Approved		
NOVAVAX 	Phase 3 Trials		
 	Phase 1/2 Trials		
inovio 	Phase 2/3 Trials		
 MERCK	<i>Development Discontinued</i>		

Key

 Does not use abortion-derived cell line	 DOES USE abortion-derived cell line
 SOME tests DO NOT use abortion-derived cells, SOME DO	 Currently undetermined

See the following link for a chart of many vaccines being tested and more detailed information about each:
<https://lozierinstitute.org/wp-content/uploads/2020/12/COVID-19-Vaccine-Candidates-and-Abortion-Derived-Cell-Lines.pdf>

Last Updated March 3, 2021

8. FDA “Approval”

“Ok, but the covid-19 vaccine has been FDA approved and is now safe, right?”

No, there is no approved covid-19 vaccine on the market in the United States.^{vi}

The media and other spokespeople have mislead people on this point.

Just because a group of government leaders say something about a substance doesn’t mean the substance is suddenly “safe.” Based on words spoken from an FDA representative, the “vaccine” hasn’t magically changed its physical composition. It’s the same substance. And just because the FDA makes a remark about it doesn’t mean an unknown large amount of people haven’t still died from it. They won’t come back from the grave just because a FDA official may have blessed the “vaccine.”

With great political pressure the FDA announced it granted an Emergency Use Authorization (EUA) of a Pfizer-BioNTech covid-19 vaccine called “COMIRNATY,” but that product is not available for anyone to use in the United States. More testing about the health risks must first be done, before any normal FDA approvals can take place.^{vii} The FDA claimed “The products are legally distinct with certain differences that do not impact safety or effectiveness.”^{viii}

Page 12 – Pfizer Inc.

- This product has not been approved or licensed by FDA, but has been authorized for emergency use by FDA, under an EUA to prevent Coronavirus Disease 2019 (COVID-19) for use in individuals 12 years of age and older; and
- The emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of the medical product under Section 564(b)(1) of the FD&C Act unless the declaration is terminated or authorization revoked sooner.

A FDA approval for the covid-19 vaccine can't be completed until the year 2027 and is conditional on the outcome of a 5-year cohort study to fully assess the risks.

<https://www.fda.gov/media/151710/download>

Pages 6, 7 & 8

“Furthermore, the pharmacovigilance system that FDA is required to maintain under section 505(k)(3) of the FDCA is not sufficient to assess these serious risks. Therefore, based on appropriate scientific data, we have determined that you are required to conduct the following studies:

..

7. Study C4591036, a prospective cohort study with at least 5 years of follow-up for potential long-term sequelae of myocarditis after vaccination (in collaboration with Pediatric Heart Network).

We acknowledge the timetable you submitted on August 21, 2021, which states that you will conduct this study according to the following schedule:

- Final Protocol Submission: November 30, 2021
- Study Completion: December 31, 2026
- Final Report Submission: May 31, 2027

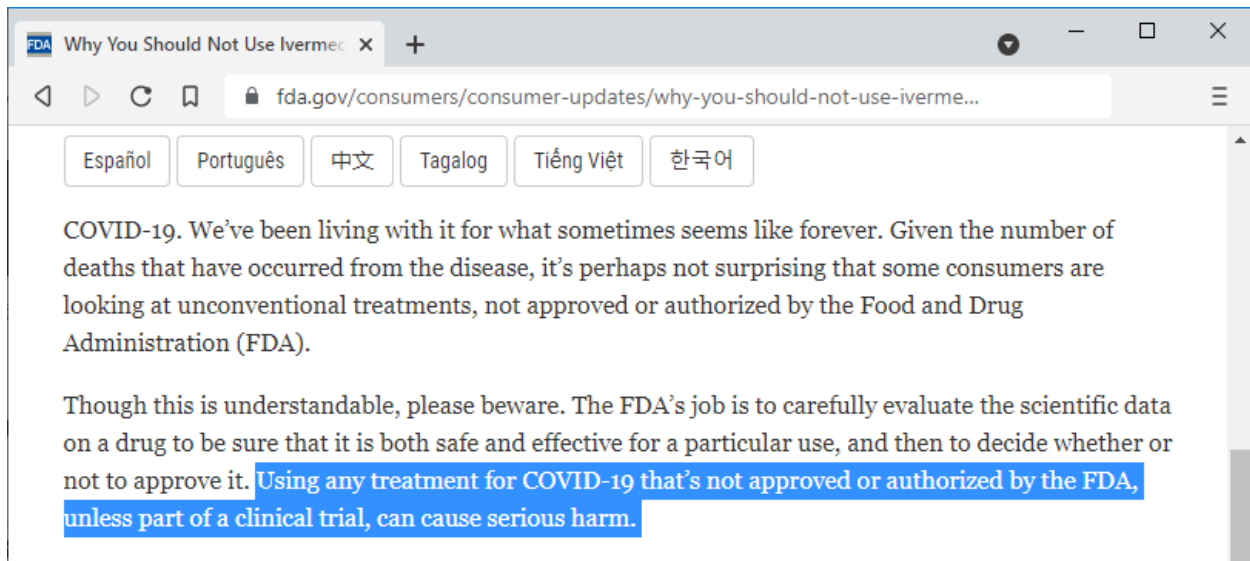
Despite no covid-19 vaccine being FDA approved for public use in the United States, the CDC still promotes it on their website, claiming it is proof of how “safe” it is.

“COVID-19 vaccines are safe and effective. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met the Food and Drug Administration’s (FDA) rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support approval or authorization of a vaccine.” From CDC web page called “Safety of COVID-19 Vaccines,” archived at: <https://archive.is/JldQq>

The CDC claimed it met the FDA’s “rigorous scientific standards for safety, effectiveness, and manufacturing quality,” but is that true? Did the FDA actually say that? If the CDC is actually neutral and unbiased, why does it sound like a marketing department of a big pharma company trying hard to make it sound positive?

Since 798,634 adverse reactions to covid-19 “vaccines” have been reported so far, including injury and death, how can their statement about ‘safety’ be true? Should they be held legally accountable for this?

A double standard by the FDA?



The FDA website says if a covid-19 treatment isn't "approved" or "authorized" by the FDA it can cause serious harm. But what about the covid-19 "vaccines"? Millions of people had already taken and were pushing the "vaccine" before the FDA granted their "emergency use" for Pfizer's COMIRNATY, which is different than the "vaccine" being pushed in the United States. Since there is no FDA approved vaccine available to the public in the United States, does this mean any unapproved covid-19 vaccines can "cause serious harm?"

Does something being "approved" by the FDA mean it automatically 'safe'?

Tobacco and Alcohol products are also regulated and 'approved' by the FDA, so does that mean they're safe? The CDC website says "tobacco is the leading preventable cause of death in the United States" that causes 480,000 deaths per year.^{ix} Alcohol causes more than 95,000 deaths in the United States per year, according to the CDC.^x

***“I can prove anything by statistics,
except the truth.” - George Canning***

9. Statistics and Reporting

Are the statistics about covid-19 and the “vaccine” accurate, truthful, and interpreted correctly?

The “5%” statistic.



Comorbidities and other conditions

Table 3 shows the types of health conditions and contributing causes mentioned in conjunction with deaths involving coronavirus disease 2019 (COVID-19). The number of deaths that mention one or more of the conditions indicated is shown for all deaths involving COVID-19 and by age groups. For over 5% of these deaths, COVID-19 was the only cause mentioned on the death certificate. For deaths with conditions or causes in addition to COVID-19, on average, there were 4.0 additional conditions or causes per death. For data on deaths involving COVID-19 by time-period, jurisdiction, and other health conditions, [Click here to download](#).

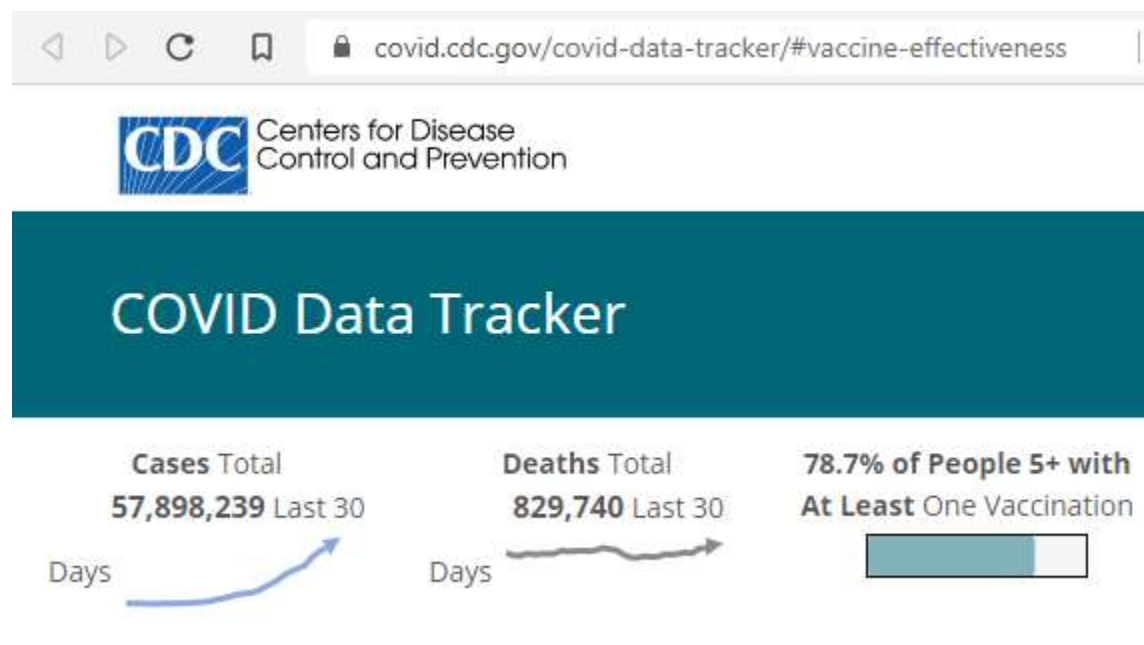
Table 3. Number of COVID-19 deaths with contributing conditions, by time-period, jurisdiction of occurrence, and age-group.									Data as of: 10/31/2021	
State		Attribute	Condition Group			Condition				
United States		COVID-19 Deaths	All			All				
Year in which death occurred	Conditions contributing to deaths where COVID-19 was listed on the death certificate [1]	All Ages	0-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75-84 years	85+ years
2020/2021	Influenza and pneumonia	359,904	863	3,872	10,179	25,876	56,709	87,801	93,865	80,732
2020/2021	Chronic lower respiratory diseases	64,050	99	289	658	1,974	7,320	16,189	20,840	16,680
2020/2021	Adult respiratory distress syndrome	80,045	316	1,278	3,348	8,417	16,695	22,462	17,552	9,976
2020/2021	Respiratory failure	289,626	626	2,654	7,365	19,387	44,330	71,993	78,391	64,875
2020/2021	Respiratory arrest	15,476	38	150	364	905	2,028	3,236	4,063	4,692
2020/2021	Other diseases of the respiratory system	33,613	147	440	1,051	2,467	5,474	8,149	8,697	7,188
2020/2021	Hypertensive diseases	140,502	60	548	2,339	7,138	18,576	32,021	38,179	41,639
2020/2021	Ischemic heart disease	78,009	22	136	570	2,401	8,087	17,278	24,144	25,370
2020/2021	Cardiac arrest	89,253	257	1,073	2,752	6,985	14,786	21,396	21,939	20,064
2020/2021	Cardiac arrhythmia	54,424	47	162	463	1,538	4,721	10,595	16,610	20,288
2020/2021	Heart failure	54,731	37	182	509	1,567	4,602	10,105	15,833	21,895
2020/2021	Cerebrovascular diseases	35,561	46	163	513	1,510	4,242	7,972	10,073	11,041
2020/2021	Other diseases of the circulatory system	50,122	223	590	1,449	3,509	7,495	11,475	12,698	12,682
2020/2021	Sepsis	72,914	224	806	2,380	6,282	13,896	20,503	17,864	10,958
2020/2021	Malignant neoplasms	35,361	89	155	437	1,433	4,878	9,661	10,762	7,946
2020/2021	Other diseases	157,306	160	600	2,000	6,000	10,000	11,000	12,000	13,000
Yearly			Monthly						Total	

Comorbidities and other conditions

Table 3 shows the types of health conditions and contributing causes mentioned in conjunction with deaths involving coronavirus disease 2019 (COVID-19). The number of deaths that mention one or more of the conditions indicated is shown for all deaths involving COVID-19 and by age groups. For over 5% of these deaths, COVID-19 was the only cause mentioned on the death certificate. For deaths with conditions or causes in addition to COVID-19, on average, there were 4.0 additional conditions or causes per death. For data on deaths involving COVID-19 by time-period, jurisdiction, and other health conditions, [Click here to download](#).

Source: https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities

The CDC admits that only 5% of the deaths are only from covid-19. So, 95% of the deaths they prominently display are not accurate covid-19-only deaths. It says on average there are 4 'additional' causes of death. Is it possible that one of these four was the real cause of death and that covid-19 was only marked due to an inaccurate PCR test? Could there have been a financial incentive to mark unrelated deaths as covid-19 deaths?



The CDC claims on their website as of 1/6/22 that 829,740 deaths have occurred because of the covid-19 virus. However, they admit that only 5% of these deaths are only due to the covid-19 virus. This is another way of saying that 95% of the deaths reported are not solely from covid-19 virus, but from other things. How do they know the 95% deaths were 'from' covid-19 at all? If only 5% of the 829,740 deaths are only from covid-19 that is 41,487 deaths which could be

considered average for a flu season in the US, but these are the deaths not just for one year but two, which could be considered low.



This text on CDC's website says they count it as covid if it has been identified with code U07.1 then it is considered a covid-19 death even if it hasn't been confirmed by a lab.

COVID-19 deaths are identified using a new ICD-10 code. When COVID-19 is reported as a cause of death – or when it is listed as a “probable” or “presumed” cause — the death is coded as **U07.1**. This can include cases with or without laboratory confirmation.

Why These Numbers are Different

Provisional death counts may not match counts from other sources, such as media reports or numbers from county health departments. Counts by NCHS often track 1–2 weeks behind other data.

Who decides when to mark a death as covid-19 related or not? Is it at health providers' own discretion? Is it only if a PCR test has a positive result within a certain timeframe? Do they have a financial incentive to mark deaths as covid-19? If so, is it possible the deaths may be over counted and inaccurate?

Most Frequently Listed Comorbidities with COVID-19 Deaths

Data as of 5/2/2021		Total	2021	2020
Influenza & Pneumonia	Hypertension	Diabetes		
45.8% (257,022 deaths)	19.8% (110,763 deaths)	16.0% (89,748 deaths)		
Alzheimer disease and other Dementias	Sepsis			
13.5% (75,600 deaths)	9.6% (53,604 deaths)			
NOTE: There were co-morbidities or other conditions listed on the death certificate for as many as 95% of all COVID-19 deaths (Table 3, Weekly). The other 5% of death certificates in which COVID-19 was the only condition listed was likely related to a lack of detail listed about other conditions present at the time of death.				



Sharyl Attkisson @SharylAttkisson

45m ·

3-Do you think it's inconsistent that the govt. decided to count anyone who died "with" Covid as a Covid death (even if they were shot, in some cases, as I documented)? But if someone dies after vaccine or booster, the same mentality doesn't apply?



BUSINESS
INSIDER

The CDC stopped tracking most COVID-19 cases in vaccinated people. That makes it hard to know how dangerous Delta really is.

Aria Bendix

Sat, July 3, 2021, 6:02 AM · 4 min read

This suggests that the CDC was no longer interested in tracking vaccinated cases, but continued tracking only unvaccinated cases. Could there be a political or ideological motive behind this?

How accurate are cases, anyway? Since most people who get sick don't get tested and don't go to the doctor or hospital, is it possible to accurately know how many cases of covid-19 the population has? Are statistics always accurate or is it possible for them to be wrong?



WE WERE RIGHT: In August 2020 TGP Reported Per the CDC that COVID Deaths Were Overcounted – Now Lawmakers Want Federal Grand Jury to Investigate

October 12, 2021, 2:45pm by Joe Hoft 634 Comments

“14 days” statistics. How does the CDC count vaccine ‘deaths’ and can we trust the statistics?



A mortality/morbidity report by the CDC for Los Angeles County revealed the following:

Persons were considered fully vaccinated ≥ 14 days after receipt of the second dose in a 2-dose series (Pfizer-BioNTech or Moderna COVID-19 vaccines) or after 1 dose of the single-dose Janssen (Johnson & Johnson) COVID-19 vaccine; partially vaccinated ≥ 14 days after receipt of the first dose and < 14 days after the second dose in a 2-dose series; and unvaccinated < 14 days receipt of the first dose of a 2-dose series or 1 dose of the single-dose vaccine or if no vaccination registry data were available.^{xi}

This seems like a roundabout way to say that they didn't report the deaths as vaccinated deaths or death by vaccination if less than 14 days from the day they were vaccinated. Some feel this is a shocking admission. This means that 90% or more of the deaths from the covid-19 “vaccine” are not reported, but instead are reported as unvaccinated covid-19 deaths? Is this an honest way of reporting and could there be a motive behind this?

Is it possible that multiples of people are dying from the experimental vaccination and it is not even reported? But instead, the numbers are used to justify further vaccination and potential further death? Is this an example of how the CDC is counting all “covid-19 deaths” in the country?

Notice in the following document in fine print how it admits that deaths after a vaccine aren't counted until 14 days pass. They count these deaths and 'under vaccinated' deaths as 'unvaccinated' deaths. Is an accurate and honest way to report this or could it mislead people?

TABLE. Number of SARS-CoV-2 cases among persons aged ≥16 years, by selected characteristics and vaccination status* — Los Angeles County, California,† May 1–July 25, 2021

Characteristic	Vaccination status, no. (%)				p-value
	Total	Fully vaccinated	Partially vaccinated	Unvaccinated	
Total no. of cases	43,127	10,895	1,431	30,801	—
Vaccine manufacturer					
Janssen (Johnson & Johnson)	—	1,830 (16.8)	—	—	—
Moderna	—	3,047 (28.0)	—	—	—
Pfizer-BioNTech	—	6,018 (55.2)	—	—	—
Median interval between final vaccine dose and infection, no. of days (IQR)	—	98 (74–120)	—	—	—
Median age, yrs (IQR)	34 (26–46)	37 (28–52)	35 (27–51)	32 (26–44)	<0.001
Age group, yrs					
16–17	1,120 (2.6)	107 (1.0)	34 (2.4)	979 (3.2)	<0.001
18–29	14,758 (34.2)	3,017 (27.7)	432 (30.2)	11,309 (36.7)	
30–49	18,106 (42.0)	4,649 (42.7)	582 (40.7)	12,875 (41.8)	
50–64	6,418 (14.9)	2,025 (18.6)	255 (17.8)	4,138 (13.4)	
65–79	2,101 (4.9)	857 (7.9)	95 (6.6)	1,149 (3.7)	
≥80	624 (1.4)	240 (2.2)	33 (2.3)	351 (1.1)	
Sex					
Female	21,743 (50.4)	5,514 (50.6)	757 (52.9)	15,472 (50.2)	<0.001
Male	20,425 (47.4)	5,249 (48.2)	659 (46.1)	14,517 (47.1)	
Other or unknown	959 (2.2)	132 (1.2)	15 (1.0)	812 (2.6)	
Race/Ethnicity					
American Indian or Alaska Native	70 (0.2)	17 (0.2)	2 (0.1)	51 (0.2)	<0.001
Asian	1,970 (4.6)	905 (8.3)	104 (7.3)	961 (3.1)	
Black or African American	5,574 (12.9)	681 (6.3)	138 (9.6)	4,755 (15.4)	
Hispanic or Latino	14,144 (32.8)	3,450 (31.7)	511 (35.7)	10,183 (33.1)	
Multiple race	823 (1.9)	272 (2.5)	32 (2.2)	519 (1.7)	
Native Hawaiian or Other Pacific Islander	210 (0.5)	41 (0.4)	8 (0.6)	161 (0.5)	
Other	3,998 (9.3)	778 (7.1)	112 (7.8)	3,108 (10.1)	
White	9,338 (21.7)	3,397 (31.2)	321 (22.4)	5,620 (18.2)	
Missing	7,000 (16.2)	1,354 (12.4)	203 (14.2)	5,443 (17.7)	
Hospitalized	2,794 (6.5)	350 (3.2)	89 (6.2)	2,355 (7.6)	<0.001
Admitted to ICU	536 (1.2)	55 (0.5)	15 (1.0)	466 (1.5)	<0.001
Required mechanical ventilation	189 (0.4)	19 (0.2)	5 (0.3)	165 (0.5)	<0.001
Admitted to hospital after positive SARS-CoV-2 test date	1,454 (3.4)	136 (1.2)	29 (2.0)	1,289 (4.2)	<0.001
Died	207 (0.5)	24 (0.2)	7 (0.5)	176 (0.6)	<0.001

Abbreviations: ICU = intensive care unit; IQR = interquartile range.

* Persons were considered fully vaccinated ≥14 days after receipt of the second dose in a 2-dose series (Pfizer-BioNTech or Moderna COVID-19 vaccines) or after 1 dose of the single-dose Janssen (Johnson & Johnson) COVID-19 vaccine; partially vaccinated ≥14 days after receipt of the first dose and <14 days after the second dose in a 2-dose series; and unvaccinated <14 days receipt of the first dose of a 2-dose series or 1 dose of the single-dose vaccine or if no vaccination registry data were available.

† Among residents of Los Angeles County; excludes Pasadena and Long Beach.

Discussion

The results of this population-based analysis using linked SARS-CoV-2 infection surveillance and vaccination registry data indicate that fully vaccinated persons aged ≥16 years with SARS-CoV-2 infection were less likely than unvaccinated persons to be hospitalized, to be admitted to an intensive care unit, to require mechanical ventilation, or to die from SARS-CoV-2 infection during a period when the Delta variant became predominant. Although age-adjusted hospitalization rates in partially vaccinated persons were similar to those in fully vaccinated persons, age-adjusted incidences were slightly lower in partially vaccinated persons than in fully vaccinated persons. These data indicate that authorized vaccines protect

against SARS-CoV-2 infection and severe COVID-19, even with increased community transmission of the newly predominant Delta variant (2).

The SARS-CoV-2 Delta variant is highly transmissible (3) and became the predominant variant in Los Angeles County during May–July 2021. During this period, SARS-CoV-2 cases and hospitalizations increased substantially, most notably among unvaccinated persons. In May, specimens from fully vaccinated and partially vaccinated persons had higher Ct values for two gene targets compared with unvaccinated persons; however, by July, median Ct values had decreased and were similar in all gene regions in specimens from fully vaccinated, partially vaccinated, and unvaccinated persons.

CDC admits it DID overcount Florida's COVID cases: Agency revises state's weekend numbers down from 28,000 to 19,000 but offers no explanation after falsely claiming 'record' infections



The CDC has revised COVID-19 figures from the state of Florida after the Sunshine State's department of health accused the federal agency of overcounting cases over the weekend.



Real Developments

@pdubdev



According to CDC, 99% of people over 65 are vaxxed.

Yet 80% of recent Covid deaths are 65 plus.

so the Gov claim that almost all Covid deaths are in the unvaxxed is a complete lie. Statically impossible.

8:18 AM · 12/20/21 · [Twitter Web App](#)

1,633 Retweets **83** Quote Tweets **4,891** Likes

10. What about other medicine to treat covid-19?

Why did 'experts' rush to discredit HCQ and Ivermectin, but quickly embrace experimental injections? Did financial compensation or ideology bias the recommendations?



MailOnline News

13k shares

Was Trump right about hydroxychloroquine all along? New study shows drug touted by former president can increase COVID survival rates by 200%

By Harriet Alexander For Dailymail.com
05:50 BST 10 Jun 2021 , updated 12:57 BST 10 Jun 2021

Jason Miller @jasonmillerUK
On:
"Study shows hydroxychloroquine and zinc treatments increased coronavirus survival rate by almost three times"

Donald Trump Jr. @TrumpDonaldJr
In the last week alone, we've learned that the media, so-called fact checkers and their Big Tech enforcers led to us about the lab-leak theory, Hydroxychloroquine and the clearing of Lafayette Square. All to hurt Donald Trump. What else are they lying about?

Walter Doherty @wdoherthy
How many people died bc Dr. Fauci said trust the science and Hydroxychloroquine isn't effective? New study shows: Hydroxychloroquine + Azithromycin by at higher dose improved survival by nearly 200% in COVID patients. Trump was right.

BUY TODAY: Robert F. Kennedy, Jr.'s New Book — 'The Real Anthony Fauci'

06/17/21 • [BIG PHARMA > VIEWS](#)

Ivermectin Could Have Saved 'Millions' of Lives — But Doctors Were Told Not to Use It

In an interview with Bret Weinstein Ph.D., Dr. Pierre Kory, president and chief medical officer of the Frontline COVID-19 Critical Care Alliance discussed the importance of early treatment of COVID-19 and the shameful censoring of information about ivermectin.

By Dr. Joseph Mercola



Figure 1 - uploaded by [Cadegiani Flávio](#)

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		Overall	Ivermectin users	Non-IVM users
COVID-19 infection	Overall population (n)	220,517	133,051 (60.3%)	87,466 (39.7%)
	Infected population (n)	7,345	4,311 (58.7%)	3,034 (41.3%)
	Infection rate (%)	3.3%	3.2%	3.5%
COVID-19 hospitalization	Hospitalization due to COVID-19	232	105	127
	Hospitalization rate (in case of COVID-19) (%)	3.16%	2.43%	4.18%
	Risk of hospitalization due to COVID-19	0.11%	0.08%	0.15%
COVID-19 death	COVID-19 deaths (n)	141	62	79
	Risk of dying from COVID-19 (%)	0.06%	0.05%	0.09%
	Mortality rate (among infected subjects) (%)	1.9%	1.4%	2.6%

Summary of the findings.

This particular study of 220,517 covid-19 patients determined that using ivermectin cut the risk of death nearly in half. Is this true? If so, why isn't this treatment considered? Some say that ivermectin doesn't financially benefit large pharmaceutical companies as much as the "vaccines." Is this true?



Emerald Robinson  

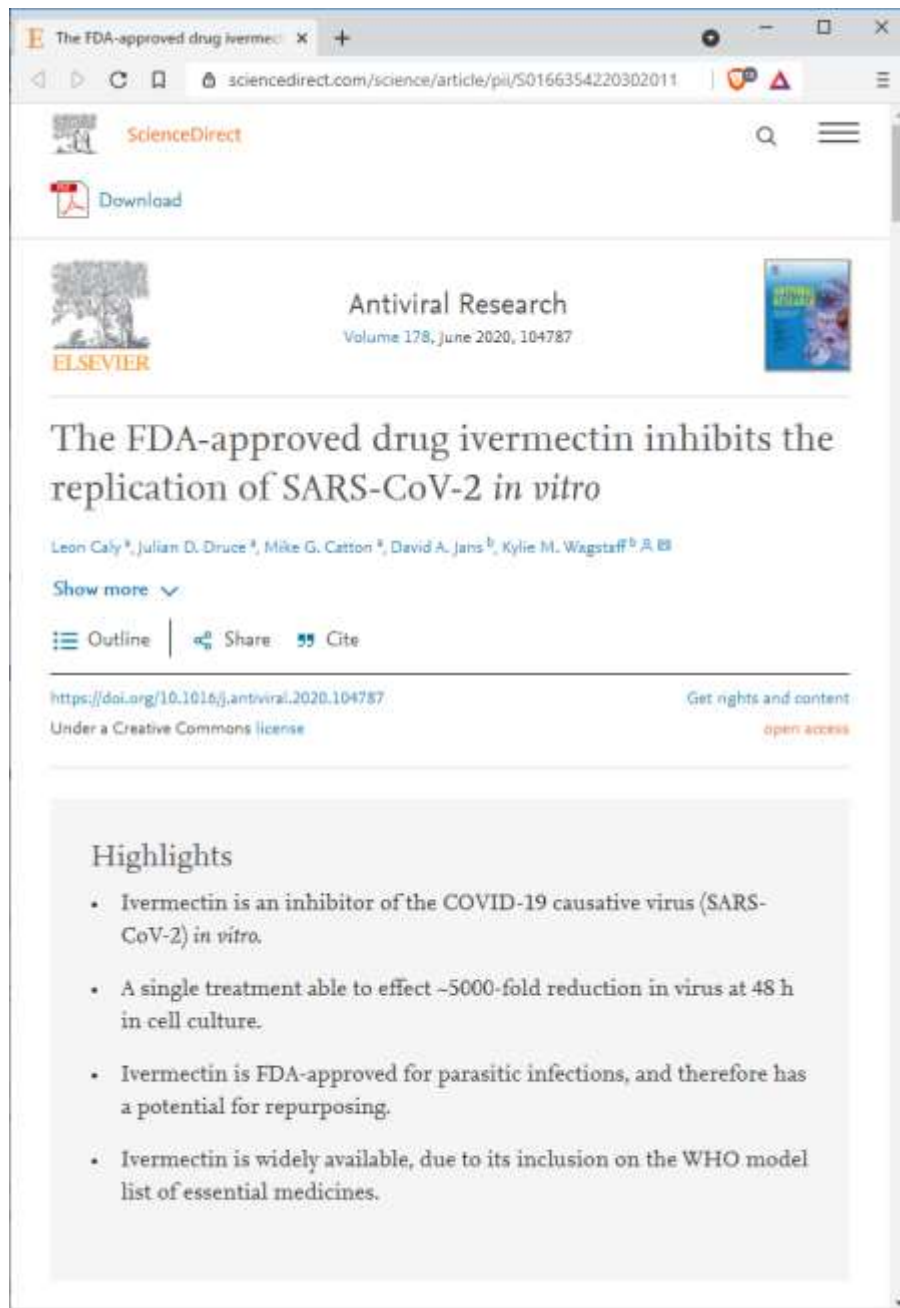
@EmeraldRobinson

Hydroxychloroquine works in
Spain, Italy, Brazil, Mexico, France,
Germany & elsewhere.

The only place
hydroxychloroquine does not work
is the USA, according to Dr. Fauci.

How many Americans died
because our health experts played
politics?

12:40 PM · 03 Jul 20 · [Twitter Web App](#)



NEXT UP



'Thank goodness for Bluetooth': Senator on working during 27...

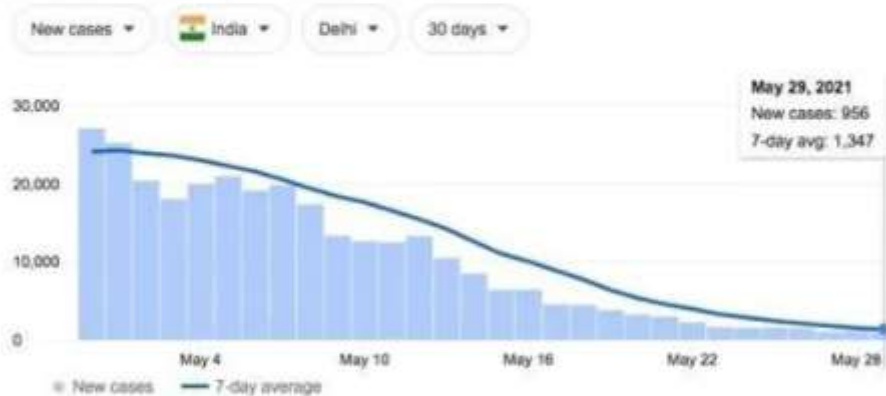


Ivermectin obliterates 97 percent of Delhi cases

By Justus R. Hope, MD Jun 1, 2021 Updated Jun 7, 2021 35

New cases and deaths

From JHU CSSE COVID-19 Data · Last updated: 2 days ago



A 97% decline in Delhi cases with Ivermectin is decisive - period. It represents the last word in an epic struggle to save lives and preserve human rights. This graph symbolizes the victory of reason over corruption, good over evil, and right over wrong. It is as significant as David's victory over Goliath. It is an

COVID-19

Ivermectin. WHO scientist faces death penalty

India could be the first country to sue a WHO scientist for advising against Ivermectin against Covid-19. The Indian Bar Association has initiated proceedings.

JUNE 22, 2021, 7:23 AM HAKIM ARIF



Dr. Syed Haider
@DrSyedHaider

My experience using ivermectin and fluvoxamine in 4000 acute COVID-19 patients: 5 hospitalized. 0 dead. 4000 recovered. 5 pharmacist threats. 1 medical board complaint. 1 lawyer retained. Hundreds of medication transfers for pharmacist refusals.

4:35 PM · Oct 21, 2021 · Twitter for iPhone

17.3K Retweets 960 Quote Tweets 48.4K Likes





ThreeSevens ✓ @threesevens

10h · 🌐 · Edited



If Ivermectin is so bad, why does the CDC recommend it for refugees?

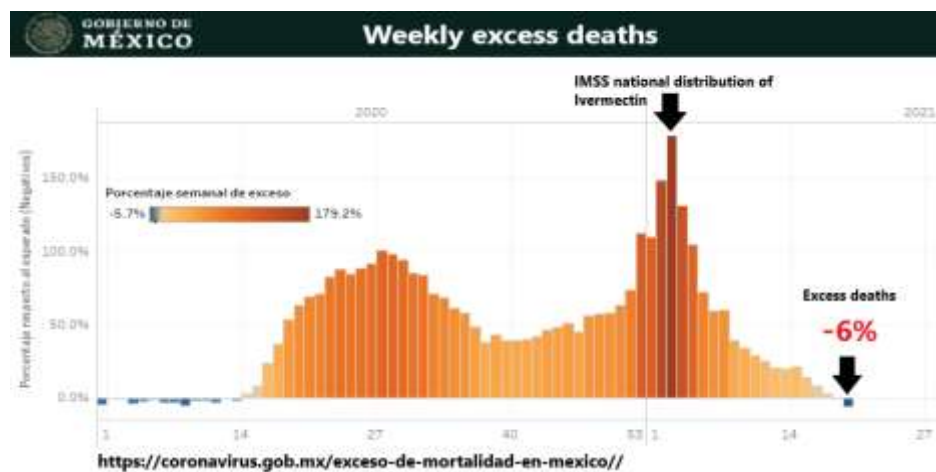
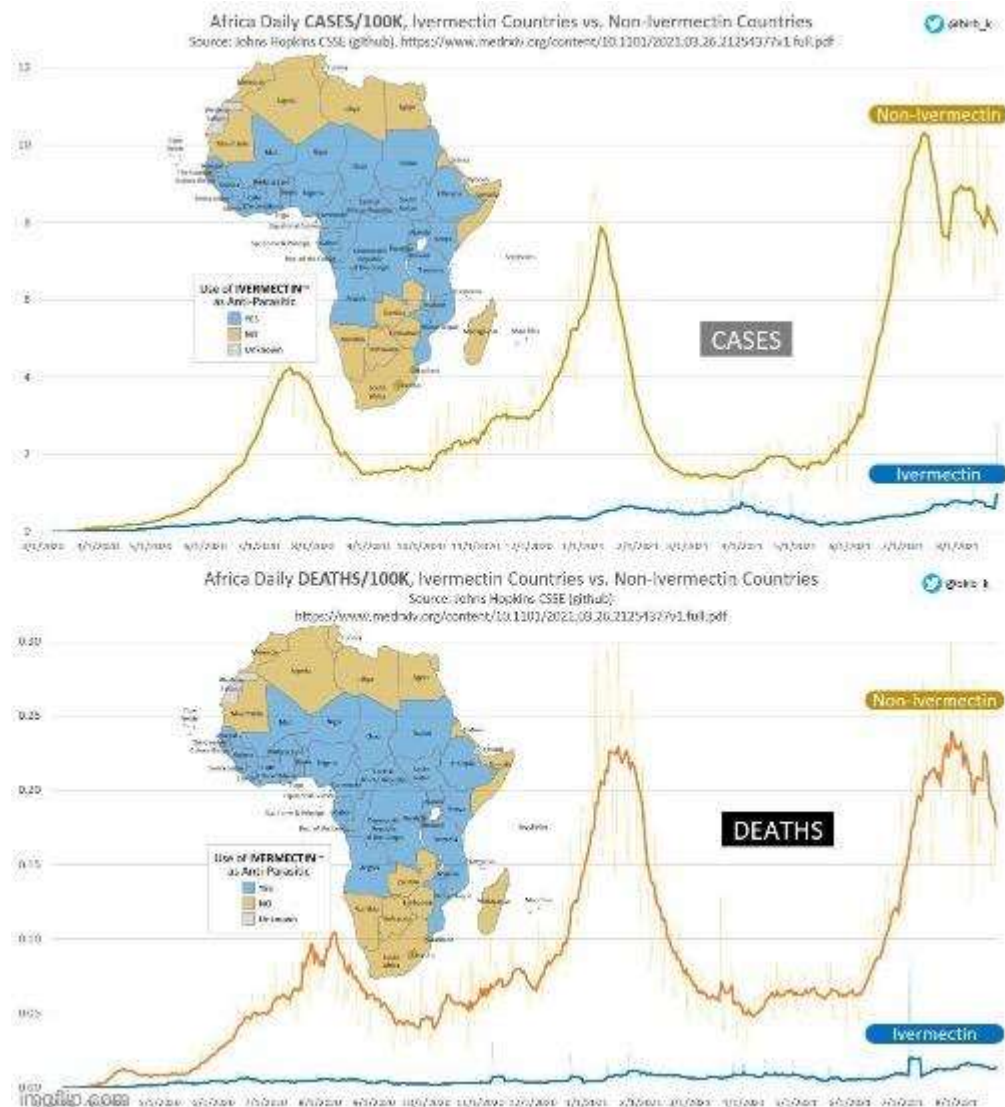
cdc.gov/immigrantrefugeehealth/guidelines/ove...

While these recommendations have been implemented in many overseas sites, logistical and procurement issues still limit their full implementation in some. All Middle Eastern, Asian, North African, Latin American, and Caribbean refugees should receive presumptive therapy with:

- All Middle Eastern, Asian, North African, Latin American, and Caribbean refugees should receive presumptive therapy with:
 - Albendazole, single dose of 400 mg (200 mg for children 12-23 months)
 - AND
 - Ivermectin, two doses 200 mcg/Kg orally once a day for 2 days before departure to the United States.
- All African refugees who did not originate from or reside in countries where *Loa loa* infection is endemic ([Box 1](#)) should receive presumptive therapy with:
 - Albendazole, single dose of 400 mg (200 mg for children 12-23 months)
 - AND
 - Ivermectin, two doses 200 mcg/Kg orally once a day for 2 days
 - AND

2,015 likes 218 comments 1,574 reposts

Is this a double standard for the CDC to recommend ivermectin for some people, but to claim its dangerous for others?



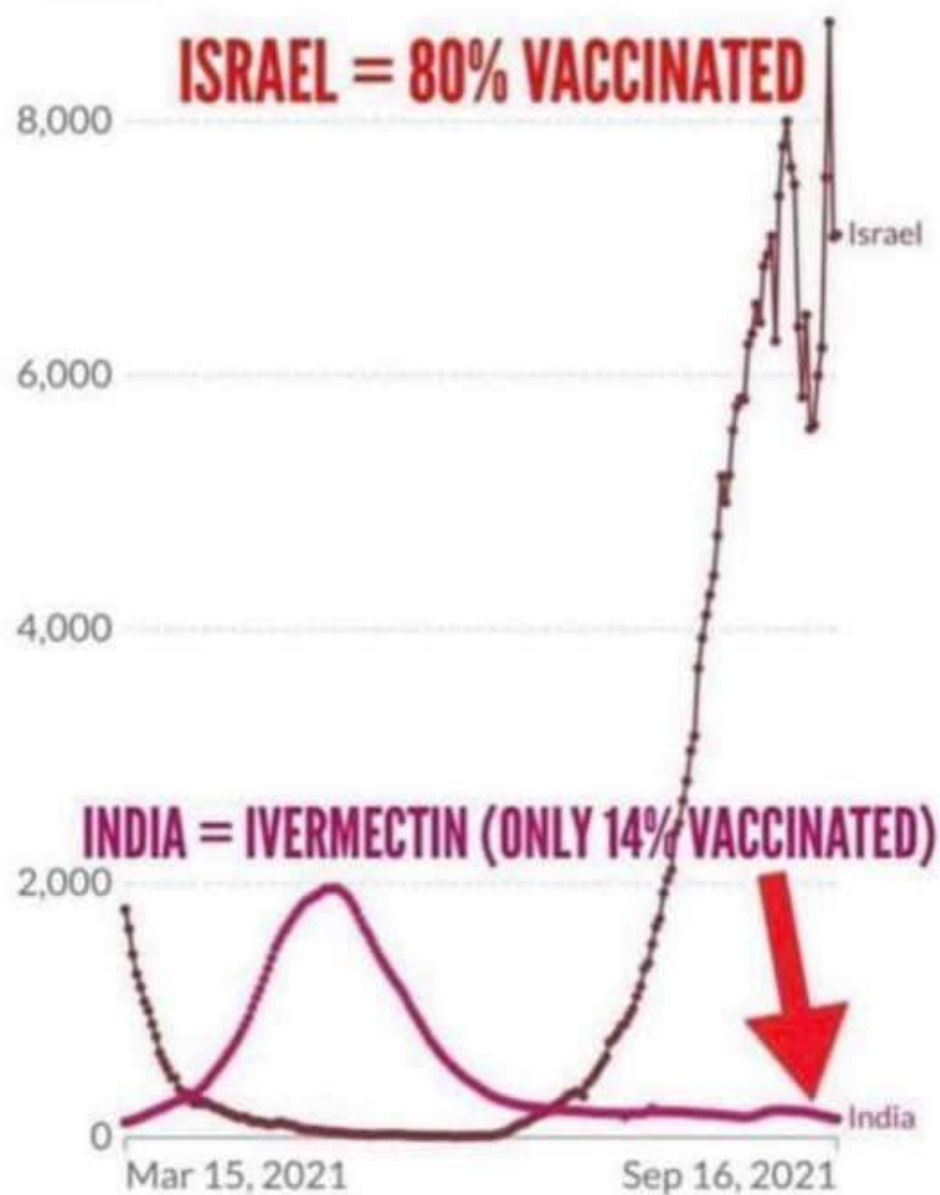
Vaccine vs Ivermectin

Weekly confirmed COVID-19 cases per million people

Our World
in Data

Weekly confirmed cases refer to the cumulative number of confirmed cases over the previous week.

LINEAR LOG



PFIZER INITIATES PHASE 1 STUDY OF NOVEL ORAL ANTIVIRAL THERAPEUTIC AGENT AGAINST SARS-COV-2

Tuesday, March 23, 2021 - 11:00am

- *In-vitro* studies conducted to date show that the clinical candidate PF-07321332 is a potent **protease inhibitor** with potent anti-viral activity against SARS-CoV-2
- This is the first orally administered coronavirus-specific investigational protease inhibitor to be evaluated in clinical studies, and follows Pfizer's intravenously administered investigational protease inhibitor, which is currently being evaluated in a Phase 1b multi-dose study in hospitalized clinical trial participants with COVID-19

NEW YORK--

doses in a Phase 1 study of COVID-19, the study demonstrates as well as previous

"Tackling the virus and the continued evolution of the virus, Dr. Dolsten, MD, therapy that antiviral can complement

Protease inhibitors against pathogens generally as

The Phase 1 study of tolerability and safety

initiation of the study to inhibit replication. Chemical Sciences

Pfizer is also conducting clinical trials in

About Pfizer

Future Virol. 2021 Mar ; 10:2217/vi-2020-0342

PMCID: PMC7996102

Published online 2021 Mar 25 doi: 10.2217/vi-2020-0342

Exploring the binding efficacy of ivermectin against the key proteins of SARS-CoV-2 pathogenesis: an *in silico* approach

Ahlegyan Choudhury^{1,2} Nabarun C Das^{1,2} Ritwik Patra^{1,2} Manoj Bhattacharya² Pratib Ghosh³ Bidhan C Patra³ and Suprabhat Mukherjee^{1,2}

• Author information • Article notes • Copyright and License information • Disclaimer

Associated Data

• Supplementary Materials

Abstract

Go to

Aim: COVID-19 is currently the biggest threat to mankind. Recently, ivermectin (a US FDA-approved antiparasitic drug) has been explored as an anti-SARS-CoV-2 agent. Herein, we have studied the possible mechanism of action of ivermectin using *in silico* approaches. **Materials & methods:** Interaction of ivermectin against the key proteins involved in SARS-CoV-2 pathogenesis were investigated through molecular docking and molecular dynamic simulation. **Results:** Ivermectin was found as a blocker of viral replicase, protease and human TMPRSS2, which could be the biophysical basis behind its antiviral efficiency. The antiviral action and ADMET profile of ivermectin was on par with the currently used anticoronary drugs such as hydroxychloroquine and remdesivir. **Conclusion:** Our study enlightens the candidature of ivermectin as an effective drug for treating COVID-19.

Keywords: ivermectin, molecular docking, protease, replicase, SARS-CoV-2, spike glycoprotein

Pfizer appears to be developing their own protease inhibitor like ivermectin.

Does NIH contradict itself on ivermectin?

Recommendation

- There is insufficient evidence for the COVID-19 Treatment Guidelines Panel (the Panel) to recommend either for or against the use of ivermectin for the treatment of COVID-19. Results from adequately powered, well-designed, and well-conducted clinical trials are needed to provide more specific, evidence-based guidance on the role of ivermectin in the treatment of COVID-19.


The mechanisms of action of **ivermectin** against SARS-CoV-2 ...

www.ncbi.nlm.nih.gov/pmc/articles/PMC8203399/

Ivermectin is enlisted in the World Health Organization's Model List of Essential Medicines. Drug repurposing, drug redirecting, or drug reprofiling ...

NIH says ivermectin is FDA-approved, “widely used and is generally well tolerated” and is listed in “World Health Organization’s Model List of Essential Medicines.” Despite it winning the Nobel prize and having 40 years of safety data across millions of patients, it says more clinical trials are needed to provide “more specific, evidence-based guidance on the role of ivermectin in the treatment of Covid-19.”


They seemed to admit the importance of clinical trials and safety, but is the same standard being used for the covid-19 “vaccines” that have only existed less than 2 years with very limited clinical trials? Why would it feel comfortable pushing one with very limited clinical trials and with record numbers of injuries reported over one with a 40-year positive and safe track record?

 **CJTRUTH (OFFICIAL)**

'Literally criminal': Suppressing data on ivermectin cost 'half a million lives', doctor charges


<https://www.worldtribune.com/literally-criminal-suppressing-data-on-ivermectin-cost-half-a-million-lives-doctor-charges/>

World Tribune: U.S. Politics and Culture, Geopolitics, East Asia Intelligence, China, Geostrategy, Military, National security, Corporate Watch, Media Watch, North Korea, Iran, Columnists: Dennis Prager, Michelle Malkin, John Metzler, Jeffrey Kuhner, John McNabb, Joe Schaeffer, Bill Juneau, Alexander Maistrovoy, Donald Kirk



'Literally criminal': Suppressing data on ivermectin cost 'half a million lives', doctor charges

Special to WorldTribune, May 26, 2021 Commentary by R. Clinton Ohlers In a recent Zoom call, Dr. Pierre Kory of the Front Line COVID-19 Critical Care Alliance outlined numerous details showing the ...

3.5K  07:41



To clarify, Ivermectin has won the Nobel Prize for medicine in 2015 and is on the WHO's list of essential medicines. Prescribed to over 3.5 Billion people, Ivermectin has one of the best and longest safety profiles in the history of medicine.




U.S. FDA  @US_FDA · 9h

...

You are not a horse. You are not a cow. Seriously, y'all. Stop it.



Why You Should Not Use Ivermectin to Treat or Prevent COVID-19

 [fda.gov](https://www.fda.gov)



2.8K



19.9K



31.1K



Would a serious science-based regulator write something like this? The FDA knows ivermectin is prescribed for human use, so why would they post such an obvious strawman argument? Could there have been a political motivation?

Could not a similar strawman argument be used to say that vaccines are only for cows? You are not a cow.

Vaccine

VAC'CINE, adjective [Latin vaccinus, from vacca, a cow.]

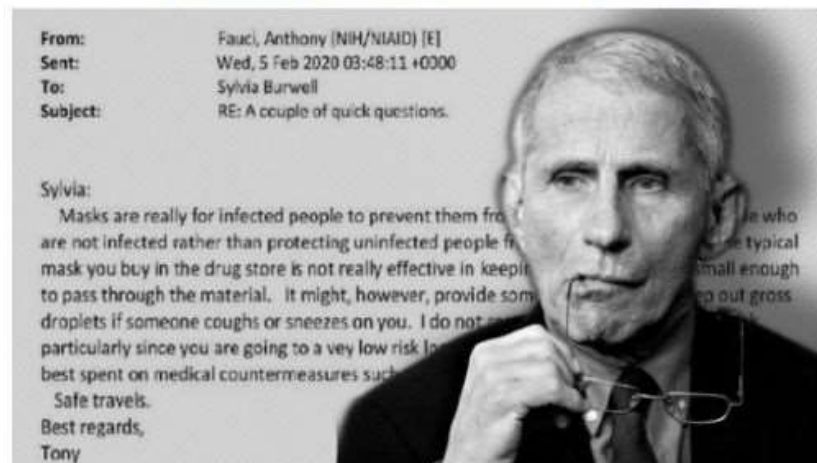
Pertaining to cows; originating with or derived from cows; as the vaccine disease or cow-pox.

Up until last month, Arlund had been a crisis nurse, a specialty position that required her to tend to the ICU patients most at risk of deteriorating. In recent months, such patients have demanded treatments like [ivermectin](#), a false cure for Covid; asked for medications she has never heard of in her two decades as a nurse; and generally expressed suspicion toward her and her colleagues.



IT'S WORSE THAN WE THOUGHT! Fauci and Top US Doctors Caught! They CONSPIRED to Disqualify Hydroxychloroquine as COVID Treatment – MILLIONS DEAD AS A RESULT

By Jim Hoft
Published June 6, 2021 at 9:53am
795 Comments



Well, well, well...look at what the hell just surfaced

🔒 nw-connection.com

The *Virology Journal* – the official publication of Dr. Fauci's National Institutes of Health – published what is now a blockbuster article on August 22, 2005, under the heading – get ready for this – **"Chloroquine is a potent inhibitor of SARS coronavirus infection and spread."** (Emphasis mine throughout.) Write the researchers, "We report...that chloroquine has strong antiviral effects on SARS-CoV infection of primate cells. These inhibitory effects are observed when the cells are treated with the drug **either before or after exposure to the virus, suggesting both prophylactic and therapeutic advantage.**"

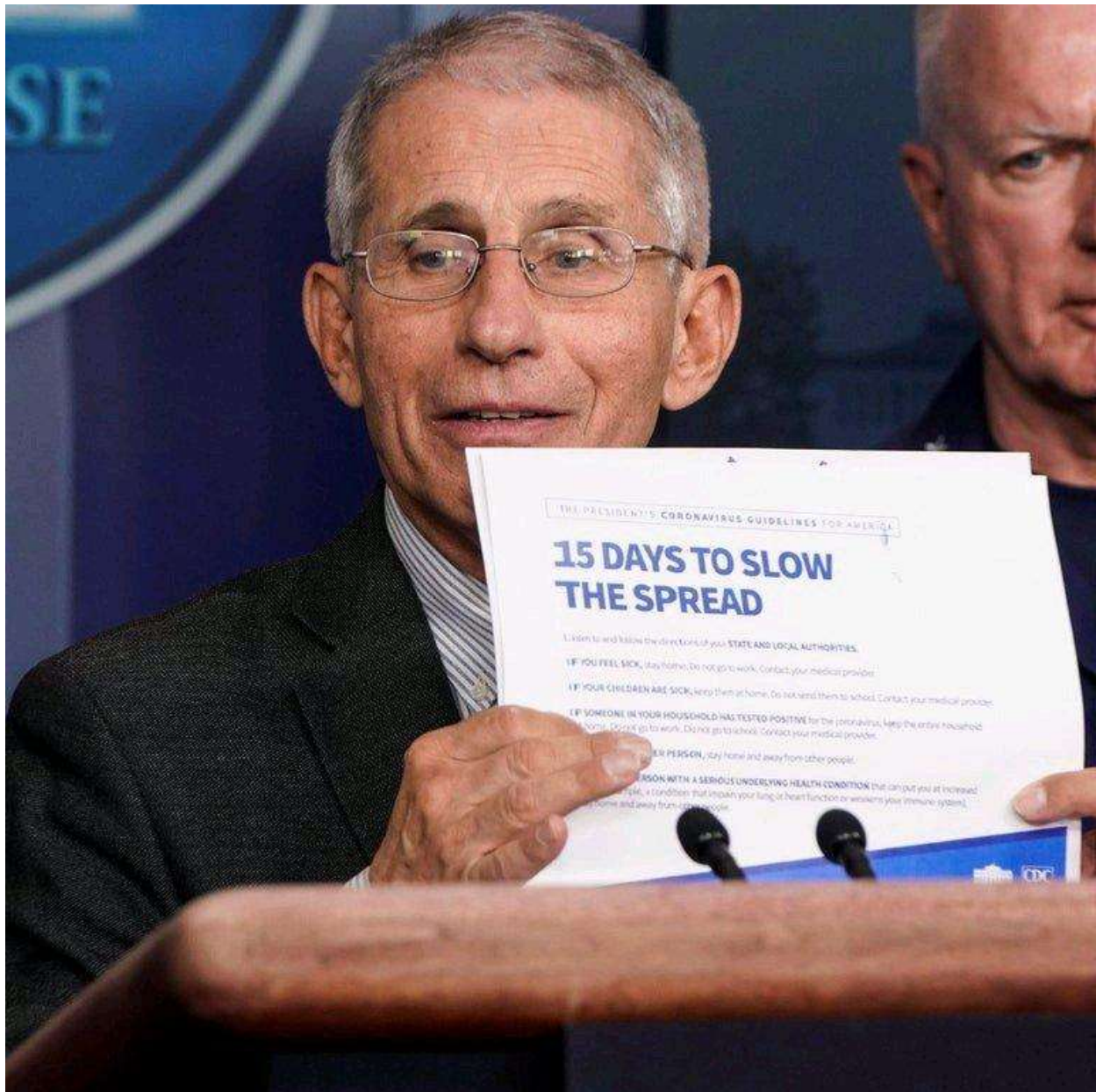
This means, of course, that Dr. Fauci has known for 15 years that chloroquine and its even milder derivative hydroxychloroquine (HCQ) will not only treat a current case of coronavirus ("therapeutic") but prevent future cases ("prophylactic"). **So HCQ functions as both a cure and a vaccine.** In other words, it's a wonder drug for coronavirus. Said Dr. Fauci's NIH in 2005, "concentrations of 10 μ M **completely abolished SARS-CoV infection.**" Fauci's researchers add, "chloroquine can effectively **reduce the establishment of infection and spread of SARS-CoV.**"

Dr. Fauci recommended HCQ in 2005 and said it "completely abolished SARS-CoV infection."

11. Credibility of Dr. Fauci

History of claims by “health experts” and the CDC

Despite Fauci’s claims that those vaccinated didn’t need to wear masks and wouldn’t spread covid-19, on July 30, the CDC admitted that those vaccinated were spreading covid-19 (which they started called Delta) and still needed to wear masks. Is it possible that they were motivated to change the name of the virus so that those vaccinated didn’t feel duped about it not protecting them against covid-19?





NEWS

Fauci Said Masks 'Not Really Effective in Keeping Out Virus,' Email Reveals

BY DARRAGH ROCHE ON 6/2/21 AT 4:59 AM EDT



Fauci says Covid boosters work against omicron, no need for variant-specific third shot

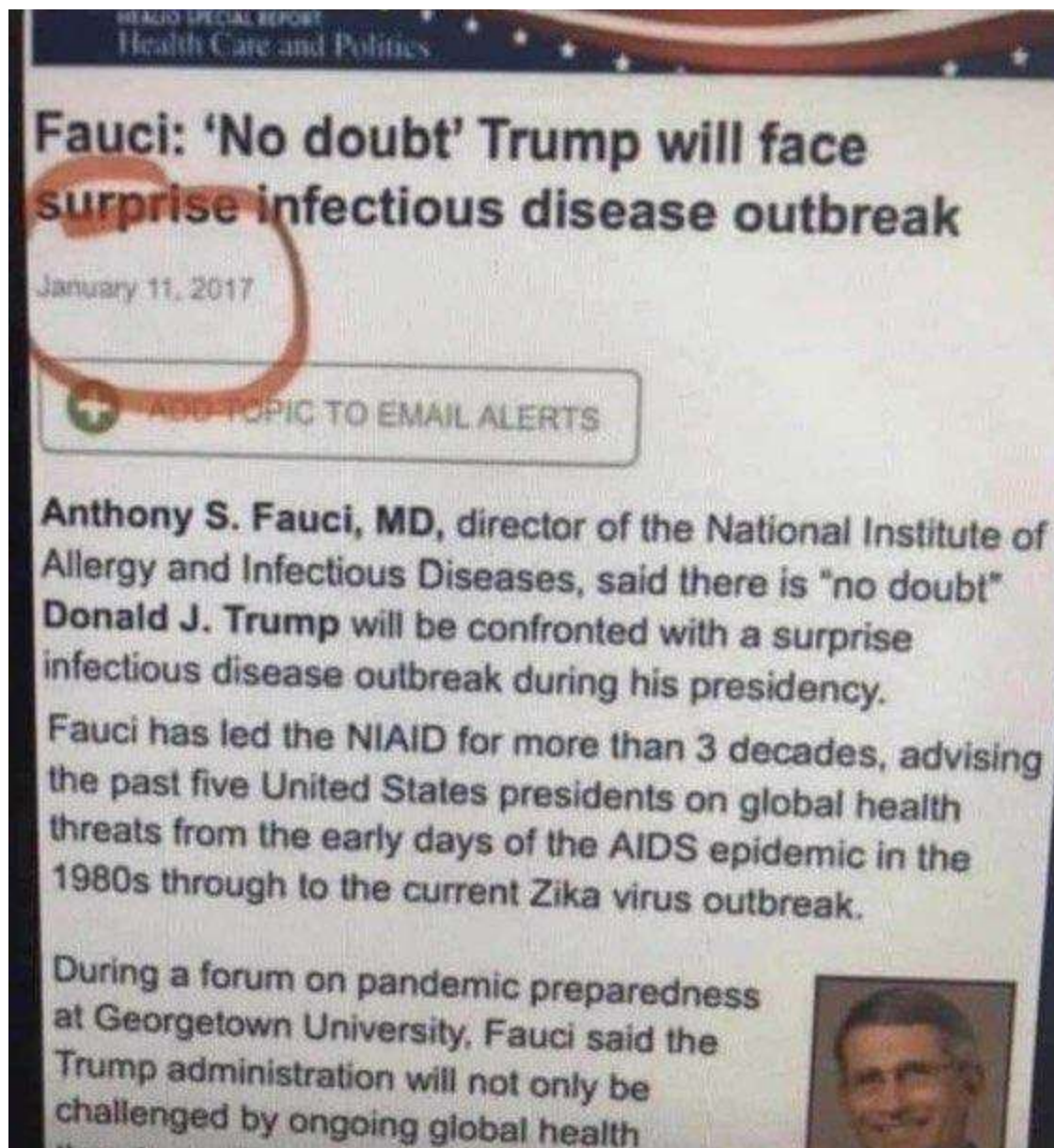
CNBC · 24 minutes ago

- COVID vaccines do not need to be changed for Omicron "at this time," says Fauci

CBS News · 17 minutes ago

[View Full Coverage](#)

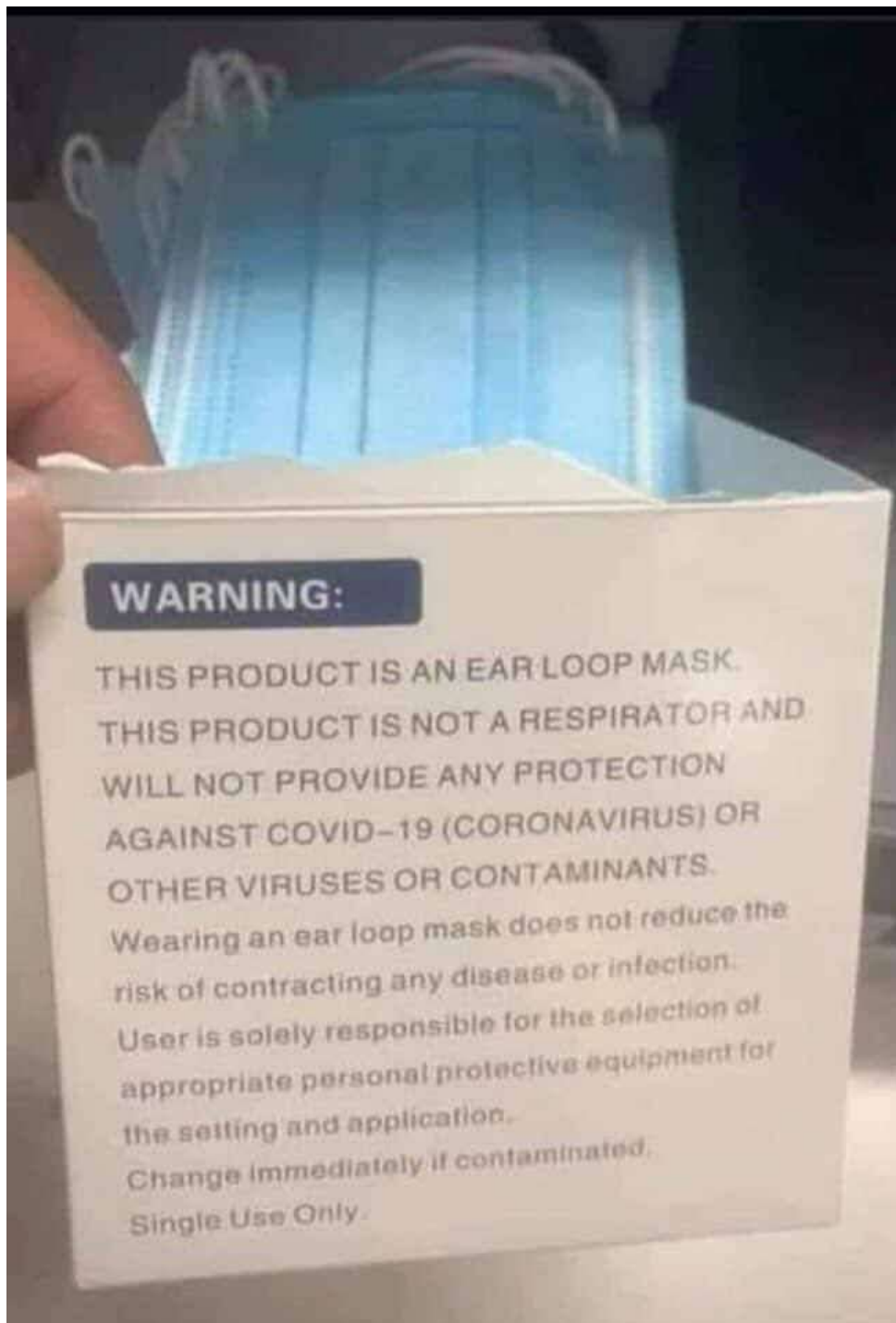




In 2017 Dr. Fauci predicted an outbreak and mentioned Donald Trump. Dr. Fauci had involvement with the Wuhan Institute of Virology in China, the laboratory that studied coronaviruses. Some believe this lab was the source of the covid-19 outbreak in 2019.

A large amount of doctors and medical professionals do not believe Fauci or the CDC's recommendations are correct.^{xii}

12. Do masks work?



It says right on the box it doesn't protect against viruses. So, why wear them?

Bacterial Pneumonia Caused Most Deaths in 1918 Influenza Pandemic

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NIH National Institutes of Health
Turning Discovery Into Health

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NEWS RELEASES

Tuesday, August 19, 2008

Bacterial Pneumonia Caused Most Deaths in 1918 Influenza Pandemic

Implications for Future Pandemic Planning

The majority of deaths during the influenza pandemic of 1918-1919 were not caused by the influenza virus acting alone, report researchers from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. Instead, most victims succumbed to bacterial pneumonia following influenza virus infection. The pneumonia was caused when bacteria that normally inhabit the nose and throat invaded the lungs along a pathway created when the virus destroyed the cells that line the bronchial tubes and lungs.

A future influenza pandemic may unfold in a similar manner, say the NIAID authors, whose paper in the Oct. 1 issue of *The Journal of Infectious Diseases* is now available online. Therefore, the authors conclude, comprehensive pandemic preparations should include not only efforts to produce new or improved influenza vaccines and antiviral drugs but also provisions to stockpile antibiotics and bacterial vaccines as well.

The work presents complementary lines of evidence from the fields of pathology and history of medicine to support this conclusion. "The weight of evidence we examined from both historical and modern analyses of the 1918 influenza pandemic favors a scenario in which viral damage followed by bacterial pneumonia led to the vast majority of deaths," says co-author NIAID Director Anthony S. Fauci, M.D. "In essence, the virus landed the first blow while bacteria delivered the knockout punch."

Institute/Center
National Institute of Allergy and Infectious Diseases (NIAID)

Contact
Anne A. Oplinger
301-402-1663

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EVERYTHINGNEWS FEBRUARY 22, 2021 / 1:18 PM / UPDATED 8 MONTHS AGO

Fact check: No evidence mask wearing will cause bacterial pneumonia

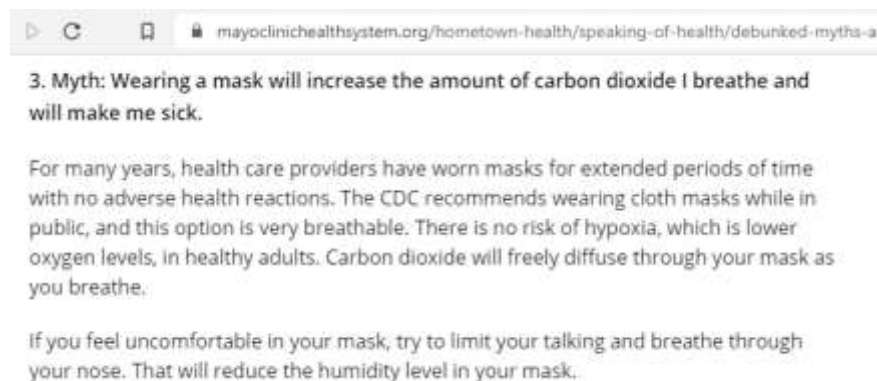
By Reuters Staff

4 MIN READ



A graphic shared on social media falsely suggests that wearing a mask will cause bacterial infections and hypoxia, a condition in which the body's cells do not receive enough oxygen.

What is their evidence for having 'no evidence'?



3. Myth: Wearing a mask will increase the amount of carbon dioxide I breathe and will make me sick.

For many years, health care providers have worn masks for extended periods of time with no adverse health reactions. The CDC recommends wearing cloth masks while in public, and this option is very breathable. There is no risk of hypoxia, which is lower oxygen levels, in healthy adults. Carbon dioxide will freely diffuse through your mask as you breathe.

If you feel uncomfortable in your mask, try to limit your talking and breathe through your nose. That will reduce the humidity level in your mask.

The Mayo Clinic say masks have no risk of CO₂ toxicity because it's breathable (the holes are big enough), but we're also told that masks work by 'blocking' the virus. Because the virus is many times smaller than the holes in a typical cloth mask and passes through freely, why would anyone assume a mask can "block" viruses?

Retropolis

Everyone wore masks during the 1918 flu pandemic. They were useless.



No one was permitted to ride a streetcar in Seattle without wearing a mask during the 1918 flu pandemic. (Library of Congress)

By **Eliza McGraw**

April 2, 2020 at 7:00 a.m. EDT

Opinion: Abandoning masks now is a terrible idea. The 1918 pandemic shows why.



Masks on display at a shop in Los Angeles on Oct. 29, 2020. (Emma McIntyre/Getty Images)

Opinion by **John M. Barry**

March 12, 2021 at 8:00 a.m. EST



U.S. Surgeon General
@Surgeon_General

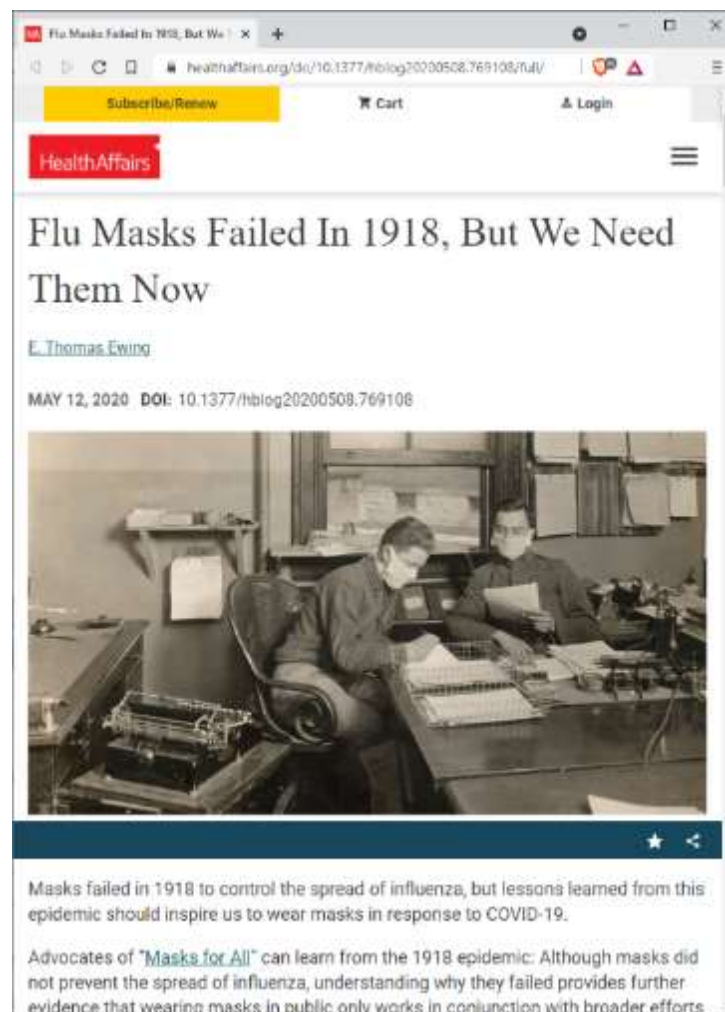
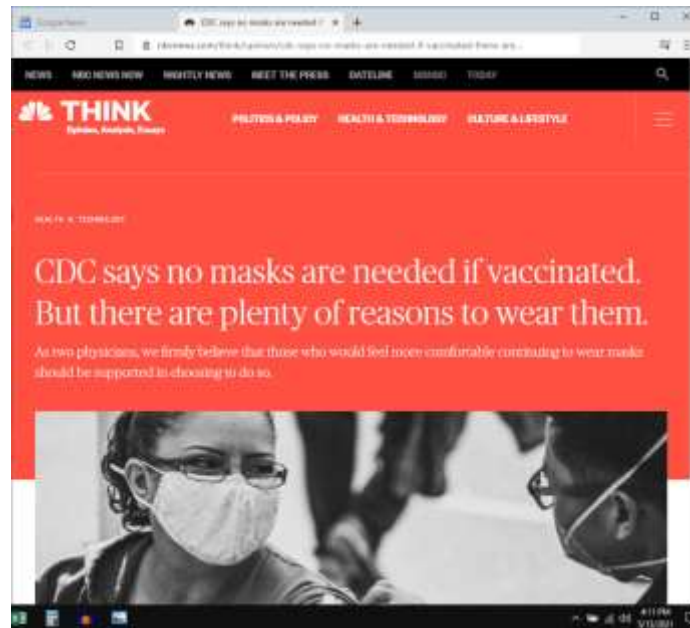
Seriously people- STOP BUYING MASKS!

They are NOT effective in preventing general public from catching [#Coronavirus](#), but if healthcare providers can't get them to care for sick patients, it puts them and our communities at risk!

bit.ly/37Ay6Cm

7:08 AM · Feb 29, 2020 · Twitter for iPhone

42.9K Retweets 67.9K Likes



usatoday.com/story/news/factcheck/2021/02/24/fact-check-false-claim-face-masks-cause-bacterial-pneumonia/4574295001/

USA TODAY

COVID-19 BY STATE Track vaccinations

COVID-19 Comparing vaccines

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FACT CHECK

Fact check: Face masks do not cause bacterial pneumonia

Miriam Fauzia USA TODAY
Published 7:59 p.m. ET Feb. 24, 2021

Facebook Twitter Email Print



COVID-19: Face mask problems, fixed
Fix annoying face mask problems with these tips. ProblemSolved. USA TODAY

The claim: Mask wearing causes bacterial pneumonia

A viral social media post is among many claiming mask-wearing provokes disease instead of preventing it.

Beneath an illustration of a transparent chest containing a set of orange-tinged lungs, the Feb. 20 Facebook post asserts that face masks cause "bacterial

How does this writer know for “fact” that masks don’t cause bacterial pneumonia? Does this writer use the same standard for things she likes or dislikes?

1918 masks required: 675,000 estimated deaths in United States, mostly from pneumonia^{xiii}

2020-21 masks required: 750,000 reported deaths in the United States, 50% from flu/pneumonia.

Since masks were required in 1918 and because most of the deaths were from bacterial pneumonia, and because masks are required now, and because many are also dying of bacterial pneumonia, and because pneumonia is caused by breathing in bacteria, and because masks promote bacteria growth by placing moisture from nose and saliva in close proximity to your nose and mouth for an extended period of time, is it irrational to consider that these could possibly be linked? Why would the media so quickly claim that masks don’t promote bacterial pneumonia without any evidence? What are there alternative reasons for so many people dying of bacterial pneumonia then, both in 1918 and in 2020-21? Wouldn’t it be foolish to repeat the

same mistakes of the past? Currently our response to fear appears to be the same and currently it seems to be achieving similar results.

How can we be assured that a % of the deaths aren't from the wearing of masks? What studies have been done to prove that repeated mask use is actually safe?

“The press may not be successful much of the time in telling people what to think, but it is stunningly successful in telling its readers what to think about”
Bernard Cohen, 1963

13. Media honesty

Has any reporter in the media ever lied before? How do we know for certain when they are lying or telling the truth? Does the media ever change their narrative based on politics or ideology?

The collage displays a variety of headlines from news outlets like The Washington Post, The Atlantic, HCP Live, AP News, FOX 17, Reuters, The National Interest, and The Daily Beast. The headlines often compare the threat of the coronavirus to the flu, with some suggesting that the flu is a more significant threat to the general population. Other headlines focus on the psychological aspect of the pandemic, such as 'Why are we panicked about coronavirus — and calm about the flu?' and 'Why we panic about coronavirus, but not the flu'. The collage also includes headlines about the impact of the virus on different groups, such as 'The Virus Killing U.S. Kids Isn't the One Dominating the Headlines'.

Do these articles from the same news source reflect a change in narrative over time?

The image displays two screenshots of the CNN website, illustrating a change in narrative over time regarding COVID-19. The top screenshot shows four articles from February 2021, while the bottom screenshot shows four articles from September and October 2021.

Top Screenshot (February 2021):

- Single Pfizer vaccine shot provides strong protection for those who've had Covid-19, UK studies suggest**
By Jacqueline Howard, CNN
Updated 2:59 PM EST, Fri February 26, 2021
- People vaccinated against Covid-19 can go without masks indoors and outdoors, CDC says**
By Elizabeth Cohen and John Bonfield, CNN
Updated 2:43 PM EDT, Thu May 13, 2021
- CDC updates guidance, recommends vaccinated people wear masks indoors in certain areas**
By Jacqueline Howard, CNN
Updated 4:56 PM EDT, Tue July 27, 2021
- Vaccine protection against Covid-19 wanes over time, especially for older people, CDC says**
By Maggie Fox and Jamie Gunbrecht, CNN
Updated 6:46 AM EDT, Thu September 23, 2021

Bottom Screenshot (September/October 2021):

- J&J vaccine recipients should get their second dose as soon as it's available, experts say**
By Apa Dainouraki, CNN
Updated 4:34 AM EDT, Sat October 16, 2021
- Three doses of Covid-19 vaccine are likely needed for full protection, Fauci says**
By Travis Cawwell, CNN
Updated 2:21 AM EDT, Sat September 04, 2021
- Immunocompromised may need a fourth Covid-19 shot, CDC says**
By John Christensen, CNN
Updated 6:23 PM EDT, Tue October 26, 2021
- Why vaccinated people dying from Covid-19 doesn't mean the vaccines are ineffective**
By Kara Hettler, CNN
Updated 6:27 AM EDT, Tue October 19, 2021

Why vaccinated people dying from Covid-19 doesn't mean the vaccines are ineffective

By Katia Hetter, CNN

Updated 8:27 AM EDT, Tue October 19, 2021



People vaccinated against Covid-19 less likely to die from any cause, study finds

By Maggie Fox, CNN

Updated 6:49 PM EDT, Fri October 22, 2021

Is this headline true or is it propaganda? Since vaccine health effects usually take 10 years to complete, and since that hasn't happened, how can they be 100% sure that all covid-19 vaccinated people are "less likely to die?" Surely this isn't motivated by a pro-vaccine bias, is it? Are readers to believe that with the vaccine they are less likely to fall off ladders, less likely to get in car accidents, less likely to develop cancer from smoking, less likely to die of Alzheimer's, or from drug overdoses? Did this conclusion by Maggie Fox of CNN follow the scientific method or was it motivated by other forces?

What extensive studies have been conducted to prove this? What about all the people that VAERS reports who died after the covid-19 injection?



A bike rally is claimed by left-leaning media to be a likely “superspreader,” but claims that large groups of migrants encamped at the border has “no evidence” of spreading the virus. If the bikers were at the border and the migrants were in a motorcycle rally would their stories still have the same conclusion? Could these articles possibly be biased by political or ideological beliefs?

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The Atlantic

IDEAS

No, Vaccinated People Are Not 'Just as Likely' to Spread the Coronavirus as Unvaccinated People

This has become a common refrain among the cautious—and it's wrong.

By Craig Spencer



Peterson-KFF

Health System Tracker



Health Spending

Unvaccinated COVID-19 hospitalizations cost billions of dollars



By Krutika Amin and Cynthia Cox KFF

December 22, 2021

COVID-19 vaccines have been free and broadly available to adults in all states and the District of Columbia since mid-April 2021, meaning adults in the U.S. have generally been able to be fully vaccinated for COVID-19 since late May 2021 if receiving a two-dose vaccine. COVID-19 vaccines are [highly effective](#) at [preventing](#) severe disease, hospitalization, and death from COVID-19.

Is this true?

Don't freak out: Catching Covid after you are vaccinated improves immunity



COURIERMAIL.COM.AU | 6:05

Seven-day quarantine an 'impediment' to international tourists, warn aviation experts

Seven-day quarantine an 'impediment' to international tourists, warn aviation experts

Sue Dunlevy

 Subscriber only

News Corp Australia Network

October 10, 2021 4:00am

For 20 months we've cowered behind masks, scrubbed ourselves with hand sanitiser and socially distanced to avoid Covid — now most people are vaccinated, experts are telling us we need to prepare to catch the virus.

It sounds counterintuitive but the argument is if you are vaccinated and catch Covid, you are unlikely to get seriously ill or go to hospital and getting the virus will further boost your immunity.



By Bill McCarthy
October 7, 2021

Fox News host Will Cain falsely claims vaccine more dangerous for children than COVID-19

IF YOUR TIME IS SHORT

- Doctors who spoke to PolitiFact said children are far more likely to be hospitalized from COVID-19 than from the vaccine. The CDC says “the known risks of COVID-19 illness ... far outweigh the potential risks of having a rare adverse reaction to vaccination.”
- Fox News host Will Cain cited data that the doctors said was cherry-picked, including COVID-19 hospitalization data that was an undercount and vaccine safety data that is subject to many limitations and cannot be used to determine causality.
- Anyone can make a report to the Vaccine Adverse Events Reporting System, or VAERS, making it a hotbed for misinformation about vaccine safety. The unverified entries in VAERS are not enough to establish a causal relationship between the COVID-19 vaccine and a hospitalization or other adverse event, experts said.

[See the sources for this fact-check](#)

Fox News host Will Cain falsely claimed the COVID-19 vaccines are more dangerous for children than COVID-19, citing an open-system database that is frequently misused to promote [anti-vaccine misinformation](#).


Is this true that it's false?



Bogus Fact-Check Site Used by Google Lists All Conservative Outlets as “Low Credibility” – But Lists All Far Left and Liberal Mainstream Outlets as High Credibility

June 20, 2021, 7:35am by Alicia Powe **366 Comments**


Does the media ever coordinate their messages? Notice how many times the phrase “worst cold ever” was used in news articles around the same timeframe. Does the media have an incentive to fear monger for keeping the audience’s attention and ad revenue?



The Washington Post

Worst cold ever, flu or covid-19? Countries brace for influenza ...

Is it the 'worst cold ever,' the flu or covid? What to know before winter. Health officials fear a potential collision with coronavirus...

1 day ago






Yahoo News

GPs urge people to stay home as complaints of 'worst cold ever' surge

The number of people suffering from symptoms of 'the worst cold ever' that lasts for weeks have increased, with GPs encouraging those who...

21 hours ago






The Scotsman

Covid, cold or flu? Difference between Covid and the 'worst cold ever' going round in UK - and how long common colds last

Difference between Covid and the 'worst cold ever' going round in UK - and how long common colds last. With more people than ever appearing to...

1 day ago






BBC

Super cold: is 'the worst cold ever' going around?

One of those is 24-year-old Rebecca London. The retail worker from Bournemouth caught what she calls "the worst cold ever" at a festival.

3 weeks ago






Yahoo

Is it the 'worst cold ever,' the flu or covid? Winter is coming.

Germany bought extra flu vaccines. Tens of thousands of people in Britain are looking up "worst cold ever" on search engines. In countries with...

1 day ago






Redbrick

The Worst Cold Ever: What's The Big Deal?

'The Worst Cold Ever: What's The Big Deal?' Food & Drink Editor Cara-Louise Scott takes a look at the illness branded 'the worst cold ever'...

3 days ago






The Sun

What is the 'worst cold ever'?...

THE "worst cold ever" has hit thousands of Brits in the last few weeks - with many saying they are struggling to shake the bug.

3 weeks ago





The Sun

Windy weather 'spreads worst cold ever' further and FASTER, study warns...

This means, as Brits try to battle both Covid and what has been dubbed the "worst cold ever", even being outside might not keep you safe...

2 days ago



Over time has the media shifted its narrative?



A year ago

Now

Vaccinated can spread COVID	Hoax	Truth
Vaccinated are susceptible to new variants and reinfection	Hoax	Truth
COVID vaccines can cause blood clots and other serious side effects	Hoax	Truth
3rd and 4th shot	Hoax	Truth
New shots every year/half a year	Hoax	Truth
Shots for young children	Hoax	Truth
Total segregation of the society	Hoax	Truth
Camps for the unvaccinated	Hoax	Truth
Unvaccinated unable to work	Hoax	Truth
Harder access of medical care for unvaccinated	Hoax	Truth
Secret contracts between Pfizer and governments	Hoax	Truth

Nobel Prize Winner Warns Vaccines Facilitate Development of Deadlier COVID Variants, Urges Public to Reject Jabs

by Veronika Kyrylenko  May 20, 2021

[Facebook](#)[Twitter](#)[LinkedIn](#)[Email](#)[Print](#)

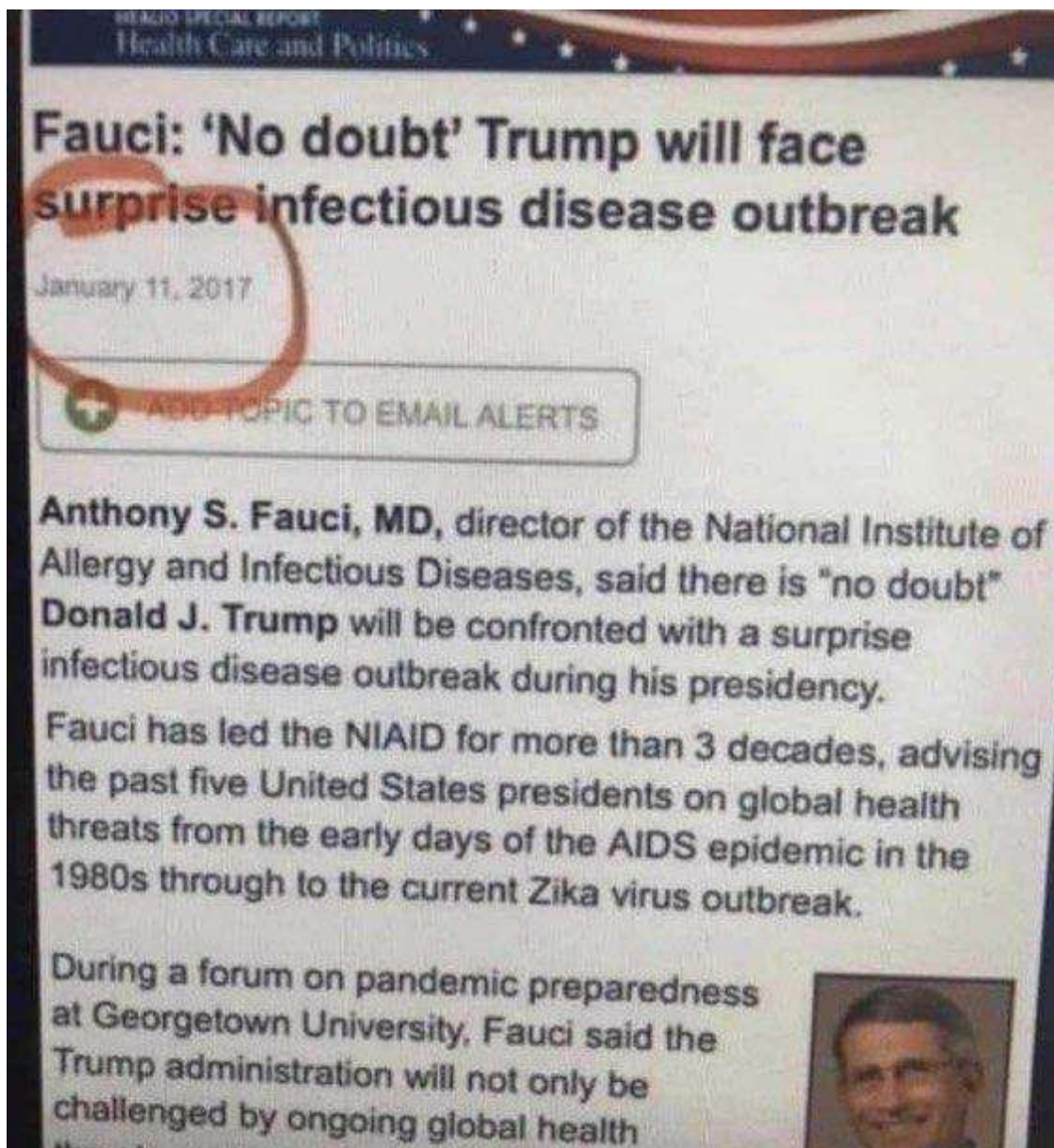
France's Luc Montagnier / AP Images

Luc Montagnier, a French virologist and recipient of the 2008 Nobel Prize in Medicine for his discovery of the human immunodeficiency virus (HIV), has recently exposed the dangers of the COVID-19 vaccines. Montagnier discussed the issue in an [interview](#) with Pierre Barn  rias of Hold-Up Media earlier this month, which was exclusively translated from French into English for [RAIR Foundation USA](#).

The vaccines don't stop the virus, argues the prominent virologist, they do the opposite — they "feed the virus," and facilitate its development into stronger and more transmittable variants. These new virus

“What about conspiracies ‘debunked’ by the media? Some claim Dr. Fauci planned this and funded the Wuhan lab to make covid-19, etc.”

This document presents facts and evidence and you can reach your own decision about who is telling the truth, who have motives, who are motivated by money or power. We can follow the evidence and see where it leads us. Take notice of the following article and its publication date before covid-19 was released into the public. Some may think it is quite an unusual coincidence and is worthy of being investigated.



Misinformation in the media

Has any reporter in the media ever lied before in order to push a certain political narrative? Are all of reporters completely honest and accurate all of the time with only pure motives, or is it possible from time that a reporter may bend a story to fit his desired outcome?



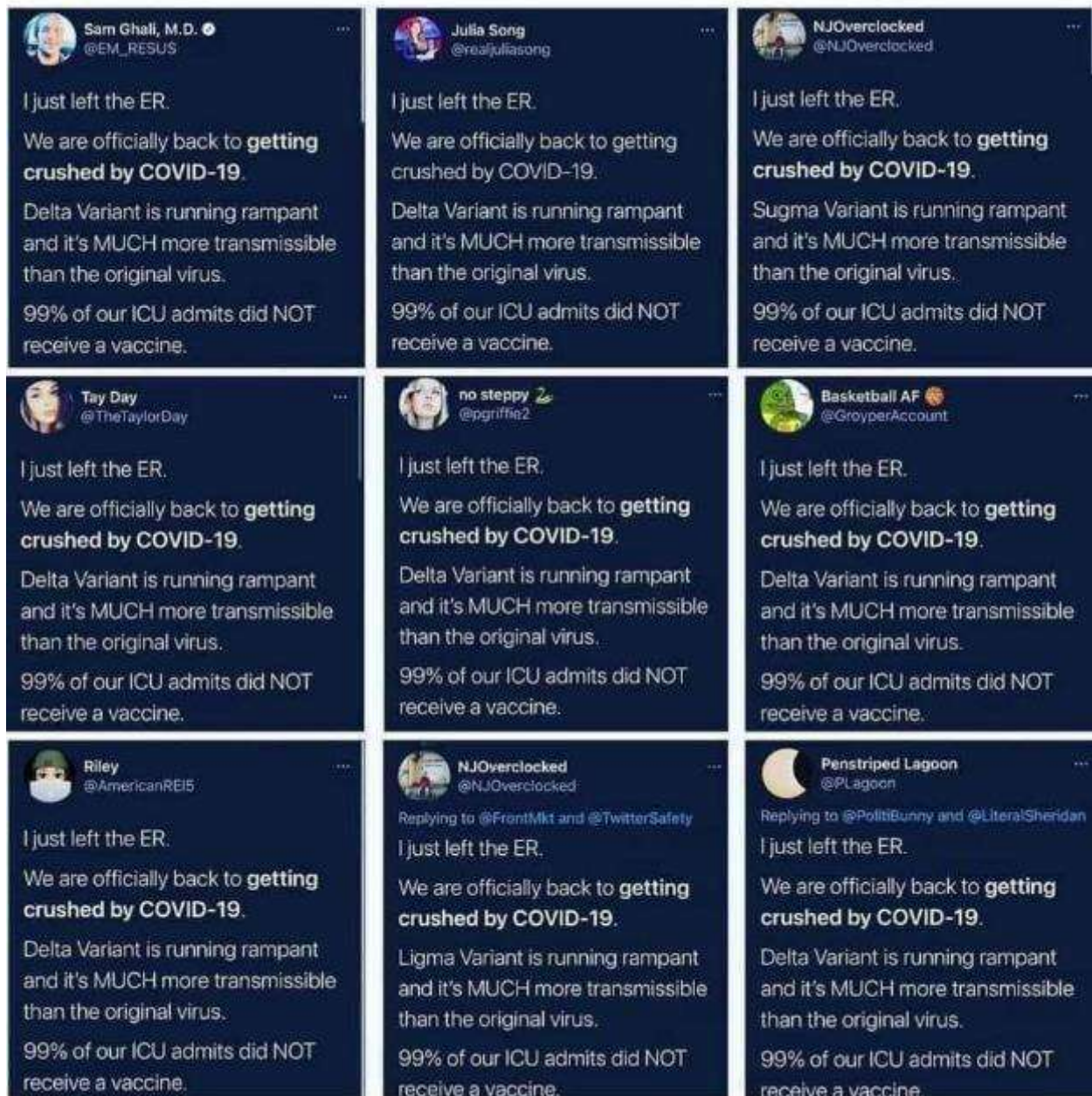
The highest vaccinated countries are reported to have the highest rates of covid-19. How many signals are needed before the vaccinations are honestly investigated as a possible cause of spreading covid-19?



Notice the name of the author of the story in The Guardian matches the name of the subject of the story by the New York Post. Did he write this propaganda to cover up something he didn't want us to know?



Does this sound like well-thought out medical advice to just randomly mix-and-match vaccine boosters? And is it really true that getting the experimental injection after you already have natural immunity is somehow "better?" How can they prove that?



Is this true or is it a crafted message designed to achieve a particular outcome?

The timetable for a coronavirus vaccine is 18 months. Experts say that's risky



By [Robert Kuznia](#)

🕒 Updated 18:14 GMT (02:14 HKT) April 1, 2020

Past vaccine disasters show why rushing a coronavirus vaccine now would be 'colossally stupid'

By [Jen Christensen](#), CNN

🕒 Updated 11:34 AM ET, Tue September 1, 2020

How to speak to someone who's hesitant to get vaccinated



By [Ryan Prior](#), CNN

🕒 Updated 8:56 PM ET, Sat April 10, 2021

These sources don't seem ashamed by their double standards and frequent changing of their narrative.

Los Angeles Times LOG IN 

How vaccine 'passports' became a battle cry for COVID- 19 conspiracies, 'anti- vaxx' forces



BY HAYLEY SMITH, PRISCILLA VEGA
MAY 12, 2021 5 AM PT

FORTUNE SEARCH

NEWSLETTERS • THE CAPSULE

Calling proof of COVID-19 vaccination a 'vaccine passport' could be empowering conspiracy theorists

BY DAVID Z. MORRIS AND
SY MUKHERJEE
April 8, 2021 10:49 PM GMT+1

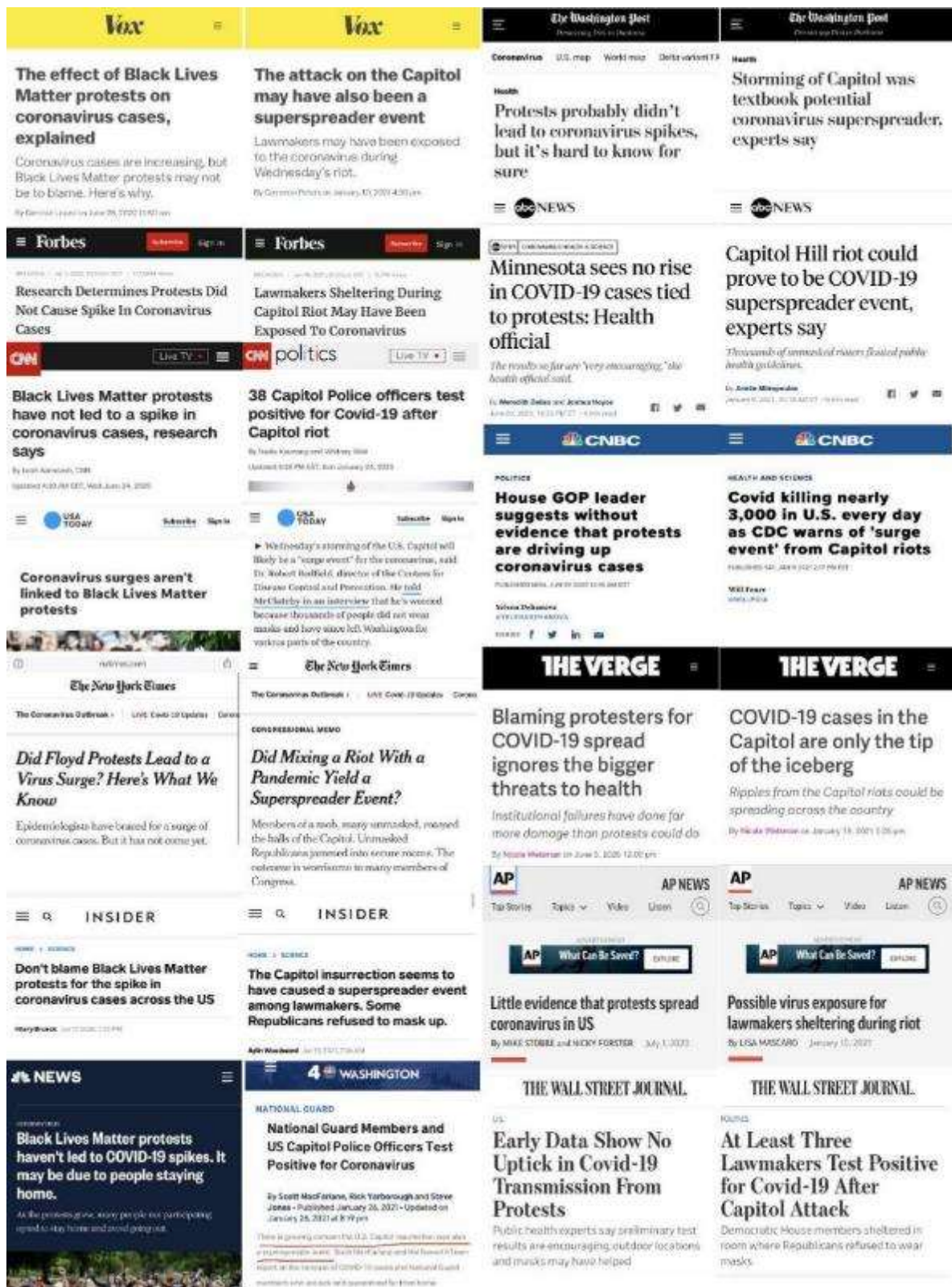


Forbes Subscribe Sign In  BETA

EDITORS' PICK | Dec 6, 2021 09:24am
EST | 80,979 views

Digital Vaccine Passes Will Soon Be In More Than 30 States — Here's How That Will Make Travel A Lot Easier

 Suzanne Rowan
Kelleher Forbes Staff
Travel.
I write about travel trends   



According to the media, leftist protests don't spread Covid-19, but conservative protests do. Is that scientifically correct?



Are these fear mongering articles from the covid-19 “pandemic”? No, they are from the 2016 flu. Notice any similarity?

SAME FEAR, DIFFERENT YEAR



The media is the virus

14. Conflicts of Interest

***“It’s hard to get a STRAIGHT answer
from CROOKED people.”***

“Is there financial incentive for some to push the vaccine, despite the risks?”



2:14 Visible

5G^h 99%



UPDATE: Merck Sells Its Federally Financed COVID Pill to US for 40 Times What It Costs to Produce

By Jim Hoft

Published October 6, 2021 at 2:41pm

318 Comments



Our ruling: True

We rate the claim that hospitals get paid more if patients are listed as COVID-19 and on ventilators as TRUE.

Hospitals and doctors do get paid more for Medicare patients diagnosed with COVID-19 or if it's considered presumed they have COVID-19 absent a laboratory-confirmed test, and three times more if the patients are placed on a ventilator to cover the cost of care and loss of business resulting from a shift in focus to treat COVID-19 cases.

This higher allocation of funds has been made possible under the Coronavirus Aid, Relief and Economic Security Act through a Medicare 20% add-on to its regular payment for COVID-19 patients, as verified by USA TODAY through the [American Hospital Association Special Bulletin](#) on the topic.

Even leftist publications aren't denying the financial incentives providers have to label patients as covid-19. The following news article says hospitals will make 20% more if a patient is considered a 'covid-19' patient.



Panel Financial Disclosure | COVID-19

covid19treatmentguidelines.nih.gov/about-the-guidelines/panel-financial-disclosure/

An official website of the United States government. [Here's how you know](#)

COVID-19 is an emerging, rapidly evolving situation. • [Latest public health information from CDC](#) • [Latest research information from NIH](#)

NIH COVID-19 Treatment Guidelines

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Appendix A, Table 2. COVID-19 Treatment Guidelines Panel Financial Disclosure for Companies Related to COVID-19 Treatment or Diagnostics

Last Updated: October 19, 2021

Reporting Period: April 1, 2020, to March 31, 2021

Panel Member	Financial Disclosure	
	Company	Relationship
Judith Aberg, MD	Atea Pharmaceuticals	Research Support
	Emergent BioSolutions	Research Support
	Frontier Technologies	Research Support
	Gilead Sciences	Research Support
	GlaxoSmithKline	Advisory Board, Research Support
	Janssen	Research Support
	Merck & Co.	Advisory Board, Research Support
	Pfizer	Research Support
	Regeneron	Research Support
	ViV Healthcare	Advisory Board, Research Support

This NIH financial disclosure document reveals big pharma financial ties to the drug Remdesivir.

Doctor Reveals that Remdesivir Was the Real Cause For Many Alleged COVID-19 Maladies

"And ye shall know the truth, and the truth shall make you free." John 8:32

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Doctor Reveals that Remdesivir Was the Real Cause For Many Alleged COVID-19 Maladies

August 7, 2021 by Edward Hendrie

Dr. Bryan Ardis makes an astounding revelation. He states that Dr. Fauci pushed the use of Veklury® (remdesivir) as a treatment for COVID-19 knowing that it would be unsafe and ineffective for patients. Veklury® (remdesivir) is a nucleotide analogue RNA polymerase inhibitor. Dr. Ardis reveals that the symptoms of lungs filling with fluid and the other alleged COVID-19 symptoms were actually side effects of kidney poisoning and other organ damage that are known side-effects of Veklury® (remdesivir). Dr. Ardis alleges that the devastating health toll allegedly caused by COVID-19 was actually caused by the NIH recommended treatment of Veklury® (remdesivir).

Dr. Bryan states that the NIH even cited two studies on its website that showed that Veklury® (remdesivir) was ineffective and unsafe to patients. It seems that many doctors just blindly followed the recommendation of the NIH to use Veklury® (remdesivir) without actually reading the cited studies. I tracked down those studies and read them.

NIH Recommends Remdesivir

On May 12, 2020, the NIH recommended the use of Veklury® (remdesivir) for severe cases of COVID-19. At that time, Veklury® (remdesivir) was an unapproved experimental drug made by <https://greatmountainpublishing.com> authorized by the FDA for emergency use treatment of COVID-19.

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- Was a Stagehand Inadvertently Caught on Camera During the Filming of the Moon Landing Hoax?
- How Google Hides the Truth About the Dangers of COVID-19 Vaccines
- Will the Marburg Virus Be the Next Pandemic?
- Doctor Finds That His Patients Have Permanent Organ Damage from Blood Clots Caused by COVID-19 Vaccines

	<p>Scott Gottlieb</p> <p>On the left is the former FDA commissioner in charge of regulating Pfizer. On the right is a current member of the Board of Directors of Pfizer.</p>
	<p>Stephen Hahn</p> <p>On the left is the former FDA commissioner in charge of regulating Moderna. On the right is the current Chief Medical Officer of Flagship Pioneering - the venture capital firm behind Moderna.</p>
	<p>James C. Smith</p> <p>On the left is the CEO of Reuters in charge of informing people about the COVID-19 vaccines. On the right is a current member of the Board of Directors of Pfizer.</p>
	<p>Anthony Fauci</p> <p>On the left is the NIAID Director under the National Institutes of Health. On the right is the funder of bioweapons research on gain of function bat coronaviruses at the Wuhan Institute of Virology.</p>



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REUTERS

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JAMES C. SMITH



James C. Smith, Age: 57

President and **Chief Executive Officer of Thomson Reuters Corporation**, the world's leading source of intelligent information for businesses and professionals, since January 2012. He was Chief Operating Officer from September 2011 to December 2011, and is Chief Executive Officer, Thomson Reuters Professional Division, from 2008 to 2011. Prior to the acquisition

REUTERS FACT CHECK

MAR 12, 2021 / 11:09 PM / UPDATED 2 MONTHS AGO

Fact Check-No evidence that Pfizer's COVID-19 vaccine causes Alzheimer's disease

By Reuters Fact Check

Facebook icon

Twitter icon



Henrik Palmgren 🇸🇪 🇩🇪 🇺🇸 @Henrik_Palmgren · 13h

The World Health Organization has just released a guiding document for a digital vaccine certificate that will be blockchain based. This will be used to implement a vaccine passport in every country. It's funded by the Bill & Melinda Gate's Foundation & Rockefeller Foundation.

Digital Documentation of COVID-19 Certificates: Vaccination Status

TECHNICAL SPECIFICATIONS AND IMPLEMENTATION GUIDANCE

27 August 2021

Executive summary

In the context of the coronavirus disease (COVID-19) pandemic, the concept of **Digital Documentation of COVID-19 Certificates (DDCC)** is proposed as a mechanism by which a person's COVID-19-related health data can be digitally documented via an electronic certificate. A digital vaccination certificate that documents a person's current vaccination status for COVID-19 is an example of a DDCC.

For the implementation and innovation in health policies, Member States, Singapore, Cambodia, France, San Marino, Latvia, Lithuania, Luxembourg, Malta, Mexico, Monaco, Norway, Romania, Serbia, Slovakia, Slovenia, Sweden, Switzerland, Taiwan, Thailand, Timor-Leste, Turkey, Ukraine, United Kingdom, United States, and all members and observers of the World Health Organization.

World Health Organization (WHO) is a specialized agency of the United Nations, established in 1948, with the aim of promoting international cooperation and coordination of activities and efforts to combat disease and health problems. The vision of the Organization is to achieve the highest attainable standard of health for all people.

DDCC is a digital document that can be used to verify a person's vaccination status.

DDCC is a digital document that can be used to verify a person's vaccination status.

DDCC is a digital document that can be used to verify a person's vaccination status.

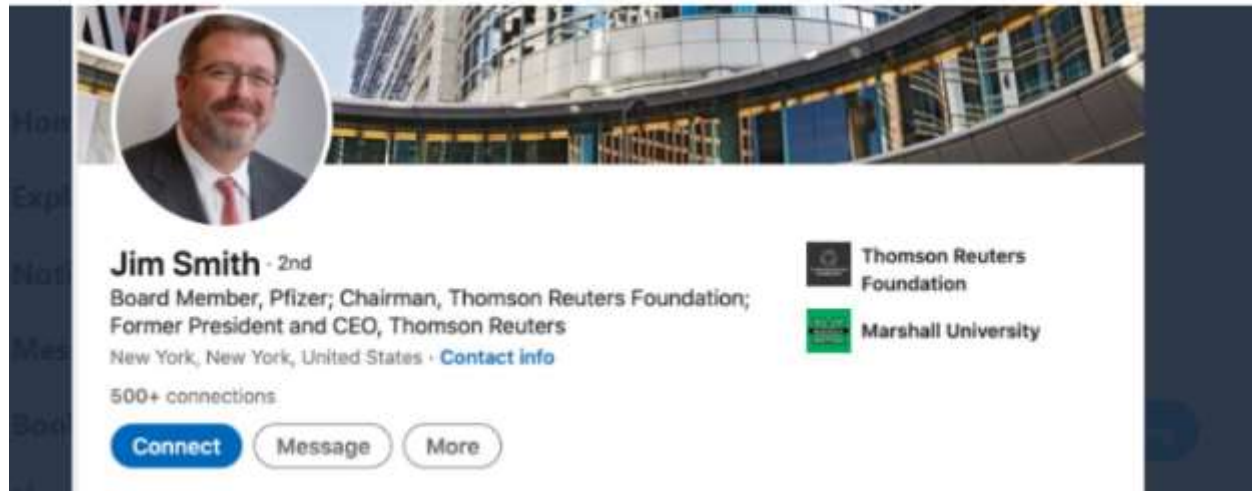
72

597

697



Thomson Reuters Foundation Chairman is also board member at Pfizer



Is it possible that big pharma companies are actually working with the government and enriching themselves off the covid-19 “vaccine?” If so, would that possibly affect their judgment and decision making on what is best for US citizens?



Hidden conflicts? Pharma payments to FDA advisers after drug approvals spark ethical concerns

Science investigation of journal disclosures and pharmaceutical funding records shows potential influence on physician gatekeepers

5 JUL 2018 • BY [CHARLES PILLER](#), [JIA YOU](#)





Robert W Malone, MD

@RWMaloneMD

"FDA Committee Members
Reviewing Pfizer Vaccine For
Children Have Worked For Pfizer,
Have Big Pfizer Connections
This Is A Staggering Conflict of
Interest"



nationalfile.com

FDA Committee Members Reviewing Pfizer
Vaccine For Children Have Worked For Pfizer, ...

5:21 PM · Oct 27, 2021 · Twitter Web App

If scientists who invented the Coronavirus had pure motives for the greater good and not financial motives, then why did they file for a US patent on the Coronavirus before the pandemic? It says it can be used for “vaccines.” Should this be investigated?

The screenshot shows the Google Patents interface for patent US10130701B2. The page is titled "Coronavirus" and includes an abstract, a section of 15 images, and classification information. The abstract describes a live, attenuated coronavirus with a variant replicase gene. The images section displays five graphs related to the virus. The classification section lists the patent under A61K39/215. The right-hand sidebar provides detailed information about the patent, including its title, inventor, assignee, worldwide applications, application events, status, and external links.

Coronavirus

Abstract

The present invention provides a live, attenuated coronavirus comprising a variant replicase gene encoding polypeptides comprising a mutation in one or more of non-structural protein(s) (nsp)-10, nsp-14, nsp-15 or nsp-16. The coronavirus may be used as a vaccine for treating and/or preventing a disease, such as infectious bronchitis, in a subject.

Images (15)

Classifications

A61K39/215 Coronavirusidae, e.g. avian infectious bronchitis virus
[View 14 more classifications](#)

US10130701B2
United States

[Download PDF](#) [Find Prior Art](#) [Similar](#)

Inventor: Erica Bickerton, Sarah Keep, Paul Britton
Current Assignee: Pirbright Institute

Worldwide applications

2014 · GB 2015 · US EP HU WO AU CN EP PT HR MX JP ES CA DK PL BR 2016 · IL

Application US15/328,179 events

2014-07-23 • Priority to GB1413020.7
2015-07-23 • Application filed by Pirbright Institute
2017-08-03 • Publication of US20170216427A1
2018-11-20 • Publication of US10130701B2
2018-11-20 • Application granted
2020-08-19 • First worldwide family litigation filed
Status: Active
2035-07-23 • Anticipated expiration
[Show all events](#)

Info: Patent citations (0), Non-patent citations (21), Cited by (6), Legal events, Similar documents, Priority and Related Applications

External links: USPTO, USPTO PatentCenter, USPTO Assignment, Espacenet, Global Dossier, Discuss



Cernovich ✓
@Cernovich



Pfizer will have booked half a trillion in revenue between shots and the new pills before it's over. But no one would ever lie for a cool \$500,000,000,000.

6:31 PM · Nov 24, 2021 · Twitter for iPhone



Tim Young ✓
@TimRunsHisMouth



In January 2020, Moderna stock was \$19 a share... it's \$329 today.
That's all you need to know.

15. Side Effects

The screenshot shows a web browser window with the URL [fda.gov/vaccines-blood-biologics/safety-availability-biologics...](https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics...). The page features the FDA logo and a navigation bar with 'Search' and 'Menu' buttons. Below the navigation bar, a section header reads 'IN THIS SECTION: Safety & Availability (Biologics)'. A breadcrumb trail shows '← Safety & Availability (Biologics)'. The main heading is 'Initial Results of Near Real-Time Safety Monitoring of COVID-19 Vaccines in Persons Aged 65 Years and Older'. Below the heading are social sharing buttons for Facebook, Twitter, LinkedIn, Email, and Print. The date 'July 12, 2021' is displayed. The text of the page states: 'FDA has routinely been using screening methods to monitor the safety of COVID-19 vaccines and to evaluate potential adverse events of interest (AEI) related to these vaccines. One of these methods, called near real-time surveillance, detected four potential AEIs in the Medicare healthcare claims database of persons aged 65 years and older who had received the Pfizer/BioNTech COVID-19 vaccine. The four potential AEI are pulmonary embolism, acute myocardial infarction, immune thrombocytopenia, and disseminated intravascular coagulation. The screening methods have not identified these AEI after vaccination in persons 65 years and older who received the two other authorized COVID-19 vaccines.' It continues: 'These four events may not be true safety concerns, and the screening method cannot establish that the vaccine caused these AEI. FDA is sharing the initial findings of this safety study in the spirit of transparency but does not believe there is a cause for concern. There are alternative explanations for the findings, including the fact that the Pfizer/BioNTech vaccine was given to many high-risk individuals who were older and had significant co-morbidities.' The next paragraph says: 'These events have not been identified as safety concerns or signals in the [CDC Vaccine Safety Datalink \(VSD\)](#) or the Veterans Administration (VA) Healthcare data systems screening methods. The Vaccine [Adverse Event Reporting System \(VAERS\)](#), another government monitoring system, also has not identified any association between any COVID-19 vaccine and these AEI.' The following paragraph states: 'FDA continues to closely monitor the safety of the COVID-19 vaccines and will further investigate these findings by conducting more rigorous epidemiological studies. FDA will share further updates and information with the public as they become available.' The final paragraph reads: 'FDA strongly believes that the known and potential benefits of COVID-19 vaccination greatly outweigh the known and potential risks of COVID-19. There is no need to delay vaccination while the FDA continues its investigation.'

The FDA admits 4 adverse events of interest (AEI) have occurred after covid-19 injections enough to report them. These appear to be deaths after the vaccine in people age 65 or higher. While the FDA admits these adverse events they also claim they can't confirm or deny a link to the vaccine. The same standard of not being able to confirm a link doesn't seem to be used for receiving the vaccine itself, however. It seems people by default assume it works unless they have a mountain of evidence it doesn't. Even then, it's unsure whether any such evidence is being considered.

Miscarriages

From December 14, 2020, to February 28, 2021, we used data from the v-safe after vaccination health checker surveillance system, the v-safe pregnancy registry, and the Vaccine Adverse Event Reporting System (VAERS) to characterize the initial safety of mRNA Covid-19 vaccines in pregnant persons.

Results

A total of 15,691 v-safe participants 16 to 34 years of age identified as pregnant. Injection-site pain was reported more frequently among pregnant persons than among nonpregnant women, whereas headache, myalgia, chills, and fever were reported less frequently. Among 3916 participants enrolled in the v-safe pregnancy registry, 637 had a completed pregnancy, of which 115 (13.9%) resulted in a pregnancy loss and 712 (86.1%) resulted in a live birth (mostly among participants with vaccination in the third trimester). Adverse neonatal outcomes included preterm birth (at 9.1%) and small size for gestational age (at 1.2%); no neonatal deaths were reported. Although not directly comparable, calculated proportions of adverse pregnancy and neonatal outcomes in persons vaccinated against Covid-19 who had a completed pregnancy were similar to outcomes reported in studies involving pregnant women that were conducted before the Covid-19 pandemic. Among 221 pregnancy-related adverse events reported to the VAERS, the most frequently reported event was spontaneous abortion (16 cases).

Conclusions

Preliminary findings did not show obvious safety signals among pregnant persons who received mRNA Covid-19 vaccines. However, more longitudinal follow-up, including follow-up of large numbers of women vaccinated earlier in pregnancy, is necessary to inform maternal, pregnancy, and infant outcomes.

The first coronavirus disease 2019 (Covid-19) vaccines available in the United States were messenger RNA (mRNA) vaccines: BNT162b2 (Pfizer-BioNTech) and mRNA-1273 (Moderna). In December 2020, the vaccines were granted Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA) as a two-dose series, 3 weeks apart for Pfizer-BioNTech and 1 month apart for Moderna, and were recommended for use by the Advisory Committee on Immunization Practices (ACIP).¹⁻⁴ Pregnant persons were excluded from preauthorization clinical trials, and only limited human data on safety during pregnancy were available at the time of authorization. However, pregnant persons with Covid-19 are at increased risk for severe illness (e.g., resulting in admission to an intensive care unit, extracorporeal membrane oxygenation, mechanical ventilation) and death, as compared with nonpregnant persons of reproductive age.⁵ Furthermore, pregnant persons with Covid-19 might be at increased risk for adverse pregnancy outcomes, such as preterm birth, as compared with pregnant persons without Covid-19.⁶ The Centers for Disease Control and Prevention (CDC) and ACIP have collaborated with the American College

We rely solely on your support... but less than 1% of people reading this support us. If you and every person reading this kindly supported us today we could keep going for another year and remove this annoying banner.

CDC manipulated study data to show the Covid-19 Vaccines are safe for Pregnant Women when in reality 4 in 5 suffered a miscarriage

BY THE DAILY EXPOSÉ ON JULY 6, 2021 • (31 COMMENTS)

Listen Now

Data has been manipulated by scientists carrying out a real world study for the CDC to show that the Covid-19 vaccines are safe for use during pregnancy, however an analysis of the actual findings shows that 4 out of 5 pregnant women vaccinated suffered a miscarriage.

The study entitled 'Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons' has been published in the New England Journal of Medicine. From December 14, 2020, to February 28, 2021, data from the v-safe after vaccination health checker surveillance system, the v-safe pregnancy registry, and the Vaccine Adverse Event Reporting System (VAERS) was used to characterize the initial safety of mRNA Covid-19 vaccines in pregnant persons.

The authors conclusion of the study is as follows -

Preliminary findings did not show obvious safety signals among pregnant persons who received mRNA Covid-19 vaccines. However, more longitudinal follow-up, including follow-up of large numbers of women vaccinated earlier in pregnancy, is necessary to inform maternal, pregnancy, and infant outcomes.

Portions of the study, which include the CDC v-safe COVID-19 Pregnancy Registry Survey, were

16. Authoritarian Control and Censorship

It seems that that covid-19 has been utilized as an opportunity for some groups to gain power and control.

“Your body, our choice.”



The Biden administration was reported to have worked with Twitter and Facebook to fight covid-19 “misinformation” which some simply consider “information” and “free speech.”



21h • 👤



https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html



False Information. The same information was checked in another post by independent fact-checkers.

[See Why](#)

Facebook flagged a page on the CDC website as being “false information.” Is Facebook trustworthy as an authority for the truth and qualified to interfere with health information?

And now they want to give it to kids? Insane!



HEALTHIMPACTNEWS.COM

CDC: 4,178 Americans DEAD Following Experimental COVID Injections – Deaths from COVID Shots now Equal ...



Missing Context. Independent fact-checkers say this information could mislead people.

[See Why](#)

More Facebook free speech intervention. Can Facebook prove they aren't the ones misleading people?

FDA planning to allow mix-and-match Covid-19 vaccine boosters

CNN • 5 hours ago

- Natural immunity is good. Getting vaccinated after being sick with COVID-19 is better.

USA TODAY • 10 hours ago

 [View Full Coverage](#)



The media is telling people who have already had covid-19 and who already have immunity to still get vaccinated. Does that make sense?

Facebook ends ban on posts claiming COVID-19 is man-made

Thomas Barrabi | FOXBusiness

Published on May 26, 2021

Facebook said Wednesday it would no longer ban posts suggesting **COVID-19** is man-made amid mounting calls from President Biden and other officials for further investigation into the pandemic's origins.

What is the purpose behind Facebook's information censorship? Does its staff claim to somehow know the truth better than the average Facebook user? If they intend to remove misinformation, how do they know with certainty that they aren't censoring the truth, while actually promoting misinformation? Would that be considered a double standard if Facebook is guilty of the thing they claim to be against?

For example, if it is true that covid-19 was produced in the Wuhan lab and it leaked out, now that Facebook has already censored this information and promoted the "wet market" theory, would they apologize or retract their misinformation, or, would they let the misinformation continue?

WARNING

TO ALL MEDICAL PRACTITIONERS
DOCTORS AND NURSES

*"I was just carrying out orders"
is NOT a legal defense.*

**YOU WILL BE ON TRIAL
FOR WAR CRIMES &
HELD ACCOUNTABLE!**

YOUR DUTY IS TO INFORM YOUR PATIENT:

1. **THE VACCINE IS EXPERIMENTAL**
AS A PATIENT YOU ARE TAKING PART IN A TRIAL & CAN STILL CONTRACT THE DISEASE
2. **NO GUARANTEE OF IMMUNITY**
THE VACCINE ONLY LESSENS SYMPTOMS
3. **YOU CAN STILL SPREAD THE DISEASE**
& WILL NOT BE EXEMPT FROM PRECAUTIONS MANDATED BY GOVERNMENT
4. **VACCINE DAMAGE AND DEATH**
DOCTORS & SCIENTISTS DO NOT KNOW WHAT SHORT OR LONG TERM DAMAGE TAKING THE VACCINE CAN CAUSE, AS NO LONG TERM STUDIES HAVE TAKEN PLACE. THIS CAN INCLUDE PERMANENT DISABILITY AND DEATH

VISIT <https://vaers.hhs.gov>
FOR A CURRENT LIST OF DAMAGE & DEATH CAUSED BY COVID 19 VACCINES

If you are unsure, please read article 6 of the UNESCO Universal Declaration on Bioethics and Human Rights: <https://unesdoc.unesco.org/ark:/48223/pf0000146180>
SEE REVERSE FOR INFORMATION ON CONSENT AS WRITTEN IN THE NUREMBERG CODE THAT HOLDS YOU PERSONALLY RESPONSIBLE FOR YOUR ACTIONS.



IT'S WORSE THAN WE THOUGHT! Fauci and Top US Doctors Caught! They CONSPIRED to Disqualify Hydroxychloroquine as COVID Treatment – MILLIONS DEAD AS A RESULT

By Jim Hoft

Published June 6, 2021 at 9:53am

795 Comments

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From: Fauci, Anthony (NIH/NIAD) [E]
Sent: Wed, 5 Feb 2020 03:48:11 +0000
To: Sylvia Burwell
Subject: RE: A couple of quick questions.

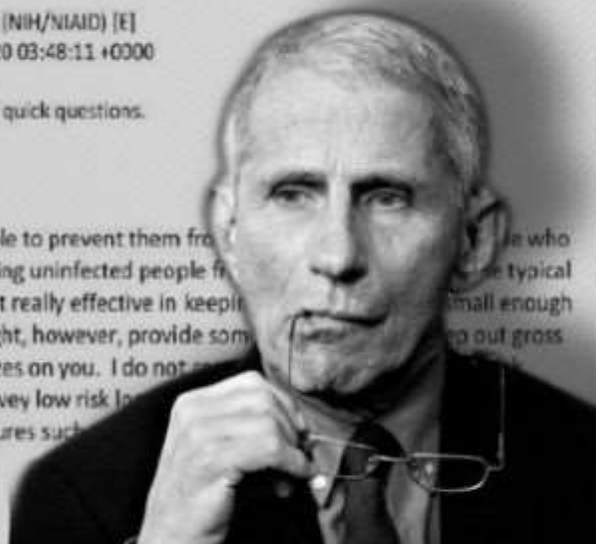
Sylvia:

Masks are really for infected people to prevent them from infecting people who are not infected rather than protecting uninfected people from the typical mask you buy in the drug store is not really effective in keeping small enough droplets to pass through the material. It might, however, provide some protection against gross droplets if someone coughs or sneezes on you. I do not recommend masks particularly since you are going to a very low risk location. The best money is best spent on medical countermeasures such as vaccines.

Safe travels.

Best regards,

Tony



WH.GOV



We are intent on not letting Omicron disrupt work and school for the vaccinated. You've done the right thing, and we will get through this.

For the unvaccinated, you're looking at a winter of severe illness and death for yourselves, your families, and the hospitals you may soon overwhelm.

Is it normal for government officials to threaten citizens with severe illness and death if they don't obey and take an experimental injection? That threat ended up being false, as people who chose not to get the injection did not die in masses and did not overwhelm hospitals as claimed.

17. Double Standards

Double standard by government?



Thomas Massie ✓ @RepThomasMas... · 2d ...

If the vaccine is completely safe, why is Biden planning to compensate government workers who are injured as a result of his vaccine mandate?

Who will compensate those who don't work for the government but are injured as a result of his vaccine mandate?

[dol.gov/agencies/owcp/...](https://dol.gov/agencies/owcp/)

dol.gov

Fiscal Year 2022

Bulletin	Subject
FECA Bulletin No. 22-01	Coverage for Injuries Resulting from the COVID-19 Vaccination Mandate for Federal Employees.

NEWS

Why the Biden Admin Is Handing Out Free Crack Pipes

BY **DARRAGH ROCHE** ON 2/9/22 AT 4:47 AM EST



If the Biden administration is concerned about public health, why do they intend to give out free drug paraphernalia? Is this a double standard since they demonized and tried to block the Nobel-prize winning medicine ivermectin?

Should we always trust authorities without question? Are they ever wrong?



This is an ad from 1937 saying that asbestos is a “magic mineral.” This was commonly accepted at that time and was not yet known to be a carcinogen causing lung cancer. US government agencies were complicit and allowed this substance to be installed in countless buildings. World Health Organization estimates that half of all workplace-caused cancer was from asbestos which may have killed 100,000 per year globally. Given the imperfect track record, could people be mistaken by trusting US government with their health?^{xivxv}

History of Ethics of Big Pharma Drug Companies

J&J knew for decades that asbestos lurked in its Baby Powder

[reuters.com](#) › [investigates](#) › [special-report](#) › [johnsonandjohnson-cancer](#)

Johnson & Johnson says its Baby Powder is safe. ... going to powder her baby with 1% of a known carcinogen irregardless of ... fibers on several occasions in talc produced for Baby Powder sold in ...

T Johnson & Johnson knew about carcinogens in baby powder ...

[archive.thinkprogress.org](#) › [johnson-johnson-knew-about-carcinogens-in-baby-po...](#)

Was there a carcinogen in the baby powder, all this time? According to an investigation by Reuters, "Johnson & Johnson knew for decades that asbestos lurked in its baby powder.". Some of the 11,700 plaintiffs in a lawsuit against the company — including thousands of women with ovarian ...

Johnson & Johnson Knew That Baby Powder Caused Cancer...

[talcumpowdercancerlawsuit.com](#) › [news](#) › [johnson-&-johnson-knew-that-baby-po...](#)

During that time, Johnson & Johnson have known that their talc supply was contaminated with asbestos, a known carcinogen. Internal memos unveiled during Johnson's Baby Powder Ovarian Cancer trials over the past several years have shown that executives at the company knew they had an asbestos ...

Can Johnson & Johnson Just Dump Its Racist, Cancer-Causin...

[news.yahoo.com](#) › [johnson-johnson-just-dump-racist-084836080.html](#)

On Oct. 12, Johnson & Johnson announced that corporate restructuring had created a "separate" subsidiary named LTL Management LLC for its baby powder and other talcum products. Roughly 48 hours later, the health-care behemoth declared its newly established division had "filed for voluntary ...



Courier Mail ✓

10 October at 13:01 · ⚙

...

If you are fully vaccinated against Covid the next step to improve your immunity may be to actually catch the virus, experts warn.



i

COURIERMAIL.COM.AU

Don't freak out: Catching Covid after you are vaxxed improves immunity

“Yes, but the vaccines are still safe though, right?”

If the vaccines are 100% safe, then why does Pfizer have their own adverse reporting system website dedicated to their covid-19 vaccine? Why are the reports kept secret? And since the CDC already has a reporting system, why did they decide to use their own?

The screenshot shows a web browser window with the URL pfizersafetyreporting.com/#/en. The page features the Pfizer logo at the top. Below it, the title reads "PFIZER-BIONTECH COVID-19 VACCINE (also known as COVID-19 mRNA VACCINE BNT162b2 or BNT162) ADVERSE EVENT REPORTING". The instructions state: "Please select the following to continue:". There are two dropdown menus: "Please select your Country location *" with a placeholder "Select Country", and "Select language *" with "English" selected. A red note below the country dropdown says: "If you change the selected country during form completion, all report information will need to be re-entered." At the bottom of the form is a blue "Next" button. A red asterisk note at the bottom left of the form area indicates "*Required field".

Summary

To answer the question “Are ‘covid-19 vaccine’ safe & effective?” we reviewed dozens of sources of information, from the government, media, and from social media. We used the scientific method to review and analyze this information. Because there was evidence of tens of thousands being killed and millions injured from the covid-19 vaccine, we conclude that it not “safe and effective” as claimed. The red flags are everywhere. There is such a large amount of evidence showing it is unsafe through government reporting systems, media reports, social media and firsthand accounts, that we believe that those originally claiming the covid-19 vaccines are “safe” are intentionally lying.

But why would someone wish to deceive others into taking an unsafe vaccine that could harm their health? The first possibility is greed. Those in power stand to financially benefit greatly from such a declared pandemic. Another possible explanation is for selfish reasons: some may assume that if others take it, that it might somehow make them safer, despite the evidence not supporting that. Another possible explanation is that some felt it was virtuous to follow orders and take the vaccine, as if it was a societal duty.

Society has generally lacked compassion for those who choose not to take the covid-19 “vaccine.” Consider a frail elderly person who already had covid-19 and has natural immunity, has a heart condition, already takes other medication and doesn’t wish to risk her life to take an experimental injection. Or, consider a young child who, even if he catches covid-19, is practically in a zero-risk age category, so why would his parents want to risk his health to “inoculate” him from something he has practically zero risk from? People sometimes act irrationally and dishonestly when in fear, like scared animals in fight or flight mode.

Why do some people consider others sick until proven healthy? Why are people so afraid of a virus that according to some statistics appears to cause less harm than the flu? For those who are afraid, why don’t they simply stay home and keep their distance from others instead of going in public and demanding that others stay home? Those who try to force others into compliance usually aren’t the ‘good guys’, are they?

If people are so confident that masks protect them why don’t they wear more mask layers, rather than be upset at those choosing not to? Because the size of the virus is smaller than the holes in a mask and since people can breathe freely through the holes, why would the government demand such an ineffective cloth layer be mandated?

If the covid-19 “vaccines” worked, those with it would be immune from the virus and shouldn’t care what others do. Is it normal to accuse others who haven’t had a flu shot of giving you the flu? The covid-19 “vaccines” have not been proven to not stop the spread as originally claimed, nor has it shown to prevent anyone from catching the virus.

Why would people blindly trust a relatively untested substance recently invented within a year, but automatically distrust a 40-year-old, FDA approved, Nobel prize-winning medicine with hundreds of positive studies?

Why are people so afraid to investigate and publish the injuries and deaths from the experimental covid-19 ‘vaccines?’ Why does the mainstream media and social media filter and ban posts that question the effectiveness of the vaccines?

Health ‘experts’ have flip flopped on wearing masks, whether businesses should be open or closed, and have disrupted and harmed people as a result. Why have congress members defended big pharma and given them immunity from lawsuits?

Truth doesn’t fear being questioned; lies do.

It appears that misinformation and greed could be related to the root cause of this problem.

Each individual is responsible for his or her own decisions, not a governor, not the White House, not the CDC, WHO, or NIH, not congress people, not the media, not big tech social media, and not big pharma. Sadly, many have been harmed as a result of believing false information.

“...there are known knowns; there are things we know that we know. There are known unknowns; that is to say there are things we now know we don’t know. But there are also unknown unknowns- there are things we do not know we don’t know.”

– Donald Rumsfeld

“This is all hard to believe. Where are other resources I can use for finding the truth?”

The following documents have curated information similar to this document. You may also look up each endnote reference for this document. But overall, pray and ask God that you may know the truth so that you can best protect you, your family, and loved ones. May God bless you and equip you with the truth and good health.

<https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/12/The-COVID-19-Inoculations-More-Harm-Than-Good-REV-Dec-16-2021.pdf>

<https://www.skirsch.com/covid/VaccineEssentials.pdf>

<https://files.catbox.moe/7o1ja5.pdf>

<https://covidvaccinereactions.com/>

<https://c19hcq.com/>

<https://c19ivermectin.com/>

<https://www.stopworldcontrol.com/report/>

<https://vaccine-police.com/>

<https://covid19criticalcare.com/covid-19-protocols/>

“The further a society drifts from the truth, the more it will hate those who speak it.” – George Orwell

Appendix: supplementary sources

ⁱ <https://archive.fo/d1Kss>

ⁱⁱ

[https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=C
OVID19&DIED=Yes](https://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=C&OVID19&DIED=Yes)

ⁱⁱⁱ <https://www.historyofvaccines.org/index.php/content/articles/vaccine-development-testing-and-regulation>

^{iv} <https://journals.plos.org/plosbiology/article?id=10.1371/journal.pbio.1002198>

^v <https://www.healthline.com/health-news/leaky-vaccines-can-produce-stronger-versions-of-viruses-072715>

^{vi} <https://childrenshealthdefense.org/defender/mainstream-media-fda-approval-pfizer-vaccine/>

^{vii} <https://www.fda.gov/media/151733/download>

^{viii} <https://www.fda.gov/media/144414/download>

^{ix}

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/index.htm

^x <https://www.cdc.gov/alcohol/features/excessive-alcohol-deaths.html>

^{xi} <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7034e5-H.pdf>

^{xii} <https://www.wnd.com/2021/09/4948785/>

^{xiii} <https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html>

^{xiv} <https://www.who.int/news-room/fact-sheets/detail/asbestos-elimination-of-asbestos-related-diseases>

^{xv} <https://www.chemistryworld.com/news/why-asbestos-is-still-used-around-the-world/3007504.article>
