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Was the Spanish Flu Started by a "Vaccine"? – July 2023 – Video

https://rumble.com/v30e7vi-was-the-spanish-flu-started-by-a-vaccine.html

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A Covid Vaccine Nightmare Story Everyone Needs to Hear. The Next Person Crippled, Disabled, or Dead Could Be You!

Aug. 10, 2023 Wayne Allyn Root

There is a silent tragedy of epic proportions going on in our country. It's silent because the media refuses to connect the dots. Have you noticed the tsunami of recent headlines about high-profile Americans who "died suddenly" or suffered heart attacks, strokes, or blood clots at young ages? Celebrities, athletes, entertainers, and CEOs are dropping dead, or having heart attacks. **Still, the media whistles past the graveyard.**

There are always a thousand excuses. Anything and everything, EXCEPT blaming the Covid vaccine. It can never be the vaccine. Strange thing though. Virtually every one of these dead, crippled, disabled or seriously-ill people have one thing in common: they were vaccinated. What a wild coincidence!

I'll soon write a column about 65 friends, acquaintances, and business associates of mine...people I personally know...who have died or suffered serious illness since being vaccinated. The numbers are piling up. These are not coincidences. It's a pattern. Studying a pattern like this used to be called "SCIENCE."

In the meantime, I have one up-close and personal story that every American needs to hear. Last week I went out to dinner with one of my best friends (let's call him Mike). He told me the story of his own sister, who was badly injured and disabled by the Covid vaccine. He then informed she's a big fan of mine and watches my Real Americas Voice TV show every Saturday. He said she'd like to talk to me and share her story.

We spoke yesterday. Here's her story.

Let's call her Jane. She is an accomplished female CEO. Jane runs a medical organization that helps children. She wanted to stress to me how healthy she'd been before getting the vaccine. She traveled the world on business and lugged her own luggage everywhere. She biked 15 miles a day. She took one-hour spin classes. She ate healthy. She was on no medications. During the Covid pandemic, Jane never got Covid. She continued biking 15 miles several times per week. She walked 3 miles a day.

Then her doctor pressured her to take the Covid vaccine. She was worried and skeptical, but eventually she relented. She took one Pfizer jab. One. No second jab. No booster. Just one.

That's all it took to ruin her life. Jane will never be the same.

Within four hours she felt extreme nerve pain. Pain the likes of which she'd never felt in her life. Mind-numbing pain. Then came the racing heart. Heart palpitations. Severe muscle twitching. Severe muscle weakness. Shortness of breath. Horrible fatigue. Brain fog so bad she could no longer focus, or deal with even basic tasks.

Next came blurred vision. Sensitivity to light and sound. Dry eyes and dry mouth. Dizziness. Ringing in her ears so loud she couldn't think. Hair loss in clumps. Severe heartburn. Circulation problems- her feet turned purple. She could barely walk. Internal tremors so bad, it felt like a cell phone was vibrating inside her body. She is in so much pain at night, she can't sleep. Jane also suffered from menstrual problems after getting the vaccine. She hemorrhaged so severely this past February that she was hospitalized and eventually required emergency surgery.

By March it was a new issue requiring hospitalization. Her heart was beating so fast it felt like it was going to explode. It went from 60 beats per minute to 165 within seconds. Her heart condition is so serious, she fears could "die suddenly" at any time. This is Jane's new normal. She was perfectly healthy all her life. Then she took the Pfizer Covid vaccine. Her life instantly changed after that one vaccine. Now it's difficult to walk to the bathroom.

But this is no fluke. Jane joined a Facebook group for Covid vaccine victims. It's now up to 5,000 members- all with similar stories.

They may be the lucky ones. My wife and I eat at our favorite restaurant every Friday night. The manager (call him John) stopped by our table every week to say hello. He always shared stories about his wife and daughter. His family was his life. We loved talking to John.

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Three weeks ago, we walked into the restaurant. The GM told us John had just "died suddenly." Never sick a day in his life, 52 years old, he suddenly keeled over and died of a heart attack in front of his wife. Since every employee had to be vaccinated to work, we know John was vaxxed. We will attend his memorial service this coming weekend.

The facts are out. The CDC's own internal report shows over 117,000 excess deaths among American children since the vaccine. CHILDREN. That's more excess dead children in two years than all the US soldiers killed in the Vietnam War in a decade.

Life insurance companies report more excess deaths among working age Americans since 2021 (the year the Covid vaccine began) than at any time in history. What do working age Americans have in common? The Biden administration forced them to take the vaccine, or lose their jobs.

Ed Dowd, the former Blackrock money manager, who analyzes numbers for a living, says the disability rolls have grown by millions since the vaccine. MILLIONS. That's why there is such a severe shortage of employees.

We know this is happening. The next victim could be you, your spouse, your children. To do nothing now; to make believe this isn't happening; to hope it goes away; to try to cover it up; is no longer about ignorance, or delusion, or even greed.

At this point, to do nothing, to refuse to act, is a combination of pure evil, mass murder and crimes against humanity.

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Why Has the PREP Act Been Amended 11 Times to Accommodate COVID-19?

August 13, 2023 Jessica Rose

What is the PREP Act?

The Public Readiness and Emergency Preparedness (PREP) Act (PREPA) was signed into law by George Double-ya in 2005 as a tort liability shield intended to protect vaccine manufacturers from financial risk in the event of a declared public health emergency.

Now, I don't even know where to start throwing rotten tomatoes at this piece of crap law but here are some valid questions I can think to ask:

Where is the shield of protection for the people who are injured at the hands of the manufacturers?

What is a public health emergency and who has the power to define/declare one?

Why should vaccine manufacturers get protected from financial liability if they produce a product that damages their consumers?

A1: Instead of having a shield of protection, consumers (individuals who trusted their 'leaders') got ramrodded by the shield of greed. We have all been witnesses to this during the COVID debacle. The injured are to this day gaslit, insulted, mocked, censored, and personally taking on **all costs of recovery from injury** that arose from having taken the COVID-19 injectable products. That is, if they are still alive and able to do so.

There is no protection of, or for, the consumer. And certainly no shield of glory.

A2: A public health emergency should never have been declared in the context of this coronavirus – there was no emergency in this case. Off-label drug use would have made this coronavirus issue vanish in a week. The WHO declared this COVID-19 thing a pandemic and governments unanimously followed in their declarations of a state of emergency that continues to this day.

A3: They shouldn't. They should pay out for every single person's claim of injury. Of course, these claims should be backed by causality assessments done by non-conflicted parties.

https://aspr.hhs.gov/legal/PREPact/Pages/default.aspx

"By invoking provisions of PREPA, the HHS secretary can ***wield*** *(Wield? Like a sword? Going through your stomach, type thing?)* ***broad authority*** to declare an emergency, which in turn would ***trigger drug company immunity from liability at any time***, thereby conferring upon drug companies legal immunity for harm ***caused by their misconduct***. ***(What??)*** The immunity that could be conferred on drug and vaccine manufacturers can be applied ***regardless of wrong-doing*** by affected drug companies. "(*https://en.wikipedia.org/wiki/Public_Readiness_and_Emergency_Preparedness_Act#References*)

So that's the PREP Act. They can kill us, rob us, disable us, make us lose our homes, whatever, and they will be held responsible **for none of it**, even if it is provable that they caused the damage. As long as this shitty law is in place. Thanks Double-ya.

Now I have another question, why has it been amended 11 times since the COVID-19 debacle began?
I can answer why it's been amended for the 11th time. This one is simple: they needed to buy more time because of potential litigations. If say, one of the manufacturers of the COVID-19 products was found to been responsible for killing, let's say, a dozen individuals, and they didn't have their mighty shield of PREP H – I mean A -protection, then they would be sued out of existence. This is what Brook Jackson is trying to do and I really, really hope she succeeds.

https://aspr.hhs.gov/legal/PREPact/Pages/default.aspx

You can read all the details of the 11th amendment **here.**
Now I would like to call your attention to two expressions:
'Medical' or *'Covered Countermeasure'* and

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'*Covered Person*', as seen in this HHS Advisory Opinion on the PREP Act document.

https://www.hhs.gov/sites/default/files/prep-act-advisory-opinion-hhs-ogc.pdf

What is a *medical* or *covered countermeasure* and was this always the preferred term in used in the PREP Act?
The first thing I wanted to know in the face of finding all these bloody amendments was whether or not the use of the word *countermeasure* was new to the COVID-19 debacle era. **It is not.** This term has been part-and-parcel of the PREP Act from its inception, and I believe that this is for the sole purpose of broad and nondescript coverage. For example, according to HHS and the PREP Act (Countermeasures injury compensation program), a countermeasure includes:

"...drugs, *biological products,* and devices: manufactured, used, designed, developed, modified, licensed, or procured to diagnose, mitigate, prevent, treat, or cure a pandemic or epidemic or to limit the harm such pandemic or epidemic might otherwise cause. The category also extends to products used to diagnose, mitigate, prevent, treat, or cure a serious or life-threatening disease or condition caused by a 'qualified pandemic or epidemic product'."

(*https://www.federalregister.gov/documents/2010/10/15/2010-25110/countermeasures-injury-compensation-program-cicp-administrative-implementation-interim-final-rule*. Found under Supplementary Information: Background.)
When the above definition was in place in 2010, *vaccines* were covered by the term '*biological products*'.

Furthermore:

"The PREP Act states that a 'Covered Countermeasure' must be a 'qualified pandemic or epidemic product,' or a 'security countermeasure,' as described immediately below; or a drug, *biological product* or device authorized for emergency use in accordance with Sections 564, 564A, or 564B of the FD&C Act."

They have to cover their asses properly, right? And they certainly have. I mean, it's all there – even the kitchen sink! If you consider it a device.

The word 'countermeasures' certainly covers more than just 'vaccines'. By the way, it would likely cover gene-based products and perhaps even what would be considered genetically-modified (GMO) products. I don't know about that for sure, yet. They are biological products, after all.

The following definitions come directly from the Federal Register of the United States Countermeasures Injury Compensation Program (CICP): Administrative Implementation, Interim Final Rule dated **December 15, 2010**.

"'Covered countermeasure' is a term of art defined in the PREP Act and includes three categories (section 319F-3(i)(1) of the PHS Act (*42 U.S.C. 247d-6d(i)(1)*). The first category, consisting of "qualified pandemic or epidemic product[s]," is defined in section 319F-3(i)(7) of the PHS Act (*42 U.S.C. 247d-6d(i)(7)*). This category includes products (drugs, biological products, and devices) manufactured, used, designed, developed, modified, licensed, or procured to diagnose, mitigate, prevent, treat, or cure a pandemic or epidemic or to limit the harm such pandemic or epidemic might otherwise cause. The category also extends to products used to diagnose, mitigate, prevent, treat, or cure a serious or life-threatening disease or condition caused by a "qualified pandemic or epidemic product." In order to qualify, a drug, biological product, or device must be: (1) Approved or cleared under the Federal Food, Drug, and Cosmetic Act (FFDCA) or licensed under the PHS Act; (2) the subject of research for possible use and subject to an exemption under sections 505(i) or 520(g) of the FFDCA; or (3) covered under an emergency use authorization (in accordance with section 564 of the FFDCA).

The second category includes 'security countermeasure[s].' A security countermeasure, defined in section 319F-2(c)(1)(B) of the PHS Act (*42 U.S.C. 247d-6b(c)(1)(B)*, is a drug, biological product, or device that the Secretary determines: (1) Is a priority to diagnose, mitigate, prevent, or treat harm either from an agent identified as a material threat or from a condition that may result in injuries or deaths and may be caused by administering a drug, biological product, or device against such an agent; (2) is a necessary countermeasure; and (3) is approved or cleared under the FFDCA or licensed under the PHS Act or will likely be approved, cleared or licensed within eight years or is authorized for emergency use under section 564 of the FFDCA.
The final category consists of products subject to emergency use authorizations. This category extends to drugs (as defined in section 201(g)(1) of the FFDCA, *21 U.S.C. 321(g)(1)*), biological products (as defined in section 351(i) of the PHS Act (*42 U.S.C. 262*), or devices (as defined in section 201(h) of the FFDCA, *21 U.S.C. 321(h)*) that are authorized for emergency use in accordance with section 564 of the FFDCA."

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It is highly unfortunate that when you click on the link suggested in this document as a source of information: http://www.hrsa.gov/countermeasurescomp/, you get the following:

So, the use word of the word '*countermeasures*' did not begin when the COVID-19 debacle began and includes all sorts of things like drugs, injections and devices. I would guess that the devices refer to security devices. I don't know.

What is a covered person?

So this is where the water gets a bit muddy for me. Enter the U.S. Army with their infamous Contract. From what I understand, and I might be wrong, Pfizer and other manufacturers had been running their so-called Phase I/II trials as part of the race to the product that was going to save the world. As somewhat part of this race, the Army determined a finish line whereby whomever was selected as the winner by them, would become an Army bedfellow – complete with $1,950,097,500.00. No, I am not joking. where did this money come from?

So the manufacturers had done their Phase I/II work 'independently' of the military up to the point where the bidding war was won. Pfizer prevailed. So one has to ask, were the military involved prior to announcing the winner of their contest which, only thereafter, legally bound these entities?

Page 1. https://www.hhs.gov/sites/default/files/pfizer-inc-covid-19-vaccine-contract.pdf.

On page 20 of a document entitled Department of the Army U.S. Army Contracting Command – New Jersey Picatinny Arsenal, New Jersey 07806-5000, there is a paragraph in the Statement of Work For COVID-19 Pandemic – Large Scale Vaccine Manufacturing Demonstration about Covered Countermeasures and Covered Persons. By the way, good luck to anyone trying to reach this website: JPM Medical Countermeasure Systems.

Pages 19 and 20. https://www.hhs.gov/sites/default/files/pfizer-inc-covid-19-vaccine-contract.pdf

According to this document, 'Pfizer is a "Covered Person" as per Section V of the PREP Act Declaration'. Let's go to the **Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19 (March 17, 2020)** – Section V, shall we?

So there is no doubt here, whether you want to go with manufacturer or distributor, Pfizer (and BioNTech) are Covered Persons according to the PREP Act. As per Pfizer's own delightful website: "Here you'll find all the latest progress related to the ***creation, manufacturing and distribution*** of ***our*** vaccine to help protect against the novel coronavirus." They are so proud. There is a question of whether or not Pfizer played their part in completing their task, however. Could they be disqualified as Covered Persons if they did not? What was their task? Pfizer might be able to argue that they *did* play their part since it is written in the Army contract (section 1.2 Scope) that "The scope of this prototype project is the demonstration by Pfizer of the supply and logistics capability to manufacture and distribute to the Government of 100M doses of a novel mRNA-based vaccine that has received FDA-approval or authorization based on demonstration of **efficacy** (hereafter FDA-approved or authorized)." A demonstration of efficacy? What about safety. Isn't the mantra 'safe and effective'? I guess 'Effective', is not as catchy. It has been argued that Pfizer did not deliver on "developing a medical countermeasure that is a safe and effective vaccine to **prevent** SARS-CoV-2 infection". In this case, do they lose their status as Covered Persons? *Is it* written in the contract that Pfizer was meant to deliver a safe and effective vaccine to **prevent** SARS-CoV-2 infection? I mean, from a creepy legal document contract point of view?

I did look, and I found evidence that this is indeed what was intended with a focus on **prevention**:

Emergency Use Authorization of Medical Products and Related Authorities: Guidance for Industry and Other Stakeholders, January 2017; and Development and Licensure of Vaccine to **Prevent** COVID-19: Guidance for Industry June 2020. (https://www.fda.gov/regulatory-information/search-fda-guidance-documents/emergency-use-authorization-medical-products-and-related-authorities)

Now this isn't precisely prevention of *infection* from SARS-CoV-2, but one could argue that it implies the same thing as prevention of COVID-19. So said arguer above, is right on her point, but it remains to be determined whether or not Pfizer loses their mighty PREP shield cuz they didn't deliver. They didn't. Even the Walensky, the former director of the CDC has come out publicly with the declaration that their product does not prevent infection. There's been a whole internet whorl wind about this.

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*I don't mean to be an asshole here, but the following statement in section 1.2 Scope could literally mean killing people.
"The successful provision of these doses shall establish the effectiveness of a technology capable of potentially providing immediate and long-term solutions to coronavirus infections."

A gun could be an effective technology that would provide an immediate and long-term solution to a coronavirus infection if it was used to shoot a person dead. I am sorry to be an ass. But the above statement *can* be read this way.
Now let's jump to the 11th amendment version of Section V. It's far too long to post screenshots here so I leave to my readers to go to the link to read it.

I would like to point out that the word 'vaccine' is used twice in the 1st version and... wait for it... 111 times in the 11th amendment. Seems like they had some hefty amendments, eh? Maybe they changed the definition of a vaccine 109 more times.

If you simply do a quick side-by-side of the first part of the 1st and 11th versions, you'll notice some differences right away. Not too weird. It is an amendment, after all.

Note that these are the amendments made to each version, not to the original specifications pertaining to each of Section V (Covered Persons) and Section VI (Covered Countermeasures).
What hasn't changed is that even the 'officials' of 'program planners' (whatever the hell that means) are free from liability as 'covered persons'!

Since we're doing a comparison here, let's return to 'countermeasures' covered in Section VI of the respective 1st and 11th versions of the PREP Act docs.

The respective Section VI amendments are very visibly different from the get go.

I assume that 'any antiviral' was added to cover Remdesivir damages. Does 'any biologic' include transfecting platforms? They included 'any respiratory protective device' to get liability from mask damage in the 11th amendment version.

Take keen note of how they elongated and sectioned a whole whack of stuff in the list of things now considered to be a Covered Countermeasure. Take (c) for example. In version 11, instead of the amendment referring to a product intended to mitigate the evils of COVID-19, it refers to technology 'intended to enhance the use or effect' of say, the injections. What exactly are they referring to here? What technology? Are they referring to the LNPs? I imagine so, so why not just script that? They do refer to technology in the 1st version in Section VI. Covered Countermeasures original specifications in subsection iii, but not in the amendments section.

https://www.federalregister.gov/documents/2020/03/17/2020-05484/declaration-under-the-public-readiness-and-emergency-preparedness-act-for-medical-countermeasures

I just find it weird how they keep changing the way these things are written down. It almost seems like they are trying to keep up with the fall-out of the disaster they're creating as time passes. The PREP Act was basically collecting dust for quite some time – that is, until this COVID debacle was unleashed on us. Maybe that's why we needed 11 amendments. Lucky number 12?
"Although PREPA was around for more than 15 years, prior to COVID-19, the act's defensive application in litigation was not widespread, but now the application of the act is being included more frequently in a variety of COVID-19 related lawsuits, including *Shareholder Derivative Litigation*." (Kraus, Eric M.; Schmidt Jr., John G. (26 May 2021). "PREP Act Immunity and Its Application in Shareholder Derivative Litigation: A Modest Proposal". *The National Law Review*. No. Volume XI, Number 146. Phillips Lytle LLP. Retrieved 5 June 2021.)

In (d), they reiterate what was written in the first version that refers to 'any device', 'and all components and constituent materials of any such product'. Psst. Does this include dsDNA and lipopolysaccharide? Again, what are they referring to here? What devices? Security devices? When I think of a device, I think of a machine. This is in fact part of the definition of the word 'device'. (https://www.dictionary.com/browse/device) The GO crowd is gonna go wild!

This PREP Act thing is just rife with toxic waste people. Rife. In fact, I think it IS toxic waste. Did you know that the poor vaccine manufacturers had a temper tantrum until they got their liability shield into law? It's true. We'll give you vaccines if you let us kill people with them and walk away rich. Sounds fair, right? They are making these amendments with great intention and purpose in an attempt to cover as many guilty and faulty asses as they can, in my opinion.

This is with absolutely no regard for the consumers of their products.

You get NOTHING, by law, if any of their devices or technologies or biologics mess you up. If it's covered under the PREP Act. Which it is.
Please tell a friend about this today. I bet if people knew, they would not be ok with this. It has always been controversial and it has now gone from controversial to a license to kill, in my opinion.

16-1

Biotech Company Accused of Stealing 'Immortal' DNA Used in COVID-19 Vaccines

Ken Silva August 14, 2023

(Ken Silva, Headline USA) It's widely known as the "immortal" gene—a cell line taken from a black woman in the 1950s that can grow indefinitely, be frozen for decades, divided into different batches and shared among scientists.

Some 70 years after its discovery, U.S. biotech firm Ultragenyx continues to profit from the theft of the immortal DNA, according to the family from which the cell line came.

The family—the relatives of immortal gene holder Henrietta Lacks—sued Ultragenyx over the matter last Thursday in federal court, seeking damages for what they say is the unlawful use of the Lacks DNA. Lawyers for the family told the Associated Press they plan to bring a series of lawsuits against various entities that continue to reap rewards from the "racist medical system" that took advantage of Lacks.

The lawsuit included the history of the immortal gene, beginning with recounting how Lacks and her family were living outside Baltimore when she was diagnosed with cervical cancer in 1951. Doctors at Johns Hopkins Hospital saved a sample of her cancer cells collected during a biopsy—without her knowledge or consent.

"The cells taken from Henrietta Lacks have unique properties. While most cell samples die shortly after they are removed from the body, Mrs. Lacks's cells survived and reproduced in the laboratory," the lawsuit explained.

"This exceptional quality meant that it was possible to cultivate Mrs. Lacks's cells into a cell line that could reproduce indefinitely in laboratory conditions—an immortal cell line. Indeed, Mrs. Lacks's cells were the first known immortalized human cell line," the lawsuit added.

"Medical researchers refer to Henrietta Lacks's cultivated cell line as the HeLa cell line, using the first letters of Mrs. Lacks's first and last names."

Lacks died at age 31 in the hospital's "colored ward," but her genetic material lived on, the first human cells to continuously grow and reproduce in lab dishes.

Lacks' cells have since become a cornerstone of modern medicine, enabling countless scientific and medical innovations, including the development of the polio vaccine, genetic mapping and even COVID-19 shots. Her story is documented in a bestselling book by Rebecca Skloot, "The Immortal Life of Henrietta Lacks," which was published in 2010. Oprah Winfrey portrayed her daughter in an HBO movie about the story.

The complaint said Ultragenyx has made a fortune by using HeLa cells to develop gene therapy products. The company offers treatments for "orphan diseases," which are diseases that only affect a small population of people.

"Following the announcement of promising top-line data from Ultragenyx's gene therapy trial utilizing the HeLa PCL platform, Ultragenyx's share price surged of 27% within a single day," the lawsuit said.

"Subsequently, in February 2021, following the FDA's clearance of Ultragenyx's application for UX701, an investigational gene therapy, the stock price rose about 20% within a span of 10 days."

Ultragenyx has yet to respond to the lawsuit. The company did not immediately respond to request for comment from the Associated Press.

Last Thursday's lawsuit comes on the heels of the Lacks family settling another case with Thermo Fisher Scientific Inc. over similar allegations.

The terms of that settlement have not been disclosed.

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Dr. Jay Bhattacharya: Biden Admin's Push For Everyone To Get New COVID Vaccine Is 'Irresponsible'

AUG 27, 2023 Nathan Worcester and Jan Jekielek

President Joe Biden's comments that all Americans will "likely" be advised to get a new COVID vaccine as new variants spread through the country are "irresponsible," according to Stanford University Professor of Medicine Dr. Jay Bhattacharya.

"I signed off this morning on a proposal we have to present to the Congress, a request for additional funding for a new vaccine—that is necessary, that works," Mr. Biden told reporters in South Lake Tahoe, California, on Aug. 25.

"And tentatively, not decided finally yet, tentatively it is recommended—it is likely to be recommended—that everybody get it, no matter whether they got it before," he added.
Since early July, COVID-19 hospitalizations have been on the rise domestically, with three new variants of the disease spreading across the country. The uptick has resulted in some businesses, schools, and hospitals reinstating mask mandates.

Multiple drug companies, including Pfizer, Novavax, and Moderna, have introduced new vaccines they say will be effective against the EG.5, or ERIS, variant of COVID-19.

"It never occurred to me that an American president would be the number one spokesperson for a pharmaceutical company, but here we are," Dr. Bhattacharya told The Epoch Times.

"It's irresponsible to make this kind of public health advice for the entire American public in the absence of excellent randomized trial evidence, which has not been produced by the pharmaceutical companies," he added.

"The FDA [Food and Drug Administration] never asked for them to produce them," Dr. Bhattacharya said, referring to vaccines targeting the new COVID variants.

The Standard professor said that authorities are incorrectly treating COVID booster shots " just like the flu vaccine, that you just update it from year to year."

But, in contrast with the COVID-19 injections, for flu vaccines "there's a long track record where the safety record of the vaccine is understood," Dr. Bhattacharya said.

"Not requiring randomized trial evidence for updating the vaccine is irresponsible. It's using a different mechanism than the flu vaccine. You can't extend the experience you have with the flu vaccine to this vaccine," he said.

The professor also picked up on President Biden's comment that everyone will likely be advised to take the new vaccine "no matter whether they got it before."

"Here where they're saying is, essentially like it's amnesty—We're all going to be treated as if we're unvaccinated with regard to this vaccine," Dr. Bhattacharya said.

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According to CNBC, Centers for Disease Control and Prevention (CDC) officials told reporters Thursday that the vaccines are expected to become available to the public in mid-September, though they are still pending approval from the FDA.

An independent CDC advisory committee is scheduled to meet on Sept. 12 to vote on recommended guidelines for eligibility for the new COVID-19 jabs.

During the press briefing, CDC and FDA officials advised that both agencies intended to urge Americans to get an updated COVID-19 shot, as well as the flu shot and the recently approved RSV (respiratory syncytial virus) vaccine produced by GlaxoSmithKline.

"Vaccination is going to continue to be key this year because immunity wanes and because the COVID-19 virus continues to change," a CDC official said.

Dr. Paul Marik of the Front Line COVID-19 Critical Care was scathing in his response to the president's announcement.

"It's insanity," he told The Epoch Times.

"I think the vaccines have failed, and this is untested," he added.

"Making a new vaccine against a new variant which is untested makes no sense," Dr. Marik continued, saying that he "can't see any group of patients who would benefit from a vaccine."

"We need to know more information," he added.

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CDC Mysteriously Stops Accepting COVID Vaccine Adverse Event Reports (VAERS) Ahead of New Vaccine Push: Report

Jack Davis August 28, 2023

As reports emerge of an upswing in COVID-19 and a push for vaccinations begins, a new report is questioning the reasoning behind the termination of a major system for reporting coronavirus vaccine health incidents.

The federal Centers for Disease Control and Prevention noted that a new push for vaccinations will begin this fall, according to ABC.

"Vaccination is going to continue to be key this year because immunity wanes and because the COVID-19 virus continues to change," a CDC official said. "For those reasons, vaccines remain the best protection against hospitalization and death. And in the case of the COVID vaccines they also help reduce the likelihood of 'long COVID.'"

Further, the BA.2.86 variant has sparked concern because it appears able to evade existing immunity to the coronavirus, according to The Washington Post.

Now one system used to report adverse reactions to the vaccines is no longer operating.
The federal government created multiple methods to report adverse reactions to vaccines during the federal government's push for vaccinations.

One of them, an app called V-safe, was phased out earlier this year, the CDC posted.
"On May 19, 2023, CDC closed enrollment in v-safe for COVID-19 vaccines. V-safe was developed specifically for COVID-19 vaccines and has been an essential component of the pandemic vaccine safety monitoring systems that have successfully characterized the safety of the COVID-19 vaccines used in the United States. CDC is developing a new version of v-safe, which will allow users to share their post-vaccination experiences with new vaccines," the CDC reported on its website.

"CDC will continue to monitor the safety of COVID-19 vaccines through its other vaccine safety monitoring systems. V-safe users or others who get vaccinated can report any possible health problems or adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS)," it posted.

But one critic is not taking that notice at face value.

"Does this mean that the CDC believes that the mRNA Covid-19 injections are so safe, there is no need to monitor adverse event reports any longer? What is the argument against continued monitoring, especially since the V-safe website was already up and paid for?" David Gortler wrote on the website of the Brownstone Institute.

"While CDC's V-safe was stealthily and abruptly turned off, refusing to accept new safety reports, to this very day the CDC continues to urge everyone ages 6 months and older to stay up to date with COVID-19 vaccines and boosters," he wrote.
Noting that the Food and Drug Administration operates the VAERS system, Gortler wrote that in his opinion, "the CDC has concluded that collecting new safety reports is somehow no longer in the interest of America's public health."

"Will the CDC opine on the existing data or justify its halting of collecting new safety data? To the best of my knowledge, stopping the collection of public health information doesn't have a clinical justification or scientific precedence — especially when it comes to an actively marketed product," he wrote.

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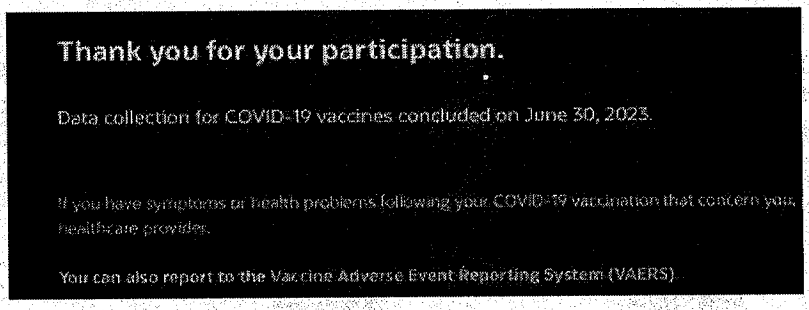
CDC Now Refusing New COVID Vaccine Adverse Event Reports In Its V-Safe Program

AUG 29, 2023 David Gortler

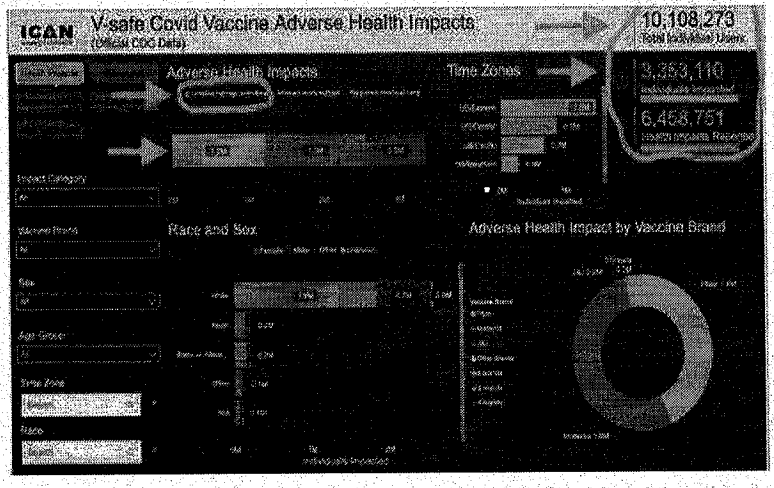
The Centers for Disease Control and Prevention (CDC) V-safe website quietly stopped collecting adverse event reports with no reason or explanation.

The V-safe website simply states: "*Thank you for your participation. Data collection for COVID-19 vaccines concluded on June 30, 2023.*" If you go there today, V-safe directs users to the FDA's VAERS website for adverse event reporting, even though officials continually derided VAERS as "passive" and "unverified."



VAERS and V-safe are mutually exclusive safety collection databases operated by the FDA and CDC, respectively. VAERS is an older way of collecting safety data where one can fill out a form online, or manually, or by calling a toll-free number, whereas V-safe is a device "app" which requires online registration. Both VAERS and V-safe collect personal information, lot numbers, dates and associated information, but V-safe was an active collection system geared towards a younger app-using demographic.

Here is the last report before deletion.



Does this mean that the CDC believes that the mRNA Covid-19 injections are so safe, there is no need to monitor adverse event reports any longer? What is the argument against continued monitoring, especially since the V-safe website was already up and paid for?

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While CDC's V-safe was stealthily and abruptly turned off, refusing to accept new safety reports, to this very day the CDC continues to urge everyone ages 6 months and older to stay up to date with COVID-19 vaccines and boosters.

As a drug safety expert, I personally can't cite another example of any agency or manufacturer halting collection of safety data. It seems even worse because mRNA technology is relatively new with long-term manifestations unknown. On top of this, **both manufacturers and the FDA refuse to share the list of ingredients, such as lipid nanoparticles,** which could affect individuals differently and take a long time to manifest clinically.

Safety Data Collection Should Never Stop

Now, contrast that with the fact that the National Highway Traffic and Safety Administration (NHTSA) will still accept a safety report for a 30-year-old Ford Bronco II. Indeed, this is an oddly specific example, but only because I drove this exact vehicle as a family hand-me-down as a student, through my residency, fellowship, for my tenure as a Yale professor on the mean streets of New Haven and even during my years at the FDA as a medical officer /senior medical analyst.

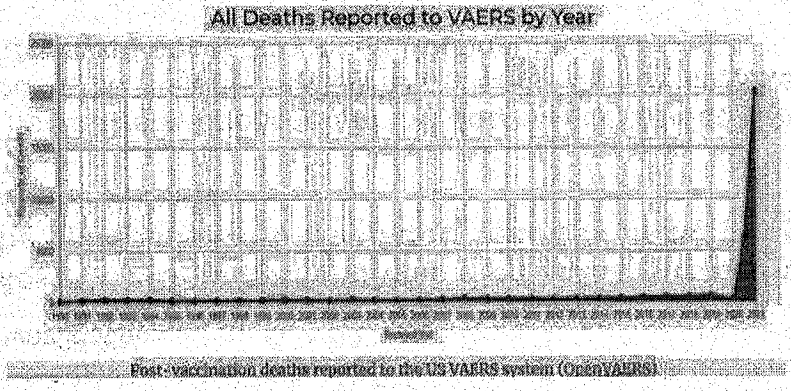
Like mRNA shots, Bronco IIs are still available on the market and people are still using them up to this very day. My Bronco became an intermittent topic of conversation with friends and FDA colleagues. One day, I was informed by a patrolling security guard at the FDA that it was the oldest car on campus.

I didn't know much about cars (or mRNA technology) back then, but when a fellow FDA-er informed me that my Bronco II had noteworthy *safety problems* and that the NHTSA still had their eye on this vehicle (rollover accidents were more common and more fatal) I addressed the problem: I got rid of the reliable relic, even though I *really liked* it.

NHTSA is still accepting safety reports on things like my 30-year-old Ford Bronco II, but the CDC isn't accepting new safety reports on 2-year old novel mRNA vaccines.

CDC No longer accepting safety reports despite rapidly increasing safety findings:

Post-vaccination deaths reported to the US VAERS system since 1990:



Post-vaccination deaths reported to the US VAERS system (OpenVAERS)

Unlike my old Bronco, mRNA injections have only been on the market for about *two* years, and according to the FDA Vaccine Adverse Event Reporting System (VAERS) database, mRNA "vaccines" have been named the **primary** suspect in over 1.5 million adverse event reports, of which there are >20,000

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heart attacks and >27,000 cases of myocarditis and pericarditis *just in the USA alone.* Worldwide numbers would be greater. According to many references, including an FDA-funded study out of Harvard, **VAERS reports represent fewer than 1 percent of vaccine adverse events that actually occur**. Interestingly, the NHTSA link above on my Ford Bronco II only shows: *one* parts recall, *one* investigation and 23 complaints, and still features a button in the upper right hand corner for submitting new complaints.

Wikipedia defines an humanitarian crisis or humanitarian disaster as a: "singular event or a series of events that are threatening in terms of health, safety or well-being of a community or large group of people." Based on VAERS and previous V-safe findings, adverse events from mRNA shots in the USA alone could be considered a humanitarian crisis.

Despite those alarming clinical findings, the CDC has concluded that collecting new safety reports is somehow no longer in the interest of America's public health. **Existing data from the V-safe site showed around 6.5 million adverse events/health impacts out of 10.1 million users, with around 2 million of those people unable to conduct normal activities of daily living or needing medical care, according to a third-party rendering of its findings**. In other words, despite mRNA shots still being widely available and the CDC promoting its continued use, it's "case closed" with regards to collecting new safety reports, under today's federal public health administration.

Will the CDC opine on the existing data or justify its halting of collecting new safety data? To the best of my knowledge, stopping the collection of public health information doesn't have a clinical justification or scientific precedence — especially when it comes to an actively marketed product.
In George Orwell's *1984*, characters were told by The Party to "reject the evidence of your eyes and ears." Now, the CDC isn't even allowing that evidence to be collected for viewing (and prospective rejecting). It's a terrible idea for *any* product, let alone novel mRNA technologies.

Dr. David Gortler, a 2023 Brownstone Fellow, is a pharmacologist, pharmacist, research scientist and a former member of the FDA Senior Executive Leadership Team who served as senior advisor to the FDA Commissioner on matters of: FDA regulatory affairs, drug safety and FDA science policy. He is a former Yale University and Georgetown University didactic professor of pharmacology and biotechnology, with over a decade of academic pedagogy and bench research, as part of his nearly two decades of experience in drug development. He also serves as a scholar at the Ethics and Public Policy Center

20-1

CDC Altered Death Certificates to Remove COVID Vax as Cause

Jacob Bruns July 6, 2023

(Jacob Bruns, Headline USA) The Centers for Disease Control and Prevention allegedly altered at least nine Minnesota death certificates that attributed the given death to the "COVID vaccine," PJ Media reported.

The source, who wished to remain anonymous, sifted through all Minnesota death certificates since 2015, and discovered that the CDC made the alterations.

According to Aaron Hertzberg, who thoroughly researched the death certificate process, coroners list the cause of death (CoD), and the CDC can later adjust that cause based upon International Classification of Diseases (ICD).

"The critical thing to keep in mind is that the person filling out the death certificate writes a text description of the CoD's, but doesn't assign the ICD 10 codes for the CoD's," wrote Hertzberg. The CDC's job, in other words, is to apply the particular ICD 10 codes confirming the cause of death by putting it into the appropriate category.

According to the author, the ICD is determined by way of a "secret algorithm," but there is "a tiny percentage of cases adjudicated by CDC staff when the algorithm is unable to confidently assign an ICD code."

The CDC, however, neglected to perform its duty in several instances wherein coroners had cited the COVID vaccine as the cause of death.

"In almost every death certificate that identifies a covid vaccine as a cause of death," Hertzberg concluded, "the CDC committed data fraud by not assigning the ICD 10 code for vaccine side effects to the causes of death listed on the death certificate."

The experimental vaccines have allegedly caused numerous negative side-effects for many people. For instance, professional basketball player Óscar Cabrera Adames, 28, who had previously voiced grave concerns about the vaccine, passed away last month after suffering a fatal heart attack.

Some have also speculated that actor Jamie Foxx, who has been hospitalized for many weeks with an undisclosed illness, has been sick due to the COVID vaccine.

21-1

Experts Reveal 'Major Shortcomings' With FDA Analysis Of Safety Outcomes In COVID-19 Vaccinated Recipients

JUNE 29, 2023 Megan Redshaw J.D.

The U.S. government's safety surveillance system monitoring COVID-19 vaccine adverse events is "woefully inadequate" and may be missing safety signals, according to researchers who say the U.S. Food and Drug Administration (FDA) made multiple decisions to ensure its first published analysis only identified known safety signals.

In a peer-reviewed letter published June 16 in the journal *Vaccine*, a team of experts revealed **"major shortcomings"** with the FDA's near real-time surveillance study assessing outcomes in U.S. COVID-19 vaccine recipients.

Dr. Joseph Fraiman, an emergency room physician associated with the Baromedical Research Institute in New Orleans, and his co-authors raise serious concerns about whether the surveillance system is fit for its purpose and how the FDA performed its analysis.

"The FDA has repeatedly stated that it is conducting intensive, historically unprecedented monitoring of COVID-19 vaccine safety and that the only serious harms associated with mRNA COVID-19 vaccines are anaphylaxis, myocarditis, and pericarditis," the researchers said in an email to The Epoch Times. "However, **in our letter, we detail why the U.S. government's safety surveillance system is woefully inadequate and, as a result, potentially missing safety signals.**
"

In its first-ever surveillance analysis published Oct. 26, 2022, in Vaccine, the FDA assessed 17 adverse outcomes following COVID-19 vaccination with Pfizer, Moderna, and Johnson & Johnson's vaccines and concluded 15 outcomes did not meet the threshold for a statistical signal.

The FDA based its analysis on medical and pharmacy claims data of 16 million vaccinated individuals aged 12 to 64 from Optum, HealthCore, and CVS Health using their Biologics Effectiveness and Safety (BEST) System—an active post-marketing surveillance program to ensure the safety and effectiveness of biologic products, including vaccines.

The FDA concluded myocarditis and pericarditis met the requirements to trigger an early detection safety signal for Pfizer's COVID-19 vaccine in two of three large commercial insurance databases assessed, while anaphylaxis met the statistical threshold for Pfizer and Moderna vaccines in all three databases.

The agency did not detect any other adverse outcomes, including those previously acknowledged. **Their results, the FDA said, were "consistent with published literature."**

FDA Analysis 'Not Sensitive Enough' to Detect Safety Signals

In the letter to the editor, researchers said the FDA only identified COVID-19 vaccine safety signals for already established adverse events, and the analysis was not sensitive enough to detect safety signals for some known adverse events, such as myocarditis.

Myocarditis is inflammation of the heart muscle that can lead to cardiac arrhythmia and death. The heart condition is a recognized side effect of the mRNA COVID-19 vaccines, according to previous research and medical examiners. Yet the FDA did not detect myocarditis for Moderna's COVID-19 vaccine in any data source and only detected it with Pfizer's vaccine in two of three sources.

"This raises serious concerns about whether the surveillance system is fit for its purpose," the researchers wrote.

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"Another major concern is the FDA's approach towards false positives."

The study also "failed to identify a single new positive despite running several hundred different analyses," suggesting the system is "too strongly weighted toward avoiding false positives and will too easily miss true positives," they added. "The FDA made multiple decisions to ensure their surveillance did not identify false positives at the expense of sacrificing the ability to identify true positives."

According to the letter, safety surveillance systems should be optimized for high sensitivity—erring on the side of caution—to ensure real safety problems are not missed. A highly sensitive approach will result in some false positives, but upon further study, can quickly be identified as a true positive or false positive.

"In contrast, **because fewer associations are identified at the surveillance stage, fewer associations will result in further study, and more true associations will be missed**," the researchers wrote.

FDA Used Test Margin to Minimize Risks and Reduce Harms

Experts also raised concerns the FDA used a test margin for its analysis for each adverse event of special interest based on "expert guidance to avoid minimal risk increases that were 'unlikely to be clinically relevant.'" Yet the agency did not provide details concerning how or which experts determined whether a risk was "minimal" or "unlikely" to be clinically relevant.

"Given a vaccine administered to billions, we are concerned that even minimal risk increases would imply harm to thousands, or perhaps millions, of younger people, many of whom may be at low risk of serious complications from coronavirus infection," they wrote.

22-1

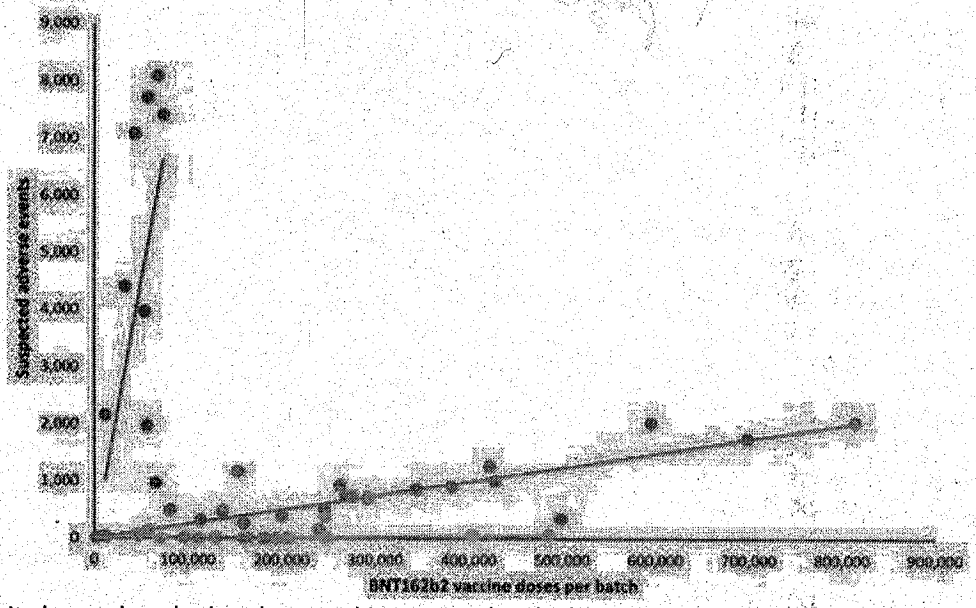
Some Pfizer Vaccine Batches In The EU Were Placebos, Say Scientists

JULY 01, 2023 Robert Kogon

German scientists have uncovered startling evidence that a substantial portion of the batches of the Pfizer-BioNTech COVID-19 vaccine deployed in the European Union may in fact have consisted of placebos – and that the German regulator knew this and did not subject them to quality-control testing.

The scientists, Dr. Gerald Dyker, Professor of Organic Chemistry at the Ruhr University Bochum, and Dr. Jörg Matysik, Professor of Analytical Chemistry at the University of Leipzig, are part of a group of five German-speaking scientists who have been publicly raising questions about the quality and safety of the BioNTech vaccine (as it is known in Germany) for the last year and a half.

They recently appeared on the *Punkt.Preradovic* online programme of the German journalist Milena Preradovic to discuss batch variability. Their starting point was the recent Danish study showing enormous variation in the adverse events associated with different batches of the Pfizer-BioNTech vaccine, or BNT162b2 per its scientific codename. The below figure from the Danish study illustrates this variation.



It shows that the batches used in Denmark, which are represented by the points in the graph, essentially break down into three groups.

The 'green batches' clustered around the green line have a moderate or moderately-high level of adverse events associated with them. In the discussion with Preradovic, Gerald Dyker takes the example of the green point furthest to the right.

As he explains, it represents the batch that was the used the most in Denmark, with somewhat over 800,000 doses having been administered. These 800,000 doses are associated with around 2,000 suspected adverse events, which gives a reporting rate of one suspected adverse event per approximately 400 doses. As Dyker puts it, "That's not a small amount if we compare to what we know otherwise from influenza vaccines." According to Dyker's calculation, the green batches account for more than 60% of the Danish sample.

23-1

Pro-Vaccine Italy Changes Its Tune, Exposes Massive Vaccine Damage (Video)

March 3, 2023

The following video is from the Italian television program CortoTG about the disastrous effects of the Covid vaccine. The show spotlights the **uptick in cases of shingles (herpes zoster) and fulminant (sudden onset) leukemia due to the vaccine.**

The common thread connecting the two types of disease is the disruption of the body's immune system. The vaccines seem to "reprogram" people's immune functions, increasing the risk of infection, cancers, tumors, and various autoimmune disorders.

https://rumble.com/v2bedfu-japanese-scientists-discover-link-between-pfizer-vaxx-and-turbo-cancer.html

24-1

Governments & Universities Secretly Studied COVID Vaccine Before Rollout: Shots Killed 100% of Mice, Monkeys (Video)

August 11, 2023

Dr. Abdul Alim Muhammad explaining how early COVID studies demonstrated a guarantee of fatality.

https://banned.video/watch?id=64d56e913a4bee58423f0f93

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FRESHLY OVERLAID Graphene Oxide "Nanobots" Found in Pfizer Covid-19 "Vaccines"

Laura Harris, Natural News June 26, 2023

An investigation into the manufacturing process of Wuhan coronavirus (COVID-19) vaccines has uncovered evidence linking microscopic graphene oxide "nanobots" to potentially nightmarish consequences.

Graphene, composed of a single layer of carbon atoms arranged in a two-dimensional lattice structure, possesses remarkable properties that facilitate the amalgamation of synthetic components with the human body.

The 125742_S1_M4_4.2.1 vr vtr 10741.pdf document released by the *Food and Drug Administration* (FDA) under the order of Federal Judge Mark Pittman confirms the possibility of toxic *Graphene Oxide* (GO) in the COVID vaccines. The study by Pfizer to obtain Emergency Use Authorization (EUA) sought to understand how the vaccine works by utilizing mRNA to instruct cells in producing a spike protein called P2 S, which resembles the alleged COVID-19 virus.

However, page 7 of the study revealed that "freshly overlaid graphene oxide" is required in the manufacturing process of the Pfizer COVID-19 vaccine. This intentional concealment by authorities and the mainstream media highlights their commitment to advancing their agenda while suppressing vital information that could question their power and control. (Related: Blood of COVID-vaccinated people found to contain strange artifacts (graphene oxide?))

Dr. Philippe van Welbergen, a renowned nanotechnology expert, has played a vital role in uncovering the truth about graphene nanoparticles and their potential presence in COVID-19 vaccines. His meticulous analysis of vaccine samples has revealed disturbing indications of graphene's involvement, correlating its presence with blood clotting disorders and the destruction of red blood cells.

Graphene nanobots could be transmitted from "vaccinated" people to "unvaccinated" people

While the health implications of graphene transmission are still under investigation, initial findings suggest graphene nanoparticles could be transmitted from the vaccinated to the unvaccinated. Graphene nanobots, if transferred to the unvaccinated, could lead to organ dysfunction, inflammatory responses, and immune dysregulation, which may increase susceptibility to infections or autoimmune disorders.

The phenomenon, if confirmed, holds significant implications for public health and underscores the urgent need for comprehensive studies to determine the extent and consequences of graphene transmission. Scientists are particularly concerned about the potential risks posed to vulnerable individuals.

Scientific investigations have identified several potential mechanisms through which graphene nanobots could be transmitted from vaccinated individuals to unvaccinated individuals. These include respiratory transmission, where inhalation of graphene-containing particles can serve as a route of transmission, as well as direct contact through skin-to-skin contact or contact with contaminated surfaces.

The transmission of graphene nanobots from vaccinated individuals to the unvaccinated raises profound ethical concerns. Vaccination programs are primarily aimed at protecting against specific diseases, and

the accidental transmission of graphene nanobots introduces a new dimension to the ethical debate surrounding vaccination.

The Exposé raises concerns about the possibility of covert surveillance, tracking, or manipulation of our physical and cognitive abilities. As these nanobots become more integrated into our lives, the boundary between human control and technological influence becomes blurred, creating a dystopian world where our essence is exploited and manipulated.

Although COVID and the injections have been exposed as fraudulent, most of the population has already received the jabs. Even those who remain unvaccinated are now at risk of exposure to graphene nanobots through shedding from the vaccinated.

Over time, every person on the planet will likely have these foreign entities circulating in their bloodstream, regardless of their vaccination status. Once this process is complete, the extent of the dystopian consequences remains uncertain.

One alarming aspect of graphene nanobots is their ability to manipulate and control our bodily functions. The idea of these insidious agents overriding our natural systems and dictating our thoughts, emotions, and physical actions is terrifying. Our autonomy would be stripped away, and we would become mere puppets in the hands of evil forces. The prospect of a dystopian world where these silent destroyers orchestrate our every move is deeply unsettling.

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China Busted for Wuhan Bioweapons, 'Plandemic' Development: Report

Molly Bruns June 12, 2023

A recently released report revealed that scientists at the Wuhan Institute of Virology were mutating viruses prior to the COVID-19 pandemic in order to create biological weapons.

According to The Blaze, China's military attempted to create biological weapons while simultaneously developing a vaccine for their own citizens.

Investigators in the U.S. State Department received intelligence information on China's actions leading up to the pandemic. More than a dozen investigators combed through metadata, phone records and internet information.

The investigative team concluded that China did indeed perform risky experiments in Wuhan prior to the pandemic. "Wuhan scientists were conducting experiments on RaTG13 from the Moijang mine, and that covert military research, including laboratory animal experiments, was being done at the institute before the pandemic," the team reported.

The Chinese lab tested at least nine different COVID variants.

Reports indicated that testing of the viruses began around 2017. In 2018, the institute started combining viruses similar to SARS with another illness contracted by Chinese copper minors that they likely contracted by coming into contact with bat guano, referred to as "WIV1."

Rutgers University Professor of Chemical Biology Richard Ebright described the new combined virus as the most dangerous coronavirus experiment ever undertaken.

The mutated virus killed 75% of mice in testing, and had a high infection rate.

The NGO known as the EcoHealth Alliance partially funded the research into the virus and had ties to former U.S. Coronavirus Czar Anthony Fauci.

In November 2019, several of the scientists at the institute contracted the illness and went to the hospital with COVID-like symptoms. A relative of one of the workers allegedly died from the same illness.

"We were rock-solid confident that this was likely COVID-19 because they were working on advanced coronavirus research in the laboratory," an investigator said. "They're trained biologists in their thirties and forties. Thirty-five-year-old scientists don't get very sick with influenza."

A month before the outbreak, researchers conducted "serial passaging" experiments—a process which encouraged pathogens to mutate into deadlier versions of themselves.

Chinese scientists never published information about experiments due to its secretive nature.

"The investigators believe the Chinese military had taken an interest in developing a vaccine for the viruses so they could be used as potential bioweapons," the report read. **"If a country could inoculate its population against its own secret virus, it might have a weapon to shift the balance of world power."**