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Ivermectin Reduces Excess Deaths by 74%, New Study Shows

David Lindfield September 3, 2023

A groundbreaking new peer-reviewed study has found that ivermectin use in COVID-19 patients during the pandemic resulted in a staggering 74 percent reduction in excess deaths.

According to the ecological study, a natural experiment occurred when the government of Peru authorized ivermectin for use during the pandemic.

The Peruvian government's decision resulted in evidence of the drug's effectiveness and ability to reduce excess deaths.

The situation in Peru was unique as other governments around the world had banned the use of ivermectin for Covid patients in an effort to promote mRNA vaccines.

The paper's results were published on August 8 in the renowned peer-reviewed Cureus Journal of Medical Science. The peer-reviewed study found a 74 percent reduction in excess deaths in 10 states with the most intensive ivermectin use over a 30-day period following peak deaths during the pandemic.

When analyzing data across 25 states in Peru, researchers found these reductions in excess deaths correlated closely to ivermectin use during four months in 2020.

There was a fourteenfold reduction in nationwide excess deaths when ivermectin was available without restriction.

Once access to ivermectin was restricted by the government, a thirteenfold increase in excess deaths was observed in the two months following the limitation of its use.

The findings align with summary data for the same time period in Peru from the World Health Organization (WHO). Ivermectin is a widely known and inexpensive treatment against parasitic diseases.

Scientists believe the drug can also bind to the spike protein of the SARS-CoV-2 virus, limiting its morbidity and infectivity.

Before Peru implemented vaccine mandates, the country relied on mitigation strategies such as lockdowns and therapeutics to control the virus spread, as did many other nations

On May 8, 2020, the Peruvian Ministry of Health approved ivermectin widely for use prompting 25 states in Peru to implement inpatient and outpatient treatments with ivermectin to different extents and in different time frames.

Additionally, through the Mega-Operación Tayta (MOT)—a national program led by the Ministry of Defense—Peru's government began distributing ivermectin on a wide scale.

Excess all-cause deaths were calculated from the total deaths recorded for January through February 2020. During this period, monthly all-cause deaths fluctuated with a mean value of 5.2 percent and a standard deviation of 3.8 percent.

By May 2020, total deaths fluctuated by more than double the baseline value calculated in January through February.

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An analysis of excess all-cause deaths was performed state-by-state for those aged 60 years and older to establish the date of peak excess deaths during the pandemic's first wave.

Decreases in excess deaths from the peak date of death to 30 and 45 days afterward were tracked.
The 25 states were then grouped by the extent of ivermectin distribution: maximal distribution—occurring through operation MOT, medium, and minimal.

Results showed that the 10 MOT states had a sharp decrease in excess deaths after reaching peak values—with a 74 percent drop at 30 days and an 86 percent drop at 45 days after the date of peak deaths.

For 14 states that locally administered ivermectin, excess deaths dropped by 53 percent at 30 days and 70 percent at 45 days.

In Lima, where ivermectin treatments were delayed until August—four months after its initial pandemic surge in April—excess deaths only dropped by 25 percent at 30 days and 25 percent at 45 days after peak deaths on May 30.

According to the study, mean reductions in excess deaths 30 days after peak deaths were 74 percent, 53 percent, and 25 percent, respectively, for the maximal, medium, and minimal states that distributed ivermectin.

Forty-five days after peak deaths, mean reductions were 86 percent, 70 percent, and 25 percent.

The researchers noted that ivermectin distribution may have yielded such positive numbers due to the drug's ability to both prevent and treat Covid when distributed to an at-risk population on a greater scale.

Researchers noted similar results with ivermectin distribution in Uttar Pradesh, India.

In the northern Indian state, government teams moved across 97,941 villages as part of a Covid management program to distribute home medication kits that contained ivermectin, doxycycline, zinc, vitamins C and D3, and acetaminophen tablets.

After the mass distribution of ivermectin, the seven-day moving average of Covid deaths in Uttar Pradesh decreased by 97 percent.

The cumulative total of Covid deaths per million in population from July 7, 2021, through April 1, 2023, was 4.3 in Uttar Pradesh, compared with 70.4 in all of India and 1,596.3 in the United States, according to the study.

Although Peru had more comprehensive data, the Uttar Pradesh data suggest that using ivermectin may prevent and potentially treat Covid.

"These encouraging results from IVM [ivermectin] treatments in Peru and similar positive indications from Uttar Pradesh, India, which have populations of 33 million and 229 million, respectively, offer promising models for further mass deployments of IVM, as needs may arise, for both the treatment and prevention of COVID-19," researchers concluded.

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Pfizer-BioNTech COVID-19 Vaccine Utilizes Nucleoside-Modified Messenger RNA (modRNA) Technology not mRNA, Pfizer Documents Reveal

Jim Hoft Aug. 20, 2023

Lawyer Tom Renz has exposed that the COVID-19 vaccines, widely advertised as mRNA (messenger RNA) vaccines, are in fact lab-created hybrids known as modRNA.

Tom Renz has accused the Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), Pfizer, and others of misleading the world about the true nature of the COVID-19 vaccines.

In a statement released on social media, Renz claims that the widely recognized mRNA technology, allegedly utilized in the vaccines, is not what it appears to be.

"They claimed the COVID-19 vaccines were mRNA & that meant MESSENGER RNA (which occurs in life everywhere). **It is NOT.** The mRNA is modRNA. modRNA is a lab-created hybrid designed to create changes in your genes," said Renz.

modRNA (modified messenger RNA) is a synthesized form of mRNA that has been altered at specific sites.

ModRNA, as described by Renz, has the potential to last longer and create permanent changes in genes. He also warns of the potential for "massive unintended consequences" in the 3300 billion lines of genetic code that make up humanity.

BREAKING: The **#FDA** **#CDC** **#Pfizer** & the rest misled the world. They claimed the COVID-19 vaccines were mRNA & that meant MESSENGER RNA (which occurs in life everywhere). It is NOT. The **#mRNA** is modRNA. **#modRNA** is a lab created hybrid designed to create changes in your genes. It... **pic.twitter.com/ZfIYr5S0Wg**

— Tom Renz (@RenzTom) **August 19, 2023**

"Why does this matter? Well let's start with the COVID "vaccines". Because mRNA is a weak particle and breaks down easily with a relatively lower risk of messing with your genetics than other gene therapy products (like modRNA) that is what is always talked about in the jabs. The problem is that it is a lie," Renz **wrote** on his Substack.

If you searched the word "modRNA" on Pfizer's **labeling/fact-sheet** for health care providers administering the vaccine, it will show 21 results.

According to the labeling:

Notwithstanding the age limitations for use of the different formulations and presentations described above, individuals who will turn from 11 years to 12 years of age between doses in the primary regimen may receive, for any dose in the primary regimen, either: (1) the Pfizer-BioNTech COVID-19 Vaccine authorized for use in individuals 5 through 11 years of age **(each 0.2 mL dose containing 10 mcg modRNA**, supplied in multiple dose vials with orange caps); or (2) COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine authorized for use in individuals 12 years of age and older (**each 0.3 mL dose containing 30 mcg modRNA,** supplied in multiple dose vials with gray caps and multiple dose vials with purple caps).

Vaccination providers administering COMIRNATY (COVID-19 Vaccine, mRNA) must adhere to the same reporting requirements.

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Pfizer

Manufactured by
Pfizer Inc., New York, NY 10017

LAB-1450-31.0

Revised: 22 December 2022

END SHORT VERSION FACT SHEET

Long Version (Full EUA Prescribing Information) Begins On Next Page

1 Certain kinds of immunocompromise refer to individuals who have undergone solid organ transplantation, or who are diagnosed with conditions that are considered to have an equivalent level of immunocompromise.

2 When prepared according to their respective instructions for use, the FDA-approved COMIRNATY (COVID-19 Vaccine, mRNA) and the EUA-authorized Pfizer-BioNTech COVID-19 Vaccine for individuals 12 years of age and older can be used interchangeably without presenting any safety or effectiveness concerns.

3 Notwithstanding the age limitations for use of the different formulations and presentations described above, individuals who will turn from 11 years to 12 years of age between doses in the primary regimen may receive, for any dose in the primary regimen, either: (1) the Pfizer-BioNTech COVID-19 Vaccine authorized for use in individuals 5 through 11 years of age (each 0.2 mL dose containing 10 mcg modRNA, supplied in multiple dose vials with orange caps); or (2) COMIRNATY (COVID-19 Vaccine, mRNA) or the Pfizer-BioNTech COVID-19 Vaccine authorized for use in individuals 12 years of age and older (each 0.3 mL dose containing 30 mcg modRNA, supplied in multiple dose vials with gray caps and multiple dose vials with purple caps).

4 Vaccination providers administering COMIRNATY (COVID-19 Vaccine, mRNA) must adhere to the same reporting requirements.

FULL EMERGENCY USE AUTHORIZATION (EUA) PRESCRIBING INFORMATION
PFIZER-BIONTECH COVID-19 VACCINE
FULL EMERGENCY USE AUTHORIZATION PRESCRIBING INFORMATION: CONTENTS*

* Sections or subsections omitted from the full emergency use authorization prescribing information are not listed.

Source: labeling.pfizer.com/ShowLabeling.aspx?id=14471

Pfizer admitted that during its clinical studies, participants aged 16 years and older received **30 mcg of nucleoside-modified messenger RNA (modRNA).**

This is the main active ingredient in the Pfizer-BioNTech COVID-19 vaccine. Nucleoside-modified messenger RNA (modRNA) is a modified form of mRNA that encodes the spike (S) glycoprotein of the SARS-CoV-2 virus, the virus that causes COVID-19. The vaccine uses this technology to prompt the body's immune system to recognize and fight the virus.

These are the side effects reported by individuals in the clinical trial after receiving the vaccine.

- Pain at the injection site (84.1%): The most common reaction, reported by over 84% of participants.
- Fatigue (62.9%): A feeling of tiredness or exhaustion was reported by nearly 63% of the participants.
- Headache (55.1%): Over half of the participants experienced headaches.
- Muscle pain (38.3%): Muscle soreness or discomfort was reported by over 38% of the participants.
- Chills (31.9%): Just under 32% of participants experienced chills.
- Joint pain (23.6%): This refers to pain in the joints, experienced by nearly 24% of participants.
- Fever (14.2%): Around 14% of the participants had a fever.

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- Injection site swelling (10.5%): This refers to swelling at the location where the vaccine was injected, reported by 10.5% of participants.
- Injection site redness (9.5%): This refers to redness at the injection site, experienced by 9.5% of participants.
- Nausea (1.1%): Slightly more than 1% of participants felt nauseous.
- Malaise (0.5%): This refers to a general feeling of discomfort or unease, reported by 0.5% of participants.
- Lymphadenopathy (0.3%): This refers to the swelling of lymph nodes and was reported by 0.3% of participants.

In the clinical trial for participants aged 12 through 15 who received the vaccine, which contains **30 mcg of nucleoside-modified messenger RNA (modRNA).**

These are the side effects reported by individuals in the clinical trial after receiving the vaccine.

- Pain at the injection site (90.5%): Most participants experienced pain where the vaccine was injected.
- Fatigue (77.5%): Tiredness or exhaustion was reported by over three-quarters of the participants.
- Headache (75.5%): A common reaction, with over 75% of the participants experiencing headaches.
- Chills (49.2%): Nearly half of the participants experienced a feeling of coldness or shivering.
- Muscle pain (42.2%): Over 42% of the participants reported muscle soreness or discomfort.
- Fever (24.3%): Around a quarter of the participants had an elevated body temperature.
- Joint pain (20.2%): Pain in the joints was reported by over 20% of the participants.
- Injection site swelling (9.2%): A smaller percentage reported swelling at the location of the injection.
- Injection site redness (8.6%): A mild reaction involving redness at the injection site.
- Lymphadenopathy (0.8%): Swelling of lymph nodes, a rare reaction, was reported by 0.8% of participants.
- Nausea (0.4%): A very small percentage (0.4%) felt nauseous after receiving the vaccine.

Post Authorization Experience

According to Pfizer, experiences and reactions reported after the vaccine was **authorized** for public use:

- Severe allergic reactions, including anaphylaxis: These are intense allergic reactions that can be life-threatening, though they are rare. They have been reported following the administration of the Pfizer-BioNTech COVID-19 Vaccine.
- Myocarditis and pericarditis: These terms refer to inflammation of the heart muscle (myocarditis) and inflammation of the lining around the heart (pericarditis). Both have been reported in individuals after receiving the Pfizer-BioNTech COVID-19 Vaccine.

It is MANDATORY for vaccination providers to report to the Vaccine Adverse Event Reporting System (VAERS) all vaccine administration errors, all serious adverse events, cases of myocarditis, cases of pericarditis, cases of Multisystem Inflammatory Syndrome (MIS) in adults and children, and hospitalized or fatal cases of COVID-19 following vaccination with the Pfizer-BioNTech COVID-19 Vaccine.[7] To the extent feasible, provide a copy of the VAERS form to Pfizer Inc. Please see the REQUIREMENTS AND INSTRUCTIONS FOR REPORTING ADVERSE EVENTS AND VACCINE ADMINISTRATION ERRORS section for details on reporting to VAERS and Pfizer Inc.

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7 Vaccination providers administering COMIRNATY (COVID-19 Vaccine, mRNA) must adhere to the same reporting requirements.

Primary Series

In clinical studies of participants 16 years of age and older who received Pfizer-BioNTech COVID-19 Vaccine containing 30 mcg of a nucleoside-modified messenger RNA encoding the viral spike (S) glycoprotein of SARS-CoV-2 (30 mcg modRNA), adverse reactions following administration of the primary series included pain at the injection site (84.1%), fatigue (62.9%), headache (55.1%), muscle pain (36.3%), chills (31.9%), joint pain (23.6%), fever (14.2%), injection site swelling (10.5%), injection site redness (9.5%), nausea (1.1%), malaise (0.5%), and lymphadenopathy (0.3%).

In a clinical study in adolescents 12 through 15 years of age who received Pfizer-BioNTech COVID-19 Vaccine (30 mcg modRNA), adverse reactions following administration of the primary series included pain at the injection site (90.5%), fatigue (77.5%), headache (75.5%), chills (49.2%), muscle pain (42.2%), fever (24.3%), joint pain (20.2%), injection site swelling (9.2%), injection site redness (8.6%), lymphadenopathy (0.8%), and nausea (0.4%).

Post Authorization Experience

Severe allergic reactions, including anaphylaxis, have been reported following administration of the Pfizer-BioNTech COVID-19 Vaccine.

Myocarditis and pericarditis have been reported following administration of the Pfizer-BioNTech COVID-19 Vaccine.

Source: **labeling.pfizer.com/ShowLabeling.aspx?id=14471**

More from the labeling document:

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DESCRIPTION

The Pfizer-BioNTech COVID-19 Vaccine is supplied as a frozen suspension in multiple dose vials with purple caps; each vial must be diluted with 1.8 mL of sterile 0.9% Sodium Chloride Injection, USP prior to use to form the vaccine. **Each 0.3 mL dose of the Pfizer-BioNTech COVID-19 Vaccine supplied in multiple dose vials with purple caps contains 30 mcg of a nucleoside-modified messenger RNA (modRNA) encoding the viral spike (S) glycoprotein of the SARS-CoV-2 Wuhan-Hu-1 strain.**

Each 0.3 mL dose of the Pfizer-BioNTech COVID-19 Vaccine supplied in multiple dose vials with purple caps also includes the following ingredients: lipids (0.43 mg ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 0.05 mg 2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 0.09 mg 1,2-distearoyl-sn-glycero-3-phosphocholine, and 0.2 mg cholesterol), 0.01 mg potassium chloride, 0.01 mg monobasic potassium phosphate, 0.36 mg sodium chloride, 0.07 mg dibasic sodium phosphate dihydrate, and 6 mg sucrose. The diluent (sterile 0.9% Sodium Chloride Injection, USP) contributes an additional 2.16 mg sodium chloride per dose.

The Pfizer-BioNTech COVID-19 Vaccine does not contain preservative. The vial stoppers are not made with natural rubber latex.

CLINICAL PHARMACOLOGY

The **modRNA in the Pfizer-BioNTech COVID-19 Vaccine** is formulated in lipid particles, which enable delivery of the RNA into host cells to allow expression of the SARS-CoV-2 S antigen. The vaccine elicits an immune response to the S antigen, which protects against COVID-19.
According to Epoch Times' author, Klaus Steger, a molecular biologist who specializes in the gene regulation of sperm development, modRNA is **created in a laboratory**. The two—mRNA and modRNA—are completely different.

Epoch Times **reported**:

How is RNA modified? Simply put, one of the four compounds in RNA is modified (e.g., the natural nucleoside uridine is modified to make synthetic/artificial methyl-pseudouridine). The modRNA is then:

- More stable (it lasts longer in the body).
- Less immunogenic (it evokes reduced stimulation of the innate immune system).
- More efficient (modRNA produces more protein than the same amount of mRNA).

The **therapeutic application of modRNA in humans** presents challenges and dangers.

Alarmingly, modRNA contains a viral gene sequence. Upon entering a cell, modRNA takes control of the cell machinery and reprograms it to produce a viral protein—for example, spike protein.

Perhaps most astonishing is that, when creating the COVID-19 vaccines and boosters, scientists already knew that targeted delivery of modRNA was impossible. modRNA cannot be targeted to specific cells. As such, it attacks perfectly healthy cells—even beyond natural barriers **like the blood-brain barrier**.
mRNA and modRNA are completely different.

Since the information between the modRNA and mRNA are so limited online, and also, I am not a scientist, we asked AI to differentiate the two.

1. Basic Definition

- **mRNA (messenger RNA)**: It is a single-stranded molecule that carries the genetic information from DNA to the ribosomes, the cellular machinery responsible for protein synthesis. It tells your DNA how to make specific proteins. The mRNA contains instructions that your body can read to create a special type of protein. This protein triggers your immune system, which then creates antibodies specific to COVID-19.
- **modRNA (modified mRNA)**: modRNA is a man-made short-lived heterologous 5'-capped messenger RNA (mRNA), in which some nucleosides are replaced by others non-standard, naturally modified in eukaryotes (e.g., pseudouridine, 5-methylcytosine, 6-methyladenosine), or by synthetic nucleoside analogs, such as N1-methylpseudouridine. These modifications are introduced to improve stability, translation efficiency, and reduce the immunogenic response within the body.

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2. Structural Differences

- mRNA: Consisting of a sequence of nucleotides, mRNA is generally not altered after being transcribed from DNA, retaining the same sequence as its corresponding DNA template.
- modRNA: Modifications in modRNA can include chemical alterations like the substitution of uridine with pseudouridine, which helps in reducing the recognition of RNA as foreign material by the immune system.

3. Applications

- mRNA: mRNA's primary function is in the natural biological process of protein synthesis, facilitating cellular growth, repair, and maintenance.
- modRNA: Scientists have exploited the modifiable nature of modRNA for therapeutic applications, including the creation of COVID-19 vaccines. Its modified structure allows for more efficient uptake into cells, creating a more effective platform for vaccines and gene therapy.

4. Stability and Immune Response

- mRNA: Unmodified mRNA can be recognized by the immune system as foreign material, leading to degradation or triggering an unwanted immune response.
- modRNA: The modified structure of modRNA ensures that it is more stable and less likely to provoke an immune reaction, making it more suitable for therapeutic applications.

According to a peer-reviewed study published on **Wiley Online Library**, modRNA can cause autoimmune diseases.

Here is a brief explanation based on the study:

1. **Fragility at Room Temperature:** Unlike DNA, modRNA is very delicate at room temperature, requiring ultracold storage and a specialized cold chain for distribution. This fragility is a critical issue with the technology. Some thermostable mRNA vaccines have been developed to address this, allowing storage at room temperature for at least a week.
2. **Hypersensitivity and Allergic Reactions:** A significant concern with modRNA technology is hypersensitivity. The vaccines must be incorporated into PEGylated lipid nanoparticles to achieve transfection since mRNA degrades rapidly. PEGylation refers to attaching polyethylene glycol (PEG) polymers to macromolecules to aid delivery to tissues. Some individuals have been reported to have allergic reactions to PEG-containing products, which may trigger immediate hypersensitivity reactions with the vaccine.
3. **Types of Hypersensitivity Reactions:** Beyond immediate reactions, other types of hypersensitivity reactions (such as cytotoxic, immune complex, delayed, and autoimmune) must be considered in both the short and long term after administration. These can potentially lead to various health concerns.
4. **Impact of New Virus Variants:** The text also raises questions about how new circulating variants of SARS-CoV-2 may affect vaccine-induced protection and the potential for antibody-dependent enhancement, an escape mechanism used by some RNA viruses. These are concerns that require further study and monitoring.
5. **Autoimmune Diseases Consideration:** There is also a mention that autoimmune diseases may occur after an external antigenic stimulus in genetically predisposed subjects, which could be a concern with modRNA vaccines.

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The Global mRNA Patent Frenzy

PETER MCCULLOUGH, MD AUG 22, 2023

I hear from time to time that someone claims to have "invented mRNA" so I found this paper by Li et al interesting. The authors used a series of search terms related to "mRNA vaccine" to search the titles, abstracts, and claims in the Derwent World Patents Index (DWPI) for patents with a publication date prior to December 31, 2021.

A total of 9,613 patent documents were collected to carry out the statistical analysis. Expired or lapsed patents from failure to pay patent maintenance fees were found to account for 13.49% of invalid patents and 6.04% of all patents. Over a period of 60 years, mRNA vaccine patent publication exhibited a rising trend as a whole: it entered a take–off stage in 1994, increasing from 15 patents filed in 1994 to 892 filings in 2021 (Figure 1a). Notably, a substantial increase was present since 2019.

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REVIEW

OPEN ACCESS

The global mRNA vaccine patent landscape

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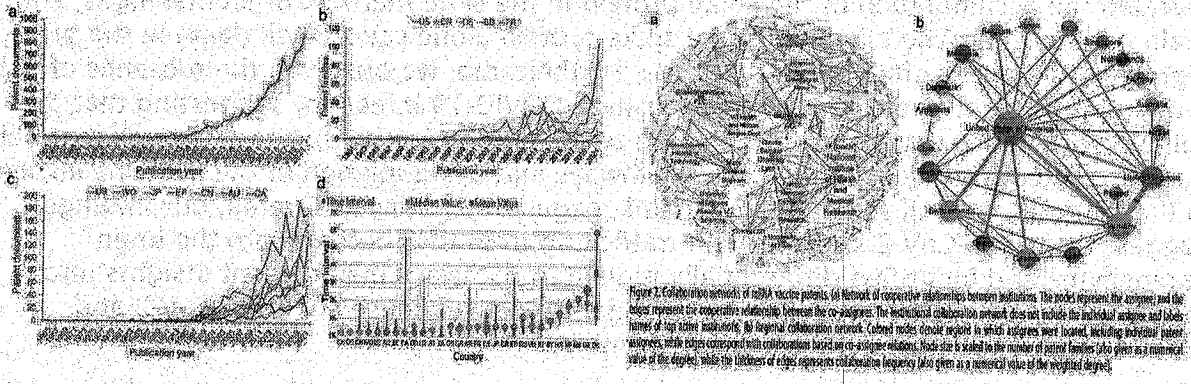

Figure 2. Collaboration networks of mRNA vaccine patents. (a) Network of cooperative relationships between institutions. The nodes represent the assignees and the edges represent the cooperative relationship between the co-assignees. The institutional collaboration network does not include the individual assignee and labels names of top active institutions. (b) Regional collaboration network. Colored nodes denote regions in which assignees were located, including individual patent assignees, while edges correspond with collaborations based on co-assignee relations. Node size is scaled to the number of patent families (also given as a numerical value of the degree), while the thickness of edges represents collaborative frequency (also given as a numerical value of the weighted degree).

The United States played an important role engaging in collaborative studies with 85% of countries working with mRNA. In fact, the United States HHS ranked 6th in the world as an mRNA patent assignee.

Table 1. Ranking of top 20 patent assignees.

Rank	Assignee	Files	Families
1	Sanofi SA (France)	1079	116
2	CureVac AG (Germany)	523	67
3	Moderna Therapeutics, Inc (US)	323	62
4	BioNTech AG (Germany)	245	46
5	Enanta Pharmaceuticals (US)	144	38
6	United States Department of Health and Human Services (US)	187	33
7	Evelo Biosciences, Inc (US)	106	29
8	Chinese Academy of Agricultural Sciences (China)	35	28
9	Johnson & Johnson (US)	153	23
10	Mount Sinai Health System (US)	79	22
11	TRON Translational Oncology Mainz (Germany)	153	22
12	National Center for Gene Research (China)	21	21
13	Pfizer Inc (US)	161	19
14	University of California (US)	88	19
15	Chinese Academy of Sciences (China)	22	18
16	Roche Holding AG (Switzerland)	102	17
17	Academy of Military Medical Sciences (China)	20	15
18	C.H. Boehringer Sohn AG & Co. KG (Germany)	98	15
19	GlaxoSmithKline PLC (United Kingdom)	144	15
20	Merck & Co., Inc (US)	163	15

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Li M, Ren J, Si X, Sun Z, Wang P, Zhang X, Liu K, Wei B. The global mRNA vaccine patent landscape. Hum Vaccin Immunother. 2022 Nov 30;18(6):2095837. doi: 10.1080/21645515.2022.2095837. Epub 2022 Jul 7. PMID: 35797353; PMCID: PMC9746484.

Startups BioNTech in 2008 and Moderna in 2010 also accelerated the development of the industry. In 2012, the Defense Advanced Research Projects Agency (DARPA) commenced funding industry research into mRNA vaccines. Since the COVID-19 pandemic, many countries are now competing to develop mRNA vaccines.

The most frequently cited patient in the field is EP1083232 by Jung et al assigned to Curevac SE. This is followed by patients US20080025944, US20050250723, US20050059624 US20080171711 by Hoerr et al, assigned to Cure Vac GmbH, Curevac SE. With so many patents and countries, thousands of investigators and labs can say they contributed to the development of this technology.

In summary, no single person can claim he or she "invented mRNA." A more reasonable conclusion is that mRNA is big business for the Bio-Pharmaceutical Complex which is heavily driven by the US government. The COVID-19 vaccine debacle as thrown a wrench into the mRNA aspirations of the Complex. It will be interesting to see their next move since both safety and efficacy failed miserably with mRNA commercialized by Pfizer and Moderna.

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COVID-19 Vaccines Contain Potentially Harmful RNA: Pfizer Document

'To suggest that this is high risk is n understatement. We have no idea what we are doing and yet we continue forward trying to control these genes...'

Dmytro "Henry" Aleksandrov August 25, 2023

(Dmytro "Henry" Aleksandrov, Headline USA) The public for years has been fed a narrative that Pfizer's COVID-19 vaccine is manufactured with harmless messenger RNA, but a product label from the U.S. Food and Drug Administration informs that the vaccine contains artificially modified RNA that could be a risk to human health.

According to the label that Pfizer-BioNTech lists for its COVID-19 vaccine on a FDA fact sheet, each dose for children ages 5 through 11 contains modRNA, the abbreviation for modified RNA, the *Epoch Times* reported. But according to the Centers for Disease Control and Prevention's website, vaccines like Pfizer's are "made of mRNA," the purported harmless messenger RNA.

The CDC's guidance on mRNA ignores any reference to modRNA and doesn't provide any mention that the RNA used in COVID vaccines has been modified, as indicated on Pfizer's label with the FDA. Also missing in the mix is mention that modRNA being injected into the body may cause serious adverse effects, including strokes and pulmonary embolism, "many of which were disclosed in Pfizer's documents but were not attributed to its product," the *Times* reported.

"It is my opinion that, at a minimum, the intentional use of mRNA—an acronym well-known to stand for messenger RNA along with the endless statements about the vaccines being based on naturally occurring messenger RNA constitute misbranding in violation of a number of laws," Ohio-based attorney Thomas Renz told the *Epoch Times* in an email.

"There is a legal and moral duty to provide informed consent, and to misrepresent a drug that was intended to be a gene therapy as a vaccine containing 'natural messenger RNA' is an apparent violation of both of those duties."

While the FDA uses the term "modRNA" throughout its regulatory documents for the Pfizer vaccine, when it received emergency use authorization the administration said the vaccine contained mRNA, which it described as "genetic material" that contains a "small piece of the SARS-CoV-2 virus's mRNA that instructs cells in the body to make the virus's distinctive 'spike' protein.'"

The duplicity is troubling because the SARS-CoV-2 virus doesn't contain mRNA, said David Wiseman, a research bioscientist with a doctorate in experimental pathology.

"mRNA is the kind of RNA produced in the copying of instructions from DNA in a process called transcription, so to say this is viral mRNA is inaccurate," Wiseman told the *Epoch Times.*

Renz, the Ohio attorney, reiterated those concerns. "Understand that, at core, mRNA, modRNA, saRNA, etc. — these are all gene therapies and all about genetic manipulation," Renz wrote to the *Times*.

"To suggest that this is high risk is an understatement. We have no idea what we are doing and yet we continue forward trying to control these genes," he warned.

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"Significantly Worse Outcomes" - Scottish COVID Inquiry Savages Lockdowns And Vaccines

AUG 10, 2023 Will Jones

Throughout the Covid pandemic, the Scottish Government made a show of imposing stricter and longer restrictions than Boris Johnson's 'reckless' Tory Government south of the border. Yet despite these additional measures, in the two years from the start of the pandemic to spring 2022, **Scotland averaged 23.9 excess deaths per million weekly**, writes Dr. David Livermore in *Spiked*. ***"That was by far the highest in the U.K., with Wales suffering 22.9 excess deaths per million, Northern Ireland 18.8 and England 18.6."***

This obvious failure of Scotland's response was, remarkably, summarised in an opening report commissioned by Scotland's official Covid inquiry and written by Dr. Ashley Croft, a public health infection epidemiologist who spent most of his career working for the military and now practises from Harley Street as a medico-legal expert witness.

He told the inquiry that:

In 2020, there was scientific evidence to support the use of some of the physical measures (e.g., frequent handwashing, the use of PPE in hospital settings) adopted against COVID-19. For other measures (e.g., face-mask mandates outside of healthcare settings, lockdowns, social distancing, test, trace and isolate measures), there was either insufficient evidence in 2020 to support their use – or alternatively, no evidence; the evidence base has not changed materially in the intervening three years. It has been argued that the restrictive measures introduced during the COVID-19 pandemic resulted in individual, societal and economic harm that was avoidable and that should not have occurred.

Dr. Livermore says he agrees entirely.

As Sweden's already-concluded Covid inquiry found, "Several countries which did impose lockdowns... had 'significantly worse outcomes' than Sweden".

It also found that **the restriction of individual freedom was "hardly defensible other than in the face of very extreme threats".** Dr. Croft is similarly downbeat about the vaccines, saying ***"it remains unclear as to whether or not COVID-19 vaccination has resulted in fewer deaths from COVID-19".*** Dr. Livermore disputes this conclusion, saying "it seems fairly clear that vaccines did break the link between cases and deaths in the spring and summer of 2021". However, recent analysis by experts like Dr. Eyal Shahar suggests that much of the apparent effectiveness of the vaccines may be an illusion created by the healthy vaccinee effect, whereby those who took the vaccines tend, other things being equal, to have fewer underlying risk factors.

In any case, Dr. Livermore agrees with Dr. Croft that "the protection they offered was brief and incomplete".

Long before vaccine passports were imposed on Scots in autumn 2021, there was abundant evidence that vaccines did not stop infection and transmission. This should have blown the bottom out of the case for vaccine passports. That it failed to stop them is a disgrace.

Dr. Croft adds that the "2,362 spontaneous [Yellow Card] reports suggesting a fatal outcome following COVID-19 vaccination" are "of concern", noting such events are likely under-reported.

But the most important point about Dr. Croft's report, says Dr. Livermore, is that it so flagrantly defies the Official Narrative of harsh but necessary lockdowns saving the population from the ravages of a deadly plague.

Irrespective of whether one agrees with his conclusions or not, Croft is to be congratulated for addressing the core question: did the Government's restrictions, deployed at great cost and societal disruption, work?

The fact that he has even asked this question stands in contrast to the groupthink on display at the U.K. inquiry, presided over by Lady Hallett. Its first theme, examining 'Preparedness and Resilience', concluded last month. During the hearings, witnesses were indulged in long meanders through Brexit and Tory/Lib Dem austerity. This was despite the obvious fact that adjacent EU countries not previously governed by David Cameron and Nick Clegg experienced similar travails with the virus.

Witnesses also said that Britain had prepared for the wrong type of pandemic, with all of our plans anticipating an influenza pandemic rather than a coronavirus pandemic. But if coronavirus and influenza pandemics were so obviously different,

5-2

scientists wouldn't still be arguing about whether the 1889-94 'Russian Flu' – which was comparable to Covid in terms of mortality – was a form of influenza or a coronavirus.

Unsurprisingly, Croft's report hasn't gone down well with the lockdown-supporting press in Scotland. He has been attacked as being 'not an expert' in viral pandemics. I don't know Croft and hold no personal brief for him, but his CV indicates a much longer experience of microbiology-related public health than, say, public-health academic Devi Sridhar, who exerted much influence on Scotland's Covid response. Military medicine – where he spent his career – takes a great interest in epidemics. They have stopped many armies, from Charles VIII at Naples (syphilis) to Admiral Vernon at Cartagena (yellow fever).
Dr. Livermore concludes that ***"it is telling that Scottish commentators no longer even try to say that Scotland's lockdowns were a success... there is too much evidence to the contrary".***

"I sincerely hope that Scotland's inquiry reflects upon this. And that Lady Hallett reads Croft's report. It might just refocus the U.K. inquiry on the questions that really matter."

6-1

A Crisis of the Vaxxed

Tom Renz, Esq. Aug 25, 2023

Today the story is COVID-19. COVID-19 is everywhere. Headlines on more lockdowns, new vaccines, and endless corruption. This is a crisis of the vaxxed.

In 2021 I started talking about how the vaccines were going to cause COVID-19. The vaccines were going to damage the immune system that creates the spike protein, and this was going to result in the vaccinated getting COVID-19 and being more susceptible to it. That is all true.

Right now, we have a situation where we have a new outbreak that's coming out, and it's not going to impact anyone who's unvaxxed, but it's going to be a real problem for the vaxxed.

We are seeing a lot more information about this coming out, and it's a disaster. Yet instead of getting rid of these deadly gene therapy vaccines, the government is doubling down.

Mary Talley Bowden, who does a great job on Twitter, put out a quote that said, *"Vaccinated and boosted people are 41x less likely to die of COVID than unvaccinated individuals, according to the White House."*

That is Joe Biden spreading outright lies and misinformation. Joe Biden is a liar and a crook, and that is misinformation at its finest.

As Bowden notes, Gibraltar, the world's most vaccinated nation (100%), saw spikes in deaths following the rollout, with 2,853 fatalities per million.

Vermont, America's most vaccinated state, has more than 75% of the deaths in the vaccinated.

No kidding, that's the way this works, you get vaccinated, you get COVID-19, you get dead. That is what's happening, folks. I've heard rumors that these new strains that are coming out were genetically modified and possibly escaped and possibly released. I don't know if that's true. We can't prove it. But we do know that they were working on making it more dangerous COVID at Boston University, so who knows, maybe their gain-of-function research worked out as well as EcoHealth's. Regardless, there is a new strain, and it's out there.

What I can tell you is the new strain is about as dangerous as the original strain, which is not dangerous. It's not a big deal unless you are vaccinated. If you are vaccinated, now you are in trouble.

Despite the epic failure of these vaccines, Joe Biden is spending a ton more money on NEW COVID-19 vaccines. He just gave 5 billion out on various COVID products, and this includes a billion for phase IIb clinical trials that are being spread out to a number of places, including:

$1 billion for four Phase IIb clinical trial studies on a COVID-19 vaccine. That funding will go to ICON Government and Public Health Solutions, Inc. of Hinckley, Ohio; Pharm-Olam, LLC, of Houston, Texas; Technical Resources International (TRI) Inc., of Bethesda, Maryland; and Rho Federal Systems Inc., Durham, North Carolina.

$326 million to Regeneron for a monoclonal antibody to prevent COVID-19.

$100 million to Global Health Investment Corp., a nonprofit organization that is managing an investment portfolio known as BARDA Ventures, referring to the federal agency called Biomedical Advanced Research and Development Authority. The portfolio should "expand investments in new technologies that will accelerate responses in the future," according to a statement from HHS.

$10 million to Johnson & Johnson Innovation for competition through Blue Knight, which HHS said in its statement is a partnership between BARDA and JLABS.

Just throwing money at this because the COVID-19 vaccines have been such a wild success at killing people. We definitely need to invest more in killing more people.

They're not even covering up the fact that they are murdering people at this point. It's just ridiculous.

7-1

CDC Confirmed That Available Data And Science Do Not Support Annual COVID Vaccines

CT Centinal Staff August 25, 2023

The U.S. House of Representatives Select Subcommittee on the Coronavirus Pandemic just issued a statement that will not shock those paying attention: the data and science do not support annual covid vaccines.

This contradicts CDC Director Mandy Cohen's previous statement that anticipated COVID boosters would become similar to flu shots, saying "it is going to be you get your annual flu shot and you get your annual COVID shot."

Of course, Covid vaccines have already been cited in 1,585,094 reports to CDC's Vaccine Adverse Event Reporting System (VAERS), including 35,911 deaths. VAERS is known to underreport vaccine injuries by **41x or more**, so the real number of people harmed by "following the science" on covid vaccines could be dramatically higher than what is reported in VAERS.

The real question is when will the CDC admit that these vaccines are neither safe nor effective, and need to be immediately pulled off the market?

8-1

Frontiers in Immunology

BNT162b2 COVID-19 vaccination in children alters cytokine responses to heterologous pathogens and Toll-like receptor agonists

Andrés Noé, et. al. 25 August 2023

Background: Vaccines can have beneficial off-target (heterologous) effects that alter immune responses to, and protect against, unrelated infections. The heterologous effects of COVID-19 vaccines have not been investigated in children.

Aim: To investigate heterologous and specific immunological effects of BNT162b2 COVID-19 vaccination in children.

Methods: A whole blood stimulation assay was used to investigate *in vitro* cytokine responses to heterologous stimulants (killed pathogens, Toll-like receptor ligands) and SARS-CoV-2 antigens. Samples from 29 children, aged 5-11 years, before and 28 days after a second BNT162b2 vaccination were analysed (V2 + 28). Samples from eight children were analysed six months after BNT162b2 vaccination.

Results: At V2 + 28, interferon-γ and monocyte chemoattractant protein-1 responses to *S. aureus*, *E. coli*, *L. monocytogenes*, BCG vaccine, *H. influenzae*, hepatitis B antigen, poly(I:C) and R848 stimulations were decreased compared to pre-vaccination. For most of these heterologous stimulants, IL-6, IL-15 and IL-17 responses were also decreased. There were sustained decreases in cytokine responses to viral, but not bacterial, stimulants six months after BNT162b2 vaccination. Cytokine responses to irradiated SARS-CoV-2, and spike glycoprotein subunits (S1 and S2) were increased at V2 + 28 for most cytokines and remained higher than pre-vaccination responses 6 months after BNT162b2 vaccination for irradiated SARS-CoV-2 and S1. There was no correlation between BNT162b2 vaccination-induced anti-SARS-CoV2-receptor binding domain IgG antibody titre at V2 + 28 and cytokine responses.

Conclusions: BNT162b2 vaccination in children alters cytokine responses to heterologous stimulants, particularly one month after vaccination. This study is the first to report the immunological heterologous effects of COVID-19 vaccination in children.

Background

In addition to antigen-specific adaptive immunity to the target pathogen and cross-protective immunity to related microbes (e.g., protection against *Mycobacterium tuberculosis* and *Mycobacterium leprae* induced by *Mycobacterium bovis*-derived bacille Calmette–Guérin (BCG)) (1), vaccines have off-target (heterologous) effects that protect against unrelated pathogens (2–4).

In high-mortality settings, live-attenuated vaccines are associated with reductions in all-cause infant mortality greater than can be attributed to vaccine-specific protection alone (5–7). The reduction in all-cause mortality in high-mortality settings is proposed to be due, at least in part, to protection against infections unrelated to the vaccine target (2–4). Trained immunity, the process by which innate immune cells such as monocytes develop immunological memory through metabolic and epigenetic changes, is one proposed mechanism by which vaccines exert heterologous effects (8, 9). Understanding heterologous effects and trained immunity, and harnessing positive heterologous effects has the potential to extend vaccine-induced protection to a diverse array of pathogens.

1 of 5

8-2

The COVID-19 pandemic has prompted a resurgence of interest in the heterologous effects of BCG and other vaccines and compounds (10–14). Heterologous immunological effects following vaccination have been explored in several studies by assessing *in vitro* cytokine responses to heterologous antigens (9, 15–19). Two small studies have reported on heterologous effects of COVID-19 vaccines. One study in adults reported that following adenoviral COVID-19 (ChAdOx1) vaccination, monocyte proinflammatory cytokine and chemokine production and glycolysis is enhanced in resting states as well as in response to unrelated stimulants (20). COVID-19 mRNA-based vaccines have been reported to modulate transcriptional profiles in monocytes from adults (21). To date, the heterologous effects of COVID-19 vaccines have not been investigated in children.

In the COVID-19-Specific vaccine and heterologous Immunity in MIS BAIR (COSI BAIR) study (22), we investigated the heterologous and specific immunological effects of BNT162b2 COVID-19 vaccination in children.

23 page study: https://www.frontiersin.org/articles/10.3389/fimmu.2023.1242380/full

12-1

9-1

Pfizer is killing your Family for Profit – Gov. proves 92% of COVID Deaths were among the Triple+ Vaccinated in 2022

THE EXPOSÉ JUNE 5, 2023

The UK government has released official figures that show a shocking truth: the fully vaccinated population accounted for 92% of Covid-19 deaths throughout the entirety of 2022, and 9 in every 10 Covid-19 deaths in England over the past two years.

The figures were published by a UK government agency, the Office for National Statistics (ONS), on the 21st of February 2023.

The report, titled 'Deaths by Vaccination Status, England, 1 April 2021 to 31 December 2022', can be accessed on the ONS site here, and downloaded here.

The new report contains figures on mortality rates by vaccination status for all-cause deaths, deaths involving Covid-19, and deaths not involving Covid-19.

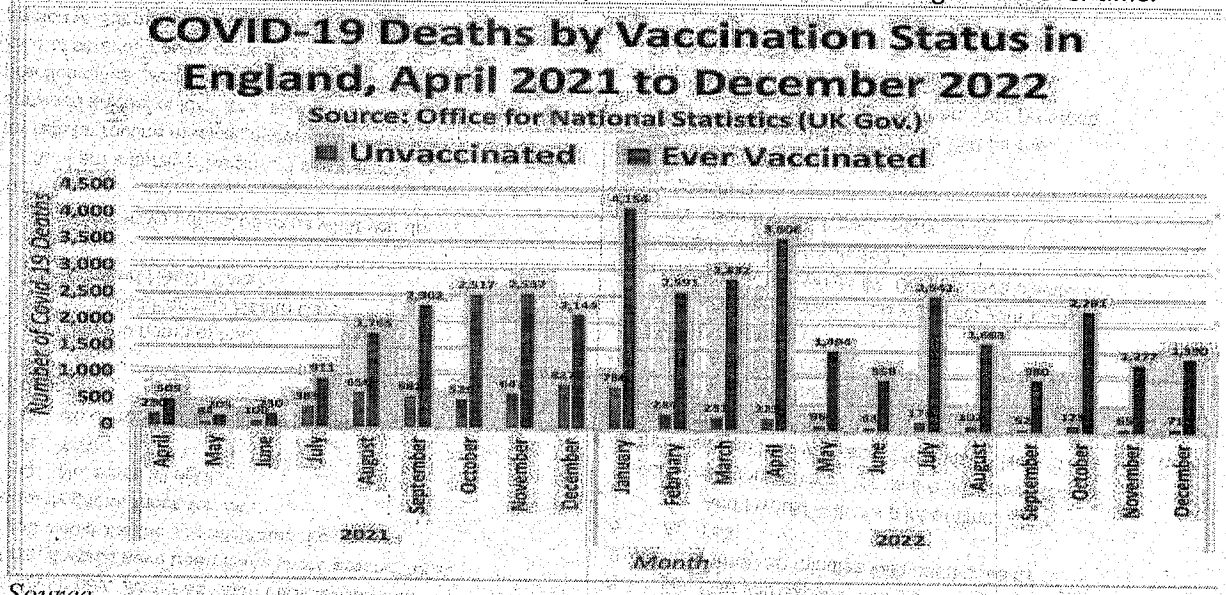
By looking at Table 1 of the dataset, we can see that the vast majority of Covid-19 deaths occurred among those who had received three or more doses of the Covid-19 injection.

Cause of Death	Year	Month	Vaccination status	Count of deaths
Deaths involving COVID-	2022	October	Unvaccinated	125
Deaths involving COVID-	2022	October	First dose, less than 21 days ago	0
Deaths involving COVID-	2022	October	First dose, at least 21 days ago	24
Deaths involving COVID-	2022	October	Second dose, less than 21 days ago	0
Deaths involving COVID-	2022	October	Second dose, between 21 days and 6 months	1
Deaths involving COVID-	2022	October	Second dose, at least 6 months ago	110
Deaths involving COVID-	2022	October	Third dose or booster, less than 21 days ago	0
Deaths involving COVID-	2022	October	Third dose or booster, at least 21 days ago	2,146
Deaths involving COVID-	2022	October	Ever vaccinated	2,281

Source

But this isn't just an anomaly.

The figures show that Covid-19 deaths among the unvaccinated population have become almost negligible, while deaths among the vaccinated population have become more significant over time.



Source

9.2

For instance, in May 2021, there were 205 Covid-19 deaths among the vaccinated population and just 84 among the unvaccinated population.

However, fast forward a year, and we find that Covid-19 deaths increased by 450%, with 1,494 among the vaccinated and just 96 among the unvaccinated.

It's shocking to see that, despite the mass booster campaign in the winter of 2021, the injections did nothing to alleviate the huge number of deaths among the vaccinated population.

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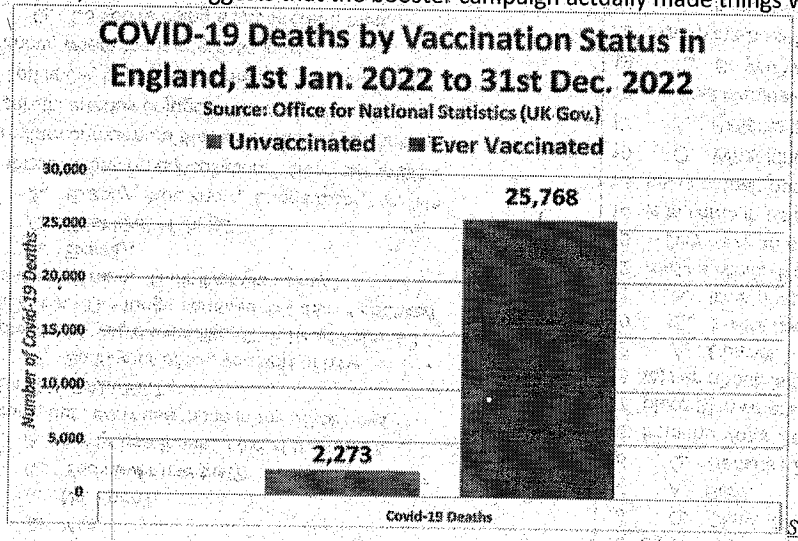
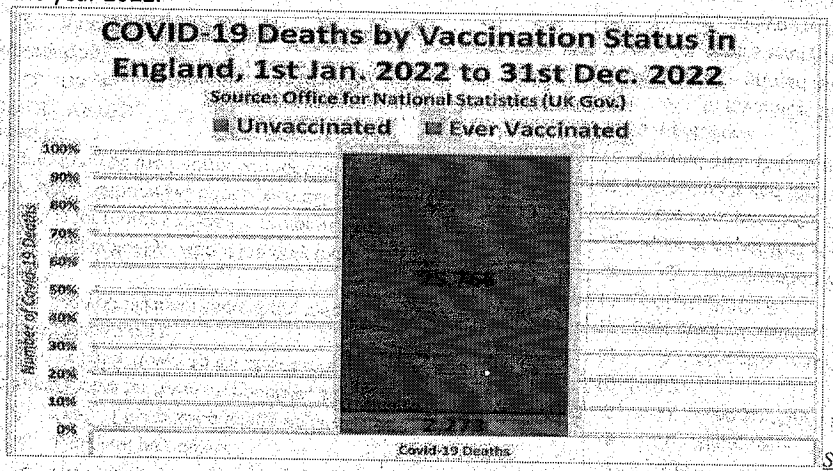
In fact, the data suggests that the booster campaign actually made things worse.



Source

The figures show that 25,758 out of 28,041 Covid-19 deaths in England between 1st January 2022 and 31st December 2022 were among the fully vaccinated population.

Shockingly, this means that the fully vaccinated population accounted for 92% of all Covid-19 deaths throughout the year 2022.

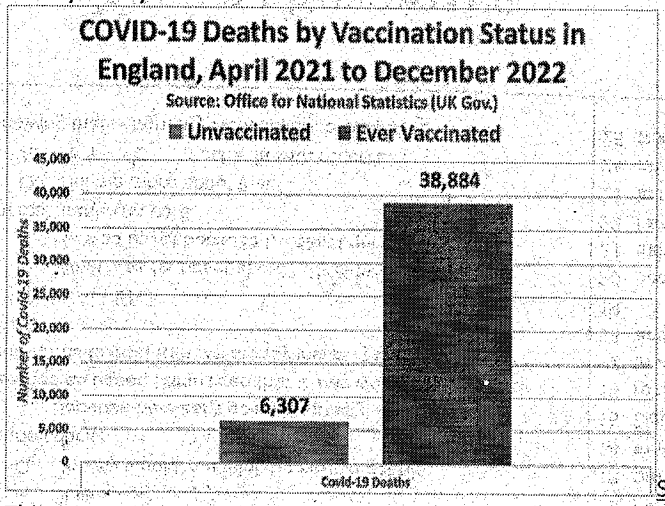


Source

Meanwhile, there were 45,191 Covid-19 deaths in England between 1st April 2021 and 31st December 2022, and 38,884 of those deaths were among the fully vaccinated population, while just 6,307 deaths were among the unvaccinated population.

9-3

This means the fully vaccinated population have accounted for 86% / 9 in every 10 Covid-19 deaths over nearly two years.



Source

This raises an important question: are the Covid-19 injections really up to 95% effective at preventing death? The figures suggest otherwise.

It's concerning to see that news like this is being swept under the rug by the mainstream media.

What else are we not being told?

It's time for us to take responsibility for our own health and make informed decisions about our bodies. We must not blindly follow the recommendations of authorities without looking at the data and questioning what we're being told.

It's clear from these figures that something is not working, and it should have been addressed over a year ago.

10-1

Media Continue to Lie About Gene Therapy Jab

Dr. Joseph Mercola July 12, 2023

- Since mRNA shots contain several novel technologies, they should be subject to more controls than conventional vaccines. Yet they aren't. In fact, they're not covered by any specific regulations
- mRNA COVID shots are gene therapy, but not regulated as such. By slapping a fraudulent "vaccine" label on gene therapies, they are being developed outside of the regulatory framework that governs them
- An alternative framework that could regulate mRNA shots would be Type1A pro-drug regulations, but they're not being regulated as such either
- Per the U.S. Food and Drug Administration's definition, gene therapy covers two modes of operation. It either alters the biological properties of living cells, and/or modifies your genes. This means that even if the product does not modify your genes, it's still a gene therapy if it modifies the properties of cells, which is what the COVID shots do
- Data show 1 in 3 Pfizer COVID shots administered in Denmark were placebo — and regulators must have known about it

While the COVID-19 shots are referred to as "vaccines," they do not meet the classical definition of a vaccine. Health authorities needed to change the definition[1] to accommodate the COVID shots and shut down the argument that, as experimental gene therapies, they may be riskier than traditional vaccines. Meanwhile, based on the U.S. Food and Drug Administration's definition[2,3] of "gene therapy" they're clearly gene therapies, and both Moderna[4] and BioNTech[5] acknowledge this in their Securities and Exchange Commission (SEC) registration statements.

In a 2014 paper,[6] BioNTech founder Ugur Sahin also stated that "One would expect the classification of an mRNA drug to be a biologic, gene therapy or somatic cell therapy."

Publicly, however, drug makers, regulators and, of course, the media, have been going to great lengths to make sure people don't think of them that way. Now, a peer-reviewed paper[7,8] has weighed in on the controversy, stressing that mRNA COVID shots "should be labeled as gene therapy."

mRNA Shots Are Gene Therapy, but Not Regulated as Such

As noted in this paper, published in the International Journal of Molecular Science, June 22, 2023:

"COVID-19 vaccines were developed and approved rapidly in response to the urgency created by the pandemic. No specific regulations existed at the time they were marketed. The regulatory agencies therefore adapted them as a matter of urgency.

Now that the pandemic emergency has passed, it is time to consider the safety issues associated with this rapid approval. The mode of action of COVID-19 mRNA vaccines should classify them as gene therapy products (GTPs), but they have been excluded by regulatory agencies.

Some of the tests they have undergone as vaccines have produced non-compliant results in terms of purity, quality and batch homogeneity. The wide and persistent biodistribution of mRNAs and their protein products, incompletely studied due to their classification as vaccines, raises safety issues.

Post-marketing studies have shown that mRNA passes into breast milk and could have adverse effects on breast-fed babies. Long-term expression, integration into the genome, transmission to the germline, passage into sperm,

10-2

embryo/fetal and perinatal toxicity, genotoxicity and tumorigenicity should be studied in light of the adverse events reported in pharmacovigilance databases.

The potential horizontal transmission (i.e., shedding) should also have been assessed. In-depth vaccinovigilance should be carried out. We would expect these controls to be required for future mRNA vaccines developed outside the context of a pandemic."

mRNA Shots Do Not Qualify as Vaccines

Banoun goes on to review the definitions of vaccine and gene therapy as listed by the FDA, the European Medicines Agency (EMA), the World Health Organization and the French Agence Nationale de Sécurité du Médicament (ANSM). Of these, the ANSM and EMA specify that a vaccine must contain one or more antigens.

Based on that definition, mRNA shots do not qualify as vaccines in France and Europe, because they don't contain antigens. The active substance that elicits a downstream immune response is mRNA. The mRNA instructs your cells to produce the antigen. The mRNA is not an antigen in and of itself. In the case of COVID-19, the antigen being produced downstream is a modified SARS-CoV-2 spike protein.

According to the U.S. Centers for Disease Control and Prevention's updated definition,10 a vaccine is a preparation that stimulates an immune response against disease. The classical definition specified that a vaccine would result in immunity against the disease in question, but this specificity was removed to accommodate the COVID shots.

Still, the mRNA injections clearly fall under the FDA's definition of a gene therapy, because gene therapy:

"... seeks to modify or manipulate the expression of a gene or to alter the biological properties of living cells for therapeutic use. Gene therapy is a technique that modifies a person's genes to treat or cure disease ..."

Note that gene therapy covers two different modes of operation. A gene therapy is something that either alters the biological properties of living cells, and/or modifies your genes. This means that even if the product does not modify your genes, it's still a gene therapy if it modifies the properties of cells, which is precisely what the COVID shots do.

mRNA Jabs Remain Outside of Regulatory Definitions

The author of that International Journal of Molecular Science paper, independent researcher Helene Banoun, compares the controls required by regulations for gene therapy products to those applied to the COVID shots, and the potential safety issues that arise due to the absence of these controls.

Importantly, Banoun points out that since mRNA COVID shots contain several novel technologies, they "should be subject to more controls than conventional vaccines." Yet they aren't. They're not even covered by any specific regulations.

As noted in a May 2022 paper in Advanced Drug Delivery Reviews,13 "The current guidelines either do not apply, do not mention RNA therapeutics, or do not have widely accepted definition." This, even though there are several highly relevant differences between conventional vaccines and mRNA therapeutics.

10-3

In other words, the mRNA shots are in a sort of limbo, from a regulatory point of view, still to this day. Health authorities are using them, promoting them and authorizing updated shots even though there's no regulatory framework to ensure their safety.

mRNA Shots Being Rolled Out Without Regulatory Guidelines

Clearly, this cannot be allowed to continue, seeing how vaccine manufacturers are now replacing a long list of classic vaccines with mRNA-based ones. They're also developing and testing so-called mRNA "vaccines" against noninfectious diseases such as cancer, and as noted by Banoun:

"We must be very vigilant about the term vaccine associated with therapeutic drugs, particularly with regard to the regulations that apply to them. These therapeutics are not vaccines against infectious diseases and must therefore continue to comply with GTP [gene therapy product] regulations."

In other words, by slapping a fraudulent "vaccine" label on gene therapies for noninfectious diseases, they can and are being developed outside of the regulatory framework that governs them. An alternative framework that could regulate mRNA shots would be Type1A pro-drug regulations, but they're not being regulated as such either. As noted by Banoun:

"According to the FDA, mRNA vaccines correspond to the TypeIA of pro-drugs,16 which are substances that are converted by cells into active drugs. This pro-drug property could imply additional controls to those applied to vaccines. However, neither the FDA nor the EMA make any reference to these qualifications for mRNA anti-COVID-19 vaccines."

So, these shots are not being regulated as gene therapies, nor as pro-drugs, even though these are the only two definitions that correctly describe them. As research scientist Dr. David Wiseman explained in an interview with The Epoch Times:

"With a conventional vaccine, you have the antigen, and you inject it into a person, and that is the thing that your immune system looks at and says, 'ah ha,' we need to make antibodies, T-cells, and other immune system components to what's being injected.
The prime reaction of an mRNA vaccine is that it instructs the body how to make the antigen of interest. So, it's similar to a pro-drug, which is converted inside the body via metabolism and enzymes into the desired drug effect.
The substance you're injecting isn't doing the final action; it leads to the thing that does the final action. With a pro-drug, the molecule you inject does not get changed into the final molecule of the antigen, it simply provides instructions because it's gene therapy."

Wiseman also noted that while the FDA can "change or exclude whatever they want from regulatory guidance ... it doesn't change the biologic definition of the product." And, "since Pfizer and Moderna COVID-19 vaccines meet the definition of gene therapy, they should be handled according to gene therapy guidelines."

COVID Jabs Bypassed Essential Studies

Because the COVID jabs were not classified as gene therapy, tests required for this drug class were not performed, including tests to assess:

- Genotoxicity
- Genome integration
- Germ-line transmission
- Insertional mutagenesis

10-4

- Tumorigenicity
- Embryo, fetal and perinatal toxicity
- Long-term expression
- Biodistribution
- Environmental excretion, such as shedding through seminal fluid, sweat or breast milk

On top of that, the mRNA COVID shots also failed to meet basic standards required for vaccines, such as product purity standards. Investigations have revealed massive contamination issues, as well as wild variations in strength and purity of batches.

Commenting on the lack of testing performed on the COVID shots, Wiseman told The Epoch Times:

"Several studies should have been done but weren't done because they fell under the auspices of vaccines. But if you read the guidelines, it doesn't say these studies are unnecessary, just that circumstances may deem them unnecessary.
We need laws for products that say you can't just exclude them from regulations because you feel like it — because they are still gene therapies. We are hijacking the machines of our bodies to produce spike proteins in an uncontrolled, undefined way — there are too many things we don't know about."

Unregulated mRNA Shots Are a Pandora's Box

"The long-term safety monitoring of GTPs [gene therapy products] is required over several years whereas, for vaccines, it is generally only carried out over a few weeks. This should not be acceptable, given the persistence of the drug product and the expressed protein.
The known results of anti-cancer therapies and mRNA vaccines could lead us to anticipate problems of safety and efficacy. In the case of anti-cancer mRNAs, the vast majority of open-label clinical trials have been carried out on very small numbers of patients, with either unpublished or negative results.
Randomized studies also showed negative results, reporting more frequent adverse events in the treatment group. Concerning infectious diseases, two trials of mRNA vaccines encapsulated in LNPs [lipid nanoparticles] showed notable adverse effects.
A trial of an mRNA vaccine against rabies showed numerous adverse effects superior to those of the classic vaccine, which is already very reactogenic, notably lymphopenia (this effect was also found for anti-COVID-19 mRNA vaccines).
An influenza vaccine trial showed severe adverse effects in humans (31 subjects were observed over only 43 days and at least 4 serious adverse effects were found) ... According to another HIV trial of 15 participants against a placebo, immune responses were unsatisfactory and of limited duration.
The founder of BioNTech himself, Ugur Sahin, warned20 against the use of codon optimization, which can alter translation speed and lead to misfolding. He also underlined the potential toxicity of unnatural nucleotides. He also mentioned the wide biodistribution of mRNA injected intramuscularly. He reminded us that we should fear the appearance of anti-self mRNA antibodies in patients suffering from autoimmune diseases ...
The WHO declared an end to the emergency phase of the COVID-19 pandemic at the beginning of May 2023 but will continue to authorize the use of the Emergency Use Listed (EUL) procedure.
The emergency authorization of vaccines should be transformed into prequalification via a smooth transition. However, a wide-ranging public discussion should be opened on this transition to the routine use of mRNA vaccines, without them being subject to the controls required for GTPs."

One-Third of Pfizer Shots Were Placebo

In related news, Kim Iversen recently broke the bombshell story that 1 in 3 Pfizer COVID shots administered in Denmark were placebo — and regulators must have known about it. The data for this claim comes from a Letter to the Editor published in the European Journal of Clinical Investigation at the end of March 2023.21

10-5

The three authors decided to investigate the potential for batch-dependent variations in side effects. To do that, they examined the rates of suspected adverse effects (SAEs) between different BNT162b2 batches administered in Denmark, which has a population of 5.8 million people, between December 27, 2020, and January 11, 2022. What they discovered was shocking. As explained by the authors:

"SAEs were counted on a batch level by linking individual SAEs to the batch label(s) of BNT162b dose(s) that the subject had received. The total number of SAEs associated with each batch was divided by the number of doses in the batch to obtain the rate of SAEs per 1,000 doses ...
[H]eterogeneity in the relationship between the numbers of SAEs and doses per vaccine batch was assessed by log-transformation followed by non-hierarchical cluster analysis and general linear model (GLM) test for differences in SAE rates between batches ...
A total of 10,793,766 doses were administered to 4,026,575 persons with the use of 52 different BNT162b2 vaccine batches (2340–814,320 doses per batch) and 43,496 SAEs were registered in 13,635 persons, equaling 3.19 ± 0.03 (mean ± SEM) SAEs per person ...
Batch labels were incompletely registered or missing for 7.11% of SAEs, leaving 61,847 batch-identifiable SAEs for further analysis of which 14,509 (23.5%) were classified as severe SAEs and 579 (0.9%) were SAE-related deaths.
Unexpectedly, rates of SAEs per 1,000 doses varied considerably between vaccine batches with 2.32 (0.09–3.59) (median [interquartile range]) SAEs per 1,000 doses, and significant heterogeneity was observed in the relationship between numbers of SAEs per 1,000 doses and numbers of doses in the individual batches.
Three predominant trendlines were discerned, with noticeable lower SAE rates in larger vaccine batches and additional batch-dependent heterogeneity in the distribution of SAE seriousness between the batches representing the three trendlines.
Compared to the rates of all SAEs, serious SAEs and SAE-related deaths per 1,000 doses were much less frequent and numbers of these SAEs per 1,000 doses displayed considerably greater variability between batches, with lesser separation between the three trendlines."

In the video above, Iversen shows the linear graphs referred to here, which makes it easier to comprehend the implications of these data. To summarize, the data showed that in the most hazardous batches (marked in blue), the side effect ratio was between 1 in 10 and 1 in 6. In moderately-hazardous batches (green), the side effect rate was about 1 in 400.

Strangely, some batches (yellow) had no side effects associated with them whatsoever. These batches accounted for about 30% of the total doses given that year. How could that be? The only time this happens is when you have a control group that is given as an inert placebo.

Regulator Didn't Test Placebo Shots

The plot thickens from there, because data also reveal that Danish regulators must have known that certain batches were placebo. How? As explained by Iversen, regulators must perform routine testing of batches at various times, and when another group of researchers compared the findings above with the batches tested, they discovered that:

- All of the most toxic batches underwent sample testing by regulators
- All but two of the moderately toxic batches were tested
- Only one of the placebo batches were tested

They were experimenting on people ... The only other thing that's possible is that they were covering up for the massive number of side effects ... and the only way to mitigate it, to keep the public calm and to keep taking [the] injection, is to give a chunk of them a placebo. ~ Kim Iversen

As noted by Iversen on her show:

10-6

"What are the chances that the group that had no side effects whatsoever, that looks like placebo, that looks like saline solution ... that none of them were tested except one, when all of the others were tested? The regulators knew they didn't need to test the saline solution. It would have been a waste of their time, so they didn't ... That's what [it] looks like."

Hazardous Batches Contained Fewer Doses

Another factor that suggests the public was being experimented on is the fact that the most hazardous batches had far fewer doses per batch compared to the moderately-hazardous batches and the placebo batches.

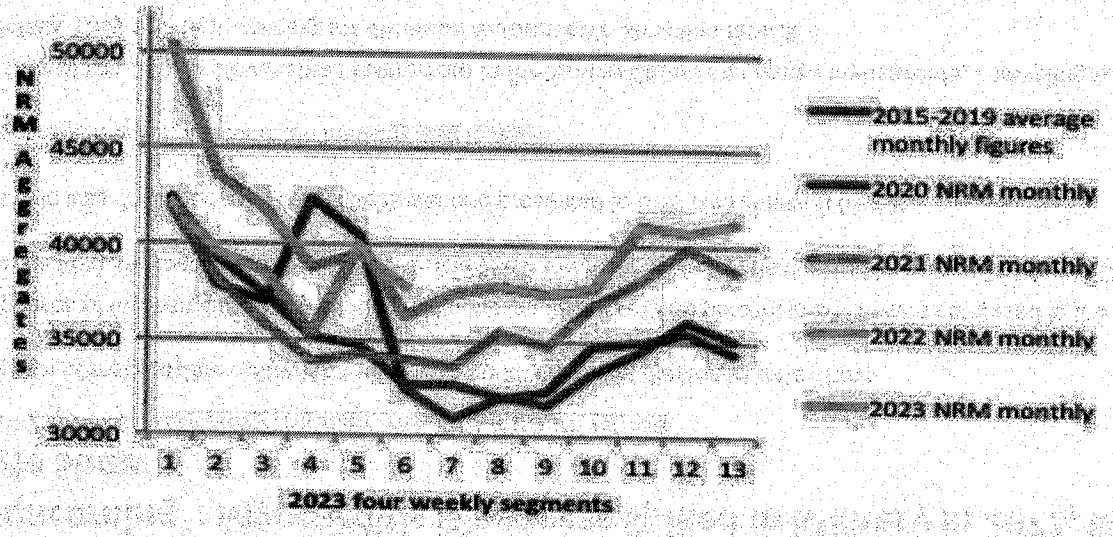
"They were experimenting on people. There's no other way to slice it," Iversen says. *"The only other thing that's possible is that they were covering up for the massive number of side effects ... and the only way to mitigate it, to keep the public calm and to keep taking [the] injection, is to give a chunk of them a placebo ... This is criminal."*

Early on, I and many others warned that everyone was in fact participating in an experimental study, not just those who signed up for the clinical trials. This evidence suggests that's exactly what happened. Some got a placebo and others got the real McCoy, but not the same formulation.
And, while this investigation only included people in Denmark, it's quite possible the same kind of multidose or multiformulation testing was taking place in other countries as well. HowBad.info,23 for example has also shown that some batches are associated with far higher rates of serious and lethal side effects than others, and that some batches appear completely harmless.

'Inexorable Rise in Excess Mortality'

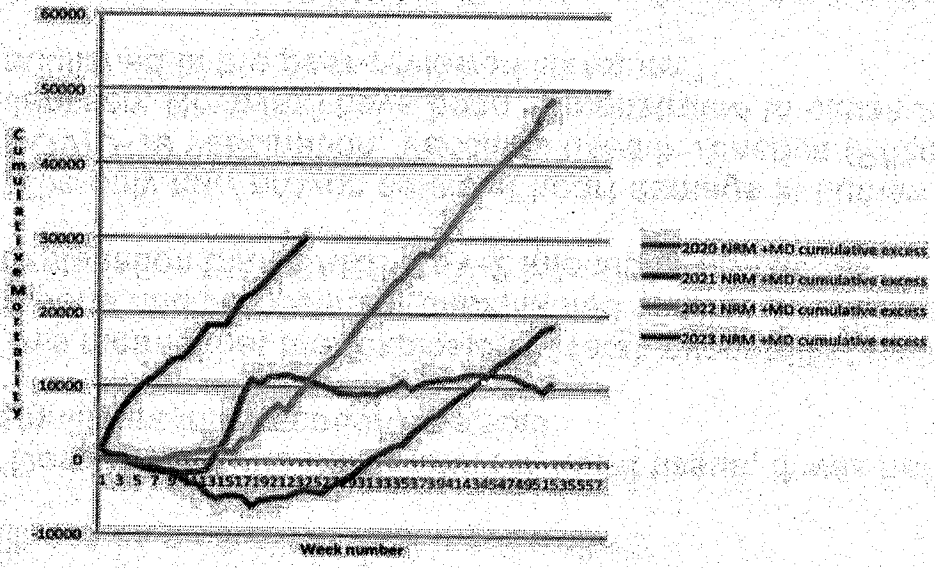
In closing, The Daily Sceptic24 recently reviewed data showing excess mortality is continuing to rise, post-rollout of the COVID jabs, with no sign of stopping:

"... core non-respiratory mortality (NRM) trends, which have been very stable over the last 10 years or so, can provide a useful yardstick to measure any kind of extraordinary change that might occur.
Since the vaccine rollout there have indeed been radical changes to this metric ... Unfortunately there is still no evidence of any real slowdown of this alarming development.
Here is a chart which shows what has been happening with raw non-respiratory mortality data during the four COVID years. The years are each displayed with 13 data-points of four-weekly (monthly) aggregated figures.



10-7

Each year appears to be worse than the previous one, and but for the still unexplained spike in non-respiratory deaths at the very beginning of the pandemic, 2020 would have been broadly similar to the 2015-2019 average. Something therefore happened in 2021 that changed the picture radically.
As all four COVID years are showing some excess non-respiratory deaths relative to the 2015-2019 average, the cumulative excess NRM can be displayed like this."



Resources for Those Injured by the COVID Jab

If you got one or more jabs and suffered an injury, first and foremost, never ever take another COVID booster, another mRNA gene therapy shot or regular vaccine. You need to end the assault on your body.

The same goes for anyone who has taken one or more COVID jabs and had the good fortune of not experiencing debilitating side effects. Your health may still be impacted long-term, so don't take any more shots. If you're lucky, perhaps you got saline, but I wouldn't count on it. Besides, if you play Russian Roulette long enough, you're bound to encounter a real bullet.
When it comes to treatment, it seems like many of the treatments that worked against severe COVID-19 infection also help ameliorate adverse effects from the jab. This makes sense, as the toxic, most damaging part of the virus is the spike protein, and that's what your whole body is producing if you got the jab.

So, eliminating the spike protein your body is continuously producing is a primary task to prevent and/or address post-jab injuries. The two preferred remedies for this are hydroxychloroquine and ivermectin. Both of these drugs bind and thereby facilitate the removal of spike protein. Time-restricted eating (TRE) and/or sauna therapy can also help eliminate toxic proteins by stimulating autophagy.

11-1

'Lancet' Deletes Study that Exposed Startling Stats on Vax-Related Deaths

July 7, 2023 Jacob Burns

(Jacob Bruns, Headline USA) *Lancet*, a peer reviewed medical journal, recently published and then removed a study that included unsettling statistics regarding COVID vaccine related death numbers, the Daily Sceptic reported.

The now-deleted study revealed that out of 325 autopsies of people who had recently received the COVID jab, 74% of those deaths were closely tied to the COVID jab.

According to the study, the COVID vaccine can be linked to decline in the health of one's cardiovascular system, hematological system, respiratory system and "multiple organ systems." Researchers also noted **that "most deaths occurred within a week from last vaccine administration,"** while nearly three quarters of deaths were "directly due to or significantly contributed to by COVID-19 vaccination."

They concluded the study by noting that there is a **"high likelihood"** of a causal link between COVID-19 vaccines and death in most cases.

Conducted by cardiologist Dr. Peter McCullough, Yale epidemiologist Dr. Harvey Risch and their colleagues at the Wellness Company, the study was taken down within 24 hours after its publication Wednesday.

According to *Lancet*, it was removed because it might spread misinformation.

"This preprint has been removed by Preprints with the *Lancet* because the study's conclusions are not supported by the study methodology," the journal noted.

Though the study must still undergo peer review, *Lancet* suggested that it also failed to meet "screening criteria."

Dr. Clare Craig, a pathologist and co-Chair of the HART pandemic advisory group, said that in her opinion the methods of the study were sound.

"It is important that attempts are made to quantify the risk of harm and censorship of these attempts, rather than open scientific critique, does nothing to help reassure people," she noted.

Dr. Harvey Risch, one of the authors, called the decision **"pure Government-directed censorship,** even after the *Missouri v. Biden* injunction."

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Pfizer, J&J Pressured South Africa Into Shielding Companies From COVID Vaccine Injury Claims: Documents

SEP 09, 2023 Zachary Stieber

Pfizer and Johnson & Johnson pressured South Africa into implementing provisions that shielded the companies from claims over COVID-19 vaccine injuries, newly disclosed documents show.

Pfizer made the implementation of indemnification and a compensation fund part of its COVID-19 vaccine contract with South Africa, according to documents obtained by the Health Justice Initiative.

One document states that South Africa was agreeing to "indemnify, defend, and hold harmless" Pfizer and its partner BioNTech, as well as their representatives, "from and against any and all suits, claims, actions, demands, losses, damages, liabilities, settlements, penalties, fines, costs and expenses" arising from claims resulting from the vaccine, including injuries.

The only exceptions were for a breach of confidentiality or fraud.

The component was "a non-negotiable" part of the agreement between the parties, the Health Justice Initiative said in an analysis of the documents.

Johnson & Johnson, meanwhile, also secured indemnification and the introduction of the compensation scheme in its contract with South Africa.

In a Feb. 23, 2021, letter, South Africa's ministers of health and finance said that Johnson & Johnson requested the no-fault compensation scheme "to address adverse events that are suffered as a result of the administration of the vaccine."

"It has been noted in discussions with J & J, and acknowledged by J & J, that a no-fault compensation scheme for vaccine related adverse events does not exist in South Africa, and that the available legislative mechanisms for establishing a scheme would require some time to undertake, even if the most expeditious processes available are pursued," they wrote.

In an exhibit attached to Johnson & Johnson's contract, officials said that the scheme would compensate people who prove a causal link between the vaccination they received and their injury, as decided by a panel of experts. Among outcomes ripe for compensation were death, injury, and disability. The level of compensation, officials said, "should be sufficient to provide long-term relief to victims."

Officials later promulgated (pdf) regulations on April 22, 2021, establishing the scheme.

The scheme would "provide expeditious and easy access to compensation for persons who suffer harm, loss or damage as a result of vaccine injury," the regulations stated.

Like similar schemes in other countries, including the United States, the schemes shield vaccine manufacturers from lawsuits and compensate victims with taxpayer money.

Pfizer and Johnson & Johnson did not respond to requests for comment.

"I wouldn't say we were bullied, but we were in a catch-22 situation to save lives of South Africans against all odds," Foster Mohale, a spokesperson for South Africa's Department of Health, told Al Jazeera. "The department entered into these agreements to secure vaccine doses to protect the lives of South Africans against the deadly virus which claimed more than hundred thousand lives in South Africa."

Matthew Kavanaugh, an assistant professor at Georgetown University who analyzed the contracts, said that South African officials "were at the whims of each of these companies who really exploited that opportunity.
"No kind of contract that I've ever signed in my life says at some point will you deliver something to us, but in whatever amount and on whatever timeline you think works for you, and in the meantime, we will agree to fully indemnify you," added Mr. Kavanaugh, speaking on INXPrime.
Just a handful of vaccine injury claims have been paid out so far, South African Health Minister Joe Phaala said in June.
A number of side effects of the shots have been confirmed or are suspected, including blood clotting and heart inflammation. Some people have died from vaccine-induced injuries. *Read more here...*

13-1

Half of Vaxxed People May Never Stop Producing Spike Protein

Dmytro "Henry" Aleksandrov September 2, 2023

(Dmytro "Henry" Aleksandrov, Headline USA) Italian scientists recently published a study that showed that there is the presence of spike protein in people who got the COVID-19 vaccine — six months after vaccination.

To test their hypothesis, the study's authors used mass-spectrometry, a sensitive test that can detect a specific amino-acid sequence that exists only in the vaccine-induced spike protein, the Daily Sceptic reported.

"Experimental design: **Mass spectrometry examination of biological samples was used to detect the presence of specific fragments of recombinant Spike protein in subjects who received mRNA-based vaccines.**"

To make sure that their finding is not spurious, the scientists included a control group of people who never took the jab.

"The study group... was 40 subjects: 20 were vaccinated with the full cycle of mRNA vaccine as of April 2022, and 20 were unvaccinated with negativity for COVID-19 to nasopharyngeal test and with no titer of any antibodies. Other 20 unvaccinated persons were added that were positive for COVID-19," the study said.

After looking at the three groups, the scientists discovered that only the people in the vaccinated subgroup were found to carry vaccine-derived spike protein. On top of that, vaccine spike protein was found as late as six months after the last dose.

The scientists never mentioned in the study that spike protein production ends after 187 days – the upper limit on time after vaccination was an artifact of the study design.

Additionally, the news source raised the question of whether the COVID-19 vaccine would become a part of human DNA after noticing that the study said that it is "possible that the mRNA may be integrated or re-transcribed in some cells."

The so-called reverse transcription, that is, vaccine mRNA becoming part of the human DNA genome in some affected cells, was demonstrated in in-vitro experiments. That means that it is possible that the spike protein production in people who got the coronavirus vaccine would never end.

14-1

Half of Vaccinated People May Never Stop Producing Spike Protein, Study Finds

IGOR CHUDOV 1 SEPTEMBER 2023

Remember how we were told that "the vaccine stays in the arm" and that "harmless spike protein is only produced for a couple of days". They said they were sure of that, despite no data to confirm their statements.

Well, sadly, it turns out that they lied to us. The data are now in, and it proves such claims wrong.

A clever scientific study by Brogna *et al.*, just published, detected the presence of spike protein in Covid-vaccinated people *six months* after vaccination – and excluded the possibility of cross-contamination of experimental data with wild-circulating Covid infections.

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DOI: 10.1002/prca.202300048

RAPID COMMUNICATION

Proteomics Clinical Applications

Detection of recombinant Spike protein in the blood of individuals vaccinated against SARS-CoV-2: Possible molecular mechanisms

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Abstract

Purpose: The SARS-CoV-2 pandemic prompted the development and use of next-generation vaccines. Among these, mRNA-based vaccines consist of injectable solutions of mRNA encoding for a recombinant Spike, which is distinguishable from the wild-type protein due to specific amino acid variations introduced to maintain the protein in a prefused state. This work presents a proteomic approach to reveal the presence of recombinant Spike protein in vaccinated subjects regardless of antibody titer.

Experimental design: Mass spectrometry examination of biological samples was used to detect the presence of specific fragments of recombinant Spike protein in subjects who received mRNA-based vaccines.

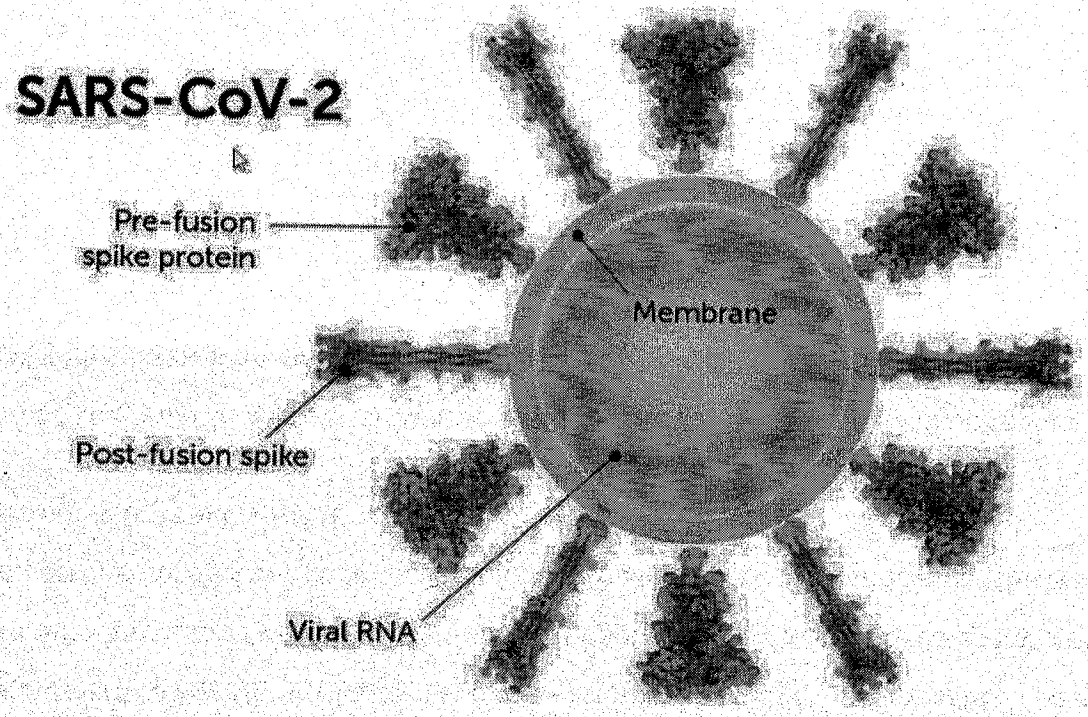
Results: The specific PP-Spike fragment was found in 50% of the biological samples analyzed, and its presence was independent of the SARS-CoV-2 IgG antibody titer. The minimum and maximum time at which PP-Spike was detected after vaccination was 69 and 187 days, respectively.

What the Scientists Did

The study's authors used a sensitive test, called mass-spectrometry to detect a specific amino-acid sequence that exists *only in the vaccine-induced* spike protein.

14-2

To remind my readers, mRNA Covid vaccines contain genetic code to produce the so-called 'spike protein', a component of the SARS-CoV-2 virus that allows the virus to penetrate and infect human cells. During the penetration process, called 'fusion', the viral spike protein changes shape, becoming a spear of sorts, penetrating the cell surface.



The only modification that both Pfizer and Moderna did was to 'prefusion stabilise' the vaccine-encoded spike protein to prevent it from changing its shape and be more stable in the human body. (You can read more about it here.)

The scientists decided to look for that specific, genetically modified protein component.

Experimental design: Mass spectrometry examination of biological samples was used to detect the presence of specific fragments of recombinant Spike protein in subjects who received mRNA-based vaccines.

The replacement, using two proline amino acids, is referred to as 'PP' by the study authors (PP stands for proline-proline). They are Italian and possibly did not realise that 'PP' sounds naughty, so in most English literature the sequence is called '2P'. Leaving kindergarten humour aside, the study authors zero in on the spike protein component that only exists in the Covid vaccine and does not occur in the naturally existing SARS-CoV-2 virus. To be sure that their finding is not spurious, they included a control group of people who never received the Covid vaccines.

The study group, from southern Italy, was 40 subjects, 20 were vaccinated with the full cycle of mRNA vaccine as of April 2022, being part of the health sector, and 20 were unvaccinated with negativity for COVID-19 to nasopharyngeal test and with no titre of any antibodies. Other 20 unvaccinated persons were added that were positive for COVID-19.

The three groups were looked at.
It turns out that *only the people in the vaccinated subgroup were found to carry vaccine-derived spike protein*.
What is worse, vaccine spike protein was found as late as six months after the last dose.

14-3

The specific PP-Spike fragment was found in 50% of the biological sample analysed. This presence was independent of the SARS-CoV-2 IgG antibody titre. The antibody titres had a geometric mean of 629.86BAU/mL. The minimum time PP-Spike was detected was 69 days after vaccination, while the maximum time was 187 days. All controls (samples from unvaccinated individuals) were negative. The control group (20 unvaccinated people) was also tested after contracting COVID-19 and was negative for PP-spike.

Nowhere does the study state that spike protein production ends after 187 days – the upper limit on time after vaccination was an artefact of the study design.

This picture explains the study design, showing the location of the "stabilized 2P spike protein" amino acid sequence:

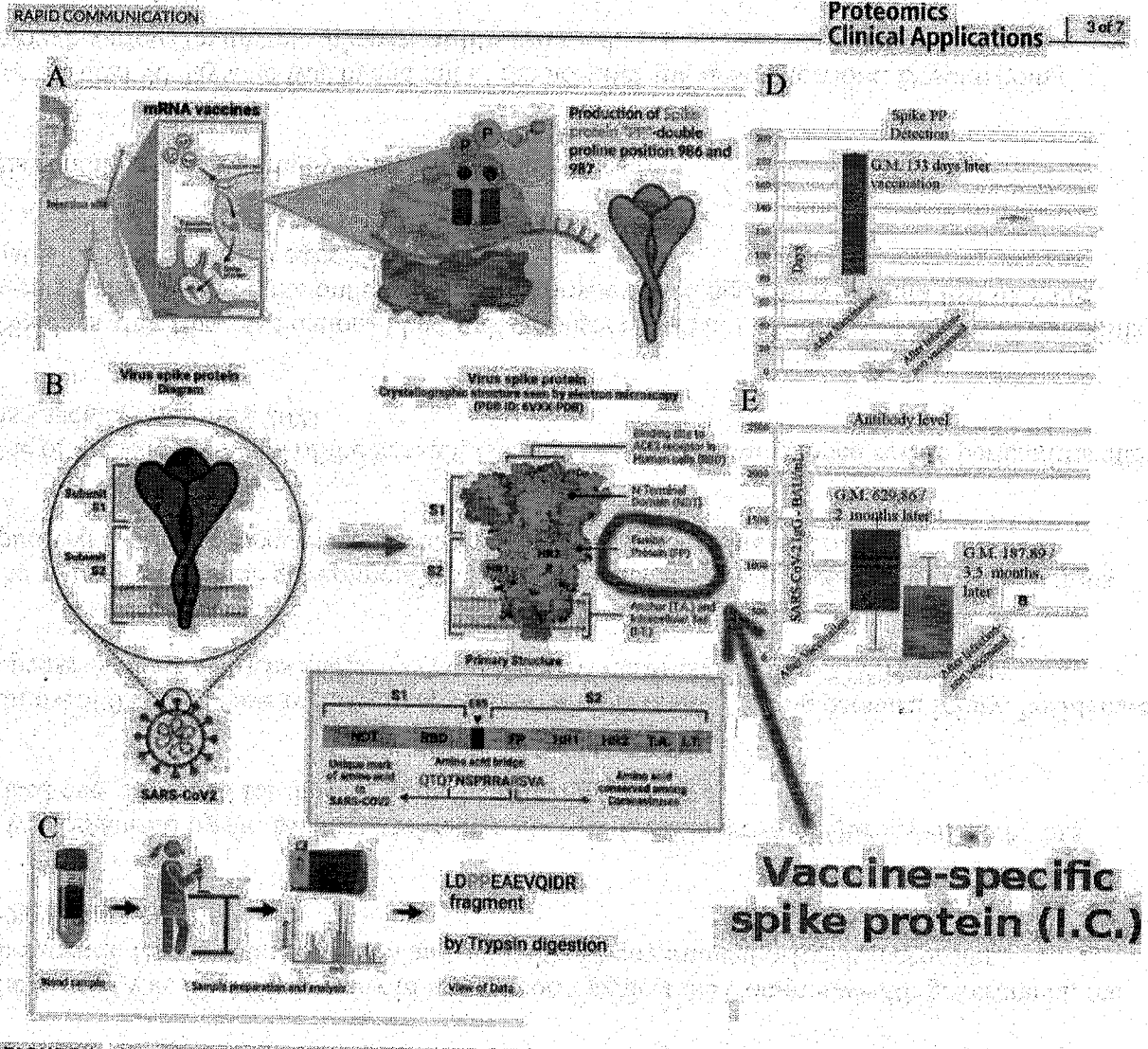
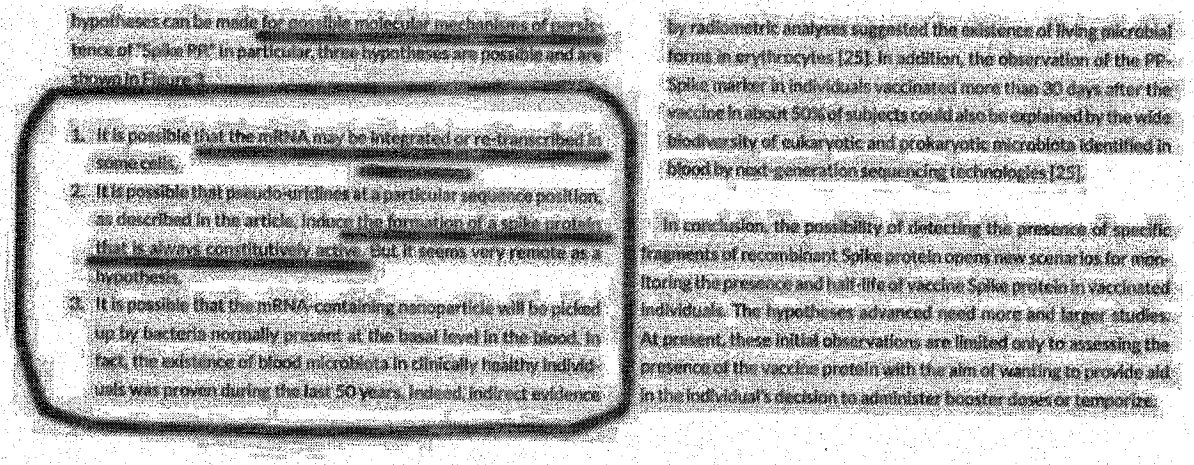


FIGURE 1 Schematic diagram of PP Spike protein production. (A) Formation of Spike PP protein after injection of vaccine mRNA. (B) Example of wild-type, unmodified Spike protein. (C) Extraction and detection scheme (more details in the text). (D) quantification of the antibody titer of the 20 vaccinated cases. (E) Time from the day of vaccination completion to the discovery of vaccine mRNA-induced Spike protein "PP".

The authors explain the likely mechanism of persistent spike protein production:

14-4



hypotheses can be made for possible molecular mechanisms of persistence of "Spike PP." In particular, three hypotheses are possible and are shown in Figure 3.

1. It is possible that the mRNA may be integrated or re-transcribed in some cells.
2. It is possible that pseudo-uridines at a particular sequence position, as described in the article, induce the formation of a spike protein that is always constitutively active, but it seems very remote as a hypothesis.
3. It is possible that the mRNA-containing nanoparticle will be picked up by bacteria normally present at the basal level in the blood. In fact, the existence of blood microbiota in clinically healthy individuals was proven during the last 50 years. Indeed, indirect evidence

by radiometric analyses suggested the existence of living microbial forms in erythrocytes [25]. In addition, the observation of the PP-Spike marker in individuals vaccinated more than 30 days after the vaccine in about 50% of subjects could also be explained by the wide biodiversity of eukaryotic and prokaryotic microbiota identified in blood by next-generation sequencing technologies [25].

In conclusion, the possibility of detecting the presence of specific fragments of recombinant Spike protein opens new scenarios for monitoring the presence and half-life of vaccine Spike protein in vaccinated individuals. The hypotheses advanced need more and larger studies. At present, these initial observations are limited only to assessing the presence of the vaccine protein with the aim of wanting to provide aid in the individual's decision to administer booster doses or temporize.

Note the ominous possibility, "mRNA may be integrated or re-transcribed". What is that?

Covid Vaccine Becomes Part of Human DNA?

An item of note is the above sentence, "It is possible that the mRNA may be integrated or re-transcribed in some cells". The so-called reverse transcription, that is, vaccine mRNA becoming part of the human DNA genome in some affected cells, was originally dismissed without evidence by the so-called 'Covid science', until it was demonstrated in *in-vitro* experiments.

If so, a disturbing possibility exists that Covid spike protein production never ends. To illustrate that, the HIV virus, which causes AIDS, also reverse integrates itself into human DNA so that the sufferers' reprogrammed cells endlessly produce copies of HIV. This is why HIV cannot be cured, only suppressed by drugs.

Similarly, here, human cells with Covid vaccine genetic code reverse-transcribed into them may also endlessly produce the spike protein for the affected individuals' lives.

Does this Explain IgG4 Immune Tolerance?

The so-called immune tolerance, which is a tendency of the organism to ignore persistent pathogens instead of offering a vigorous immune reaction, may be why vaccinated people are more susceptible to frequent repeat infections and slower virus clearance.

Immune tolerance is perfectly acceptable for allergens, irritants that do not replicate and exist persistently.

Ignoring allergens – which is why most people do not suffer from annoying hay fever – is why immune tolerance is a good response to such environmental irritants as pollen or dust.

However, immune tolerance can be deadly when it comes to resisting live, replicating pathogens.

An immune-tolerant organism is similar to a tolerant robbery victim, who passively sits while his or her home is ransacked without resisting. The robbery may seem 'mild', but the robbers take off with the loot – and they will come back again. And again.

In an earlier post I looked at immune tolerance, why it is bad for COVID-19, and how it works. What that post did not fully explore is the reason why vaccination induces immune tolerance.

14-5

The Brogna *et al.* study that we are discussing shows us a mechanism of why immune tolerance to spike protein might develop. The reason would be that spike protein, produced without end, looks like an 'environmental irritant' to the vaccinated organism instead of being seen as a dangerous intruder.

They Should Have Tested for This Before Mandating These Vaccines

I greatly appreciate the painstaking and difficult work of Brogna and co-authors, who carefully examined the presence of spike protein in vaccinated people, properly used control subjects to rule out COVID-19 as an alternative cause, and so on.

I do not appreciate the 'Covid science', which lied about Covid vaccines being 'safe and effective'. As we enter our ninth wave of Covid, and vaccinated people are infected and reinfected, the vaccines proved ineffective. Worse, they also turned out to be unsafe, as this study and many other studies show.

Sadly, Covid vaccines do not come with an 'off' switch, and there is no way to stop this persistent spike protein production.

A Hope for Vaccinated People

I do not want to end this post on a negative note. I want to point out that the study found only half of vaccinated people suffering from the continuous presence of vaccine spike protein in their blood. The other half, fortunately, are fine, at least in this respect.

Therefore, all vaccinated people have hope that they are not the individuals suffering from this continuous spike production. There is hope for all of us who got vaccinated or who have affected loved ones.

Oddly enough, just as only half of vaccinated people keep testing positive for spike six months after vaccination, only about half of vaccinated people go on to develop immune tolerance. One process may go with the other. This is not an Anti-Science Post.

Some critics may accuse me of being anti-science just because I spoke negatively of the charlatans who promoted unproven Covid vaccines. Far from that, I love good science and am always happy to highlight important, life-saving research, such as the study I cited.

I have great hopes that the period of darkness in science, caused by conformity, corruption and radical anti-human ideologies, will end, and research again will become human-centered, open to criticism and progress.

Do you think that science will serve people in the future?

15-1

COVID Vaccines Show 24 Times More Adverse Reactions Than Others

Jessie Zhang July 29, 2023

The latest report on adverse reactions to vaccines in Western Australia has revealed that **COVID-19 vaccinations have 24 times the rate of adverse reactions in the state compared to all other vaccines.**

According to the state's vaccine safety surveillance report (pdf), **COVID-19 vaccines showed that for every 100,000 COVID-19 vaccines administered, 264 adverse events following immunisations (AEFIs) were recorded.** For all other vaccinations, 11.1 AEFIs were recorded, making the COVID-19 vaccines 23.8 times more likely than non-COVID-19 vaccines to result in adverse events.

Vaccine type	Number of vaccines administered in 2021	Number of adverse events reported to WAVSS	Rate of adverse events per 100,000 doses
Non COVID-19	1,808,050	200	11.1
COVID-19	3,948,673	10,428	264.1

Table showing numbers of vaccines administered and adverse events reported, with rate of adverse events, for non-COVID-19 vaccines and COVID-19 vaccines, 2021. (Image from the Department of Health in Western Australia)

The rate of adverse events varied among different types of COVID-19 vaccines.
The Spikevax (Moderna) vaccine recorded 281.4 AEFIs per 100,000 doses, Comirnaty (Pfizer) recorded 244.8, and the Vaxzevria (AstraZeneca) vaccine, which was removed from the vaccine program after reports emerged of blood clotting in younger people, recorded 306.
Adverse events following vaccination can range from mild, such as a sore arm, to serious conditions, such as anaphylaxis, thrombosis with thrombocytopaenia syndrome (TTS), Guillain-Barré syndrome (GBS), myocarditis, and pericarditis.

Collaboration Continues With 3-in-1 Super Jab

Meanwhile, despite these concerns, the Australian government's partnership with Moderna to produce vaccines using experimental messenger RNA technology to prepare for the next pandemic means these vaccines are here to stay.
The company has been forming a trifecta jab to address the main respiratory viruses—influenza, COVID-19, and RSV to maintain its market share amid the falling revenue of vaccine companies as the health crisis subsides.
Moderna's COVID-19 vaccine sales of US$18.4 billion in 2022 are expected to dive to $5 billion this year.
Recently, it was granted expedited approval by Australia's authority for medicines for its mRNA-1345 (RSV vaccine), meaning that the company will be able to launch the vaccines in Australia before any other country in the world.
A spokesperson from Australia's Therapeutic Goods Administration told the Epoch Times that Moderna was granted an accelerated approval process on March 30 after satisfying all of the following criteria:

- the medicine is new
- the medicine is for the treatment, prevention, or diagnosis of a life-threatening condition
- no other medicines that are intended to treat, prevent or diagnose the condition are included in the Australian drug register or there is substantial evidence that this medicine provides a significant improvement in efficacy or safety of the treatment, prevention or diagnosis of the condition compared to those goods already included in the register
- there is substantial evidence that the medicine provides a major therapeutic advance.

However, phase 3 clinical trials for Moderna's mRNA version of the seasonal influenza vaccine have been underwhelming, showing a high rate of side effects.
Although the vaccine generates a strong immune response against the A strains of the flu, its efficacy against B strains is not better than existing approved vaccines.
Additionally, 70 percent of trial participants who received the shot reported adverse reactions such as headaches, swelling, and fatigue compared to 48 percent for the conventional flu vaccine.

16-1

CDC Repeatedly Advised People With Post-Vaccination Conditions To Get More Doses

SEP 05, 2023 Zachary Stieber

A network composed of experts from inside and outside the U.S. government **repeatedly recommended that people who suffered adverse events following COVID-19 vaccination receive additional shots**, even when the experts could not rule out the vaccines as the cause of the events, documents obtained by The Epoch Times show.

The network, the Clinical Immunization Safety Assessment (CISA) Project, is run by a doctor who has received extensive funding from pharmaceutical giants, including the top two COVID-19 vaccine manufacturers, according to other records.

In one example, CISA was presented with records showing a 63-year-old woman experienced chronic kidney disease, with symptoms including kidney swelling, after receiving a second dose of Pfizer's COVID-19 vaccine.

CISA subject matter experts (SMEs) said that the diagnosis could not be definitively confirmed without a kidney biopsy but that they still felt comfortable using a causality algorithm for the presumed diagnosis developed in part by Dr. Kathryn Edwards, CISA's principal investigator.
Applying the algorithm to the case resulted in an "indeterminate" designation, or an inability to rule out the vaccine causing the problem, in part because there was no evidence of other causes. But that inability did not stop the program from recommending additional shots.

"**Weighing the potential risks of COVID-19 vaccination and the benefits of preventing COVID-19, the SMEs provided their opinion that the patient should receive future COVID-19 vaccinations,**" the Feb. 24, 2023, letter to the patient's doctor stated. At the time, the effectiveness of the vaccines against symptomatic infection had been shown to start low and wane quickly, while protection against severe disease began higher but also rapidly dropped.

After the woman received her next shot, the CISA experts said, the doctor should check in on her to see if she experienced recurrent hematuria, or blood in her urine.

"Although the CDC's subject matter experts claim to have no idea if inflammation of the kidneys in a 63-year-old woman was caused by the mRNA COVID-19 biological, they tell the attending physician to go ahead and give the woman another COVID shot. That amounts to a challenge/re-challenge experiment on a sick woman without informed consent," Barbara Loe Fisher, co-founder and president of the National Vaccine Information Center, told The Epoch Times in an email.

"Government officials admitting ignorance about a biological product's potential side effects but directing a doctor to risk a patient's life by continuing to inject the product into a patient, who already has suffered an injury following use of that product, is immoral," she added. "**We expect and deserve government health officials to adhere to a higher professional and ethical standard of care.**"

Some people who experience a problem after a dose of a COVID-19 vaccine have experienced a recurrence of the problem following another dose, according to case studies and surveillance data.

Dr. Edwards, until recently of Vanderbilt University Medical Center, and the CDC did not respond to requests for comment.

Other Letters

The Epoch Times obtained, through the Freedom of Information Act, letters sent by CISA to physicians.

CISA features experts with the CDC and other institutions, including Vanderbilt University, Boston Medical Center, and Johns Hopkins University collaborating to respond to doctors who ask the program to review patient cases and provide recommendations.

"**CISA provides consultations for U.S. healthcare providers with complex vaccine safety questions about their patients and conducts vaccine safety clinical research,**" the CDC states on its website.

The first COVID-19 vaccines were authorized and recommended in December 2020. From Dec. 1, 2020, through June 1, 2023, CISA provided 48 recommendations to doctors dealing with COVID-19 vaccines, the records show.

16-2

In 39.5 percent of the cases, CISA recommended another vaccination. In 23 percent of the cases, CISA recommended against another vaccination. In 14.5 percent of the cases, CISA said there were no reasons patients could not receive more doses. In the remaining cases, CISA advised reassessing the matter down the road or advising a patient who had not yet received a vaccine to receive a vaccine.

The recommendations for future doses came even in cases where CISA was unable to say the vaccine did not cause the adverse event.

In a letter dated May 4, 2021, CISA experts said there was "no evidence" to support non-vaccine causes for the patient's condition but that there was "no definitive known association" between the condition and Pfizer's vaccine, leading to an indeterminate designation in the causality algorithm.

While one of the experts said that in a person "with the right immunologic makeup," **the vaccine "could be an initial inciting injury" causing the condition, many of the experts advised the patient to receive another dose.**

The patient might want to receive Johnson & Johnson's vaccine, which uses different technology than the Pfizer and Moderna messenger RNA shots, CISA said in the letter. "Support for this guidance included that it would avoid the lipid envelope and the mRNA presentation of the antigen to this patient," they wrote.

In another letter, dated Jan. 18, 2022, CISA experts also found no evidence for non-vaccine causes for the patient's condition, which appeared after Pfizer vaccination. But they repeated the claim that there was no definitive association between the vaccine and the condition, leading to an indeterminate designation.

CISA experts "strongly felt that the risk of COVID-19 infection was higher than the potential risk from another dose of vaccine," according to the letter, and recommended a second Pfizer dose.

In a third letter, dated May 23, 2022, CISA experts said the causality algorithm resulted in an indeterminate designation "due to lack of strong evidence against a causal association." **They described a "very perplexing case" and acknowledged the patient's condition was "not understood."**

But CISA experts still advised the patient, who suffered an event after a Pfizer dose and had also recovered from COVID-19, to receive another shot.

"This would be especially important in light of the current surge in circulating Omicron variants," they wrote.

Small Number of Causal Determinations

A small number of cases led to the determination that the vaccination caused an adverse event.

In six instances, CISA experts determined that the event was "consistent with causal association," or caused by the vaccination, because the condition suffered by each patient was "a known possible adverse event following immunization."

In all six cases, experts recommended against additional doses while advising the doctors caring for the patients to follow up with the patients to figure out which non-COVID vaccines the patients could safely receive.

CISA experts also advised against additional COVID-19 vaccine doses in five other cases. The designations in those cases were also indeterminate, making the differences between them and those that resulted in recommendations for future doses unclear apart from several involving people who had expressed opposition to receiving more shots.

In seven other cases, CISA experts said there were no contraindications, or no reasons for not receiving at least one additional dose. The CDC has maintained a short list that currently includes just two contraindications for the COVID-19 vaccines—a history of severe allergic shock or a history of a known diagnosed allergy to a component of one of the shots.

Patients with other conditions, such as heart inflammation after COVID-19 vaccination, are generally advised to avoid additional doses, the CDC says in the list. But that is only a "precaution," not a contraindication.

CISA also advised doctors of nine of the patients to reassess future COVID-19 vaccination down the road and, in two of the cases, told doctors that patients who had not yet received a COVID vaccine could receive one. *Read more **here...***

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Jaw-Dropping Discovery: CDC Data Reveals COVID Vaccine Could Shave Off 24 Years from Men's Lives!

THE EXPOSÉ SEPTEMBER 1, 2023

The long-term consequences of Covid-19 vaccination are now being realised...

A year ago, doubly vaccinated Australians were 10.72x more likely to catch Omicron than the unvaxxed. Now they are 20x more likely and the triply or more vaxxed are 35x more likely, as the latest NSW Health stats show (see below).

Meanwhile, the latest Cleveland Clinic Data and the latest US data analysed by Josh Stirling, founder of Insurance Collaboration to Save Livess and former #1 ranked Insurance Analyst, shows a really disturbing trend.

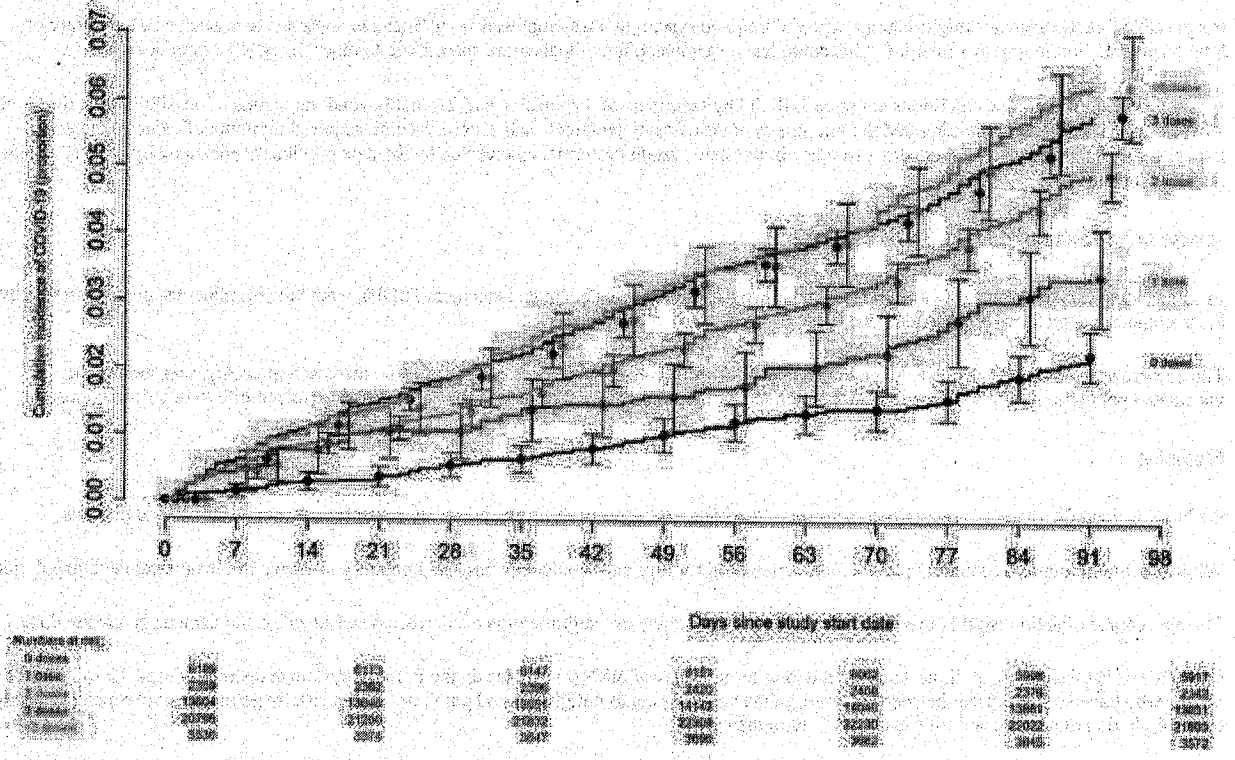
The damage to health caused by each vaccine dose does not lessen over time. It continues indefinitely.

In fact, CDC All-Cause Mortality data show that each vaccine dose increased mortality by 7% in the year 2022 compared to the mortality in year 2021.

So, if you have had 5 doses then you were 35% more likely to die in 2022 than you were in 2021. If you have had one dose then you were 7% more likely to die in 2022 than you were in 2021. If you are unvaxxed then you were no more likely to die in 2022 than you were in 2021.

The Cleveland Clinic Data

Here are the Covid infection rates for the 1st 98 days from 2022September12, when the bivalent vaccine was first offered to Cleveland Clinic employees. It was not mandated. It was offered.



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So, on 2022 September12, 6199 employees were unvaxxed, 2359 were single jabbed, 13804 were double jabbed, 20798 were triple jabbed and 3538 were quad jabbed or penta jabbed with the original vaccine, which was designed against the Wuhan Hu1 reference virus, which was NOT isolated from a Human but was generated on a computer.

The results of their study, shown graphically above, demonstrate that **the more doses of the original vaccine you took, the more likely you were to catch covid**. In other words the original Covid vaccine is not merely ineffective against Omicron. It is actually anti-effective.

It is therefore not a vaccine against the present strain of Covid. **It is an antivaccine. It damages your immune system in a dose-dependent manner.** The more shots you took, the more damage you will have done to your immune system.

The writer first saw this from PHE Vaccine Surveillance reports and published his findings to PHE themselves AND on my website and in The Expose, on 2021October10.

'The Science' has now been established by the Cleveland Clinic. Genetic vaccines damage your immune system and make you not less likely but more likely to be infected with Covid.

Not only that but they have horrendous side effects on the cardiovascular, neurological and reproductive systems as well.

They are nothing short of mandatory progressive euthanasia.

CDC All-Cause Mortality Data shows that every year, every vaccinated person becomes more and more likely to die at a rate of 7% PER JAB PER YEAR. That is a slow-acting genetic poison.

If people were recovering from the 1st jab, then it would not be having precisely the same effect as the 5th jab (namely a 7% increase in mortality). This is the long term problem. People are not recovering from the damage done by the shots in terms of excess mortality.

So, taking 2021 as the base line, a 5 dosed person would be 350% more likely to die in 2031 and 700% more likely to die in 2041 and 1050% more likely to die in 2051 than an unvaxxed person. It is just like compound interest. Using this result, we can calculate the loss in life expectancy for a 30 year old male as follows... The life expectancy of a 30 year old unvaxxed male in the UK is around 80 years. So he can expect another 50 years of life.

In statistical terms, half of his cohort are dead by 80. **The life expectancy of a 30 year old quintuply vaxxed person in the UK is 56 years**. Assuming UK males respond to the vaccines in the same way as US people. Alternatively, quintuply vaxxed US 30 year old males have likewise lost 24 years of life expectancy.

UK life expectancy data is from Statista. In the table below we add the extra 7% mortality per jab per year to the 2020 UK levels shown in Column2. So in a 5 year period, the average increase in expected mortality would be –

- (0% + 35%)/2 = 17.5% from one jab
- (0% + 70%)/2 = 35% from two jabs
- (0% + 105%)/2 = 52.5% from three jabs
- (0% + 140%)/2 = 70% from four jabs
- (0% + 175%)/2 = 87.5% from five jabs

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Life Expectancy for unvaxxed and 1-5 dosed UK males

Age Group	% chance of dying in age group unvaxxed	% chance of dying at age of group unvaxxed	% chance of dying at age of group 1 Dose	% chance of dying at age of group 2 Doses	% chance of dying at age of group 3 Doses	% chance of dying at age of group 4 Doses	% chance of dying at age of group 5 Doses
0-4	2.1	2.1	2.1	2.1	2.1	2.1	2.1
5-29	0.75	0.73 (97.9% left)	0.73	0.73	0.73	0.73	0.73
30-34	0.4	0.39 (97.2% left)	0.46 (+17.5%)	0.53 (+35%)	0.59 (+52.5%)	0.66 (+70%)	0.73 (+87.5%)
35-39	0.6	0.58 (96.8% left)	0.88 (+52.5%)	1.19 (+105%)	1.49 (+157.5%)	1.80 (+210%)	2.10 (+262.5%)
40-44	0.95	0.91 (96.2% left)	1.71 (+87.5%)	2.50 (+175%)	3.30 (+262.5%)	4.09 (+350%)	4.89 (+437.5%)
45-49	1.45	1.39 (95.3% left)	3.07 (+122.5%)	4.76 (+245%)	6.45 (+367.5%)	8.14 (+490%)	9.83 (+612.5%)
50-54	2.2	2.07 (93.9% left)	5.33 (+167.5%)	8.59 (+315%)	11.85 (+472.5%)	15.11 (+630%)	18.37 (+787.5%)
55-59	3.25	2.98 (91.8% left)	8.72 (+192.5%)	14.45 (+385%)	20.19 (+577.5%)	25.93 (+770%)	31.66 (+962.5%
60-64	5.05	4.48 (88.8% left)	14.67 (+227.5%)	24.86 (+465%)	35.06 (+682.5%)		
65-69	9.0	6.74 (84.3% left)	24.43 (+262.5%)				
70-74	12.4	9.62 (77.6% left)	38.24 (+297.5%)				
75-79	21.6	14.69 (68.0% left)					
80-84	38.5	20.52 (53.3% left)					
85-89	69.9	22.60 (32.8% left)					
Totals		0-79 is 46.67%	0-64 is 37.67%	0-59 is 34.85%	0-59 is 46.7%	0-54 is 32.63%	0-54 is 38.74%
50% gone at		**80**	**67**	**62**	**60**	**57**	**56**

1 jab robs 30 year old men of 13 years
2 jabs robs 30 year old men of 18 years
3 jabs robs 30 year old men of 20 years
4 jabs robs 30 year old men of 23 years
5 jabs robs 30 year old men of 24 years

That is the price you pay for trusting the NHS, trusting the government and trusting the BBC and the Main Stream Media.

That is what Media like the Expose have been trying to prevent.

NSW Vax status 2023Jan7

The population of New South Wales in Australia was 6,505,883 in 2022. the vaccination status is as follows...
https://www.health.gov.au/our-work/covid-19-vaccines/vaccination-numbers-and-statistics

2023Jan7 status	0 Doses	1 Dose	2 Doses	3 Doses	4+ Doses	Total Pop
Number in NSW with at least	6,505,883	6,317,213	6,233,463	4,591,260	1,719,654	
Number in NSW with precisely	188,670	83,750	1,642,203	2,871,606	1,719,654	6,505,883
% in NSW with at least	100	97.1	95.8	70.5	45.7	
% in NSW with precisely	2.9	1.3	25.3	24.8	45.7	100

NSW Australia data for Hospital and ICU Admissions during the last 6 weeks of 2022 show dose-dependent immune system destruction

https://www.health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx

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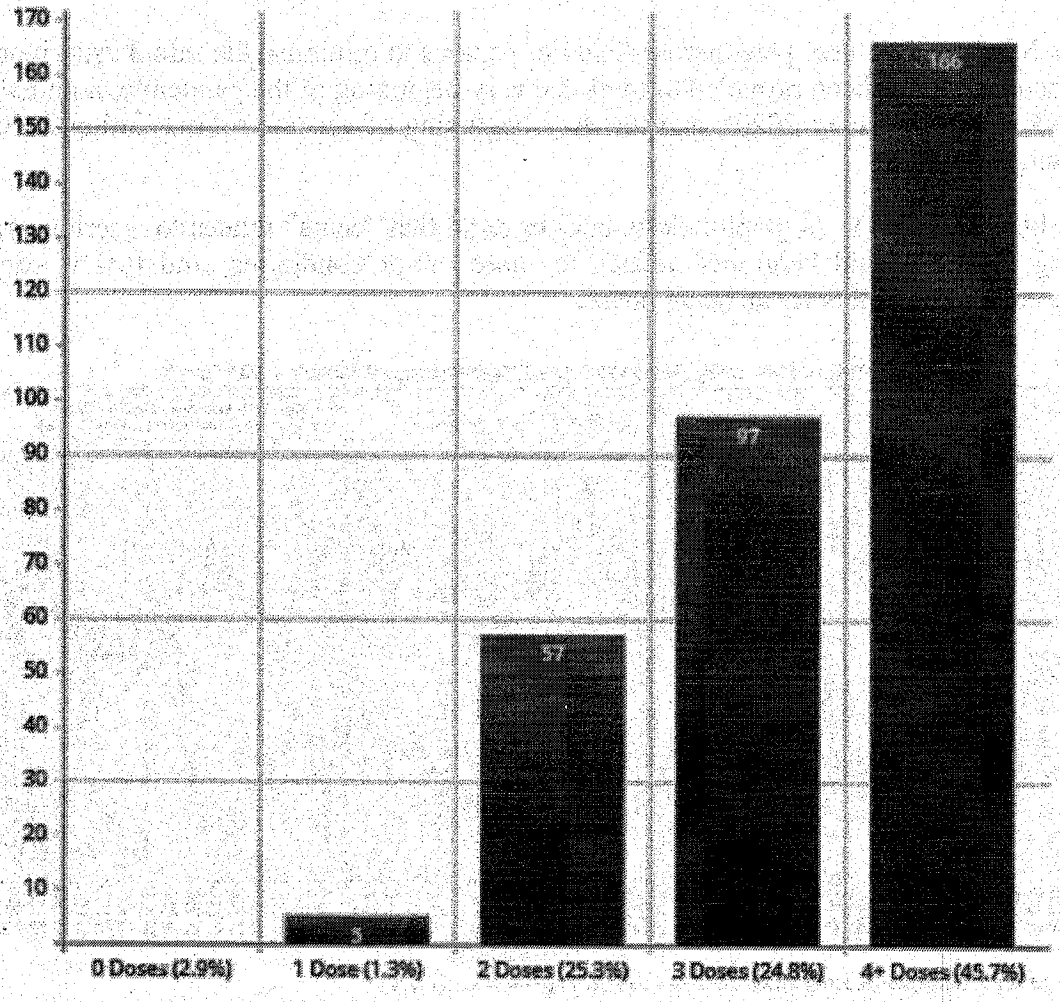
https://www.health.nsw.gov.au/Infectious/covid-19/Documents/weekly-covid-overview-20221231.pdf
https://www.health.nsw.gov.au/Infectious/covid-19/Documents/weekly-covid-overview-20221217.pdf
https://www.health.nsw.gov.au/Infectious/covid-19/Documents/weekly-covid-overview-20221210.pdf
https://www.health.nsw.gov.au/Infectious/covid-19/Documents/weekly-covid-overview-20221203.pdf
https://www.health.nsw.gov.au/Infectious/covid-19/Documents/weekly-covid-overview-20221126.pdf
https://www.health.nsw.gov.au/Infectious/covid-19/Documents/weekly-covid-overview-20221119.pdf

NSW Covid ICU admissions 2022Nov19-Dec31

NSW Australia Hospital ICU Admissions by vax status for last 6 weeks of 2022 (Nov 19-Dec 31)

https://www.health.nsw.gov.au/Infectious/covid-19/Documents/weekly-covid-overview-20221231.pdf -20221217.pdf, -20221210.pdf, -20221203.pdf, -20221126.pdf, -20221119.pdf
Total Population of NSW is 6,505,883



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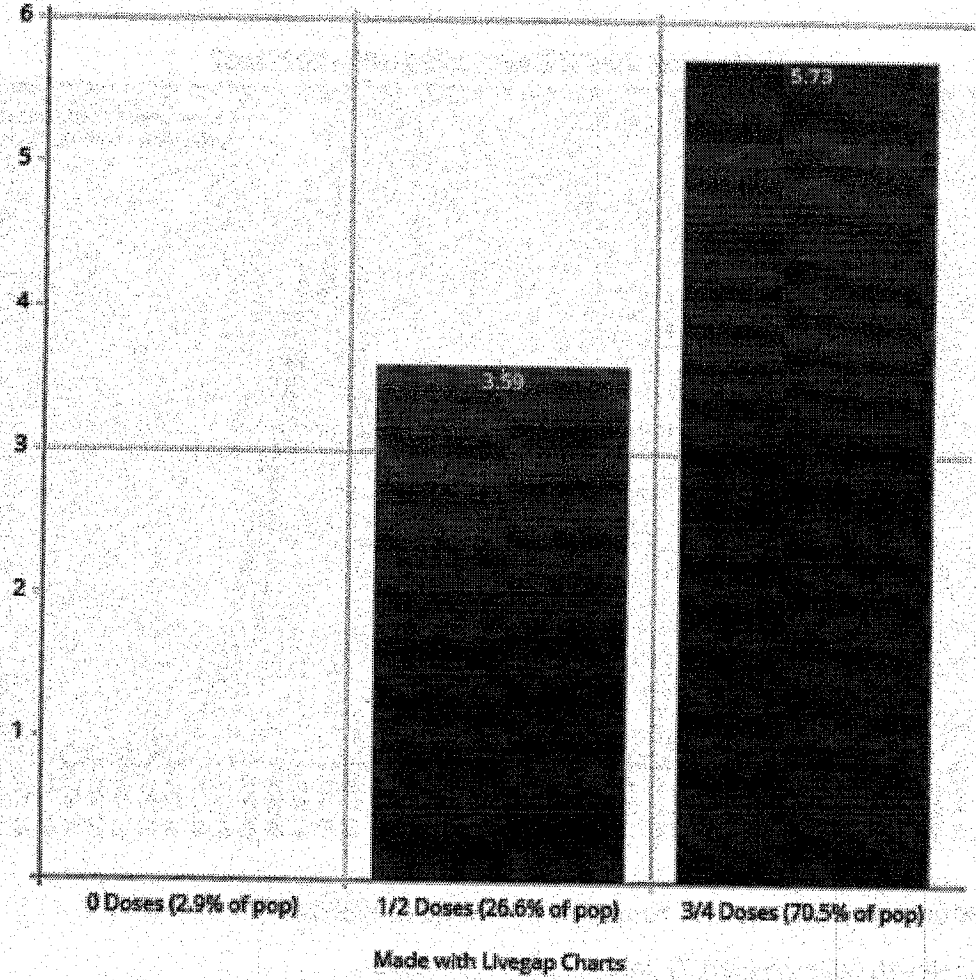
Doses	Dosed Pop	NSW %	Nov13-19	Nov20-26	Nov27-Dec3	Dec4-10	Dec11-17	Dec18-24 Dec25-31	Nov13 - Dec31	ICU Admissions per % of pop	ICU Admissions per 100k
4+	1,719,654	45.7	23	12	18	31	24	58	166	3.63	5.58
3	2,871,606	24.8	16	9	15	12	14	29	97	3.91	6.01
2	1,642,203	25.3	4	10	7	11	8	17	57	2.25	3.49
1	83,750	1.3	0	0	3	1	0	1	5	3.85	5.92
0	188,670	2.9	0	0	0	0	0	0	0	0	0
U			14	11	11	8	12	35	91		
1/2	1,725,953	26.5	4	10	10	12	8	18	62	2.34	3.59
3/4+	4,591,260	70.6	41	21	33	43	38	87	263	3.73	5.73

NSW Australia Hospital ICU Admissions per 100k by vax status for last 6 weeks of 2022 (Nov19-Dec31)

https://www.health.nsw.gov.au/Infectious/covid-19/Documents/weekly-covid-overview-20221231.pdf -20221217.pdf, -20221210.pdf, -20221203.pdf, -20221126.pdf, -20221119.pdf
Total Population of NSW is 6,505,883



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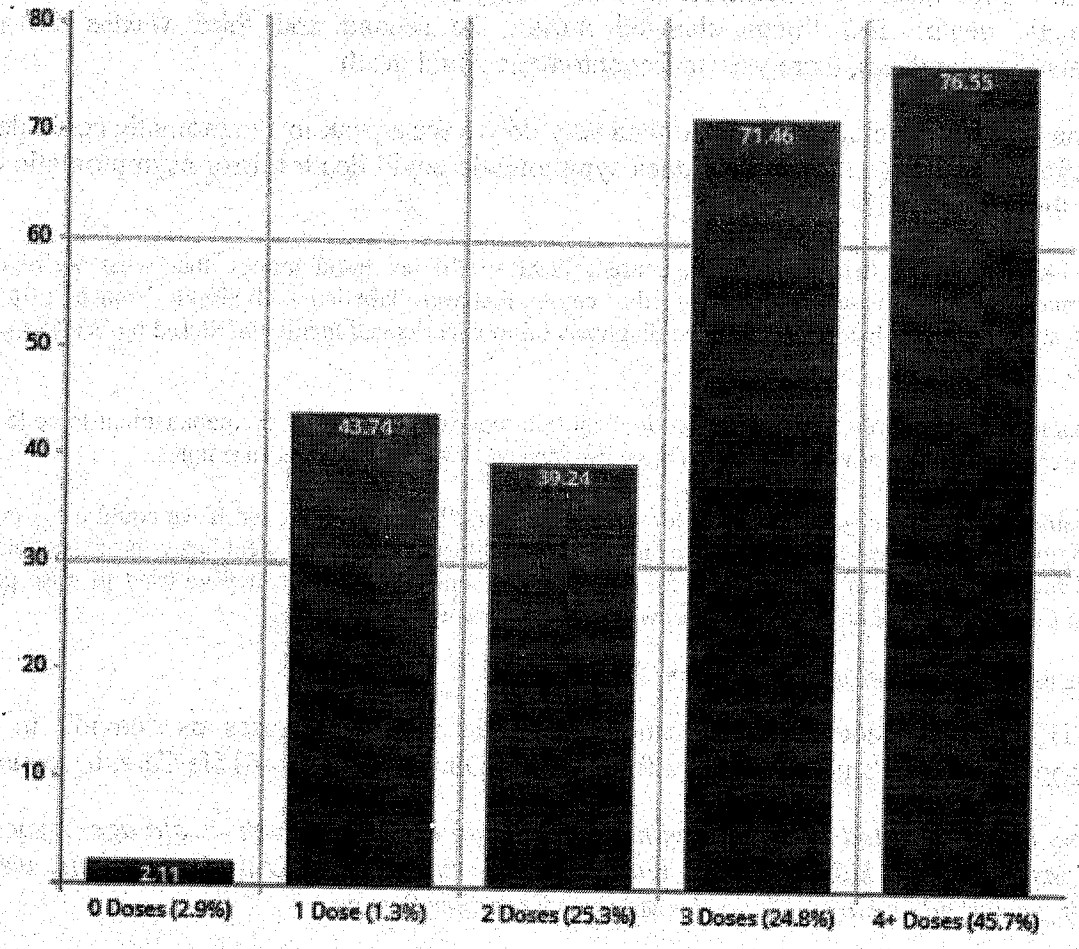
NSW Covid Hospital admissions 2022Nov19-Dec31

NSW Australia Hospital Admissions per 100k by vax status for last 6 weeks of 2022 (Nov19-Dec31)

https://www.health.nsw.gov.au/Infectious/covid-19/Documents/weekly-covid-overview-20221231.pdf -20221217.pdf, -20221210.pdf, -20221203.pdf, -20221126.pdf, -20221119.pdf
Total Population of NSW is 6,505,883



Doses	Dosed Pop	NSW %	Nov13-19	Nov20-26	Nov27-Dec3	Dec4-10	Dec11-17	Dec18-24 Dec25-31	Nov13-Dec31	Admissions per % of pop	Admissions per 100k
4+	1,719,654	45.7	214	249	296	345	362	810	2276	49.80	76.55
3	2,871,606	24.8	114	142	170	163	187	377	1153	46.49	71.46
2	1,642,203	25.3	59	80	85	95	109	218	646	25.53	39.24
1	83,750	1.3	4	6	8	3	6	10	37	28.46	43.74
0	188,670	2.9	0	3	0	1	0	0	4	1.37	2.11
U			120	129	138	186	170	364	1107		

17-7

There is the proof of immune system destruction by vaccination mediated spike proteins. We see the same pattern for Hospital admissions in Australia as we see for infection rates in Cleveland. The more shots you take the weaker your immune system becomes. And that is for the target of the therapy! The above graphs do NOT address any of the side effects.

Conclusion

The population of NSW in Australia is 6½ million people. They are a highly vaccinated group. Looking at the Australian Government data for the last 6 weeks of 2022 we see that.

1. Those with 1 or 2 doses are 20x more likely to be admitted to hospital with Covid than those with no doses.
2. Those with 3 or 4 or more doses are 35x more likely to be admitted to hospital with Covid than those with no doses.
3. Being unvaxxed provides 100% protection from having to go to the ICU. Being vaxxed gives you a 6 in 100,000 chance of being hospitalised in the ICU.
4. Vaccines are unsafe and extremely ineffective.
5. COVID-19 vaccination is putting unsustainable pressure on hospitals and ICUs in NSW and by implication all over the world.
6. The NHS in the UK will be destroyed unless vaccinations are banned immediately. It may already be too late.
7. The vaccines prevent herd immunity. Herd immunity will never be reached in the vaxxed. It has already been reached in the unvaxxed
8. The continuation of the pandemic is entirely caused by the anti vaccines.

The last time I looked at the data in NSW, for the last 6 weeks of 2021, the double vaxxed were 2.18x more likely to catch Omicron than the unvaxxed.

Here we are today, 12 months later in the last 6 weeks of 2022, and the double vaxxed are not 2.18x, but actually 20x more likely to catch the latest variant. And the triple jabbed are 35x more likely!

So, there is the immune system destruction that I predicted in October 2021. There is the progressive vaccine-mediated AIDS. These are farcical Monty Python kinds of numbers. As I understand it the Australian government is now going to stop classifying hospital data by vax status.

Talk about burying your head in the sand. In any event. It is too late. The cat is out of the bag. These figures are an accelerating immunological catastrophe.

The data we have analysed are for the disease that the vaccines are supposed to be protecting us from (Covid-19). They do not address the plethora of cardiovascular, neurological, immunological, reproductive and systemic side effects of the genetic anti vaccinations which cause further hospital admissions.

We have given control of our Health Services to big pharma and they have destroyed those services. The day will come, if it has not already, when 50% of the patients in our hospitals are suffering from vaccine-mediated pathology.

The question then becomes, how many others in addition to the vaccine damaged are suffering from Big Pharma-mediated pathologies resulting from other Big Pharma 'medications'?

The credibility and the viability of all health care worldwide is therefore entirely dependent upon the immediate cessation of genetic vaccination.