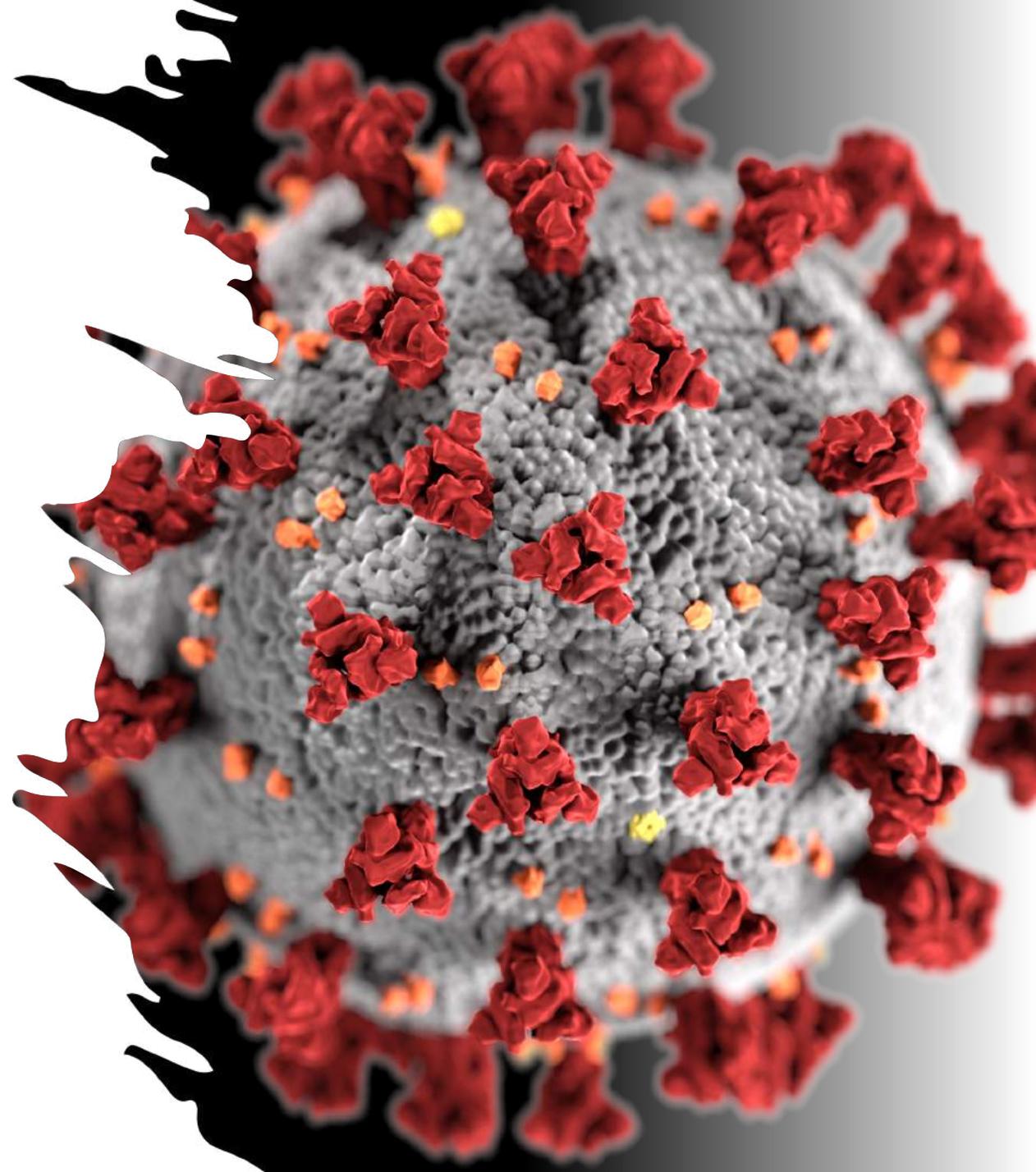


What You Need to Know About COVID and these New Vaccines

The Uncensored Fine Print

Ashley Everly | B.S. Environmental Toxicology



Ashley Everly

Bachelor of Science in Environmental Toxicology.

Interned at the California Environmental Protection Agency in the Office of Environmental Health Hazard Assessment.

Began investigating published medical research on vaccines and associated infections in 2011, created Vaccine Guide (<https://Vaccine.Guide>) in 2018.

Worked with and for non-profit organizations, advocacy groups, and law firms / legal teams.

Decision-making paradigm

1. Wait and observe, listen to various perspectives.
2. Check the data, not just the headlines. (Seek to understand details, not regurgitate claims.)
3. How was the data collected and analyzed?
4. Are conclusions based on sound reasoning and logic?
5. Is there a conflict of interest?
6. Does it make sense?

The Official Numbers [as of July 4th, 2021]

33,530,880 Cases

32,927,862 Recovered and/or Survived

603,018 Deaths

98.3% Survival rate

1.7% Case Fatality Rate (CFR)

Source: CDC COVID Data Tracker https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases

The Fine Print

- Fine print is less noticeable print, smaller than the more obvious larger print it accompanies that advertises or otherwise describes or partially describes a commercial product or service.
- The larger print that is used in conjunction with fine print by the merchant often has the effect of deceiving the consumer into believing the offer is more advantageous than it really is.
- There is strong evidence that suggests the fine print is not read by the majority of consumers.
- Fine print may say the opposite of what the larger print says.

How was the data collected?

COVID Case Counts [Defining a “case”]

Probable vs. Confirmed (Both are counted amongst the overall case count)

Confirmed cases require a positive PCR Test.

Probable cases require at least:

1. Two minor symptoms *or* one major symptom of COVID, for example a headache and a sore throat, *or* a cough. (Any mild cold or flu would satisfy these requirements.)

And **2.** You live in an area where COVID is considered endemic with ongoing community transmission.

May 18th, 2020, Collin County, TX Commissioners Meeting:

[23:54] "What's remarkable is... right now, Texas is considered an endemic region. So, all of the residents of the county, already satisfy the [close contact condition]. Now they only have to satisfy [one of the other two]..."

If someone has two minor symptoms or one major symptom, that qualifies. Fever, headache, sore throat, chills... and fever by the way could either be measured fever, or subjective fever. They just, feel like they've got a fever."

"If you have a subjective fever, and you have a headache, and you live in Collin County, you now meet the qualifications to be a probable COVID patient."

"It is remarkable how low the standard is now. If you have ONE of the major symptoms, you have a cough, or you have shortness of breath, and you live in Collin county, then you can satisfy the definition for a probable COVID case."

"I don't think it can be overstated here, how much this can be taken out of context and could be giving a false narrative to our citizens and to our community."

[45:07] "There's no guarantee that even if the state keeps these numbers separate [confirmed and probable], that, media will. There's so many opportunities for there to be bad information provided."

Note

CDC clarified the case definition on August 5th, 2020 and added a "suspected case" definition, for those who received a positive antibody test.

Requirement for being considered a ***probable case*** was generally the same, except that being in an endemic region no longer satisfied the Epidemiological Linkage criteria. You would need to have had "close contact" with a confirmed or probable case within the past 14 days.

However, the definition of "close contact" is subject to interpretation.

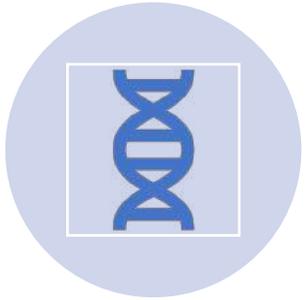
Your Coronavirus Test Is Positive. Maybe It Shouldn't Be.

The usual diagnostic tests may simply be too sensitive and too slow to contain the spread of the virus.

Published August 29th, 2020 in the New York Times

Source: <https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html>

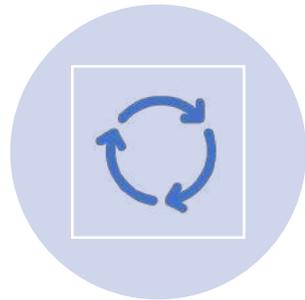
The PCR Test [How does it work?]



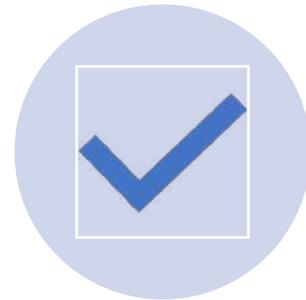
In a PCR test, your sample is amplified in cycles in order to detect viral genetic material.



If the test identifies bits or pieces of viral genetic material, your sample is considered to be positive.



The number of times your sample was amplified in order to detect viral genetic material is called the cycle threshold.



Interpretation of the result based on the cycle threshold should be required but is not considered.

The Problem with the PCR Test

Tests can detect not just live virus but also genetic fragments left over from infections with other viruses which currently pose no risk.

Manufacturers set their tests at a various cycle thresholds (Ct). In the US, the Ct is typically set at 40 cycles, some at 37 or 35.

With a Ct of 35 or higher, a positive test is false 97% of the time. 3% of the time, the positive test is accurate.

The cycle threshold is never included in results sent to doctors or patients and the CDC has not set a standard cycle threshold.

Source: Corman-Drosten Review Report <https://cormandrostenreview.com/report/> PubMed <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7268832/>
Oxford <https://academic.oup.com/cid/article/72/11/e921/5912603>

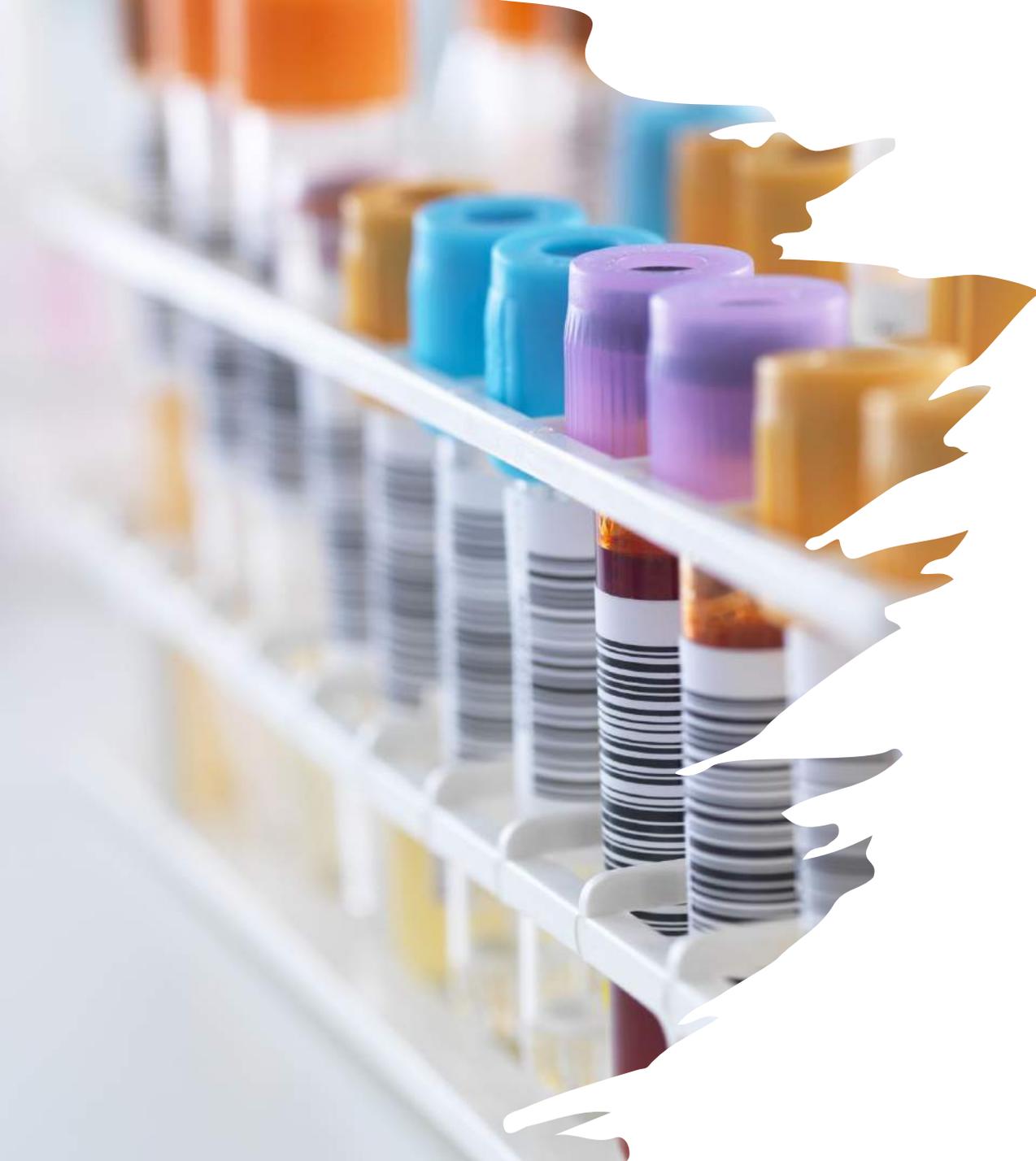
World Health Organization Guidance

On January 13th, 2021, the WHO issued a notice for those performing PCR tests:

“The cycle threshold (Ct) needed to detect virus is inversely proportional to the patient’s viral load. Where test results do not correspond with the clinical presentation, a new specimen should be taken and retested...”

“A useful assessment is the sensitivity of the test in patients with a rRT-PCR **cycle threshold (Ct) below a specific value (e.g. 28 or 30)**, because the virus is expected to be abundant in respiratory samples when the test is in this range, and test sensitivity correspondingly high...”

Sources: WHO <https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05>
https://apps.who.int/iris/bitstream/handle/10665/334253/WHO-2019-nCoV-Antigen_Detection-2020.1-eng.pdf



Validity of the PCR Test

The overall validity of a PCR test depends on the cycle threshold being used and whether the individual performing the test is interpreting it properly.

Unfortunately, we, the public, have no way of knowing because labs / testing facilities do not disclose this information and the CDC has not issued guidance on cycle thresholds.

COVID positive foods & animals

- “Coronavirus test kits used in Tanzania were dismissed as faulty by President John Magufuli on Sunday, because he said they had returned positive results on samples taken from a goat and a [papaya].”
- “A sample of frozen chicken wings imported from Brazil has tested positive for the novel coronavirus in [a] southern Chinese city...”

Sources:

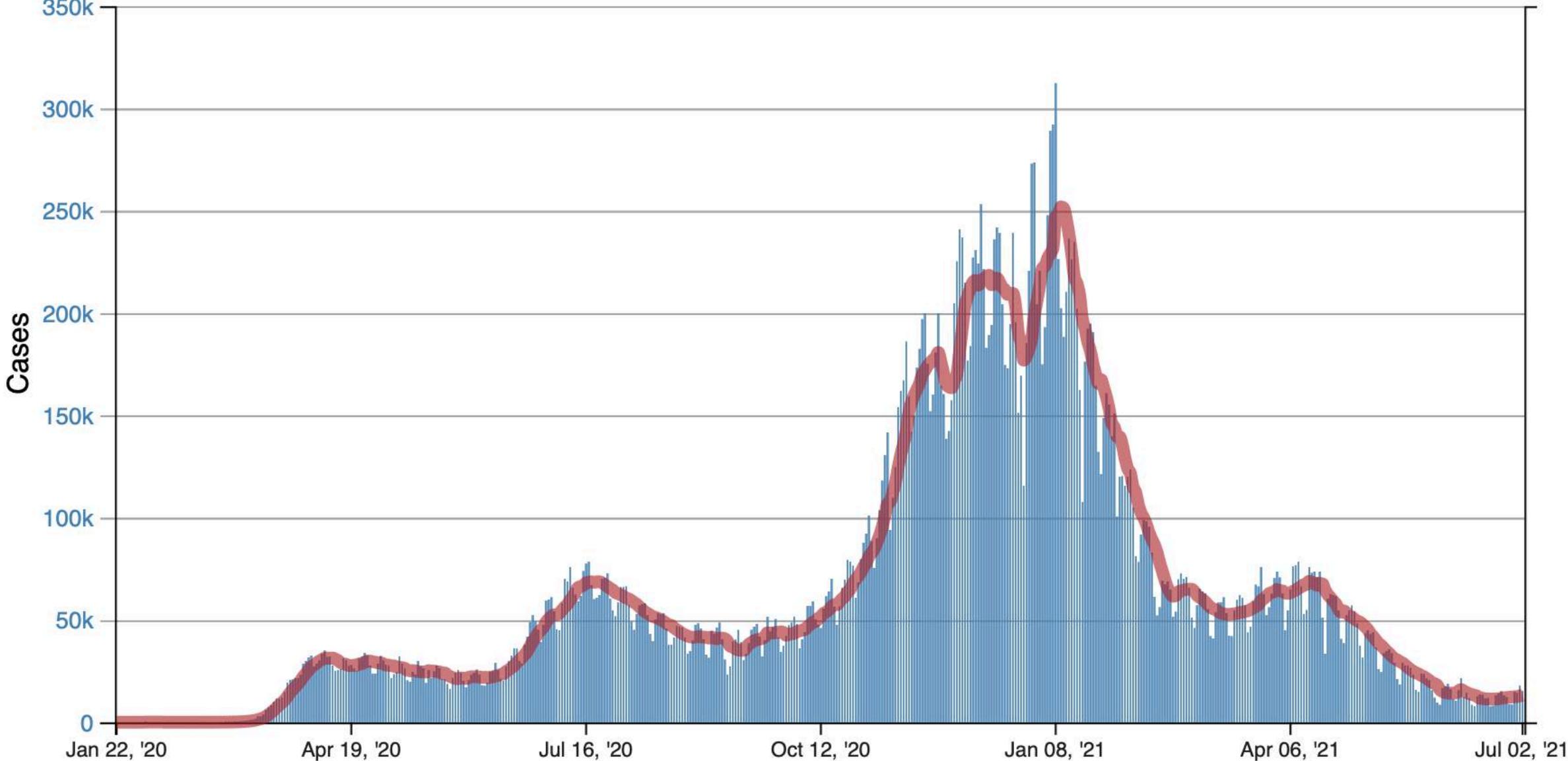
Reuters

<https://www.reuters.com/article/us-health-coronavirus-tanzania/president-queries-tanzania-coronavirus-kits-after-goat-test-idUSKBN22F0KF>

CNN

<https://www.cnn.com/2020/08/13/asia/china-coronavirus-chicken-wings-intl-hnk/index.html>

Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



What do COVID case numbers reflect most?

It reflects the number of samples that were tested (a lot) plus the number of people who informed a doctor or clinic that they had symptoms of any kind.

“COVID”, also known as:

Being asymptomatic, no symptoms of illness or disease

Cold viruses, influenza, other viruses, pneumonia, or true COVID

Chronic obstructive pulmonary disease (COPD)

Asthma, bronchitis, emphysema

Allergic rhinitis, sinusitis, ear infection

Acid reflux

Heart failure

Medication side effects or vaccine adverse events

...and so on.



Investigating Excess Deaths

The Official Numbers

Sources:

<https://pubmed.ncbi.nlm.nih.gov/24979972/>

<https://pubmed.ncbi.nlm.nih.gov/26222597/>

<https://pubmed.ncbi.nlm.nih.gov/26759855/>

<https://pubmed.ncbi.nlm.nih.gov/26905861/>

<https://www.cdc.gov/nchs/products/databriefs/db229.htm>

<https://jamanetwork.com/journals/jama/fullarticle/2778234>

Year	Total Deaths	% Increase
2010	2,468,435	
2011	2,515,458	1.9%
2012	2,543,279	1.1%
2013	2,596,993	2.1%
2014	2,626,418	1.1%
2015	2,712,630	3.2%
2016	2,744,248	1.2%
2017	2,813,503	2.5%
2018	2,839,205	0.9%
2019	2,854,838	0.5%
2020	3,358,814	15.0%

COVID Deaths by Age

57% of COVID deaths occurred in those aged 75 years or older.

22% were 65-74 years.

16% were 50-64 years.

Sources: CDC Data Tracker
<https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-by-Sex-and-Age/9bhg-hcku>

Age Group	COVID-19 Deaths	Percentage of Total COVID Deaths
Under 1 year	81	0.01%
0-17 years	326	0.05%
1-4 years	38	0.01%
5-14 years	114	0.02%
15-24 years	981	0.16%
18-29 years	2,408	0.40%
25-34 years	4,286	0.72%
30-39 years	6,913	1.16%
35-44 years	10,926	1.84%
40-49 years	18,435	3.10%
45-54 years	30,256	5.08%
50-64 years	94,211	15.83%
55-64 years	75,611	12.71%
65-74 years	132,611	22.28%
75-84 years	163,161	27.42%
85 years +	177,021	29.75%
All Ages	595,086	100.00%

COVID Deaths by Age

3% were 40-49 years.

1% were 30-39 years.

0.4% were 18-29 years.

0.05% were 0-17 years.

Sources: CDC Data Tracker

<https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-by-Sex-and-Age/9bhg-hcku>

Age Group	COVID-19 Deaths	Percentage of Total COVID Deaths
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85 years +	177,021	29.75%
All Ages	595,086	100.00%

Chronic disease in the US

The rate of chronic disease in the US has steadily increased.

According to the CDC, in 2008, 78% of adults aged 55 and older had at least one chronic condition.

Among adults aged 65 or older, the prevalence of *multiple* chronic conditions in 2014 was 62%.

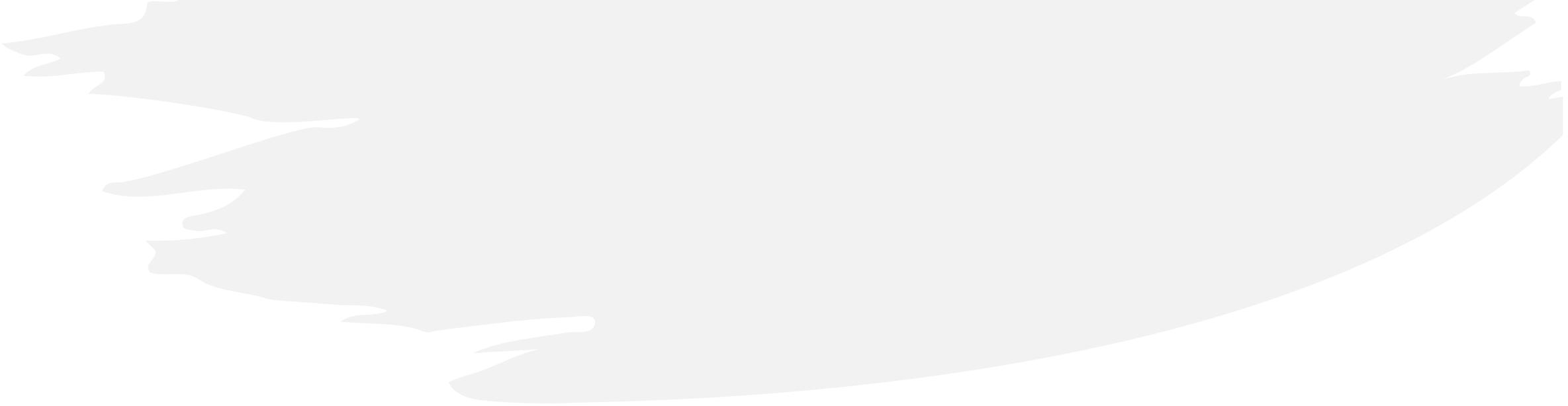
A study on 2018 data found that for **adults aged 65 or older**, the prevalence of *multiple chronic conditions* was **highest among adults with both Medicare and Medicaid** (76.9%).

Mental illness in the US

As of 2019, over 20% of adults the US live with a mental illness, ranging from mild to severe.

5.2% of US adults live with a serious mental illness.

Source: National Institute of Mental Health <https://www.nimh.nih.gov/health/statistics/mental-illness>



THE LOCKDOWN

Your appointment has been canceled.

All elective surgeries, non-essential medical, surgical, and dental procedures were delayed in 2020.

“Elective surgeries are important procedures that you can schedule in advance, [and] include more serious conditions like hernia surgery; removing kidney stones or an appendix; and hip replacements... Breast cancer surgery like a mastectomy is critical to address, even though it might not qualify as an emergency procedure needing to be done that same day.”

Preventative screenings suspended.

Your livelihood has been canceled.

Are you considered nonessential to your government?

Is the ability to work and provide for yourself or your family not considered “essential”?

An additional 200,000 businesses were permanently closed as a result of the economic shutdown.

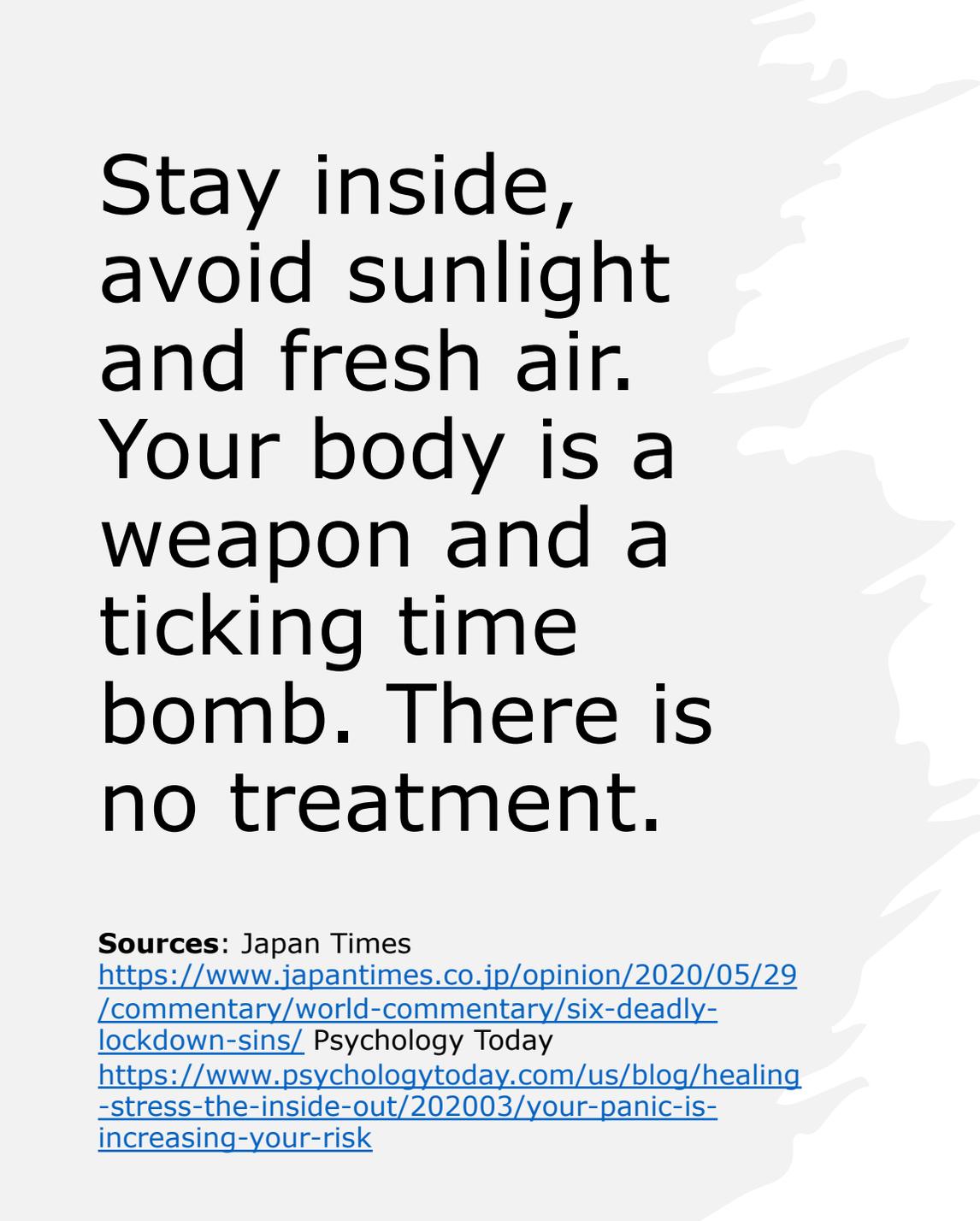
Your social life has been canceled.

Do not gather, keep your distance.

Stay away from family and friends.

Avoid handshakes, hugs, and all in-person socialization.

Source: Psychology Today <https://www.psychologytoday.com/us/blog/living-mild-cognitive-impairment/201606/the-health-benefits-socializing> Medical News Today <https://www.medicalnewstoday.com/articles/321019>



Stay inside,
avoid sunlight
and fresh air.
Your body is a
weapon and a
ticking time
bomb. There is
no treatment.

Sources: Japan Times

<https://www.japantimes.co.jp/opinion/2020/05/29/commentary/world-commentary/six-deadly-lockdown-sins/> Psychology Today
<https://www.psychologytoday.com/us/blog/healing-stress-the-inside-out/202003/your-panic-is-increasing-your-risk>

“...lockdowns barred people from some healthy open air lifestyle options in parks, gardens and on beaches, instead cooping them up in high-risk environments like congested living complexes.

In New York, two-thirds of new hospital admissions were infected at home while sheltering-in-place. Prolonged exposure in enclosed environments is high risk; in outdoor settings the risk is under 5 percent.”

“Unrelenting cortisol, your primary stress hormone, suppresses your immune system by reducing the number of its virus-fighting cells.”

Nursing home death traps

“To protect the hospital system, patients were discharged into care and nursing homes to deadly effect. About half of America’s COVID-19 deceased were nursing home residents.”

Compared with hospitals, nursing homes suffer from inadequate training, PPE and medical supplies; not enough carers; and no rigorous separation and physical distancing of infected from other residents.

During the pandemic, Governor Cuomo of **New York** required nursing homes to accept COVID-positive patients, and then hid the data about the deaths of nursing home residents in his state.

Governors of **New Jersey**, **Pennsylvania**, and **Michigan** also required nursing homes to accept COVID-positive patients, putting our most vulnerable population at greatest risk.

Source: Japan Times <https://www.japantimes.co.jp/opinion/2020/05/29/commentary/world-commentary/six-deadly-lockdown-sins/>
Stat News <https://www.statnews.com/2021/02/26/cuomos-nursing-home-fiasco-ethical-perils-pandemic-policymaking/>
CBS News <https://www.cbsnews.com/news/covid-19-nursing-homes-data-department-of-justice/>

Little to no accountability or protections

“During the pandemic, the federal government waived many longstanding resident protections and facility reporting requirements.

Accountability and oversight were severely limited, as CMS waived virtually all standard and complaint surveys and barred long-term care [legal representatives] and families from visiting.”

New Mexico designated a coronavirus-only facility, Canyon Transitional Rehabilitation Center, a one-star facility... that was cited for “a complete lack of infection control, massive staff shortages and staff incompetence.”

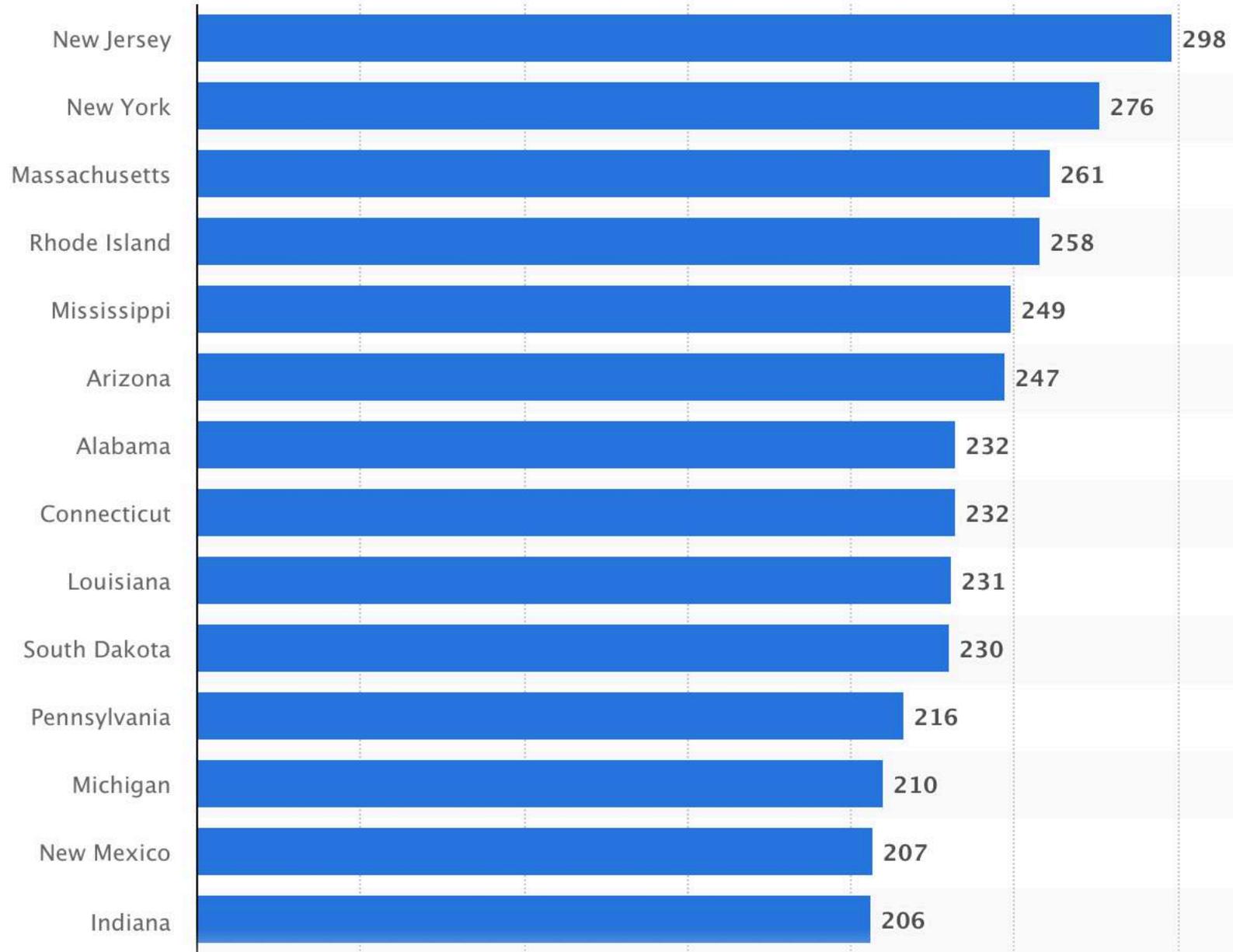
The facility was eligible for payments of \$600 per patient per day, in addition to Medicare payments for the residents.

New York and New Jersey have the highest COVID death rates.

Pennsylvania and Michigan took the 11th and 12th spots.

Massachusetts financially incentivized nursing homes to accept COVID + patients.

Sources: Statista
<https://www.statista.com/statistics/1109011/coronavirus-covid19-death-rates-us-by-state/>
Medicare Advocacy
<https://medicareadvocacy.org/report-snf-financial-support-during-covid/>





Why Surviving the Virus Might Come Down to Which Hospital Admits You

In New York City's poor neighborhoods, some patients have languished in understaffed hospitals, with substandard equipment. It was a different story in Manhattan's private medical centers.

Published July 1st, 2020 in the New York Times

Source: <https://www.nytimes.com/2020/07/01/nyregion/Coronavirus-hospitals.html>

Whistleblower from a New York City public hospital

Erin Marie Olszewski, Registered Nurse, flew from Florida to work in a NYC hospital at the heart of the pandemic in April & May 2020.

Erin says she was fired for advocating for her patients and that fraud, negligence, and greed led to unnecessary deaths.

She has also called for a federal investigation into the care at Elmhurst Hospital.

Sources: The Sun <https://www.the-sun.com/news/1357963/new-york-nurse-coronavirus-book-investigation-elmhurst-hospital/>
Undercover Nurse <https://www.amazon.com/Undercover-Epicenter-Nurse-Negligence-Unnecessary/dp/151076366X>



Recklessness and malpractice

Erin claims the hospital was not following proper cleaning protocols, that residents weren't wearing personal protective equipment (PPE) correctly, and that patients were being given the wrong medications.

In addition, COVID negative patients who were admitted to the hospital for unrelated conditions, were placed with COVID-positive patients where they would quickly and easily contract COVID.

In an interview, she describes how patients were unnecessarily placed on ventilators, suffered from botched procedures, and how hospitals can get away with fraud when billing Medicare and Medicaid.

She was not the only nurse who spoke up about this.*

Sources: Journeyman Pictures <https://www.youtube.com/watch?v=UIDsKdeFOmQ&t=9s> *NY Post <https://nypost.com/2020/05/05/coronavirus-nurse-says-negligence-has-patients-dying-at-nyc-hospitals/>



Hospital- acquired COVID

Whether real or simply documented as such, according to several reports, the SARS-CoV-2 hospital-acquired infection rate is 12–15%, worldwide. This varies by hospital and region.

Source: PubMed <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7827479/>

Typical COVID Treatment Protocol

- Remdesivir
- Immunosuppressants
- Mechanical ventilation
- Sedatives
- Opioids
- Antipsychotics
- Neuromuscular blocking agents (paralytics)
- Convalescent plasma

Sources:

ASA <https://www.asahq.org/about-asa/newsroom/news-releases/2020/06/critical-care-drug-recommendations-for-covid-19-during-times-of-drug-shortages>

Mount Sinai
<https://www.mountsinai.org/files/MSHealth/Assets/HS/About/Coronavirus/MSHS-Treatment-Guidelines-COVID.pdf>

Ventilators and blood clots

One of the most concerning issues COVID patients may experience, is blood clots.

When a patient is placed on a ventilator, they are given paralyzing drugs and sedatives, and kept immobile.

Yet, according to published research, each of these - ventilation, paralytics, sedation, immobility - are independent ICU-acquired risk factors for pulmonary embolisms (blood clots in the lung).

Prolonged ventilation is also associated with a higher incidence of deep vein thrombosis / DVT (usually in legs).

Medical professionals have admitted that ventilators have been overused and often make patients worse, and most patients placed on ventilators died.

Sources: PubMed <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3664206/>

STAT News <https://www.statnews.com/2020/04/08/doctors-say-ventilators-overused-for-covid-19> WebMD <https://www.webmd.com/lung/news/20200422/most-covid-19-patients-placed-on-ventilators-died-new-york-study-shows#1>

Description of COVID treatment scenario, from a COVID ICU nurse.

First, paralytics to control breathing via ventilator.

Then 2 sedatives (Propofol & Fentanyl).

Blood pressure medication.

Intubation, infection risk rises.



Alvaro Sarria

Jun 28 · 🌐

In the COVID ICU we use medications like vecuronium to completely paralyze your muscles so we can control every aspect of your breathing. So now you are paralyzed but we don't want you paralyzed while alert and awake, that would be inhumane. So we add at least 2 sedation medications. One is usually propofol (the one linked to Michael Jackson's death) and the other is fentanyl (the one linked to so many opioid overdose deaths). Of note, all these medications usually go on an IV, but not on your arm like they would do in the emergency room, we put IVs right into your jugular. But hey, all this sedation also lowers your blood pressure and you need an adequate pressure for blood to reach your vital organs, like your kidneys, you don't want kidney failure. So now you are on another medication called levophed to keep your blood pressure up. But being on all these medications while completely unable to move and with a tube down your throat... where do you get your nutrition from? So we put another tube down into your stomach, we put another tube in your urethra to make sure you are urinating. Meanwhile your muscles are wasting away from being paralyzed, you are at an insanely high risk of infection because of all these tubes and IVs in places where they don't belong, your skin can breakdown due to prolonged contact pressure from being paralyzed, and you can develop heart rhythm irregularities as side effects of these medications, which now puts you at an increased risk of cardiac arrest and dying.

Jan 31, 2021, 06:59pm EST | 54,582 views

The Strange Story Of Remdesivir, A Covid Drug That Doesn't Work

Remdesivir was not held to the same standards as other potential treatments and/or drug candidates. It was given FDA approval based on promising data from relatively small trials.

Ultimately, published data found Remdesivir had little or no effect on mortality, need for ventilation, or duration of hospital stay.

Cost: \$2600 per treatment.

Sources: Forbes <https://www.forbes.com/sites/jvchamary/2021/01/31/remdesivir-covid-coronavirus/?sh=181f760066c2>
Medscape <https://www.medscape.com/viewarticle/944851>

Supplemental therapies

[Censored or ignored]

Ivermectin

Budesonide

N-Acetyl cysteine

Glutathione

Zinc

Quercetin

Vitamin C

Thiamine

Sources [A few, there are many more that exist.]

Ivermectin

<https://covid19criticalcare.com/ivermectin-in-covid-19/> ,
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7845747/>

Budesonide

<https://www.sciencedirect.com/science/article/abs/pii/S2213260021001600>
<https://www.medrxiv.org/content/10.1101/2021.04.10.21254672v1.full>
<https://fortune.com/2020/07/24/budesonide-coronavirus-covid-richard-bartlett/>

NAC

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7195028/>
<https://www.tandfonline.com/doi/abs/10.1080/23744235.2021.1945675>
<https://www.sciencedirect.com/science/article/abs/pii/S0306987720314973>
<https://www.sciencedirect.com/science/article/pii/S0306987720308276>
<https://bit.ly/3hOr9Uq>

Glutathione

<https://www.europeanreview.org/wp/wp-content/uploads/12500-12509.pdf>
<https://pubs.acs.org/doi/abs/10.1021/acsinfecdis.0c00288>
<https://www.sciencedirect.com/science/article/pii/S2213007120301350>
<https://www.mdpi.com/2076-3921/9/10/914>
<https://www.frontiersin.org/articles/10.3389/fphar.2020.579944/full>

High dose vitamin C

<https://journal.restorativemedicine.org/index.php/journal/article/view/158/181>
<https://www.mdpi.com/2072-6643/12/11/3286>
<https://bmjopen.bmj.com/content/10/7/e039519.abstract>

Quercetin

<https://onlinelibrary.wiley.com/doi/full/10.1002/ptr.6887>
<https://link.springer.com/article/10.1186/s12950-021-00268-6>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8238537/>
<https://bit.ly/3yBjz6C>

Zinc

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7664497/>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8013504/>
<https://assets.researchsquare.com/files/rs-94509/v1/0a05d31d-ce95-4559-a964-4280ab05ef9f.pdf?c=1603720289>

Thiamine

<https://ccforum.biomedcentral.com/articles/10.1186/s13054-021-03648-9>
<https://www.sciencedirect.com/science/article/pii/S2666354621000557>

NBC News

<https://www.nbcnews.com/politics/politics-news/youtube-suspends-gop-sen-ron-johnson-s-account-says-he-n1270569>

The Hill

<https://thehill.com/homenews/media/560384-bill-maher-slams-tech-giants-for-limiting-covid-19-info-ivermectin-isnt-a?rl=1>

INVESTIGATIONS

One in 3 death certificates were wrong before coronavirus. It's about to get even worse.

Jessica Priest USA TODAY

Published 6:34 p.m. ET Apr. 25, 2020 | Updated 2:30 p.m. ET May 11, 2020

A review of Missouri hospitals in 2017 found nearly half of death certificates listed an incorrect cause of death.

A Vermont study found 51% of death certificates had major errors.

Source: USA Today <https://www.usatoday.com/story/news/investigations/2020/04/25/coronavirus-death-toll-hard-track-1-3-death-certificates-wrong/3020778001/>

Inaccurate reporting on death certificates is systemic

Almost half (48.6%) of New York City physician residents surveyed and 58.4% of high-volume respondents admitted they *knowingly* reported an inaccurate cause of death.

Of those who reported an inaccurate cause, 76.8% said the system would not accept the correct cause, 40.5% admitted office personnel instructed them to “put something else,” and 30.7% said the medical examiner instructed them to do so.

Sources: PubMed <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3664206/>

USA Today <https://www.usatoday.com/story/news/investigations/2020/04/25/coronavirus-death-toll-hard-track-1-3-death-certificates-wrong/3020778001/>

Investigations & autopsies

In the state of California, doctors are expected to provide a cause of death within 15 hours.

Autopsies are highly important for finding misdiagnoses, however only 4-8% of deaths are investigated by autopsy.

Testimony from a death certificate clerk of nearly 7 years admits that causes of death on death certificates are medical *opinion*, not scientific or objective fact.

Domestic violence, Drug overdose, Suicide

10-27% increase in domestic violence calls and arrests in 2020.

According to data published by the City of Philadelphia, the number of shooting victims has increased approximately 7% during the period of April 01, 2020 to April 15, 2020 compared to the same time last year.

From Nov 2019 – Nov 2020, drug overdose deaths in the US jumped by 30%.

On May 22nd, 2020, the head doctor of trauma at John Muir Medical Center in Walnut Creek, California was reported to say that they've "**seen a year's worth of suicide attempts in the last four weeks.**"

Yet official statistics claim that suicides *declined* in 2020.

Sources: PubMed <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3664206/>

USA Today <https://www.usatoday.com/story/news/investigations/2020/04/25/coronavirus-death-toll-hard-track-1-3-death-certificates-wrong/3020778001/>

JAMA <https://jamanetwork.com/journals/jama/fullarticle/2778234>

What happened to the Flu?

During the **2019** flu season from Sept. 29 to Dec. 28 [a three-month period], the CDC reported more than **65,000** cases of influenza nationwide.

(Based on those who sought out testing via their doctor due to having actual flu symptoms.)

During the same period, this flu season [in **2020**], the agency reported **1,016** cases.

What's *not* being reported?

Deaths due to medical errors.

“Recent studies of medical errors have estimated errors may account for as many as 251,000 deaths annually in the United States (U.S.)...”

However, “the true number of premature deaths associated with preventable harm to patients [may be] more than 400,000 per year.”

Sources: <https://pubmed.ncbi.nlm.nih.gov/28186008/>
https://journals.lww.com/journalpatientsafety/Fulltext/2013/09000/A_New_Evidence_based_Estimate_of_Patient_Harms.2.aspx
CNBC <https://www.cnbc.com/2018/02/22/medical-errors-third-leading-cause-of-death-in-america.html>

Deaths due to medical error

A 2018 CNBC article states that studies on medical errors “[define] a death due to medical error as one that is caused by inadequately skilled staff, error in judgment or care, a system defect, or a preventable adverse effect.

This includes computer breakdowns, mix-ups with the doses or types of medications administered to patients and surgical complications that go undiagnosed.”

However, “ordinary complications can occur, **especially from unneeded medical care.** According to him, “**Twenty percent of all medical procedures may be unnecessary.**”

“Doctors have been encouraged by drug companies, sometimes through cash payments, to “promote” their products...”

“Currently the CDC uses a deaths collection system that only tallies causes of death occurring from diseases, morbid conditions, and injuries... [not drugs, vaccines, or medical error]”



Is there an incentive?

Physicians Say Hospitals Are Pressuring ER Docs to List COVID-19 on Death Certificates. Here's Why

The economic incentive to add COVID-19 to diagnostic lists and death certificates is clear and does not require any conspiracy.

Wednesday, April 29, 2020

Illinois's top health official explained that any victim diagnosed with the novel coronavirus would be classified as a COVID-19 death—regardless of whether it contributed to the patient's death.

“If you died of a clear alternate cause, but you had Covid at the same time, it's still listed as a Covid death,”

When a reporter asked who was applying the alleged pressure on physicians, he said it was hospital administration.

On April 8th, 2020, Senator and physician Scott Jensen from Minnesota made headlines when he stated that *hospitals get paid more* if Medicare patients are listed as having COVID-19 and get three times as much money if they need a ventilator.

“Hospital administrators might well want to see COVID-19 attached to a discharge summary or a death certificate.

Why? Because if it's a straightforward, garden-variety pneumonia that a person is admitted to the hospital for – if they're Medicare – typically, the diagnosis-related group lump sum payment would be \$5,000.

But if it's COVID-19 pneumonia, then it's \$13,000, and if that COVID-19 pneumonia patient ends up on a ventilator, it goes up to \$39,000.”

What is the Provider Relief Fund?

The Provider Relief Fund supports healthcare providers in the battle against the COVID-19 pandemic. Through the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement Act (PPPCHE), the federal government has allocated \$178 billion in payments to be distributed through the Provider Relief Fund (PRF).

Qualified providers of health care, services, and support may receive Provider Relief Fund payments for healthcare-related expenses or lost revenue due to COVID-19. Separately, the COVID-19 Uninsured Program reimburses providers for testing and treating uninsured individuals with COVID-19.

These distributions do not need to be repaid to the US government, assuming providers comply with the terms and conditions.

Incentivizing COVID Cases & Deaths

The federal government has allocated \$178 billion in payments to be distributed through the Provider Relief Fund.

`[A] provider [is] eligible to receive Provider Relief Fund payments so long as they provided on or after January 31, 2020, diagnoses, testing, or care for individuals with possible or actual cases of COVID-19.”

“HHS broadly views every patient as a possible case of COVID-19, therefore, *[HHS-reimbursed] care does not have to be specific to treating COVID-19.*”

These distributions do not need to be repaid to the US government.

Sources: HHS <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html>
<https://www.hhs.gov/sites/default/files/provider-relief-fund-general-distribution-faqs.pdf>

Provider Relief Funds for nursing homes

"During the coronavirus pandemic, nursing homes have received billions of additional dollars and non-monetary support from all levels of government in addition to reimbursement for care through the Medicare and Medicaid programs.

The Federal Government has given, or in some cases, loaned facilities (with many loans forgiven) hundreds of millions of additional dollars through multiple programs."

"Most of these federal payments have been made **without regard to facilities' performance.**

Many states have also increased Medicaid rates across-the-board or paid higher rates for COVID-19-positive residents or established COVID-19-only facilities and paid them high rates." e.g. New Mexico



“By creating a massive federal program that links [large] Medicare payments to COVID-19 treatments, the feds incentivized hospitals to add COVID-19 to diagnostic lists and death certificates.

It also incentivized hospitals to get patients on ventilators, which may have done more harm than good, as hospitals have reported unusually high fatality rates for COVID-19 patients on ventilators.”

“We aren’t pressured to test for flu,” Dr. Erickson said during his press conference. “Why are we being pressured to add COVID?”

A few caught in the act

The death certificate of a 79-year-old South Carolina woman with Alzheimer's who had no COVID symptoms and was never tested for COVID, stated she died of COVID complications.

The death certificate of a man who suffered a stroke after being diagnosed with stage 4 prostate cancer, and tested negative for COVID repeatedly stated he died of COVID-19.

A Florida man in his 20s who was killed in a motorcycle accident was reported to have died of COVID.

There were hundreds of testimonies of deaths being wrongly documented as COVID, but these have been scrubbed from the internet.

Sources: NY Post <https://nypost.com/2020/08/14/womans-death-certificate-lists-covid-19-despite-never-being-tested/>
ABC 20 <https://www.wcjb.com/2020/09/23/mans-death-wrongly-recorded-as-covid-death-uf-health-responds/>
CBS 12 <https://cbs12.com/news/local/man-who-died-in-motorcycle-crash-counted-as-covid-19-death-in-florida-report>



The Vaccine

Emergency Use Authorization (EUA)

“FDA may authorize ***unapproved*** medical products ... to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by [chemical, biological, radiological, and nuclear] threat agents when certain criteria are met...

[if] there are no adequate, approved, and available alternatives.”

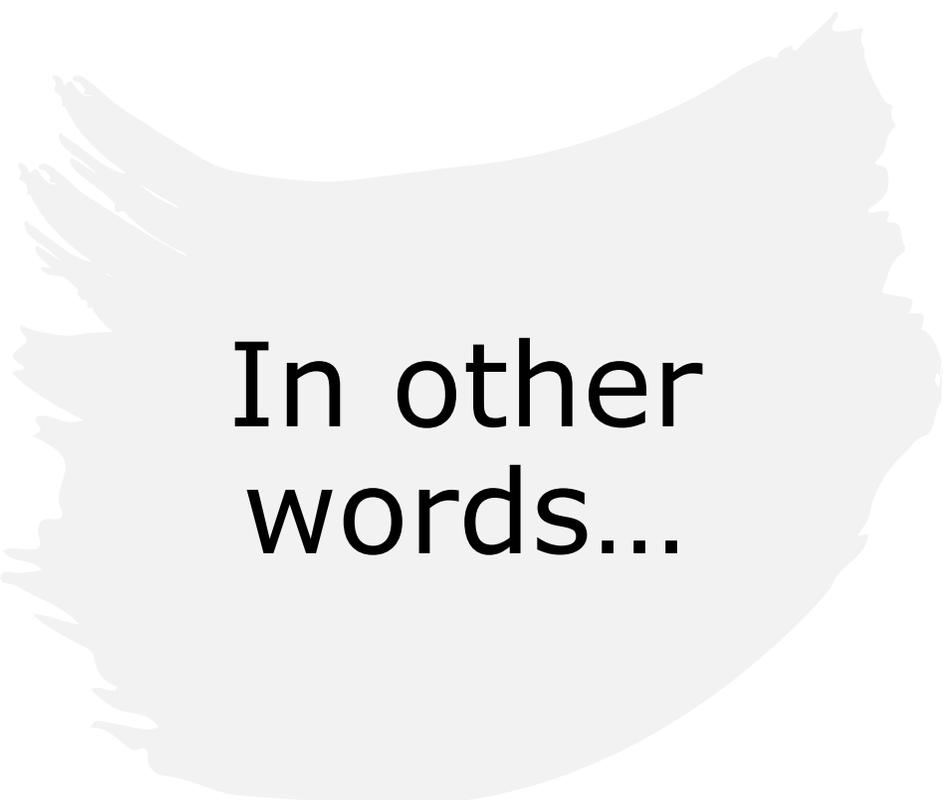
On February 4th, 2020, well before most Americans were aware of the existence of COVID, the HHS Secretary declared that circumstances exist justifying the authorization of emergency use of drugs and biological products during the COVID-19 pandemic.

Source: FDA <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>

The PREP Act [Invoked February 4th, 2020]

The Public Readiness and Emergency Preparedness Act (PREP Act) **provides immunity from liability** (except for willful misconduct) for claims:

1. of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions
2. determined by the Secretary to constitute a present, or credible risk of a future public health emergency
3. to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures.



In other
words...

COVID vaccine
manufacturers are not
liable for any loss
– of health or life –
as a result of administering
their product in order to
fight COVID.

You can't sue Pfizer or Moderna if you have severe Covid vaccine side effects. The government likely won't compensate you for damages either

PUBLISHED THU, DEC 17 2020•8:36 AM EST

UPDATED WED, DEC 23 2020•12:32 AM EST

No legal recourse

“If you experience severe side effects after getting a Covid vaccine, lawyers tell CNBC there is basically no one to blame in a U.S. court of law.

The federal government has granted companies like Pfizer and Moderna immunity from liability if something unintentionally goes wrong with their vaccines.”

“You also can’t sue the Food and Drug Administration for authorizing a vaccine for emergency use, nor can you hold your employer accountable if they mandate inoculation as a condition of employment.”

Long-term safety / efficacy data

The Pfizer, Moderna, and Johnson & Johnson (Janssen) vaccines were given EUA in December 2020 after providing **two months** worth of Phase 3 clinical trial data to the FDA.

Subjects in the clinical trials who originally received placebo were unblinded and offered the vaccine in February 2021, leaving no comparison group for ongoing study.

However adult phase 3 clinical trials are still in progress and won't conclude until 2022/2023.

The quickest vaccine ever developed was for mumps. It took four years.

Sources: FDA <https://www.fda.gov/media/142749/download> ClinicalTrials.gov <https://clinicaltrials.gov/ct2/show/NCT04368728> , <https://clinicaltrials.gov/ct2/show/NCT04470427> , <https://clinicaltrials.gov/ct2/show/NCT04505722> NPR <https://www.npr.org/sections/health-shots/2021/02/19/969143015/long-term-studies-of-covid-19-vaccines-hurt-by-placebo-recipients-getting-immuni> CNBC <https://www.cnbc.com/2020/12/16/covid-vaccine-side-effects-compensation-lawsuit.html>



Traditional vaccines

Use live or “killed” virus or bacterium plus an adjuvant like aluminum to provoke the immune system (plus other biological and chemical components).

If the vaccine program is such a success, why didn't we use traditional vaccines to fight COVID?

mRNA vaccines [Pfizer & Moderna]

Use genetic sequence of the SARS-CoV-2 virus spike protein (the part of the virus that binds to your cells).

mRNA sequence is encapsulated in a lipid nanoparticle to preserve the sequence and prevent rapid degradation in the body.

“Potential risks ... include local and systemic inflammatory responses, the biodistribution and persistence of the induced immunogen expression, possible development of autoreactive antibodies and toxic effects of any non-native nucleotides and delivery system components...”

mRNA vaccines have never been used in humans previously.

Spike protein effects

According to research published in October 2020, the SARS-CoV-2 spike protein itself can cause inflammation and damage of the lungs, more specifically, damage in human bronchial epithelial cells. (The lining in the lungs between the air and your tissues.)

In addition, a study published in March 2021 found that the spike protein induces hypercoagulability leading to the formation of amyloid deposits and blood clots.

Other studies have suggested the spike protein may cross the blood brain barrier.

Sources:

PubMed <https://www.biorxiv.org/content/10.1101/2020.09.30.317818v1.full> ,
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7270816/>

MedicalXpress <https://medicalxpress.com/news/2021-04-sars-cov-spike-protein-lung.html>

News Medical <https://www.news-medical.net/news/20210310/SARS-CoV-2-spike-S1-subunit-induces-hypercoagulability.aspx>

Nature <https://www.nature.com/articles/s41593-020-00771-8>

Spike protein deposition

A Pfizer study performed in Japan regarding the mRNA lipid nanoparticle (LNP-mRNA) used in the formulation of the vaccine, sought to determine where in the body the LNP-mRNA may be deposited.

Male and female rats were given intramuscular injections of the LNP-mRNA solution and were studied over the course of 48 hours.

Aside from the injection site, of all organs and tissues measured, LNP-mRNA preferentially deposited in the liver (24.3 mcg/g), spleen (23.4 mcg/g), adrenal glands (18.2 mcg/g), and ovaries (12.3 mcg/g). Concentrations of LNP-mRNA detected in other tissues ranged between 0.1-3.7 mcg/g.

Source: Pfizer https://www.pmda.go.jp/drugs/2021/P20210212001/672212000_30300AMX00231_I100_1.pdf EMA https://www.ema.europa.eu/en/documents/assessment-report/comirnaty-epar-public-assessment-report_en.pdf

Pfizer's suspected cases

In the Pfizer phase 3 clinical trial, an individual who had symptomatic COVID but was not PCR confirmed, was considered a "**suspected case**".

Pfizer claims their vaccine is 95% effective, however the following was taken from Pfizer's FDA briefing document regarding "suspected COVID-19 cases" in their clinical trial:

"Suspected COVID-19 cases that occurred within 7 days after any vaccination were **409** in the *vaccine* group vs. **287** in the *placebo* group."

This means that **over 70%** of the participants who developed what any doctor would have diagnosed as COVID *in the first 7 days following each dose*, were those who **received the vaccine**.

These cases were *not included* in their calculation regarding effectiveness.

Moderna's serious adverse events (SAEs)

From Moderna's FDA briefing document:

Moderna COVID-19 Vaccine
VRBPAC Briefing Document

Investigational Product	SAE	Onset (days after last dose)	Demographics/ Risk factors	Resolution	Related per Investigator/ Moderna
mRNA-1273	Autonomic dysfunction	24	46 F; hypothyroid; possible sinus infection	Unresolved	Yes/No
mRNA-1273	B-cell lymphocytic lymphoma	31	75 F; history of metastatic lung cancer, breast cancer	Unresolved	Yes/No
mRNA-1273	Rheumatoid arthritis	14	57 M; hypothyroid	Unresolved	Yes/Yes

Source: Moderna <https://www.fda.gov/media/144434/download>

Johnson & Johnson [Janssen]

The Johnson & Johnson vector-based vaccine is made using genetically engineered adenovirus and genetically modified human retinal cells obtained from a fetus.

Previous attempts at adenovirus-vector vaccines have been abandoned 3 and 4 *years* into clinical trials.

The calculated effectiveness of the vaccine to prevent moderate to severe COVID in *high risk groups* is low. For those with hypertension or type 2 diabetes, vaccine effectiveness drops to **35.7%** and **23%**,

Viral vector vaccines have also never been used in humans previously, however viral vectors have been used in gene therapy.

Sources: CHOP <https://www.chop.edu/news/news-views-getting-familiar-covid-19-adenovirus-replication-deficient-vaccines>

PubMed <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5609467/#!po=0.303030> , <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5609467/>

Janssen <https://www.fda.gov/media/146217/download> Cell [https://www.cell.com/molecular-therapy-family/molecular-therapy/fulltext/S1525-0016\(02\)00045-X](https://www.cell.com/molecular-therapy-family/molecular-therapy/fulltext/S1525-0016(02)00045-X)

Pharmaceutical industry fraud

The pharmaceutical industry has a long history of criminal convictions for a wide variety of fraudulent actions.

In 2009, Pfizer was ordered to pay \$2.3 Billion for fraud they committed.

According to a study on Pfizer's criminal history:

"Pfizer has been a 'habitual offender,' persistently engaging in illegal and corrupt marketing practices, bribing physicians and **suppressing adverse trial results.**"

Sources: Corp Research Project <https://www.corp-research.org/Pfizer>
Justice Dept <https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history>
PubMed <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2875889/>

Johnson & Johnson criminal convictions

Johnson & Johnson has paid over \$4.2 billion in penalties for various crimes since the year 2000, including false claims, drug or medical equipment safety violations, foreign corrupt practices, consumer protection violations, environmental violations, and more.

Of note, in 2013 at a press conference, U.S. Attorney General Eric Holder stated that Johnson & Johnson's practices "*recklessly put at risk the health of some of the most vulnerable members of our society — including young children, the elderly and the disabled.*"

Sources: Violation Tracker <https://violationtracker.goodjobsfirst.org/parent/johnson-and-johnson> Good Jobs First
<https://www.corp-research.org/jnj>

Moderna's insider trading

"An anti-corruption watchdog group is urging the U.S. Securities and Exchange Commission to investigate top executives at Moderna, the biotech firm developing a promising coronavirus vaccine, for allegedly manipulating the stock market."

"This misconduct was particularly egregious because it involved not only financial fraud and manipulation of the financial markets, but also because it exploited widespread fears surrounding the ongoing COVID-19 pandemic..."

In the days following the announcement of the success of their vaccine, which boosted their company's stock price, Moderna's CEO and other executives sold about \$90 million worth of company shares.

Sources: CBS News <https://www.cbsnews.com/news/insider-trading-allegations-moderna-accountable-us-securities-exchange-commission/>

The vaccine market

Before COVID, vaccines were a \$60 billion per year worldwide industry and rising (projected to be \$100 billion by 2025).

Pfizer coronavirus vaccine revenue is projected to hit **\$26 billion** in 2021.

Moderna expects **\$18.4 billion** in COVID-19 vaccine sales in 2021.

Sources: WA Post <https://www.washingtonpost.com/business/2021/05/04/pfizer-covid-vaccine-revenue/>

Reuters <https://www.reuters.com/article/us-health-coronavirus-moderna/moderna-expects-18-4-billion-in-covid-19-vaccine-sales-in-2021-idUSKBN2AP1JG>

WHO https://www.who.int/immunization/programmes_systems/procurement/market/world_vaccine_market_trends.pdf

CDC & FDA corruption

Senior scientists at the CDC have admitted that fraud in scientific research at the CDC has become the norm, and that the CDC is heavily influenced by industry interests.

The FDA was caught regularly burying the details and evidence of scientific fraud and misconduct in clinical trials.

Pharmaceutical companies financially compensate FDA advisers *after* their drugs are approved.

Sources: Huff Post https://m.huffpost.com/us/entry/us_12525012

Slate http://www.slate.com/articles/health_and_science/science/2015/02/fda_inspections_fraud_fabrication_and_scientific_misconduct_are_hidden_from.html

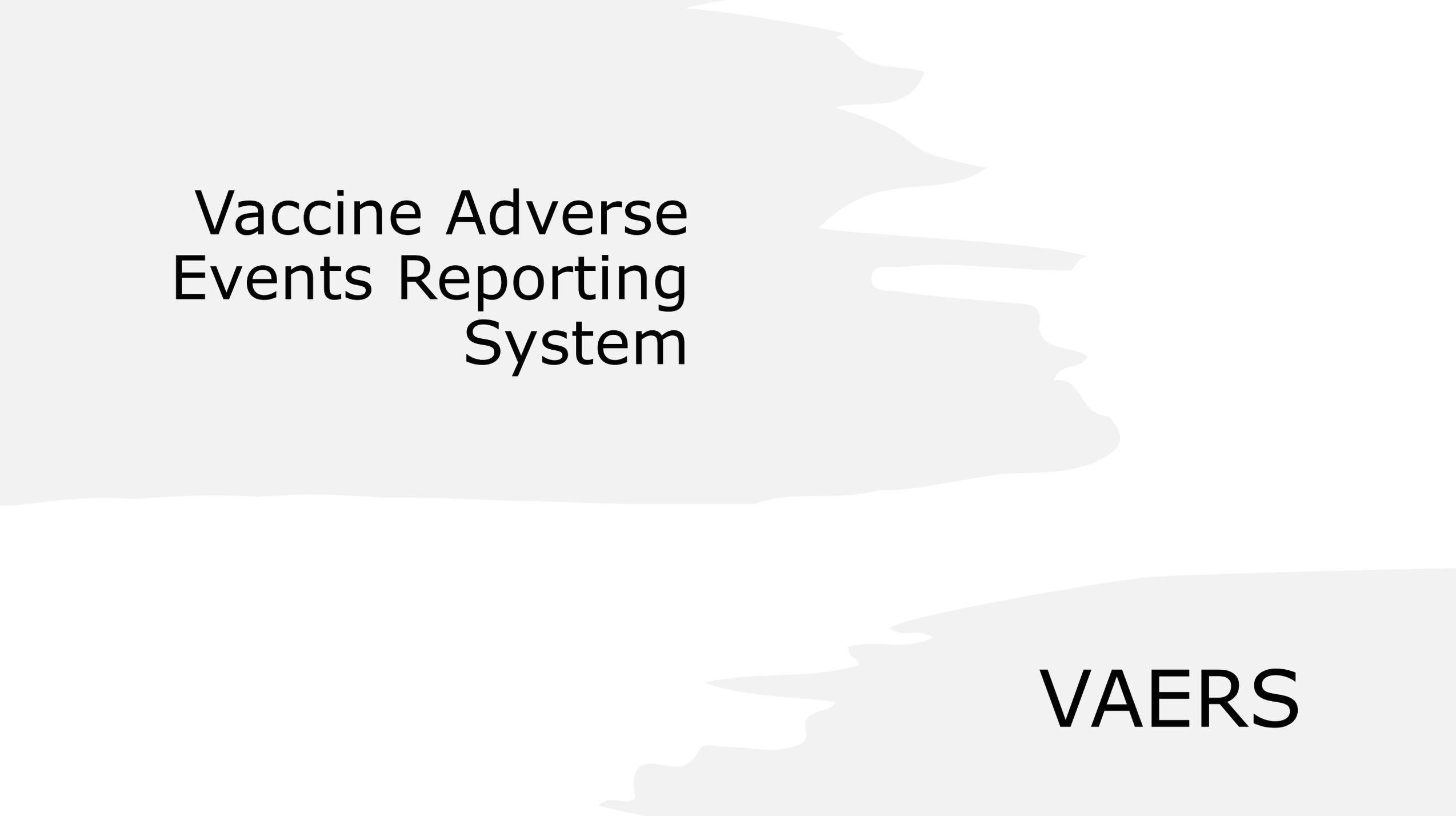
Science Mag <https://www.sciencemag.org/news/2018/07/hidden-conflicts-pharma-payments-fda-advisers-after-drug-approvals-spark-ethical>

The Vaccine Push

On January 15th, 2021, the HHS issued new guidance to health care providers regarding the Provider Relief Fund and which COVID-related expenses are eligible for reimbursement.

“[HHS] has now indicated that eligible healthcare related expenses ‘are limited to costs incurred to prevent, prepare for, and/or respond to coronavirus’.”

In other words, providers are now being reimbursed for costs associated with vaccinating people for COVID. According to the medical system, there are no other ways to prevent COVID.



Vaccine Adverse Events Reporting System

VAERS

About VAERS

VAERS is managed by the CDC and FDA and is intended to serve as an early warning system to detect safety concerns with US licensed vaccines.

VAERS is a passive system, meaning it relies on individuals and medical professionals to report vaccine adverse events (and to know *how* and *where* to report them). Most people have never heard of VAERS.

Anyone can report an event, however, you will need detailed information to do so properly (lot numbers, dates, personal info).

A study funded by the Department of Health and Human Services (HHS) found that fewer than 1% of all vaccine adverse events are reported to VAERS.

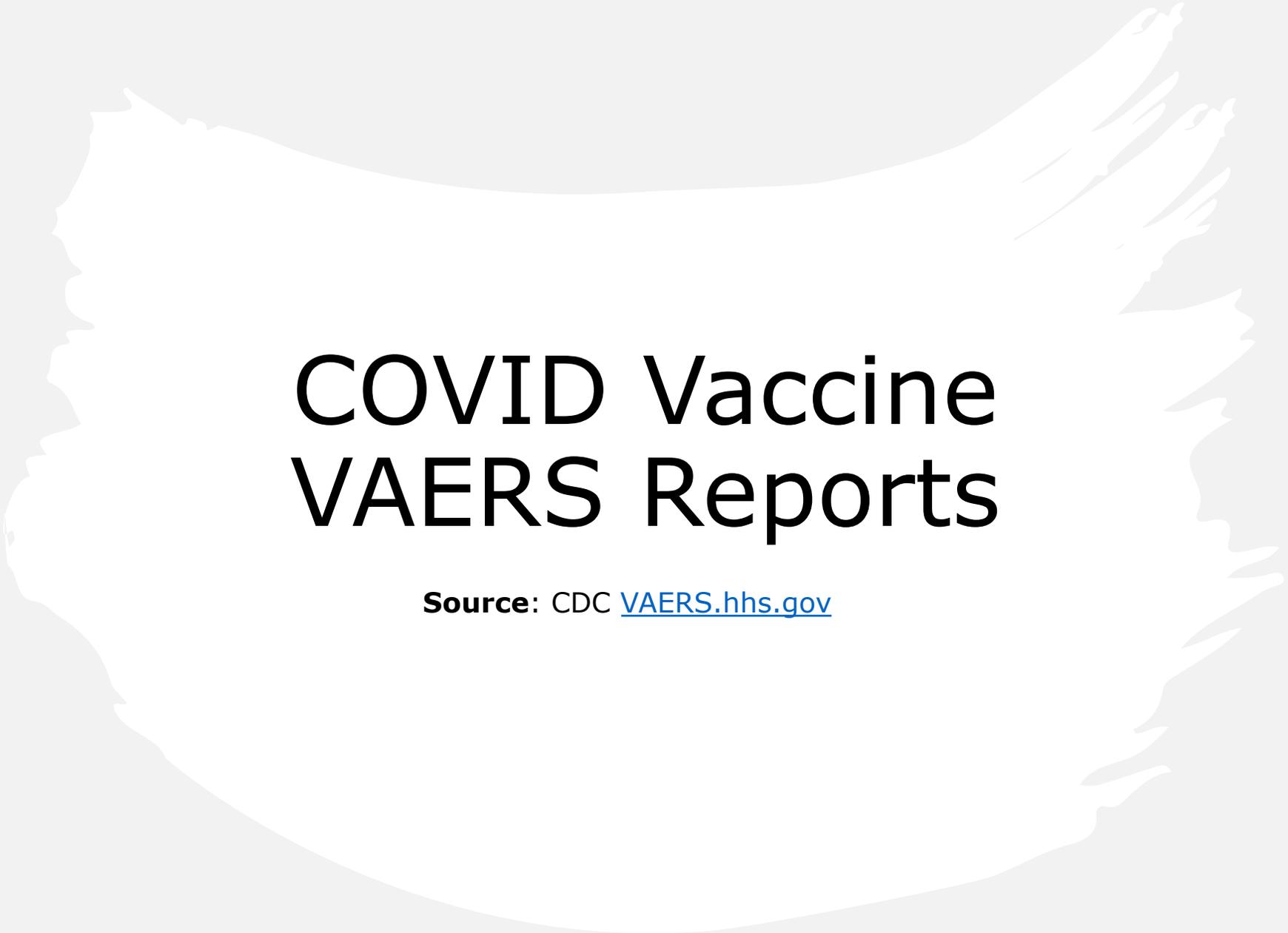
As of July 7th, there have been 438,440 reports of adverse events following COVID vaccines.

The true number of adverse events may be up to **4.3 million**.

*This same study found that 1-13% of serious *adverse drug events* are reported.

Other reports have stated that no more than 10% of vaccine adverse events are reported to VAERS.

Sources: AHRQ <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
Open VAERS <https://www.openvaers.com/covid-data/covid-full-data> BMJ <https://www.bmj.com/content/357/bmj.j2449>



COVID Vaccine VAERS Reports

Source: CDC [VAERS.hhs.gov](https://vaers.hhs.gov)

Vaccine: Moderna

Age: 65-79 years

Onset interval: 2 days

Description: "on 12/24/2020 the resident was sleepy and stayed in bed most of the shift. He stated he was doing okay but requested pain medication for his legs at 250PM. At 255AM on 12/25/2020 the resident was observed in bed lying still, pale, eyes half open and foam coming from mouth and unresponsive. He was not breathing and with no pulse"

Vaccine: Pfizer

Age: 50-59 years

Onset interval: 0 days

Description: "Pt had 2nd vaccine, went home and started having ""cramping"" in all of her muscles. It became bad enough that she was taken to local ED where she then started coughing up blood, required intubation and about 6 hrs later, died."

Vaccine: Janssen

Age: 30-39 years

Onset interval: 0, 1, 4 days

(1) **Description:** "Patient began having seizures about four hours post vaccine while at a friends house and passed away."

(2) **Description:** "Cardiac arrest, death approx 12 hours later."

(3) **Description:** "Massive pulmonary thromboemboli."

Vaccine: Pfizer

Age: 65-79 years

Onset interval: 0 days

(1) **Description:** "Patient died in his sleep the night of getting dose 1 COVID -19 he had a massive heart attack and died."

(2) **Description:** "Tiredness Death 03/19/2021 Cause of death: Ruptured Myocardial infarction"

(3) **Description:** "Approximately 30 minutes after vaccination the patient experienced a cardiac arrest. He was brought to the hospital where resuscitation efforts were continued but ultimately proved to be unsuccessful. The patient was pronounced deceased."

Vaccine: Moderna

Age: 80+ years

Onset interval: 0 days

Description: "My grandmother died a few hours after receiving the moderna covid vaccine booster 1. While I don't expect that the events are related, the treating hospital did not acknowledge this and I wanted to be sure a report was made."

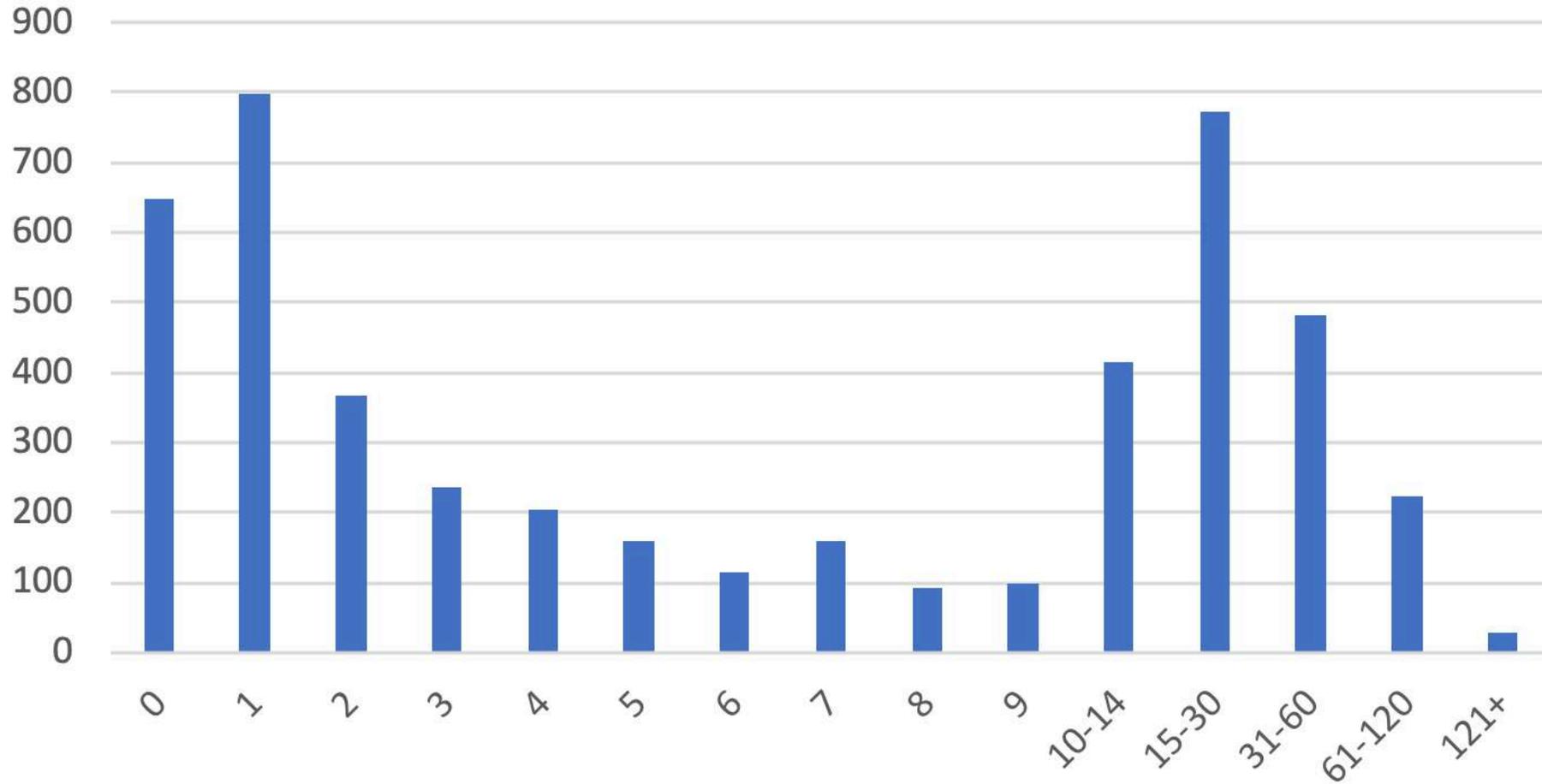
Vaccine: Janssen

Age: 60-64 years

Onset interval: 2 days

Description: "Patient went to ER 4/4/21 with severe headache, inability to stay awake. CT scan of the head revealed multiple areas of SAH (unexplained no head injury) and a very large ruptured MCA aneurysm. Patient was COMPLETELY asymptomatic prior to vaccination. The aneurysm was repaired with success but the cerebral hemorrhages kept appearing - unexplained. Cerebral edema became so severe (midline shift up to 9-10mm) neurosurgery ended up performing a burr hole craniotomy to relieve pressure as well as placement of a ventriculostomy. This patient later ended up with severe vasospasms which results in an ischemic stroke of the L frontal lobe. Patient later died in a rehabilitation facility, all of this secondary to the Janssen vaccine. This vaccine should not be administered until further studied. This was a healthy 63 year old woman. Vitals always WNL labs WNL very active, BMI WNL. Absolutely NO comorbidities. A lifelong nurse who raised 2 nurses of her own. These events took place for over a month. The trauma not only the patient has experienced but her family is unforgivable."

COVID Vaccine VAERS Deaths by Onset



If the vaccine had no impact on mortality, we would see a relatively consistent number of deaths per day.

For traditional vaccines, injuries often develop or manifest 2-3 weeks post-vaccination.

Deaths reported to VAERS

[according to the *CDC website*]

As of July 6th, 2021, CDC states that VAERS has received **5,946 reports of death** following COVID vaccines.

If this represents less than 1% of the true number of events, up to 594,600 deaths may have occurred following COVID vaccines.

$$594,600 / 158 \text{ million fully vaccinated for COVID} \times 100 = 0.4\% \text{ death rate}$$

The Vaccine Adverse Event Reporting System (VAERS) Results

Request Form Results **Map** Chart Report About

[Dataset Documentation](#) [Other Data Access](#) [Help for Results](#) [Printing Tips](#) [Help with Exports](#)

[Notes](#) [Citation](#) [Query Criteria](#)

Messages:

- ▶ **VAERS data in CDC WONDER are updated every Friday. Hence, results for the same query can change from week to week.**
- ▶ **These results are for 9,048 total events.**
- ▶ **Rows with zero Events Reported are hidden. Use Quick Options above to show zero rows.**

Age ↓	→ Events Reported ↑↓	← Percent (of 9,048) ↑↓
< 6 months	1	0.01%
1-2 years	2	0.02%
6-17 years	14	0.15%
18-29 years	71	0.78%
30-39 years	134	1.48%
40-49 years	216	2.39%
50-59 years	451	4.98%
60-64 years	421	4.65%
65-79 years	2,014	22.26%
80+ years	2,651	29.30%
Unknown	3,073	33.96%
Total	9,048	100.00%

Source: VAERS VAERS.hhs.gov

Deaths reported to VAERS

[according to the *VAERS database*]

As of July 2nd, 2021, the VAERS database contains **9,048 reports of death** following COVID vaccines.

In the past month there has been an influx of reports of death from foreign countries. These reports are likely to be from US citizens living abroad, from US military members, US citizens traveling internationally who were recently vaccinated, etc.

[OpenVAERS.com](https://www.openvaers.com) reports *this* number on their website.

If this represents less than 1% of the true number of events, up to **904,800 deaths** may have occurred following COVID vaccines.

This number far exceeds the number of deaths reported as COVID.

We have yet to discover the *unknown long term effects* from COVID vaccines and the potential for enhanced disease via antibody dependent enhancement upon re-exposure to SARS-CoV-2 or new variants.

Serious adverse events

Stroke

Heart Attack

Blood clots

Miscarriage

Paralysis / Palsy

Sepsis

Anaphylaxis

Variants

Claims of vaccine protection from variants is hit or miss.

However one study found the South African variant infects twice-vaccinated individuals nearly 8x more than unvaccinated.

Another article states: “three weeks after one dose, both the Pfizer/BioNTech and Oxford/AstraZeneca vaccines saw a drop in effectiveness against symptomatic disease to roughly 33.5% against the India variant, versus about 51% for the Kent variant.

After two doses, the Pfizer/BioNTech jab had an effectiveness of about 88% against the India variant, compared with 93.4% against the Kent variant.”

Source: Web MD <https://www.webmd.com/vaccines/covid-19-vaccine/news/20210412/south-african-variant-can-break-through-pfizer-protection>

Guardian <https://www.theguardian.com/world/2021/may/24/will-the-india-variant-stop-england-ending-lockdown>

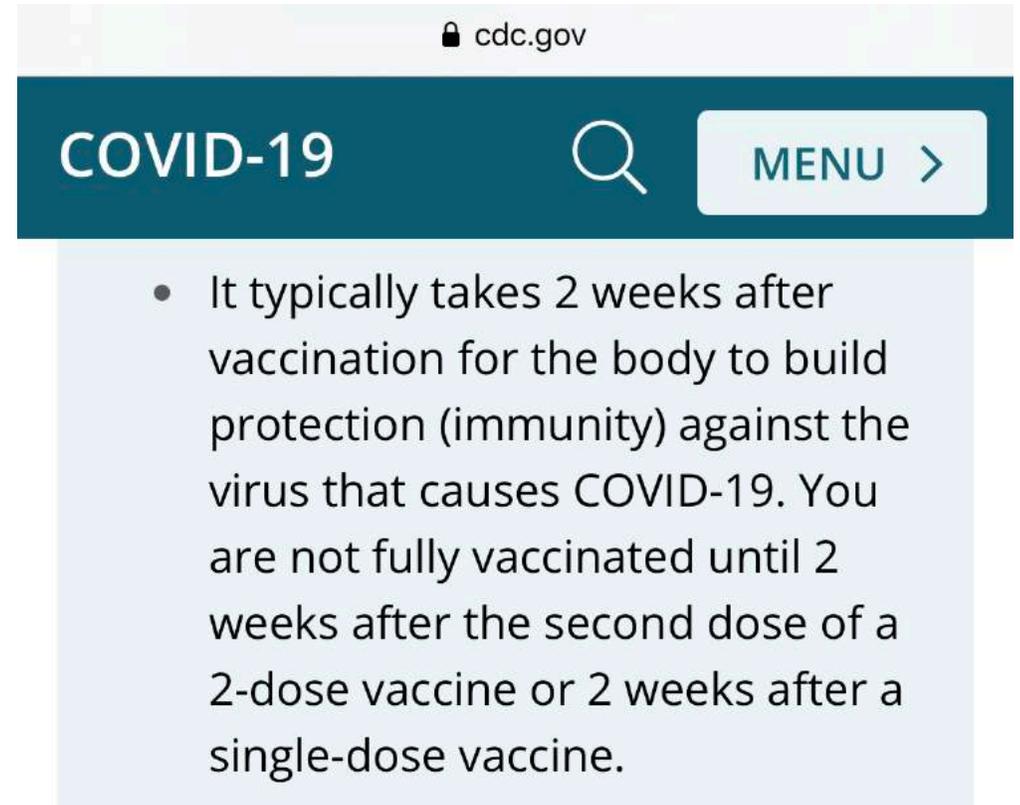
Investigating claims

Regarding news articles and health departments claiming unvaccinated people are dying from COVID and COVID variants:

Anyone who is not past the 2 week mark following the final dose of a COVID vaccine is considered “unvaccinated”, or “not fully vaccinated”.

If you have had two doses of the vaccine but are only 12 or 13 days past your second dose, you are still considered “unvaccinated”.

Source: CDC <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html>



The screenshot shows the top navigation bar of the CDC website. The address bar displays 'cdc.gov'. The main navigation bar is dark teal with 'COVID-19' in white text on the left, a magnifying glass search icon in the center, and a 'MENU >' button on the right. Below the navigation bar, a light blue box contains a bullet point:

- It typically takes 2 weeks after vaccination for the body to build protection (immunity) against the virus that causes COVID-19. You are not fully vaccinated until 2 weeks after the second dose of a 2-dose vaccine or 2 weeks after a single-dose vaccine.

Changing diagnostic criteria [For breakthrough cases]

Breakthrough cases are COVID cases which occur in fully vaccinated individuals.

In April, CDC transitioned from monitoring all reported breakthrough cases, to focusing on “identifying and investigating hospitalized or fatal cases due to any cause”.

“*due to any cause*” hints that CDC may find an alternative cause of death besides SARS-CoV-2 infection in their investigation.

Samples of every potential breakthrough COVID death are to be collected by local and state health departments and given to CDC to be investigated.

For breakthrough cases, CDC requests information on PCR cycle threshold used in testing, to be reported to CDC.

Source: CDC <https://www.cdc.gov/vaccines/covid-19/health-departments/breakthrough-cases.html> ,
<https://www.cdc.gov/vaccines/covid-19/downloads/COVID-vaccine-breakthrough-case-investigations-Protocol.pdf>

Changing diagnostic criteria [For breakthrough cases]

Medical history (including underlying medical conditions) and death certificates of breakthrough cases are evaluated so that “a determination could be made if COVID-19 contributed to the cause of death”.

While labs typically use a PCR cycle threshold of 37 or 40 when testing samples for COVID, CDC states that “sequencing is not feasible” with cycle thresholds higher than 28.

Although CDC states: “To the fullest extent possible, respiratory specimens that test positive for SARS-CoV-2 RNA are collected for genomic sequencing...” yes CDC also tells state health departments to not submit samples for sequencing unless they were tested at a cycle threshold of 28 or less.

Vaccination creating variants?

French 2008 Nobel Laureate, Luc Montaigner, who is considered an established expert in virology, has recently stated that the vaccination in a pandemic was lethal and there was an association between rising vaccinations and death rates. While it emerged that he did not explicitly say so, he did say that vaccinations were an “enormous mistake” as they were creating “the variants”.

There is evidence that this is likely to occur.

Vaccination pressure and antigenic drift

“It is ... possible that novel vaccines that increase the potency of immunity to other viral proteins may lead to more rapid antigenic evolution.”

“Our findings suggest that vaccine pressure works to select influenza variants genetically distant from vaccine strains (vaccine-related genetic drift)...”

“[E]vidence strongly supports the action of vaccine-induced immunity in conditioning viral evolution, potentially leading to the emergence of new vaccine-escape variants.”

Sources: Taylor & Francis <https://www.tandfonline.com/doi/full/10.1080/21645515.2017.1373228>

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Coronavirus vaccine developers wary of errant antibodies

Concerns persist that COVID-19 vaccines could cause antibody-dependent enhancement, which can potentiate viral entry into host cells and worsen disease.

Antibody Dependent Enhancement (ADE) is a phenomenon which occurs when a previously vaccinated individual who has developed non-neutralizing antibodies against a pathogen, and upon subsequent exposure, the disease is much worse than it would have originally been.

Previous attempts at coronavirus vaccines met with troubling ADE

“Safety concerns for SARS-CoV-2 vaccines were initially fueled by mouse studies that showed enhanced immunopathology, or ERD [enhanced respiratory disease], in animals vaccinated with SARS-CoV following viral challenge.”

“These SARS-CoV vaccines all induced antibody and protection against infection with SARS-CoV. However, challenge of mice given any of the vaccines led to occurrence of Th2-type immunopathology suggesting hypersensitivity to SARS-CoV components was induced. Caution in proceeding to application of a SARS-CoV vaccine in humans is indicated.”

Sources: Nature <https://www.nature.com/articles/s41564-020-00789-5> PubMed <https://pubmed.ncbi.nlm.nih.gov/22536382/>

Previous attempts at coronavirus vaccines met with troubling ADE

"... vaccines not only failed to protect from homologous or heterologous challenge, but resulted in enhanced immunopathology with eosinophilic infiltrates within the lungs of SARS-CoV-challenged mice."

"A double-inactivated severe acute respiratory syndrome coronavirus vaccine provides incomplete protection in mice and induces increased eosinophilic proinflammatory pulmonary response upon challenge."

"Prior immunization with severe acute respiratory syndrome (SARS)-associated coronavirus (SARS-CoV) nucleocapsid protein causes severe pneumonia in mice infected with SARS-CoV"

Sources: PubMed <https://pubmed.ncbi.nlm.nih.gov/17194199/> , <https://pubmed.ncbi.nlm.nih.gov/21937658/> , <https://pubmed.ncbi.nlm.nih.gov/18941225/>

ADE was discovered in animal trials,
upon challenge to the virus.

There was no viral challenge in COVID vaccine trials.

Vaccinating children for COVID

Based on the number of deaths in ages 0-17, a child living in the US is over 5x more likely to die from ***cancer*** than from COVID.

This should be a no-brainer.

Children should not be taking this risk.

NEWS RELEASE

Good news: Mild COVID-19 induces lasting antibody protection

People who have had mild illness develop antibody-producing cells that can last lifetime

by **Tamara Bhandari** • May 24, 2021

Antibody-producing cells were found in people 11 months after first symptoms. “These cells will live and produce antibodies for the rest of people’s lives. That’s strong evidence for long-lasting immunity.”

Source: WA U School of Medicine <https://medicine.wustl.edu/news/good-news-mild-covid-19-induces-lasting-antibody-protection/>

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