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WATCH: Thermographic Imaging Shows Massive Blood Clots in the Asymptomatic Vaxxed

Greg Reese May 3, 2023

Bombshell analysis reveals Big Pharma's crimes against humanity

Watch & share Greg Reese's latest video report that chronicles how thermal imaging reveals Big Pharma's devastating impact on people who took the jab:

<https://banned.video/watch?id=645258b76e515305d1084815>

2-1

Of all the ways mRNA injections cause harm, the vaccine-induced immune response is the worst

RHODA WILSON MAY 7, 2023

A paper published on 1 May 2023 by Doctors for Covid Ethics summarised three potential ways the mRNA covid “vaccines” cause disease: toxicity of the lipid nanoparticles, the toxicity of the spike proteins and the destructive effects of the immune response to the spike protein. The paper argues that the latter, the destructive effects of the immune response induced by the “vaccine,” is likely the most important.

“If this conclusion is correct, then essentially the same level of toxicity must be expected with future mRNA vaccines against any other pathogenic microbes,” wrote the paper’s author paper, Dr. Michael Palmer.

The paper, which you can read [HERE](#), begins with an easy-to-understand explanation of how mRNA “vaccines” provoke an immune response.

The mRNA is enveloped in the lipid nanoparticle (“LNP”) which protects the mRNA in transit and facilitates its uptake by our bodies’ cells. Once inside the cells, the mRNA binds to ribosomes which read the mRNA sequence and then assemble the spike protein. The spike protein will be taken to the cell surface and may be bound by antibodies.

“Those bound antibodies will activate the complement system, a cascade of serum proteins which culminates in the formation of a membrane attack complex. Such complexes create large holes in the cell membrane, ultimately killing the cell,” Dr. Palmer wrote.

If the spike protein breaks into fragments within the cell and these fragments are taken to the cell surface, then they will be recognised by T-killer cells. The T-killer cells will attack and kill that cell.

“The above assumes that we already have antibodies which recognise the spike protein or its fragments,” Dr. Palmer noted.

Differences between live viruses and mRNA “vaccines”

For those who argue that the mechanism described above happens in an immune response to live viruses and live virus vaccines as well, Dr. Palmer points out that there are three key differences between live virus vaccines and mRNA “vaccines” and summarised these differences in the table below.

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1.2. Three key differences between live virus vaccines and mRNA vaccines

	Live virus vaccines	mRNA vaccines
Replication inside the host cell	yes	no
Vaccine particles contain protein antigens	yes	no
Vaccine particles infect blood vessel walls	no	yes

Alternate mechanisms of mRNA vaccine toxicity: which one is the main culprit?

Michael Palmer, 1 May 2023

The paper explains in detail why these differences are important.

From the outset, it's important to note that if we are infected with a natural virus or inoculated with a live virus vaccine, the initial viral load is small. And, a secondary infection will trigger a memory response, which curbs the multiplication of the virus early on. "Neither with the primary infection nor with a secondary one will peak viral load and peak immune response clash head-on. This limits the intensity of inflammation," Dr. Palmer explained.

Replication inside the host cell

Unlike viruses mRNA "vaccines" do not replicate. This makes it necessary to inject the full amount of vaccine particles all at once and every time.

If the antigen, the substance or particle that induces an immune response, declined over a matter of days, and no immunity yet exists, a clash between peak antigen expression and peak immune response may be avoided.

"However, with a repeat injection, and also in case of natural immunity due to a previous infection with the virus, we must expect antigen expression to clash head-on with an intense immune response, resulting in accordingly intense inflammation. Thus, both acute side effects and long-term ones such as autoimmune disorders will become more likely after the second shot," Dr. Palmer wrote.

The high viral load clashing with the intense immune response that is expected with repeat injections promotes intense inflammation, with severe tissue destruction and the risk of triggering autoimmunity.

Vaccine particles contain protein antigens

The mRNA "vaccine" particles do not contain any copies of the encoded protein antigen on their surfaces. As this concept is important to understand, we have copied Dr. Palmer's explanation below.

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The presence of protein antigens on virus particles means that these can be bound by antibodies that are already present, which will prevent those virus particles from infecting our body cells. Even though some particles may still manage to get through, the antibodies will at least mitigate the infection.

In contrast, mRNA vaccine particles cannot be stopped by antibodies at all, for the simple reason that they contain only the nucleic acid blueprint for the protein but not the actual protein itself. Therefore, these particles will be taken up by our body cells regardless of immunity. Any immunity already present will then be directed against those unlucky cells

Alternate mechanisms of mRNA vaccine toxicity: which one is the main culprit? Michael Palmer, 1 May 2023

As with the clashing of the high viral load and intense immune response, particles that “fly under the radar” of antibody surveillance before entering cells, directing an “angry” immune system against those cells promotes intense inflammation, with severe tissue destruction and the risk of triggering autoimmunity.

Thus, in a nutshell, with real viruses existing immunity will inhibit cell damage and inflammation, while with mRNA vaccines existing immunity will make things worse.

Alternate mechanisms of mRNA vaccine toxicity: which one is the main culprit? Michael Palmer, 1 May 2023

Dr. Palmer then presented graphs which demonstrated the adverse event severity and cardiac symptoms seen in teens after the first and second doses of covid mRNA injections. He also presented graphs of myocarditis reported to VAERS. All the graphs show incidences are more severe or higher in number after the second dose compared to the first.

In a graph showing ‘Days to death by age and dose’ according to VAERS data, “the story is a little more complicated,” Dr. Palmer said. “Apparently, there are more delayed deaths, but fewer early ones after the second dose.”

Other mechanisms of vaccine injury

Dr. Palmer previously explored the induction of genetic mutations by the mRNA and by contaminating DNA. So, in this paper, he focused on the chemical toxicity of the LNPs, the spike protein toxicity and the immune response to the “foreign” spike protein.

Cationic lipids are highly inflammatory and can also induce programmed cell death. Programmed cell death is called “apoptosis.” Even if outright apoptosis is not reached, “cationic lipids have been confirmed in multiple studies ... [to] pose a risk of DNA damage,” Dr. Palmer wrote.

The spike protein itself is toxic. Also, spike protein within cells can inhibit DNA repair, compounding the mutagenic risks posed by the RNA and contaminating DNA as well as the cationic lipids. But that’s not the only danger the spike proteins pose.

The spike protein on the surface of cells can be cleaved off and enter the bloodstream. This begins a set of processes which ultimately lead to elevated blood pressure, activation of blood clotting and increased inflammation.

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To demonstrate the immune system response to the spike protein Dr. Palmer uses images produced by three sources: pathologist Prof. Arne Burkhardt – who famously used the term “lymphocytes amok” – a case report of a patient who died from vaccine-induced encephalitis and a case of myocarditis with sudden death reported by Choi et al.

Lymphocytes are a type of white blood cell that is part of the immune system. There are two main types of lymphocytes: B cells and T cells. The B cells produce antibodies that are used to attack invading bacteria, viruses, and toxins. The T cells destroy the body's own cells that have themselves been taken over by viruses or become cancerous.

The lymphocytes infiltrating the tissues that Prof. Burkhardt was referring to are T-lymphocytes, killer lymphocytes. What he and his colleague found was that these lymphocytes are running amok in all organs post covid vaccination and it was “very alarming.”

Further reading:

- 'Lymphocytes Amok' Post-Covid Injection Is Very Alarming, Says Pathologist
- Scientific evidence suggests the Covid Vaccines reprogram the innate Immune System & cause lymphocytes to attack the body's organs
- Dr Bhakdi – “Covid-19 Vaccines are killing people by causing an autoimmune attack of killer Lymphocytes”
- Scientists conclude COVID Vaccines reprogram the Immune System causing Lymphocytes to attack Vital Organs

Which of the three mechanisms is the dominant one?

While the toxicity of the LNPs and the spike proteins cannot be ignored, the immune response to the spike protein is most likely the dominant mechanism of mRNA vaccine toxicity.

Why does it matter which of the pathogenetic mechanisms is predominant? Dr. Palmer explained:

There are plans to convert existing vaccines, including childhood vaccines, to mRNA technology. If direct toxicity of the SARS-CoV-2 spike protein were mainly responsible for the adverse events caused by the covid-19 mRNA vaccines, then future mRNA vaccines might be more benign, as long as the antigenic proteins which they encode are less toxic than the SARS-CoV-2 spike protein.

On the other hand, every mRNA vaccine will induce an immune response in the same manner as the covid-19 mRNA vaccines. Therefore, **if that immune response were mainly responsible for toxicity, then we must expect similarly catastrophic outcomes with all future mRNA vaccines.** [Emphasis our own]

3-1

COVID shot-induced antibody-dependent enhancement is behind millions of sudden deaths worldwide

Patrick Tims May 8, 2023

If the term “antibodies” makes you uneasy, take comfort in knowing that you are not alone. This word became mainstream at the beginning of the pandemic, but many people are still unclear about its meaning. So, what exactly are antibodies? They are protein components of the immune system that target and neutralize invading bacteria and viruses. According to the Mayo Clinic, COVID-19 injections “cause the immune system to create antibodies to fight COVID-19.” But just how successful were the shots in achieving the purported benefits?

It turns out not at all. Now that we are three years into the pandemic, it has become abundantly clear that COVID-19 shot-induced antibody-dependent enhancement (ADE) is the real cause of sudden deaths worldwide. How, exactly, does ADE cause such widespread death?

Confidential documents reveal COVID shot induced ADE may explain epidemic of sudden deaths worldwide

Documents released by Pfizer and the federal government reveal coronavirus shots are the root cause of antibody-dependent enhancement – also known as immune enhancement or disease enhancement – AIDS and vaccine-associated enhanced disease (V-AED) causing millions of deaths worldwide. Furthermore, the confidential documents show that it takes mere months for the V-AED and ADE to develop within the human body. The situation becomes dire when you factor in the documents also reveal that a specific type of AIDS is also manifesting in a considerable number of shot recipients less than six months after injection.

Add up all the factors above, and you have a *recipe for disaster*. The jab is nothing more than a Big Pharma lethal concoction that has caused an enormous amount of people to suddenly die throughout Europe, Canada, the UK, Australia, and the United States.

Antibody-dependent enhancement is not a new phenomenon

V-AED and ADE are potentially deadly adverse events that manifest post-jab. Both result from exposure to pathogens, yet they can also result from an injection that does not provide complete immunity. In the end, the antibodies resulting from the jab are a massive net negative as they bolster the pathogen’s power, enabling it to invade cells, causing even worse sickness than if the patient had not been jabbed in the first place.

Antibody-dependent enhancement has even been identified in victims with jabs for HIV and the media’s latest drama darling respiratory syncytial virus (RSV). The medical community unanimously agrees that the bacterial infection of streptococcus A (Strep A) is also likely to be significantly worsened by antibody-dependent enhancement. This nasty bacteria causes sepsis, pneumonia, and more.

Sadly, the forced jab on our nation’s innocent adolescents will likely continue to cause immune system damage and subsequent death.

Will the shot trigger a public health crisis in the years to come?

“Turbo cancers,” neurological damage, and immune system harm are only a few potential consequences of the COVID injections. Numerous reports of short and mid-term adverse effects have been documented, but the future is potentially even more concerning.

Pfizer’s confidential documents show that as of the end of February 2021, the company had received reports of nearly 140 cases indicating 300+ events of VAED. In total, more than 70 were medically meaningful, culminating in 13 near deaths, eight disabilities, and 38 premature deaths. The company also acknowledged that 75 of the 100+ subjects that contracted COVID after injection were hospitalized.

Clearly, the “safe and effective” narrative has collapsed. Thankfully, more people wake up to the realization every day that they cannot trust Big Pharma. Although some will never see the crime perpetrated against humanity, we hope most people will wake up before it is too late – for humanity’s sake.

4-1

The Deadly Secret: The Science proves Covid Vaccines cause Acquired Immune Deficiency Syndrome & Antibody-Dependent Enhancement

THE EXPOSÉ APRIL 28, 2023

According to real-world data from around the world, mRNA vaccines, such as the Pfizer-BioNTech and Moderna COVID-19 vaccines, have been falsely hailed for their effectiveness in protecting against the alleged Sars-CoV-2 virus.

However, it is essential to understand that vaccine effectiveness is largely a measure of an individual's immune system response.

This article explores the relationship between mRNA vaccines and the immune system, the concept of waning immunity, and the hypothetical scenario where an mRNA vaccine may potentially lead to autoimmune disease.

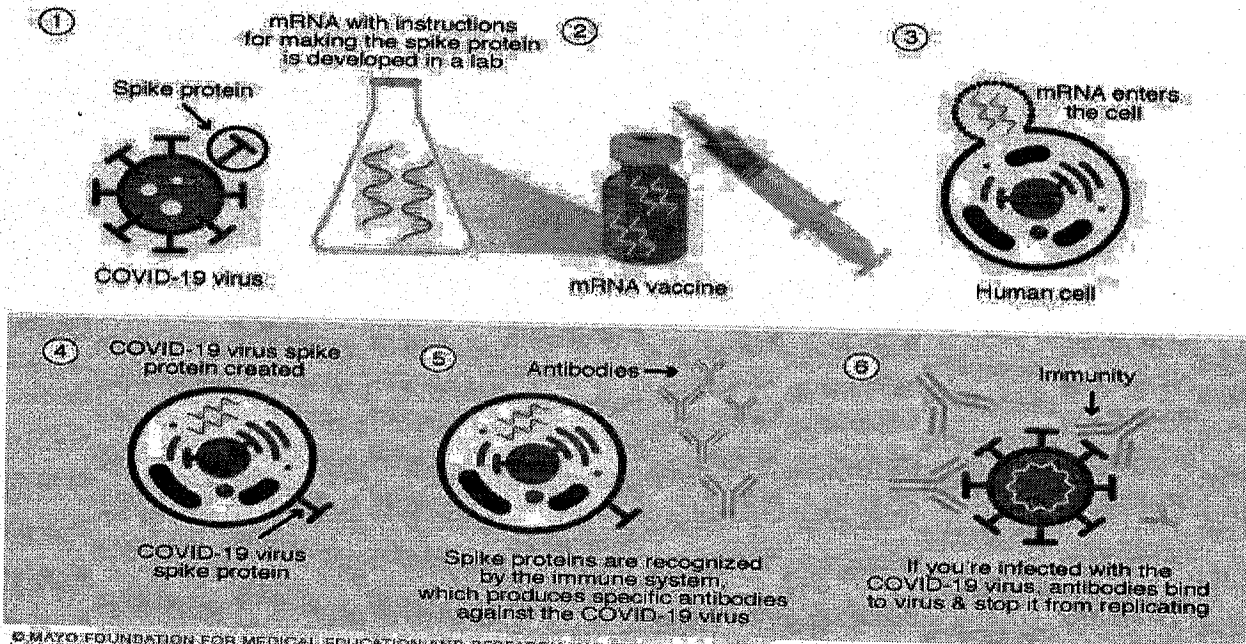
Sadly, it also reveals the unfortunate reality of the official data showing that mRNA Covid-19 vaccines have already led to many recipients suffering serious autoimmune diseases that could be as serious as acquired immunodeficiency syndrome.

The Role of the Immune System in mRNA Vaccine Effectiveness

mRNA vaccines work by introducing a small piece of genetic material from the virus into the body, which instructs cells to produce the spike protein allegedly found on the surface of the virus.

The immune system then recognizes this protein as foreign and mounts an immune response.

Consequently, the effectiveness of an mRNA vaccine is actually a measure of the individual's immune system performance, as it relies on the body's ability to recognize and respond to the spike protein.



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Waning Immunity and the Immune System

As time passes, the immune response that was initially induced by the mRNA vaccine may weaken, leading to reduced protection against the virus.

This phenomenon, known as waning immunity, is not unique to mRNA vaccines and can be observed with other types of vaccines as well.

Waning immunity, therefore, results from a decline in the immune system's ability to remember and respond to a specific pathogen. It has nothing to do with the fact that a vaccine loses effectiveness over time.

But this is what the public has been told time and time again to convince them to get a booster shot every few months. Therefore, authorities have been lying to you, your friends, and your family.

A Hypothetical Scenario? Vaccine-Induced Autoimmune Disease

If vaccinated individuals were to become more susceptible to infection than unvaccinated individuals, it would raise serious concerns about the effectiveness and safety of the vaccines.

In such a situation, one would expect both groups to have similar levels of protection, assuming no harm has been done by the vaccine.

However, if the data indicates a higher susceptibility to infection among vaccinated individuals, this could suggest that the vaccines might have had unintended consequences on the immune system or overall health.

In a hypothetical scenario where a vaccinated individual's immune system performance falls below that of an unvaccinated person, it could be theorized that the vaccine has caused damage to the immune system, potentially leading to an autoimmune disease.

Autoimmune diseases occur when the immune system mistakenly attacks healthy cells in the body.

For instance, authorities originally claimed that the Covid-19 vaccines were 95% effective. But what they meant by that was that the immune system response induced by the Covid-19 vaccines was around 95% greater than the immune system response of an unvaccinated individual when exposed to the alleged virus.

So if the immune response of most unvaccinated individuals were greater than that of most vaccinated individuals, it would strongly suggest that the vaccines have caused some form of autoimmune disease and have caused great damage to the immune system.

Sadly, the initially claimed effectiveness was an outright lie, and the real-world data proves that the immune response initiated by the vaccines fell into negative territory quite some time ago.

Scientific Evidence the Damage is Done

Recent findings from the UK Health Security Agency Vaccine Surveillance Reports have raised concerns and questions regarding the potential long-term effects of the COVID-19 vaccines on the immune system.

The data indicates a substantial decline in case rates among the unvaccinated population across all age groups over a three-month period, accompanied by a sharp increase in case rates among triple-vaccinated individuals.

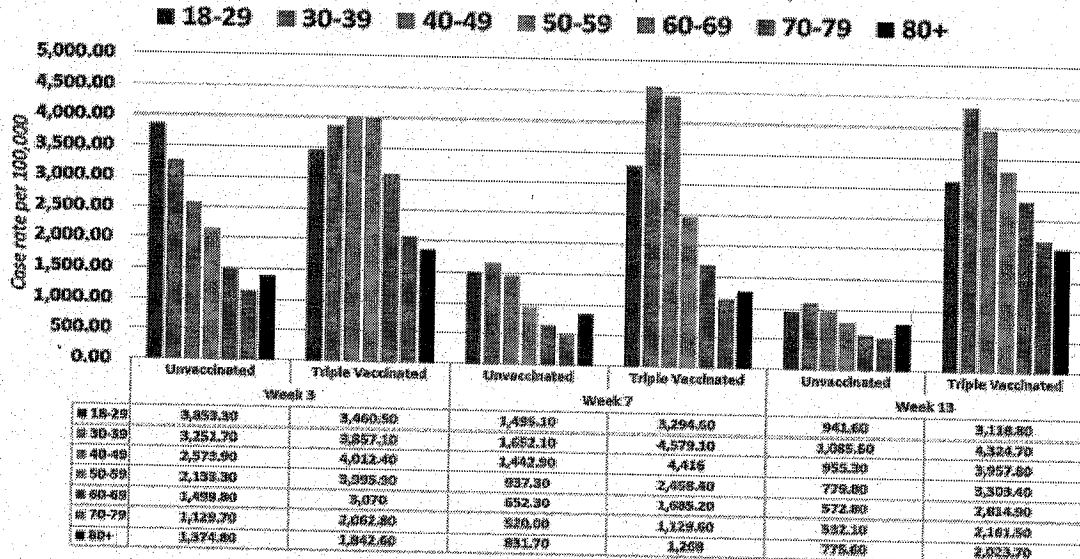
The following two charts have been created using the figures contained in the Week 3, Week 7 and Week 13 UK Health Security Agency Vaccine Surveillance Reports –

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COVID-19 Case Rates per 100,000 Population in England by Vaccination Status

Week 51, 2021 to Week 12, 2022

Source: (UK Gov.) UKHSA Vaccine Surveillance Reports

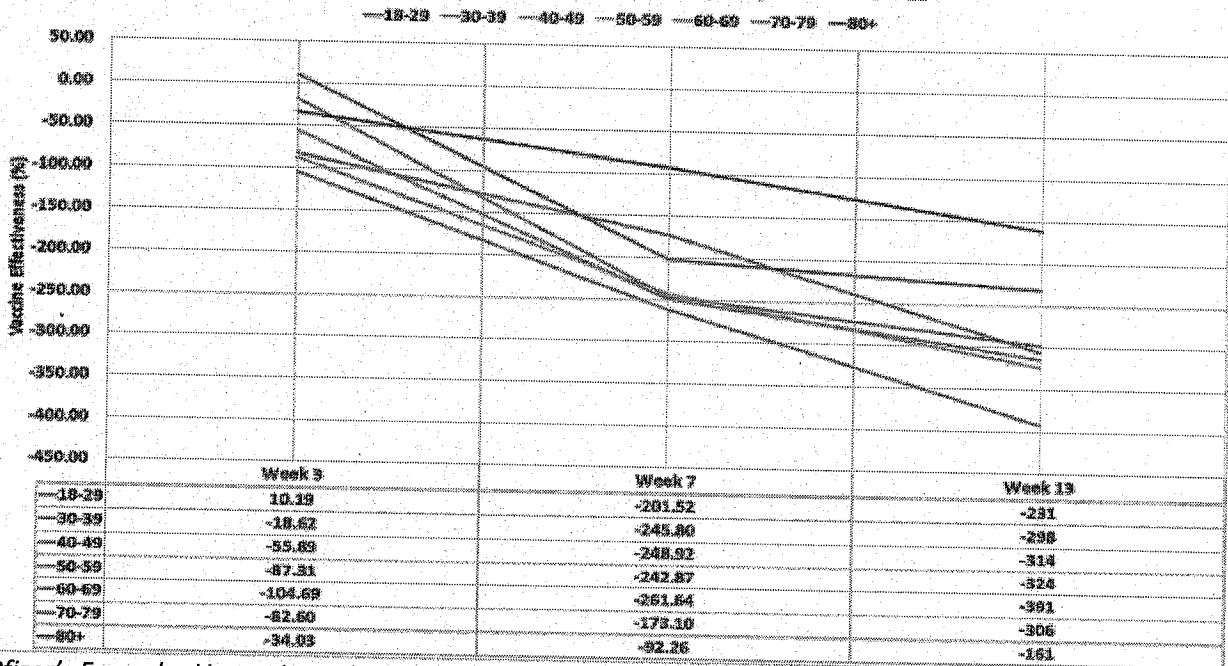


Source

Real World Covid-19 Vaccine Effectiveness among Triple Vaccinated Population in England

Week 51 2021 to Week 12 2022

Source: UKHSA Vaccine Surveillance Reports, Week 3 + 7 + 13



Pfizer's Formula: $\frac{\text{Unvaccinated Case Rate} - \text{Vaccinated Case Rate}}{\text{Unvaccinated Case Rate}} \times 100 = \text{Vaccine Effectiveness}$

4-4

Alarming, by week 12 of 2022, real-world vaccine effectiveness, which is really a measure of immune system performance, had dropped to as low as minus-391% among 60 to 69-year-olds, further intensifying the debate surrounding vaccine safety.

So naturally, the UKHSA decided to stop publishing the data because it wasn't showing what they needed it to show.

These observations strongly suggest that the mRNA Covid-19 vaccines have had a detrimental impact on the immune systems of a lot of recipients, contributing to the development of autoimmune diseases.

Autoimmune diseases occur when the immune system mistakenly targets healthy cells in the body, causing a wide range of symptoms and complications. This data highlighted the need for further investigation and monitoring of the long-term effects of the COVID-19 vaccines at the beginning of 2022. But the authorities have done nothing and are still urging a wide range of the population to get repeat booster shots.

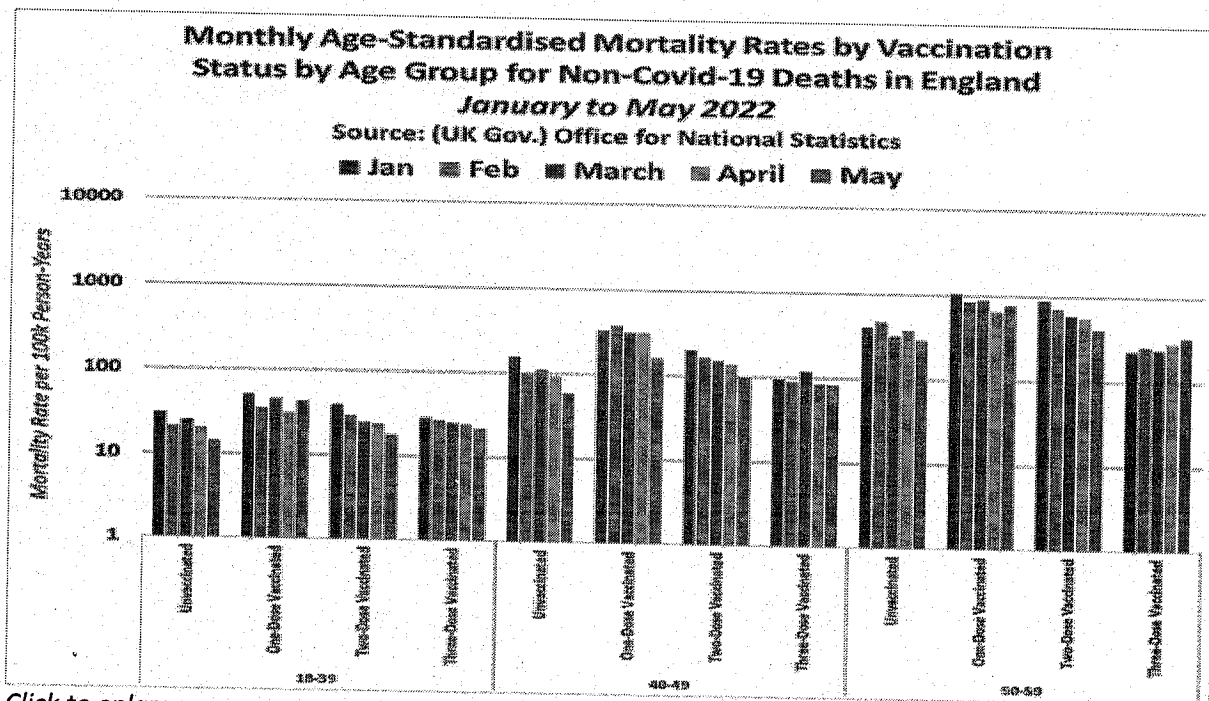
In conclusion, the data from the UK Health Security Agency Vaccine Surveillance Reports underscores the importance of ongoing research and monitoring of vaccine safety and effectiveness. It also proves that emergency use authorization of these vaccines should never have been extended to include children for three reasons.

Children have never been at risk of suffering serious disease due to the alleged Covid-19 causing virus. The data proves the vaccines are useless at preventing infection. And the data proves the vaccines are useless at preventing transmission.

Data published by the Office for National Statistics also shows that the unvaccinated population in every single age group are the least likely population to die of non-Covid deaths per 100,000 population. Or in other words, the vaccinated population are the most likely to die per 100,000 population.

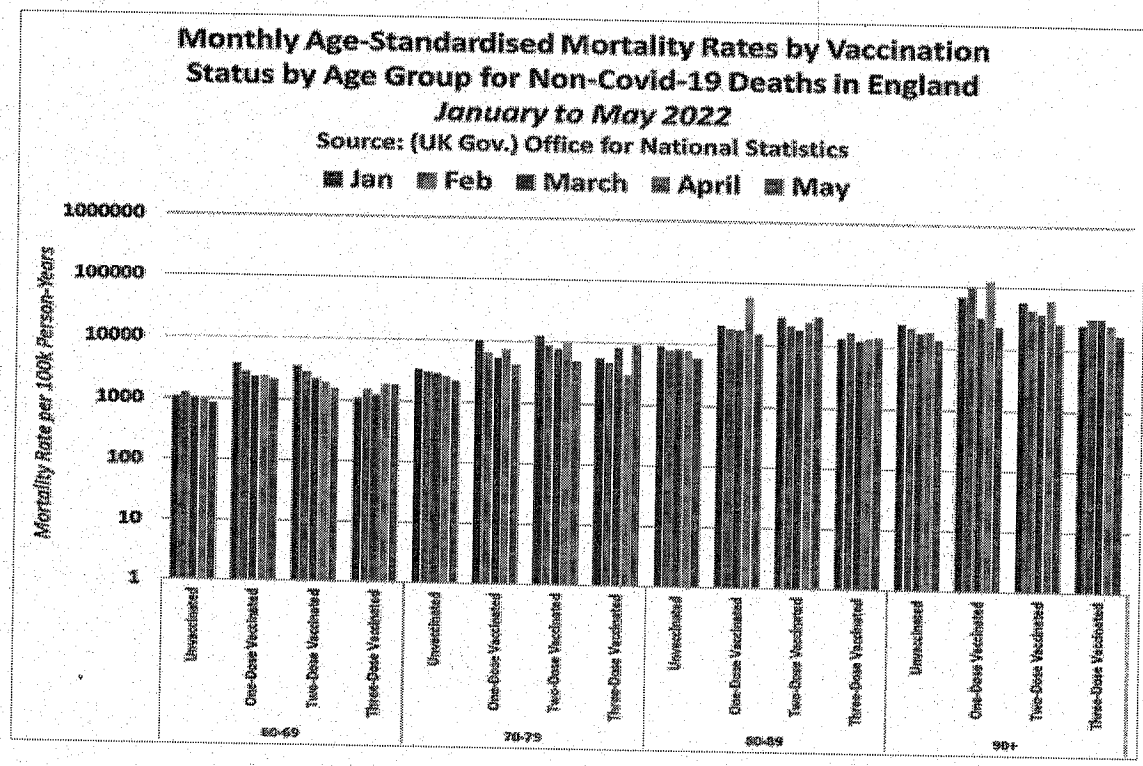
That report was published on the 6th of July 2022, and is titled '[Deaths by Vaccination Status, England, 1 January 2021 to 31 May 2022](#)', and it can be accessed on the ONS site [here](#), and downloaded [here](#).

We took the figures provided by the ONS for January to May 2022 and produced the following charts which reveal the horrific consequences of the mass Covid-19 vaccination campaign –



Click to enlarge

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A full breakdown of the above figures by age group can be viewed [here](#). But some potential explanations for these statistics could include:

Immune system dysfunction

It's possible that the vaccines might interact with the immune system in a way that leads to unintended consequences, such as a temporary or long-term reduction in immune function. This could leave vaccinated individuals more susceptible to other illnesses or infections.

A vast array of autoimmune conditions could be suffered by recipients of the vaccine and it is not beyond the realms of possibility that the Covid-19 vaccines have completely obliterated the immune systems of many recipients and caused vaccine-acquired immunodeficiency syndrome. Especially when we consider the drastic difference in immune system performance revealed by the data previously published by the UK Health Security Agency.

Vaccine-induced enhancement

In some cases, vaccines can cause a phenomenon known as antibody-dependent enhancement (ADE), where the immune response generated by the vaccine can actually worsen the disease.

The occurrence of antibody-dependent enhancement (ADE) could be a potential explanation for the increased mortality rates among the vaccinated population if the immune response generated by the vaccine worsens the disease or increases susceptibility to other infections.

Conclusion

mRNA vaccine effectiveness is actually a measure of the immune system's ability to mount an appropriate response to the viral proteins.

While waning immunity is a natural process, it is not natural for immunity to decline past the immunity observed in the unvaccinated population.

The best course of action would have been to remove the emergency use authorization of the vaccines. But sadly, the damage is already done.

Therefore, it is essential to continue studying the long-term effects of mRNA vaccines on the immune system and strongly urge the millions of people who have so far refused the coercive propaganda and bullying to not give in and put their health at risk by getting an experimental injection they simply do not need because it causes more harm than good.

5-1

Top Doctor: 'There Is No Question That Shedding Is a Real Thing'

Adan Salazar - June 12, 2023

'The other way [shedding can happen] is that people who [are] recently vaccinated exhale what are called exosomes,' says Dr. Paul Marik. 'You can inhale these exosomes and be spiked,' he added.

Accomplished physician, researcher and educator Dr. Paul Marik warned avoiding the experimental Covid-19 injection may not be enough to stop dangerous spike proteins from infecting a person, as they are easily transmissible via vaxxed individuals.

In a **lengthy interview** with Children's Health Defense last week, Marik said unvaccinated individuals should beware of the possibility of spike protein shedding, which could be spread via intimate or close contact.

"This may be horrific," Dr. Marik said. "The amount of spike protein after vaccination in spermatozoa is truly astonishing."

Dr. Marik went on to say "we know of women who've had relations with their partner and have developed symptoms of spike disease. So that can happen."

Moreover, "The other way [shedding can happen] is that people who [are] recently vaccinated exhale what are called exosomes," Dr. Marik stated.

"You can inhale these exosomes and be spiked," he added.

"So, this is a real phenomenon. Unfortunately, nobody wants to study it or publish data on it. So, most of the cases we know about are anecdotal, but it does happen."

Spike proteins induced by the mRNA jabs have been blamed by numerous physicians for facilitating the conditions in the body that lead to blood clots, damaged blood vessels, heart attacks and more.

Could Dr. Marik's theory explain the bizarre phenomenon observed worldwide following the rollout of the mRNA jabs where young healthy fit people inexplicably **died suddenly**?

Dr. Marik was instrumental in promoting early treatment protocols for Covid-19 and was among several speakers, including Dr. Robert Malone, Dr. Peter McCullough and Dr. Ryan Cole, at a **forum on vaccine injuries** held last December by U.S. Senator Ron Johnson (R-Wisc.).

6-1

Data from a UK hospital shows 75% of people recorded as “covid deaths” during March to June 2020 did not die from covid

RHODA WILSON APRIL 25, 2023

Data from a sizeable NHS Trust suggests that in the “first wave” of the covid pandemic, there were three asymptomatic “covid deaths” for every one symptomatic covid death. The question is: how does someone die from a disease for which they have no symptoms? It’s not a trick question and you don’t have to be a doctor to know the answer – they didn’t die from covid.

John Dee is a former head of clinical audit specialising in clinical outcomes at a busy NHS teaching hospital. Before this, he headed a statistical modelling section as a G7 UK government scientist, providing consultancy for both public and private sectors.

He has been publishing a series of articles titled ‘*Catastrophic Health Collapse*’ on his Substack. The series details his analysis of data on respiratory illness admissions for an Accident & Emergency Department of a sizeable NHS Trust. The period of his analysis covers 2017 to 2021.

In Dee’s latest article, the seventh in the series, he compares in-hospital deaths of acute respiratory death and chronic respiratory death; and, in-hospital deaths of asymptomatic and symptomatic covid deaths. By classifying deaths into these major categories and showing the data graphically, he highlights some obvious anomalies that, even to an untrained eye, raise some questions.

John Dee begins his analysis with a detailed explanation of what a “respiratory death” means in terms of ICD-10 codes. The International Classification of Diseases (“ICD”) codes are widely used by countries that are following the diktats of the World Health Organisation (“WHO”). They are being used by 100 countries. In England, OPCS-4 and ICD-10 are fully implemented and embedded in NHS standards and mandated for use by Health Care Providers.

The section of the ICD codes for ‘*Diseases of the respiratory system*’ has 452 codes and sub-codes – people could die with a common cold or they can die from acute respiratory failure, so we’re looking at respiratory death within a very broad spectrum of associated conditions rather than primary uni-causal death.

With the detail offered by ICD-10 coding, it is possible to separate acute/severe/life-threatening respiratory conditions from chronic/minor. The assumption Dee makes is that if somebody is going to die from covid then they’ll enter an acute respiratory phase at some point. If they don’t enter an acute phase, then their case should not be treated as a symptomatic covid death. Equally, if somebody suffered from bacterial pneumonia or other non-covid viral pneumonia then this case should not be treated as symptomatic covid death.

“In this way,” Dee explained, “we can separate out those cases deserving of the classification of symptomatic covid death; that is to say, these are deaths whereby SARS-COV-2 is the one and only pathogen causing an acute respiratory condition leading directly to their demise. All other cases yielding a positive test result are thus coded as asymptomatic covid.”

6-2

Another point to note about ICD codes that makes the classification of covid easily identifiable is that covid is coded specifically within ICD-10 rather than generalised as a respiratory condition. Within Dee's explanation of the "games" coders can play on how the data is presented, he wrote:

Please note that I've also carefully used the phrase 'it was primarily coded as' because the meaning of covid-19, like the virus itself, has moved on and mutated. We now have a whole bunch of covid codes ... Covid is a very slippery customer, which means covid death will be a very slippery customer.

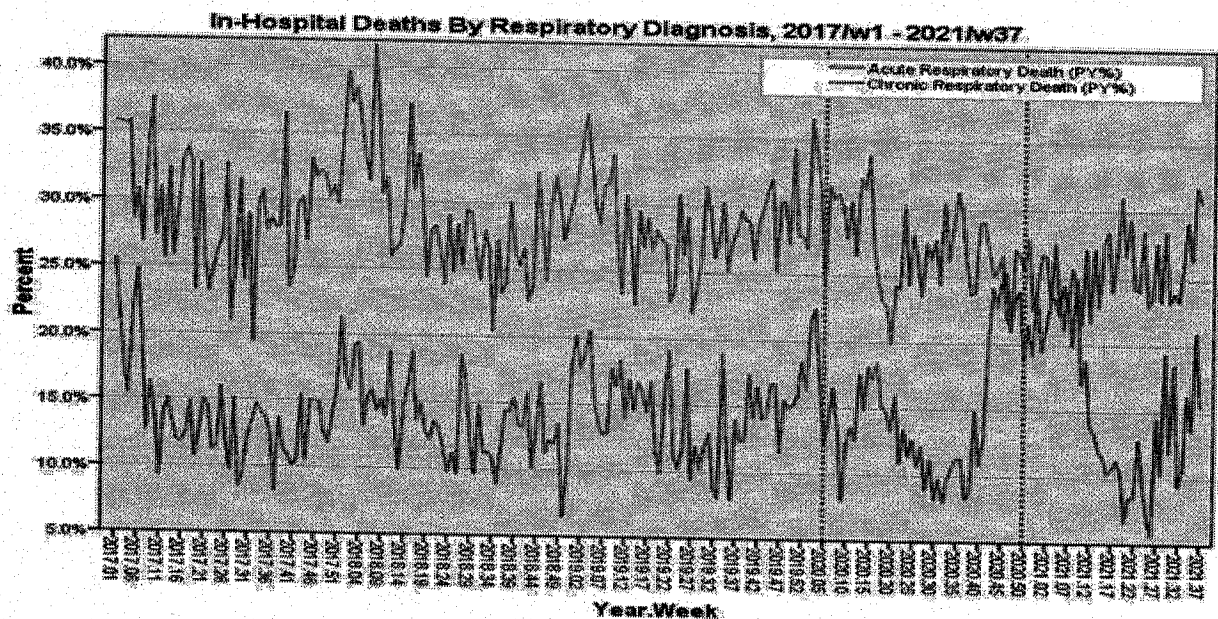
Please do bear in mind that even symptomatic covid death cannot be assumed to be causal. All we may glean in retrospect is that a medical diagnosis of covid-19 (that may or may not have been supported by a positive test and other diagnostic results) was declared at some point. For example, it is possible to bring a patient back from acute respiratory failure (covid or not) only to have their liver function collapse or sepsis set in. Then we have bacterial pneumonia doing all the damage in the shadow of a positive test result. Such is the nonsense of primary uni-causal death data coded by MUSE, as published by the ONS.

Catastrophic Health Collapse (part 7), John Dee, 24 April 2023

Respiratory Death 2017 – 2021

In the graph below, Dee uses person-years and not persons to minimise the sample/survivor bias. Grey dashed lines have been provided to mark the very beginning of the pandemic, nominally set to 2020/w5 (w/e 31 January 2020), and the very beginning of vaccine rollout during 2020/w50 (w/e 11 January 2021).

While looking at John Dee's graph below, bear in mind that "acute" relates to a serious or life-threatening condition and "chronic" relates to more minor conditions, and that if someone dies from covid they will enter an acute phase.



Source: CDS 010, anonymous NHS Trust. Analysis based on person years (PY).

Catastrophic Health Collapse (part 7), John Dee, 24 April 2023

6-3

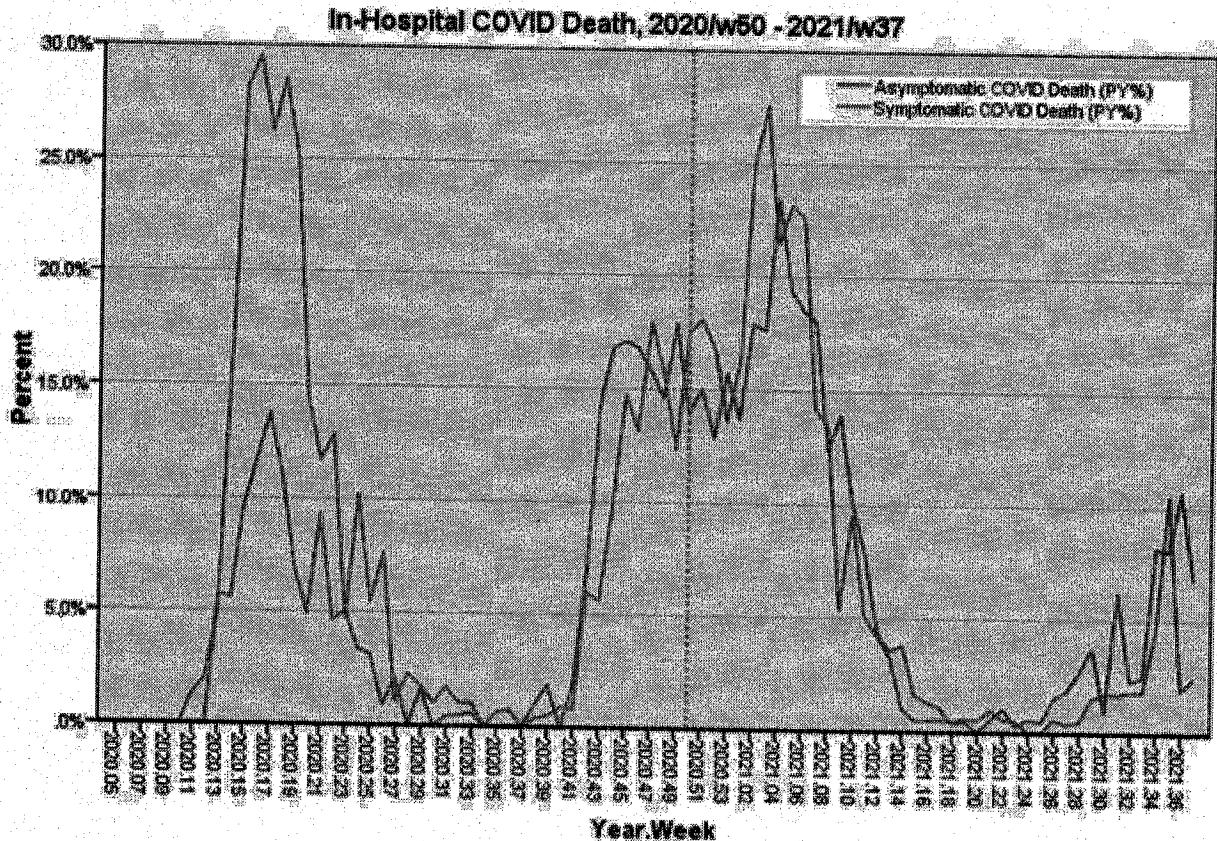
Acute respiratory death, the red line in the graph above, declines after the start of the pandemic and then picks back up to a moderate hump. This trend is in keeping with historic trends. "It is not until 2020/w41 (w/e 9 October 2020) that incidence of acute respiratory death could be construed to be problem of sorts," Dee noted, "and even then, this autumnal surge might not be anything special if we search back in time before 2017 (the first few data points suggest as much)."

"What is more interesting is that peak acute respiratory death occurred six weeks after vaccination rollout began. This may well turn out to be evidence of vaccine harm, though it is impossible to say without digging deeper."

Covid Death 2020 – 2021

The graph below shows covid deaths from the beginning of the "pandemic," nominally set to 2020/w5 (w/e 31 January 2020), and the grey dashed line marks the very beginning of vaccine rollout during 2020/w50 (w/e 11 January 2021).

Asymptomatic covid death is those who tested positive but never developed an acute respiratory phase.



Source: CDS 010, anonymous NHS Trust. Analysis based on person years (PY).

6-4

In the “first wave” by far the most “covid deaths” were asymptomatic. The obvious question that arises is how is it possible to die from a disease for which you have no symptoms?

“I can’t help but think that NHS staff may well have thought they were knee deep in covid death when they were merely knee deep in non-respiratory death that got tagged as covid following a positive test result that tells us nothing about infection and, in fact, nothing about viral presence (a primer sequence is not a genome),” Dee wrote.

During the “first wave” a rough rule of thumb suggests three asymptomatic deaths for every symptomatic death. But things changed during the second and third waves; for every symptomatic covid death, there was an asymptomatic covid death.

If vaccines were efficacious as claimed then why do we see a peak in symptomatic covid death 6 weeks after rollout began? And why does symptomatic covid death mirror asymptomatic covid death in the vaccine era?

I’d sure like to get my hands on the case notes because I’d bet good money that what we’re calling asymptomatic covid deaths are deaths from other causes that were labelled such simply because of a single positive test result rather than the considered diagnosis of an experienced medic unfettered by WHO and NHS protocols.

In this regard, I’ve had three NHS clinical coders confide they were instructed by management to code a case as covid even though Senior House Officers were writing ‘NOT COVID’ across case notes.

It is a shame we can’t offer job protection for whistle-blowers like these, but even if we could a big problem lies with the fascist views and aggressive attitudes of colleagues. Several healthcare professionals have provided me with reports of utterly shameful behaviour of senior staff when they’ve tried to raise genuine concerns: I no longer recognise the service in which I once served.

Catastrophic Health Collapse (part 7), John Dee, 24 April 2023

That NHS clinical coders were instructed to code non-covid cases as “covid” in some way supports statements made by Sai, a former NHS Director of End-of-Life Care, in January:

“Patients being admitted and dying with very common conditions such as old age, myocardial infarctions, end-stage kidney failure, haemorrhages, strokes, COPD and cancer etc. were all now being certified as covid-19 via the Medical Examiner System.

“Hospitals were switching to and from the Medical Examiner System and the pre-pandemic system as [and] when they pleased. When covid-19 deaths needed to be increased, the hospital would switch to the Medical Examiner System.”

7-1

Non-Profit Hospitals Made Huge Profits During Pandemic While Receiving \$23 Billion In Federal COVID-19 Aid: Report

Mark Tapscott via The Epoch Times MAY 13, 2023

Federal officials gave more than \$23 billion COVID-19 aid to the nation's top 20 nonprofit hospitals even as a 62 percent increase in their collective net assets led parallel surges in the institutions' total profits and revenues during the 2018-2021 time period spanning the Coronavirus pandemic, according to a new report.

Only two of the 20 institutions have repaid the government for the COVID-19 aid they received.

"The 20 largest nonprofit hospitals in the country continued making massive profits while their cumulative net assets soared to \$324.3 billion in 2021, up from \$200.6 billion in 2018. The year 2021 is the latest year available for cross-comparison purposes.

"Those hospital systems received congressional COVID bailouts of \$23 billion and only two providers partially paid their COVID bailout back," said the report compiled by Open The Books, an Illinois-based research nonprofit that compiles and posts spending by all levels of government in America. The two institutions that have partially repaid the government were not identified.

The biggest jump among the top 20 was 92 percent by the Mayo Clinic, based in Rochester, Minnesota, whose assets went from \$9.2 billion in 2018 to \$17.7 billion in 2021. The Mayo Clinic received \$350,000 in federal COVID-19 aid, the lowest amount received among the top 20 institutions.

The Cleveland Clinic Health System, based in Independence, Ohio, saw its assets go up 60 percent, from \$9.8 billion to \$15.7 billion, while receiving \$118 million in federal COVID-19 aid. Intermountain Healthcare, based in Salt Lake City, Utah, the 12th largest of the top 20, enjoyed a 63 percent growth in net assets from \$7.1 billion to \$11.6 billion. Intermountain received \$518 million in aid.

Seeing a 43 percent jump in net assets between 2018 and 2021 was the Northwestern Medicine system, moving from \$8.3 billion to \$11.9 billion, and receiving \$419 million in COVID-19 aid from federal officials. The Indiana University Health System went from \$7 billion in 2018 to \$10.3 billion in 2021, a 47 percent increase. The Indiana facility received \$726 million in COVID-19 assistance from the government.

And as the revenues poured in for the 20 hospitals, compensation for their top executives soared, often beyond \$10 million annually, according to the report.

7-2

For example, the chief executive officer (CEO) of Ascension Healthcare, which is based in St. Louis and is the nation's second-largest such system, received \$13 million in 2021 and a total in excess of \$22 million for the period covered by the study.

The recipient among the top 20 of the most COVID-19 aid was San Francisco-based CommonSpirit Health with \$3.6 billion, followed by Providence St. Joseph Center with \$3 billion, Ascension Healthcare with \$2.7 billion, Livonia, Michigan-based Livonia Health with \$2.3 billion and Sutter Health, based in Sacramento, California, with \$1.7 billion.

But the overall health of Americans headed downward between 2018 and 2021.

"American life expectancy during this period sharply declined by a staggering 2.5 years from 2019 through 2022. While 'comparable country averages' rebounded from a COVID-related drop in 2021, the United States continued declining in life expectancy," the report found.

"Yet, the cost of health care is still astronomically high, as the average family paid \$22,463 in health insurance premiums in 2022. That does not include out-of-pocket costs like co-pays and deductibles, which can be thousands more. This has led to medical debt for about 100 million Americans," the report continued.

Read more [here...](#)

8 -1

Moderna's CEO Raked in Nearly \$400 Million Last Year

Cristina Laila April 29, 2023

Moderna's CEO Stephane Bancel raked in nearly \$400 million last year after governments around the world forced people to get vaccinated for Covid.

In 2021, Moderna made 300 times what it made in 2020 thanks to governments forcing people to get jabbed.

Stephane Bancel made \$393 million last year and he got a raise.

"Even by the roller coaster standards of the biotechnology world, Moderna's rise has few parallels in the annals of modern American business. The company brought in revenue of \$18.5 billion in 2021, 300 times more than it generated just two years earlier. Moderna's board is one of just five in the S&P 500 with three directors owning more than \$1 billion in company stock, along with household names like Google-parent Alphabet, Berkshire Hathaway and Estée Lauder, according to Equilar, a research firm specializing in executive pay." The Washington Post reported.

The Washington Post **reported**:

Stéphane Bancel, chief executive of Moderna, had a good year in 2022, exercising stock options that netted him nearly \$393 million. The company decided his pay wasn't good enough.

The Cambridge, Mass.-based biotech, known for its lifesaving coronavirus vaccine, raised his salary last year by 50 percent to \$1.5 million and increased his target cash bonus, according to a March securities filing. Bancel, 50, says he is donating the proceeds of stock sales to charity. He owns stock worth at least \$2.8 billion and, as of the end of last year, had additional stock-based compensation valued at \$1.7 billion.

Moderna emerged from the pandemic as a standout corporate winner, as its vaccine supercharged its stock price and made billionaires of Bancel and two co-founding board members. The firm's windfall profits have drawn criticism, particularly because it used \$1.7 billion in taxpayer funding and assistance from the National Institutes of Health to develop its vaccine. Now, analysts are finding fault with its executive pay and governance, with one influential firm advising shareholders to vote against the company's compensation plan at its annual meeting on May 3.

9-1

Government confirms horrific figures on COVID Vaccine Deaths: 1 in 482 died within a month, 1 in 246 d died within 60 days, & 1 in 73 died by May 2022

THE EXPOSÉ APRIL 12, 2023

The UK Government has published official figures on deaths following Covid-19 vaccination and they reveal that 1 in every 482 Covid-19 vaccinated people in England sadly died within one month of Covid-19 vaccination, 1 in every 246 Covid-19 vaccinated people in England sadly died within 60 days of Covid-19 vaccination, and 1 in every 73 Covid-19 vaccinated people were dead by May 2022.

The Office for National Statistics (ONS) is the UK's largest independent producer of official statistics and the recognised national statistical institute of the UK, and on the 6th July, they published a dataset containing a whole host of horrifying data on deaths by vaccination status in England between 1st Jan 2021 and 31st May 2022.

Table 9 of the dataset contains figures on 'Whole period counts of all registered deaths grouped by how many weeks after vaccination the deaths occurred; for deaths involving COVID-19 and deaths not involving COVID-19, deaths occurring between 1 January 2021 and 31 May 2022, England'.

Here's a snapshot of how the ONS presents the data –

This worksheet contains 1 table.

Source: Office for National Statistics, National Immunisation Management

Week after vaccination	Age group	Count of Deaths	
		Involving COVID-19	Count of Non-COVID-19 Deaths
1	60-69	35	950
2	60-69	120	1557
3	60-69	136	1842
4	60-69	120	2009
5	60-69	123	2073
6	60-69	95	2130
7	60-69	78	2227
8	60-69	67	2249
9	60-69	54	2255
10	60-69	58	2388
11	60-69	73	2278
12+	60-69	2498	37013
1	70-79	104	2118
2	70-79	347	3600
3	70-79	508	4042

As you can see, the ONS still don't make it easy for us by revealing the overall number of deaths, but with some patience and simple math we can easily find this out ourselves.

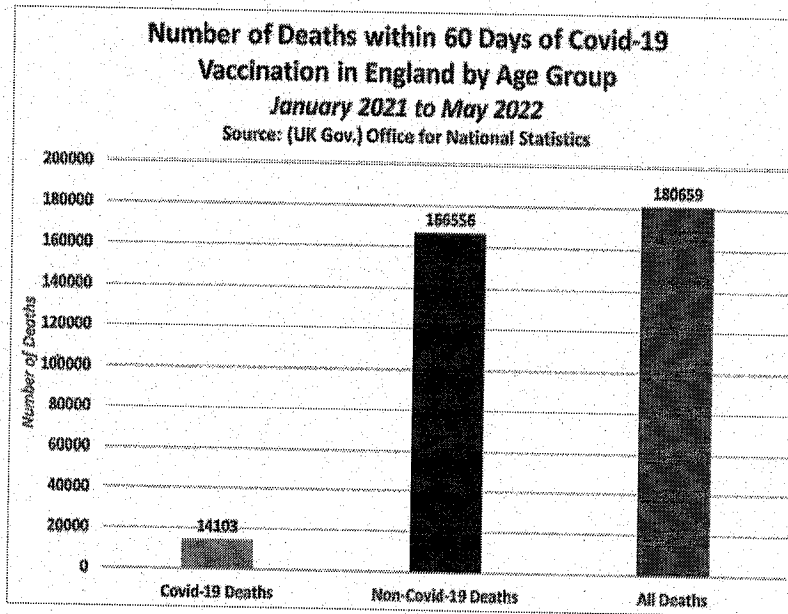
The following chart shows the overall number of deaths within one month/five weeks of Covid-19 vaccination in England between 1st Jan 2021 and 31st May 2022 –

According to the Office for National Statistics between 1st Jan 21 and 31st March 22, a total of 9,891 people died with Covid-19 within 1 month of vaccination, and a total of 82,255 people died of any other cause within 1 month of vaccination.

This means that in all, 92,146 people died within one month of Covid-19 vaccination between January 2021 and May 2022.

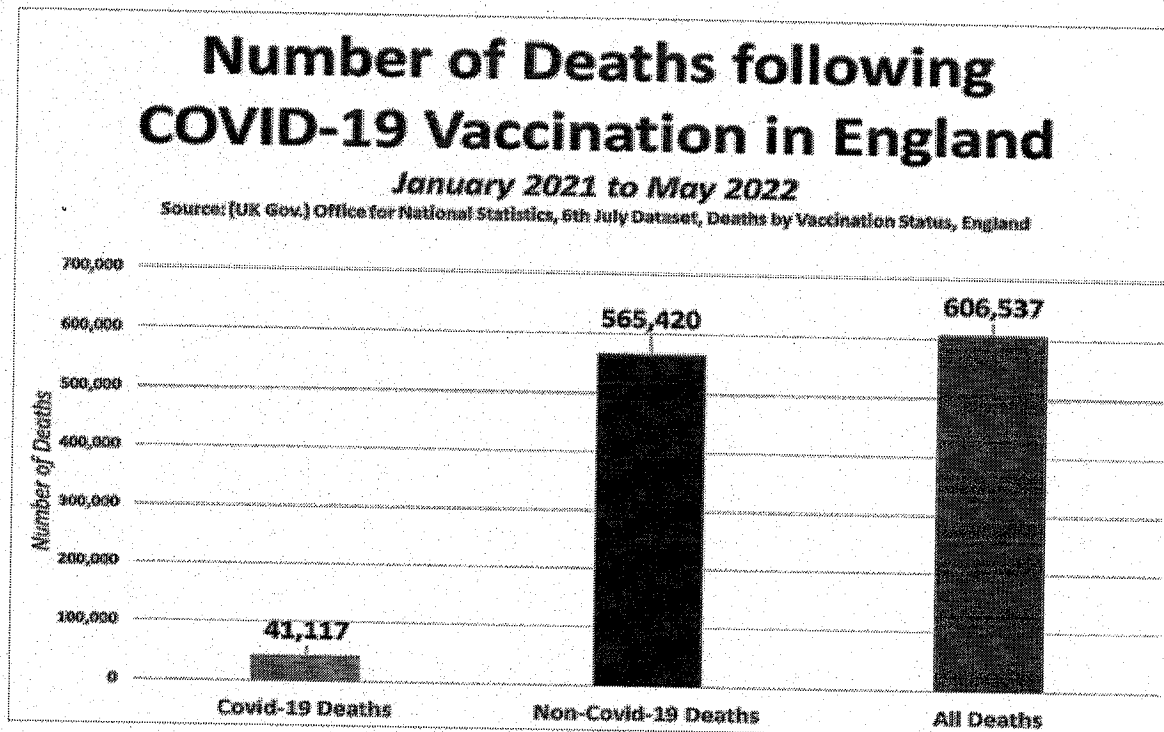
9-2

The following chart shows the overall number of deaths within 60 days of Covid-19 vaccination in England between 1st Jan 2021 and 31st May 2022 –



According to the Office for National Statistics between 1st Jan 21 and 31st May 2022, a total of 14,103 people died with Covid-19 within 60 days of vaccination, and a total of 166,556 people died of any other cause within 60 days of vaccination. This means that in all, 180,659 people died within 60 days of Covid-19 vaccination between January 2021 and May 2022 in England.

The following chart shows the overall number of deaths following Covid-19 vaccination in England between 1st Jan 2021 and 31st May 2022 based on the figures provided by the ONS –



9-3

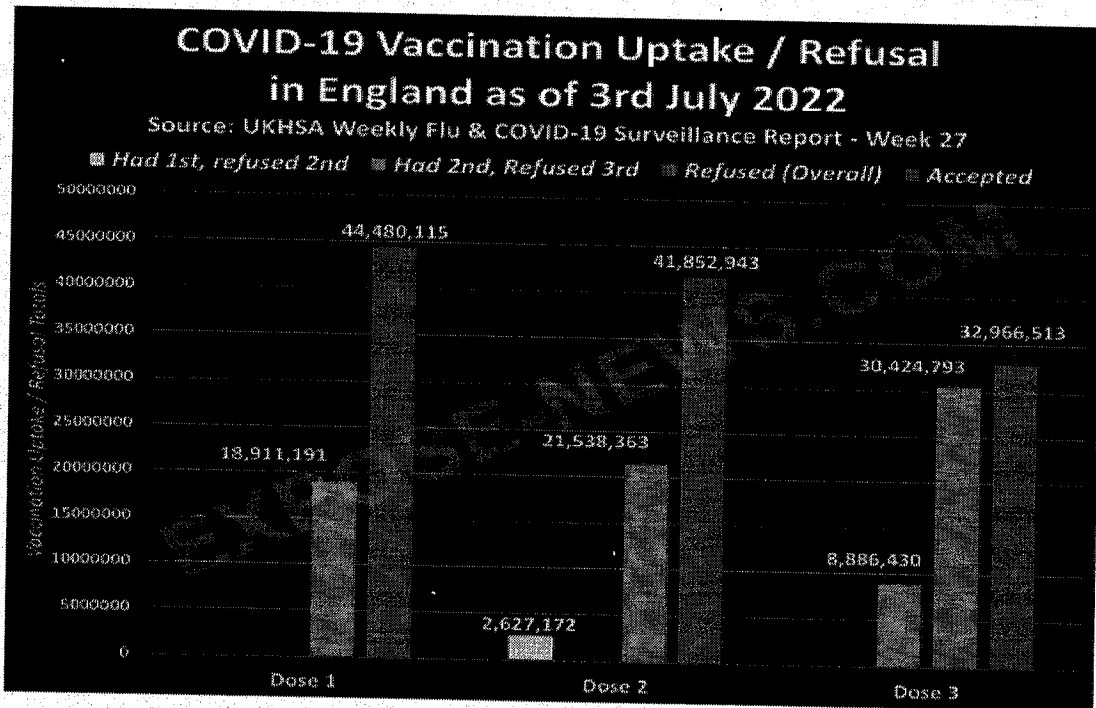
According to the Office for National Statistics between 1st Jan 21 and 31st May 22, a total of 41,117 people died with Covid-19 following Covid-19 vaccination, and a total of 565,420 people died of any other cause following Covid-19 vaccination. This means that in all, 606,537 people sadly died by 31st May 2022 following Covid-19 vaccination.

According to the UK Health Security Agency, in England, 44.5 million people have received at least one dose of a Covid-19 vaccine.

Table 5: Provisional cumulative COVID-19 vaccine uptake by age in England

NATIONAL	People in NIMS cohort	Vaccinated with at least 1 dose		Vaccinated with at least 2 doses		Vaccinated with at least 3 doses	
		Number vaccinated	% vaccine uptake	Number vaccinated	% vaccine uptake	Number vaccinated	% vaccine uptake
Over 80	2,946,025	2,818,037	95.7	2,300,942	95.1	2,728,187	92.6
75 to under 80	2,355,428	2,256,247	95.8	2,241,266	95.2	2,187,139	92.9
70 to under 75	2,764,825	2,606,724	94.3	2,584,219	93.5	2,496,589	90.3
65 to under 70	2,893,111	2,762,902	92.3	2,731,202	91.2	2,587,759	86.5
60 to under 65	3,628,509	3,291,737	90.7	3,245,574	89.5	2,986,114	82.3
55 to under 60	4,175,254	3,717,033	89.0	3,655,114	87.5	3,277,175	78.5
50 to under 55	4,247,550	3,678,016	86.5	3,590,983	84.8	3,123,017	73.5
45 to under 50	3,956,509	3,240,827	81.9	3,151,206	79.6	2,578,990	65.2
40 to under 45	4,349,072	3,351,970	77.1	3,229,066	74.2	2,485,578	57.2
35 to under 40	4,690,263	3,405,003	72.6	3,243,542	69.2	2,319,112	49.4
30 to under 35	4,895,523	3,410,544	69.7	3,204,714	65.5	2,134,792	43.6
25 to under 30	4,563,841	3,116,966	68.3	2,889,515	63.3	1,808,902	39.6
20 to under 25	3,917,777	2,826,821	72.2	2,561,019	65.4	1,533,070	39.1
16 to under 20	1,390,072	1,017,688	73.2	666,158	64.5	471,217	33.9
16 to under 16	1,393,464	909,897	65.3	698,342	50.1	186,650	13.4
12 to under 16	2,944,954	1,562,982	53.1	1,042,424	35.4	18,355	0.6
6 to under 12	5,084,722	484,810	9.5	24,762	0.5	41	0.0
Total*	63,391,308	44,480,115	70.2	41,852,943	66.0	32,966,513	52.0

Source



Source

Therefore, using simple math, we find that 1 in every 482 vaccinated people has died within 1 month of Covid-19 Vaccination in England.

$$44,480,115 \text{ (People vaccinated)} / 92,146 \text{ (deaths)} = 482 = 1 \text{ death for every 482 people vaccinated}$$

9-4

1 in every 246 people has died within 60 days of Covid-19 vaccination in England.

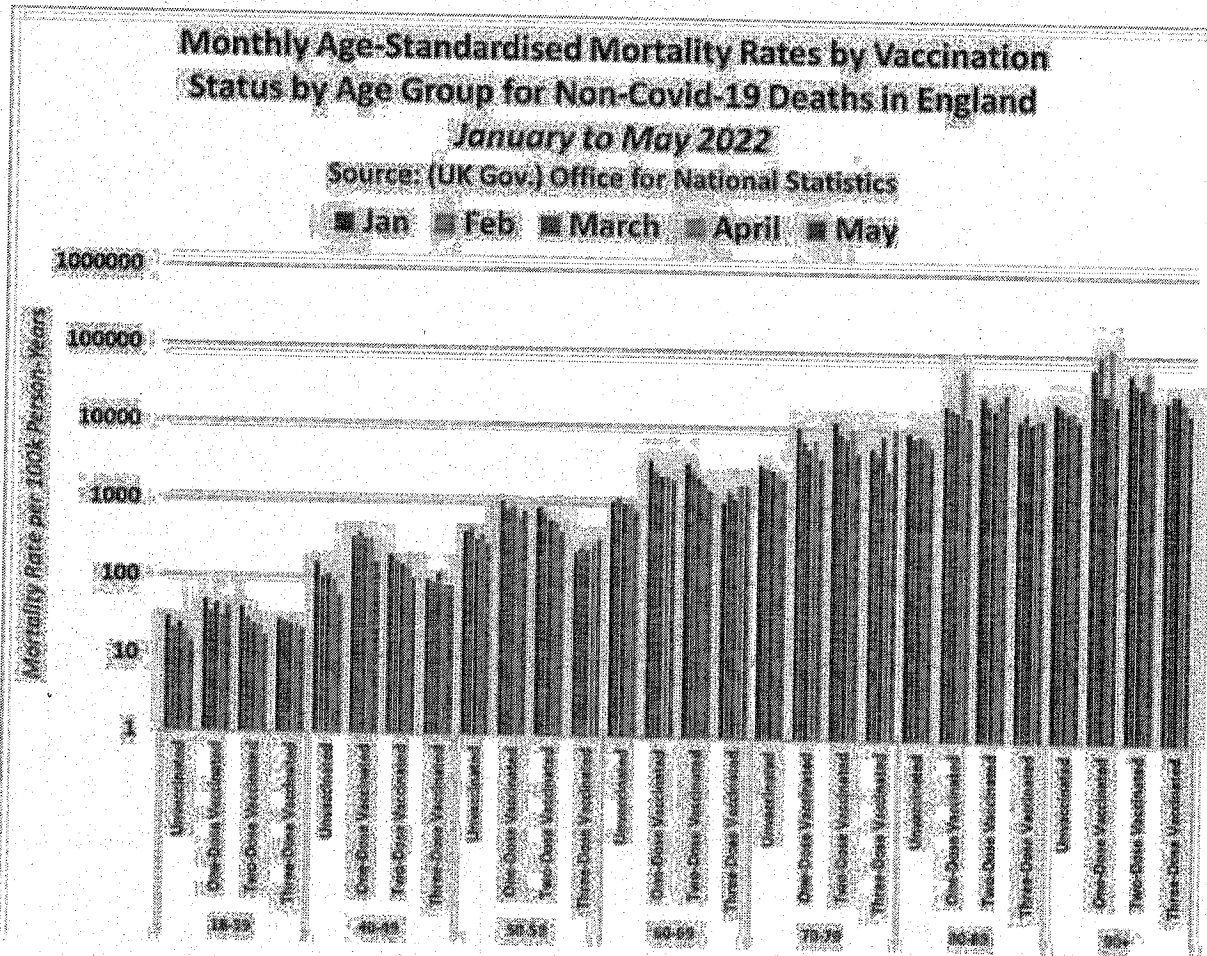
$44,480,115$ (People vaccinated) / $180,659$ (deaths) = $246 = 1$ death for every 246 people vaccinated

And 1 in every 73 Covid-19 vaccinated people in England were sadly dead by the end of May 2022.

$44,480,115$ (People vaccinated) / $606,537$ (deaths) = $73 = 1$ death for every 73 people vaccinated

Of course, some of these deaths can be attributed to other causes and would have most likely occurred anyway, but the figures are representative of a real serious problem. We know this thanks to further data from the Office for National Statistics confirming the unvaccinated population in England has the lowest mortality rate per 100,000 population in all age groups.

The following chart shows the monthly age-standardised mortality rates by vaccination status among each age group for Non-Covid-19 deaths in England between January and May 2022, using the figures contained in table 2 of the recently published dataset collated by the UK Government agency, the Office for National Statistics –



These are age-standardised figures. There is no other conclusion that can be found for the fact mortality rates per 100,000 are the lowest among the unvaccinated other than that the Covid-19 injections are killing people.

10-1

Secret Australian Government Data confirms the Country suffered a devastating 5162% increase in Excess Deaths in 2022 compared to the height of the COVID Pandemic in 2020

THE EXPOSÉ APRIL 18, 2023

Secret data, strangely given to the Organisation for Economic Co-Operation and Development (OECD) by the Australian Government, confirms the first 38 weeks of the year 2021 saw a shocking 1,452% increase in excess deaths following the rollout of the Covid-19 injections compared to the same period in 2020.

Sadly, as the months passed, the situation only worsened.

By 2022, the nation was hit by a devastating blow following the repeat rollout of the Covid-19 injections, with a shocking 5,162% increase in excess deaths in the first 38 weeks of the year, compared to the first 38 weeks of 2020 which was the alleged height of the alleged Covid-19 pandemic.

But instead of the people of Australia being in shock and disbelief at this devastating increase in excess deaths, they are carrying on with their lives, none the wiser as to what has happened.

Why?

Because their Government and the Mainstream Media have so far refused to reveal the devastating truth, and are instead publishing and broadcasting propaganda and lies on a daily basis.

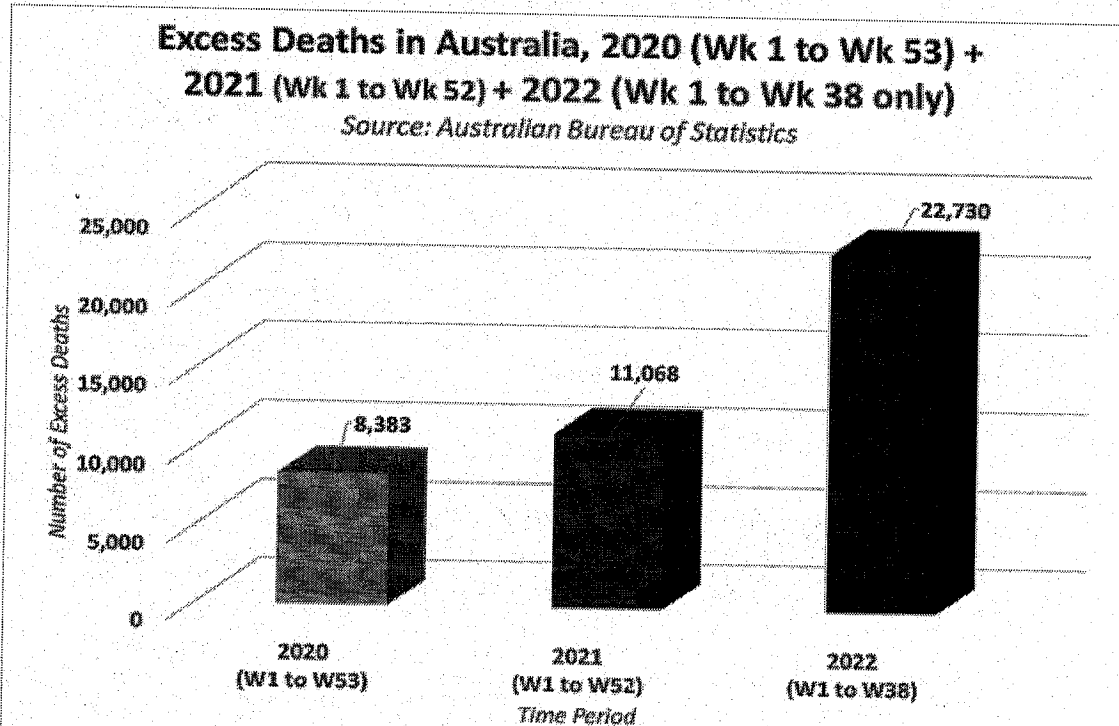


10-2

Secretive data on deaths and excess deaths in Australia has been handed to the **Organisation for Economic Co-Operation and Development (OECD)** by the Australian Bureau of Statistics.

And that data reveals the following...

Australia suffered 11,068 excess deaths in 2021 and then a shocking 22,730 excess deaths by week 38 of 2022. This is in stark contrast to 2020, when only 1,306 excess deaths were recorded during the alleged height of the Covid pandemic and prior to the rollout of the Covid injections.



Data

Source

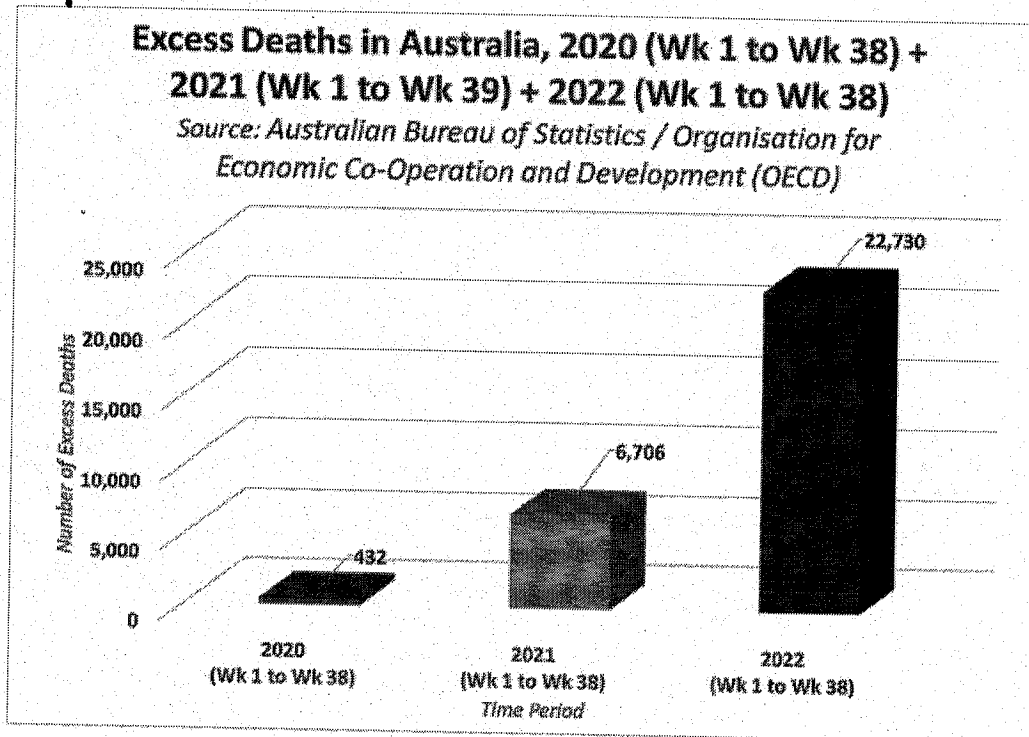
This means Australia suffered a shocking 1,640% increase in excess deaths in just 38 weeks throughout 2022 compared to 53 weeks throughout 2020.

But if we compare the data available on excess deaths in 2022 against the first 38 weeks of 2020 and the first 38 weeks of 2021, we are able to reveal the true severity of the situation in Australia.

As we know, Australia suffered a shocking 22,730 excess deaths by week 38 of 2022.

But according to the same data provided by the Australian Bureau of Statistics to the **Organisation for Economic Co-Operation and Development (OECD)**, Australia suffered 6,706 excess deaths by week 38 of 2021, and only 432 excess deaths by week 38 of 2020.

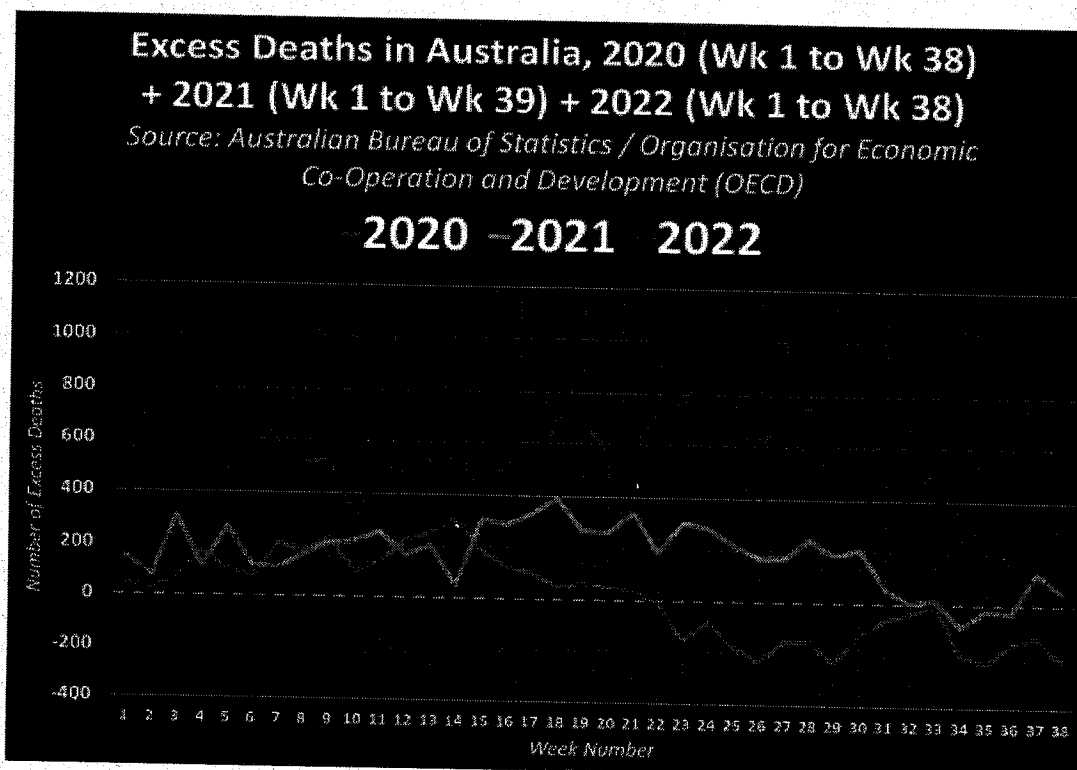
10-3



Source Data

This means Australia suffered a shocking 1,452% increase in excess deaths in the first 38 weeks of 2021 following the rollout of the Covid-19 injections compared to the first 38 weeks of 2020, at the alleged height of the Covid-19 pandemic, and prior to the rollout of a single Covid-19 injection.

But the above numbers pale in comparison to the tragic situation that unfolded throughout 2022.



Source Data

10-4

Australia suffered a shocking 5,162% increase in excess deaths in the first 38 weeks of 2022 following the repeat rollout of the Covid-19 injections compared to the first 38 weeks of 2020, at the alleged height of the Covid-19 pandemic, and prior to the rollout of a single Covid-19 injection.

These aren't independent estimates. They are official Government of Australia authorized figures. And further figures published by the UK Government strongly suggest Covid-19 vaccination is the biggest contributing factor to this huge rise in excess deaths across Australia.

The very thing that you were told would end the alleged pandemic and put a stop to the alleged huge rise in deaths across the world in 2020, has ended up having the opposite effect.

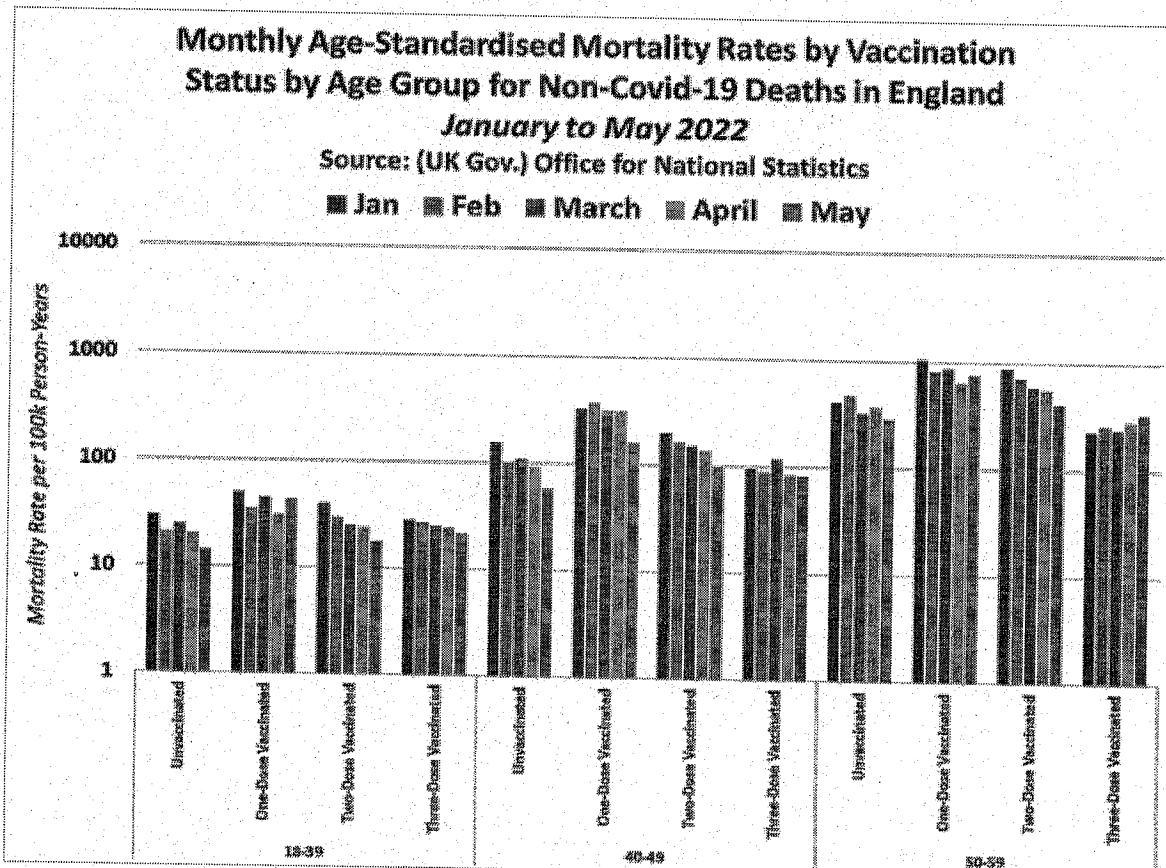
Instead of reducing deaths, COVID vaccination has increased deaths exponentially.

The figures that prove this can be found in a report titled '*Deaths by Vaccination Status, England, 1 January 2021 to 31 May 2022*', and it can be accessed on the ONS site [here](#), and downloaded [here](#).

Table 2 of the report contains the monthly age-standardised mortality rates by vaccination status by age group for deaths per 100,000 person-years in England up to May 2022.

And that table reveals that mortality rates per 100,000 are **lowest among the unvaccinated** in every single age group.

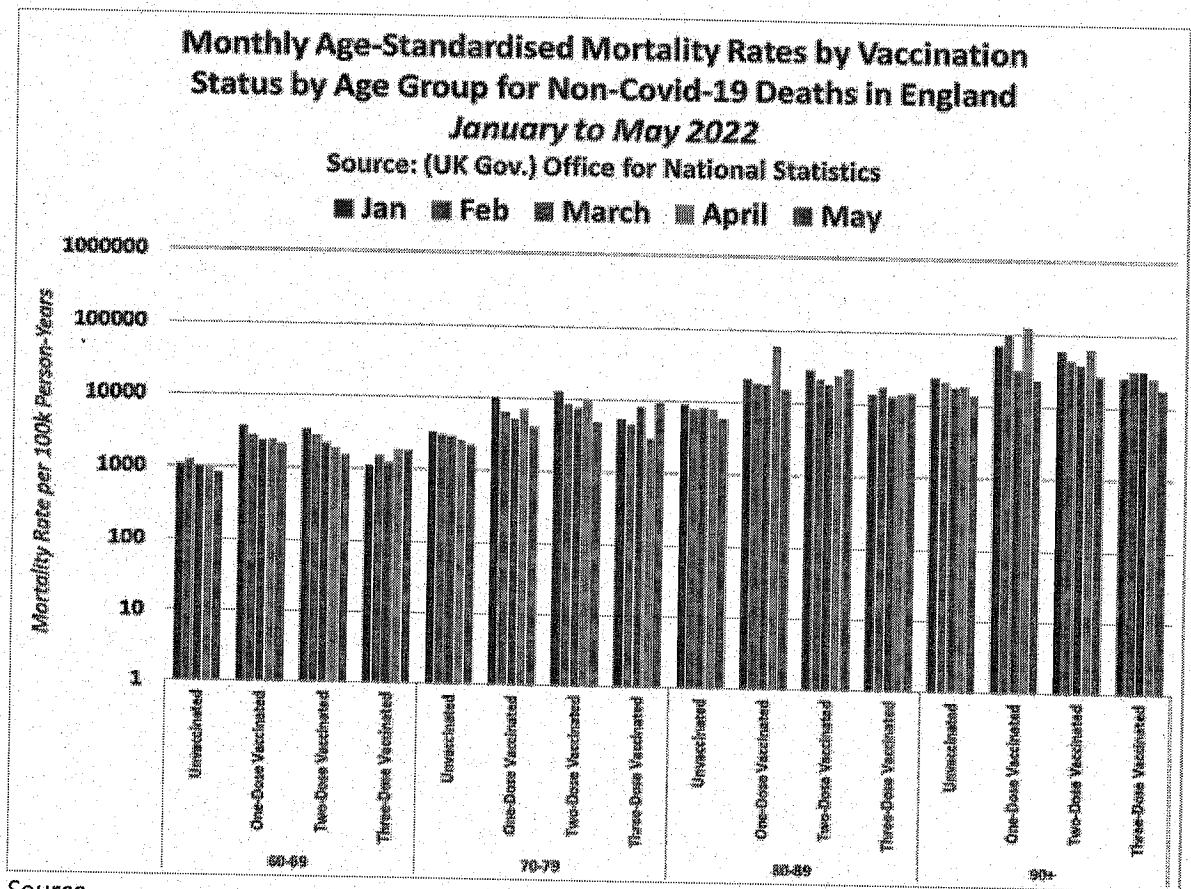
The following two charts show the monthly age-standardised mortality rates by vaccination status for non-Covid-19 deaths in England between January and May 2022 for each age group –



Click to Enlarge

Source

10-5



Source
[Click to Enlarge](#)

(You can read a full investigation of the above figures broken down by age group [here](#).)

These figures prove that the Covid-19 vaccines are not effective and are causing side effects so severe that they are resulting in increased mortality.

This should be of serious concern to everyone, especially those who have been vaccinated.

And it should be on the front page of every newspaper, and the main topic of discussion on every news channel.

The science is definitive, and authorities and Governments should withdraw the Covid-19 vaccines from future use with immediate effect.

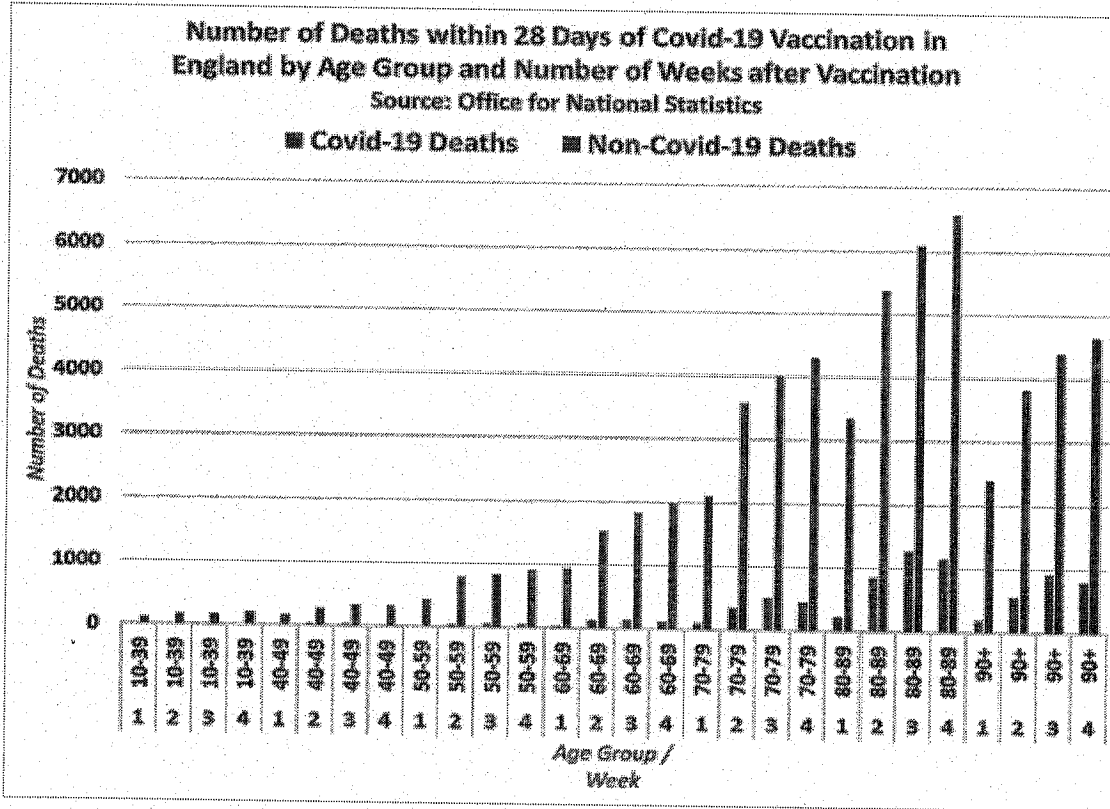
If they do not do this then they are proving to the small amount of the Australian public who do know, that they have an ulterior motive to reduce the world's population.

Because this is precisely what will happen if the repeat rollout of these experimental and dangerous injections is allowed to continue.

UK Government confirms 180k people died within 60 days of Covid-19 Vaccination by March 2022

THE EXPOSE APRIL 14, 2023

According to the Office for National Statistics, a total of 69,466 people died within 28 days of Covid-19 vaccination, and a further 109,408 people died within 60 days of vaccination in England between January 2021 and March 2022.



In order to justify implementing Draconian restrictions in the name of Covid-19, the UK Government, with the help of the mainstream media, would publicise daily the number of Covid-19 deaths to have allegedly occurred that day. The metric used then, and still being used now, is any death occurring within 28 days of a positive test for SARS-CoV-2 is counted as a Covid-19 death.

This questionable method of counting Covid-19 deaths led to dozens of Freedom of Information requests being made to various Government institutions requesting to know the number of people who had died within 28 days of Covid-19 vaccination.

If the method's good enough for counting Covid-19 deaths to justify ruining children's education, decimating the economy, and destroying lives, then it's good enough for counting Covid-19 vaccination deaths, right?

However, each and every single time, the response received was as follows –

“We do not hold this information”

11-2

You asked

I request a copy of all data showing deaths within 28 days of a 'covid' vaccine in the UK, since November 2019 till present day

We said

Thank you for your enquiry.

We are responsible for the provision of mortality statistics for England and Wales. National Records Scotland (NRS) and the Northern Ireland Statistics and Research Agency (NISRA) are responsible for statistics pertaining to Scotland and Northern Ireland. They can be contacted at foi@nrscotland.gov.uk and info@nisra.gov.uk respectively.

Our death statistics are taken from the information supplied on death certificates. We do not hold data regarding the number of people who have died following the COVID-19 vaccine within a certain number of days, as the date on which a vaccine is administered is not information that is provided on the death certificate.

Source

But this was a lie, because one Government institution did hold this information, and they finally published it over 17 months after the first time of asking.

The Office for National Statistics (ONS) is the UK's largest independent producer of official statistics and the recognised national statistical institute of the UK. It is responsible for collecting and publishing statistics related to the economy, population and society at national, regional and local levels.

On the 16th of May 2022, the ONS published its 6th dataset on deaths in England by vaccination status, which can be found [here](#), and it finally contains the number of deaths within 28 days of vaccination.

Table 9 of the dataset contains figures on 'Whole period counts of all registered deaths grouped by how many weeks after vaccination the deaths occurred; for deaths involving COVID-19 and deaths not involving COVID-19, deaths occurring between 1 January 2021 and 31 March 2022, England'.

Here's a snapshot of how the ONS presents the data –

This worksheet contains 1 table.

Source: Source: Office for National Statistics, National Immunisation Management S

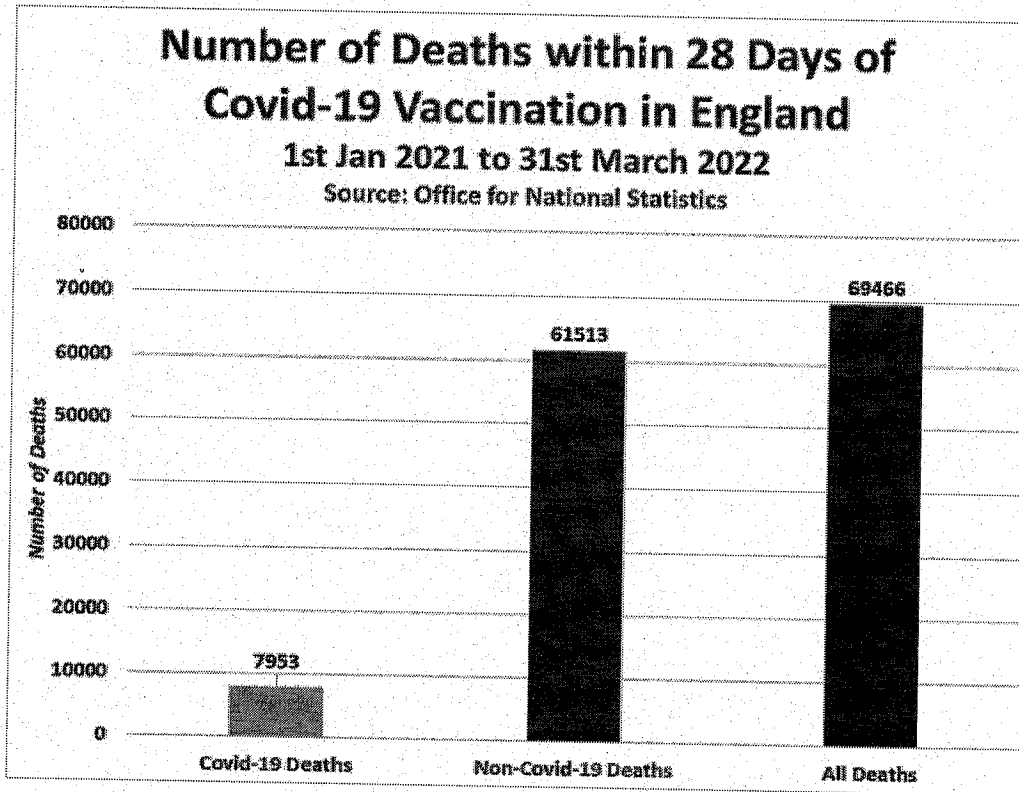
Weeks after vaccination	Age group	Count of Deaths Involving COVID-19	Count of Non-COVID-19 Deaths
1	10-39	<3	106
2	10-39	10	158
3	10-39	8	156
4	10-39	7	195
5	10-39	5	165
6	10-39	6	171
7	10-39	4	190
8	10-39	6	176
9	10-39	7	193
10	10-39	<3	175
11	10-39	8	170
12+	10-39	111	1984
1	40-49	<7	165
2	40-49	14	265
3	40-49	13	325

Source

11-3

As you can see, the ONS still don't make it easy for us by revealing the overall number of deaths, but with some patience and simple maths we can easily find this out ourselves.

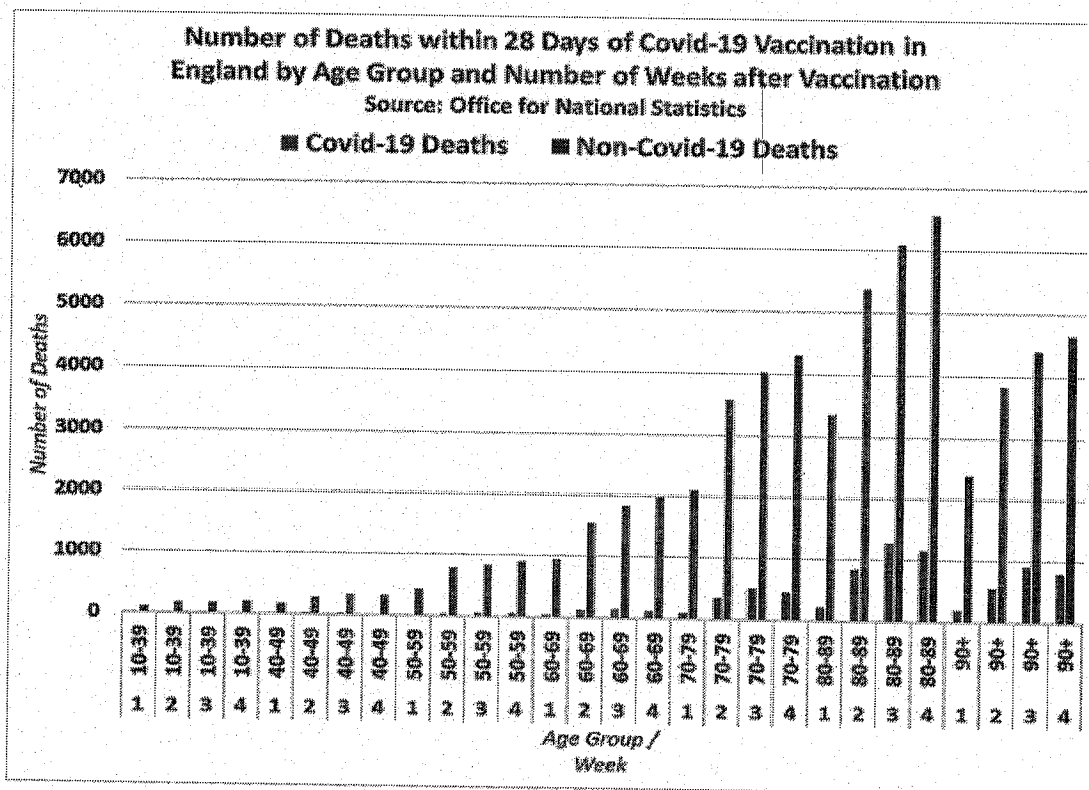
The following chart shows the overall number of deaths within 28 days of Covid-19 vaccination in England between 1st Jan 2021 and 31st March 2022 –



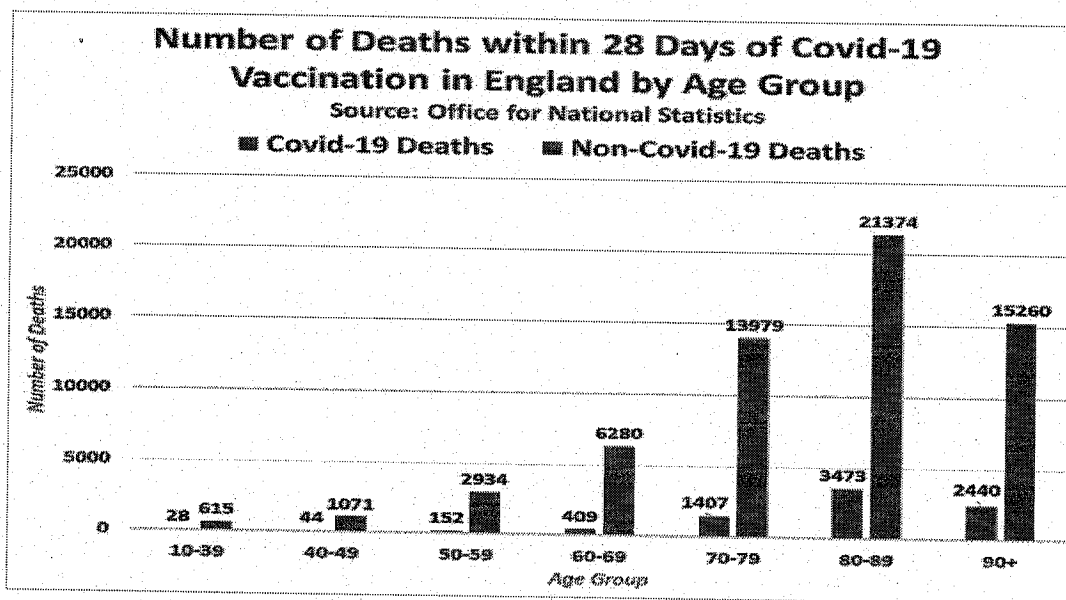
According to the Office for National Statistics between 1st Jan 21 and 31st March 22, a total of 7,953 people died with Covid-19 within 28 days of vaccination, and a total of 61,513 people died of any other cause within 28 days of vaccination. This means that in all, 69,466 people died within 28 days of Covid-19 vaccination between January 2021 and March 2022.

The following chart shows the deaths within 28 days of vaccination broken down by both age group and the number of weeks after vaccination –

11-4

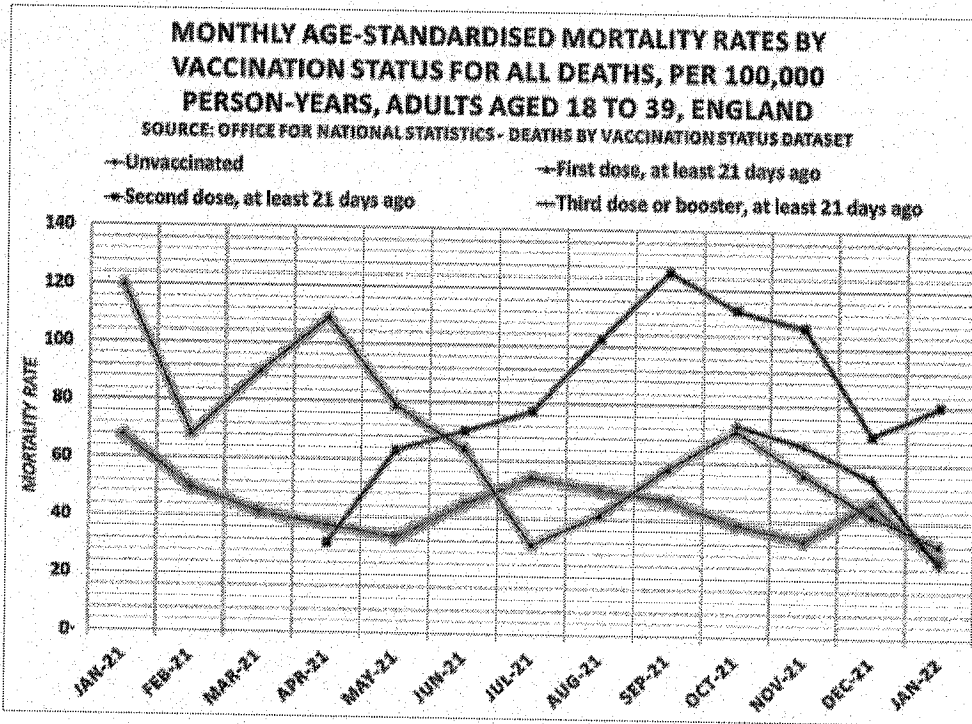


And the following chart shows the deaths within 28 days of vaccination broken down by age group only –



A lot of people will probably argue that this is to be expected with so many people being vaccinated. But these same people won't bother actually backing their argument up with any evidence. Because if it's to be expected, how exactly do they explain this for example? –

11-5



The above chart shows the monthly age-standardised mortality rates by vaccination status for all-cause deaths, per 100,000 person-years among adults aged 18 to 39 in England. The data has been extracted from the [previous ONS dataset](#) on deaths by vaccination status between 1st Jan 21 and 31st Jan 22.

The green line is the mortality rate among the unvaccinated, which while fluctuating has remained pretty stable throughout. The other lines however represent different vaccination statuses, and they are extremely concerning because the mortality rates are miles higher.

The largest statistical difference occurred in November 2021. The mortality rate among the unvaccinated equated to 33.4 deaths per 100,000 person-years, whereas the mortality rate among the double vaccinated equated to 107. A difference of 220.4%.

The argument that 69,466 deaths within 28 days of vaccination are to be expected because so many people are vaccinated has all of a sudden collapsed, hasn't it?

But that's not the worst of it. The UK Health Security Agency counts Covid-19 deaths as those that have occurred within 60 days of a positive test for SARS-CoV-2, so it's only fair we also work out how many people have died within 60 days of Covid-19 vaccination.

Here's the table taken from the [UKHSA Week 13 Vaccine Surveillance Report](#) showing Covid-19 deaths within 60 days of a positive test –

11-6

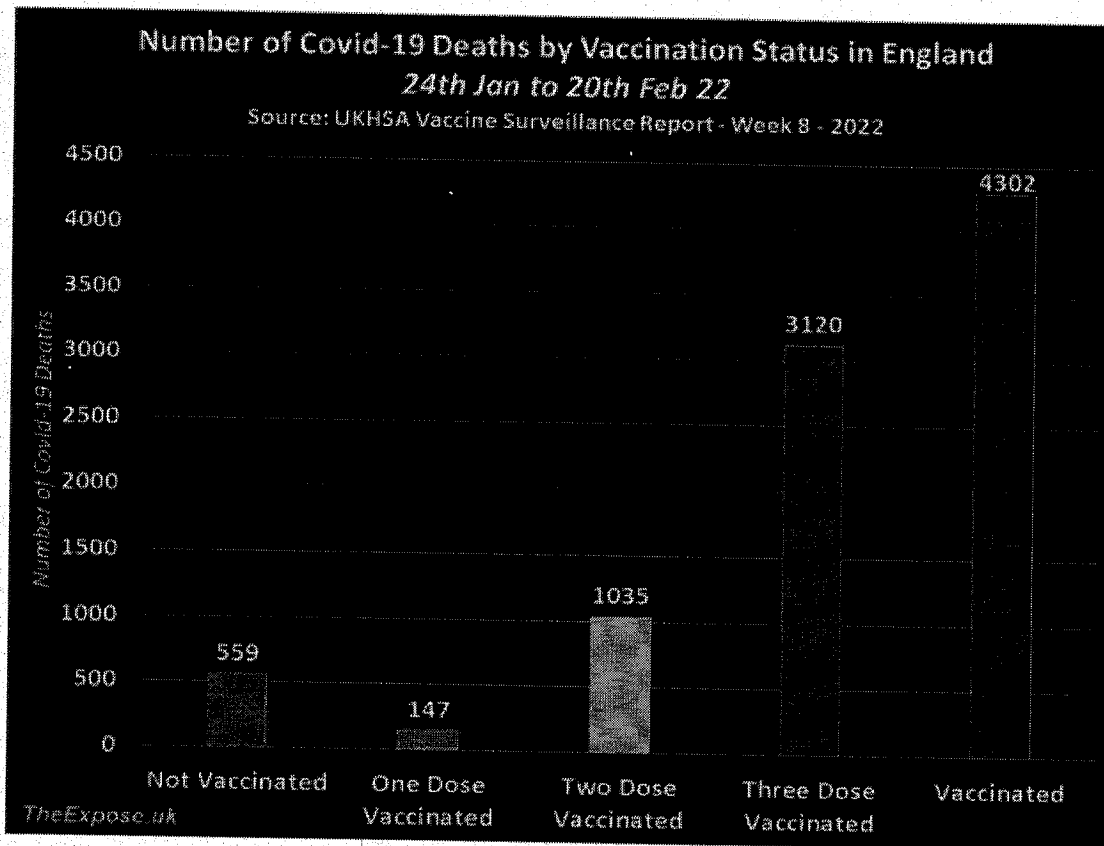
(b)

Death within 60 days of positive COVID-19 test by date of death between week 9 2022 (w/e 6 March 2022) and week 12 2022 (w/e 27 March 2022)	Total**	Unlinked*	Not vaccinated	Received one dose (1 to 20 days before specimen date)	Received one dose ≥21 days before specimen date	Second dose ≥14 days before specimen date ¹	Third dose ≥14 days before specimen date ¹
	[This data should be interpreted with caution. See information below in footnote about the correct interpretation of these figures]						
Under 18	3	0	2	0	1	0	0
18 to 29	15	0	6	0	1	3	5
30 to 39	44	0	13	0	4	10	17
40 to 49	61	1	11	0	2	18	29
50 to 59	155	0	24	0	8	45	78
60 to 69	350	1	48	0	16	77	208
70 to 79	825	3	72	0	19	120	611
80 or over	2,614	5	145	2	38	320	2,108

– Page 44

Source

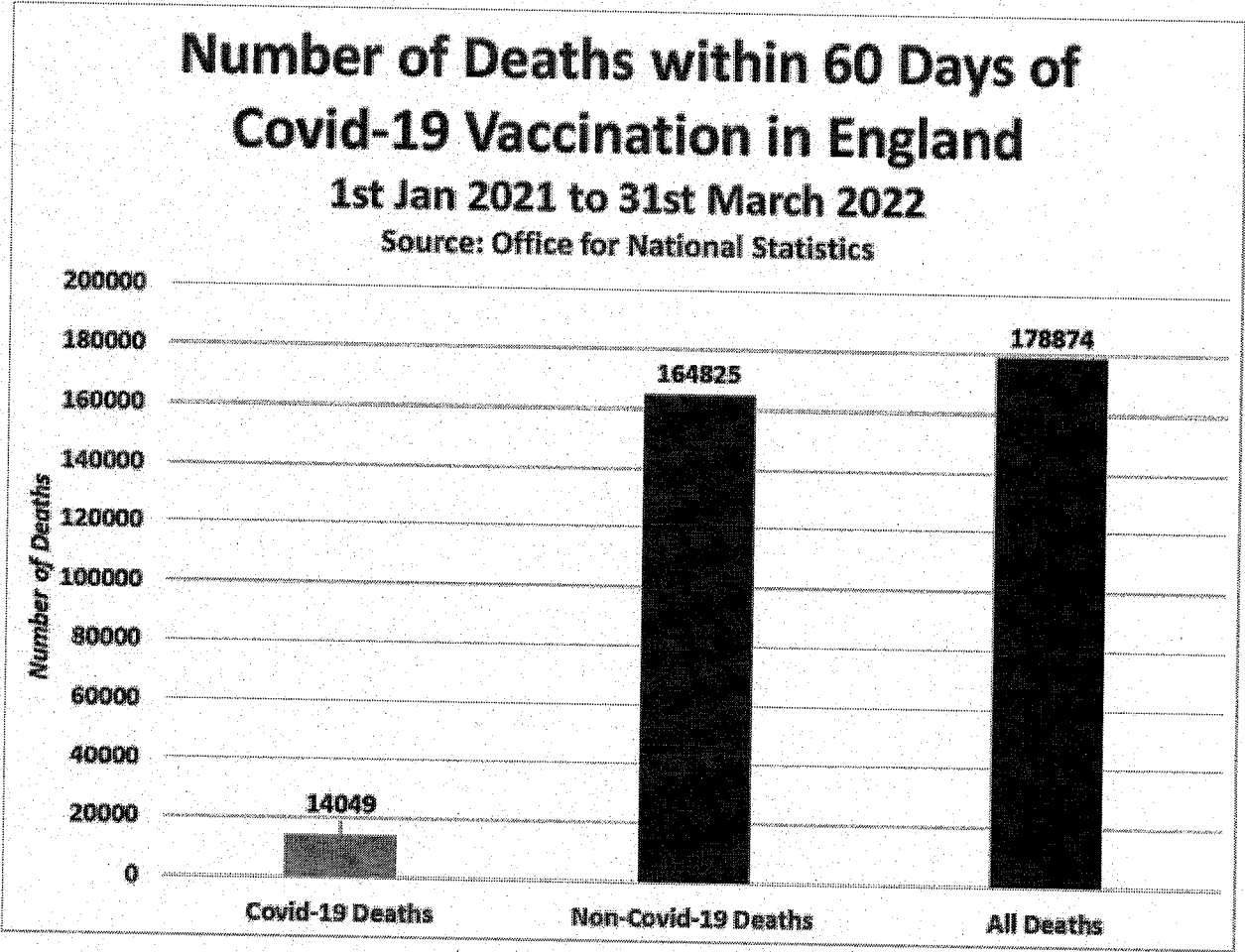
Here's a chart showing the overall totals by vaccination status of the above figures –



Yes, that does equate to 92% of all Covid-19 deaths in England during March 2022 being among the vaccinated population.

11-7

Here's a chart showing the number of deaths within 60 days of Covid-19 vaccination in England between 1st Jan 2021 and 31st March 2022, according to the Office for National Statistics dataset –



According to the Office for National Statistics between 1st Jan 21 and 31st March 22, a total of 14,049 people died with Covid-19 within 60 days of vaccination, and a total of 168,825 people died of any other cause within 60 days of vaccination. This means that in all, 178,874 people died within 60 days of Covid-19 vaccination between January 2021 and March 2022 in England.

12-1

Ventilators Killed Nearly ALL COVID Patients — Study

Jamie White May 14th 2023

Majority of COVID patients who required help from a ventilator also developed deadly secondary bacterial pneumonia, according to analysis published in the *Journal of Clinical Investigation*.

Most COVID-19 patients who died in the hospital during the early phase of the pandemic were killed as a result of being put on a ventilator, according to a new study.

The analysis, published in the *Journal of Clinical Investigation* last month, found the majority of COVID patients who required help from a ventilator also developed secondary bacterial pneumonia.

“Our study highlights the importance of preventing, looking for, and aggressively treating secondary bacterial pneumonia in critically ill patients with severe pneumonia, including those with COVID-19,” **says** Benjamin Singer, a pulmonologist at Northwestern University in Illinois.

From **Science Alert**:

The team looked at records for 585 people admitted to the intensive care unit (ICU) at Northwestern Memorial Hospital, also in Illinois. They all had severe pneumonia and/or respiratory failure, and 190 had COVID-19.

*Using a **machine learning** approach to crunch through the data, the researchers grouped patients based on their condition and the amount of time they spent in intensive care.*

*The findings refute the idea that a **cytokine storm** following COVID-19 – an overwhelming inflammation response causing organ failure – was responsible for a significant number of deaths. There was no evidence of multi-organ failure in the patients studied.*

In other words, though COVID-19 may have put these people in the hospital, the secondary infection of bacterial pneumonia after being put on a ventilator was responsible for the higher mortality rate, a condition called Ventilator-Associated Pneumonia (VAP).

“Those who were cured of their secondary pneumonia were likely to live, while those whose pneumonia did not resolve were more likely to die,” Singer says.

“Our data suggested that the mortality related to the virus itself is relatively low, but other things that happen during the ICU stay, like secondary bacterial pneumonia, offset that.”