1.1

SAFE and EFFECTIVE: New Scientific Study Finds Nearly 1 in 4 Women Have Problems with Menstrual Cycle after Taking mRNA Vaccine

By Jim Hoft
December 16, 2022

Back in 2021 The Gateway Pundit first reported on evidence that thousands of women were reporting changes in their menstruation cycle after taking Fauci's mRNA vaccines.

Since that time The Gateway Pundit has reported on several studies that link the mRNA COVID vaccines to menstrual disorders.

** Jan. 7, 2022 – **STUDY: Covid Vaccine Can Alter Menstrual Cycle**

** Feb. 11 2022 – **EU Investigates Reports of Menstrual Disorders Following Pfizer and Moderna COVID-19 Vaccinations — As We First Reported Last Year**

Now there is a new study out of Saudi Arabia that found nearly one-fourth of women experienced menstrual problems after taking the COVID-19 vaccine.

James Cintolo reported:

Very important data surfaced over the past 24-hours that everyone should become familiar with. To elaborate, a new study surfaced that illuminated how nearly 1/4th of women experienced menstrual problems after COVID-19 vaccination that persisted for over 3 months, and new information linked mRNA vaccination to staggering rates of heart attack, and blood clots in lungs.

First, a new **survey based study** from Saudi Arabia explained how women aged 18-45 experienced abnormal menstrual cycles for over 3 months after mRNA vaccination. Interestingly, this is the 3rd major study which revealed an identical safety signal. However, the media continued to downplay what many women had anecdotally confirmed-altered body chemistry post vaccination.

Next, scientists agreed, there was no longer any question, mRNA vaccines were linked to high rates of cardiac issues, and blood clots in lungs. Specifically, in a new study the evidence overwhelmingly pointed to mRNA covid vaccines as they had a much worse safety profile than influenza vaccines. Read more below.

2.1

Unvaccinated Kidney And Heart Patients Denied Transplants Get Day In Court With Michigan Hospital

MONDAY, JAN 30, 2023

Authored by Steven Kovac via The Epoch Times

A Michigan judge will soon decide if 73-year-old Ross Barranco can be denied a donated kidney because he won't take the COVID-19 vaccine.

"I just don't see the logic of it," stated Barranco in an interview with The Epoch Times. "Everybody knows an organ transplant procedure requires the nearly complete suppression of a recipient's immune system so the body won't reject it.

"Then why do I need to be immunized against COVID before the operation?"

When asked if he thought the vaccine would make any difference in his prognosis, he replied, "Yeah, the vax can kill me.

"To qualify for a transplant both of my kidneys have to be functioning at 20 percent or less. What if the vax destroys the remaining function before the operation? If it does, I'm done.

"The jab does absolutely nothing beneficial for a transplant patient," he said.

Given the current COVID-19 testing capability, it remains unclear why transplant patients cannot be tested for COVID-19 before the operation. A negative result could then green-light the procedure.

It is also unclear why, given the data showing numerous fully vaccinated people have come down with COVID-19 multiple times, the shot is still being regarded by some hospitals as an immunization.

Barranco's legal team made reference to a 2021 survey of 200 transplant centers across the country.

Of the 140 that responded to the survey, only half required transplant candidates to take a COVID-19 vaccine regimen.

"The vax can hardly be deemed medically necessary if half of the responding transplant centers are not requiring it," said Deborah Catalono of the Liberty Counsel, a researcher tracking hospital transplant policies and a lawyer familiar with many similar cases to that of Barranco and Shier.

The Liberty Counsel is a non-profit, litigation, education, and policy organization dedicated to upholding religious liberty and Christian values.

Medical questions and safety concerns aside, Barranco, a Roman Catholic, actually refused the vaccine on religious grounds.

2.2

He said his faith and conscience do not permit him to receive a shot that he is convinced was developed using body parts obtained from aborted babies and has fetal tissue in its ingredients.

Vax-up or Else

On Feb. 1, 2022, Barranco received what he perceived as an "ultimatum" from the University of Michigan Health System in Ann Arbor.

"There's an active list and a holding list for patients awaiting a transplant. At the time, I was on the holding list.

"**That's when the hospital gave me three months to get three COVID shots, or they would throw me off the list entirely,**" said Barranco.

"I refused, and they threw me off. That's when I contacted an attorney."

Mary Clare Fischer, a public relations representative with the University of Michigan Health Transplant Center in Ann Arbor, outlined the hospital's position in an email to The Epoch Times.

"[Our] policy aims to protect transplant recipients from complications of COVID-19 infection, which has had devastating effects in our patient population.

"Immunocompromised solid organ transplant recipients have among the highest risk of severe illness or death from COVID-19 infection.

"**At present, all of the nearly 1,000 adult patients active on our waiting list are vaccinated against COVID-19 infection.**

"As is true of all of our Transplant Center policies and processes, this policy is a critical step in partnering with our patients to maximize the safety of our transplant recipients and provide them the best opportunity to regain their health and quality of life through the gift of transplantation," she said.

Fischer stated that the transplant center is one of a "significant number" of American hospitals that require the COVID-19 vaccination for adult heart, lung, liver, pancreas, and kidney transplant patients on their active lists.

The University of Michigan Hospital policy exempts critically ill patients who may not have time to complete the three-phase vaccine protocol, as well as patients with prior vaccine allergies.

Why Not Katie?

Katie Shier, Barranco's co-plaintiff in the case, is an unvaccinated 35-year-old mother of five who is a candidate for a heart transplant.

2.3

Katie and Ron Shier and family. (Courtesy of Katie Shier)

She is being kept alive by a ventricular assist device that has developed an infection, according to the plaintiffs' attorney, David Peters of the Pacific Justice Institute.

The Pacific Justice Institute is a non-profit legal defense organization specializing in the defense of religious freedom, parental rights, and other civil liberties.

The Institute is representing Shier and Barannco free of charge.

Shier, a Roman Catholic, objects to taking the COVID-19 vaccination on religious grounds.

On June 29, 2021, Shier was granted placement on the transplant waiting list.

U of M Hospital's subsequently adopted mandatory vaccination policy now precludes her from undergoing the heart transplant necessary to save her life.

Peters told The Epoch Times that, due to the low functioning of Shier's heart, at any time she could slip into "imminent or immediate danger and be rushed to the hospital" and maybe qualify for a transplant under the hospital's vaccination exemption for the critically ill.

"**Sadly, it looks like that is something the court will have to order. We have emergency motions ready to go,**" said Peters.

Shier told The Epoch Times in a phone interview on Jan. 27, 2023, "I've been so busy, I haven't had much time to think about my situation.

2.4

"It is in God's hands. All I want to do is do God's will. After much prayer, the Lord led me not to give in, but to file the lawsuit.

"I'm fighting for three things.

"The doctors said I have an infection that can only be cured by a heart transplant.

"I believe it's wrong to require someone to take a dangerous vaccine, so I want to see an end to the mandates.

"And, most importantly, I do not want to take any vaccine or medication that has been tainted by abortion.

"Two of the major pharmaceutical companies making the vaccine developed it from the HEK-293 fetal cell line.

"Some vaccines are known to have fetal tissue in them, and some tests are being conducted on still-living fetuses without anesthesia," she alleged.

"I'm fighting for a person's right to refuse any vaccine that is associated with abortion," she added.

Peters told The Epoch Times that some people misconstrue the case as a medical malpractice suit against U of M Hospital.

"**It is not about malpractice. It is about due process rights.**

"Both Ross and Katie regard UMH as one of the best hospitals in the world.

"For that reason, Katie won't go elsewhere. She wants her new heart to come from UMH."

Barranco told The Epoch Times that he checked out another transplant center, but he prefers UMH.

A 'Rollercoaster' Ordeal

Barranco, a petroleum geological engineer for 46 six years, has battled high blood pressure and diabetes for decades—the things he says caused his kidney dysfunction.

In September 2020, he was told to start investigating the various types of dialysis.

"I began talking to U of M in 2021.

"Eventually, they called me in for an in-person exam. They found both of my kidneys were not working right.

"The doctors do not want to remove a partially functioning kidney while it is still contributing, so the plan was to add a third kidney.

"Soon, I was approved to be on their holding list," Barranco said.

His hopes for relief plummeted when a blood test revealed he had contracted an autoimmune disease that attacked his lungs and kidneys.

His transplant was sidetracked, and Barranco was placed on chemotherapy.

2.5

The chemo worked, and he recovered.

"That happened before I could begin dialysis.

"My plan always has been to skip dialysis if I could, because when it fails, as it eventually always does, that's the end of the line," he said.

After his recovery, Barranco's hopes soared again when U of M Hospital officially put him on its active list.

Concern for Others

When his kidneys amazingly began to improve in response to some lifestyle changes, Barranco requested that the hospital drop him back down to the holding list, "so others more in immediate need of a transplant could take my place on the active list," he said.

He also insisted, against the hospital's recommendation, that he wait for a cadaver donor rather than a living donor.

"I figured a living donor would be reduced to one good kidney. He or she could possibly die on the operating table or die from post-op complications. It is a risky operation.

"Or, what if later in life the living donor developed high blood pressure or diabetes with only one kidney?

"There I'd be, doing just fine, but the person that helped me would be suffering. What about him or her?" said Barranco.

Barranco told The Epoch Times his goal is to have no more COVID-19 vaccine mandates, "so that future patients won't have to go through what I have gone through."

Political or Medical?

President Joe Biden issued an order through the Occupational Health and Safety Administration in November 2021 that would eventually result in the denial of organ transplants to unvaccinated patients like Barranco and Shier.

The federal order mandating COVID-19 vaccinations for health care workers and those professionally associated with them was narrowly permitted to stand by the United States Supreme Court in late January 2022.

Just prior to that decision, on Jan. 13, 2022, the High Court struck down the Biden-ordered Occupational Safety and Health Administration Emergency Temporary Standard mandating that private employers with more than 100 employees require that their workers receive the COVID-19 vaccines.

It was that February that Barranco received notice from U of M Hospital that he had three months to get all three shots or be completely disqualified for a kidney transplant.

"We jumped through all their hoops, and the hospital changed the rules in the middle of the game. They threw us off the active list.

"For people like Katie Shier and me, the message was clear—get vaccinated or die," said Barranco.

3.1

Australian Health Authorities Call For More COVID Boosters... But The Public Says No

JAN 30, 2023

Australia and New Zealand suffered some of the worst pandemic mandate conditions of any country in the western world, crossing the line into totalitarianism on a number of occasions. Australian authorities restricted residents of larger cities to near house arrest, with people not being allowed to go more than 3 miles from their homes. Citizens were given curfew hours between 9pm and 5am. They were banned from public parks and beaches without a mask, even though it is nearly impossible to transmit a virus outdoors and UV light from the sun acts as a natural disinfectant.

In the worst examples, Australian citizens received visits from police and government officials for posting critical opinions about the mandates on social media. Some were even arrested for calling for protests against the lockdowns. In Australia and New Zealand, covid camps were built to detain people infected with covid. Some facilities were meant for those who had recently traveled, others were meant for anyone who stepped out of line.

As the fears over covid wane and the populace realizes that the true Infection Fatality Rate of the virus is incredibly small, restrictions are being abandoned and things seems to be going back to normal. It's important, however, to never forget what happened and how many countries faced potentially permanent authoritarianism under the shadow of vaccine passports. If the passports rules had been successfully enforced, we would be living in a very different world today in the west.

Luckily, the passports were never implemented widely. Australian health authorities are once again calling for the public to take a fourth covid booster shot, but with very little response. Only 40% of citizens took the third booster, and new polling data shows that 30% are taking the fourth booster.

With an astonishing rise in excess deaths by heart failure in Australia coinciding exactly with the introduction of the covid mRNA vaccines, perhaps people are deciding to finally er on the side of caution. Why take the risk of an experimental vaccine over a virus that 99.8% of the population will easily survive?

4.1

Australia Sees Heart Attacks Increase By 17% In 2022 - "Experts" Blame Pandemic

JAN 25, 2023

The public has been bombarded with a stream of news stories in recent months seeking to explain the steady rise of heart attacks in western countries in the past two years. The epidemic is most concerning due to the large number of young and otherwise healthy people that are being stricken with heart problems otherwise reserved for older or clinically obese patients.

Explanations for the trend blame everything from video games to climate change. Of course, these scapegoats do not explain the statistical leap in heart failure in the past two years. The most common narrative is that the covid virus is the cause - The problem with this theory is that there is zero evidence to support the claim that covid causes potential heart ailments. In fact, studies show that there is no such thing as "covid heart", a false concept spread by the mainstream media at the onset of the pandemic.

Are the "experts" baffled? Or, are they trying to avoid the obvious culprit.

Australia is reporting a 17% increase in heart attacks in the first eight months of 2022 alone, and establishment paid researchers seem to be deliberately avoiding any mention of the covid mRNA vaccines. Instead, they are continuing to blame covid infection along with numerous peripheral and indirect triggers associated with the lockdowns.

Multiple studies now show a direct relationship between vaccine status and Myocarditis, specifically in young people, and the attempts to suppress such information by Big Pharma and governments are failing. If side effects are related to developing auto-immune disorders triggered by mRNA as some researchers suspect, then symptoms in many vaccinated people may not become visible for months or years. But, as time passes, the extent of the damage will become clear to the public.

Pro-vaccine studies related to the dangers often do not include unvaccinated people as a control group for determining side effects, which suggests a desire to hide health risks associated with covid vaccination. Eventually the questions and the deaths are going to become too prominent for the mainstream to ignore. Are torches and pitchforks the inevitable end for vaccine enforcers and Big Pharma?

5.1

Australians Were Once Prosecuted For Claiming Face Masks Worked Against Viruses

JAN 23, 2023

Authored by Paul Joseph Watson via Summit News,

Australians who tried to sell surgical face masks on the back of claims they worked against viruses were once threatened with prosecution and massive fines by the government.

Yes, really.

An article titled 'Farce mask: it's safe for only 20 minutes' published by the Sydney Morning Herald in 2003 explained how, "Retailers who cash in on community fears about SARS by exaggerating the health benefits of surgical masks could face fines of up to $110,000."

The article quotes a public health experts who said that face masks are largely useless at stopping the spread of viruses and could even worsen the situation.

"Those masks are only effective so long as they are dry," said Professor Yvonne Cossart of the Department of Infectious Diseases at the University of Sydney.

"As soon as they become saturated with the moisture in your breath they stop doing their job and pass on the droplets."

Professor Cossart said that the masks would need to be changed every 15-20 minutes to be in any way effective.

Her sentiments were echoed by John Bell from the Pharmaceutical Society of Australia, who said that masks only offered "marginal benefit" and were largely psychological in their level of protection.

The story is noteworthy because during the COVID pandemic, the Australian government imposed one of the strictest lockdowns in the world and used face mask mandates as a brutal tool of population control.

As we previously highlighted, authorities in Melbourne used high-tech surveillance drones to catch people outside not wearing masks.

At the height of the hysteria, there were numerous instances of police in Australia physically attacking people for not adhering to mask wearing rules, including one incident when a woman was placed in a chokehold by a male police officer.

Another video showed an elderly woman being arrested for not wearing a mask while sitting on a park bench.

Yet another clip showed police pepper spraying pre-teen children for not wearing face masks.

Another clip showed an elderly man suffering a suspected heart attack after he was arrested by police for not wearing a mask outside while exercising.

During the early months of the COVID pandemic, health authorities advised against wearing masks, only to subsequently do a 180 once face coverings became a convenient psychological tool of population control.

6.1

FDA Quietly Changes End Date For Study Of Heart Inflammation After Pfizer COVID Vaccination

JAN 29, 2023

Zachary Stieber via The Epoch Times

The U.S. Food and Drug Administration (FDA) has changed the end date for a key study on post-vaccination heart inflammation without notifying the public.

Pfizer was supposed to complete a study on the occurrence of subclinical myocarditis, or heart inflammation, after receipt of its COVID-19 vaccine. The completion date was listed by the FDA in 2021 as June 20, 2022. Pfizer was also supposed to submit the results of the study to the FDA by the end of 2022 as part of a list of requirements the FDA imposed as a condition of approving Pfizer's jab.

But after the deadline passed, the FDA quietly changed the date.

Under a list of postmarketing requirements for the Pfizer-BioNTech vaccine, the FDA now says the same study has an "original projected completion date" of June 30, 2023.

The current status of the study is listed as "pending."

The FDA and Pfizer did not respond to requests for comment.

Jessica Adams, a former regulatory review officer at the FDA, said the wording amounts to misinformation.

"By definition, 'original' dates can't change," she wrote on Twitter, tagging the agency. "Please correct this 'misinformation.'"

Dr. Vinay Prasad, who has increasingly criticized the FDA over its decisions during the pandemic, said the new timeline "is so slow it will be entirely moot."

"**Another FDA failure**," he said on Twitter.

Study

The study is one of nine Pfizer was to complete to examine post-vaccination adverse events.

The study is designed to "prospectively assess the incidence of subclinical myocarditis" after receipt of a third dose, or a booster, in people aged 16 to 30.

Pfizer submitted a timetable to the FDA stating the company would submit a final protocol by Nov. 30, 2021, and complete the study by June 30, 2022, according to the FDA's approval letter for the company's vaccine. The final report was due to the FDA by the end of 2022.

6.2

The study was one of several examining myocarditis and pericarditis, a related condition. Both are caused by the Pfizer and Moderna vaccines, according to U.S. officials and other experts.

Some of the vaccine-caused myocarditis cases have led to death.

FDA officials expressed concern about the post-vaccination heart inflammation when considering whether to approve Pfizer's vaccine.

Signal for Myocarditis After New Booster

The bivalent Pfizer vaccine triggered a safety signal for adults aged 18 to 35, Richard Forshee, an FDA official, told the agency's vaccine advisory committee on Jan. 26.

Regulators cleared that bivalent and one from Moderna in the fall of 2022 despite there being no clinical data for either shot.

The adverse event happened at a concerning rate after a Pfizer bivalent in recent months, according to analyses of data from the FDA's Biologics Effectiveness and Safety initiative, which pulls from systems such as one managed by CVS Health.

"**The only signal we have detected so far is for myocarditis/pericarditis following the Pfizer bivalent vaccine among adults 18 to 35 years old**," Forshee told the panel.

Safety signals indicate a vaccine may cause events but don't establish causality. But officials have stressed that the bivalents are similar to the original vaccines in defending the authorization without clinical data, and have acknowledged a causal link between the original messenger RNA vaccines and the heart inflammation.

Most of the meeting presentations that went over adverse events focused on ischemic stroke, which triggered the threshold for a safety signal following Pfizer's bivalent booster in the elderly and following receipt the original Pfizer and Moderna vaccines in all adults.

Officials said that the stroke has happened in many people who received a flu vaccine on the same day as a COVID-19 vaccine. They're studying whether there's a connection, though they noted there was no signal for the stroke after a flu shot alone.

Dr. Nicola Klein, a Kaiser Permanente researcher who helps the CDC monitor vaccine safety, said that the signal for stroke wasn't as strong as that for myocarditis.

"This is a cluster but … it doesn't stand out as extremely striking, unlike some other signals which we have seen," Klein said. "For example, myocarditis, it's an extremely strong signal that you can see without doing statistics."

Panel Notified of CDC Analyses

During the public comment portion of the meeting, any panel members watching were notified that the CDC's analyses of reports to a different surveillance system concluded hundreds of adverse events met the safety signal threshold, including approximately 500 with a signal larger than that for myocarditis.

7.1

BOOM! First Lawsuit Filed Against FDA for Withholding Dreadful Vaccine Safety Data

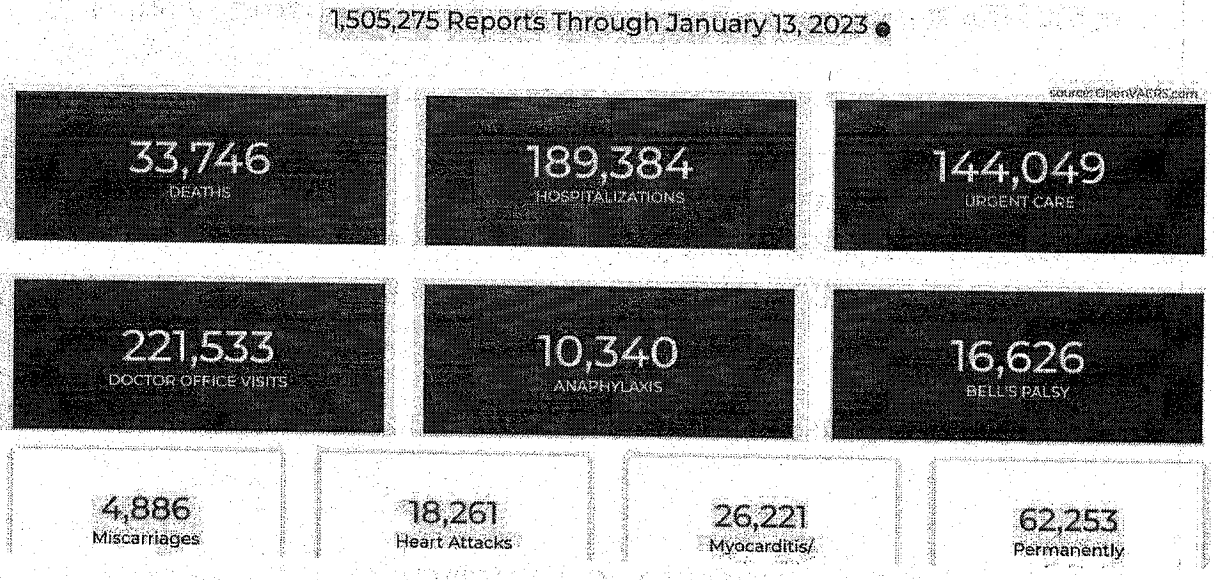
By Jim Hoft
January 29, 2023

The nonprofit **Children's Health Defense** sued the US Food and Drug Administration for withholding the results of key COVID-19 vaccine safety analyses.

Since the start of the COVID pandemic, the FDA has acted like a proxy for Big Pharma and **blocked effective treatments** for the virus while at the same time approving dangerous and ineffective COVID vaccines.

The FDA lied about Ivermectin and **later lied that they lied** about Ivermectin.

The FDA also ignored the **thousands of deaths and tens of thousands of reported hospitalizations** linked to the experimental COVID vaccines.



The FDA did not protect the US public. The FDA was a rubber stamp for Big Pharma.

How many Americans died and continue to die due to their negligence?

The Epoch Times reported:

7.2

The U.S. Food and Drug Administration (FDA) has been sued for withholding the results of key COVID-19 vaccine safety analyses.

The FDA's actions violate federal law, the new lawsuit, filed on Jan. 26 in federal court in Washington by the nonprofit Children's Health Defense (CHD), alleges.

The suit is seeking the raw results from the FDA's analyses of reports to the Vaccine Adverse Event Reporting System (VAERS).

The system, which the FDA runs with the U.S. Centers for Disease Control and Prevention, accepts reports of post-vaccination adverse events.

As part of its vaccine safety monitoring, the FDA pledged to run a type of analyses called Empirical Bayesian (EB) data mining on the reports to see if any safety signals were triggered. Signals give agencies an idea of which problems may be caused by vaccines. Agencies are supposed to research signals to verify them or rule them unrelated to vaccination.

"A report to VAERS does not mean that a vaccine caused an adverse event. But VAERS can give CDC and FDA important information. If it looks as though a vaccine might be causing a problem, FDA and CDC will investigate further and take action if needed," the CDC says on its website.

The FDA denied CHD's request for the results of the data mining, claiming the records are "intra-agency memoranda consisting of opinions, recommendations, and policy discussions within the deliberative process of FDA, from which factual information is not reasonably segregable."

8.1

FDA Probes Higher Risk of Stroke When Covid Booster, Flu Jab Taken on Same Day – As RECOMMENDED By White House

by Adan Salazar
January 27, 2023

'You can get both your flu shot and Covid shot at the same time. It's actually a good idea. I really believe this is why God gave us two arms,' Biden's White House Covid response coordinator Ashish Jha urged Americans.
'Millions of Americans got both shots at the same time this winter following a major public health push by the White House,' reports the Daily Mail.

The FDA is looking into whether there's an increased risk of stroke after taking a flu jab and Covid booster vaccine on the same day, advice that was promoted by the White House.

The federal agency revealed the investigation after an analysis found "seniors who received both the Pfizer omicron booster and a high-dose or adjuvanted flu vaccine on the same day may have a higher risk of stroke," *CNBC* **reported** Thursday.

"Although the FDA has not identified a stroke risk, the agency is launching a study to examine potential safety concerns that may arise from administering the Covid omicron shots at the same time as the high-dose or adjuvant flu shots," reported *CNBC* citing FDA biostatistics deputy director Richard Forshee.

The investigation comes as "Millions of Americans got both shots at the same time this winter following a major public health push by the White House," according to the ***Daily Mail***.

Heading into winter, Biden's White House Covid response coordinator Ashish Jha urged Americans on at least two occasions to inject both jabs simultaneously.

"The good news is **you can get both your flu shot and Covid shot at the same time. It's actually a good idea. I really believe this is why God gave us two arms; one for the flu shot and the other one for the Covid shot**," Jha **told** Americans during a Covid-19 Response Team press conference in September.

Jha made the **same recommendation** last November ahead of the Thanksgiving holiday, telling Americans, "**Please, don't wait. Get your**

8.2

Covid shot. Get your flu shot. That's why God gave you two arms. Get one in each arm if you want."

Dr. Jha has yet to address his problematic recommendations following the FDA's announcement Thursday of its latest study into the possible stroke risk.

On Thursday, the FDA also claimed their review of a CDC investigation suggested an "absence of a safety risk for the bivalent boosters in age 65 years and older," according to Forshee.

During the same CDC Vaccines and Related Biological Products Advisory meeting with the FDA, CDC Immunization Safety Office Director Tom Shimabukuro also **admitted the agency was aware of citizens suffering "debilitating illnesses"** after taking the jabs.

"We are aware of these reports of people experiencing long-lasting health problems following COVID vaccination," Shimabukuro told the panel.

9.1

Sen. Johnson Calls For Congress to Investigate Vaccine Manufacturers and Covid Vax Approval Process in Response to Project Veritas' Exposé on Pfizer

January 26, 2023 by Cristina Laila

Senator Ron Johnson on Thursday called for Congress to investigate vaccine manufacturers and the Covid vax approval process in response to Project Veritas' explosive undercover video exposing Pfizer's alleged plans to 'mutate' the Covid virus.

Pfizer is experimenting with dangerous gain-of-function on Covid-19, according to a director of research for the Pharma company.

"Federal health agencies have been captured by Big Pharma and grossly derelict in their duties throughout the pandemic." Ron Johnson said.

"It's time for Congress to thoroughly investigate vaccine manufacturers and the entire COVID vaccine approval process," he said.

Project Veritas on Wednesday night released explosive video of Jordon Trishton Walker, Pfizer Director of Research and Development, Strategic Operations, admitting the pharma giant is exploring 'mutating' Covid-19 via 'directed evolution' so the company can continue to profit off of vaccines.

"One of the things we're exploring is like, why don't we just mutate it [COVID] ourselves so we could create — preemptively develop new vaccines, right? So, we have to do that. If we're gonna do that though, there's a risk of like, as you could imagine — no one wants to be having a pharma company mutating f**king viruses," Walker told the undercover Project Veritas journalist.

"Don't tell anyone. Promise you won't tell anyone. The way it [the experiment] would work is that we put the virus in monkeys, and we successively cause them to keep infecting each other, and we collect serial samples from them," he said.

10.1

Massive! Pfizer Exec Admits Big Pharma Making Viruses 'More Potent' & Covid Likely Escaped Wuhan Lab

by Kelen McBreen

January 26, 2023

Epic report exposes scientific negligence.

Pharma executive admits Covid pandemic has been a 'cash cow.' Spread this link to wake up your friends and family!

Update 2: *Project Veritas* released a follow-up video on Thursday, showing the company's founder James O'Keefe confront the Pfizer executive for his statements.

The Big Pharma employee claimed he was simply "trying to impress a person on a date by lying."

Update 1: Alex Jones talked with R. C. Maxwell of Project Veritas to get an inside look at the outlet's latest undercover video, this time exposing Pfizer for its experimental Covid virus manipulation.

The latest *Project Veritas* undercover video report features a Pfizer Director of Research and Development, Strategic Operation and mRNA Scientific Planning revealing dirty secrets of the pharmaceutical industry.

The Pfizer executive, Jordon Walker, told a *Veritas* reporter all about how his company and others intentionally mutate viruses in labs in attempts to "make them more potent."

Walker specifically noted Pfizer doesn't want the public to know they're tampering with these viruses, saying, "As you could imagine, nobody wants to be having a pharma company mutating fucking viruses."

"The way it [the experiment] would work is that we put the virus in monkeys, and we successively cause them to keep infecting each other, and we collect serial samples from them," he said after telling the reporter "don't tell anybody."

Dr. Robert Malone appears in the *Project Veritas* report to share his take on the shocking video.

"The gentleman seems to have absolutely no moral compass at all," he said of Walker.

He also noted Pfizer is risking public health if they're indeed doing the research described in the footage.

During another portion of the clandestinely-recorded conversation, Walker explained how the "revolving door" between government regulators and Big Pharma companies is "bad for America."

Regarding his company's profiting from the Covid pandemic, the Pfizer executive admitted, "Either way, it's going to be a cash cow. COVID is going to be a cash cow for us for a while going forward. Like obviously."

This astonishing conversation should provide Americans a glimpse into the true nature of pharmaceutical companies destroying their health for profit.

11.1

Congress Must Probe The Rationale For COVID Mask Mandates

WEDNESDAY JAN 25, 2023

Authored by Robert E. Moffit via RealClear Wire,

The Republican-controlled U.S. House of Representatives recently authorized formation of a new Select Subcommittee on the Coronavirus Pandemic. Peering into the murky Chinese origins of COVID-19, especially any connection to U.S. government funding, will be a top priority. **And that's as it should be.**

Dr. Anthony Fauci will no doubt be a star witness. The former director of the National Institute for Allergies and Infectious Diseases at the NIH says he would welcome an invitation to testify on his role during the pandemic. Lawmakers should note, however, that in his recent deposition in the continuing case of *The State of Missouri, et al. v Joseph Biden et al* in the U.S. District Court for the Western District of Louisiana, Fauci responded to questions by saying that he could not recall... 174 times. New congressional inquiries might refresh his memory.

However, the subcommittee must concentrate more on "The Science" than on Dr. Fauci. Throughout the pandemic, federal officials who claim to represent "The Science" gave mixed messages. This left citizens eager to follow "The Science" frightened and confused.

Take, for instance, the issue of masking and mask mandates. The mixed messages had a tremendous effect on all Americans, especially schoolchildren.

On this topic, Dr. Fauci's recent deposition was revealing. In a February 2020 email, Sylvia Burwell, former Secretary of the U.S. Department of Health and Human Services (HHS) asked Fauci whether she should wear a mask at the airport in her travels. He replied:

Masks are really for infected people to prevent them from spreading infection to people who are not infected, rather than protecting uninfected people from acquiring infection. The typical mask you buy in the drugstore is not really effective in keeping out virus, which is small enough to pass through material. It might, however, provide some slight benefit in keep [sic] out gross droplets if someone coughs or sneezes on you. I do not recommend that you wear a mask, particularly since you're going to a low-risk location.

So, Fauci expressed privately to a former colleague a strong conviction that cloth masks were ineffective. That view was broadly shared by other senior federal public health officials, including both Dr. Nancy Messonnier, Fauci's colleague at the Centers for Disease Control and Prevention (CDC), and former Surgeon General of the United States Jerome Adams. Indeed, in a March 2020 social media message to the public Dr. Adams warned: "Seriously, people, STOP BUYING MASKS! They are NOT effective in preventing the general public from catching Coronavirus."

Fauci's initial response to Burwell's question was in accord with previous scientific research. Furthermore, in the following months, peer-reviewed literature on masking and viral infection confirmed Fauci's initial advice. For example, a May 2020 review of the professional literature on the subject for the journal *Emerging Infectious Diseases*, concluded "In pooled analysis, we found no significant reduction in

11.2

influenza transmission with the use of face masks." Also in May 2020, researchers writing in *The New England Journal of Medicine* observed: "We know that wearing a mask outside health care facilities offers little, if any, protection from infection." In March 2022, a *British Medical Journal* study on the masking of Spanish school-aged children found that cloth face masks "...were not associated with lower SARS-CoV-2 incidence or transmission, suggesting that this intervention was not effective."

Yet, **in April 2020, the federal government's masking advice took a 180-degree turn.** The CDC recommended that all Americans wear masks, and CDC Director Dr. Robert Redfield went as far as to declare in a congressional hearing that face masks would be even *more* effective than a (yet unavailable) Covid-19 vaccine.

The CDC recommendations were quickly translated into state and local mask mandates (sometimes, as in New York City, with stiff fines) throughout the nation. In January 2021, CDC imposed a mask mandate on persons taking public transportation, which was subsequently struck down in federal court because CDC had no statutory authority to impose such a mandate.

Here's the mystery. Why exactly did CDC masking policy change so dramatically in *that brief period* between February and April 2020? Did CDC conduct its own randomized controlled trial to determine the efficacy of either masking or the *kinds* of masks that would be most efficacious? The agency should have, of course, but it did not.

Did federal officials come into possession of some groundbreaking scientific research refuting previous peer-reviewed studies that had cast doubt on the efficacy of masking?

That question came during the Nov. 23, 2022, deposition:

Attorney: "How many studies were done between February of 2020, when you emailed Ms. Burwell and told her that 'the typical mask you buy in the drugstore is not really effective in keeping out the virus, which is small enough to pass through the material" between when you said that and April 3rd of 2020, what studies were done of the efficacy of masks... in preventing the spread of- of- Covid-19?"

Dr. Fauci: "I could find those—and get them for you, but I don't have them in my fingertips right now."

Later during the deposition, Fauci said that he changed his mind about masking because by April of 2020 there was no feared shortage of masks for health care workers, and the public could get them without depriving these workers the much-needed protection that masks would provide.

Dr. Fauci also said that it had become clear that the virus spread from persons who did not have symptoms, and that masking would help stop asymptomatic transmission. Finally, he asserted, "Evidence began accumulating that masks actually work in preventing acquisition and transmission."

Under further questioning, Dr. Fauci repeated that his view on masking changed due to "new" scientific evidence., Missouri's attorney again, therefore, pressed the question about the science behind the masking policy.

11.3

Attorney: "Were there placebo-based, randomized, double-blind studies of the efficacy of masking that were done between February and April of 2020?"

Dr. Fauci: "I don't recall. I'd have to go back and take a close look at the literature. I don't recall."

Attorney: "Have you seen any studies that contradict the efficacy of masking?"

Dr. Fauci: "There were some studies early on—I don't know the dates of them—that made the statement that masks were not effective. When those studies were subject to statistical scrutinization, they were felt to be not definitive. Subsequent to that time, there have been studies to indicate that in situations where mask wearing was compared to not mask wearing, that masks clearly have an effect."

While lawmakers may want to trust Dr. Fauci on this point, they must verify it.

Maybe Dr. Fauci can produce those studies he did not have "at his fingertips." Perhaps at some point between February and April of 2020 there were novel studies on the effectiveness of masks, including the advantages of the mandatory masking of schoolchildren. Conceivably, new evidence was "accumulating" that, contrary to previous studies, masking was broadly effective in preventing viral infection and transmission. Perhaps the "statistical scrutinization" of previous studies on masking did indeed reveal flaws.

Lawmakers can resolve these questions by securing the more recent scholarship that Dr. Fauci alludes to as refuting previous masking studies. It would also be edifying to know who, in fact, did the "statistical scrutinization" and if—and where—it was published.

What matters is the science, not Dr. Fauci's memory.

For lawmakers, Fauci's role during the pandemic is just one item on the congressional oversight agenda. As outlined in a Heritage Foundation *Special Report*, a dozen other areas are ripe for congressional inquiry, ranging from the debacle of diagnostic testing and flawed vaccine policies to the impact of lockdowns and school closures. The federal government's response to the Covid-19 pandemic is, unfortunately, a target rich environment. Understandably, many members of Congress, like millions of their constituents, are angry.

But a word of caution. A scattershot, highly inflammatory process of congressional investigation will not serve the American people well. Lawmakers should not allow themselves to transform these necessary probes into tiresome "gotcha" political theater—a powerful temptation in our polarized political environment. Rather, House and Senate investigators need to target the specific rationale for each of the major federal policy recommendations over the past three years, with a view toward forging positive legislative changes that would enable the federal government to perform better when the next pandemic hits America's shores.

12.1

CDC Officials Who Spread Misinformation Apologized To Source Of False Data But Not To Public: Emails

JAN 25, 2023

Authored by Zachary Stieber via The Epoch Times

U.S. health officials who spread inflated COVID-19 child death data in public meetings apologized to the source of the false data but not to the public, newly obtained emails show.

Drs. Katherine Fleming-Dutra and Sara Oliver, with the U.S. Centers for Disease Control and Prevention (CDC), offered the false data in 2022 while U.S. officials weighed granting emergency authorization to COVID-19 vaccines for children as young as 6 months.

The study they cited for the data was published ahead of peer review by a group comprised primarily of British authors. The study was corrected after the public meetings.

Emails obtained by The Epoch Times showed that Fleming-Dutra and Oliver were alerted that they had spread misinformation. Neither the officials nor the CDC have informed the public of the false information. Newly obtained emails showed the officials apologized to Seth Flaxman, one of the study's authors, and even offered to see whether the study could be published in the CDC's quasi-journal.

"I feel ... that we owe you an apology," Oliver wrote to Flaxman on June 27, about 10 days after she and Fleming-Dutra falsely said there had been at least 1,433 deaths primarily attributed to COVID-19 in America among those 19 and younger. **"We draw the attention of a variety of individuals with the ACIP meetings, and apologize that you got caught in it this time."**

"I am also sorry that you got pulled into the attention around the VRBPAC and ACIP meetings," Fleming-Dutra added. She had presented the data to the Vaccines and Related Biological Products Advisory Committee, which advises the U.S. Food and Drug Administration, and the Advisory Committee on Immunization Practices, which advises the CDC.

Fleming-Dutra, Oliver, and Flaxman did not respond to requests for comment.

Inflated Death Toll

Using data from the CDC, Flaxman and his co-authors claimed that there were at least 1,433 deaths primarily attributed to COVID-19 among those aged 0 to 19 in the United States. The actual number was 1,088, the authors acknowledged in the corrected version of the study.

Fleming-Dutra presented the false data as rankings to VRBPAC on June 14, 2022 and ACIP three days later. It's not clear why the CDC didn't examine its own database rather than relying on a preprint study.

Oliver also cited the study while speaking during the ACIP meeting.

The data had an impact. It showed "that this is not a minor illness in children," Dr. Katherine Poehling, one of the ACIP members, said at the time.

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Dr. Rochelle Walensky, the CDC's director, later appeared to cite the inflated death toll and ACIP still cites the preprint, though it was later updated with the correct data.

Flaxman updated the study after receiving an email from Kelley Krohnert, a Georgia resident who has become a fact-checker of suspect COVID-19-related claims.

Krohnert's concerns also made their way to Fleming-Dutra and Oliver, but the CDC officials have never publicly acknowledged promoting misinformation.

'We Had an Error'

Flaxman acknowledged in emails to Krohnert, and in a June 27 message to Fleming-Dutra and Oliver, that he did not fully understand how the CDC's death database works.

"Thanks for your work, and your great presentations to VRBPAC and ACIP. You cited our preprint. We've just updated it (see attached; it should appear on medrxiv in the next day). While none of the substantive conclusions change, we had an error which you may have seen was picked up very prominently by a blogger," Flaxman wrote. "I am writing first to say sorry–I really regret that this happened. It was my mistake in misunderstanding the [death certificate] data, and not realizing about CDC Wonder's provisional database."

Flaxman also asked for feedback on the updated study and whether the officials could help with submitting the paper to the Morbidity and Mortality Weekly Report (MMWR), a quasi-journal the CDC publishes that only includes articles (pdf) vetted and shaped by top CDC officials to align with the agency's policies.

"We've never tried to publish there, so I don't know the process or how often they consider manuscripts from non-CDC authors," Flaxman said. "If you do think this would be a possible route, perhaps one or both of you would want to help us revise the manuscript and join as an author?"

Oliver wrote back first, saying that she wanted to apologize to Flaxman and that "we will absolutely review and provide feedback," as well as context.

"**We are more than happy to do that without formally being co-authors. That way you can avoid formal CDC clearance,**" Oliver wrote.

Fleming-Dutra then chimed in with her apology, adding, "I am glad to hear that you and your team are continuing to do this important work." She recommended Flaxman and his team review studies published in the MMWR to get a sense of the format of the digest. A large portion of her email was redacted under an exemption to the Freedom of Information Act for "inter-agency or intra-agency records." The Epoch Times has appealed that and other redactions.

Flaxman then notified the CDC officials that the corrected study had been made public. Fleming-Dutra replied, but the email was redacted.

"Thanks, very useful feedback. Small update: we're hoping to submit to JAMA Pediatrics in the next week or so, and [redacted]," Flaxman answered. He indicated that the CDC had provided feedback and questioned on how to cite it in the submission.

13.1

Dr. Naomi Wolf on COVID Vaccine: "A Bioweapon – Manufactured in Concert with the CCP – In a Slow Way to Debilitate If Not Kill Off the Population of North America and Western Europe" (VIDEO)

January 26, 2023 Jim Hoft

https://rumble.com/v26zimg-dr-naomi-wolf-bioweapon-critical-documents-proof.html

Dr. Naomi Wolf and The Daily Clout recently released **"War Room/Daily Clout Pfizer Documents Analysis Reports – Find Out What Pfizer, FDA Tried to Conceal"**.

This volume includes 50 reports written by highly-credentialed War Room/DailyClout Pfizer Documents Analysis Project volunteers who studied the Pfizer documents released under court order by the US FDA.

The book has reached #6 Paid Kindle Nonfiction Best Sellers USA and is #1 in **Education Theory Research**, **Science Methodology & Statistics** and **Scientific Research**.

According to the book, Pfizer knew during the clinical trial that its COVID-19 mRNA drug was harmful on a large scale, could be shed from person to person, and even contributed to deaths. Despite this knowledge, Pfizer and the FDA, assisted by the CDC and mainstream media, suppressed this information and prevented people from being able to give informed consent to receive treatment.

"The Pfizer Reports eBook provides an extensive analysis of the primary source Pfizer clinical trial documents to the public. The reports show that Pfizer knew during the trial that its COVID-19 mRNA drug was harmful on a large scale, could be shed from person to person, and even contributed to deaths," said Amy Kelly, Project Manager of the Pfizer Document Investigations Team. "People who took this medication were not fully informed about its harms prior to receiving it, so one of the core tenets of medicine – informed consent for patients – was grossly violated."

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"The groundbreaking new book sends shockwaves through Pfizer's criminal enterprise." writes The Vigilant Fox in a review of the ebook documents. Mr. Fox further states "Seventy-five years. That's how long Pfizer and the FDA tried to hide the Pfizer documents from public view — long after just about everyone affected is dead. It wasn't until renowned attorney Aaron Siri led a FOIA case against the FDA that a federal judge ordered the documents to be released in 108 days, the same amount of time it took the FDA to approve the Covid-19 injections.

On Tuesday Dr. Naomi Wolf joined Steve Bannon to discuss this new publication that is available at Daily Clout.

Dr. Wolf did not hold back when she described the seriousness of these dangerous poison shots that are causing horrible internal damage and killing so far tens of thousands of Westerners.

Dr. Naomi Wolf: I believe as you know that this is a bioweapon. I've done reporting showing it's being manufactured in concert with the CCP, the IP and tech went, per SEC Filing 21 21 to China. China's opened manufacturing plants all over Western Europe and now in North America. And so for me, it's just a slow way to debilitate, if not kill off the population in North America and Western Europe. And I see that very conservatively and very advisedly. I think it's extraordinarily dangerous and terrifying that they're promoting this now as an annual thing. And, of course, they're (FDA) going to rubberstamp it on Thursday because this advisory committee if wholly enthralled with the industry.

Via **The War Room**.

"War Room/Daily Clout Pfizer Documents Analysis Reports – Find Out What Pfizer, FDA Tried to Conceal" is available here.

14.1

Morbidity and Mortality Weekly Report (*MMWR*) CDC

Effectiveness of Bivalent mRNA Vaccines in Preventing Symptomatic SARS-CoV-2 Infection — Increasing Community Access to Testing Program, United States, September–November 2022

Weekly / December 2, 2022 / 71(48);1526–1530

On November 22, 2022, this report was posted online as an MMWR *Early Release.*

Ruth Link-Gelles, PhD[1]; Allison Avrich Ciesla, PhD[1,2]; Katherine E. Fleming-Dutra, MD[1]; Zachary R. Smith, MA[3]; Amadea Britton, MD[1]; Ryan E. Wiegand, PhD[1]; Joseph D. Miller, PhD[3]; Emma K. Accorsi, PhD[1,4]; Stephanie J. Schrag, DPhil[1]; Jennifer R. Verani, MD[1]; Nong Shang, PhD[1]; Gordana Derado, PhD[1]; Tamara Pilishvili, PhD[1] (VIEW AUTHOR AFFILIATIONS)

Summary

What is already known about this topic?

Monovalent mRNA COVID-19 vaccines were less effective against symptomatic infection during the period of SARS-CoV-2 Omicron variant predominance.

What is added by this report?

In this study of vaccine effectiveness of the U.S.-authorized bivalent mRNA booster formulations, bivalent boosters provided significant additional protection against symptomatic SARS-CoV-2 infection in persons who had previously received 2, 3, or 4 monovalent vaccine doses. Due to waning immunity of monovalent doses, the benefit of the bivalent booster increased with time since receipt of the most recent monovalent vaccine dose.

What are the implications for public health practice?

All persons should stay up to date with recommended COVID-19 vaccinations, including bivalent booster doses for eligible persons.

Metric Details

Tables

Table 1

Table 2

Table 3

References

14.2

Related Materials

- PDF [352K]

On September 1, 2022, bivalent COVID-19 mRNA vaccines, composed of components from the SARS-CoV-2 ancestral and Omicron BA.4/BA.5 strains, were recommended by the Advisory Committee on Immunization Practices (ACIP) to address reduced effectiveness of COVID-19 monovalent vaccines during SARS-CoV-2 Omicron variant predominance (*1*). Initial recommendations included persons aged ≥12 years (Pfizer-BioNTech) and ≥18 years (Moderna) who had completed at least a primary series of any Food and Drug Administration–authorized or –approved monovalent vaccine ≥2 months earlier (*1*). On October 12, 2022, the recommendation was expanded to include children aged 5–11 years. At the time of recommendation, immunogenicity data were available from clinical trials of bivalent vaccines composed of ancestral and Omicron BA.1 strains; however, no clinical efficacy data were available. In this study, effectiveness of the bivalent (Omicron BA.4/BA.5–containing) booster formulation against symptomatic SARS-CoV-2 infection was examined using data from the Increasing Community Access to Testing (ICATT) national SARS-CoV-2 testing program.* During September 14–November 11, 2022, a total of 360,626 nucleic acid amplification tests (NAATs) performed at 9,995 retail pharmacies for adults aged ≥18 years, who reported symptoms consistent with COVID-19 at the time of testing and no immunocompromising conditions, were included in the analysis. Relative vaccine effectiveness (rVE) of a bivalent booster dose compared with that of ≥2 monovalent vaccine doses among persons for whom 2–3 months and ≥8 months had elapsed since last monovalent dose was 30% and 56% among persons aged 18–49 years, 31% and 48% among persons aged 50–64 years, and 28% and 43% among persons aged ≥65 years, respectively. Bivalent mRNA booster doses provide additional protection against symptomatic SARS-CoV-2 in immunocompetent persons who previously received monovalent vaccine only, with relative benefits increasing with time since receipt of the most recent monovalent vaccine dose. Staying up to date with COVID-19 vaccination, including getting a bivalent booster dose when eligible, is critical to maximizing protection against COVID-19 (*1*).

The ICATT program was designed to increase access to COVID-19 testing in areas with high social vulnerability† through contracts with retail pharmacy chains to provide SARS-CoV-2 testing at no cost to the recipient at selected sites nationwide (*2*). ICATT vaccine effectiveness (VE) methods have been described previously (*3*). Briefly, at test registration, adults report their vaccination history§ and information on current COVID-19 symptoms, previous SARS-CoV-2 infection, and underlying medical conditions. Adults receiving testing at participating sites during September 14–November 11, 2022, (when Omicron variant BA.4/BA.5 lineages and their sublineages predominated¶) who reported one or more COVID-19–compatible symptoms were included; case-patients were persons who received a positive rapid or laboratory-based NAAT result; control-patients were those who received a negative NAAT result. Tests from persons who reported an immunocompromising condition (*4*), who received non-mRNA COVID-19 vaccines, who had received only a single monovalent mRNA vaccine dose or >4 monovalent mRNA doses, or who had received their last monovalent dose <2 months before the SARS-CoV-2 test were excluded from analyses.** In addition, tests from persons who reported a positive result during the preceding 90 days†† were excluded to avoid analyzing repeated tests for the same illness episode or reinfections within a relatively short time frame. Absolute VE (aVE) was calculated by comparing the odds of receipt of a bivalent booster dose (after 2, 3, or 4 monovalent vaccine doses) to being unvaccinated (zero doses of any COVID-19 vaccine) among case- and control-patients. rVE was calculated by comparing the odds of receiving a bivalent booster dose (after 2, 3, or 4 monovalent doses) versus not receiving a bivalent booster dose (but receiving 2, 3, or 4 monovalent doses). To explore how waning of protection after receipt of the most recent monovalent vaccine dose influenced the measured relative effectiveness of a subsequent bivalent booster dose, rVE of a bivalent booster dose was calculated by interval since receipt of the most recent monovalent vaccine dose among those who had not received a bivalent booster (2–3 months, 4–5 months, 6–7 months, and ≥8 months). Odds ratios (ORs) were calculated using multivariable logistic regression§§; VE was calculated as (1 − OR) x 100. Analyses were conducted using R software (version 4.1.2; R Foundation). This activity was reviewed by CDC and was conducted consistent with applicable federal law and CDC policy.¶¶

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Among persons aged ≥18 years reporting COVID-19–compatible symptoms, 360,626 tests were included; of these, 121,687 (34%) persons received positive test results (Table 1). Among these case-patients, 28,874 (24%) reported being unvaccinated, 87,013 (72%) had received 2, 3, or 4 monovalent vaccine doses but no bivalent booster dose, and 5,800 (5%) had received a bivalent booster dose. Among 238,939 control-patients who received negative test results, 72,010 (30%) reported being unvaccinated, 150,455 (63%) had received 2, 3, or 4 monovalent vaccine doses but no bivalent booster dose, and 16,474 (7%) had received a bivalent booster dose. Median interval between receipt of the bivalent booster dose and SARS-CoV-2 testing was 1 month (range = 0–2 months) and did not vary by case status. Self-reported infection >90 days before the current test was more common among persons who received a negative test result (43%) than among those who received a positive test result (22%).

aVE of a bivalent booster dose received after ≥2 monovalent doses (compared with being unvaccinated) was similar among persons aged 50–64 years (28%) and ≥65 years (22%) but varied somewhat by number of previous monovalent vaccine doses (Table 2). Among adults aged 18–49 years, aVE after ≥2 monovalent doses (43%) was higher than that for older age groups and did not vary among those who received 2 or 3 previous monovalent vaccine doses.

Among persons who received ≥2 monovalent vaccine doses, rVE increased with time since the most recent monovalent vaccine dose in all age groups (Table 3). At 2–3 months and ≥8 months after receipt of the most recent monovalent dose, rVE of a bivalent mRNA COVID-19 vaccine dose was 30% and 56% among persons aged 18–49 years, 31% and 48% among persons aged 50–64 years, and 28% and 43% among persons aged ≥65 years, respectively.

Discussion

Among symptomatic adults who received testing for SARS-CoV-2 infection at pharmacies nationwide during September 14–November 11, 2022, bivalent mRNA vaccines provided additional protection against infection compared with previous vaccination with 2, 3, or 4 monovalent vaccines alone. These are the first published estimates of VE for newly authorized bivalent mRNA booster vaccines. In this study, relative benefits of a bivalent booster compared with monovalent vaccine doses alone increased with time since receipt of last monovalent dose.

Post authorization immunogenicity studies have shown similar neutralizing antibody titers to BA.4/BA.5 after receipt of either a monovalent or BA.4/BA.5–containing bivalent vaccine as a fourth dose (*5,6*); however, immunogenicity studies are not generally designed to measure clinical impact. Findings from this real-world VE study indicate that the bivalent formulations authorized in the United States provide additional protection when administered to persons who previously received 2, 3, or 4 doses of monovalent mRNA vaccines.

Waning VE with time since monovalent vaccine receipt has been observed during the Omicron-predominant period, with more rapid waning during the period when Omicron BA.4/BA.5 lineages predominated.*** Results from this study show that bivalent boosters provide protection against symptomatic SARS-CoV-2 infection during circulation of BA.4/BA.5 and their sublineages and restore protection observed to wane after monovalent vaccine receipt, as demonstrated by increased rVE with longer time since the most recent monovalent dose. Most tests (81%) in this study were conducted during a period of BA.4/BA.5 predominance. Results limited to the period of BA.4/BA.5 predominance were not meaningfully different from the results shown, which include data from the period when BA.4/BA.5 sublineages (including BA.4.6, BA.5.2.6, BF.7, BQ.1, and BQ.1.1) predominated.

This study evaluated aVE and rVE by number of previous monovalent doses received and generally found similar additional benefit of the bivalent vaccine regardless of the number of previous monovalent vaccine doses received, when controlling for time since receipt of the last monovalent dose. These findings support the

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current COVID-19 vaccination policy recommending a bivalent booster dose for adults who have completed at least a primary mRNA vaccination series, irrespective of the number of monovalent doses previously received.

In the United States, >90% of adults have received ≥1 COVID-19 vaccine dose.[†††] Therefore, aVE should be interpreted with caution because unvaccinated persons might have different behaviors or a fundamentally different risk for acquiring COVID-19 compared with vaccinated persons. aVE in this study appeared lower in persons aged ≥50 years who received 3 or 4 monovalent doses before a bivalent booster dose compared with those who received only 2 monovalent doses before a bivalent booster dose; this might be because of differential rates of previous infection or differences in behaviors in those who had not previously received a booster dose compared with those who remained up to date with previous booster dose recommendations.

The findings in this study are subject to at least six limitations. First, vaccination status, previous infection history, and underlying medical conditions were self-reported and might be subject to recall bias. In particular, if previous infection provides protection against repeat infection, then VE estimates in this study would likely be biased toward the null, because self-reported previous infection differed by vaccination status, and statistical power was not sufficient to stratify VE estimates by presence of previous infection. In addition, previous infection might have been underreported (*7*). Second, acceptance of bivalent booster doses to date has been low (approximately 10% of persons aged ≥5 years as of November 15, 2022),[§§§] which could bias the results if persons getting vaccinated early are systematically different from those vaccinated later. Third, important data including SARS-CoV-2 exposure risk and mask use were not collected, which might result in residual confounding. Fourth, the circulating variants in the United States continue to change, and results of this study might not be generalizable to future variants. Fifth, tests used in this study were collected predominantly (although not exclusively) in areas with higher social vulnerability; therefore, data might not be fully representative of the broader U.S. population. Finally, these results might be susceptible to bias because of differences in testing behaviors between vaccinated and unvaccinated persons.

In this study of immunocompetent persons tested at ICATT locations, bivalent booster doses provided significant additional protection against symptomatic SARS-CoV-2 infection during a period when Omicron variant BA.4/BA.5 lineages and their sublineages predominated. All persons should stay up to date with recommended COVID-19 vaccines, including bivalent booster doses, if it has been ≥2 months since their last monovalent vaccine dose (*1*).

15.1

WSJ Shreds Vaccine Makers, Biden Admin Over "Deceptive" Booster Campaign

by Zero Hedge
January 23, 2023

***Wall Street Journal* editorial board member Allysia Finley has taken a flamethrower to vaccine makers over their "deceptive" campaign for bivalent Covid boosters, and slams several federal agencies for taking "the unprecedented step of ordering vaccine makers to produce them and recommending them without data supporting their safety or efficacy."**

You might have heard a radio advertisement warning that if you've had Covid, you could get it again and experience even worse symptoms. The message, sponsored by the Health and Human Services Department, ***claims that updated bivalent vaccines will improve your protection.***

This is deceptive advertising. *But the public-health establishment's praise for the bivalent shots shouldn't come as a surprise. -WSJ*

The narrative behind the campaign was simple; mRNA Covid shots could simply be 'tweaked' to to target new variants – in this case, the jabs were claimed to confer protection against BA.4 and BA.5 Omicron variants, along with the original Wuhan strain.

To call this wishful thinking would be extremely generous.

As Finley writes, **three scientific problems have arisen**.

1. The virus is mutating much faster than vaccines can be updated.
2. Vaccines have 'hard wired' our immune systems to respond to the original Wuhan strain, "so we churn out fewer antibodies that neutralize variants targeted by updated vaccines."
3. Antibody protection **wanes after just a few months**.

Finley has brought receipts too...

Two studies *in the New England Journal of Medicine this month showed that* ***bivalent boosters increase neutralizing antibodies against the BA.4 and BA.5 variants, but not significantly more than the original boosters****. In one study, antibody levels after the bivalent boosters were 11 times as high against the Wuhan variant as BA.5.*

The authors posit that ***immune imprinting "may pose a greater challenge than is currently appreciated for inducing robust immunity against SARS-CoV-2 variants."*** *This isn't unique to Covid or mRNA vaccines, though boosters may amplify the effect. Our first exposure as children to the flu—whether by infection or vaccination—affects our future response to different strains. -WSJ*

Here's what happened

15.2

For those who took (or were forced to take) the original vaccine, **our memory B-cells were trained to produce antibodies against the original Wuhan strain**. And as a **New England Journal of Medicine article** notes, people who have taken said original vaccine were "primed" to respond to the Wuhan strain, **and 'mounted an inferior antibody response to other variants.'**

The studies directly contradict marketing information from Pfizer and Moderna, which asserted that the bivalent boosters produced a response to the new strains (BA.4 and BA.5) that's 4-6x that of the original boosters – which the *WSJ* says is "misleading."

For starters, **neither Pfizer or Moderna conducted a randomized trial**.

They tested the original boosters last winter, long before the BA.5 surge and 4½ to months after trial participants had received their third shots. The bivalents, by contrast, were tested after BA.5 began to surge, 9½ to 11 months after recipients had received their third shots. -WSJ

Here's the moneyshot: "The vaccine makers designed their studies to get the results they wanted. Public-health authorities didn't raise an eyebrow, but why would they? They have a vested interest in promoting the bivalents."

In June, the FDA ordered vaccine makers to update the boosters against BA.4 and BA.5, and **rushed the companies to push them out before clinical data was available**. Meanwhile, Biden's CDC recommended the bivalents for all adults **without evidence that they were effective or necessary**.

Finley further notes that **vaccine makers *could have performed small, randomized trials*** last summer and early fall on the bivalents – with results available by the end of September. But **the Biden administration didn't want to wait** (and now we know why).

*The CDC published **a study** in November that estimated **the bivalents were only 22% to 43% effective against infection during the BA.5 wave**—their peak efficacy. As antibodies waned and new variants took over later in the fall, their protection against infection probably dropped to zero.*

*Another **CDC study**, in December, reported that seniors who received bivalents were 84% less likely to be hospitalized than the unvaccinated, and 73% less likely than those who had received two or more doses of the original vaccine. But **neither study controlled for important confounding factors—for one, that the small minority who got bivalents were probably also more likely than those who hadn't to follow other Covid precautions or seek out treatments such as Paxlovid**. -WSJ*

16.1

Researchers Discover COVID Drug Created By Merck Is Causing Virus Mutations In Patients

By Cullen Linebarger Feb. 2, 2023

Researchers in the United States and the United Kingdom have revealed that Lagevrio, a drug designed by Merck meant to treat COVID, is causing the virus to mutate in patients.

This creates the potential for more communicable and deadly versions of COVID to emerge in the future.

When one studies how Lagevrio works, this should not come as a shock. The pill attacks the COVID virus by trying to alter its genetic code.

Once inside a human cell, a virus can make **10,000** copies of its genetic code in a few hours. Each copy made increases the risk the virus makes a rare mistake and creates an inexact replica.

This is how mutations happen as we have seen with COVID. A drug that deliberately alters a virus's genetic code would greatly increase the mutation risk.

Moreover, Merck was warned by multiple scientists their drug might create problematic mutations which would render the virus more dangerous and difficult to treat. The company decided to blow off any concerns and put Lagevrio on the market anyway.

Here is the full report from **Bloomberg**:

Merck & Co.'s Covid-19 pill is giving rise to new mutations of the virus in some patients, according to a study that underscores the risk of trying to intentionally alter the pathogen's genetic code.

Some researchers worry the drug may create more contagious or health-threatening variations of Covid, which has killed more than 6.8 million people globally over the past three years.

Mutations linked to the use of Merck's pill, Lagevrio, have been identified in viral samples taken from dozens of patients, according to a preprint study from researchers in the US and at the Francis Crick Institute, Imperial College London and other UK institutions.

The drug-linked mutations of the virus haven't been shown to be more immune-evasive or lethal yet, according to the study published Friday without peer review on the medRxiv website. But their very existence highlights what some scientists say are potential risks in wider use of the drug, which was recently cleared in China.

Lagevrio works by creating mutations in the Covid genome that prevent the virus from replicating in the body, reducing the chances it will cause severe illness. **Some scientists had warned before it was authorized in late 2021 that by virtue of how it works, the drug could give rise to mutations that could turn out to be problematic.** The preprint paper has reawakened those worries about the Merck drug.

"There's always been this underlying concern that it could contribute to a problem generating new variants," said Jonathan Li, a virologist at Harvard Medical School and Brigham and Women's Hospital in Boston. "This has largely been hypothetical, but this preprint validates a lot of those concerns.

17.1

Angry Citizens Post Thousands of Notes for Every COVID Vaccine Death in the Netherlands' Largest News Agency (VIDEO)

By Jim Hoft Feb. 5, 2023

The headquarter of NOS, the largest news agency in the Netherlands, was covered in thousands of post-it notes on Saturday morning, each one representing an excess death linked to the Covid vaccine.

Protesters gathered outside the NOS building, holding slogans that read "NOS = fakenews, honest research into excess mortality, and others, Nine for News reported.

"The post-its included texts such as 'sudden death', 'heart failure after injection', 'suddenly the new normal' and 'Pfizer report'. In addition, names were mentioned: 'Jonathan, 42 years old', 'René is dead'. Between the post-its there were also A4s that read: 'media = virus', 'media stop lying' and 'bought journalists,' according to the outlet.

A similar demonstration was held in BBC in UK.

At least six BBC buildings across the UK were covered with placards and photos of people who died from the COVID vaccine.

The rally called the "media is the virus" was held on Saturday, January 7th, and it was organized by three different groups: The People's Resistance, Freedom Fighters, and The North Unites.

The groups posted stickers on BBC's windows with photos of the people who died from the vaccine.

"BBC buildings today were given some TRUTH," a post on Telegram reads. "Enough is enough....the media is complicit in the biggest crimes against humanity and need to be held accountable for the deaths and harms caused to our friends and families.

18.1

UK Regulator Finds Pfizer Guilty of Violating Three Sections of the British Pharmaceuticals Code of Practice

By Jim Hoft Feb. 6, 2023

A complaint against Pfizer pharmaceutical was filed to the UK's Prescription Medicines Code of Practice Authority (PMCPA), the regulator responsible for policing promotions of prescription medicines in the UK.

The complaint centered on an interview that was conducted by a medical editor at the BBC, in which Pfizer's CEO Albert Bourla made comments that were "misleading" about COVID shots for children. On December 2, 2021, this interview also appeared on the BBC website under the category "Health."

Children's Health Defense **reported**:

In the BBC interview, Bourla said it was up to the regulatory agencies to determine whether to approve and distribute vaccines to children under 11, but he thought that "immunising that age group in the UK and Europe would be a very good idea," according to the **PMCPA case report** published last week.

At the time, no COVID-19 vaccines had been approved by the U.K.'s **Medicines and Health products Regulatory Agency** (MHRA) for children under 12, so the panel found Bourla's comments were in breach of code.

Citing possible disruptions in schooling and the potential for **long COVID**, Bourla also said, "So, there was no doubt in my mind that the benefits completely were in favour of doing it [vaccinating children against COVID-19]."

He added, "I believe it's a good idea."

The panel found these strong opinion statements could lead the public to infer there was no need to be concerned with potential side effects or that the benefits of vaccination outweigh the risks, which had not been determined by the health authorities.

The complaint was filed on Dec. 11, 2021 by Us For Them, "a parent-led campaign group calling for children's needs to be prioritized during the Covid pandemic response."

The Us For Them organization believes that children "must be placed front and center in all decisions impacting them. The wellbeing of children should be a guiding principle of public policy making."

Read the case summary below:

The complainant made specific allegations about statements and claims made in the promotional piece relating to children:

1. 'Immunising that age group [children under the age of 11] in the UK and Europe would be a very good idea.'

The complainant alleged that by recommending vaccinating healthy British children under the age of 11 against Covid-19, the Pfizer CEO was making a claim for the clinical efficacy and safety of Pfizer's product and its risk/benefit

18.2

balance, even though the vaccine had not yet been included in the emergency use temporary approval for use in children this young in the UK.

2. 'Covid in schools was thriving'. 'This was disturbing significantly the educational system and there were kids that would have severe symptoms.'

The complainant stated that severe Covid-19 was rare amongst children and school age in the UK and while the virus did circulate in schools, schools had typically reflected community transmission throughout the pandemic. Neither had Covid-19 itself had a significant impact on disturbing children's education in the UK. The 'disturbance' to the UK educational system had resulted from political decisions made by governments, not the virus. Indeed, the complainant knew that the UK had the second highest rates of school closures in Europe, except for Italy – a result of political decisions.

The complainant stated that there was simply no evidence that healthy school children in the UK were at significant risk from the SARS COV-2 virus and to imply that they were was disgracefully misleading.

3. 'So, there was no doubt in my mind that the benefits completely were in favour of doing it.'

The complainant alleged that this was probably the most egregiously false and misleading of the Pfizer's CEO's statements. It completely neglected to consider that there were potential risks to healthy children associated with administration of the Covid-19 vaccine. The complainant referred to a number of documents including a Pfizer leaflet listing side-effects; Latest government advice regarding myocarditis to healthcare workers detailing rates of myocarditis in hospitalised children; and Latest adverse events reported for Pfizer.

The complainant stated that the tone, content and means of dissemination of this article and the associated video were extremely promotional in nature. The complainant strongly believed that it was not appropriate for Pfizer to promote its product in this way. The complainant referred to three earlier cases against Pfizer for promoting its Covid-19 vaccine illegitimately online
The UK's Prescription Medicines Code of Practice Authority (PMCPA) found Pfizer guilty of violating three sections of the pharmaceutical code. The final ruling was posted on its website on Jan. 27, 2023.

1. The Panel considered that the subsequent strong opinion statements, including 'So, there was no doubt in my mind that the benefits completely were in favour of doing it [vaccinating children against Covid-19]' and 'I believe it's a very good idea' might infer to the ultimate audience, including members of the public, that there was no need to be concerned about potential side-effects which was not so. The Panel considered that this implication was incapable of substantiation and through phrases such as 'no doubt' and 'completely in favour', Pfizer's CEO did not encourage the rational use of a medicine. **Breaches of the Code were ruled.** These rulings were appealed by Pfizer but were unsuccessful.

2. Whilst the Appeal Board noted the CEO's statement that he/she 'did not want to speak for the health authorities or the regulatory authorities of UK, it was up to them to approve it and use it or not', the Appeal Board considered that the CEO's opinion statements, including 'So there is no doubt in my mind about the benefits completely are in favour of doing it' might infer to the ultimate audience, including members of the public, that the benefits outweighed the risks when the UK regulatory authorities had not yet made any conclusions in relation to the vaccination of 5 to 11 year olds and the Appeal Board therefore upheld the Panel's rulings of **breaches of the Code**. These rulings were appealed by Pfizer but were unsuccessful.

18.3

3. The Pfizer-BioNTech Covid-19 vaccine was not licensed in the UK in that age group when the article at issue was published and the Panel therefore **ruled breaches of the Code.** These rulings were appealed by Pfizer but were unsuccessful.

Breach clauses:

Clause 6.1 states:

Information, claims and comparisons must be accurate, balanced, fair, objective and unambiguous and must be based on an up-to-date evaluation of all the evidence and reflect that evidence clearly. They must not mislead either directly or by implication, by distortion, exaggeration or undue emphasis.

Material must be sufficiently complete to enable recipients to form their own opinion of the therapeutic value of the medicine.

Clause 6.2 states:

Any information, claim or comparison must be capable of substantiation.

Companies must provide substantiation, following a request for it as set out in Clauses **14.3** and **18.2**. In addition, when data from a clinical trial is used, companies must ensure that where necessary, that trial has been registered and the results disclosed in accordance with **Clause 4.6**.

Clause 26.2 states:

Information about prescription only medicines which is made available to the public either directly or indirectly must be factual and presented in a balanced way. It must not raise unfounded hopes of successful treatment or be misleading with respect to the safety of the product.

Statements must not be made for the purpose of encouraging members of the public to ask their health professional to prescribe a specific prescription only medicine.

19.1

The Questions I Want the Chief Medical Officer to Answer About Why We Are Vaccinating Babies Against Covid

by Hugh McCarthy | Daily Sceptic
February 8, 2023

In December, after the U.K. approved the Covid vaccine for infants, I asked the Chief Medical Officer for Northern Ireland, Dr. Michael McBride, why we were vaccinating babies against COVID-19. The question was the title of an article in the *Daily Sceptic* in which I also asked him to address other related issues.

I have now received a reply. He writes:

The Department of Health, along with the equivalent Departments across the rest of the U.K., has been guided by the expert advice provided by the independent Medicines and Healthcare products Regulatory Agency (MHRA) regarding vaccine safety and the Joint Committee on Vaccination and Immunisation (JCVI), an independent expert advisory committee, on vaccine strategy.

In early December 2022 the MHRA approved a new age appropriate formulation of the Pfizer BioNTech COVID-19 vaccine (Comirnaty) for use in infants and young children aged from six months to four years after the vaccine met the required safety, quality and effectiveness standards. This approval was given following a thorough review of safety data specific to the vaccine. The vaccine has already been approved by the EMA in Europe and the FDA in the USA.

The response goes on to say that "they will now await advice from the Joint Committee on Vaccination and Immunisation as to whether or not they will recommend the offer of vaccination is extended to all or some children within this age cohort".

In my reply to the Chief Medical Officer I pointed out that the response did not address my question or the other issues raised in my letter and asked him to address them.

First, I asked him why children with a **99.9987%** survival chance need a vaccine. I asked him to reveal how many babies have actually died from Covid as the underlying cause of death.

Next, I asked if he accepted the multiple **analyses**, confirmed by the **European CDC** in August 2020, indicating that children have little capacity to transmit the virus and which showed that reopening schools in 2020 had not been associated with significant increases in community transmission. And if so, to confirm that he will not recommend that course of action again. Or alternatively, to send me evidence that children and schools are in fact a centre for transmission.

I went on to ask him to confirm that the vaccine was never actually tested for its capacity to prevent transmission, as stated by Pfizer executive **Ms. Small** at the European Parliament, and therefore confirm that as the vaccine has not been shown to prevent transmission, his advice to vaccinate children and babies is solely to reduce the risk to the children themselves.

And that furthermore this position would presuppose that children are actually at risk, whereas the evidence is that they are not at risk. Analysis shows persons 0-19 have a **0.0003%** risk of death. For children zero to 10 years of age the risk of severe outcome and death from Covid is **basically zero**.

In the U.S., **analysis** of the FDA's data shows the risk of any child dying of COVID-19 is 0.000015% and a **study** by the universities of Leeds and Leicester found that there had been no deaths of healthy children in the U.S.

In Canada, the Canadian Health Alliance states: "Without a serious pre-existing medical condition, the risk of death is statistically zero."

19.2

Furthermore, no healthy child has died of Covid in **Scotland**, **Northern Ireland**, **USA**, **Iceland** or Ireland. Nor in the U.K. in 2020, according to **Professor Norman Fenton**.

As the children are not at risk and are not a risk to anyone else, why would you vaccinate them, I asked.

I then asked for an explanation as to how the vaccine could have undergone safety trials on children and babies sufficient to give anyone confidence in its long term safety. I further inquired why the advice to vaccinate children had been given before the completion of the new trials investigating vaccine myocarditis by **Pfizer and Moderna** which recent press reports indicate are underway. The FDA has **mandated** both companies to conduct clinical trials tracking vaccine myocarditis months and years beyond diagnosis for children aged five to 15.

I went on to ask him how his analysis of the Vaccine Adverse Event Reporting System (VAERS), which has been **found to show** 96 safety signals for 12-17 year-olds and 66 safety signals for five to 11 year-olds (including myocarditis, pericarditis, Bell's Palsy, high blood pressure and heart rate, and menstrual irregularities) informed his decision.

I also pointed out that a major reason given for the vaccine programme is that vaccinations reduce hospitalisations and reduce stress on the NHS, yet **studies** from around the world continue to suggest that the vaccines actually increase the risk of Covid infection.

Finally, I asked him if citizen's rights with respect to informed consent as set out on the **NHS website** are clearly available at vaccination centres and surgeries?

I went on to highlight the widespread public concern, with polls showing **48% of Americans** are concerned about vaccine injuries.

I asked him if he felt that the practice of health care meets the ethical standards of **public health principles**, such as that public health:

- is about comparative risk evaluations;
- requires public trust. Public health recommendations should present facts as the basis for guidance, and never employ fear or shame to sway or manipulate the public;
- requires open civilised debate. It is unacceptable for public health professionals to censor, silence or intimidate members of the public or other public health scientists or practitioners and that
- medical interventions should not be forced or coerced upon a population, but rather should be voluntary and based on informed consent.

I highlighted some of the many medical groups and medics calling for a halt to the vaccination programme, for example Doctors for Patients, World Council for Health and renowned cardiologists such as Dr. Aseem Malhotra and Dr. Peter Mccullough.

Is such substantial doubt enough for you to halt the programme, I asked.

I went on to add that there is also an important democratic principle involved here.

In a democracy, when there has been a mandating of public health measures and limitations put on public freedoms as a result of health advice, it is right that those recommending the most draconian measures in our history should fully present the evidence to the public showing unequivocally that the measures were necessary and that they work.

I await a response.

20.1

What Fauci Knew About Vaccine Ineffectiveness... And When

FEB 08, 2023

Authored by Jeffrey A. Tucker via The Epoch Times

What if Anthony Fauci co-authored an article on vaccines that would have gotten you and I blocked and banned at any point in the last three years?

That just happened.

His article in Cell - "Rethinking next-generation vaccines for coronaviruses, influenzaviruses, and other respiratory viruses" - says it as plainly as possible: **the COVID vaccine did not work because it could not work.**

First some review from what we knew before this whole fiasco began.

Vaccines are not suitable for coronaviruses. Such respiratory viruses spread and mutate too quickly. This is why there has never been a vaccine for the common cold and why the flu shot is predictably suboptimal. **Vaccines can only be sterilizing and contribute to public health when the virus is a stable pathogen like Smallpox and Measles**. For coronaviruses, there is really only one way forward: better anti-virals, therapeutics, and acquired immunity.

The above paragraph has been repeated to me countless times in my life, especially after COVID hit. Every expert was on the same page. There was simply no question about it. Anything that would be called a vaccine would lack the features of vaccines past. It would not stop infection or transmission, much less end a bad season for respiratory viruses. This is why the FDA has never approved one. It would not and could not make it through trials, especially given the safety risks associated with every vaccine.

Maybe, maybe, there exists the possibility that you can come up with one variant but it is not likely to be approved in time to be effective. It might provide temporary protection against severe outcomes from one variant but it will be useless against further mutations. In addition, vaccine-induced protection is not as broad as natural immunity, so it is likely that the person would get infected later. Boosting is likely only to pertain to last month's mutation, and raises dangers of itself: imprinting the immune system in ways that make it less effective.

Sadly, posting those three paragraphs on social media at any point in the last three years would likely get you censored or even banned. Normal science was suppressed. Common knowledge among experts was verboten. Everything we've learned for a century or even two millennia was thrown out. The job of censorship was tasked to a gaggle of ill-educated tech workers obeying the FBI overlords, so they went along.

20.2

And here we are two years after the vaccine rollout and the truth is rather well known. The vaccines were an enormous flop. At best. At worst, they caused tremendous amounts of injury and death as compared to any vaccine ever approved for the market. That they were forced on people in many professions—and backed by a Stalinesque media frenzy—is simply incredible. Several cities even locked themselves down for the vaccinated only. Even now, unvaccinated non-Americans cannot travel to the United States, unless they come across the southern border.

And yet only now does Fauci choose to lay out the science that we knew long ago. There is nothing particularly interesting in his article. Only the timing is interesting: following trillions in pharma profits, millions displaced by mandates, and suffering from injury all over the world. Now he says that there was really no chance that the vaccine would be either effective or necessarily safe.

This is a level of trolling that is truly unthinkable and indescribable.

Here is the summary of the article:

"Viruses that replicate in the human respiratory mucosa without infecting systemically, including influenza A, SARS-CoV-2, endemic coronaviruses, RSV, and many other 'common cold' viruses, cause significant mortality and morbidity and are important public health concerns. ***Because these viruses generally do not elicit complete and durable protective immunity by themselves, they have not to date been effectively controlled by licensed or experimental vaccines.*** *In this review, we examine challenges that have impeded development of effective mucosal respiratory vaccines, emphasizing that all of these viruses replicate extremely rapidly in the surface epithelium and are quickly transmitted to other hosts, within a narrow window of time before adaptive immune responses are fully marshaled."*

There are profound safety issues to consider too. It takes a very long time to assure that. Fauci says:

"Considering that vaccine development and licensure is a long and complex process requiring years of preclinical and clinical safety and efficacy data, the limitations of influenza and SARS-CoV-2 vaccines remind us that candidate vaccines for most other respiratory viruses have to date been insufficiently protective for consideration of licensure …"

21.1

Cases of Medical Incidents Reported by Military Pilots Increase by 1,700% More During Pandemic – Pentagon Blames it on COVID

By Jim Hoft Feb. 12, 2023

The number of medical incidents among U.S. military pilots that prompted official reporting increased by more than 1,700% from 2019 to 2022, a phenomenon the Pentagon blames on COVID-19, Military.com reported.

The Defense Medical Epidemiology Database (DMED) reveals that the number of reportable medical events among military pilots increased from an average of 226 per year between 2016 and 2019 to 4,059 in 2022, as reported by Dr. Theresa M. Long, an Army flight surgeon.

According to Dr. Long, she decided to look into DMED after the Federal Aviation Administration (FAA) secretly widened the EKG parameter range for pilots.

Recall, FAA quietly indicated that US pilots' hearts were damaged after taking the experimental vaccines.

According to Long, the new information she has uncovered forces her to submit another whistleblower **complaint** with the office of Sen. Ron Johnson (R-WI).

"What I found was a clear signal, that something in 2021 changed the health of service members," Long **told** The Epoch Times. She said these signals were consistent with those in the Vaccine Adverse Event Reporting System (VAERS) reports. But unlike VAERS reports, DMED data showed spikes in the number of diagnoses "made by a healthcare professional within the DOD on service members."

More from **Military.com**:

The flight surgeon, Lt. Col. Theresa Long, has filed for whistleblower protection and testified against the vaccine mandate, alleging that the vaccine carries risk of severe side effects — more than the illness itself. Long did not respond to a request for comment from Military.com.

According to her tweet, Long said she searched the database for all reportable events involving military pilots following the Federal Aviation Administration's announcement in October it was easing some requirements for airline pilots regarding their cardiac health.

She, along with other opponents of mRNA vaccines, asserts that the FAA policy change was related to an increased number of patients with heart damage caused by the vaccines, according to her tweets.

Studies show, however, that the risks associated with COVID-19 vaccines are low. Rare side effects may include heart inflammation and short increases — less than a day — in a woman's menstrual cycle, but with nearly 670 million doses given in the U.S. since Dec. 14, 2020, adverse events have remained low, even as 1.1 million Americans have died of the coronavirus.
The Defense Department said this week that the increase in reportable adverse events among military pilots is the result of COVID-19 itself, not the vaccines.

21.2

Responding to a query from Military.com, Defense Health Agency spokesman Peter Graves said Long mischaracterized the data in the defense epidemiology database, saying that she defined reportable events as those that cause "death, permanent harm or severe temporary harm," but the Pentagon also requires that potential threats to the population, the chance of widespread transmission, or illnesses that cause disruption to training or operations be reported.

This includes COVID-19, according to Force Health Protection Guidance issued in 2020.

"The increased numbers of reportable events in 2020, 2021, and 2022 are due to the reporting of COVID-19 cases," Graves said in an email Thursday.

You can read the rest **here**.
The Gateway Pundit **reported** on January 2022 that DoD medical data showed military cancer diagnoses have tripled since the rollout of the experimental COVID vaccines, along with a 10x increase in neurological disorders and a nearly 5x increase in female infertility.

Ohio attorney Thomas Renz **presented** **DOD medical billing data** from the Defense Medical Epidemiology Database (**DMED**) that exposes the disturbing truth about what is happening to the health of our service members since the rollout of the jab a year ago.

According to Renz, there has been an astronomical increase in several serious illnesses and disorder diagnoses in the US military since the rushed rollout of the Covid-19 vaccine – most concerning of which – cancer, which has seen a 3x increase.

"We have substantial data showing that we saw, for example, miscarriages increasing by 300% over the five-year average, almost. We saw almost 300% increase in cancer over the five-year average," Renz said.

The **DMED** data also revealed that there has been a whopping ten times increase in neurological disorders since the vaccines were introduced, which directly impacts military readiness, especially within the US Air Force.

Not the most encouraging thing, considering the Warhawks in the DC Swamp are **pushing** to kick off WWIII with Russia.

"We saw — this one's amazing — neurological. So, neurological issues which would affect our pilots, over 1000% increase. 1000," he said.

"82,000 per year to 863,000 in one year. Our soldiers are being experimented on, injured, and sometimes possibly killed."

22.1

Newly Released Emails Show Health Officials Concerned with Pregnant Women Having 'Adverse Event Issue'

By Becker News February 11, 2023

Newly released emails show that U.S. health officials were concerned about pregnant women having an "adverse event issue" due to Covid mRNA vaccines as early as 2021.

According to the emails, obtained by the legal watchdog Judicial Watch, officials with the U.S. Food and Drug Administration (FDA) and U.S. Centers for Disease Control and Prevention (CDC) exchanged emails in May 2021 about language about administering the Covid shots with other vaccines.

"Please let me know if you want to connect about the adverse event issue later today. Seems like work is still ongoing, but let me know," Dr. Peter Marks, director of the FDA's Center for Biologics Evaluation and Research, wrote to colleagues.

From: Marks, Peter <Peter.Marks@fda.hhs.gov>
Sent: Friday, May 14, 2021 1:29 PM
To: Gruber, Marion (FDA/CBER) <Marion.Gruber@fda.hhs.gov>; Cohn, Amanda (CDC/DDID/NCIRD/OD) <anc0@cdc.gov>
Cc: Mbaeyi, Sarah (CDC/DDID/NCIRD/OD) <vif6@cdc.gov>
Subject: RE: [EXTERNAL] FW: Coadministration of COVID-19 Vaccines with Other Vaccines During Pregnancy

Dear Amanda and Sarah,

I can live with this as well.

Please let me know if you want to connect about the adverse event issue later today. Seems like work is still ongoing, but let me know. Thanks.

Best Regards,
Peter

From: Gruber, Marion <Marion.Gruber@fda.hhs.gov>
Sent: Friday, May 14, 2021 1:11 PM
To: Cohn, Amanda C (CDC) <anc0@cdc.gov>; Marks, Peter <Peter.Marks@fda.hhs.gov>
Cc: Mbaeyi, Sarah A (CDC) <vif6@cdc.gov>
Subject: RE: [EXTERNAL] FW: Coadministration of COVID-19 Vaccines with Other Vaccines During Pregnancy

I am fine with this language.
Marion

Dr. Amanda Cohn, chief medical officer of the CDC's National Center for Immunizations and Respiratory Diseases, replied to the email.

"We have a meeting with Rochelle at 3:30 about if we should say anything or wait until we have more definitive information … I will let you know where we land," Cohn wrote. Dr. Rochelle Walensky is the head of the CDC.

"I'm not sure there is a right answer," Cohn added.

22.2

Jonathan Mogford, a medical researcher from the United Kingdom, emailed top health officials at Health & Human Services (HHS) and the FDA in December 2020 expressing concern over patients with a history of allergic reactions receiving the Covid shots.

Advice to Healthcare professionals

This precautionary advice is being issued following two case reports of anaphylactoid reactions associated with administration of Pfizer BioNtech COVID-19 vaccine.

New advice:

1. Any person with a history of a significant allergic reaction to a vaccine, medicine or food (such as previous history of anaphylactoid reaction or those who have been advised to carry an adrenaline autoinjector) should not receive the Pfizer BioNtech vaccine.

2. Resuscitation facilities should be available at all times for all vaccinations. Vaccination should only be carried out in facilities where resuscitation measures are available.

The subject header for the email was redacted.

The emails were obtained by the nonprofit Judicial Watch, which sued the U.S. government for failing to appropriately respond to a Freedom of Information Act request for messages regarding adverse events, deaths, and/or injuries caused by the COVID-19 vaccines. Adverse events include health conditions such as arthritis or heart inflammation.

No other emails about the "adverse event issue" were included in the latest batch of emails disclosed by Judicial Watch.

The original clinical trials performed on pregnant women did not include enough information "to make conclusions about the safety of the" Covid shots manufactured by Pfizer, Moderna, and Johnson & Johnson, according to the FDA documents.

Authorities have since relied on surveillance data, including a CDC study, which was corrected in October 2021.

Pfizer conducted a post-authorization trial of its vaccine in pregnant women that was labeled completed in mid-2022 but results have not been publicly reported.

"We think that part of the reason is because the results are so bad," Linda Wastila, a professor at the University of Maryland, told The Epoch Times.

Judicial Watch remarked upon the release of the newly obtained emails.

"It again took a lawsuit for the Biden administration to hand over, albeit heavily redacted, information regarding the safety of the COVID vaccines that the public has every right to know," Judicial Watch President Tom Fitton said in a statement. "This disturbing batch of new documents have uncovered a secret confidentiality agreement tied to COVID vaccine safety issues and emails that raise new questions about the vaccines and pregnancy."

23.1

Top doctors warn about mass CENSORSHIP of COVID vax injuries

by: Patrick Tims, staff writer | February 12, 2023

(NaturalHealth365) It is well-known that the COVID vax has the potential to cause numerous side effects, many of which lead to lifelong adverse health outcomes. Some of the world's top physicians are now stepping forward to shine the spotlight on the widespread underreporting of vax injuries.

A handful of the industry's most respected clinicians are even going as far as acknowledging that the mainstream media are censoring COVID vax injuries.

Courageous doctors step forward and warn about massive censorship of COVID shot related injuries and deaths

It is no secret that we live in contentious and perilous times. However, no matter how bleak the future looks, profiles of courage continue to emerge with each passing day. Those who bravely step forward to tell the truth about COVID vax injuries and censorship from the media are in the minority, yet their numbers are on the rise.

Most conventionally trained physicians are taught to identify symptoms and select treatment, skipping over the critical thinking component of the decision-making process in favor of bot-like rote memorization followed by a response almost always by the book. However, not all physicians think this way.

Medical professionals with an allegiance to the truth point to a recent Cleveland Clinic study of 50,000 healthcare workers. The analysis reveals those vaxxed are much more likely to test positive for coronavirus. This finding flies in the face of the mainstream media's narrative that repeated injections slow or even halt the spread of the virus and lead to positive health outcomes.

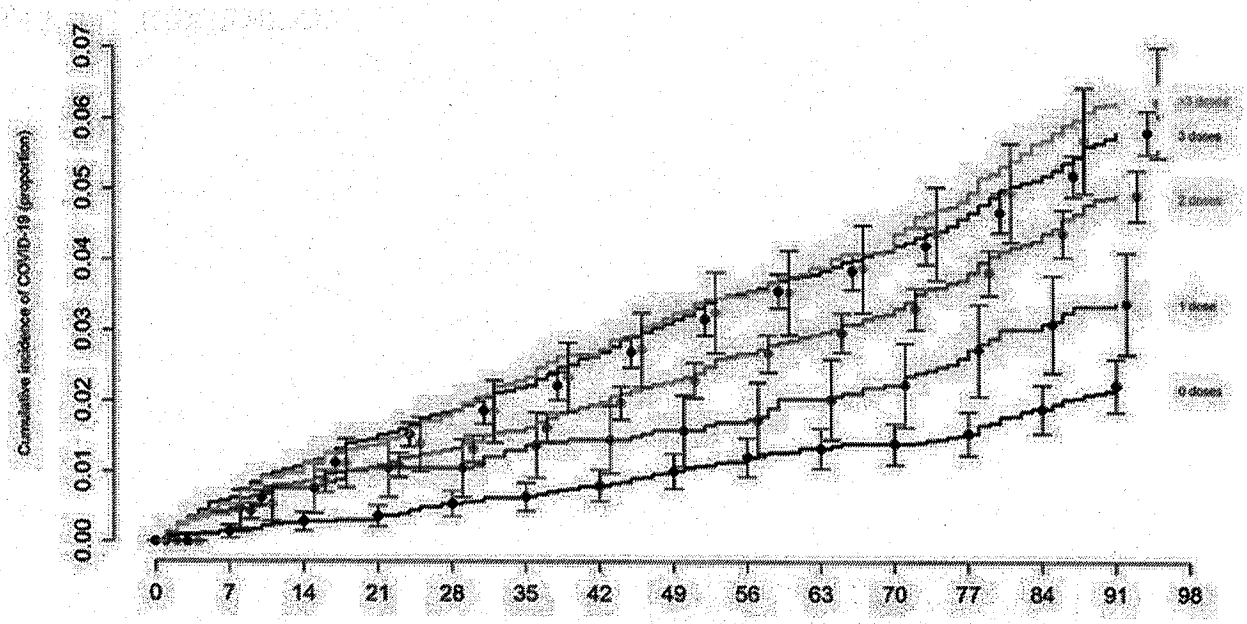
Delve deep into the Cleveland Clinic study, and you'll find the unvaxxed fare the best. The shocking truth is **those who received the coronavirus injection are three times more likely to become infected with the virus**.

More evidence suggests COVID shots are ineffective and unsafe

Previous studies also point to the ineffectiveness of the coronavirus vax, yet the mainstream media rarely gives those facts and figures any air time as they have a vested interest in advancing Big Pharma's narrative. Those prior studies reveal the vax's negative efficacy increases as time progresses. As a result, the vax continues to linger, potentially indefinitely.

Sweden's study is of particular importance as it is more comprehensive than others. The Swedish study is more of a longitudinal one in that it gauged the vax efficacy throughout the world across more than a six-month period. The study revealed that **Pfizer's mRNA shot, touted as Big Pharma's greatest achievement, produced *no* detectable efficacy**. The study shows negative efficacy across more than 200 days for individuals older than 50.

23.2



Continue to dig through the study's results, and you'll find an even more shocking truth: **the Pfizer shots are nearly -80% effective**. Moreover, the researchers behind the study admit that the figures continue to decline with each passing month, making it crystal clear that Pfizer's injections cause more harm than good.

24.1

Top Doctors Reveal Vaccines Turn Our Immune Systems Against Us

Celeste McGovern & GreenMedInfo

February 13, 2023

The research is hard to ignore, vaccines can trigger autoimmunity with a laundry list of diseases to follow. With harmful and toxic metals as some vaccine ingredients, who is susceptible, and which individuals are more at risk?

No one would accuse Yehuda Shoenfeld of being a quack. The Israeli clinician has spent more than three decades studying the human immune system and is at the pinnacle of his profession. You might say he is more foundation than fringe in his specialty—he wrote the texts.

"The Mosaic of Autoimmunity, Autoantibodies, Diagnostic Criteria in Autoimmune Diseases, Infection, and Autoimmunity, Cancer and Autoimmunity"—is one of a list 25 titles long and some are cornerstones of clinical practice. It's hardly surprising that Shoenfeld has been called the "Godfather of Autoimmunology"—the study of the immune system turned on itself in a wide array of diseases from type 1 diabetes to ulcerative colitis and multiple sclerosis.

But something strange is happening in the world of immunology lately and a small piece of evidence of it is that the "Godfather of Autoimmunology" is pointing to vaccines—specifically, some of their ingredients including the toxic metal aluminum—as a significant contributor to the growing global epidemic of autoimmune diseases.

The bigger evidence is a huge body of research that's poured in over the past 15 years, and particularly in the past five years. Take for example, a recent article published in the journal Pharmacological Research in which Shoenfeld and colleagues issue unprecedented guidelines naming four categories of people who are most at risk for vaccine-induced autoimmunity.

"On one hand," vaccines prevent infections which can trigger autoimmunity, say the paper's authors, Alessandra Soriano, of the Department of Clinical Medicine and Rheumatology at the Campus Bio-Medico University in Rome, Gideon Nesher, of the Hebrew University Medical School in Jerusalem, and Shoenfeld, founder and head of the Zabludowicz Center of Autoimmune Diseases in the Sheba Medical Center at Tel Hashomer.

He is also editor of three medical journals and author of more than 1,500 research papers across the spectrum of medical journalism and founder of the International Congress on Auto-immunology.

"On the other hand, many reports that describe post-vaccination autoimmunity strongly suggest that vaccines can indeed trigger autoimmunity. Defined autoimmune diseases that may occur following vaccinations include arthritis, lupus (systemic lupus erythematosus) diabetes mellitus, thrombocytopenia, vasculitis, dermatomyositis, Guillain-Barre syndrome, and demyelinating disorders. Almost all types of vaccines have been reported to be associated with the onset of ASIA."

Autoimmune/inflammatory syndrome induced by adjuvants—or ASIA, (also known as Shoenfeld's syndrome)—first appeared in the Journal of Autoimmunology four years ago. It is an umbrella term for a collection of similar symptoms, including chronic fatigue syndrome, that result after exposure to an adjuvant—an environmental agent including common vaccine ingredients that stimulate the immune system.

Since then an enormous body of research, using ASIA as a paradigm, has begun to unravel the mystery of how environmental toxins, particularly the metal aluminum used in vaccines, can trigger an immune system chain reaction in susceptible individuals and may lead to overt autoimmune disease.

Autoimmune disease results when the body's system—meant to attack foreign invaders—turns instead to attack part of the body it belongs to (*auto* is Greek for self). If the immune system is like a national defense system, antibodies are like drones programmed to recognize a certain type of invader (a bacteria say) and to destroy them or mark them for destruction by other special forces.

Autoantibodies are like drones that are misidentifying a component of the human body and have launched a sustained attack on it. If they mistakenly target a component of the conductive sheath around neurons, for example, nerve impulses stop conducting properly, muscles go into spasms and coordination fails, and multiple sclerosis results. If autoantibodies erroneously focus on joint tissue, rheumatoid arthritis results. If they target the islets of Langerhans in the pancreas, type 1 diabetes, and so on.

"Throughout our lifetime the normal immune system walks a fine line between preserving normal immune reactions and developing autoimmune diseases," says the paper. "The healthy immune system is tolerant to self-antigens. When self-tolerance is disturbed, dysregulation of the immune system follows, resulting in emergence of an autoimmune disease. Vaccination is one of the conditions that may disturb this homeostasis in susceptible individuals, resulting in autoimmune phenomena and ASIA."

Who is "susceptible" is the subject of the paper titled, "Predicting post-vaccination autoimmunity: Who might be at risk?" It lists four categories of people: 1) Those who have had a previous autoimmune reaction to a vaccine, 2) Anyone with a medical history of autoimmunity, 3) Patients with a history of allergic reactions, 4) Anyone at high risk of developing autoimmune disease including anyone with a family history of autoimmunity, presence of autoantibodies which are detectable by blood tests and other factors including low vitamin D and smoking.

24.2

Previous Reaction

Regarding those who have had a previous adverse reaction to vaccines, the paper cites five relevant studies including the case of a death of a teenage girl six months following her third Gardasil injection against the HPV virus. She had experienced a range of symptoms shortly after her first dose, including dizziness, numbness, and tingling in her hands, and memory lapses. After her second injection, she developed "intermittent arm weakness, frequent tiredness requiring daytime naps," worse tingling, night sweats, chest pain, and palpitations.

A full autopsy was unrevealing but blood and spleen tissue analysis revealed HPV-16 L1 gene DNA fragments—matching the DNA found in vials of the Gardasil vaccine against cervical cancer—"thus implicating the vaccine as a causal factor." The DNA fragments had also been found to be "complexed with the aluminum adjuvant" which, according to the report, have been shown to persist for up to eight to 10 years causing chronic immune system stimulation.

"Although data is limited," Shoenfeld and his colleagues concluded, "it seems preferable that individuals with prior autoimmune or autoimmune-like reactions to vaccinations, should not be immunized, at least not with the same type of vaccine."

Established Autoimmune Condition

The second group, which the paper cites for vaccine exemption, is patients with "established autoimmune conditions." Vaccines don't work so well in them, say Shoenfeld and his colleagues, and they are at "risk for flares following vaccination."

Inoculations that contain live viruses including chickenpox, yellow fever, and the measles, mumps, and rubella triple vaccine are "generally contraindicated" for people with autoimmune conditions because of the risk of "uncontrolled viral replication." But inactivated vaccines are not such a good idea either because they usually contain the added ingredient aluminum, linked to autoimmunity.

The immunologists describe recent studies in which patients with autoimmune rheumatic disease given the influenza vaccine (without aluminum) suffered more joint pain and fever than controls and whose levels of autoantibodies (the drones that attack self) increased after receiving the flu vaccine.

What's more, they developed new types of autoantibodies that weren't present before the vaccines—and those persisted. As the presence of autoantibodies can be predictive of developing autoimmune disease in patients without symptoms, even years ahead of disease onset, this is troubling to those who understand immunology.

A number of studies claim vaccines are safe for the "overwhelming majority of patients with established autoimmune diseases," the study allows, but they only looked at rheumatoid arthritis and lupus and not at severe and active cases so "the potential benefit of vaccination should be weighed against its potential risk," they cautioned.

Patients With a History of Allergy

Vaccine trials have usually excluded "vulnerable" individuals—only extremely healthy individuals with no allergies are recruited. It's a "selection bias," say Soriano and Shoenfeld, and has likely resulted in serious adverse events being "considerably underestimated" in "real life where vaccines are mandated to all individuals regardless of their susceptibility."

The true incidence of allergic reactions to vaccines, normally estimated at between one in 50,000 to one in a million doses, is probably much higher and particularly where gelatin or egg proteins are on the ingredients list, they say.

There's a long list of vaccine ingredients that are potential allergens: Besides the infectious agents themselves, there are those from hen's egg, horse serum, baker's yeast, numerous antibiotics, formaldehyde, and lactose, as well "inadvertent" ingredients such as latex. People's allergic histories have to be taken before vaccination say the researchers. But some signs of reaction don't show up until after the shot.

The public health nurse or general practitioner might tell patients that a long-lasting swelling around the injection site after a vaccine is a normal reaction, for example. But that is not what the immunologists say.

"[A]luminum sensitization manifests as nodules [hard lumps] at the injection site that often regress after weeks or months, but may persist for years." In such cases, they say, a patch test can be done to confirm sensitivity and to avoid vaccination.

According to a growing body of research, though, allergy may be only the beginning of many dangerous aluminum-induced phenomena.

The Trouble With Aluminum

Aluminum has been added to vaccines since about 1926 when Alexander Glenny and colleagues noticed it would produce better antibody responses in vaccines than the antigen alone. Glenny figured the alum was inducing what he called a "depot effect"—slowing the release of the antigen and heightening the immune response.

For 60 years his theory was accepted dogma. And over the same time, the vaccine schedule grew decade on decade, but few ever questioned the effects of injecting aluminum into the body, which is strange considering its known toxicity.

A PubMed search on aluminum and "toxicity" turns up 4,258 entries. Its neurotoxicity is well documented. It affects memory, cognition, psychomotor control, damages the blood-brain barrier, activates brain inflammation, depresses mitochondrial function—and plenty of research suggests it is a key player in the formation of the amyloid "plaques" and tangles in the brains of Alzheimer's patients. It's been implicated in amyotrophic lateral sclerosis and autism and demonstrated to induce allergy.

24.3

When kidney dialysis patients were accidentally infused with aluminum, the "dialysis-induced encephalopathy" they developed neurological symptoms—speech abnormalities, tremors, memory loss, impaired concentration, and behavioral changes. Many of the patients eventually went into comas and died. The lucky ones survived—when the source of toxicity, aluminum, was removed from their dialysis they recovered rapidly.

With these new observations, researchers began investigating the adjuvant effects of aluminum and in the past decade, there has been a flurry of research. Far from being a sandbag that holds the antigen for a while and then gets excreted, it turns out that aluminum salts trigger a storm of defense action.

Within hours of injection of the same aluminum oxy-hydroxide in vaccines into mice, for example, armies of specialized immune cells are on the move, calling in grid coordinates for more specialist assault forces.

Within a day, a whole host of immune system commandos are in play—neutrophils, eosinophils, inflammatory monocytes, myeloid and dendritic cells, activating lymphocytes and secreting proteins called cytokines. The cytokines themselves cause collateral damage but they send out signals, directing cell-to-cell communication and recruiting other cells into action.

If the next phase of the attack is launched—fibroblast growth factor, interferons, interleukins, platelet-derived growth factor, transforming growth factor and tumor necrosis factor might all be engaged. There's evidence that poorly understood and pesky inflammasomes, (currently a topic of cutting-edge cancer causation research) such as the NOD-like receptor 3 are activated too, but it's all still too early to say exactly what they're doing.

New research emerging from the University of British Columbia has found that aluminum adjuvant injected into mice can alter the expression of genes associated with autoimmunity. And in their recent study published in the Proceedings of the National Academy of Sciences, immunologists at the University of Colorado found that even host DNA is recruited into the aluminum assault, that it rapidly coats injected alum, triggering effects that scientists have barely scratched the surface of understanding.

The Significance of Macrophagic Myofasciitis

This mobility or "translocation" of aluminum in the body is perhaps the most disturbing of the mounting evidence in current aluminum research. In 1998, French researcher Romain Gherardi and his colleagues observed an emerging condition of unknown origin that presented in patients post-vaccination with chronic fatigue-like symptoms including swollen lymph nodes, joint and muscle pain, and exhaustion.

Tissue biopsies of the patient's deltoid revealed lesions up to 1 cm in diameter and unique from similar lesions of other diseases. They went to the lab for analysis and to Gherardi's astonishment, they mainly consisted of macrophages—large white blood cells in the immune system whose job is to swallow up foreign invaders in the body. Enclosed in the cellular fluid of these phagocytes were agglomerates of nanocrystals of aluminum.

Gherardi and his colleagues began injecting mice with aluminum to see what happened. Their research published in 2013 revealed that the metal particles were engulfed by macrophages and formed MMF [magnetomotive force]-like granulomas that dispersed—to distant lymph nodes, spleen, liver, and eventually the brain.

"This strongly suggests that long-term adjuvant biopersistence within phagocytic cells is a prerequisite of slow brain translocation and delayed neurotoxicity," writes Gherardi in his February 2015 review of the relevant research in Frontiers in Neurology.

A more frightening animal study of aluminum is that of Spanish veterinary researcher Lluis Lujan's study of ovine ASIA. After huge numbers of sheep in Spain died in 2008 in the wake of a compulsory multiple-vaccine campaign against bluetongue in Spain in 2008, Lujan set out to find out what killed them—and he began by inoculating them with aluminum.

His 2013 study found that only 0.5 percent of sheep inoculated with aluminum vaccines showed immediate reactions of lethargy, transient blindness, stupor, prostration, and seizures—"characterized by a severe meningoencephalitis, similar to post-vaccine reactions seen in humans." Most of them recovered, temporarily, but postmortem exams of the ones who didn't revealed acute brain inflammation.

The delayed onset "chronic" phase of the disease affected far more of the sheep—50–70 percent of flocks and sometimes virtually 100 percent of animals within a given flock, usually including all of those who had previously recovered.

The reaction was frequently triggered by exposure to cold and began with restlessness and compulsive wool-biting, then progressed to acute redness of the skin, generalized weakness, extreme weight loss, and muscle tremors, and finally, entered the terminal phase where the animals went down on their front quarters, became comatose and died. Post-mortem examinations revealed "severe neuron necrosis" and aluminum in the nerve tissue.

The immune system's reaction to aluminum "represents a major health challenge," Gherardi declares in his recent review, and he adds that "attempts to seriously examine safety concerns raised by the bio-persistent character and brain accumulation of alum particles have not been made ... A lot must be done to understand how, in certain individuals, alum-containing vaccines may become insidiously unsafe."

Back to the problem of which "certain individuals" should avoid vaccination to avoid autoimmune disease.

People Prone to Develop Autoimmunity

Soriano and Shoenfeld identify a final category—anyone at risk of developing autoimmune disease. Since a number of them have been shown to have genetic factors that would include anyone with a family history of autoimmune disease. It also includes anyone who has tested positive for autoantibodies which can indicate disease years before symptoms show up. Vaccinations, the doctors say, "may trigger or worsen the disease."

24.4

Smokers too, have an exceptionally high risk of developing an autoimmune disease, says the report. The American Cancer Society estimates that about 18 percent of Americans smoke. That means about 42 million Americans have an elevated risk of developing an autoimmune disease and they're stacking the odds with every vaccine.

And finally, factors that Shoenfeld and Soriano associate with high risk of developing autoimmunity are high estrogen and low vitamin D—which means anyone taking birth control or hormone replacement therapy and, according to one 2009 study of vitamin D status, about three-quarters of American teens and adults should be wary of vaccines.

Shoenfeld doesn't seem to mean to exclude all of these people from immunization, however. The paper concludes that "for the overwhelming majority of individuals, vaccines carry no risk of systemic autoimmune disease and should be administered according to current recommendations." Which is in stark contrast to the body of the paper. The final word is cautionary about weighing the "potential benefit of vaccination ... against its potential risk."

It's exemplary of a strange sort of schizophrenia in a wide range of recent immunology papers. The doctors seem to be trying to reconcile a century of "safe and effective" vaccine dogma with the last decade's worth of terrifying research findings. There's a lot of "on the one hand" and "on the other hand" in them.

The new research seems about to gain the upper hand, however. A 2013 overview of ASIA by six immunologists including Shoenfeld, for example, is a catalog of vaccine side effects from Gardasil deaths, narcolepsy epidemics, infertility, chronic fatigue, dead sheep, and aluminum-addled brains. It is rife with statements that would have been virtually unheard of inside mainstream medicine a decade ago. Like this shocker:

"Perhaps, in twenty years, physicians will be dueling with better-characterized particles of autoimmunity, and the vaccines may become fully safe as well as effective. Nonetheless, the recognition of ASIA has initiated the change to put more efforts in identifying the good, the bad, and the ugly of vaccines and in particular of adjuvants as triggers of autoimmunity."

Bad and ugly of vaccines? What's wrong with the adjuvants? That's not in the CDC [Centers for Disease Control and Prevention] hand-out.

Or how about this one:

"Despite the huge amount of money invested in studying vaccines, there are few observational studies and virtually no randomized clinical trials documenting the effect on mortality of any of the existing vaccines. One recent paper found an increased hospitalization rate with the increase of the number of vaccine doses and a mortality rate ratio for 5–8 vaccine doses to 1–4 doses of 1.5, indicating a statistically significant increase of deaths associated with higher vaccine doses. Since vaccines are given to millions of infants annually, it is imperative that health authorities have scientific data from synergistic toxicity studies on all combinations of vaccines..."

That could be any anti-vaxxer jabbering on ... but it's not.

But here is the topper:

"The U.S. Supreme Court ruled that vaccines makers are immune from lawsuits charging that the design of the vaccine is defective. Thus there is need for innovative clinical trial design and the vaccines themselves should be redesigned."

Immunologists including the world's leading authority on autoimmunity are saying it is time to take vaccines back to the drawing board.

Autoimmune disease is the third leading cause of morbidity and mortality worldwide and is now among the top 10 killers of young American women. The American Autoimmune Related Diseases Association estimates that 50 million Americans suffer from one of 88 autoimmune diseases—from type 1 diabetes to systemic lupus erythematosus—and some research puts the figure at one in five globally. At least 40 more diseases are suspected to be immune-mediated. Most of them are devastating—frequently crippling, expensive to treat, and incurable. And they are increasing at an astonishing pace.

At this stage, it looks like the more the research pours in, the harder it is going to get for pro-vaccine immunologists to keep multiple personality disorder—or complete nervous breakdown—at bay. Ten years of cutting-edge research into aluminum's effects on the immune system has revealed primarily how wrong they were. And how little they know.

If, after 90 years, doctors finally have begun to seriously examine the mechanism and question the merits of injecting metal toxins into newborn babies, what have they yet to discover? ASIA sounds awful. (Too bad for all the people whose kids suffered through chronic fatigue when it was just a Freudian yearning to sleep with their mother.)

But what if, like Lujan's sheep, the "negligible" minority that has been paying the price for the good of humanity is actually only the tip of the iceberg? What if some people with no apparent adverse immune reactions still have nanocrystals of aluminum silently depositing in their brains? What if ASIA really includes Alzheimer's? ALS, autism? ADD? And that's just the A's.

Even if immunologists keep wearing their rose-colored glasses, and vaccine ingredients are only responsible for a tiny fraction of the exploding autoimmunity, the "ugly" in vaccines will still get harder and harder to ignore. When everyone on the planet is getting injected, 20 years is a long time for disabled people to stack up while scientists "duel with the characterized particles of autoimmunity." Time is running out for doctors and researchers who see the "bad and ugly" side of vaccines and their adjuvants to do something about it.

25.1

CDC Director Walensky Says Child Masking Policy "Doesn't Really Change with Time" – After She Is Confronted with New Study That Proves Masking is Worthless in Preventing Spread of COVID (VIDEO)

By Jim Hoft February 14, 2023

In late January the **Cochrane Study** was released. This was one of the largest and most comprehensive studies on masking that found masks do almost nothing to prevent the spread of respiratory diseases.

Before 2020 all doctors knew this was a fact. Then came Dr. Evil, Tony Fauci, and his half-truths and lies. In 2020 Fauci decided masks should be worn to prevent the spread of COVID even on healthy people. And, sadly 99% of the medical community went along with this madness.

The Cochrane Study found that masks were worthless in preventing the spread of COVID.

The Washington Free Beacon reported:

The **study** reviewed 78 randomized control trials—experiments that have long been considered "the gold standard" for medicine—which assessed the effectiveness of face masks against flu, COVID-19, and similar illnesses. It found that wearing masks "probably makes little or no difference" for the general public, no matter what kind of mask is used. Even N95 masks, considered the most effective at filtering airborne particles, showed no clear benefit for health care workers.

The study was published on January 30 by the Cochrane Library, a world-renowned medical database that is famous for its high-quality evidence reviews. It comes as a battering ram to the recommendations of the U.S. public health establishment, which urged children as young as two to wear masks throughout the pandemic.

"This amounts to the scientific nail in the coffin for mask mandates," said Kristen Walsh, a clinical professor of pediatrics in Morristown, New Jersey. "I just can't wrap my mind around the fact that some schools are still actively forcing children to wear masks, much less children who need to see faces to learn."

Though most Western countries **opted against masking** kids—in part due to concerns about speech and social development—many blue school districts mandated face coverings for toddlers, citing guidance from the Centers for Disease Control and Prevention and the American Academy of Pediatrics.

On Tuesday Rep. Cathy McMorris Rodgers confronted CDC Director Rochelle Walensky during congressional testimony on the COVID pandemic.

McMorris Rodgers asked Walensky if the CDC will revise its guidance on masking in schools now that the Cochrane review found they are worthless in the spread of the disease.

The CDC is the only national and international organization that demands masking of 2-year-old children. This is abuse.

Walensky refuted the international study responded, "Our guidance for school-based masking is related to our COVID-19 community levels. Unfortunately, we're in a place now in this country where most of our country is in green or yellow. Has low to moderate transmission communicable levels. And in those communities we don't recommend masking. We recommend it for high level communities... **Our masking guidance doesn't really change with time.** It changes with the disease."