

# Quietly Published Pfizer Documents confirm between 82% & 97% of COVID Vaccinated Pregnant Women sadly lost their baby during the ongoing Clinical Trial

THE EXPOSÉ APRIL 13, 2023

The confidential Pfizer documents that the FDA have been forced to publish by court order reveal that 82% to 97% of women who were mistakenly exposed to the mRNA Covid-19 injection either suffered a miscarriage or suffered having to witness the death of their newborn child upon giving birth.

But Pfizer falsely claimed – “There were no safety signals that emerged from the review of these cases of use in pregnancy”.

**BNT162b2**  
**5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports**

**Table 6. Description of Missing Information**

Topic	Description
Missing Information	<p>Post Authorization Cases Evaluation (cumulative to 28 Feb 2021)                      Total Number of Cases in the Reporting Period (N= 42086)</p> <ul style="list-style-type: none"> <li>In 4 cases (3 non-serious; 1 serious) Suppressed lactation occurred in a breast feeding women with the following co-reported events: Pyrexia (2), Parestia, Headache, Chills, Vomiting, Pain in extremity, Arthralgia, Breast pain, Scar pain, Nausea, Migraine, Myalgia, Fatigue and Breast milk discoloration (1 each).</li> </ul> <p>Conclusion: There were no safety signals that emerged from the review of these cases of use in pregnancy and while breast feeding.</p>

The US Food and Drug Administration (FDA) attempted to delay the release of Pfizer’s COVID-19 vaccine safety data for 75 years despite approving the injection after only 108 days of safety review on December 11th, 2020.

But in early January 2022, Federal Judge Mark Pittman ordered them to release 55,000 pages per month. They released 12,000 pages by the end of January.

Since then, PHMPT has posted all of the documents on its website.

One of the documents contained in the data dump is ‘reissue\_5.3.6 postmarketing experience.pdf’. Page 12 of the confidential document contains data on the use of the Pfizer Covid-19 injection in pregnancy and lactation.

Pfizer claim in the document that by 28th February 2021 there were 270 known cases of exposure to the mRNA injection during pregnancy.

**Table 6. Description of Missing Information**

Topic	Description
Missing Information	<p>Post Authorization Cases Evaluation (cumulative to 28 Feb 2021)                      Total Number of Cases in the Reporting Period (N= 42086)</p>
Use in Pregnancy and lactation	<ul style="list-style-type: none"> <li>Number of cases: 413* (0.98% of the total PM dataset); 84 serious and 329 non-serious;</li> <li>Country of incidence: US (205), UK (64), Canada (31), Germany (30), Poland (13), Israel (11), Italy (9), Portugal (6), Mexico (6), Estonia, Hungary and Ireland (5 each), Romania (4), Spain (3), Czech Republic and France (2 each), the remaining 10 cases were distributed among 10 other countries.</li> </ul> <p>Pregnancy cases: 274 cases including:</p> <ul style="list-style-type: none"> <li>270 mother cases and 4 fetus/baby cases representing 270 unique pregnancies (the 4 fetus/baby cases were linked to 3 mother cases; 1 mother case involved twins).</li> </ul>

1-2  
One-hundred-and-forty-six of those mother cases did not immediately report the immediate occurrence of any clinical adverse event. But 124 of the 270 mother cases did. Meaning 46% of the mothers exposed to the Pfizer Covid-19 injection suffered an adverse reaction.

Of those 124 mothers suffering an adverse reaction, 49 were considered non-serious adverse reactions, whereas 75 were considered serious. This means 58% of the mothers who reported suffering adverse reactions suffered a serious adverse event ranging from uterine contraction to foetal death.

- 146 non-serious mother cases reported exposure to vaccine in utero without the occurrence of any clinical adverse event. The exposure PTs coded to the PTs Maternal exposure during pregnancy (111), Exposure during pregnancy (29) and Maternal exposure timing unspecified (6). Trimester of exposure was reported in 21 of these cases: 1st trimester (15 cases), 2nd trimester (7), and 3rd trimester (2).
- 124 mother cases, 49 non-serious and 75 serious, reported clinical events, which occurred in the vaccinated mothers. Pregnancy related events reported in these cases coded to the PTs Abortion spontaneous (25), Uterine contraction during pregnancy, Premature rupture of membranes, Abortion, Abortion missed, and Foetal death (1 each). Other clinical events which occurred in more than 5 cases coded to the PTs Headache (33), Vaccination site pain (24), Pain in extremity and Fatigue (22 each), Myalgia and Pyrexia (16 each), Chills (13), Nausea (12), Pain (11), Arthralgia (9), Lymphadenopathy and Drug ineffective (7 each), Chest pain, Dizziness and Asthenia (6 each), Malaise and COVID-19 (5 each). Trimester of exposure was reported in 22 of these cases: 1st trimester (19 cases), 2nd trimester (1 case), 3rd trimester (2 cases).

A total of 4 serious foetus/baby cases were reported due to exposure to the Pfizer injection. The 4 serious cases involved the following events –

- Foetal growth restriction x2
- Premature baby x2
- Neonatal Death x1
- 4 serious foetus/baby cases reported the PTs Exposure during pregnancy, Foetal growth restriction, Maternal exposure during pregnancy, Premature baby (2 each), and Death neonatal (1). Trimester of exposure was reported for 2 cases (twins) as occurring during the 1st trimester.

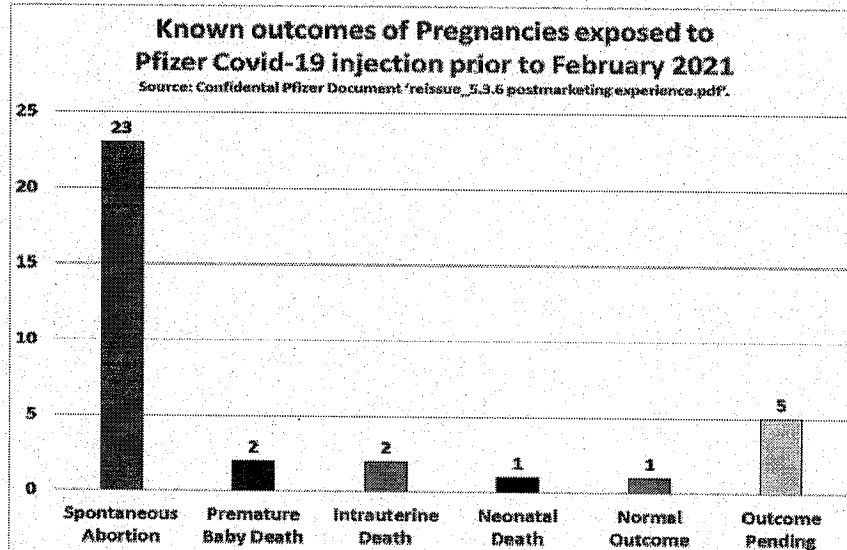
But here's where things get rather concerning. Pfizer state that of the 270 pregnancies they have absolutely no idea what happened in 238 of them.

each). No outcome was provided for 238 pregnancies (note that 2 different outcomes were reported for each twin, and both were counted).

But here are the known outcomes of the remaining pregnancies –

- Spontaneous Abortion (miscarriage) x23,
- Outcome pending x5,
- Premature baby with neonatal death x 2,
- Spontaneous Abortion with intrauterine death x2,
- Spontaneous Abortion with neonatal death x 1
- Normal outcome x1

1-3



• Pregnancy outcomes for the 270 pregnancies were reported as spontaneous abortion (23), outcome pending (5), premature birth with neonatal death, spontaneous abortion with intrauterine death (2 each), spontaneous abortion with neonatal death, and normal outcome (1 each). No outcome was provided for 238 pregnancies (note that 2 different outcomes were reported for each twin, and both were counted).

There were 34 outcomes altogether at the time of the report, but 5 of them were still pending. Pfizer note that only 1 of the 29 known outcomes were normal, whilst 28 of the 29 outcomes resulted in the loss/death of the baby. This equates to 97% of all known outcomes of Covid-19 vaccination during pregnancy resulting in the loss of the child.

When we include the 5 cases where the outcome was still pending it equates to 82% of all outcomes of Covid-19 vaccination during pregnancy resulting in the loss of the child. This equates to an average of around 90% between the 82% and 97% figure.

That 82% figure is, however, very interesting when we consider the outcome of another study conducted by the Centers for Disease Controls V-Safe COVID-19 Pregnancy Registry Team. A study that was used to justify not just offering, but harassing pregnant women to get the Covid-19 injection in the UK.

We exclusively revealed in July 2021 how data had been manipulated by scientists carrying out a real world study for the CDC to show that Covid-19 vaccines were safe for use during pregnancy.

The authors claimed that the number of people to suffer a spontaneous abortion (miscarriage) during the study was 104 out of 827 completed pregnancies, equating the risk of miscarriage at 12.6%; 7 – 12% lower than the risk of miscarriage in the general population.

**Table 4**  
**Pregnancy Loss and Neonatal Outcomes in Published Studies and V-safe Pregnancy Registry Participants.**

Participant Reported Outcome	Published Incidence <sup>a</sup>	V-safe Pregnancy Registry <sup>b</sup>
	%	no./total no. (%)
Pregnancy loss among participants with a completed pregnancy		
Spontaneous abortion: <20 vs. 12-17	10-26	104/827 (12.6) <sup>d</sup>
Stillbirth: <20 vs. 12-20	<1	1/723 (0.1) <sup>e</sup>
Neonatal outcome among live-born infants		
Preterm birth: <57 vs. 21-22	9-15	60/536 (9.4) <sup>f</sup>
Small size for gestational age: 23-24	2.5	23/724 (3.2)
Congenital anomalies <sup>g,h</sup>	3	16/724 (2.2)
Neonatal death <sup>i,j</sup>	<1	0/724

Source

1-4  
However, our analysis proved that these numbers were extremely misleading due to the fact that of the 827 completed pregnancies, 700 / 86% of the women had received a dose of either the Pfizer or Moderna Covid-19 vaccine during the third trimester of pregnancy, meaning it was impossible for them to suffer a miscarriage due to the fact they can only occur prior to week 20 of pregnancy.

This meant that just 127 women received either the Pfizer or Moderna Covid-19 vaccine during the first/second trimester, with 104 of the woman sadly losing their baby.

Therefore the rate of incidence of miscarriage was 82%, not 12.6% as presented in the findings of the study, and the authors of the study have since admitted that they made a mistake, issuing a correction six months too late because the study has been used to justify Covid-19 vaccination of pregnant women and new mothers around the world.

<sup>1</sup>The populations from which these rates are derived are not matched to the current study population for age, race and ethnic group, or other demographic and clinical factors.  
<sup>2</sup>Data on pregnancy loss are based on 827 participants in the v-safe pregnancy registry who received an mRNA Covid-19 vaccine (BNT162b2 [Pfizer-BioNTech] or mRNA-1273 [Moderna]) from December 14, 2020, to February 28, 2021, and who reported a completed pregnancy. A total of 700 participants (84.6%) received their first eligible dose in the third trimester. Data on neonatal outcomes are based on 724 live-born infants, including 12 sets of multiples.  
<sup>3</sup>A total of 96 of 104 spontaneous abortions (92.3%) occurred before 13 weeks of gestation.  
<sup>4</sup>The denominator includes live-born infants and stillbirths.  
<sup>5</sup>The denominator includes only participants vaccinated before 37 weeks of gestation.  
<sup>6</sup>Small size for gestational age indicates a birthweight below the 10th percentile for gestational age and infant sex according to INTERGROWTH-21<sup>st</sup> growth standards (<http://intergrowth21.net/en/gc/uk>). These standards draw from an international sample including both low-income and high-income countries but exclude children with coexisting conditions and malnutrition. They can be used as a standard for healthy children growing under optimal conditions.  
<sup>7</sup>Values include only major congenital anomalies in accordance with the Metropolitan Atlanta Congenital Defects Program 6-Digit Code Defect List ([www.cdc.gov/nchsddd/birthdefects/macdd.html](http://www.cdc.gov/nchsddd/birthdefects/macdd.html)); all pregnancies with major congenital anomalies were exposed to Covid-19 vaccines only in the third trimester of pregnancy (i.e., well after the period of organogenesis).  
<sup>8</sup>Neonatal death indicates death within the first 28 days after delivery.

Source

But there's that 82% number again. So that's two sets of data, Pfizer's confidential data, and the CDC's manipulated study that show the rate of pregnancy loss following Covid-19 vaccination to be 82%. Just a coincidence?

Highly unlikely when we consider what else Medicine Regulators and Pfizer tried to cover up.

A 'Freedom of Information' request alongside an in-depth dive into the only pregnancy/fertility study performed on the Pfizer Covid-19 injection reveals that Pfizer and Medicine Regulators hid the dangers of Covid-19 Vaccination during Pregnancy because the study found it increases the risk of birth defects and infertility.

You can read the full investigation here, but here's a snippet of what should have been included in official public documents, and subsequently wasn't –

**As discussed in the assessment, Pregnancy Category B2 is considered appropriate for this product. Following changes are recommended.**

**"Pregnancy Category B2**

**There is limited experience with use of COMIRNATY in pregnant women. Animal studies do A combined fertility and developmental toxicity study in rats showed increased occurrence of supernumerary lumbar ribs in fetuses from COMIRNATY-treated female rats did not indicate direct or indirect harmful effects with respect to pregnancy, embryo/fetal development, or post-natal development (see Effects on fertility Section 5.3 Preclinical safety data). Administration of COMIRNATY in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and fetus."**

Source

1-5

The FDA'S decision not to act on Pfizer's data, and the cover-up of the animal study findings by both Pfizer and Medicine Regulators around the world has led to 4,113 foetal deaths being reported in the USA alone as adverse reactions to the Covid-19 injections as of 22nd April 2022.

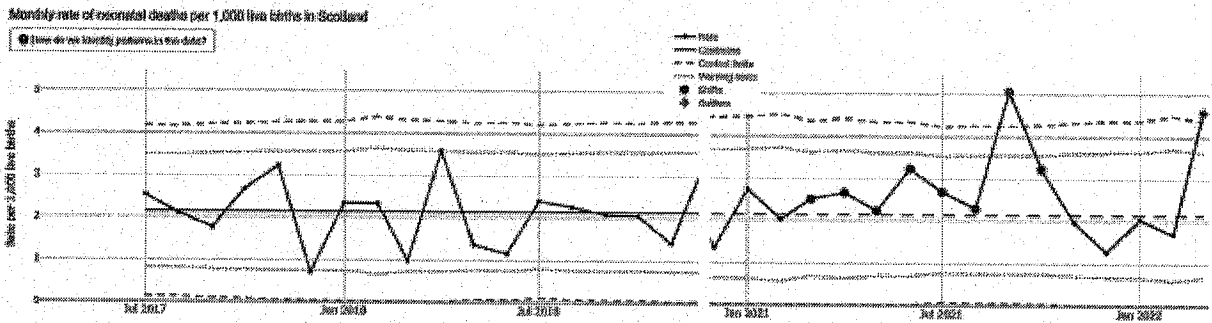
# 4,113 Fetal Deaths following COVID-19 vaccines 17 Months Time Period

**Table**

Vaccine/Manufacturer	Count	Percent
<b>TOTAL</b>	↑ 4,382	↑ 106.54%
COVID19 / PFIZER/BIONTECH	3,209	78.02%
COVID19 / MODERNA	996	24.22%
COVID19 / JANSSEN	140	3.4%
UNK / UNKNOWN MANUFACTURER	21	0.51%
COVID19 / UNKNOWN MANUFACTURER	10	0.24%
HEPA / UNKNOWN MANUFACTURER	2	0.05%
TDAP / GLAXOSMITHKLINE BIOLOGICALS	1	0.02%
TD / SANOFI PASTEUR	1	0.02%
IPV / SANOFI PASTEUR	1	0.02%
FLUC4 / SEQIRUS, INC.	1	0.02%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 4113 (the number of cases found), and the Total Percentage is greater than 100.

And take a look at this data coming out of Scotland –



*Click to enlarge*

Public Health Scotland (PHS) has a full dashboard on Covid-19 wider impacts on the health care system, found [here](#), and it includes a whole range of data from mental health statistics to pregnancies, cardiovascular disorders data, and cancer.

1-6

Official figures reveal that the rate of neonatal deaths increased to 4.6 per 1000 live births in March 2022, a 119% increase on the expected rate of deaths. This means the neonatal mortality rate breached an upper warning threshold known as the 'control limit' for the second time in at least four years.

The last time it breached was in September 2021, when neonatal deaths per 1000 live births climbed to 5.1. Although the rate fluctuates month to month, the figure for both September 2021 and March 2022 is on a par with levels that were last typically seen in the late 1980s.

Public Health Scotland (PHS) has not formally announced they have launched an investigation, but this is what they are supposed to do when the upper warning threshold is reached, and they did so back in 2021.

At the time, PHS said the fact that the upper control limit has been exceeded "indicates there is a higher likelihood that there are factors beyond random variation that may have contributed to the number of deaths that occurred". You can read more [here](#).

We either have a serious issue here or a bucket load of terrible coincidences, and it's all arisen thanks to this unbelievable claim made by Pfizer in their confidential documents in response to 82% to 97% of women mistakenly exposed to the Covid-19 injection during pregnancy losing their child –

"There were no safety signals that emerged from the review of these cases of use in pregnancy and while breast feeding."

BNT162b2

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See for yourself on pages 12 and 13 of the confidential document found [here](#).

2-1

## Vaccinated Mothers Delivering 'Shrunken' and 'Compromised' Placentas, Dr. Naomi Wolf Claims

Jamie White April 19, 2023

***Midwives report seeing calcifications on frail placentas, more frequent early births, and infant respiratory issues.***

***Also "concerned about shedding compromising the placentas of unvaccinated moms."***

The health of women's placentas appear to have been deteriorating since the COVID vaccines were introduced, according to journalist Dr. Naomi Wolf.

Midwives and fetal medicine specialists have reported to Wolf that they've noticed unusual and disturbing changes in women's placentas since the rollout of the experimental Covid mRNA injections in late 2020.

One California midwife said "that since 2020, she's been seeing...silver/gray placentas. Some of them are shrunken, so not big enough to deliver a normal baby, and many midwives are reporting that they have to deliver babies early because the placenta can't sustain a full-term baby," Wolf said on "War Room" Tuesday.

"And she showed me an image of a placenta that was like two inches in circumference – narrower, shorter smaller – than a normal placenta," she continued, adding that midwives are also seeing "calcifications" on the placentas of vaccinated moms.

Wolf also made an alarming claim that the midwives she's spoken to haven't seen any normal placentas since the COVID vaccine rollout, suggesting vaccine shedding may be affecting unvaccinated women.

"Since the vaccines rolled out, she said she's seeing no normal placentas," Wolf said. "I asked her to send me an image of a normal placenta post-2020, and she said she doesn't have any. **They're all compromised. So she's concerned about shedding compromising the placentas of unvaccinated moms.**"

If that wasn't bad enough, Wolf claimed the midwives are seeing many more early deliveries due to the compromised placentas and health issues in babies soon after birth.

One midwife said "that babies often come out seeming okay, and they go home and they get rushed to the hospital within a day because they are in respiratory distress, and she's never seen that so frequently before."

Later in the interview Wolf pointed out that the same corporate interests pushing the Covid vaccines are also invested in technology that aims to replace human reproductive functions.

"The same people who invest in the vaccine are also invested in lab-grown breast milk and artificial wombs," Wolf said. "And MIT released a report about advances in artificial wombs. So its no longer science fiction to think one step ahead about what these monsters appear to be doing."

"It seems perfectly plausible that part of the strategy is to impair women. The tech mind really likes to find things people do for free or very well without intervention from technology, and impair it or disrupt it so that technological or digital gates managed by gatekeepers can be imposed."

"For millennia human beings have managed to have sex and have children for the most part healthily for free by themselves, and I can see the last frontier," she added.

3-1

## Naomi Wolf: No More Normal Placentas Since COVID-19 Vaccine Rollout

Belle Carter April 28, 2023

Whistleblower and renowned writer Naomi Wolf recently revealed that no more normal placentas have been seen since the Wuhan coronavirus (COVID-19) vaccines were rolled out. The DailyClout CEO obtained the information from midwives she had talked to. According to the midwives, placentas of vaccinated mothers are shrunken and have a silver-gray color. These signs mean that the placentas are not big enough to sustain a normal baby.

Wolf shared her interview with California nurse-midwife Ellen Jasmer, who has seen these silver-gray placentas since 2022. "Some of these are shrunken. She showed me an image of a placenta that was like two inches in circumference, which is narrower, shorter and smaller than a normal placenta. Normal, healthy placenta is deep purple, or maroon and kind of thick. They're a home for a baby for nine months," Wolf said.

Jasmer also told Wolf about what she dubbed as "COVID bumps" or calcifications all over the placenta. According to the DailyClout CEO, these are visible to the naked eye.

Ben Armstrong of the *New American* magazine, who played Wolf's video about the abnormal placentas on his show, expressed shock over the revelations.

"I thought she would say 40 percent, but no, none. One hundred percent of the people she's dealt with haven't seen a normal placenta.

### COVID-19 shot a tool for depopulation

Armstrong pointed out that Wolf's expose about the abnormal placentas only proves that the COVID-19 vaccine is a bioweapon aimed at depopulating the world. If the globalists cannot kill unsuspecting victims through the shots themselves, the injections will still sterilize people.

"We've all been saying this: One of the ways to depopulate would be to damage people's reproductive systems," he said. Armstrong recounted reports of the COVID-19 vaccine dramatically reducing men's sperm counts and seriously impacting women's reproductive systems.

"Yes, women do get pregnant. But these jabs are making it very difficult for them to go through their full-term pregnancy because their placentas are no longer normal after the shots."



3-2

Armstrong also played an interview of Children's Health Defense founder and presidential candidate Robert F. Kennedy Jr., who denounced Microsoft co-founder Bill Gates for rolling out the tetanus "vaccines" in Kenya. (Related: Bill Gates says vaccines can help reduce world population.)

According to Kennedy, Gates and the *World Health Organization* "administered a million vaccines to [Kenyans] that are designed to sterilize them without their knowledge and against their will." He told podcast host and former *Fox News* anchor Megyn Kelly: "Tetanus toxoid is essentially a chemical castration drug, and he gave at least a million women in Kenya. They had similar programs in Nicaragua, Mexico and the Philippines."

Moreover, Armstrong pointed out that Kenyan doctors and priests have noticed that the WHO and Gates administered the vaccines to Kenyan women six times a year instead of once every 10 years.

"On top of that, the tetanus program was only for women of childbearing age," the program host added. "They made that obvious. That's how they got caught."

Head over to [VaccineInjuryNews.com](http://VaccineInjuryNews.com) for more stories about the impacts of the COVID-19 vaccine on fertility.

4-1

## Covid injections linked to increase in miscarriages and decline in birth rates

RHODA WILSON APRIL 27, 2023

Compared to the flu vaccine, covid injections are associated with a significant increase in adverse events among women of reproductive age. Data revealed a 27-fold higher risk of miscarriage and a more than twofold increased risk of adverse foetal outcomes across six different categories following covid injections.

Covid injection contents are biodistributed into the bloodstream within hours and cross “all physiologic barriers including the maternal-placental-foetal barrier and the blood-brain barriers in both the mother and the foetus.”

Birth rates in multiple European countries fell significantly at the end of 2021, months after covid injections became widely utilised.

Researchers have called for the immediate suspension of covid vaccination for all persons of childbearing and reproductive age.

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By Dr. Joseph Mercola

While a typical vaccine must undergo 10 to 12 years of trials before it's released, during the pandemic, covid injections were made available to the public just 10 months after development, courtesy of an Emergency Use Authorisation.<sup>1</sup> Even pregnant women were subjected to the injections, and in many cases were mandated to receive them.

“The pushing of these experimental covid vaccines globally is the greatest violation of medical ethics in the history of medicine, maybe humanity,” Dr. James Thorp, a maternal-foetal medicine expert, told Tucker Carlson.<sup>2</sup> Thorp and colleagues published a preprint study that found striking risks to pregnant women who received the injections, along with their unborn babies.<sup>3</sup>

The outcomes were so dire that the researchers concluded pregnant women should not receive covid injections until further research is completed. “A worldwide moratorium on the use of covid vaccines in pregnancy is advised until randomised prospective trials document safety in pregnancy and long-term follow-up in offspring,” they explained.<sup>4</sup>

Texas Lindsay: Dr. James Thorp, OBGYN on Tucker Carlson: Harms of the Covid Vaccine for Pregnant Women (3 mins)

The above video is an interview with Tucker Carlson on [23 February 2023](#).

### Covid Injections Linked to 27-Fold Higher Risk of Miscarriage

Thorp and colleagues used data from the US Centres for Disease Control and Prevention's Vaccine Adverse Events Reporting System (“VAERS”) to assess adverse events experienced by women of reproductive age following receipt of a covid injection, compared to receipt of a flu vaccine. Compared to the flu vaccine, covid injections were associated with a significant increase in adverse events (“AE”), including:<sup>5</sup>

Menstrual abnormality	Miscarriage
-----------------------	-------------

4-2

Foetal chromosomal abnormalities	Foetal malformation
Foetal cystic hygroma	Foetal cardiac disorders
Foetal arrhythmia	Foetal cardiac arrest
Foetal vascular malperfusion	Foetal growth abnormalities
Foetal abnormal surveillance	Foetal placental thrombosis
Low amniotic fluid	Foetal death/stillbirth

“When normalised by time-available, doses-given, or persons-received, all covid vaccine AE far exceed the safety signal on all recognised thresholds ... Pregnancy and menstrual abnormalities are significantly more frequent following covid vaccinations than that of Influenza vaccinations,” the researchers noted.<sup>6</sup>

Specifically, the data revealed a 27-fold higher risk of miscarriage and a more than twofold increased risk of adverse foetal outcomes across six different categories, according to board-certified internist and cardiologist Dr. Peter McCullough.<sup>7</sup>

## Were Nurses Issued Gag Order Against Speaking Out?

Problems began to appear shortly after covid injections were rolled out, such that a leaked email from a large California hospital was sent out in warning to 200 nurses. The email, from September 2022, contained the subject line, “Demise Handling,” referring to an increase in stillbirths and foetal deaths. A The Conservative Woman report by journalist Sally Beck shared the email’s content, which read:<sup>8</sup>

It seems as though the increase of demise patients [babies] that we are seeing is going to continue. There were 22 demises [stillbirths and foetal deaths] in August [2022], which ties [equals] the record number of demises in July 2021, and so far in September [2022] there have been 7 and it’s only the 8th day of the month.

Beck reports that one nurse, Michelle Gershman, who works in the neonatal ward had her bonus withheld because she spoke out about the rise in foetal deaths. “We used to have one foetal demise per month. That rose to one or two per week,” Gershman said. Beck reported:

Her experience, and the experience of doctors working with pregnant women, is contrary to official “safe and effective” observation and advice, but no one was free to speak out because of a gagging order imposed in September 2021<sup>9</sup> by the American Board of Obstetrics and Gynaecology (ACOG).

... At the beginning of the rollout, in December 2020, pregnant women who were healthcare workers or deemed to be at risk from Covid began receiving the shots. By May 2021, the vaccine was being recommended to all pregnant American women.

This is despite the fact that none of the vaccine manufacturers had completed reproductive toxicology reports in animals, and none had started clinical trials in pregnant women. Two months later, hospitals noticed a huge increase in miscarriage, stillbirth, preterm births, pregnancy complications and menstrual abnormalities.

4-3

## Covid Injections Should Be Category X

The mRNA from covid injections circulates in the body for 28 days or more, and the spike protein may trigger clotting, bleeding and tissue damage, according to Dr. McCullough.

Because of this and other concerns, he states that, conservatively, covid injections should be given the Category X designation during pregnancy,<sup>10</sup> which means, "The risk of use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant."<sup>11</sup>

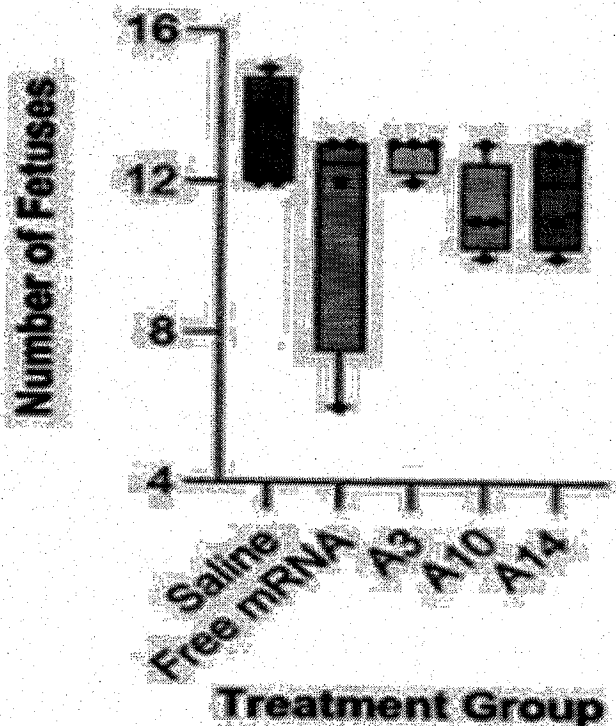
Unfortunately, health officials in the US continue to affirm its safety, even for vulnerable populations such as this, as they have from the very beginning. "Shocking, in the very first week of mass vaccination in December of 2020," McCullough wrote, "newsreels depicted well-intentioned pregnant mothers getting injected with synthetic lipid nanoparticles laced with long-lasting mRNA coding for the Wuhan Institute of Virology Spike protein."<sup>12</sup>

Thorp's study also reported that Pfizer's data showed covid injection contents are biodistributed into the bloodstream within hours and cross "all physiologic barriers including the maternal-placental-foetal barrier and the blood-brain barriers in both the mother and the foetus."<sup>13</sup>

A separate study is, in fact, looking at using ionisable lipid nanoparticles ("LPNs") like those used as mRNA delivery platforms in covid injections, as tools to deliver drugs to the placenta, because they're so effective at reaching it.

"LNPs enhance mRNA stability, circulation time, cellular uptake and preferential delivery to specific tissues compared to mRNA with no carrier platform," the researchers wrote.<sup>14</sup> But the study contains some concerning data, which was shared on Twitter:<sup>15,16</sup>

E



4-4

User Jikkyleaks tweeted, "This could be one of the biggest scandals in medicine ... Can you see that there are fewer foetuses in all the treatment groups compared to saline? It's not dramatic, because the authors published that figure instead of the number of foetal losses."<sup>17</sup>

Health officials made the recommendation that covid injections are safe and effective for pregnant women based on a 42-day study from Pfizer involving 44 rats.<sup>18</sup> What's more, the Pfizer-BioNTech rat study revealed the injection more than doubled the incidence of preimplantation loss and also led to a low incidence of mouth/jaw malformations, gastroschisis (a birth defect of the abdominal wall) and abnormalities in the right-sided aortic arch and cervical vertebrae in the foetuses.<sup>19</sup>

**Pfizer BNT162b2 animal study # 20256434**

Control arm				Treatment arm			
Animal Number	Corpora Lutea	Pre-implant loss	Live fetus	Animal Number	Corpora Lutea	Pre-implant loss	Live fetus
1	14	0	11	1	16	2	13
2	15	0	15	2	18	1	17
3	17	1	16	3	16	4	12
4	16	0	14	4	12	2	10
5	15	1	13	5	20	3	13
6	12	2	10	6	14	4	9
7	14	0	14	7	16	1	15
8	17	0	12	8	16	1	13
9	17	4	13	9	20	4	16
10	13	1	11	10	15	1	13
11	12	0	12	11	15	1	13
12	14	0	13	12	15	0	15
13	15	0	14	13	16	0	14
14	14	0	13	14	17	1	13
15	16	2	13	15	14	2	12
16	14	1	13	16	14	1	13
17	16	0	15	17	15	1	14
18	14	0	14	18	12	0	12
19	13	0	12	19	15	1	12
20	17	1	16	20	17	0	17
21	14	0	13	21	13	2	10

Mean	14.714	0.619	13.190	Mean	15.524	1.524	13.143
Overall mean %		4.2%		Overall mean %		9.8%	
				T-test, p		0.01588	

"In that study the foetal loss rate DOUBLED (4.2% to 9.8%) but had little impact on the overall number of foetuses," Jikkyleaks tweeted, sharing the chart above. "This is how this information is hidden. That single slide should have been enough to prompt much more investigation, because it showed fewer foetuses in EVERY GROUP."<sup>20,21</sup>

4-5

## Shocking Decline in Birth Rates Post-Covid Injections

Birth rates in multiple European countries fell significantly in the end of 2021, months after covid injections became widely utilised. The data,<sup>22</sup> compiled by a team of European researchers, found declines in birth rates in all the countries they studied, including:<sup>23</sup>

Germany	Austria	Switzerland
France	Belgium	Netherlands
Denmark	Estonia	Finland
Latvia	Lithuania	Sweden
Portugal	Spain	Czech Republic
Hungary	Poland	Romania
Slovenia	Iceland	Northern Ireland
Montenegro	Serbia	

The team explained:<sup>24</sup>

In advance it should be noted that every single examined European country shows a monthly decline in birth rates of up to more than 10% compared to the last three years. It can be shown that this very alarming signal cannot be explained by infections with covid-19.

However, one can establish a clear temporal correlation to covid vaccinations incidence in the age group of men and women between 18 and 49 years. Therefore, in-depth statistical and medical analyses have to be demanded.

The declines in birth rates ranged from a low of 1.3% in France to a high of 19% in Romania. Seven countries had a decline in birth rate of more than 10%, while 15 countries had declines of greater than 4%. Switzerland's drop was said to have exceeded the drop that occurred from World War I, World War II, the Great Depression and the release of oral contraceptives.<sup>25</sup>

No connection was found between the declines in birth rates and covid infections or hospitalisations, with the team noting:<sup>26</sup>

Adverse reactions related to the female reproductive organs and study findings related to male fertility point to a causal interpretation of the association of birth declines and the covid-19 vaccinations.

## Covid Injections Affect Menstrual Cycles

It remains unknown how covid injections affect reproductive health in men and women. For instance, as The Vaccine Reaction reported: “To date, the manufacturer’s insert for FDA-approved covid shots explicitly states that it has not been tested for the potential to impair male fertility.” However, data on US infertility after the rollout of covid injections aren’t available.<sup>27</sup>

Meanwhile, women around the globe have reported changes in their menstrual cycles following covid injections, and health officials largely brushed off the reports or labelled them anecdotal.

But a study published in *Obstetrics & Gynaecology* – and funded by the National Institute of Child Health and Human Development (“NICHD”) and the National Institutes of Health (“NIH”) Office of Research on Women’s Health – confirms an association between menstrual cycle length and covid injections.<sup>28</sup>

Clinical trials for covid injections did not collect data about menstrual cycles following injection, and VAERS does not actively collect menstrual cycle information either, making it difficult to initially determine whether the injections were having an effect. Anecdotal reports on social media, however, are numerous and, according to the study, “suggest menstrual disturbances are much more common ...”<sup>29</sup>

The *Obstetrics & Gynaecology* study involved 3,959 individuals between the ages of 18 and 45 years. Those who had not received a covid injection noted no significant changes in cycle 4 during the study compared to their first three cycles.

Those who received covid injections, however, had longer menstrual cycles, typically by less than one day, when they received the injections. The longer cycles were noted for both doses of the injection, with a 0.71-day increase after the first dose and 0.91-day increase after the second dose.<sup>30</sup>

## Cycle Changes of Eight Days or More Noted

The overall declines were described as not clinically significant. However, some women, particularly those who received two shots in the same menstrual cycle, experienced significant changes, including a two-day increase in cycle length and, in some cases, changes in cycle length of eight days or more. Considering a regular menstrual cycle is “an overt sign of health and fertility,”<sup>31</sup> any changes could have major ramifications.

Further, the team noted: “Questions remain about other possible changes in menstrual cycles, such as menstrual symptoms, unscheduled bleeding, and changes in the quality and quantity of menstrual bleeding.”<sup>32</sup>

Taken together, the links to miscarriage, reproductive changes and declining birth rates raise major red flags about the safety of covid injections for people of reproductive age. As such, the European research team echoed Thorp in calling for a moratorium on covid injections for pregnant women, and took it a step further, suggesting a suspension for everyone of reproductive age.<sup>33</sup>

Given the considerable individual and social relevance of the link between vaccination campaigns and declining birth rates, the immediate suspension of covid-19 vaccination for all persons of childbearing and reproductive age should be called for.

5-1

## Pfizer “vaccine” trial data shows alarming outcomes for pregnant women; they knew all along

RHODA WILSON MAY 10, 2023

A preprint paper published this month, shows that IgG4 antibodies are present in the umbilical cord blood of infants born to vaccinated mothers, highlighting a theoretical risk to newborns of an ineffective response to Covid infection.

**This highlights just how many unknowns we are dealing with when it comes to assessing what will be the long-term outcomes of mRNA vaccination.**

IgG4 is a type of antibody our immune systems create in response to a foreign object. An IgG4 response is usually found with allergens such as pollen meaning the body could be tolerating Covid but never actually clearing it, resulting in the immune system being too fatigued to deal with other things.

Further reading: New study confirms mRNA causes switch to IgG4 immune response but not with DNA vaccines, Naked Emperor, 13 January 2023

Circulating IgG4 might suppress clearance of infected cells that are displaying spike protein, and this might lead to enhanced infection and severe disease, or viral persistence; so far there is no direct evidence to inform one way or the other. If there is a direct risk, however, it will presumably only apply for as long as maternal antibodies persist in infants, which is only a few months.

Needless to say, this is uncharted territory. By and large, humans have never front-loaded newborns with (temporary) IgG4 for a common respiratory virus, and no one can say what the result will be. All that is certain is that nature doesn't do this.

Read more: IgG4 passed to newborns in Covid-vaccinated mothers, Brian Mowrey, 3 May 2023

By Dr. Guy Hatchard

### **BUT was this really unknown to those recommending that mRNA vaccination was safe for pregnant women?**

Documents released by Pfizer under court order reveal that Pfizer and the FDA were well aware of clinical trial results indicating appalling outcomes for babies of pregnant women.

Watch the 20-minute video below where dozens of so-called New Zealand experts are recorded telling us that the mRNA Covid vaccines are completely safe for pregnant women in direct contradiction of Pfizer trial results available in April 2021. These indicated an unfolding disaster for babies, including miscarriage, premature birth, cardiac arrest, toxic breast milk, spike protein crossing the placenta, etc.

Coronavirus Plushie: They Told Us It Was Safe for Pregnant & Breastfeeding Women, Then The Pfizer Docs Were Released, 6 May 2023 (21 mins)

In the video, their comments are juxtaposed with scientists exposing the highly disturbing content of the Pfizer trials of pregnancy outcomes:

### **Was the New Zealand Government Aware of This Information?**

Certainly, the contractual arrangements that our government had made with Pfizer would have required Pfizer to fully inform the Ministry of Health of all the results of vaccine trials.

BUT the Ministry of Health has completely ignored the information which has become public knowledge. From 1 May 2023, they are again encouraging pregnant and breastfeeding mothers from 16 and up to get a further booster shot. Why? Especially considering the increased incidence of miscarriages and stillbirths since the New Zealand vaccine rollout began.

I can't imagine at this point in time a more important video to watch than the 20-minute video above of our experts lining up to misinform prospective mothers of safety. Were they misled by Pfizer, by the Ministry of Health, by politicians, by the FDA, or by all of the above? OR did they just decide to promote a safety rating without even any evidence to back up their statements? We may never know, but the lesson of this video is clear, we will not be able to trust the medical czars again.



6-1

# Pulling Back the Curtain: mRNA Lipid Nanoparticle Design Created Potential for Clotting and Triggering Immune Overdrive

Allison Krug, MPH, Dr. Ram Duriseti Jun 3 2023

## Promise or Peril: Alarming COVID-19 mRNA Vaccine Issues Series (Part 3)

*In this series, "Promise or Peril: Alarming COVID-19 mRNA Vaccine Issues," we explore how the introduction of mRNA technology lacked an adequate regulatory framework, setting the stage for serious adverse events and other concerns related to inadequate safety testing of lipid nanoparticles, spike protein, and residual DNA and lipid-related impurities, as well as truncated/modified mRNA species.*

*Previously: We introduced how the FDA relaxed the rules for mRNA vaccines compared to mRNA therapies. We also discussed the available data for LNP distribution throughout the body based on animal testing and the fact that human testing was not done. Finally, we discussed the lack of biodistribution data on the mRNA and its encoded spike protein contained in the COVID mRNA vaccine.*

We will now discuss how the LNPs are constructed and how they behave in the body. The engineering of these molecules must keep the capsule stable during transit but also allow it to dissolve quickly once injected.

If the LNPs are too stable, they may move throughout the body to distant organs instead of disintegrating locally at the injection site as intended. Other properties of the LNPs also affect the likelihood of adverse events, such as their electrical charge and their tendency to cluster.

### Summary of Key Facts:

- The lipid nanoparticle (LNP) capsule contains the active ingredient messenger RNA (mRNA).
- The LNP is formed by lipids "teaming up" together to form a ball.
- LNP molecules offer great potential as a delivery vehicle, however, the design of the LNP can cause harm.
- The LNP capsule can cluster with other LNPs or fall apart after injection, potentially causing clotting.
- If the LNP capsule falls apart, loose strands of mRNA can circulate in the blood.
- Because the mRNA is negatively charged, loose mRNA in the blood can cause clotting if it clusters with positively charged molecules.
- The LNP capsule lipids also have properties that may cause clotting or trigger the immune system to overreact.
- Researchers knew about these possibilities before the vaccines were authorized.
- The regulatory agencies knew about the possibility of harmful effects before they were even injected into the body.
- The possibility of multiple boosters causing harm was also known before authorization.
- As time passes, we are learning more about the possible mechanisms behind these adverse events.

The Food and Drug Administration (FDA) and European Medicines Agency (EMA) authorized a novel vaccine product based on laboratory studies and animal models, then applied these findings to humans. In addition, most of the mRNA research prior to the pandemic used intravenous (IV) injection directly into the bloodstream, not intramuscular (IM), as vaccines are typically delivered.

Various design challenges had to be overcome to create a vaccine built on a repurposed cancer-fighting platform, but some of these useful features of the LNP may be the flaws potentially contributing to adverse events.

### LNP Design Features

The LNP is a capsule comprised of four different lipids carrying the mRNA inside.

Imagine a drop of oil descending into a glass of water. The oil does not disperse in the water—it stays together. This is how the LNPs stay together to carry the mRNA to a cell membrane where it can be absorbed.

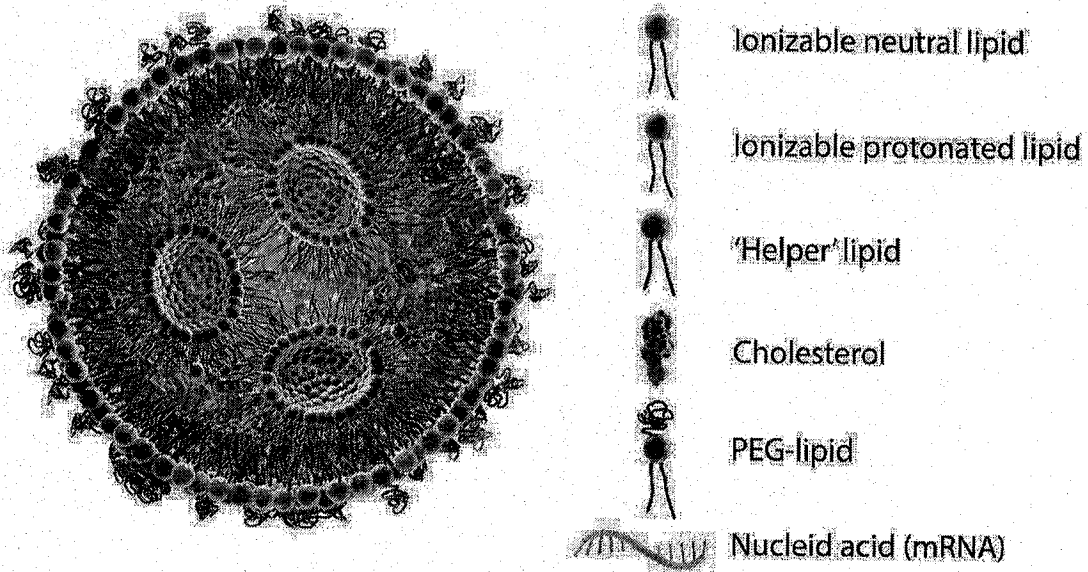
Certain features of the lipids cause them to organize into the LNP capsule shape. The tail of the lipid is hydrophobic, meaning it does not mix with water because it has a neutral charge. The head of the lipid is a phosphate that has an electrical charge, making it hydrophilic. These features cause them to organize themselves.

The lipids gather together—tails pointing in and heads pointing out—creating a ball, as pictured below. When the polyethylene glycol (PEG) adheres to a lipid, the PEG-lipid helps to stabilize the molecule, encouraging it to form smaller LNPs and preventing it from adhering to proteins in the blood.

In the center of the LNP is the RNA, which has a negative charge. When you add up the negative charge of the RNA and the positive charge of the phosphate heads on the lipids, the LNP net charge is mostly neutral, if not slightly negative.

6-2

## Lipid nanoparticle mRNA vaccine



Lipid nanoparticle mRNA vaccine, a type of vaccine used against COVID-19 and influenza. 3D illustration showing a cross-section of a lipid nanoparticle carrying mRNA of the virus (orange). (Kateryna Kon/Shutterstock)

The PEG-lipids help keep the LNP from breaking apart. Once inside the cell, however, the LNP needs to split open to release the mRNA cargo. The cone-shaped configuration of the LNP can help this process.

The amount of PEG-lipids can affect particle size and zeta potential. Zeta potential is the electrical charge that develops around the surface of a particle. The zeta potential is important because it determines whether the LNPs tend to disperse or clump together. A high zeta potential—positive or negative—helps the nanoparticles disperse and float freely. In addition, certain other PEG modifications affect how fast the kidneys and immune system clear the LNPs. If it takes a long time to clear the LNPs, they can circulate longer in the blood and create the potential for adverse events.

### LNP Design Dilemmas: Stability Versus Fragility

The LNP design dilemma had serious implications: whether to create a stable LNP capsule that does not fall apart readily or a more fragile capsule that breaks down quickly. This design challenge affects how the capsule behaves in the body. A highly stable capsule is useful for mRNA gene therapy, which is how this technology was originally developed. For gene therapy, the mRNA needs to be stable enough to reach its intended target and either produce a missing protein or turn off a harmful gene.

For vaccination, however, the opposite effect is desired: the LNP needs to be less stable so it will dissolve quickly at the injection site and release the fragile mRNA immediately. Otherwise, it will allow the LNP to travel throughout the human body to an unintended organ or tissue.

The biodistribution studies covered in Parts 1 and 2 tell us that the LNP mRNA design failed this “dual mission impossible.” Dispersion to distant organs peaked within about 48 hours. The effect of expressing spike protein on cells in these organs in humans is unknown, so simply adopting LNPs designed for gene therapy for direct usage in mRNA vaccine delivery will likely prove to be a significant mistake.

### LNP Design Features Affect Clotting

In addition to the challenge of creating a stable LNP that breaks down quickly at the injection site, the LNP design may also cause clustering leading to clotting. If the LNP falls apart, the charges on the lipids and the loose mRNA may promote interactions with other substances in the blood.

These two factors may explain the potential for “thromboembolic” events. Thrombotic events involve the formation of a clot (thrombosis) in the bloodstream. Formation of the clot itself or its movement to another site (embolism) may block the flow of blood.

### LNPs Can Cluster and Cause Clotting

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When the LNPs diffuse into the blood system, the tiny particles can increase in size based on the Ostwald ripening phenomenon. This is a process in which small crystals dissolve in solution and then redeposit, forming larger clusters. The diameter of arterioles, small blood vessels connecting arteries and capillaries, varies from 8000 to 60,000 nanometers (nm). A typical COVID-19 mRNA vaccine LNP is 60 to 200 nm. If the size of the clustered mRNA LNP particles increases to 5000 nm and above, LNPs could block blood vessels and cut off blood flow.

When thromboses occur within blood vessels, blood flow to critical organs can be obstructed. This includes the heart, lungs, kidneys, intestines, and even the brain.

For example, an autopsy review of 25 unexpected deaths that occurred within 20 days of COVID-19 vaccination found eight cases of thrombotic events, including five with "myocardial infarction," two with "pulmonary embolism," and one with "deep vein thrombosis." ([pdf](#))

Have human studies been conducted to assess the degree to which the LNPs cluster? To our knowledge, nothing has been published.

### **The LNP Can Fall Apart**

If the LNP falls apart, two components, the capsule and the mRNA cargo, may cause interactions that promote clotting due to the electrical charge on each component.

The charge controls where the particles travel in the body. For instance, a positively charged LNP capsule can target the lung; a negatively charged LNP can target the spleen; while an LNP with an intermediate charge (such as mRNA COVID-19 vaccines) has a greater tendency to travel to the liver, as was seen in the preclinical biodistribution studies.

The potential for negatively charged free mRNA to cause problems was also seen with the adenovirus vector vaccines made by Astra-Zeneca and Johnson & Johnson, which caused blood clots in some people with a genetic predisposition. Similarly, if the negatively charged mRNA slips out of the LNP carrier, it could theoretically lead to clotting due to its negative charge.

Could the challenges of maintaining a strict "cold chain" (freezing temperature required for vaccine stabilization from manufacturing to injection) have introduced the potential for LNPs to fall apart prior to injection?

"When the LNPs are frozen and thawed," according to biotechnology consultant Christie Grace, "the [mRNA] can slip out, charges can start interacting with the human body and [potentially] cause clots."

Dr. Ko, a South Korean professor of pharmacy who has written dozens of articles on LNPs, agrees that the molecules can break down and separate if pH and temperature are not carefully controlled.

What happens if the LNPs disintegrate in the vial before injection? What testing has been done to evaluate exposed mRNA (not lipid nanoparticle encapsulated mRNA) interactions in the blood?

### **LNP Engineering Can Alter Clotting**

Nanoparticle interactions can be helpful or harmful. For example, nanoparticles can be engineered to help the blood to clot, which is useful for those with clotting disorders. On the other hand, if LNP interactions with other substances in the blood cause clotting, this is harmful.

What was known about the potential of LNPs to affect clotting before the pandemic?

In 2020, Faizullin, et al. reported: "We observed pronounced changes in both clot morphology and kinetics of fibrin clotting in the presence of artificial liposomes." In other words, previous research on LNPs noted that clots looked different and fibrin behaved differently with LNPs.

Fibrin is a part of the human body's natural clotting cascade. Binding to fibrin accelerates the normal clotting process. Faster fibrin clotting has been observed in laboratory studies using blood from patients with COVID-19. This clotting tendency may be due to the presence of the spike protein's S1 subunit. Thus, the LNP mRNA vaccine may promote clotting either due to the design of the LNP, the presence of the spike protein's S1 subunit, or both.

### **'Immune Overdrive'**

Finally, the mRNA was engineered to help it sneak past our natural immune defenses. This clever design feature may have a fatal flaw.

Our immune system looks for special patterns to detect invading microbes. One of these patterns is foreign RNA. To avoid being detected before the vaccine has a chance to work, one part of the COVID-19 vaccine mRNA—uridine—was replaced with N1-methylpseudouridine.

However, if the immune system never notices, then we do not get the intended benefit. Adjuvants, such as aluminum, are added to vaccines for this reason—to wake up the immune system. Once stimulated, the immune system ramps up its production of antibodies and memory T cells.

The lipids used to create the LNP capsule may also stimulate the immune system via the same pattern detectors used to find harmful invaders. Although this may make them an effective adjuvant for the vaccine, mouse models suggest that LNPs may put the immune system into "overdrive."

The EMA noted in its report that the innate immune system ramps up immediately after injection, peaks at six hours, then returns to baseline nine days later. An article in Cell also discussed the innate immune system in the context of vaccine adverse events (AEs). The authors noted that "frequent booster immunizations may increase the frequency and/or the severity of the reported AEs."

### **What Was Known Prior to Authorization?**

Early research on LNPs suggests the following issues were well-documented before the COVID-19 vaccines were authorized:

6-4

- 1) Off-target travel throughout the body is determined by the charge of the LNP.
- 2) The innate immune system is triggered by LNPs that could run the risk of causing an over-reaction.
- 3) The cationic (positively charged) lipid particles are linked to immune stimulation.
- 4) The mode of delivery matters (via muscle or bloodstream), affecting where the LNPs travel.
- 5) The LNPs were specifically designed for the uptake by the lymphatic system, as discussed in a previous Epoch Times article.

These effects were known prior to FDA authorization and strongly suggest that more testing should have been done in humans.

Carrasco et al. appear to agree with our concerns about the need to better understand biodistribution in humans. They noted that "A specific and important application of these new insights is in the reduction of systemic distribution and off-target expression after IM vaccine delivery."

Knowledge about charged particle trafficking throughout the body is limited and primarily based on intravenous (IV) injections; only one study published prior to the pandemic explored how an intramuscular injection would affect LNP dispersion.

A 2021 Nature article sums up the importance of careful design. They note, as did the EMA, that negatively charged LNPs concentrate in the liver following injection. "This undesirable systemic off-target expression of mRNA-LNP vaccines could be minimized through appropriate design of the ionizable lipid and LNP."

Pulling back the curtain on the LNP design, we see that several features intended for stealth delivery of mRNA to the cell have set the stage for a wide range of adverse events which should have been anticipated through testing, and prevented through cautious policy.

*Read Part 1: FDA Overhaul Needed for New Vaccines and mRNA Therapies*

*Read Part 2: Health Implications of Poor COVID-19 mRNA Testing: Miscarriage, Vision Loss, Immunotoxicity*

*Next: In Part 4 we turn to the cargo contained within the LNP capsule—the mRNA and its encoded spike protein. We also drill down into how the spike protein and its S1 subunit might impact the cardiovascular system, and how recent research suggests that an over-active natural response (cytokines) may cause myocarditis. While the FDA has acknowledged that passive surveillance is not enough to study the adverse events, its required postmarketing study is now more than six months overdue.*

## **Government data proves COVID Vaccines take Five Months to Kill...**

THE EXPOSÉ MAY 6, 2023

**A peculiar pattern has now persisted in official UK Government data for some time. Approximately five months after each dose of the Covid-19 vaccine is administered to each age group, the mortality rates per 100,000 rise significantly among the vaccinated compared to the unvaccinated.**

**So much so that by the end of May 2022, mortality rates were lowest among the unvaccinated in every single age group in England, and highest among the one-dose vaccinated, the two-dose vaccinated and the three-dose vaccinated.**

**Now, an analysis of Covid-19 data published by the UK Government has found that not only does the same pattern persists in Covid-19 deaths, but each dose of Covid-19 injection given causes a significant rise in Covid-19 deaths.**

Between the 1st March and 31st July 2021, a period of 5 months, the vaccinated accounted for the majority of Covid-19 deaths in England, and it was the one-dose vaccinated who accounted for the majority (66%) of those deaths.

Between the 1st August and 31st December 2021, a period of 5 months, the vaccinated again accounted for the majority of Covid-19 deaths, with deaths nearly tripling compared to the previous 5 months, and it was the two-dose vaccinated who accounted for the majority (83%) of those deaths.

Finally, between the 1st January and 31st May 2022, a period of 5 months, the vaccinated once again accounted for the majority of Covid-19 deaths, with deaths again increasing compared to the previous five months, and it was the triple vaccinated who accounted for the majority (82%) of those deaths.

The following charts were created using data extracted from table 1 of the Office for National Statistics dataset on 'Deaths by vaccination status (Jan 21 to March 22)' which can be accessed on the ONS website [here](#), and downloaded [here](#).

The first chart shows the age-standardised mortality rates per 100,000 person-years by vaccination status between the 1st January 2021 and the 30th April 2021 –

<https://expose-news.com/2023/05/06/covid-vaccines-take-five-months-to-kill/>  
(17 page document)

8-1

## Hohmann: Death by Injection – Top insurance researcher provides data showing staggering numbers

Jim Hoft Jun. 3, 2023

Guest post by Leo Hohmann

*Using data from the United Kingdom, a top insurance industry analyst estimates 600,000 Americans per year are dying from the Covid shots*

The United States has become one of the worst countries in the world when it comes to medical transparency. But one smart analyst has found an end-run around the U.S. system that places a dark shroud of secrecy over common statistics.

The U.K. has been more transparent with its data. And that's where some are going to get stats that allow them to calculate the number of excess deaths in the U.S. since the roll out of the controversial Covid jabs two and a half years ago.

Those who trusted the system and took the Covid vaccines have a 26 percent higher mortality rate on average compared to those who declined the jab – and the death toll is even more staggering for vaccinated people under 50 years old, where mortality is 49 percent higher than for those unvaccinated.

These numbers are based on government data from the U.K. and were brought to Wisconsin Senator Ron Johnson's attention by Josh Stirling, one of the nation's top insurance analysts and formerly Senior Research Analyst for U.S. nonlife insurance at Sanford C. Bernstein & Co. Listen to the clip below from his recent testimony, which of course received zero coverage in the corporate mainstream media.

9-1

## Pfizer Hid Data on Waning Immunity

MARYANNE DEMASI APRIL 7, 2023

In late 2020, the airways became saturated with triumphant reporting of Pfizer and Moderna's "95% effective" covid-19 vaccines. Millions rolled up their sleeves with the belief that reaching herd immunity would end the pandemic.

But by June 2021, the pandemic endgame story had gone off script. Highly vaccinated countries like Israel were experiencing a new wave of covid infections, vaccination rates were starting to slow, and public scepticism was snowballing.

Authorities tried to allay fears by saying that new infections were "rare breakthroughs," but the data became too difficult to ignore.

By early July, the Israeli Ministry of Health reported that vaccine effectiveness against infection and symptomatic disease had fallen to 64 percent. Three weeks later, revised estimates put Pfizer's vaccine at just 39 percent effective.

### Delayed disclosure

Regulatory filings date stamped from April 2021 show Pfizer had strong evidence that its vaccine's efficacy waned – results the company did not publicly release until the end of July.

Peter Doshi, associate professor at the University of Maryland School of Pharmacy, accessed these documents from the Canadian drug regulator, Health Canada.

"It's clear from the documents that these analyses were almost four months old by the time they became public," said Doshi.

"It's disappointing that neither Pfizer, nor regulators, disclosed these data until it was too obvious to ignore new outbreaks in Israel and Massachusetts, which made it clear that vaccine performance was not holding up."

When mRNA vaccines were first authorised in 2020, FDA scientists had listed critical 'gaps' in the knowledge base. Two of them were effectiveness against viral transmission and duration of protection.

But on April 1, 2021, when Pfizer announced its 6-month data from its Phase III trial, there was no mention of waning immunity by Pfizer or the regulators. On the contrary, officials repeated standard talking points.

Speaking on national TV, Anthony Fauci told the American public that "when you get vaccinated, you not only protect your own health ... you become a dead end to the virus."

Then, on a door-to-door vaccination drive, Fauci told one unvaccinated resident, "on the very, very, very rare chance that you do get it even if you're vaccinated ... you don't even feel sick, it's like you don't even know you got infected."

Martin Kulldorff, biostatistician, and professor of medicine at Harvard (on leave) says he is disappointed with the lack of transparency.

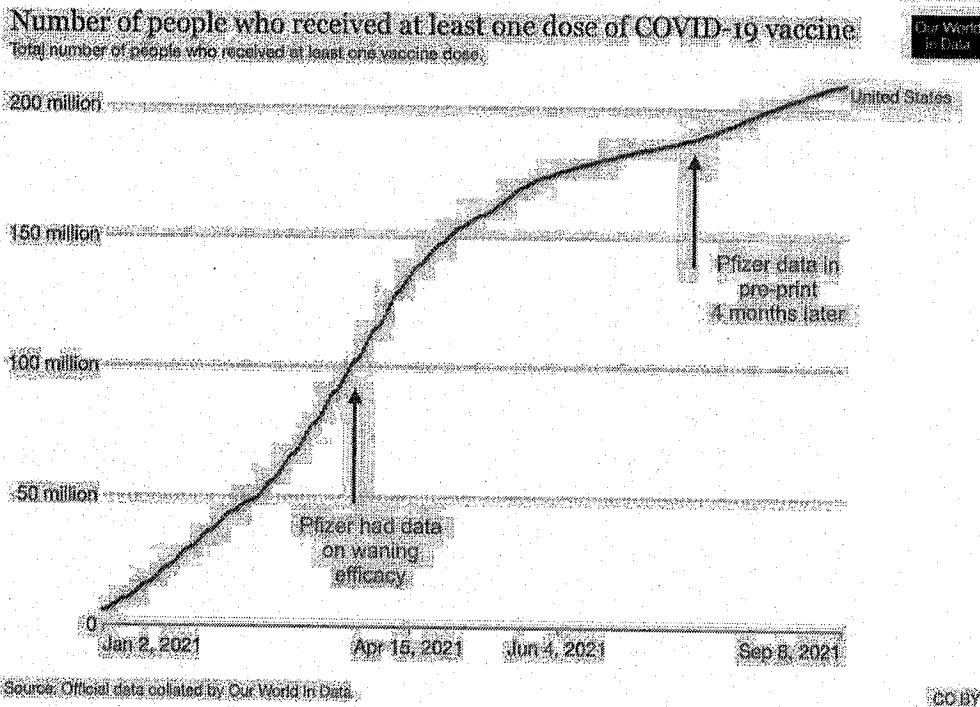
9-2

“In public health, it is important to be honest with the public. Pfizer should have reported the declining vaccine efficacy in its April 1, 2021 press release, which they clearly knew about at the time,” said Kulldorff.

Pfizer gave no explanation for why it delayed the publication of its data. The FDA did not confirm when it first learned about waning efficacy and Health Canada did not respond by the deadline.

### Outcome of hiding data?

In that four-month delay, approximately 90 million Americans queued to get vaccinated (see graph), unaware that data were already in hand, hinting that two doses may not be the final ask.



Doshi speculated that if the public was told about waning efficacy in April 2021, it may have hampered a vaccination campaign that had enormous momentum.

“Publicly disclosing that efficacy waned so soon after authorisation might have undermined the credibility of authorities, who’d been projecting great confidence about the vaccines’ ability to end the pandemic,” said Doshi.

“Also, the safety evaluation was based on a course of two doses, so publishing data that might jumpstart a conversation about people needing extra doses, could certainly have raised questions about vaccine safety,” added Doshi.

Within weeks of Pfizer publishing its data on waning efficacy, President Biden mandated all federal workers (and employees of contractors) to get vaccinated within 75 days, otherwise they’d face punishment or have their employment terminated.



9-3

## Pfizer's Troubled Past: Fines and Offenses

Pfizer, the pharmaceutical giant behind the Covid-19 vaccine, has a checkered history that raises concerns about its commitment to public health. Over the years, the company has faced numerous lawsuits, resulting in billions of dollars in fines and settlements.

In 2009, Pfizer paid a record-breaking \$2.3 billion to settle civil and criminal allegations for marketing four drugs, including the painkiller Bextra, for uses not approved by the US Food and Drug Administration (FDA). This fine was the largest healthcare fraud settlement in the history of the US Department of Justice at the time.

In 2016, Pfizer was fined £84.2 million (\$106 million) by the UK's Competition and Markets Authority for charging excessive and unfair prices for an anti-epilepsy drug. The price of the drug had increased by up to 2,600% overnight, putting significant financial strain on the UK's National Health Service.

These are just a few examples of Pfizer's history of legal troubles, which casts doubt on the company's ethics and commitment to public health. As billions of dollars continue to flow into Pfizer's coffers from the sales of Covid-19 vaccines, it is essential to consider whether this company can truly be trusted with our health and safety.

## Conclusion

The data presented in this article raises critical questions about the safety and efficacy of Covid-19 vaccines, particularly those produced by a company with a questionable past.

By exploring possible reasons behind the concerning trends in excess deaths, the impact on children and young adults, the vaccination status of Covid-19 deaths, and the stark contrast between Covid-19 vaccines and other vaccines, we hope to encourage readers to scrutinize the Establishment and consider the potential risks of Covid-19 vaccinations.

Because if the world fails to realise that a poison that is being widely administered then potential consequences of the continuing Covid-19 vaccination campaign could lead to depopulation on a global scale.

You may find that hard to believe but there are various reasons as to why some people may want to depopulate the planet.

One reason could be overpopulation, as some people believe that the earth's resources are being depleted at an unsustainable rate due to the increasing population.

Other people may argue that depopulation is necessary due to the negative impact that humans have had on the environment, and reducing the population could help mitigate some of these problems.

Some people may also advocate for depopulation due to concerns about the impact of the climate change scam, as a smaller population would likely lead to a reduction in greenhouse gas emissions.

Finally, some people may simply believe that a smaller population would be more manageable and easier to control, and may advocate for depopulation for this reason.

But either way, with all of this evidence, it is clear that the Covid-19 vaccination campaign is already having serious consequences for the future of humanity.

10-1

## Vaccine injuries become the dominant theme of German reporting on the mRNA injections

RHODA WILSON APRIL 24, 2023

Last month, German Health Minister and renowned virus pest Karl Lauterbach gave a remarkable interview in which he denounced “exorbitant” pharmaceutical profits, deplored “dismaying” vaccine injuries, and called for the manufacturers to set aside funds for those who have been harmed.

He did so amid a growing wave of reporting on vaccine injuries in the German press – a wave which his statements have now turned into a tsunami. In the weeks since, vaccine injuries and side effects have become the dominant theme of German press coverage on the injections, from local papers to national media.

By Eugyppius

It's been a serious shift, the likes of which I'm not sure has unfolded in any other country. To give you a taste of it, I've assembled a representative selection of stories from the last eight weeks or so, in roughly reverse chronological order. As you read through them, remember that these are all links to publications read by ordinary people; I've excluded all media with overt covid-sceptic associations.

- From the national tabloid BILD:

He lost his sight: Dietmar S. sues BioNTech for 150,000 Euros.

Dietmar S. became as good as blind in his right eye following covid vaccination. Now the case is going to trial.

- From Der Spiegel:

“The problems are hushed up”: Marburg cardiologist Bernhard Schieffer treats people who suffer from long-term symptoms after covid vaccinations. He criticises the lack of support – and Health Minister Karl Lauterbach.

- From the Hessische/Niedersächsische Allgemeine, a regional paper:

Post-Vac: “My life is no longer like before” – Sick after covid vaccination.

Almost five million people in Hesse have been vaccinated against covid-19. Some have developed serious illnesses afterwards. One of them is Dieter Gebert from Kassel.

- From the local Frankfurter Neue Presse:

Lupus after covid vaccination: A young woman from Hesse is treated in special Cologne clinic.

19-year-old Juline from Butzbach was severely injured by a corona vaccination and now requires expensive immunoabsorption.

- From the state media behemoth ZDF:

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Covid vaccine injury: Do manufacturers face liability? Anyone who has suffered vaccine damage can take action against the vaccine manufacturers and apply for state benefits. But the hurdles for compensation are high.

- From tagesschau, a major state media news service:

Soon the first lawsuits will start: Across Germany, there are almost 200 civil lawsuits against corona vaccine manufacturers like BioNTech. The plaintiffs claim to have been harmed by the vaccination.

- From the regional Schwäbische Zeitung:

Injection with an aftermath: A man from Sigmaringen suffered a stroke after covid vaccination

Shortly after the second jab, Bernhard Strobel collapsed. He still feels the consequences today. Now he is going to court.

- Again from BILD:

VACCINE INJURY! 1ST CASE BEFORE THE COURT: Oxana G. (35) is wheelchair-bound following covid vaccination.

Across Germany, 185 civil lawsuits are pending because of damages caused by corona vaccinations. Oxana G. (35) is one of the injured parties. The fact that the courts are finally dealing with her case is already seen as a success by the woman from Halle: "I have lost my life – as I knew it before. I hope that my family and I will finally receive compensation and help."

- From hessenschau, a publication of the regional Hessischer Rundfunk:

Sick following covid vaccination: Why official points of contact [for the vaccine injured] are necessary.

Around 5 million people in Hesse have been vaccinated against corona. Some have become seriously ill as a result of the vaccination. Those affected often fail in their search for medical expertise; they feel abandoned by the health system and the state.

- From Die Zeit, Germany's largest weekly newspaper:

What we know about covid vaccine injury: Karl Lauterbach has promised victims of vaccine damage faster help – and caused confusion about how common it is in the first place. The state of the question.

- From the Berliner Zeitung:

Covid vaccine researcher: "Allegations must be investigated immediately." Vaccine researcher Carlos A. Guzmán talks about the benefits, limitations and side effects of the covid vaccine – as well as allegations of inconsistencies in the approval process.

- From the Bamberg-based news portal inFranken:

Pensioner (87) dies eight months after covid vaccination – his son's lawsuit fails.

After an elderly man died within a few months of covid vaccination, his son filed a lawsuit against the doctor. He has now failed before the Landgericht.

- Again from ZDF:

The suffering of covid vaccine victims: Long-term complaints can occur following a corona infection. Vaccination is supposed to protect against this – but it can also have side effects. What's next for the vaccine-injured?

- From Tagesspiegel:

Possible heart damage after covid vaccination: Woman sues BioNTech for damages. The company is facing its first civil lawsuit for alleged damages caused by the corona vaccine. The trial is scheduled to begin on 15 March at the Frankfurter Landgericht.

The trend is so dominant that it colours all other reporting on covid and the vaccines. It's hard to miss the subtle anxiety at work in pieces like THIS one from the Vienna-based Standard, asking whether we'll have to vaccinate ourselves against corona every year from here on out, or the not-so-veiled notes of hope in ZDF reporting on successful Phase 1 trials of the German nasal vaccine. What's the big deal about regular vaccination and why should we care about new live attenuated vaccines, if the mRNA jabs were God's gift to man?

There is clear, encouraging patterns here. The reporting originally surrounded lawsuits brought against the vaccine manufacturers, but has steadily assumed a more general focus. Regional and local papers are carrying a big share of these stories, with major state media playing a supporting role. The publications most popular with German biens pensants, meanwhile, like *Süddeutsche Zeitung* and *Die Zeit* and even *Frankfurter Allgemeine*, are pointedly underrepresented. This is a trend driven from the bottom up by popular interest, and in that it is the opposite of much covid reporting since 2020.

Of course, these stories have always been out there, but until the last few months, enthusiasm for the vaccines was sufficient to suppress them. As with all pandemic policies, mass vaccination exhibits qualities of inertia. Obsession steadily grew through the summer months of 2021, as the jab failed to eradicate covid, and achieved a frenzied peak around December 2021. There was nothing to do about the insane mania and its manifold irrationality back then, and the steady disenchantment with these products will prove just as inexorable.

This isn't the repudiation I would have chosen. The focus on isolated stories allows the very same press outlets to recycle World Health Organisation propaganda that the vaccines have saved a million European lives, and to repeat uncritically the claims of foolish regulators that "vaccination was the decisive factor" in ending the pandemic. I also have reservations about the emerging discussion of "Post-Vac Syndrome" – not because I doubt that the vaccines have made people sick, but because it seems to be built from the same ill-defined grab-bag of fibromyalgia-adjacent symptoms as long covid. This is a continuation of the media-supported myth that vaccine injuries are merely a subset of the long-term sequelae from covid itself, and it's a not-so-subtle way to pre-empt any kind of cost-benefit analysis. But, for a pandemic that was also built largely on innumerate anecdotes, and a media that has proven chronically unable to notice basic patterns or count things, perhaps this is the only repudiation that was ever possible.

The pharmaceuticals have made a lot of money, but their mRNA vaccines have failed. The Robert Koch Institut have stopped updating their vaccine dashboard, after almost four months of totally flatlined uptake; one of the foremost mRNA promoters, Bill Gates, has called the jabs a disappointment and compared them unfavourably to masks, of all things; and BioNTech, facing a revenue decline of 70 per cent, have announced an impending return to mRNA-based cancer therapies – their original focus upon their founding in 2008, where they've never enjoyed particular success. Perhaps if the vaccinators had proceeded cautiously, limiting their promises and injecting only the most vulnerable on a strictly voluntary basis, they could've preserved some future for their doubtful products. Instead, they oversold and over-administered their snake oil, and two years later most people have decided they don't like it very much.

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## **MIT professor calls for halt to the mRNA COVID shot program due to serious adverse events and deaths**

Patrick Tims, staff writer May 21, 2023

MIT Professor of Analytics, Risk Management, Health Systems, Food & Agriculture Systems, Manufacturing, and Supply Chain Management, Retsef Levi, speaks out against the COVID jab program. Levi has publicly called for the mRNA jab program to end. Let's examine why Levi is so passionate about ending the Big Pharma jab experiment.

### **Why Professor Levi is so concerned with the impact of the COVID jab**

Professor Levi recently made the media rounds to voice his concerns about Big Pharma's coronavirus injections. In particular, Levi highlights how the jabs spike mortality rates, increase heart health problems and cause other adverse health outcomes.

Levi's commentary is rooted in facts and statistics from recent analyses of young Israeli men who took sequential injections of the jab.

Levi also pointed to the increase in sudden deaths as a sufficient reason for ending the jab program. It is no secret that excess mortality characterized by a spike in sudden deaths has sparked concern among alternative media sources, including some government officials. As Levi noted, an increase in excess mortality in one year decreases the pool of individuals that could die in subsequent years. As a result, excess mortality will likely decline in the years ahead. However, the startling truth is that excess mortality has increased for three consecutive years since the start of the pandemic.

According to Levi, the *cause* of the ongoing increase in excess mortality rates is the Big Pharma jab. Never mind the Big Pharma narrative, which claimed that the jab program would save lives and prevent additional death. Instead, the exact opposite occurred, primarily due to employer and government-mandated injections.

### **Levi has hard data to support his disturbing thesis**

Levi recently took to the web to provide hard data from Israel's Emergency Medical Service system about ambulance requests to treat cardiac arrest patients. The small nation-state jabbed most of its population in the initial six months of 2021. EMS centralized data reveals there was a 25% jump in

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ambulance requests for heart-related issues in those between the ages of 16 and 39 in the first half of the year.

It is no coincidence that the dramatic rise in requests for help parallels the introduction of Big Pharma's mRNA jab campaign.

Levi also highlighted autopsy reports of more than two dozen individuals who endured cardiac arrest followed by sudden death within three weeks of the jab. Those reports prove that cardiac fallibility was caused by injections. In summary, it appears the jab is causing myocarditis and even heart attacks that prompt emergency medical treatment.

If the science and medical communities follow in the footsteps of Levi, more of his colleagues will bravely step forward to voice their disapproval of Big Pharma's jab. Even increased transparency from government health agencies will constitute a minor victory, serving as an important benchmark in the pathway toward improved public health outcomes.

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## Iranian study finds neurological adverse effects occur after all types of covid vaccinations

RHODA WILSON MAY 11, 2023

**A study of adverse reactions to covid injections reported in international databases found that adverse neurological effects were reported after all types of covid injections, more adverse reactions were reported after the second dose compared to the first and women have the highest incidence of neurological complications post-vaccination.**

Because the potential side effects of covid “vaccines” have been overlooked, two researchers from Iran set out to conduct a comprehensive review of reports in international databases from 2020 to 2022 reporting neurological side effects from the injections. The researchers scoured research, review and case report articles in Google Scholar, PubMed, and NCBI databases. Their findings were published in the *European Journal of Medicine* in February and included a remarkable 102 references.

“There are many reports of side effects after getting a covid-19 vaccine,” the researchers stated. “According to these reports, vaccination can have an adverse event, especially on the nervous system. The most important and common complications are cerebrovascular disorders including cerebral venous sinus thrombosis, transient ischemic attack, intracerebral haemorrhage, ischemic stroke, and demyelinating disorders including transverse myelitis, first manifestation of MS, and neuromyelitis optica. These effects are often acute and transient, but they can be severe and even fatal in a few cases.”

The authors highlighted that with previous vaccines, varying adverse effects have been identified, “for example, the link between influenza, hepatitis, and HPV vaccines with demyelinating syndromes has been discovered, and the injection of influenza vaccine is a reason for the incidence of narcolepsy in young people.” And so, “because covid-19 vaccines were urgently approved, meaning they did not complete the standard clinical trials, the adverse effects of each vaccine should be closely monitored.”

At the time of the study, approximately 68% of the world’s population had been fully vaccinated against covid with one or more of the four types of vaccines: nucleic acid-based vaccine (DNA–mRNA), viral vector (replication–non-replication), live inactivated (or attenuated) virus, and protein (spike protein or its subunits).

“According to data from the CDC, VAERS, and EMA databases, the short-term outcome of covid-19 vaccination is promising,” the authors noted, “but in the medium and long term, especially with some vaccines, side effects have been reported that are worrisome.”

Confirming what Dr. Michael Palmer recently highlighted, the study found that adverse reactions after the second dose are reported more than after the first dose.

The researchers noted that according to the VAERS database, covid vaccines have several local and systemic neurological complications that usually appear within one day to one month after the injection. “Women have the highest incidence of neurological complications because they induce a stronger immune response against foreign antigens, which can lead to the targeting of self-antigens and lead to autoimmune disorders,” the study said.

Mild neurological effects of the covid-19 vaccine include weakness, numbness, headache, dizziness, imbalance, fatigue, muscle spasms, joint pain, and restless leg syndrome are more common, while tremors, tinnitus, and herpes zoster are less common.

On the other hand, severe neurological complications included Bell’s palsy, Guillain–Barre syndrome (GBS), stroke, seizures, anaphylaxis, and demyelinating syndromes such as transverse myelitis and acute encephalomyelitis. Among these, the most dangerous neurological complication caused by covid-19 vaccines, especially adenovirus-based, is cerebral venous sinus thrombosis in women of childbearing age.

Hosseini, R., Askari, N. A review of neurological side effects of covid-19 vaccination. *Eur J Med Res* 28, 102 (2023). <https://doi.org/10.1186/s40001-023-00992-0>

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We have summarised the study's findings in the table below. But it is worthwhile reading the study for yourself, in particular the section titled 'Acute neurological disorders' as it covers a wide range of conditions from lack of sense of smell to tinnitus, optic nerve inflammation and Guillain-Barre syndrome.

Side effect	Causes	Vaccine type most likely to cause side effect
Headaches – mild to severe and are felt in the frontal area of the head	Stress, vascular spasm, and intracerebral or subarachnoid haemorrhage.	Vaccines based on mRNA and adenovirus
Vascular complications in the brain – thrombocytopenia, cerebral venous sinus thrombosis, ischemic stroke and intracerebral haemorrhage	Synthesis of IgG antibodies against platelet factor 4 (PF4). Venous sinus thrombosis and cerebral haemorrhage are more common in women between the ages of 30 and 50 than in men.	Adenovirus-based vaccines
Acute neurological disorders – transverse myelitis, acute diffuse encephalomyelitis, Bell's palsy, Guillain-Barre syndrome, encephalopathy and seizures.	For example, covid vaccine-related convulsions can be attributed to the synthesis and release of spike proteins. The presence of SARS-CoV-2 spike domain S1 antibodies in cerebrospinal fluid may explain neurological complications after vaccination, such as encephalopathy and seizures. Read study for more ...	All

The study concluded:

Side effects of covid-19 vaccination have been reported more frequently in people with a history of immune-related diseases or who are more sensitive to age and physiological conditions.

The most important and most common complications are cerebral venous sinus thrombosis (more about AstraZeneca), transverse myelitis (more about Pfizer, Moderna, AstraZeneca, and Johnson & Johnson), Bell's palsy (more about Pfizer, Moderna, AstraZeneca), GBS (more about Pfizer, AstraZeneca, and Johnson & Johnson), and the first manifestation of MS (more about Pfizer).

Hosseini, R., Askari, N. A review of neurological side effects of covid-19 vaccination. Eur J Med Res 28, 102 (2023). <https://doi.org/10.1186/s40001-023-00992-0>

The authors noted that further studies are required to definitively establish that the covid injections are indeed the cause of these conditions.



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## COVID 'Vaccines' Linked to Untreatable Eyeball Clots, Study Reveals

Jamie White May 6, 2023

**"The overall risk of retinal vascular occlusion in the vaccinated cohort was 2.19 times higher than that in the unvaccinated cohort at 2 years," study observes.**

**The experimental COVID mRNA injections are linked to retinal vascular occlusion, with vaccinated individuals showing a "significantly" greater risk of developing blood clots than unvaccinated individuals, according to a massive new study.**

The research, **published** this week in scientific journal *Nature*, explained that of the 7 million people selected for the study, 745,041 vaccinated and 3.8 million unvaccinated subjects were left to compare after controlling for confounding variables like medications and contraceptives.

The results were startling.

**"We demonstrated a higher risk and incidence rate of retinal vascular occlusion following COVID-19 vaccination, after adjusting for potential confounding factors,"** the researchers wrote. "The risk of retinal vascular occlusion, except for CRAO, has been promptly observed in individuals receiving vaccines against SARS-CoV-2. The risk factors for retinal vascular occlusion include diabetes, hypertension, obesity, coronary artery disease, and stroke."

In summary, the results found that "two years after vaccination, the chances of all subtypes... of retinal vascular occlusion increased significantly in the vaccinated cohort."

**"The overall risk of retinal vascular occlusion in the vaccinated cohort was 2.19 times higher than that in the unvaccinated cohort at 2 years,"** the *Nature* paper concluded, adding "no disparity was detected between brand and dose of vaccines."

Despite the clear correlation, the study claimed that "[a]dditional research is required to draw a solid conclusion regarding the association between retinal vascular occlusion and COVID-19 vaccines."

Add this major study to the list of reasons to avoid the experimental mRNA shot masqueraded by the government and Big Pharma as "vaccines."

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## Top 7 SERIOUS HEART PROBLEMS Caused by the Vascular-Clogging Covid Jabs

S.D. Wells April 26, 2023

There are not many things more devastating to a parent than to watch their child's health spin out of control, or worse yet, the child passes away before they do. As of late, even the healthiest kids and teens on the planet are experiencing serious heart problems after getting the mRNA Covid spike-protein-producing "vaccines." In case you are unaware, mRNA instructs human cells to produce millions of microscopic prions that resemble an influenza virus and invade every organ of the human body.

Once there, the human immune system instructs the fight or flight system to respond accordingly, attacking the foreign pathogens across all systems and throughout the vascular system. This in turn creates massive stress on the heart, as the arteries are clogged and clotted, limiting blood, oxygen, and nutrient flow. Healthy kids get struck hard, just take a look at all the athletes dropping to their knees, clutching their chests in agony.

The Covid clot shots can cause the human heart to suffer from muscle thickening, irregular beating, relentless pressure, and a long-term weakening

Some people who got the clot shots experience irregular heartbeats afterwards and can't even fathom that it's caused by a "vaccine," because all they hear and read about is the fake mantra that all vaccines are "safe and effective." The Fauci falsehoods flood the televisions and newspapers. The CDC spews the disinformation across the nation daily. Arrhythmia is an irregular heartbeat that can feel like the heart is beating too fast, or too slow, or out of rhythm. Often, this is caused by blockages (sticky spike proteins) in blood vessels that cause a buildup of pressure, making the heart work harder, its muscle thicken, and eventually, a total weakening. Risk of heart attack and stroke rise quickly.

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Angina is chest pain from insufficient blood flow to the heart, as spike proteins clot and clog the arteries, blood vessels, and capillaries. There is no set time limit to how long mRNA "technology" causes the manipulated human cells to create these toxic prions, and the effects can be felt long after the toxic jabs have been administered. Fauci calls this "Long Covid," but it's really just "Long Vaccine Damage."

Myocarditis is the swelling or inflammation of the actual heart muscle, and pericarditis is the swelling or inflammation of the sac-like tissue surrounding the heart. Both can be caused by mRNA jabs, as we see happening to athletes, pilots, and military members, even though they are some of the healthiest folks on the planet. That is why the RISK of Covid vaccine damage is FAR GREATER than any benefit, especially since kids and teens are at next-to-zero risk of complications from catching Covid, or any other flu for that matter. Think about that long and hard. This is worth careful consideration, especially with the upcoming plandemics that the Democrats and Bill Gates keep warning the world about. They must have something "up their sleeves," besides some rubbing alcohol on a piece of cotton.

Top 7 serious heart complications caused directly or indirectly by the vascular-clogging Covid jabs

1. **Myocarditis (inflammation of the heart muscle)**
2. **Pericarditis (swelling of sac-like tissue surrounding the heart)**
3. **Arrhythmia (irregular heartbeat)**
4. **Myocardial Infarction (heart attack)**
5. **Hypertension (Hypertensive heart disease)**
6. **Angina (chest pain from insufficient blood flow to the heart)**
7. **Coronary artery disease**