Green Mtn Care Board 07-31-2024

This is my emailed in PUBLIC COMMENT after attending the July 31, Rutland Community Meeting.
I attended the meeting and spoke first, about the economics and insurance data around the "hospital financial predicament" issue that I have been looking at for years. Even the ALL PAYER MODEL, is not complete - as it does not address the Elephant in the Room, the "Correlational"...

I gave Dr Bruce Hamory, about a 500 page document held together with a binder clip, and told him that it was for him (meaning the GMCB, as THAT document was to be shared by the entire group working on this issue). If you can get a copy of it (big kit), scan it, & to get to the rest of the group, then that might benefit the process?

With that consultant (Dr Bruce Hamory), I was pointing out that fixing "it", might need to instead be first addressing the "correlational" before looking to discover the Acute Care and Accounting/fiscal "Causational".

The head of the Rutland Hospital afterward also spoke aside in private with me about that "Correlational" to "Causational" bridge affecting the medical field and then the hospital? She brought up a point that the hospital is a ACUTE CARE center, and that there is a SPLIT where they have no usual contact with the PHYSICIAN SIDE regarding PREVENTATIVE MEDICINE programs to reduce the number of people that they lose money on at the ACUTE TREATMENT side. I thought that response to be unexpectedly unusual, and that the board should address that SPLIT (why does it exist)?

If people are generally healthy, and that is promoted and focused on at the Physician level, then the COSTS can be reduced. IF THAT IS NOT DONE FIRST EARLY IN THE GAME, then there will be no different future for the ACUTE CARE HOSPITALS COST FACTORS.

The document I gave to the speaker, is only a sample of information, that I have collected over the years.
The 88pg intro document, prefacing the larger total sample document, is attached.
That can be share itself and has reports on DATA that a researcher has used AI to expose some examples of CORRELATIONAL significance.

Best regards,
silas

PS – Below are excerpts from "LINKS of concern" that should be considered when looking at Vermont's Hospital and Insurance Company related Financial Crisis. The Elephant in the Room, the "Correlational"...

08-01-2024 (Video)
Titled: Bill Gates and WHO Call for Military To Round Up mRNA Vaccine Refusers During Bird Flu Pandemic
https://rumble.com/v59d2hx-bill-gates-and-who-call-for-military-to-round-up-mrna-vaccine-refusers-duri.html
Quote: “Bill Gates has joined forces with the World Health Organization in calling for vaccine refusers to be rounded up by the military and force-jabbed with mRNA during the next pandemic. Gates and the WHO have ordered governments to lay the groundwork to mobilize the military because they claim that vaccine skepticism is “morally reprehensible” and vaccine refusal is an “act of aggression” that must be met with force. “
========== IS THIS TRUE, can someone exam this? If true, the hospitals all over will be affected - given what else is in the links below…??? THE BELOW is only an example of lots more??

07-30-2024
FDA Gives Emergency Use Authorization To mRNA Bird Flu Shots
https://creativedestructionmedia.com/opinion/2024/07/30/here-we-go-fda-gives-emergency-use-authorization-to-mrna-bird-flu-shots/

Quote: "A new development in the bird flu narrative was quietly released in July. The FDA began updating electronic medical systems across the country with a procedure code for the HHS-funded Moderna / Pfizer bird flu mRNA vaccines – all but confirming the inevitable plandemic. Under the guise of an “Emergency Use Authorization,” the action not only allows unilateral decisions by public health authorities on the rollout of new jabs, but also supplies more taxpayer money to support these initiatives. What “Emergency?” A man-made one? Bird flu has been in the headlines for months – how many warnings do we need?
READ FOR MORE, including statements by DOCTORS about how to treat Bird Flue, if it emerges.
ABOUT:
07-19-2024
Titled: Emergency Use Instructions (EUI) for Oseltamivir
https://www.cdc.gov/bird-flu/hcp/emergency-use-oseltamivir/index.html
QUOTE: "On July 19, 2024, CDC issued Emergency Use Instructions (EUI) for an antiviral called oseltamivir, generic for brand name drug Tamiflu, for treatment or post-exposure prophylaxis (PEP) of pandemic influenza A viruses and novel influenza A viruses with pandemic potential." READ FOR MORE...

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07-27-2024 VERY IMPORTANT TO WATCH - “CORRELATIONAL” - **bridging to AI "Causational"**
#1 Titled: **VIDEO - Redacted - Hacked Dutch govt data shows suppressed COVID-19 Vaccine Injuries and Excess Deaths (July 21, 2024)**
https://makismd.substack.com/p/video-redacted-hacked-dutch-govt
Quote: "SHOCKING: Hacked Dutch government data reveals a massive cover-up of #vaccine injuries across the EU. Vital info was hidden, leading to more harm. Join Dutch Freedom Fighters Wybren van Haga, Wouter Aukema, and Anne Merel Kloosterman on Redacted as they expose the truth." AI TOOLS are AMAZING.
==== AGAIN - YA GOTTA WATCH THIS ONE... Fasten your seat belt.
SO, what about a next round only this time a brand new LNP / yep another mRNA "BIRD FLUE" SHOT?
Ya think folks are gonna line up? YOU DO KNOW THAT THE MEDICAL CODE FOLKS ALREADY HAVE AMA CODES FOR IT… HERE IT IS THE KEY NEW ANNOUNCEMENT (what does it mean)? $$$$$$$$
07-19-2024
#2 Titled: AMA Rolls Out CPT Codes for H5N8 Bird Flu Vaccines
https://www.ama-assn.org/press-center/press-releases/ama-announces-cpt-update-avian-influenza-vaccines
From CLG link to this Quote: "The American Medical Association (AMA) today announced an editorial update to Current Procedural Terminology (CPT), the leading medical terminology code set for describing health care procedures and services, that includes a newly assigned provisional CPT code for vaccines to protect patients against the H5N8 strain of avian influenza (bird flu). The provisional CPT code is effective for use on the condition the H5N8 Influenza virus vaccine candidates receive emergency use authorization from the U.S. Food and Drug Administration (FDA). The AMA is publishing the CPT code update now to ensure electronic systems across the U.S. health care system are prepared in advance for the potential FDA authorization. The new product code assigned to H5N8 influenza virus vaccines is: 90695 - Influenza virus vaccine, H5N8, derived from cell cultures, adjuvanted for intramuscular use. 90471 - Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid). 90472 - Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid)."
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07-25-2024
3 Titled: Major Study of 9 Million Confirms Covid Shots Cause VAIDS
https://slaynews.com/news/major-study-9-million-confirms-covid-shots-cause-vaids/
Quotes: "An explosive new study, which analyzed the data of nine million people, has sent shockwaves through the scientific community after proving that Covid mRNA shots are responsible for the global surge in cases of AIDS-like vaccine-acquired immunodeficiency syndrome (VAIDS).
== The peer-reviewed study was conducted by a team of world-renowned South Korean researchers, led by Professor Solam Lee at Yonsei University Wonju College of Medicine’s Department of Dermatology.

== The primary cohort study analyzed official government data from the National Health Insurance Service (NHIS) and Korea Disease Control and Prevention Agency (KDCA) databases. The government databases comprise the healthcare data of more than 99 percent of the entire Korean population. The comprehensive database also includes records of each individual's COVID-19 diagnoses and Covid vaccination profiles."
== For the study, the researchers used a dataset with a total of 9,258,803 individuals who received at least the first dose of an mRNA COVID-19 shot. Establishing a control cohort within mRNA-vaccinated persons, the investigators shifted back 2 years to the observational period from the date of the first dose of mRNA vaccination.
== In total, 4,445,333 and 4,444,932 patients were included in the vaccination and historical control cohorts, respectively, and all were observed for at least one year. The results of the peer-reviewed study were published in the prestigious Nature journal.
https://www.nature.com/articles/s41467-024-50656-8
== In the study's paper, the authors conclude that certain "autoimmune connective tissue diseases (AI-CTDs)" surge among those who have received Covid mRNA injections. The study confirms previous reports that the mRNA shots are linked to soaring autoimmune diseases. However, this is the largest study so far to confirm that the Covid mRNA injections are responsible for the spike in once-rare cases of VAIDS. The Korea-based team capitalizes on the national medical data of almost 10 million people and taps into government information on COVID-19 infection and vaccination profiles."
== **"The study included approximately 20% of the total South Korean population."**
READ ALL

07-25-2024
Titled: 74% of ALL Deaths 'Directly' Linked to Covid Shots, Autopsy Data Shows
https://slaynews.com/news/74-all-deaths-directly-linked-covid-shots-autopsy-data-shows/
Quote: "A damning new study has revealed that autopsy data shows Covid mRNA shots have overwhelmingly contributed to all-cause deaths around the world.
===The bombshell study found that Covid shots are "directly" linked to a staggering 73.9% of all deaths.
The research team behind the study was made up of some of America's leading oncologists, cardiologists, doctors, and scientists, including:
Nicolas Hulscher, Paul E. Alexander, Richard Amerling, Heather Gessling, Roger Hodkinson, William Makis, Harvey A. Risch, Mark Trozzi, Peter A. McCullough
== The study found that 73.9% of all deaths were "directly due to or significantly contributed to" by Covid mRNA injections.
The autopsy data exposes a direct link "between COVID-19 vaccination and death," the researchers note in their study's paper.
== In the "Background" section of the study's paper, the researchers explain:
https://www.sciencedirect.com/science/article/pii/S0379073824001968?via%3Dihub
"The rapid development of COVID-19 vaccines, combined with a high number of adverse event reports, has led to concerns over possible mechanisms of injury including systemic lipid nanoparticle (LNP) and mRNA distribution, Spike protein-associated tissue damage, thrombogenicity, immune system dysfunction, and carcinogenicity. The aim of this systematic review is to investigate possible causal links between COVID-19 vaccine administration and death using autopsies and post-mortem analysis."
== In the "Methods" section, they note:
"We searched PubMed and ScienceDirect for all published autopsy and necropsy reports relating to COVID-19 vaccination up until May 18th, 2023.
"All autopsy and necropsy studies that included COVID-19 vaccination as an antecedent exposure were included.
"Because the state of knowledge has advanced since the time of the original publications, three physicians independently reviewed each case and adjudicated whether or not COVID-19 vaccination was the direct cause or contributed significantly to death."

== The research team initially identified 678 studies. After screening for our inclusion criteria, the researchers included 44 papers for the study that contained 325 autopsy cases and one necropsy case. The mean average age of death was 70.4 years.
== The most implicated organ system among cases was the cardiovascular (49%), followed by hematological (17%), respiratory (11%), and multiple organ systems (7%). Three or more organ systems were affected in 21 cases.
== The mean time from vaccination to death was 14.3 days. Most deaths occurred within a week from last vaccine administration.
== A total of 240 deaths (73.9%) were independently adjudicated as directly due to or significantly contributed to by COVID-19 vaccination.
== Among those directly linked to Covid shots, the primary causes of death include:
Sudden cardiac death (35%)
Pulmonary embolism (12.5%)
Myocardial infarction (12%)
VITT (7.9%)
Myocarditis (7.1%)
Multisystem inflammatory syndrome (4.6%)
Cerebral hemorrhage (3.8%).
== In the "Conclusions" section of the paper, the authors write:
"The consistency seen among cases in this review with known COVID-19 vaccine mechanisms of injury and death, coupled with autopsy confirmation by physician adjudication, suggests there is a high likelihood of a causal link between COVID-19 vaccines and death.
"Further urgent investigation is required for the purpose of clarifying our findings."
== The researchers warn that findings "indicate the urgent need to elucidate the pathophysiologic mechanisms of death with the goal of risk stratification and avoidance of death for the large numbers of individuals who have taken or will receive one or more COVID-19 vaccines in the future."

07-23-2024
Titled: Vaccines Caused 17 Million Deaths During Pandemic Plus 4 More Takeaways From Largest Excess Mortality Study to Date
https://childrenshealthdefense.org/defender/vaccines-17-million-deaths-covid-pandemic-excess-mortality/?
Quotes: "A years-long investigation by Canadian researchers into excess mortality during the COVID-19 pandemic found that patterns of excess death globally could not be explained by a pandemic respiratory virus. Here are the data and logic behind some of the key findings. by Brenda Baletti, Ph.D. "
"A major investigation by Canadian researchers into excess mortality during the COVID-19 pandemic found that patterns of excess death globally could not be explained by a pandemic respiratory virus, The Defender reported last week. Instead, the authors concluded the major causes of death globally stemmed from the public health establishment's response, including lockdowns, harmful medical interventions and the COVID-19 vaccines. The study by researchers from the nonprofit Correlation Research in the Public Interest analyzed excess mortality in 125 countries — about 35% of the global population — during the COVID-19 pandemic, beginning with the March 11, 2020, World Health Organization (WHO) pandemic declaration and ending on May 5, 2023, when the WHO declared the pandemic over. The investigation concluded that "nothing special would have occurred in terms of mortality had a pandemic not been declared and had the declaration not been acted upon."
== The 521-page analysis — by Denis Rancourt, Ph.D., former physics professor and lead scientist for 23 years at the University of Ottawa, Correlation's president Joseph Hickey, Ph.D., and Christian Linard, Ph.D., from the University of Quebec at Trois-Rivières — was published July 19. The paper builds on work Rancourt and his colleagues have been doing since the start of the pandemic tracking and analyzing all-cause mortality to understand the underlying dynamics of mortality during the pandemic. Their findings led them to challenge dominant scientific models and public health claims used to inform pandemic response policies. They have published a series of papers on COVID-19 and vaccination in places like India, Australia and Israel, the U.S., Canada and a larger study of 17 countries over the last several years, with this study bringing together that work

and adding to it. In addition to the overarching conclusions that deaths during the COVID-19 period were caused by public health interventions rather than by the SARS-CoV-2 virus, the authors provided a detailed contextualization of the data, explaining how such a large dataset could provide substantial insight into how these interventions led to excess mortality across the world.
== Some of those key insights are detailed here.
1. Vaccines caused approximately 17 million deaths and vaccine toxicity increased with age and number of doses.
2. Pandemic interventions led to about 30.9 million deaths globally and vaccines didn't prevent any deaths.
3. Many deaths were linked to respiratory viruses that could have been treated, but treatment was withheld.
4. There was essentially no excess mortality before the WHO declared a pandemic.
5. An 'elegant' methodology for analyzing all-cause and excess mortality."
  READ ABOUT THIS in the article...
"“We really found an elegant way to do this that we think is eventually going to be adopted by virtually all epidemiologists because it's just so robust and straightforward and easy to interpret and understand and it minimizes the chance of any errors in the extrapolation or the methodology itself,” Rancourt said."
=== READ ALL of this, only excerpts were quoted above...

07-23-2024
Titled: TheyLied
https://theylied.substack.com/cp/146903536
Quote: TheyLied Substack cross-posted a post from phillip.altman's Substack
Including:
========= 07-23-2024
Titled: EMBALMERS & EXCESS DEATHS
https://phillipaltman.substack.com/p/embalmers-and-excess-deaths?
READ ALL *featuring Embalmer Richard Hirshman, and Tom Haviland*
===== Q: ARE MICRO-CLOTS ON THE INCREASE - seen by 80% of emalmers in latest TOM HAVINLAND survey... THE BLOOD IS CHANGING in both the ARTERIAL and VENOUS blood - with a HUGE INCREASE since the CV-19 Vaxxx rollout?
AND
07-20-2024
Titled: Why are Embalmers Observations being Ignored?
Unveiling the Persistent Mystery of Unusual Clots and the Urgent Need for Scientific Inquiry.
https://philipmcmillan.substack.com/p/why-are-embalmers-observations-being?
Dr Philip McMillan (Video & Article)
Paraphrased Video Quotes:
== Tom Haviland mentioned about what he was told happened at an EMBALMER CONFERENCE where "the speaker/presenter showed the all embalmer audience a series of SLIDES of the WHITE FIBROUS CLOTS. SEEN by a ROOM filled with about 100 EMBALMERS, and asked them ALL how many had ALSO been seeing the CLOTS - ALL THE HANDS WERE RAISED - ALL WERE SEEING THEM. Then, the embalmers were asked when they were seeing them, and THEY answered in the middle of 2021 (about the same time Richard Hirshman was seeing them)."
"HOWEVER - a very small number of embalmers were seeing white fibrous clot in 2020 (year of COVID) before 2021 (year of Vaxxx), meaning something was going on with COVID maybe itself - BUT, then the FLOOD of CLOTS showed up in 2021 like never seen before)." AND IN THE LAST SURVEY TOM HAVILAND STATED "THAT ABOUT 80% of the EMBALMERS SURVEYED WERE NOW SEEING MICRO-CLOTS"
== **A CATH-LAB whistle Blower's Comment: "WE ALL ARE SEEING THE SAME CLOTS IN THE LIVING, BOTH ARTERIAL and VENOUS, patients getting younger and younger"**

== Hirshman's (embalmer) quote - "STILL SEEING THEM NOW, at about 50% rate" "Some have very tiny white fibrous clots, not the big one, and he does not count those in the 50%" SEEN in BOTH the ARTERIAL and VENOUS blood vessels. NO clotting is usually seen normally in ARTERIAL.
-- Remember, not all who die get embalmed, some get cremation where no embalming is done so no clots would be seen or known about.
SEE:
== THIS FACEBOOK VIDEO
Quote: "According to Andrew Bridges (former UK MP), Excess Deaths (that is the number of unexpected deaths from all causes) since the rollout of the Covid injections has reached 20 million worldwide. CLICK BELOW to view a short clip.
https://www.facebook.com/reel/964136195214370
== WHY ISN'T ALL OF THIS BEING RESEARCHED - at one point in the video, Haviland states that he thinks that it is because of IF it is examined, then the liability for the entire Pharma and Medical system is obvious, and the lawsuits will be overwhelming. Haviland even states that the whistleblower WHO is pulling clots from the LIVING, that he has been TOLD to NEVER talk to HAVILAND again. What does that mean? SO the story is being buried. SO, they continue still giving the LNP/mRNA shots anyway?
=== PS - FROM ATTACHED - See the OLD BRAIN VAX BRAIN CLOT VIDEO EXAMPLE that was RELEASED back at the start:
https://odysee.com/@InfoNews:f/MAJOR-BRAIN-BLOOD-CLOT-AFTER-VAX!:c
WHAT IS THAT?

07-17-2024
Titled: BREAKING: Record-level data from Czech Republic FOIA proves that the Moderna vaccines increased all-cause mortality by over 50% (and the Pfizer vaccines weren't safe either)
https://kirschsubstack.com/p/breaking-record-level-data-from-czech
Quote: ""Safe and effective?" Using this new data, we can finally prove that the COVID vaccines were not safe or effective for anyone of any age. No COVID benefits, and they increased your risk of death."
== "Executive summary
Official government record-level data obtained through a FOIA request from the Czech Republic shows that the Moderna COVID vaccine increased all-cause-mortality (ACM) as measured over a 12-month period from the time of vaccination for every age as compared to the Pfizer vaccine. If the COVID vaccines were safe, the overall ACM across different vaccine brands would be very similar. This is not the case. They are radically different and the difference is highly statistically significant. For example, for ages 46-69 who got two shots of Moderna vs. two shots of Pfizer in 2021 in the Czech Republic, there is over a 50% higher risk of death measured over a 1 year time window since the time of the shot as shown in the chart above. The younger you were, the greater the percentage increase in risk. For 20 to 29 year old's for example, the MRR (mortality rate ratio between Moderna to Pfizer) approached 2:1 which means you more than doubled your all-cause mortality if you took a Moderna shot. So even if the Pfizer vaccine was 100% safe, the Moderna vaccine should be immediately stopped as being far too deadly to use for any age group. The 50% number is an absolute ACM increase compared to the Pfizer ACM value, not a comparison of excess mortality risk. That's a train wreck. Vaccines are always supposed to reduce absolute ACM. Vaccines are never supposed to increase ACM, even by a little bit. The Pfizer COVID vaccine is also too unsafe to use, but we don't have enough data to accurately estimate how much it increases all-cause mortality. From the limited data, I believe it's safe to say Pfizer appears to have at least 10% higher all-cause mortality than Novavax (that is a very conservative estimate since all the data was much higher than that), making Pfizer also completely unsuitable for public use. To put it in numbers, if everyone in the US got the initial 2 dose Moderna shot, it would cause a minimum of 650,000 excess deaths (which I estimated at a 20% increase in overall US ACM because the ACM rates are much higher for older ages where the % impact of the vaccine is much smaller). That is a conservative estimate. Rancourt et al estimated the COVID shots kill on average for all ages 1.26 people per 1,000 shots. In the US with over 677M shots given, the estimate is over 850,000 deaths. Even more problematic is that no world health authority, local, national, or international, was able to detect such a massive relative mortality increase of Moderna compared to Pfizer.

== The reason is simple: none of them bothered to look.
There isn't a single mortality comparison by brand posted by a public health agency anywhere in the world ever. Not even in internal documents. That's appalling. Yet nobody in the mainstream medical community ever voiced a concern about the lack of this sort of obvious safety monitoring and the total lack of data transparency. If they looked, they would have found exactly what I found: a major problem. It took me less than 15 hours from the time I got the data to spot the huge anomaly in the data. This is a major failing of the medical community and regulators. They should all publicly apologize and admit they were inept. If Moderna cannot show how this analysis is wrong, then the Moderna vaccines should be immediately halted worldwide to prevent further deaths."

07-12-2024
Titled: Former CDC Director Says FDA Underreported Adverse Side Effects of COVID Injections to Prevent Vaccine Hesitancy
https://amgreatness.com/2024/07/12/former-cdc-director-says-fda-underreported-adverse-side-effects-of-covid-injections-to-prevent-vaccine-hesitancy/
Quote: "Dr. Robert Redfield, the former director of Centers for Disease Control and Prevention (CDC) said Thursday that the U.S. Food and Drug Administration (FDA) pushed a false "safe and effective" COVID vaccine narrative by underreporting adverse events. The mRNA shots "never should have been mandated," Redfield told the Senate Committee on Homeland Security and Governmental Affairs Committee on Thursday. The Democrat-controlled Senate oversight hearing entitled "Risky Research: Oversight of U.S. Taxpayer Funded High-Risk Virus Research," included witnesses Dr. Gerald Parker, Dr. Carrie Wolinetz, Dr. Kevin Esvelt, and Redfield. Former President Trump's CDC director accused the Biden government of suppressing data about vaccine injuries in an effort to prevent vaccine hesitancy. "There was not appropriate transparency from the beginning about the potential side effects of these vaccines, and I do think there were inappropriate decisions by some to try to underreport any side effects because they argued that would make the public less likely to get vaccinated" **Redfield testified. Redfield said the biggest mistake of all was the Biden regime's decision to mandate the mRNA products.**
== "They never should have been mandated," he said. "It should have been open to personal choice. They don't prevent infection, they do have side effects."
A growing number of doctors and scientists now say that the cost to society and the cost to the individual taking the COVID injection far outweighed any of the proposed benefits. Senator Ron Johnson (R-Wis.) pointed out that Biden regime officials like Dr. Peter Marks, head of the FDA's Center for Biologics Evaluation and Research, continue to deny that the injections are dangerous. "They're saying they [vaccine side effects] are rare and they're mild," Johnson said. "The FDA should release all of the safety data they have," Redfield replied. "I was very disappointed to hear that they're planning to hold on to that [safety data] until 2026," he continued. "That really creates a sense of a total lack of trust in our public health agencies toward vaccination. It's counterproductive," he added. Johnson lamented that he has been unable to get Rep. Gary Peters (D-Wis.), the chairman of the the Senate Homeland Security Committee, to issue any subpoenas to the relevant health agencies to obtain the safety data. "I would suggest you do that," the Republican told Peters.
== Johnson was poised to spearhead investigations into COVID vaccine malfeasance himself as Chair of the Permanent Subcommittee on Investigations starting in 2023, but Republicans did not gain the majority in the 2022 midterm elections. The Wisconsin senator said there's "a lot more" being covered up than the COVID origin story. "There are many aspects of our miserably failed response to COVID that needs to be uncovered, not the least of which, the sabotage of early treatment," Johnson said. "The public has a right to know."
07-12-2024
== VIDEO Titled: Hypothesis: Ivermectin, Bifidobacteria and Covid19
https://rumble.com/v56pacu-hypothesis-ivermectin-bifidobacteria-and-covid19.html

07-11-2024
Titled: Infant RSV Shots May Cause RSV, Other Infections or Death in Some Babies, Study Finds
https://childrenshealthdefense.org/defender/rsv-shot-newborns-mortality-infection-risk/?

Quote: "French scientist Hélène Banoun, Ph.D., author of the preprint study that analyzed outcomes from the 2023-2024 RSV immunization campaign in four countries, found a “significant increase in mortality” among newborns between 2 and 6 days of age in France. Banoun’s findings suggest that antibody-dependant enhancement may be to blame."
== "The results from the first immunization campaign for nirsevimab, the monoclonal antibody shot approved to protect infants from RSV-related illness, raise questions about mass infant vaccination with the drug, according to a new preprint study.
https://www.preprints.org/manuscript/202406.0714/v1
The study by French scientist Hélène Banoun, Ph.D., which analyzed outcomes from the 2023-2024 respiratory syncytial virus (RSV) immunization campaign in the U.S., France, Spain and Luxembourg, contradicts some claims of success by U.S. public health agencies and medical associations. IN FRANCE IN PARTICULAR, BANOUN TOLD THE DEFENDER, “A SIGNIFICANT INCREASE IN MORTALITY AMONG NEWBORNS BETWEEN 2 AND 6 DAYS OF AGE WAS OBSERVED FROM THE START OF THE CAMPAIGN: BABIES WERE INJECTED BEFORE LEAVING THE MATERNITY WARD.” Deaths from nirsevimab also have been identified elsewhere. In clinical trials for the drug, 12 infants died. However, a spokesperson for the U.S. Food and Drug Administration (FDA) told CNBC when the drug was approved that “none of the deaths appeared to be related to nirsevimab.” Yet according to Banoun’s study, both the FDA and the European Medicines Agency (EMA) noted a slightly higher death rate in treated groups in clinical trials of the drug, although the number of deaths was low. Earlier this week, The Defender reported that documents obtained through a Freedom of Information Act from the Centers for Disease Control and Prevention (CDC) showed at least two infant deaths reported to the Vaccine Adverse Event Reporting System (VAERS) were linked to Beyfortus, the brand name for nirsevimab. Regarding the increase in mortality, Banoun told The Defender, “All this was to be expected, and was undoubtedly due to the antibody-dependent-enhancement, or ADE, known to affect RSV antibodies, particularly those directed against the RSV F surface protein,” the viral protein targeted by RSV drugs. "
== "ADE occurs when antibodies bind to a pathogen but can’t prevent infection. Instead, the antibodies do the opposite of what was intended — they act as a “trojan horse,” facilitating the pathogen’s entry into cells and exacerbating the immune response, according to the Children’s Hospital of Philadelphia.
According to Banoun, even though it was known that ADE could be a problem, the drug companies “incompletely assessed” the potential in their nirsevimab preclinical trials. She stressed that ADE needs further study, but said it could explain why the all-cause hospitalization rate didn’t decrease in treated groups. Monoclonal antibodies can bind to a key receptor in infant cells and have the effect of increasing RSV infections like bronchiolitis. ADE from monoclonal antibodies also can promote other infections. They also lead to immunosuppression, have an inflammatory effect in the lungs and cause thrombotic pneumonia, all of which could drive up hospitalization numbers. Banoun’s analysis couldn’t draw conclusions about the drug’s efficacy in the U.S. campaign because coverage rates were only about 20%. In the three European countries, where coverage exceeded 80%, the drug did appear to be effective in reducing hospitalizations for RSV itself, Banoun found. She also said that observational studies, like the one published today in the New England Journal of Medicine on the French campaign consistently exclude babies hospitalized for RSV illness within seven days of their shot. But those illnesses may be due to ADE from the shot. So while that study reported similar efficacy findings to Banoun’s, it doesn’t account for some potential serious safety issues. However, there was no reduction in the overall number of infants admitted to the hospitals and clinical trials similarly showed no reduction in hospitalizations. Additionally, Banoun reported, in some cases, nirsevimab — marketed by Sanofi and AstraZeneca as Beyfortus — was also found to aggravate or increase RSV infection. This was evident in both the observational data and the clinical trials. Banoun’s paper is undergoing peer review at the International Journal of Molecular Sciences. Her work has no industry funding or conflicts of interest."

07-20-2024 MUST WATCH
Titled: Moderna v Pfizer, deaths
https://www.youtube.com/watch?v=6RVt3qBKOwQ
== Graphs of DATA from a study involving MILLIONS of people
Moderna used a higher dose of exactly what Pfizer used, and that showed up in the DATA.

https://www.theguardian.com/science/2020/nov/21/covid-vaccine-technology-pioneer-i-never-doubted-it-would-work

Covid vaccine technology pioneer: 'I never doubted it would work' (edited 2023)

11-21-2020 by Julia Kollewe

Katalin Karikó's mRNA research helped pave way for Pfizer/BioNTech and Moderna's successful work

Coronavirus - latest updates

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The Apex Person who made a huge mistake (per Malone)

Hungarian-born biochemist Katalin Karikó, with her husband and daughter, Susan Francia, at London 2012 Olympics. Photograph: Katalin Kariko

The Hungarian-born biochemist who helped pioneer the research behind the mRNA technology used in the two Covid-19 vaccines showing positive results believes it was always a no-brainer.

"I never doubted it would work," Katalin Karikó told the Guardian. ***"I had seen the data from "animal studies", and I was expecting it.*** **I always wished that I would live long enough to see something that I've worked on be approved."**

This month has been the pinnacle of Karikó's lifelong work researching mRNA (messenger ribonucleic acid).

Her work helped pave the way for both the Pfizer/BioNTech and the Moderna coronavirus vaccines. Both have shown efficacy of about 95% in late-stage clinical trials. They are expected to receive emergency approval and to be given to the first patients in the coming weeks. [2020]

The key to both is mRNA, a single-stranded messenger molecule **… that delivers genetic instructions from DNA, coiled up inside the cell nucleus, to the cell's protein-making factories outside the nucleus** https://www.theguardian.com/world/2020/apr/24/the-hunt-for-a-coronavirus-vaccine-a-perilous-and-uncertain-path. ***In the case of the vaccines, the molecule instructs cells to start churning out the "HARMLESS SPIKE PROTEIN" as a warning to the immune system to mobilize against coronavirus.*** ^ **[** ***"NOT HARMLESS"*** **&** proven so by many researchers after Vaxxx Rollout **]**

The adaptability of mRNA has opened a new field of therapy, not just for vaccines but also for medicines in areas ranging from cancer to strokes and cystic fibrosis. Karikó joined BioNTech seven years ago, but she has been dogged in pursuing her work over the last four decades. She left Hungary, where she had been synthesising RNA at the University of Szeged, after receiving an invitation from Temple University in Philadelphia. She took her engineer husband and two-year-old daughter with her, along with a teddy bear that had £900 sewn into it – the proceeds from the sale of their car, exchanged on the black market. Her daughter, Susan Francia, went on to row for the US, winning two Olympic gold medals in Beijing and London. "She always said our work ethic was driving her," Karikó said. The biochemist recalled how one year she realised in May that she had worked every day until then, including New Year's Day, and occasionally slept in the office too. **In 1989 she joined the University of Pennsylvania's School of Medicine, and it was there that she and her colleagues first saw that mRNA worked. "That was when I knew it will be something," she said. But the team fell apart due to lack of funding. "We couldn't get money then because it was too novel."** She wanted to use mRNA to treat cystic fibrosis and strokes, but lacked the funds

to develop the ideas. **In 1998, Drew Weissman, who was working on an HIV vaccine at the National Institutes of Health, joined the university. "I met him at the Xerox machine and told him I could make any RNA," Karikó recalled. They ended up working together and, in 2005, achieved a major breakthrough.** *** The problem with mRNA was that it TRIGGERED AN INFLAMMATORY REACTION when injected.** The two researchers, however, found a way to "***ward off"*** this response by modifying one of mRNA's four building blocks, called nucleosides. ^ ***[The modification DID NOT "WARD OFF" or FIX (per Dr Malone)...]***

**** READER UPDATE: Dr Robert Malone (who held 9 patents on mRNA), who helped Kariko understand what he did. Dr Robert MALONE has publicly stated that the inflammation problem needed to be 100% FIXED – & that Kariko DID NOT FIX the inflammation problem at all, or enough, to be safe for humans. Watch: Sen. Johnson Holds Star-Studded COVID-19 'Second Opinion' Hearing https://rumble.com/vt62y6-covid-19-a-second-opinion.html**

UPDATE 10-02-2023 Karikó & Weissman received a NOBEL PRIZE for their mRNA work. Article: Pair of Trailblazers of mRNA Vaccine Science Win Nobel Prize https://www.webmd.com/vaccines/covid-19-vaccine/news/20231002/covid-vaccine-pioneers-win-nobel-prize "Two scientists who pioneered an underlying technology to harness fragile genetic material in a way that ultimately resulted in the mRNA vaccines used to combat the COVID-19 pandemic were named winners of the Nobel Prize in medicine Monday. READ THIS ARTICLE!

They published their discovery but it received little attention at the time. Some – including Derrick Rossi, *one of the founders of Moderna – now say that the duo should receive the Nobel prize in chemistry for their breakthrough*. https://www.statnews.com/2020/11/10/the-story-of-mrna-how-a-once-dismissed-idea-became-a-leading-technology-in-the-covid-vaccine-race/ [ASTOUNDING THAT IT HAPPENED]

The next year, Karikó and Weissman set up a company to develop mRNA drugs, led by Karikó as chief executive. But they never got as far as clinical trials and **the university sold the exclusive licence of their patent to a third party,** CellScript. Meanwhile, **Rossi, a Canadian stem cell biologist who had read their groundbreaking 2005 paper, found strong financial backers and in 2010 founded Moderna in Cambridge, Massachusetts. In 2013, Karikó joined BioNTech – she also had a job offer from Moderna - which was based on the Mainz university campus in Germany & at the time did not even have a website. *It has been a busy seven years. BioNTech now has 1,500 employees and its market value hit a record $25bn*** (£19bn) **when the first positive results of trials of the Covid-19 vaccine it has developed with Pfizer were published last week. [*READER: Since - Reports show potential TRIAL RESULTS MANIPULATION & a Judge Ruled that the FDA had to release the DATA that it was trying to have sealed away for over 70 years?*] Karikó serves as the BioNTech's senior vice-president and head of RNA protein replacement therapies, and is also an adjunct associate professor at the University of Pennsylvania. Weissman, a professor of medicine at the university, has gone on to develop RNA vaccine candidates against flu, herpes and HIV.** Both BioNTech and Moderna licensed the modified mRNA technology developed by Karikó and Weissman for their vaccines. ***Karikó has high hopes for mRNA as "a universal platform"*** – for example as a treatment for epidermolysis bullosa, a severe skin disorder that causes painful blisters. And she already has big ideas about how that may work: "How about we make mRNA that the family can keep in the fridge and apply when the skin of their child detaches?"

PREVENTING CHRONIC DISEASE
PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY
Volume 18, E66 JULY 2021

ORIGINAL RESEARCH

Underlying Medical Conditions and Severe Illness Among 540,667 Adults Hospitalized With COVID-19, March 2020–March 2021

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Accessible Version: www.cdc.gov/pcd/issues/2021/21_0123.htm

Suggested citation for this article: Kompaniyets L, Pennington AF, Goodman AB, Rosenblum HG, Belay B, Ko JY, et al. Underlying Medical Conditions and Severe Illness Among 540,667 Adults Hospitalized With COVID-19, March 2020–March 2021. Prev Chronic Dis 2021;18:210123. DOI: https://doi.org/10.5888/pcd18.210123.

PEER REVIEWED

Summary

What is already known about this topic?

Severe COVID-19 illness in adults has been linked to underlying medical conditions.

What is added by this report?

In this cross-sectional study of 540,667 adult hospitalized patients with COVID-19, 94.9% had at least 1 underlying medical condition. Hypertension and disorders of lipid metabolism were the most frequent, whereas obesity, diabetes with complication, anxiety disorders, and the total number of conditions were the strongest risk factors for severe COVID-19 illness.

What are the implications for public health practice?

Preventing COVID-19 in populations with these underlying conditions and multiple conditions should remain a public health priority, with targeted mitigation efforts and ensuring high uptake of vaccine, when available, in these individuals and their close contacts.

Go to the CDC website (see below) for the full research document...

Abstract

Introduction

Severe COVID-19 illness in adults has been linked to underlying medical conditions. This study identified frequent underlying conditions and their attributable risk of severe COVID-19 illness.

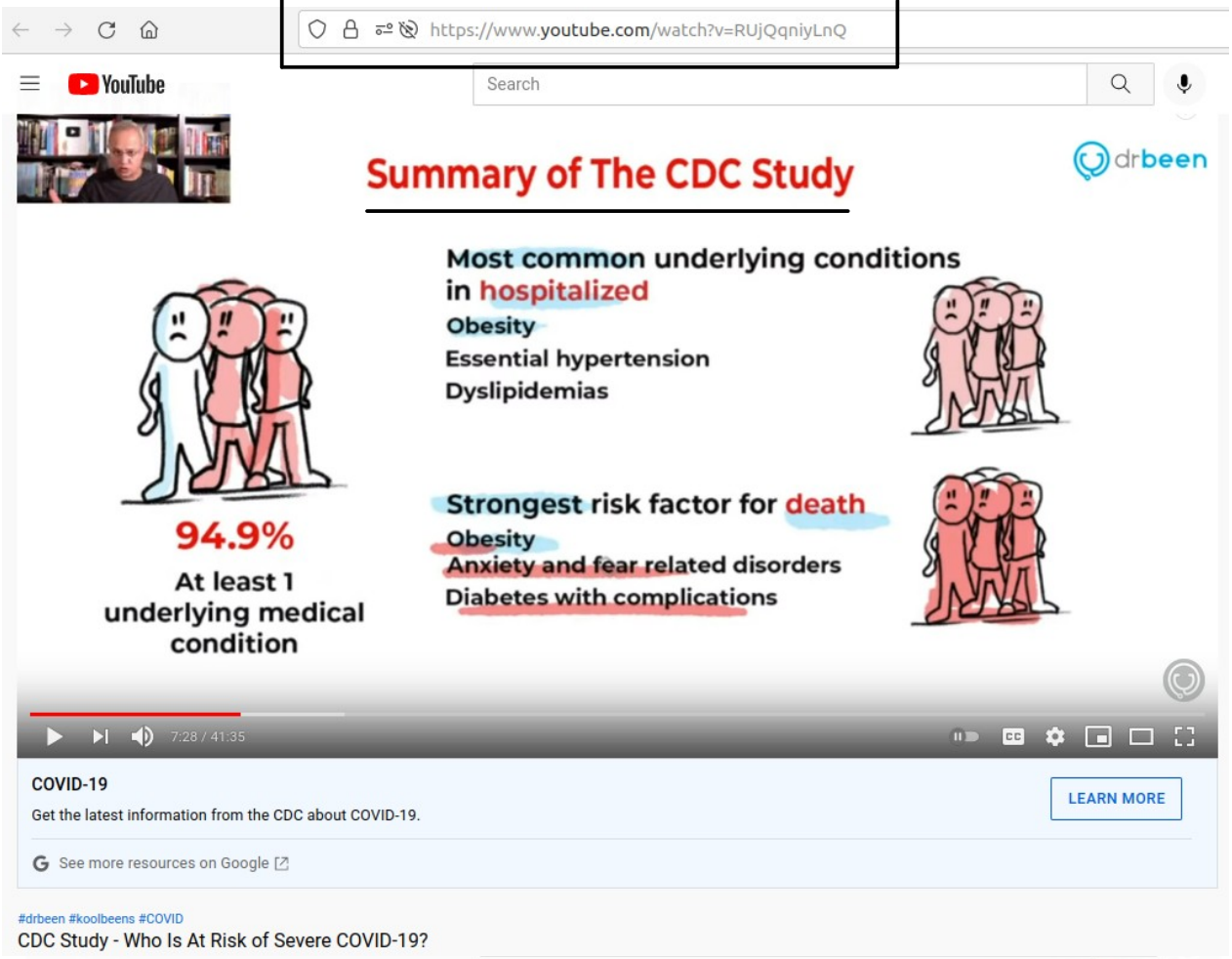
Methods

We used data from more than 800 US hospitals in the Premier Healthcare Database Special COVID-19 Release (PHD-SR) to describe hospitalized patients aged 18 years or older with COVID-19 from March 2020 through March 2021. We used multivariable generalized linear models to estimate adjusted risk of intensive care unit admission, invasive mechanical ventilation, and death associated with frequent conditions and total number of conditions.

Results

Among 4,899,447 hospitalized adults in PHD-SR, 540,667 (11.0%) were patients with COVID-19, of whom 94.9% had at least 1 underlying medical condition. Essential hypertension (50.4%), disorders of lipid metabolism (49.4%), and obesity (33.0%) were the most common. The strongest risk factors for death were obesity (adjusted risk ratio [aRR] = 1.30; 95% CI, 1.27–1.33), anxiety and fear-related disorders (aRR = 1.28; 95% CI, 1.25–1.31), and diabetes with complication (aRR = 1.26; 95% CI, 1.24–1.28), as well as the total number of conditions, with aRRs of death ranging from 1.53 (95% CI, 1.41–1.67) for patients with 1 condition to 3.82 (95% CI, 3.45–4.23) for patients with more than 10 conditions (compared with patients with no conditions).

CDC STUDY - Underlying Medical Conditions and Severe Illness Among 540,667 Adults Hospitalized With COVID-19, March 2020–March 2021-21_0123_- VIDEO SCREEN SHOTS and STUDY itself...



Note: Can also find this video at Odysee.com

GOOGLE THIS, to watch instructional video all about this research paper. Search for DrBeen

Conclusion
Certain underlying conditions and the number of conditions were associated with severe COVID-19 illness. Hypertension and disorders of lipid metabolism were the most frequent, whereas obesity, diabetes with complication, and anxiety disorders were the strongest risk factors for severe COVID-19 illness. Careful evaluation and management of underlying conditions among patients with COVID-19 can help stratify risk for severe illness.

Introduction

As the COVID-19 pandemic continues, a need remains to understand indicators for severe illness, defined as admission to an intensive care unit (ICU) or stepdown unit, invasive mechanical ventilation (IMV), or death (1). Several underlying medical conditions among adults, including diabetes, obesity, chronic kidney disease (CKD), hypertension, and immunosuppression, have been reported to be associated with increased risk for severe illness from COVID-19 (2-4). However, many existing studies are limited in geographic representation, restricted to cases early in the outbreak, or focused on a limited number of preselected conditions and/or severe outcomes (3–5). Finally, few studies have shown the effect of the number of underlying medical conditions on the risk for severe COVID-19 illness (6).

Both the baseline prevalence of a condition and the magnitude of its association with COVID-19 illness help determine the impact of a condition at a population level. This study, based on a large electronic administrative discharge data set, sought to describe the most frequent underlying medical conditions among hospitalized patients with COVID-19 and their associations with severe illness. This information can better inform clinical practice and public health priorities, such as identifying populations for focused prevention efforts and potential vaccine prioritization.

Methods

We used the Premier Healthcare Database Special COVID-19 Release (PHD-SR, release date May 11, 2021), a large, US hospital-based, all-payer database (7). The sample included patients aged 18 years or older who had an inpatient encounter with an *International Classification of Diseases, Tenth Revision, Clinical Modification* (ICD-10-CM) diagnosis of U07.1 ("COVID-19, virus identified") from April 1, 2020, through March 31, 2021, or B97.29 ("other coronavirus as the cause of diseases classified elsewhere," recommended before the April 2020 release of U07.1) from March 1, 2020, through April 30, 2020 (8,9).

We examined 3 indicators of severe COVID-19 illness: admission to an ICU or stepdown unit, IMV, and death. These indicators were not mutually exclusive.

We considered 2 exposures of interest: 1) specific underlying medical conditions and 2) the number of conditions. We captured data on both exposures by using ICD-10-CM diagnosis codes from inpatient or outpatient hospital records in PHD-SR from January 2019 up to and including a patient's first inpatient encounter for COVID-19. We used 1 encounter with an ICD-10-CM code to establish the presence of an underlying condition because few patients had multiple encounters in this hospital database. We excluded 3 ICD-10-CM codes (ie, oxygen support, dependence on a ventilator, and tracheostomy) listed during the patient's COVID-19 encounter because they could be part of COVID-19 treatment.

We used a multistep approach to identify underlying medical conditions. First, we used the Chronic Condition Indicator (CCI) to identify chronic ICD-10-CM codes (11,803 of 73,205 total ICD-10-CM codes), which were then aggregated into 314 categories using the Clinical Classifications Software Refined (CCSR) (10,11). To further differentiate underlying conditions from acute complications of COVID-19, a panel of physicians (K.K.W., W.M.K., H.G.R., B.B., N.T.A., J.M.N.) classified the 314 CCSR categories into "likely underlying" (274 categories; eg, asthma); "indeterminate," which could include underlying or acute complications or both (29 categories; eg, cardiac dysrhythmias); or "likely acute" (11 categories; eg, acute pulmonary embolism). We used the "likely underlying" CCSR categories for our analysis of underlying medical conditions and excluded the "indeterminate" or "likely acute" CCSR categories. People diagnosed with both CCSR categories of "diabetes with complication" and "diabetes without complication" (n = 55,141) were classified as having diabetes with complication. The number of underlying medical conditions was defined as the number of unique CCSR categories associated with each patient (0, 1, 2–5, 6–10, >10).

Statistical analyses

We described the sample by patient and hospital characteristics. Then we selected the most frequent underlying CCSR categories with a prevalence of 10% or more in the sample. We used multivariable generalized linear models with Poisson distribution and log link function to estimate adjusted risk ratios (aRRs) for 3 outcomes of interest among hospitalized patients: ICU admission, IMV, and death (reference was surviving hospitalized patients without that outcome). We performed these estimations by 1) including all frequent CCSR categories in the same model ("full model") and 2) including 1 CCSR category per statistical model ("restricted model"). We focused our interpretations on the CCSR categories whose direction of association (positive or negative)

Go to the CDC website for full paper!

was consistent between the restricted and the full model. We also conducted a stratified analysis of frequent conditions by age group (frequency ≥10.0% in each age group). Finally, we estimated the association between the number of CCSR categories and the 3 severity outcomes.

All models used robust SEs clustered on hospital identification, and controlled for patient age, sex, race/ethnicity, payer type, hospital urbanicity, US Census region of hospital, admission month, and admission month squared (to account for potential nonlinear unobservable changes in treatment, patient profile, or severity of illness during the pandemic). All analyses were conducted using R version 4.0.2 (The R Foundation) and Stata version 15.1 (StataCorp LLC).

We performed 2 sensitivity analyses using all chronic CCSR categories, including those determined by the clinician panel to be "likely underlying," "indeterminate," and "likely acute." We performed 1 sensitivity analysis in the main sample and another that was limited to encounters that preceded the first COVID-19 inpatient encounter. These analyses were used to validate the associations found in the main analysis, as well as to examine the conditions excluded from the main analysis after clinical review.

This activity was reviewed by the Centers for Disease Control and Prevention (CDC) and was conducted according to applicable federal law and CDC policy.

Results

Among 4,899,447 hospitalized patients in PHD-SR, 540,667 (11.0%) patients met the study inclusion criteria for COVID-19 (Table 1). Of patients hospitalized with COVID-19, 94.9% had at least 1 documented underlying CCSR condition, 249,522 (46.2%) had an ICU admission, 76,680 (14.2%) received IMV, and 80,174 (14.8%) died. The study sample included 261,078 (48.3%) female patients, 94,670 (17.5%) non-Hispanic Black patients, and 93,171 (17.2%) Hispanic or Latino patients. The median age was 66 years, and the most common insurance types were Medicare (292,978 [54.2%]) and commercial (130,995 [24.2%]). The 863 hospitals visited by patients included in the study were distributed across all US Census regions.

We found 18 underlying CCSR categories with a frequency of 10.0% or more in the sample; the most common were essential hypertension (272,591 [50.4%]), disorders of lipid metabolism (267,057 [49.4%]; top ICD-10-CM code was hyperlipidemia), obesity (178,153 [33.0%]), diabetes with complication (171,727 [31.8%]), and coronary atherosclerosis and other heart disease (134,839 [24.9%]) (Figure 1).

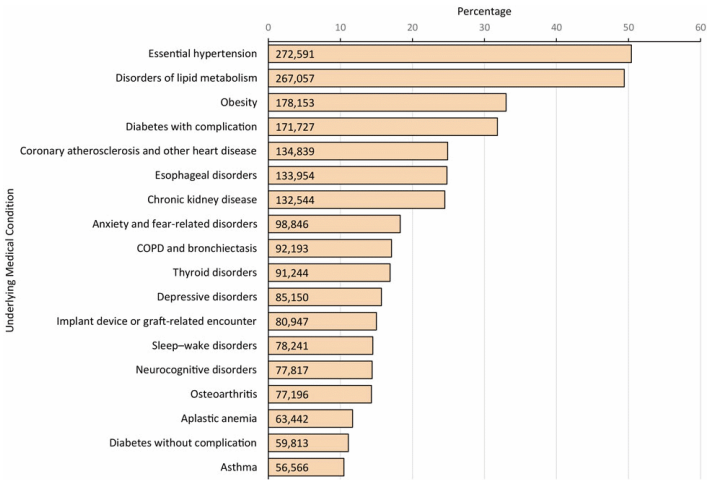


Figure 1. Prevalence of the most frequent underlying medical conditions in a sample of adults hospitalized with COVID-19 in Premier Healthcare Database Special COVID-19 Release. Underlying medical conditions were defined by 1) using Chronic Condition Indicator to identify chronic *International Classification of Diseases, Tenth Revision, Clinical Modification* codes; 2) aggregating the codes into a smaller number of categories by using the Clinical Classifications Software Refined (CCSR); 3) a clinical review of CCSR categories that classified CCSR codes as "likely underlying," "indeterminate," or "likely acute"; and 4) including only "likely underlying" CCSR categories and excluding "indeterminate" and "likely acute" CCSR categories. Patients coded with both CCSR categories of "diabetes with complication" and "diabetes without complication" (n = 55,141) were classified as having diabetes with complication. The following frequent (present in ≥10.0% of patients) "indeterminate" CCSR categories were excluded: cardiac dysrhythmias (n = 124,367 [23.0%]), heart failure (n = 104,858 [19.4%]), other specified nervous system disorders (n = 89,929 [16.6%]), other specified and unspecified nutritional and metabolic disorders (n = 89,337 [16.5%]), coagulation and hemorrhagic disorders (n = 75,766 [14.0%]), and diseases of white blood cells (n = 57,765 [10.7%]). Abbreviation: COPD, chronic obstructive pulmonary disease.

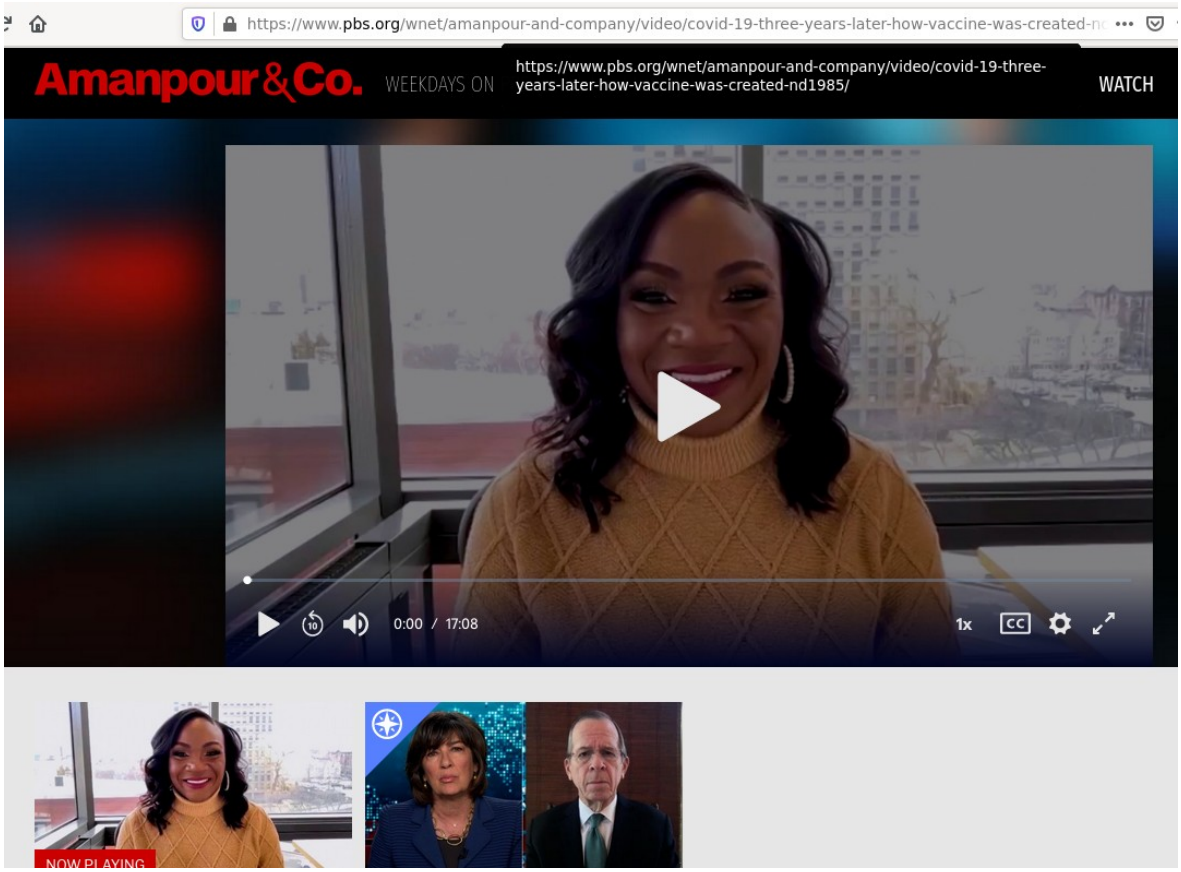
Relative risk of death in the full model was 30% higher with obesity (95% CI, 27%–33%), 28% higher with anxiety and fear-related disorders (95% CI, 25%–31%), 26% higher with diabetes with complication (95% CI, 24%–28%), 21% higher with CKD (95% CI, 19%–24%), 18% higher with neurocognitive disorders including dementia and Alzheimer's disease (95% CI, 15%–21%), 18% higher with chronic obstructive pulmonary disease and bronchiectasis (95% CI, 16%–20%), 17% higher with aplastic anemia including anemia in CKD (95% CI, 14%–19%), 14% higher with coronary atherosclerosis and other heart disease (95% CI, 12%–16%), and 4% higher with thyroid disorders including hypothyroidism (95% CI, 2%–6%) (Table 2). These conditions were also associated with a higher risk of IMV and ICU admission.

Diabetes without complication was associated with a 6% lower risk of death (aRR = 0.94; 95% CI, 0.91–0.97), 9% lower risk of IMV (aRR = 0.91; 95% CI, 0.88–0.94), and 2% lower risk of ICU admission (aRR = 0.98; 95% CI, 0.97–0.998). Essential hyperten-

03.06.2023 **https://www.pbs.org/wnet/amanpour-and-company/video/covid-19-three-years-later-how-vaccine-was-created-nd1985/**

COVID-19 Three Years Later: How A Vaccine Was Created

PBS SHOW - CHRISTIANE AMANPOUR, CHIEF INTERNATIONAL ANCHOR: Three years ago, as the World Health Organization was preparing to declare COVID-19 a pandemic, scientists were already weeks into developing a vaccine. Dr. Kizzmekia Corbett was part of a groundbreaking team to produce the mRNA vaccine for Moderna. And she is joining Walter Isaacson to reflect on the early days of the pandemic and the future of vaccine research. ***The Dr Corbett PBS TRANSCRIPT*** *is found BELOW (after a reader comment)*!



(BEGIN VIDEO CLIP)

1st this READER's NOTE – It is very very very important to see how Katalin Kariko is involved in this Vaxxx death mess - https://en.wikipedia.org/wiki/Katalin_Karik%C3%B3 --- AND that Kariko IS MENTIONED IN THE **CHRISTIANE AMANPOUR SHOW's** INTERVIEW - WITH a QUESTIONABLE AMOUNT OF CREDIT BEING GIVEN TO HER WORK (work that Dr Malone questions as lacking maybe). Below is also how Dr Malone fits into the story (a key mRNA guy).

Robert W Malone MD, MS

Along those lines - **Please understand that Katalin Kariko met with Dr Robert Malone, who had years before their meeting filed for, and held, 9 key patents on mRNA - and that she used his stuff and tried to improve it TRYING to figure out the problems (infections etc) that Dr MALONE discovered in his testing around mRNA.** VISIT Katalin Kariko's Wikipedia - understand that she might have profited from her mRNA work? https://en.wikipedia.org/wiki/Katalin_Karik%C3%B3

Quote: “In early 2013, Karikó heard of Moderna's $240 million deal with AstraZeneca to develop a Vascular endothelial growth factor mRNA. Karikó realized that she would not get a chance to apply her experience with mRNA at the University of Pennsylvania, **so she took a role as vice president at BioNTech RNA Pharmaceuticals**[2] (and **subsequently became a senior vice president in 2019**). [*citation needed*] Her research & specializations include messenger RNA-based gene therapy, RNA-induced immune reactions, molecular bases of ischemic tolerance, & treatment of brain ischemia.

> Dr Malone again: Concerning Katalin Kariko : Dr Malone said that HER SOLUTION to get rid of the infection RISKS, seemingly did not work. **Dr Malone’s main mRNA development problem, a problem that stopped them COLD from going FULL ON FORWARD, 100% stopped them from going to the Vaccine Market and injecting mRNA into HUMANS, was due to substantial rates of infection found in animal lab testing - that they could not figure out! A BIG PROBLEM THAT STOPPED HIM FROM GOING FORWARD.**

SO, Kariko when she visited Malone - learned what Malone was doing from Malone. She then left – she landed somewhere else and being very determined, she then went ahead with TRYING TO FIX DR Malone’s mRNA problems anyway! **It seems that SHE thought, and maybe told people that she fixed or solved the mRNA problems.** Some excited ROI backers tried to get her a NOBEL PRIZE (her work piggy backing on Dr Malone’s work & was not original). **Dr Malone in interviews & Senate testimony stated that she did not 100% FIX THE INFECTIONS...**

> and per Dr Malone, he said that it appears that **Kariko used pseudouridine and somehow thought that she fixed his infection testing problem *that needed to be 100% fixed…*** Malone **indicated that NOT FIXING the infections (even partially) WAS NOT GOOD ENOUGH.** IT NEEDED TO BE FIXED 100% - not part way at all. A massive mistake).

Dr Malone’s statement From: **https://rwmalonemd.substack.com/p/a-health-public-policy-nightmare**

Quotes: “One very real hypothesis is that the **substitution of pseudouridine for uridine** to avoid the immune response [**https://pubmed.ncbi.nlm.nih.gov/32090264/**] ...**is working so well that the mRNA is completely evading the normal clearance/degradation pathways. Hence, mRNA that is not being incorporated into cells at the injection site, is migrating to the lymph nodes (and throughout the body as the non-clinical Pfizer data suggest?) and continuing to express protein there. In this case, the cytotoxic protein antigen is spike. Spike protein can be detected for at least 2+ weeks after administration of dose. It did not appear that spike protein was tested for later than that, although the study is poorly worded in this regard.”**

“Nevertheless, abundant spike protein was detected after vaccination that continues for an indefinite time.”*[Dr Malone]*

> ***[- Per* THE STANFORD STUDY - https://doi.org/10.1016/j.cell.2022.01.018]**
>
> **https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9?rss=yes#relatedArticles**

[PER DR. MALONE] - The spike protein, let’s review what it is and how it is being used (from the Daily Skeptic): https://dailysceptic.org/why-werent-these-vaccines-put-through-the-proper-safety-trials-for- gene-technology-asks-a-former-pharmaceutical-research-scientist/

These new gene-based 'vaccines' are working in a completely novel way – nothing remotely resembling that of traditional vaccines. Given that pharmaceutical companies work competitively it was also somewhat of a surprise they took the same approach of targeting what has been termed the 'spike protein' of the SARS-CoV-2 virus. **This (spike) protein is nasty – sometimes being referred to as a 'pathogenic protein' – and is recognized as causing many of the awful pathologies associated with the disease of COVID- 19. Logically you would inactivate or at least attenuate this nasty spike protein and develop a vaccine around the attenuated virus. But that's not what was done.**

These 'vaccines' do not contain any of the offending virus at all but rather the gene sequence that causes the nasty spike protein to be made in the body. We have little idea how much of this nasty protein is produced or for how long it lasts after an injection of the gene sequence.

Furthermore, stimulating the body's own complex biological systems to produce the spike protein will mean that the amount of protein produced will vary from person to person. The idea is that the spike protein produced by the gene encoding it elicits a response by our immune system to produce antibodies directed against the spike. When the wild virus comes along and infects us the antibodies recognize the spike protein and attack it thus preventing its nasty effects. And it does, though as we have since learned this approach isn't very good at preventing infection or stopping its transmission.

> Q: Are we perhaps clutching at straws too in claiming that these 'vaccines' are preventing serious disease and death? Have we not learned anything over the past two years in treating Covid symptoms with conventional therapeutic drugs? Knowing what we know about the spike protein in these vaccines, the study quantitatively measured spike protein levels in plasma after vaccination. This should have been characterized long ago, including prior to beginning human clinical trials. **That this has not been published or investigated more --> demonstrates the "gross regulatory dereliction of duty" by Pfizer, Biointech, Moderna, NIAID VRC - and that whole crew.**

Using these vaccines, which include pseudouridine without fully understanding the implications and without the FDA requiring a complete pre-clinical toxicology regulatory package, including long-term follow-up, as is done with any other unique chemical or adjuvant additive is shocking.

Then there is the novel use of the unique nano particles being used in these vaccines, which also were only marginally assessed, as shown by the Japanese Pfizer data.

> ## Protein expression is not being turned off, because the immune response against the mRNA/pseudouridine

complex is either not happening or is ineffective. It may also be that the mRNA/pseudouridine complex has a longer half-life than normal mRNA.

The In either case, this is regulatory nightmare.

I do not know how to write this more strongly. This technology is immature.

The WHO has approved six, more traditional vaccines, all of which the US government could license. These genetic vaccines are not the only option. To note: The use of pseudouridine in these mRNA vaccines is not the only option."

"It has often been hypothesized that the reason Dr. Kariko added pseudouridine to the mRNA vaccine was to make an improvement to the original mRNA patents that I was an inventor on. An improvement to an existing patent allows commercialization of that patent. It is an old trick."

"Remember, that Curevac does not use pseudouridine in its formulation and it is not required or necessary for a significant immune response. **https://www.nature.com/articles/s41586-021-04231-6**

In the next generation of mRNA vaccine experiments (hopefully done in an animal model), **it is clear that the issues of adding pseudouridine need to be addressed prior to any more of these vaccines going into humans."**

Reader Comment - let us get back to the interview to fully understand where things went way off the rails…!
===== NOW THE **03.06.2023** PBS **CHRISTIANE AMANPOUR SHOW** ======
with Walter Isaacson **(substitute host/interviewer)** - transcript of the interview with Dr Kizzmekia Corbett.

[Reader comment, research Dr Malone's info & read this with all of that in mind]

WALTER ISAACSON, HOST: Thank you, Christiane. And Dr. Kizzmekia Corbett, welcome to the show.

DR. KIZZMEKIA CORBETT, ASSISTANT PROFESSOR, IMMUNOLOGY AND INFECTIOUS DISEASES AND HARVARD CHAN SCHOOL OF PUBLIC HEALTH: Thank you so much.

ISAACSON: So, I think it was probably New Year's Eve, right before this virus started spreading in early 2020, when you've got a call or an e-mail saying, hey, we got to be aware of this thing that might be happening in China. Tell me how you sprang into action in January and February of 2020.

DR. CORBETT: It was actually an e-mail, December 31, 2019, from my then boss, Dr. Barney Graham. And I think that the news article just said that 27 people had become sick in Wuhan, China from a supposed respiratory illness. And so, we had no idea that it was a coronavirus. **But what we did know is that if it**

were a coronavirus, we had something that might be of help in — by way of this type of vaccine technology. And so, I left my mom's house in North Carolina and I drove back to Bethesda and we essentially just got to work.

ISAACSON: And how did you get to work? I know the Chinese eventually published sort of the coding, let us say, of the coronavirus **and the spike protein**? What did you do once you found that coding?

DR. CORBETT: Right. So, they published the sequence of the coronavirus, I believe it was January 10, 2020. And at that point, what you can do is you can look at the sequence and you can say, oh, look, here is the piece of the virus that is the spike protein. **Let us use that piece of the virus, that spike protein**, & **add the mutations that are necessary to make it stable and serve that spike protein sequence inside of a messenger RNA. Wrap it into a lipid (ph) & delivered it to people as a vaccine. *And that's what we did.***
ISAACSON: The mRNA serves as a messenger, it goes into your cell and says, build protein. That is what mRNA does, done for about a few million years, I would guess, right?

DR. CORBETT: Yes.

ISAACSON: And — **but you tell it to build a spike protein. Why?**

DR. CORBETT: Because the spike protein, if you think — see my hand here? If this hand is a virus and this is the inside of the virus, these fingers are spike proteins, and they are the things that go and grab on to your cells inside of your body. So, if you want to block an infection or if you want to impede an infection or slow down an infection, you want to teach your body how to recognize those fingers. **And so, all you have to do is say, look, cells, this is what the spike protein looks like. And that's basically what the mRNA does, it teaches your cells how to make that spike protein and then, teaches your — and then, it makes antibodies to enable to block that spike protein.**

ISAACSON: ***And you've been an expert at spike proteins and how mRNA can create them***. Tell me how you worked with the people at Moderna, other places, when you were at the NIH, to make the exact vaccine that they were using.

DR. CORBETT: Tons of people were involved, actually. I was at the National Institute of Health, as you said. **Researchers at the University of Texas Austin were involved in engineering the S2P portion of the spike protein**. Over the years we worked with researchers at the UNC Chapel Hill. Obviously, we worked with **Moderna, which is a company that has this proprietary messenger RNA platform**. So, what happened when this pandemic began is that we all came together and we said, **we have to do something because we have been studying this for too long and we know exactly what to do**. So, we all got our brains together and — at the NIH and Moderna, *we said, we are going to make a vaccine that includes that spike protein in the mRNA platform, because it would be able to make a good immune response, as we've been showing in MICE over the years, and it would be fast to be able to manufacture because Moderna is really good at making this type of vaccine.*

> **ISAACSON: Another great woman pioneer in this biotechnology was Katalin Kariko who helped come up with the concept of how the mRNA could work in human cell, along with a lot of other people. Explain how you built on her work.**

DR. CORBETT: Right. So, the work that she did over — really, an entire career, when she was at, I believe, the University of Pennsylvania, **she did work that basically showed how we might be able to use messenger RNA in the body and allow it to hide from the body so that you could present a protein like the spike protein to the body and get a really good immune response**. And so, that work they pioneered

over UPenn over the course of even 20 years, and especially in the last decade, prior to the pandemic, that really allowed for us to build on. And that's one thing about science is that there's never one isolated aha moment. Everybody's work across the globe comes together when it's important like this, something like a pandemic. So, we are able to build off of each other's knowledge.

ISAACSON: And it was really in record time that the vaccine was developed, right?

DR. CORBETT: I think 66 days. This particular vaccine went into clinical trial following the release of that sequence.

ISAACSON: Tell me what it was like for you having helped develop this vaccine when you first got to take the vaccine.

DR. CORBETT: Oh, man. Wow. I haven't been asked that question in a very long time. But it was a very emotional moment I think for me and so many other people. **I took my vaccine at the NIH, in the clinical center, and I just remember feeling relief and hopeful again.** And it was also one of those times where I hadn't seen as many people as that were lined up to get their vaccines. And so, I was also not feeling as isolated or lonely in that moment. And it just — **yes. I can't even describe how thankful I was for that vaccine.**

ISAACSON: I know you don't really get involved in the politics of things, but there has been such politicization of this vaccine. Do you think scientists could have and can do a better job of explaining science to the public and be more open in the way they explain it?

DR. CORBETT: I absolutely do. I think we are all learning. I think many scientists, including myself, we're kind of thrust into the media in this moment. We became a voice for our work in a way that's really different than how we are normally speaking. Generally, I am speaking to faculty or students at, you know, universities like the one that I work. But having to speak to the community and having to understand and listen also, even more over to the community, is a skill that we are all still learning. And so, I think with practice, we will all get there. **I also think it wouldn't hurt for us to not only talk to the community but to continue to talk to and remind politicians about our data as well on an ongoing basis as well.** It's all about keeping the lines of communication open.

ISAACSON: And what would you like to communicate now, now that this — we are sort of getting into the new phase, we are about to get out of the emergency phase of COVID, **what do you think scientists should be communicating about the need for virus vaccinations in the future?**

DR. CORBETT: **I think the one thing that I'd really like to see moving forward is that we keep the conversation around vaccine education and how vaccines can really help health outcomes open, right?** It's not just the COVID-19 vaccine, every single year we have, you know, seasonal influenza shots, ***there is an entire portfolio of infant vaccinations.*** You know, I just took my Tdap booster, for example, the other day. So, there's always a vaccine that people need to know about and keeping those – – the lines of communication open around them, also letting people know about vaccines that might be on the horizon before they come out is also very important, you know. In this moment, people were learning about a vaccine technology being developed kind of in their face. And so, **I think it allowed people to make real-time decisions about whether they chose to get the vaccine or not.** And I think that that's really important. Waking up one day and being called by your doctor and saying, oh, **now we have an RSV vaccine**, **would you like to take it?** I think that is the wrong way to go about it. We need to be informing people in real-time, all the time, about the science.

ISAACSON: So, what vaccines should we be looking forward to? You've mentioned RSV.

DR. CORBETT: **RSV. I am really excited about it.** I'm excited about it because a lot of the work that went into developing that vaccine actually came from the laboratory and my collaborators and Dr. Barney Graham, Jason McLellan. **And that work actually really was a step stool to the work that we did with coronaviruses.** **And so, I really trust and wholeheartedly believe in that technology.** So, RSV. I think probably sooner than later, we will have a new and improved flu vaccines that will start to come out. ***Oh, man. There's tons of vaccines in the pipeline.***

ISAACSON: You've been involved in clinical trials, I was part of a clinical trial for the mRNA vaccine myself.

DR. CORBETT: Oh really? Thank you.

ISAACSON: And it was sort of fun. It felt like you are contributing to society a bit.

DR. CORBETT: Yes.

ISAACSON: Can you tell people why they should maybe volunteer to be part of the clinical trials?

DR. CORBETT: So, you know, I actually don't like to tell people that they should volunteer or not volunteer for a clinical trial. But what I do like to say to people is that, the participation in clinical trials is always, always something that is available to you. If you find yourself wanting to give back, really interested in new medical technologies or new medicines, if you find yourself really connected to a particular disease, you can go to **clinicaltrials.gov** and you can search that disease, you can search that medical ailment, you can search that medicine. And most likely, there is a clinical trial site near you and you can participate. And it is a great way to give back to science and medicine, if you so feel inclined. There — I always like to remind people that clinical trials are consented, in order to run a clinical trial, obviously, there's tons of regulatory hurdles that one might — had to go through to run a clinical trial. And to ask all the questions that you want, I love when people ask questions. But you are right, you know, ***myself, I started participating in clinical trials back when I was in graduate school over 10 years ago. And at this point, I have participated in over 100, for various different reasons.*** If I — I got a really good friend in D.C. who had sickle cells. So, I started to participate and donate cells to sickle cell patients. I do it because I feel like it is a way for me to give back and I feel like it also helps me to become more informed about the process as my vaccines go into clinical trial.

ISAACSON: As a kid growing up in North Carolina, how did you get interested in biotechnology?

DR. CORBETT: Oh, man. Really, you know, by chance. I got really interested in science by doing an internship in a chemistry laboratory when I was in high school. And it is a really unique job to have, right? I get to come to like this beautiful office every day. I get to have people who are working in my laboratory who are excited about data. I get to inform vaccine breakthroughs. I get to, you know, make history and talk to you and talk to the general public. And I think, for me, I would not know what else I would want to do, and that became very clear to me even when I was in high school.

ISAACSON: I've noticed with this revolution in the life sciences it's been led in many ways by a lot of women. But there are very few people of color, very few young black students when I would go around the biochemistry labs in this country. What can we do to encourage people to become part of this and to help make sure that there is greater diversity in the field?

DR. CORBETT: You know, this question always comes from how can we encourage people to do more, and it's really more so how can we make our environments, the labs, the universities, the biotech companies, the hospitals more inclusive so that everybody, not just black students, but everyone feels like, this is a place where I can work. And for me, I think that, moreover that anything that anyone could have done to convince me to be a scientist, I went to that lab that summer in high school, and I left saying, wow, this is a place that I can work. I was welcomed there. I was taught. I — the way that I spoke as a southern black girl was appreciated and understood. There are just small details about inclusion that we have to get better at in order to influence people to take on any kind of job, particularly in science.

ISAACSON: You know how viruses spread better than anybody, **what do you feel about these studies that now shall mask-wearing maybe had no influence at all?**

DR. CORBETT: **I think that the data, by and large, suggests that masks, when worn, when there is large levels of community transmission, impede the spread and the transmission of the virus that causes COVID-19.** You know, I think that — with studies, right, the way that you analyze your data, your population subset, there are little small details that can change the outcome of the study. But as I always say to anyone who has a question about masks or has a question about how they can't — they just absolutely will not most likely come into — *in contact with the virus, when in doubt, where a mask.* **And, you know, masks don't care what variant it is, they're going to block it whether it's Omicron or Delta. And so, it is a fail-safe way and a public health measure that is a precaution when you are worried about transmission.**

ISAACSON: Part of your research, and I think you are on the patents of some things like this, would involve a universal coronavirus vaccine so we wouldn't have to get a different one for every variant that comes along. Explain to me how we could create one that's universal, one that goes after any coronavirus?

DR. CORBETT: **I do have work that informs universal coronavirus vaccine development, and there are certainly several different approaches. You can take the approach of those spike proteins giving people multiple different types of spike proteins so that they make a broader response.** That's generally more or less the type of approach that we have been interested in and many other people have been interested in. But, you know, I like to remind everyone as far as universal technologies, vaccine technologies are concerned, it's still a long way out. And so, we are not promising that we'll have universal technology tomorrow, but we are all working on it.

ISAACSON: Having gone through these three years of COVID, tell me what you've learned about what should be done to improve either biomedical research system or our even health systems in America?

DR. CORBETT: So, I think, you know, one thing that I have learned is that we have all of the small tools embedded in our system already. The one good thing about this pandemic is that we had no option but for each of those subsets to come together and work together. So, you know, you saw the National Institutes of Health working with the CDC and you saw just, you know, different organizations coming together. You saw doctors working with scientists and just all of these little pieces, all of this has to be a very concerted and collaborative effort in order to get the job done, from A to Z.

ISAACSON: Dr. Corbett, thank you so much for joining us.

DR. CORBETT: Thank you.

Q: CONFUSED READER QUESTION - SO, whose mistake was it that so many people are still dying from getting injected with this Covid-19 Vaxxxx?

Cases of vaccine-induced VAIDS on the rise due to mass covid vaccination

https://www.newstarget.com/2021-12-10-vaccine-induced-vaids-rising-mass-covid-vaccination.html

12/10/2021

A new paper published in *The Lancet* [reported on at this next link]

https://americasfrontlinedoctors.org/news/post/vaccine-acquired-immune-deficiency-syndrome-vaids-we-should-anticipate-seeing-this-immune-erosion-more-widely/

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3949410

> **… suggests that the more "vaccines" a person gets injected with for the Wuhan coronavirus (Covid-19), the faster his or her body succumbs to an AIDS-like immune wasting syndrome called VAIDS.**

Vaccine Acquired Immune Deficiency Syndrome begins immediately following the first round of injections. And experts worry that **with each subsequent "booster" shot, this process of "immune erosion," as they call it, only continues to accelerate.** [Link below]

https://immunesystem.news/

For their research, scientists compared the health outcomes between vaccinated and unvaccinated people in Sweden. **Roughly 1.6 million individuals in both groups were studied over the course of nine months.**

> **What was discovered is that the fully vaccinated only have a smattering of immune protection for a very short amount of time – at most six months. *After that, the artificial "immunity" provoked by the injections wanes rapidly, leaving a fully vaccinated person with no protection against infection of any kind, just like AIDS*.**

The **unvaccinated, meanwhile, were found to maintain true and lasting immunity** because their bodies were not jabbed with immune degrading spike proteins and other mystery chemicals that we now know chip away at the immune system week after week post-injection. [Link below]

https://naturalnews.com/2021-10-17-are-covid-vaccines-giving-people-aids.html

"Doctors are calling this phenomen[on] in the repeatedly vaccinated 'immune erosion' or 'acquired immune deficiency,' *accounting for elevated incidence of myocarditis and other post-vaccine illnesses that either affect them more rapidly, resulting in death, or more slowly, resulting in chronic illness,"* reported America's Frontline Doctors (AFLDS) about the study's findings.

Covid jabs initiate a cascading failure of the body's immune response

It is important to remember that covid vaccines are not actually vaccines, at least not in the traditional sense. **What they do is cause cells throughout the body to produce just one small portion of the alleged SARS-CoV-2 virus: the spike protein.**

As we have long warned, these injections are turning people's bodies into walking spike protein factories, which causes the body to create antibodies to them. **There are serious problems with this, however, that lead to the progressive degradation of the body's immune capacity and functionality.**

- "First, these **vaccines 'mis-train' the immune system** to recognize only a small part of the virus (the spike protein)," AFLDS explains. "Variants that differ, even slightly, in this protein are able to escape the narrow spectrum of antibodies created by the vaccines."
- "Second, the **vaccines create 'vaccine addicts,' meaning persons become dependent upon regular booster shots**, because they have been 'vaccinated' only against a tiny portion of a mutating virus," the group adds. "Australian Health Minister Dr. Kerry Chant has stated that COVID will be with us forever and people will 'have to get used to' taking endless vaccines. 'This will be a regular cycle of vaccination and revaccination.'"
- A third thing is the simple fact that **the jabs do not in any way prevent infection in the nose and upper airways, which is where fully vaccinated people tend to show the highest viral loads.** This causes the fully vaccinated to become those ever-dreaded "superspreaders" and a serious danger to society.

Former *New York Times* reporter Alex Berenson warns that the indefinite and uncontrolled autoimmune response to the coronavirus spike protein that is provoked by these injections could produce "a wave of antibodies called anti-idiotype antibodies or Ab2s that continue to damage human bodies long after clearing either Sars-CoV-2 itself or those spike proteins that the shots cause the body's cells to produce."

The spike proteins themselves may produce this second wave of antibodies as well, modulating the immune system's initial response by binding with and ultimately destroying the first wave of antibodies.

***** Meanwhile, *New England Journal of Medicine* researchers have found that autoimmune response to the coronavirus spike protein may last indefinitely:**

"Ab2 antibodies binding to the original receptor on normal cells therefore have the potential to mediate profound effects on the cell that could result in pathologic changes, particularly in the long term — long after the original antigen itself has disappeared." **These antibodies produced against the coronavirus spike protein could be responsible for the current unprecedented wave of myocarditis and neurological illnesses, and even more problems in the future.**

> **New England Journal of Medicine Published Study - Titled: A Possible Role for Anti-idiotype Antibodies in SARS-CoV-2 Infection and Vaccination**
>
> https://www.nejm.org/doi/full/10.1056/NEJMcibr2113694
>
> List of authors. William J. Murphy, Ph.D., and Dan L. Longo, M.D.
>
> NEJM Quote: **"It would therefore be prudent to fully characterize all antibody and T-cell responses to the virus and the vaccines, including Ab2 responses over time".**

2 HUGE RELATED and OVERLAPPING "DIED SUDDENLY (unexpectedly) AUTOPSY REPORTS" OUT OF GERMANY (FALL of 2022)

1st - AGAIN – A KEY REPORT that came out first (then the other report to follow)
Summary - **ONE Single Vaccinated man dies and was autopsied... with a key review by Dr Bhakdi showing the effects of the damage on the brain and heart**
2nd - for the first time here
Summary - Multiple Autopsies were done... with a key review by Dr John Cambell showing the damage caused electrical problems in the heart - a time bomb with death resultingl
-- BOTH **100% PROVING the SHOTS caused the "DIED SUDDENLY/UNEXPECTEDLY"** deaths... BELOW
HERE WE GO ----- WOW - Fasten your seat belts, as here finally & sadly - "THE FAT LADY SINGS" - 100% PROOF!
-- SO 1st - The Oct 1st PUBLISHED Autopsy of ONE MAN.
Titled: **Peer-Reviewed Report Definitively Shows mRNA Jab Caused Encephalitis in Man's Brain Before He Died**
https://thelibertydaily.com/peer-reviewed-report-definitively-shows-mrna-jab-caused-encephalitis-in-mans-brain-before-he-died/
Quote: "A deceased man whose family requested an autopsy when he died three weeks after getting the mRNA jab is now the subject of the first peer-reviewed report published in a prominent medical journal that demonstrates encephalitis as the cause of death. They concluded it was the jabs because they found spike proteins in his brain."
-- Study Titled: **A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19**
https://www.mdpi.com/2076-393X/10/10/1651
QUOTE from Published: 1 October 2022 STUDY ABSTRACT:

> "Although there was no history of COVID-19 for this patient, immunohistochemistry for SARS-CoV-2 antigens (spike and nucleocapsid proteins) was performed. **Surprisingly, only spike protein but no nucleocapsid protein could be detected within the foci of inflammation in both the brain and the heart, particularly in the endothelial cells of small blood vessels. Since no nucleocapsid protein could be detected, the presence of spike protein must be ascribed to vaccination rather than to viral infection.** The findings corroborate previous reports of encephalitis and myocarditis caused by gene-based COVID-19 vaccines"

-- COVERED by Dr Bhakdi here: **Dr Sucharit Bhakdi with Greg Hunter Reviews a STUDY by Michael Morz of a man who died of unknown causes –** link above
Video:
https://rumble.com/v1qhs6k-cv19-vax-destroys-hearts-and-brains-of-billions-of-people-dr-sucharit-bhakd.html

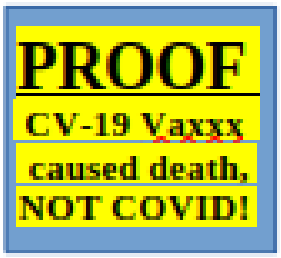
vaccines Pages 1 of 17 (1pg excerpt)

Case Report

A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19

Michael Mörz

Institute of Pathology 'Georg Schmorl', The Municipal Hospital Dresden-Friedrichstadt, Friedrichstrasse 41, 01067 Dresden, Germany; michael.moerz@klinikum-dresden.de



Citation: Mörz, M. A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19. Vaccines **2022**, 10, 1651. https://doi.org/10.3390/vaccines10101651

Academic Editor: Sung Ryul Shim

Received: 31 August 2022
Accepted: 27 September 2022
Published: 1 October 2022

Abstract: The current report presents the case of a 76-year-old man with Parkinson's disease (PD) who died three weeks after receiving his third COVID-19 vaccination. The patient was first vaccinated in May 2021 with the ChAdOx1 nCov-19 vector vaccine, followed by two doses of the BNT162b2 mRNA vaccine in July and December 2021. The family of the deceased requested an autopsy due to ambiguous clinical signs before death. PD was confirmed by post-mortem examinations. Furthermore, signs of aspiration pneumonia and systemic arteriosclerosis were evident. However, histopathological analyses of the brain uncovered previously unsuspected findings, including acute vasculitis (predominantly lymphocytic) as well as multifocal necrotizing encephalitis of unknown etiology with pronounced inflammation including glial and lymphocytic reaction. In the heart, signs of chronic cardiomyopathy as well as mild acute lympho-histiocytic myocarditis and vasculitis were present. Although there was no history of COVID-19 for this patient, immunohistochemistry for SARS-CoV-2 antigens (spike and nucleocapsid proteins) was performed. Surprisingly, only spike protein but no nucleocapsid protein could be detected within the foci of inflammation in both the brain and the heart, particularly in the endothelial cells of small blood vessels. Since no nucleocapsid protein could be detected, the presence of spike protein must be ascribed to vaccination rather than to viral infection. The findings corroborate previous reports of encephalitis and myocarditis caused by gene-based COVID-19 vaccines.

Keywords: COVID-19 vaccination; necrotizing encephalitis; myocarditis; detection of spike protein; detection of nucleocapsid protein; autopsy

1. Introduction

The emergence of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in 2019 with the subsequent worldwide spread of COVID-19 gave rise to a perceived need for halting the progress of the COVID-19 pandemic through the rapid development and deployment of vaccines. Recent advances in genomics facilitated gene-based strategies for creating these novel vaccines, including DNA-based nonreplicating viral vectors, and mRNA-based vaccines, which were furthermore developed on an aggressively shortened timeline [1–4].

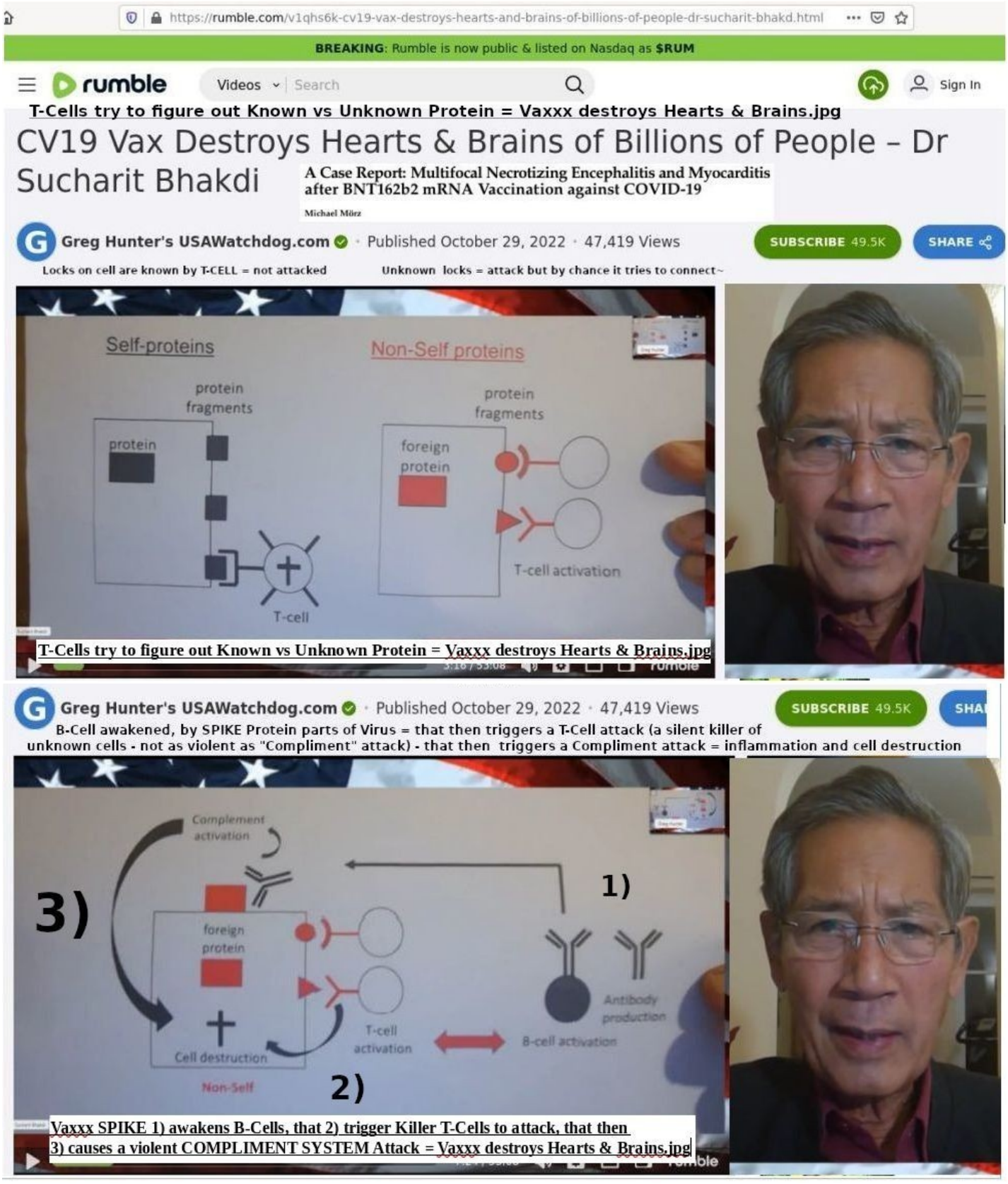
The WHO Emergency Use Listing Procedure (EUL), which determines the acceptability of medicinal products based on evidence of quality, safety, efficacy, and performance [5], permitted these vaccines to be marketed as soon as 1–2 years after development had begun. Published results of the phase 3 clinical trials described only a few severe side effects. [Ref] However, it has since become clear that severe and even fatal adverse events may occur; these include in particular cardiovascular and neurological manifestations. [Ref] Clinicians should take note of such case reports for the sake of early detection and management of such adverse events among their patients. In addition, a thorough post-mortem examination of deaths in connection with COVID-19 vaccination should be considered in ambiguous circumstances, including histology. This report presents the case of a senior aged 76 years old, who had received three doses overall of two different COVID-19 vaccines,

Dr Sucharit Bhakdi with Greg Hunter Reviews a STUDY by Michael Morz of a man who died of **unknown causes** – Video: https://rumble.com/v1qhs6k-cv19-vax-destroys-hearts-and-brains-of-billions-of-people-dr-sucharit-bhakd.html

Study Titled: **"A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19" by Michael Mörz**

PUBLISHED Oct 1, 2022 in the journal "VACCINES": **https://www.mdpi.com/2076-393X/10/10/1651**

Video screen shot excerpts in the below slides (***please watch the video and read the study***):



https://rumble.com/v1qhs6k-cv19-vax-destroys-hearts-and-brains-of-billions-of-people-dr-sucharit-bhakd.html

BREAKING: Rumble is now public & listed on Nasdaq as **$RUM**

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Brain Capillaries CLOT AND when damaged by Compliment attack - means without Oxygen within 4 minutes the cell dies.jpg

CV19 Vax Destroys Hearts & Brains of Billions of People – Dr Sucharit Bhakdi

A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19

Michael Mörz

Greg Hunter's USAWatchdog.com · Published October 29, 2022 · 47,419 Views

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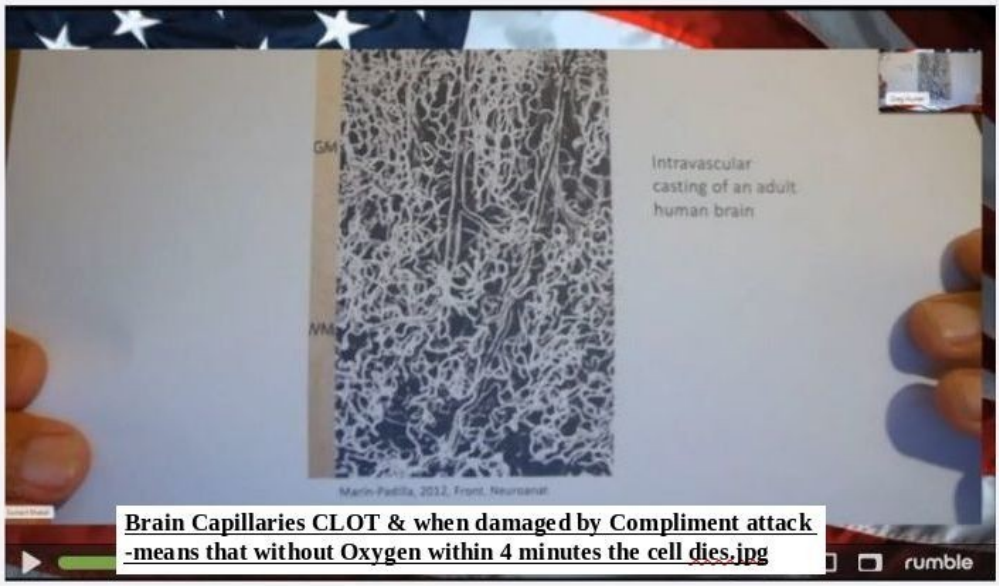
Brain Capillaries when damaged by SPIKE PROTEIN caused B & T cells THEN massive Compliment attack - means that without Oxygen within 4 minutes the cell dies AND downsream is an AUTO-immune system that results in the same (other areas of the body too)



Brain Capillaries CLOT & when damaged by Compliment attack -means that without Oxygen within 4 minutes the cell dies.jpg

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Brain of man who DIED of UNKNOWN CAUSES - shows where there was SPIKE PROTEIN vessel damage & cell death (all over the brain).jpg

CV19 Vax Destroys Hearts & Brains of Billions of People – Dr Sucharit Bhakdi

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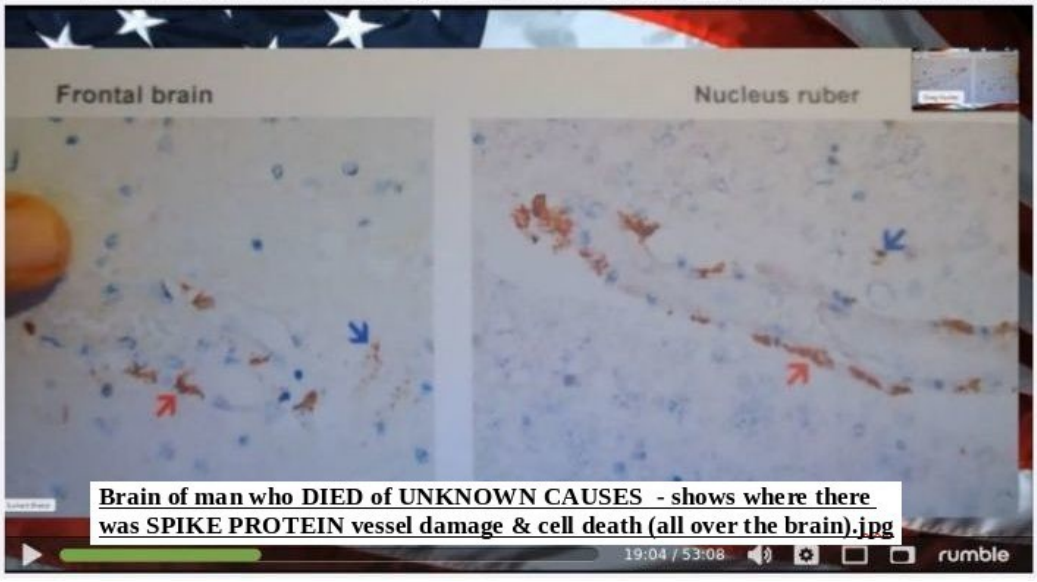
Brain of man who DIED SUDDENLY - shows where there was SPKE PROTEIN vessel damage & cell death happened (all over the brain) - STUDY was done by another doctor who saw this idamage THAT the body WILL NOT REPAIR



Brain of man who DIED of UNKNOWN CAUSES - shows where there was SPIKE PROTEIN vessel damage & cell death (all over the brain).jpg

https://rumble.com/v1qhs6k-cv19-vax-destroys-hearts-and-brains-of-billions-of-people-dr-sucharit-bhakd.html

BREAKING: Rumble is now public & listed on Nasdaq as **$RUM**

rumble Videos Search **Brain of man who - is Brain image of pure** **DIED of UNKNOWN CAUSES evidence of DAMAGE & Dead** Sign

Cells (again, all damge is all over the brain and the body can not repair this in both the brain or heart)

CV19 Vax Destroys Hearts & Brains of Billions of People – Dr Sucharit Bhakdi

A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19

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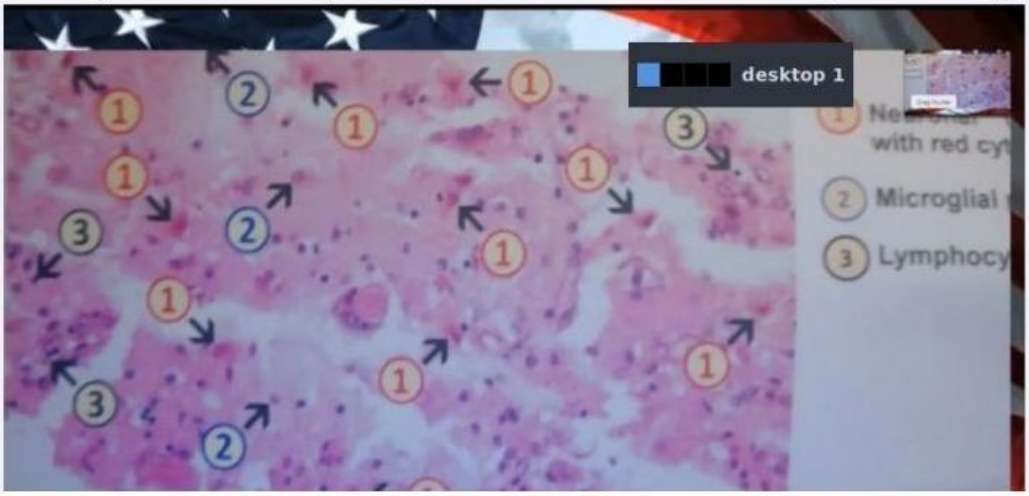
Brain of man who DIED SUDDENLY - Brain image of pure evidence of DAMAGE (again, all over the brain and the body can not repair this in the brain - AND, can not repair either the cells of the heart that are damaged in the same way!)



Brain of man who DIED of UNKNOWN CAUSES - Brain image of pure evidence of DAMAGE & Dead Cells (all over the brain and the body can not repair this in both the brain or heart).jpg

20:48 / 53:08 rumble

rumble Videos Search **Heart of same man who - these are images in his heart (the same as brain, the heart damage will not ever heal).jpg** **DIED of UNKNOWN CAUSES**

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Michael Mörz

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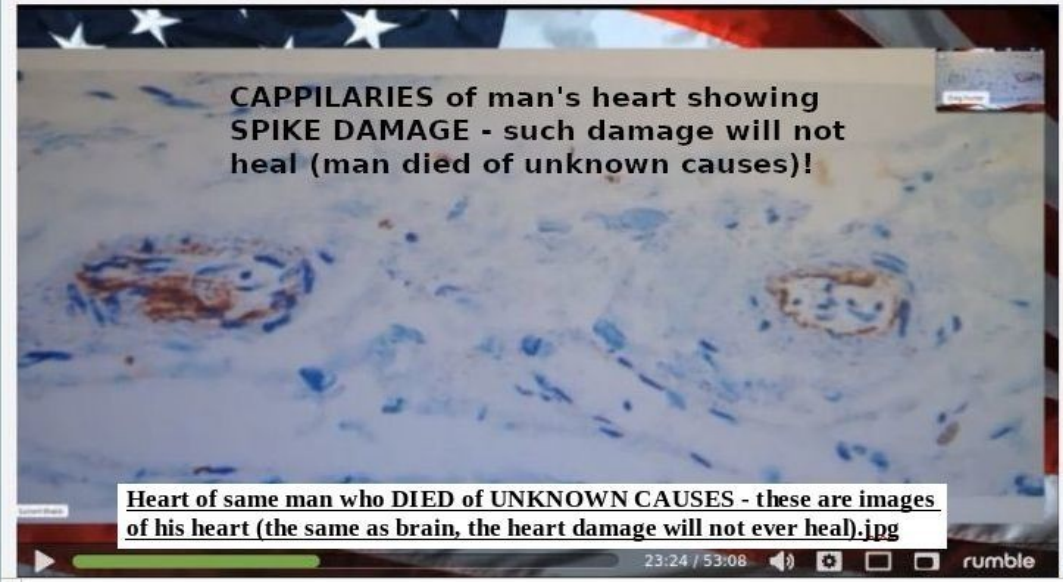
Heart of same man who DIED of UNKNOWN CAUSES - these are images in his heart (the same as brain, that will not ever heal) SHOWING DAMAGED CELLS, DYING and DEAD HEART CELLS.. Please WATCH THIS INFORMATIVE VIDEO



Heart of same man who DIED of UNKNOWN CAUSES - these are images of his heart (the same as brain, the heart damage will not ever heal).jpg

23:24 / 53:08 rumble

https://rumble.com/v1qhs6k-cv19-vax-destroys-hearts-and-brains-of-billions-of-people-dr-sucharit-bhakd.ht

BREAKING: Rumble is now public & listed on Nasdaq as **$RUM**

rumble Videos Search Sig

CV19 Vax Destroys Hearts & Brains of Billions of People – Dr Sucharit Bhakdi

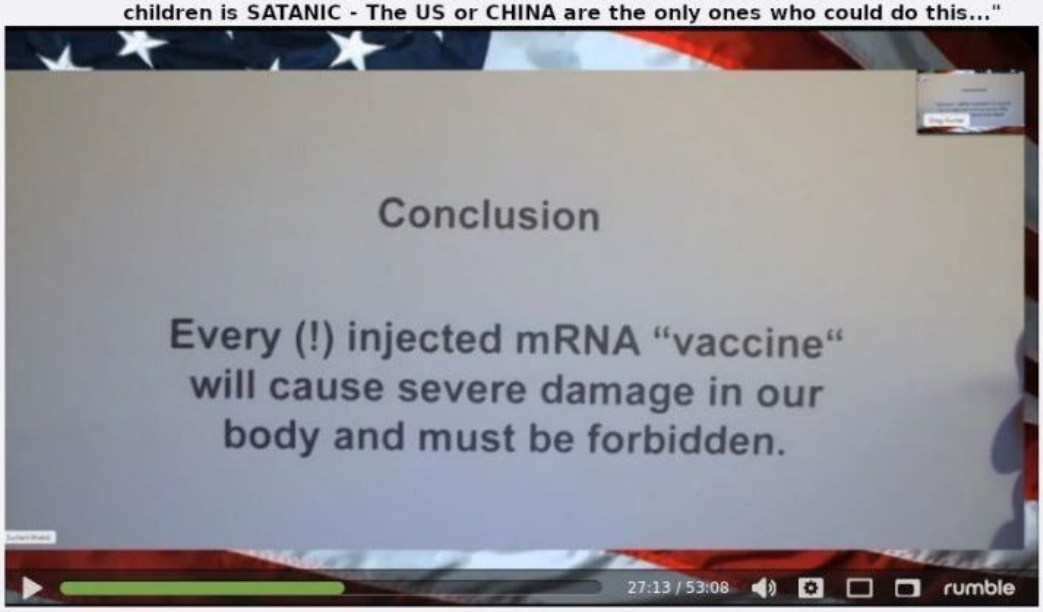
A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19

Michael Mörz

Greg Hunter's USAWatchdog.com · Published October 29, 2022 · 47,419 Views

SUBSCRIBE 49.5K SHA

Conclusion - "EVERY mRNA vaccine will cause harm, period. The Vaxxx for children is SATANIC - The US or CHINA are the only ones who could do this..."



CV19 Vax Destroys Hearts & Brains of Billions of People – Dr Sucharit Bhakdi

A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19

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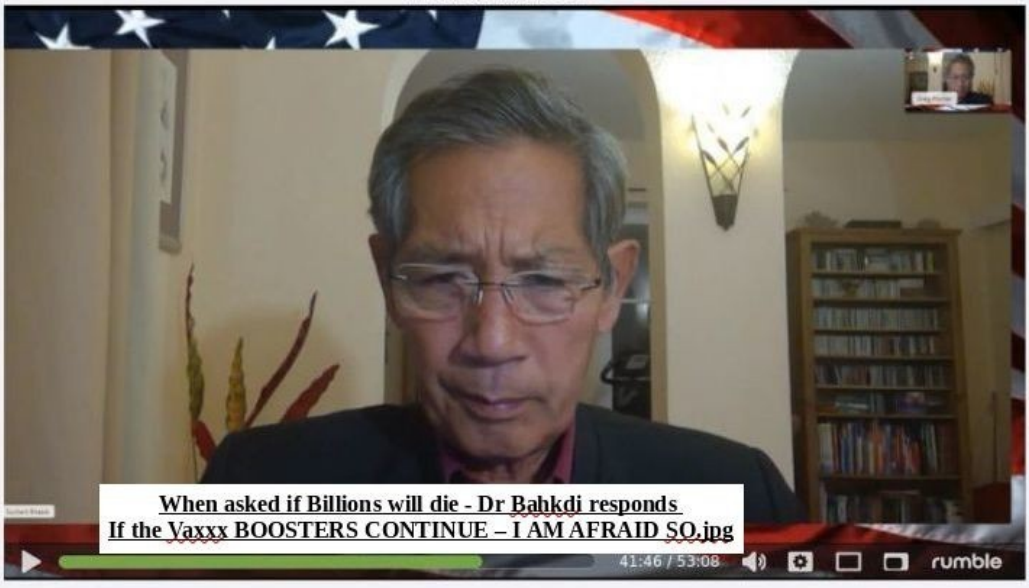
Asked if Billions will die? Dr. Bahkdi reponds: "That if the Vaxxx boosters continue..." "I AM AFRAID SO"



Reader question: WHO WILL TAKE CARE OF ALL THE ORPHANS?

https://rumble.com/vxpg28-prof-sucharit-bhakdi-reclaiming-our-rights-to-science-health-and-freedom.html

Expert Dr Sucharit Bhakdi | Why the Injections Are No Good

Dr Mark Trozzi March 26, 2022

Zero benefit. Severe harms. Infertility. Cumulative danger. Concise and clear explanations by top virologist and immunologist Dr Sucharit Bhakdi.

The VAXX gene therapy, he states can "Get into the Gnome of SPERM cell, placenta cells, etc"!

At this WORLD COUNCIL FOR HEALTH EVENT (03-14-2022)

From: https://drtrozzi.org/2022/03/26/top-virologist-and-immunologist-dr-sucharit-bhakdi/

Halt the injections; arrest the perpetrators. There is nothing subtle about how ineffective and dangerous the so-called "covid-19 vaccines" are. The lying and criminality involved in their promotion is absolute and severe. The profiteers and perpetrators of these coerced injections should all be imprisoned immediately, and any and all authorization for their emergency use must be revoked immediately. These are some of the insights that imminent virologist and immunologist Dr Sucharit Bhakti shared in this concise frank presentation to the World Council for Health on March 14th 2022.

Dr Bhakti describes the essential mechanisms of harm from the covid injections. He warns us against them in no uncertain terms, and with no regard for the enemies he's made among the most wicked people in the world: the perpetrators of the covid-19 crimes against humanity.

> **Dr Bhakdi describes the dangers to our fertility and the very real danger that these injections may decimate the human population**. **Breast feeding dangers for infants, and the risk for genetically modifying our offspring before they are even conceived are very real.**
>
> **He also includes advice for pathologists to reliably detect the covid-injection induced spike protein and autoimmune disease processes, both on live patients' biopsies and on autopsies. This is very important; without proper tissue preparation the very direct harms and deaths from these injections are being ignored.** Justice requires evidence; and in this case evidence requires proper microscopic staining techniques. As Dr Ryan Cole has said "You can not find what you are not looking for."

Prof Sucharit Bhakdi has published over three hundred articles in the fields of virology, immunology, bacteriology, and parasitology. He has received 11 scientific awards as well as the Order of Merit of Rhineland-Palatinate. From 1990 to 2012, Prof Bhakdi was Editor-in-Chief of the journal Medical Microbiology and Immunology.

Dr Bhakti material: https://drtrozzi.org/2022/03/14/dr-sucharit-bhakti-intense-new-material/

Dr Sucharit Bhakdi - Astonishing New Data On What The BioWeapon Does To People...

'The Whole Personality Changes'!

Transcriptions from the video courtesy AJ Weaver 4-5-2022 https://rense.com/general96/bhkadi.php
See Entire Video Here: https://www.bitchute.com/ video/32YDBmtNjWPd/

11:59-14:36 "Now, the brain is especially fascinating because the brain is full of small blood vessels going through the whole brain, keeping your brain cells alive--gray cells, white cells. **And the tiniest disturbance can lead to death of nerve cells.** And the death of nerve cells depending on where these cell are can produce anything, anything you want to think of. Of course, the whole thing may just start with a headache , splitting headaches which are the typical symptoms of about fifty percent of everyone getting the second shot complains of. **Headaches are already the first sign that clots are forming in the brain.** But, you know, if you are unlucky, you start to get, uh, palsies, nerve [--?--], the eyes start becoming un-seeing, the ears don't hear anymore, people start getting paralysis. Why that happens, no one knows, but there are other things that are going on, dear colleagues. **Many people tell me that they are seeing psychological changes in people.** The whole personality changes. Now you know when you have our brain with the lymph system that is YOU, it's your person. This is the human being--God given if there is a God, I am a Buddhist, you see. But I believe in Nature and that we are all individuals, each has developed during his lifetime to become what he is now. And this all...your whole personality, everything that is human, is here [points to his head]--starts there, it ends there. Your memory, and so people are Alzheimer's. ***Some people are developing symptoms that are horribly similar to MAD COW DISEASE [edit - a Prion Disease aka Creutzfeldt-Jakob Disease (CJD)].*** You know, I do not want to go into this. I am just telling you that the vision is so horrible--so horrible."

14:47-17:29 "**I told you that these vaccines must reach the lymph nodes. And it is now known that they reach the lymph nodes. It is known that the cells in the lymph nodes are going to DIE.** Why they die and how they die we don't have to discuss here, but they will die. And the cells in your lymph nodes are the cells that are keeping you alive because they are taking care of latent infections in your body: viral infections, shingles, and blah blah blah, tuberculosis, and 95% of the Third World, and I have the TB bacterium in my lung. I don't want to get that shot. If my lymph node cells start dying, the cells that are responsible for controlling TB, this is what is going to happen, I tell you... other cells are responsible for keeping cancer cells under control, cancer cells that are arising all the time in our bodies, all the time. People that have cancer have lost control once. They may be healed now, but they are also healed because their controlling lymphocytes are also there to keep the cancer cells that come anew get eliminated. And we are hearing stories all over the world of strange cases of tumors exploding into action into people ... Now we know we are looking at an agent that has no benefit whatsoever. **No benefit, ZERO, but [edit - meaning the COVID Vaxxx] has the capacity over a million pathways to kill you, and has been killing, and is killing, and is going to kill our children**. How can anyone stand to see this happen? We don't have to talk about anything else. Look at the Nuremberg Code...If there is any suspicion that an agent in the experiment phase is causing illness and death, that experiment has to be stopped on the spot. And this has to do with consent. It has to stop."

Reader note: **MAD COW DISEASE is a PRION DISEASE (CJD)** - peer reviewed studies have shown that the COVID mRNA Vaxxx can be linked to some cases of this **NEW Vaxxx caused more rapid onset form of PRION DISEASE**! Article: https://covid19updates.org/studies-link-incurable-prion-disease-with-covid-19-vaccine/ – > Quote: "Previous studies of CJD in cannibal groups have indicated that CJD can remain dormant after infection for around 10 years or more. **However, authors of the French study have found that the CJD cases observed after being vaccinated by COVID-19 are a lot more rapid in onset.**

Studies Link Incurable Prion Disease With COVID-19 Vaccine

The Epoch Times - *By Marina Zhang* ***https://covid19updates.org/studies-link-incurable-prion-disease-with-covid-19-vaccine/***

Studies on COVID-19 vaccines have suggested links between Creutzfeldt-Jakob disease (CJD)—a rare and fatal disease—and getting the vaccines. Findings from a French pre-print suggest that **COVID-19 vaccines such as Pfizer, Moderna, and AstraZeneca vaccines may have contributed to the emergence of a new type of sporadic CJD that is much more aggressive and rapid in disease progression than the traditional CJD. CJD is a rare disease caused by an abnormal protein in the brain called a prion.** Prions naturally occur in the brain and are usually harmless, but when they become diseased or misfolded, they will affect nearby prions to also become misshapen, leading to deterioration of brain tissue and death. The disease is incurable as once one prion becomes infected, it will continue to propagate to other prions with no treatment capable of stopping its progress. *The majority of people with CJD have sporadic CJD; they become infected for no apparent reason.* However, small subsets of people are diagnosed due to inheritance. **Sporadic CJD, though occurring at random,** https://www.ninds.nih.gov/health-information/patient-caregiver-education/fact-sheets/creutzfeldt-jakob-disease-fact-sheet - **has been linked to consumption of meat that has been infected with diseased prions, such as affecting individuals that ingest beef from a cow that has been infected.**

Though the Omicron variant of COVID-19 does not carry a prion region in its spike protein, the first Wuhan COVID-19 variant has a prion region on its spike protein. A U.S. study indicates that the prion area is able to interact with human cells. Therefore, when the Wuhan variant's spike protein gene information was made into a vaccine as part of the mRNA and adenovirus DNA vaccines, **the prion region was also incorporated.**

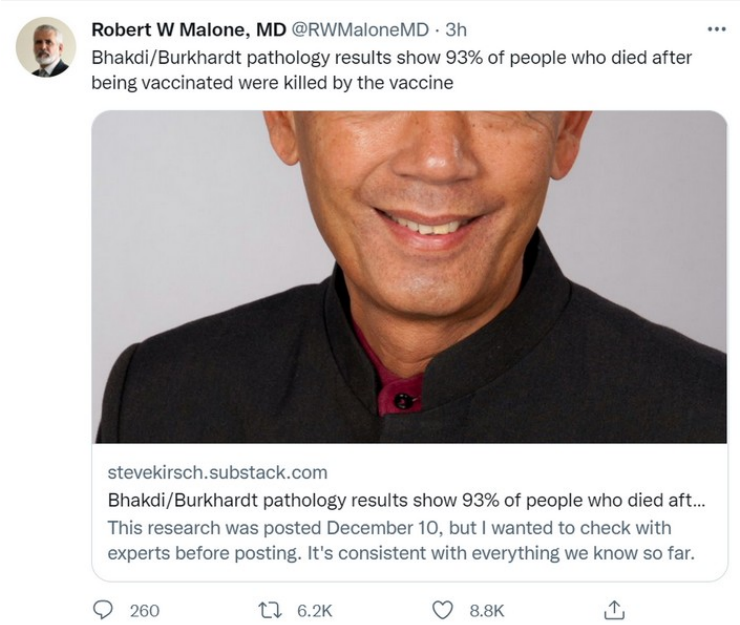
As part of the natural cellular process, once the mRNA is incorporated into the cells, the cell will turn the mRNA instructions into a COVID-19 spike protein, tricking the cells into believing that it has been infected so that they create an immunological memory against a component of the virus. For the AstraZeneca vaccine, DNA of the spike protein is carried into the cell through an adenovirus vector, then into the nucleus where all human DNA is stored, from there the DNA is transcribed into mRNA and made into the spike protein. Though major health organizations say the genetic material from vaccines will not be incorporated into human DNA, mRNA studies conducted on human cells in the labs have found mRNA can be changed into DNA and then incorporated into the human genome. **Unfortunately, the biological process of translating mRNA information into proteins is not perfect and immune to mistakes, and protein misfolding can occur.**

A U.S. study https://ijvtpr.com/index.php/IJVTPR/article/view/23 has speculated that a misfolded spike protein could in turn create a misfolded prion region that may be able to interact with healthy prions to cause damage, leading to CJD disease. The French preprint have identified sudden CJD cases appearing after getting the Pfizer, Moderna, and AstraZeneca vaccines, suggesting links between getting vaccinated and being infected. ***Additionally, a peer-reviewed US case study (pdf) also found the appearance of CJD following the second dose of a Pfizer COVID-19 vaccine.*** **The French study found an onset of symptoms within 11.38 days of being vaccinated while the case study in US has found symptoms appearing within a week after the second dose.** Previous studies of CJD in cannibal groups have indicated that CJD can remain dormant after infection for around 10 years or more. **However, authors of the French study have found that the CJD cases observed after being vaccinated by COVID-19 are a lot more rapid in onset.** The study identified 26 cases across Europe and United States; 20 of the cases had already died by the time the study was written, with death occurring on average 4.76 months after being vaccinated. The lead author of the study, Dr. Jean-Claude Perez informed The Epoch Times on June 6 through an email that all 26 cases have died. **"This confirms the radically different nature of this new form of CJD, whereas the classic form requires several decades,"** wrote the researchers.

https://stevekirsch.substack.com/p/bhakdiburkhardt-pathology-results

Bhakdi/Burkhardt pathology results show 93% of people who died after being vaccinated were killed by the vaccine

The vaccine was implicated in 93% of the deaths in the patients they examined. What's troubling is the coroner didn't implicate the vaccine in any of those deaths

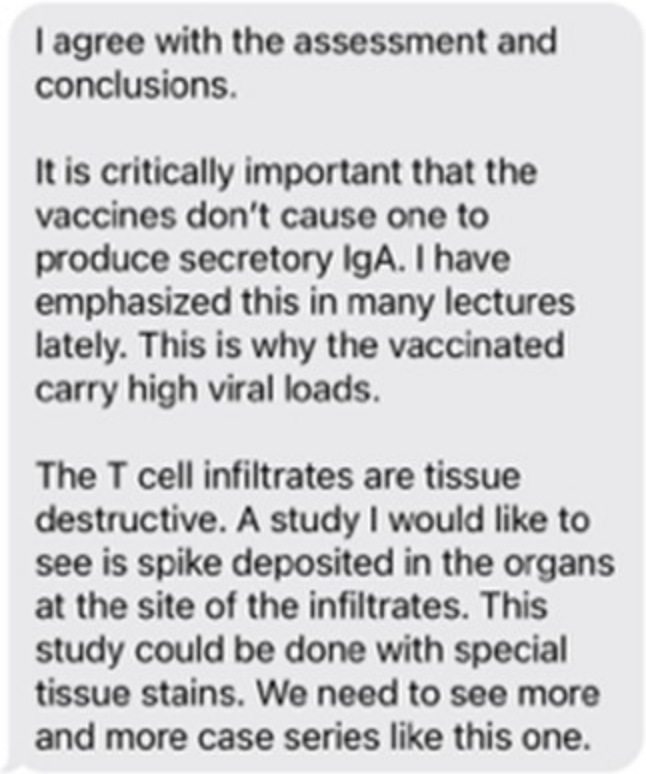


Summary

The vaccines are bad news. **Fifteen bodies were examined (all died from 7 days to 6 months after vaccination; ages 28 to 95).** The coroner or the public prosecutor didn't associate the vaccine as the cause of death in any of the cases. **However, further examination revealed that the vaccine was implicated in the deaths of 14 of the 15 cases. The most attacked organ was the heart (in all of the people who died), but other organs were attacked as well.** The implications are potentially enormous resulting in millions of deaths. The vaccines should be immediately halted.

No need to worry. It is doubtful that anything will happen because the work wasn't published in a peer-reviewed journal so will be ignored by the scientific community. That's just the way it works.

Dr. Ryan Cole's reaction ----- HERE ------>



The paper

I got an email recently from Mike Yeadon, former VP of Pfizer, who urged me to check out this video. He wrote me this email on 12/24/21:

> https://www.bitchute.com/video/fHIT55iM4Zv9/
>
> Steve, This is about the worst 15min I've ever seen. Mass covid19 vaccination is leading to mass murder. Mike

The video references this paper, posted on December 10, 2021, On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination

https://doctors4covidethics.org/wp-content/uploads/2021/12/end-covax.pdf

… by Sucharit Bhakdi, MD and Arne Burkhardt, MD.

It has been getting a lot of attention lately.

Check out the number of likes and retweets… just in the first 3 hours!!!!

The authors did an autopsy in 15 patients who died (from 7 days to 6 months) after receiving the COVID vaccine. These were all *cases where the coroner ruled as NOT being caused by the vaccine*.

They discovered that in 14 of the 15 patients there was widespread evidence of the body attacking itself, something that is never seen before. The heart was attacked in all 14 cases.

A number of salient aspects dominated in all affected tissues of all cases:

1. inflammatory events in small blood vessels (endotheliitis), characterized by an abundance of T-lymphocytes and sequestered, dead endothelial cells within the vessel lumen;

2. the extensive perivascular accumulation of T-lymphocytes;

3. a massive lymphocytic infiltration of surrounding non-lymphatic organs or tissue with T-lymphocytes.

Lymphocytic infiltration occasionally occurred in combination with intense lymphocytic activation and follicle formation. Where these were present, they were usually accompanied by tissue destruction.

Here's the video presentation of the results. https://www.bitchute.com/video/fHIT55iM4Zv9/

VAERS as well as other independent studies (e.g., see this vaccine injury paper) shows the vaccines are killing people and that cardiac events were highly elevated. This study is consistent with those results.

This work independently validates the analysis of Peter Schimacher who showed a minimum of 30% to 40% of the deaths after vaccine were caused by the vaccine.
https://theegg.house/covid-19-jab-is-cause-of-death-in-30-40-of-autopsies-of-recently-vaccinated-says-german-chief-pathologist/

Reactions from a level-headed scientist (name withheld to protect him from attack)

If the autopsy findings are confirmed by other pathologists with additional samples, and if they are combined with the findings of **Dr. Hoffe (>60% inoculant recipients have elevated D-dimer tests and evidence of clotting)** and **Dr. Cole (increase in cancers after inoculation, including twenty-fold increase in uterine cancer), we are seeing a disaster of unimaginable proportions.**

The conclusion (if supported by further data) is that essentially **EVERY inoculant recipient suffers damage, with more damage after each shot.** Given the seriousness of the types of damage (autoimmune diseases, cancer, re-emergent dormant infections, clotting/strokes, cardiac damage, etc.), **these effects will translate into lifespan reduction, which should be counted as deaths from the inoculations**. So, in the USA, where ~200M people have been fully inoculated, the number of deaths will not be the 10,000 or so reported in VAERS, or the 150,000+ scaled-up deaths from VAERS, but **could be closer to tens of millions when the inoculation effects play out!**

What the above three findings (Burkhart, Hoffe, Cole, and I suspect many others who have not yet come forward) show is that **the post-inoculation effects are not rare events (as reported by the media-gov't), but are in actuality frequent events. They may be, in fact, universal, with the severity and damage different for each recipient**.

The question in my mind is whether it is possible to reverse these inoculation-based adverse events. Can the innate immune system be fully restored? Can the micro clotting be reversed? Can the autoimmunity be reversed? **I have seen a wide spectrum of opinions on whether this is possible, none of which is overly convincing.**

Are we headed for the situation where the ~30% unvaxxed will be devoting their lives to operating whatever is left of the economic infrastructure and serving as caretakers for the vaxxed?

I realize the above sounds extreme, and maybe when more data are gathered from myriad credible sources the results and conclusions may change, but right now the above data seem to synchronize with the demonstrated underlying mechanisms of damage. Additionally, we seem to be doubling down on inoculations, with fourth booster being proposed for Israel, and UK suggesting quarterly boosters.

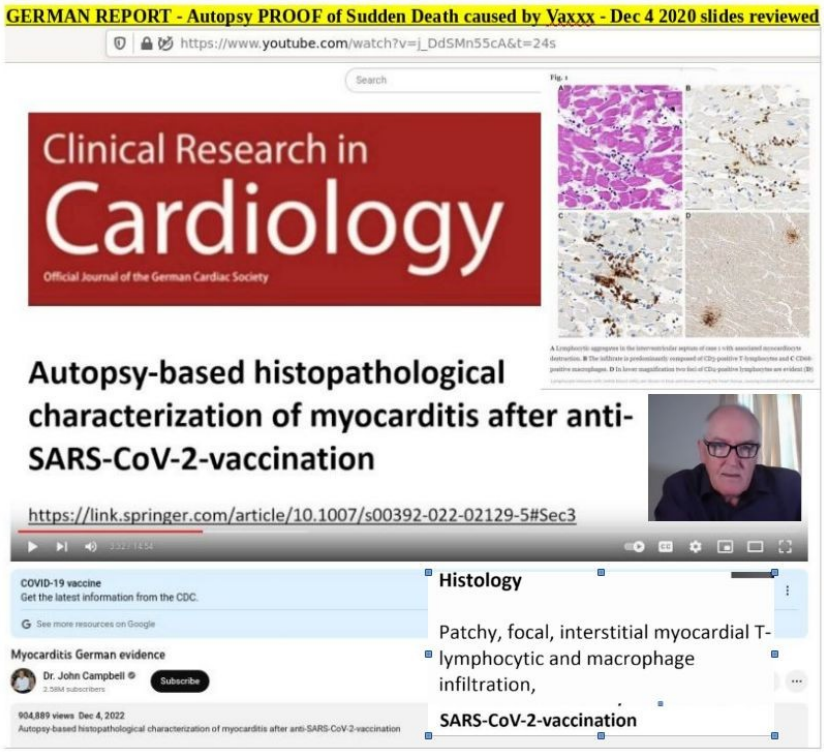
Background of two of the scientists behind the study

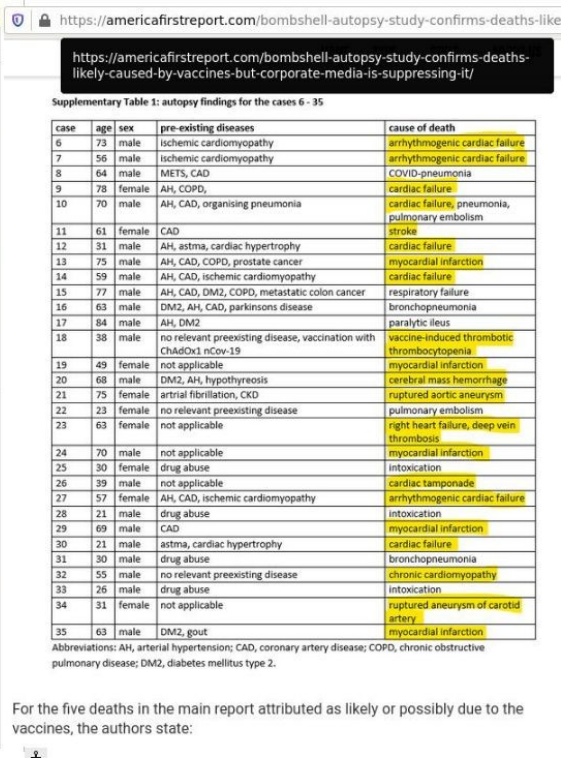
Dr. Bhakdi has spent his life practicing, teaching and researching medical microbiology and infectious diseases. He chaired the Institute of Medical Microbiology and Hygiene at the Johannes Gutenberg University of Mainz, Germany, from 1990 until his retirement in 2012. He has published over 300 research articles in the fields of immunology, bacteriology, virology and parasitology, and served from 1990 to 2012 as Editor-in-Chief of Medical Microbiology and Immunology, one of the first scientific journals of this field that was founded by Robert Koch in 1887.

Dr. Arne Burkhardt is a pathologist who has taught at the Universities of Hamburg, Berne and Tübingen. He was invited for visiting professorships/study visits in Japan (Nihon University), the United States (Brookhaven National Institute), Korea, Sweden, Malaysia and Turkey. He headed the Institute of Pathology in Reutlingen for 18 years. Subsequently, he worked as an independent practicing pathologist with consulting contracts with laboratories in the US. Burkhardt has published more than 150 scientific articles in German and international scientific journals as well as contributions to handbooks in German, English and Japanese. Over many years he has audited and certified institutes of pathology in Germany.

Again, 100% PROOF this KEY 1st Study Titled: **"A Case Report: Multifocal Necrotizing Encephalitis and Myocarditis after BNT162b2 mRNA Vaccination against COVID-19"** by Michael Mörz Video: https://rumble.com/v1qhs6k-cv19-vax-destroys-hearts-and-brains-of-billions-of-people-dr-sucharit-bhakd.html
PUBLISHED Oct 1, 2022 in the journal "VACCINES": https://www.mdpi.com/2076-393X/10/10/1651

NOW – A 2nd GERMAN AUTOPSY REPORT - building on that 1st AUTOPSY REPORT = KEY!




https://americafirstreport.com/bombshell-autopsy-study-confirms-deaths-likely-caused-by-vaccines-but-corporate-media-is-suppressing-it/

Supplementary Table 1: autopsy findings for the cases 6 - 35

case	age	sex	pre-existing diseases	cause of death
6	73	male	ischemic cardiomyopathy	arrhythmogenic cardiac failure
7	56	male	ischemic cardiomyopathy	arrhythmogenic cardiac failure
8	64	male	METS, CAD	COVID-pneumonia
9	78	female	AH, COPD,	cardiac failure
10	70	male	AH, CAD, organising pneumonia	cardiac failure, pneumonia, pulmonary embolism
11	61	female	CAD	stroke
12	31	male	AH, astma, cardiac hypertrophy	cardiac failure
13	75	male	AH, CAD, COPD, prostate cancer	myocardial infarction
14	59	male	AH, CAD, ischemic cardiomyopathy	cardiac failure
15	77	male	AH, CAD, DM2, COPD, metastatic colon cancer	respiratory failure
16	63	male	DM2, AH, CAD, parkinsons disease	bronchopneumonia
17	84	male	AH, DM2	paralytic ileus
18	38	male	no relevant preexisting disease, vaccination with ChAdOx1 nCov-19	vaccine-induced thrombotic thrombocytopenia
19	49	female	not applicable	myocardial infarction
20	68	male	DM2, AH, hypothyreosis	cerebral mass hemorrhage
21	75	female	artrial fibrillation, CKD	ruptured aortic aneurysm
22	23	female	no relevant preexisting disease	pulmonary embolism
23	63	female	not applicable	right heart failure, deep vein thrombosis
24	70	male	not applicable	myocardial infarction
25	30	female	drug abuse	intoxication
26	39	male	not applicable	cardiac tamponade
27	57	female	AH, CAD, ischemic cardiomyopathy	arrhythmogenic cardiac failure
28	21	male	drug abuse	intoxication
29	69	male	CAD	myocardial infarction
30	21	male	astma, cardiac hypertrophy	cardiac failure
31	30	male	drug abuse	bronchopneumonia
32	55	male	no relevant preexisting disease	chronic cardiomyopathy
33	26	male	drug abuse	intoxication
34	31	female	not applicable	ruptured aneurysm of carotid artery
35	63	male	DM2, gout	myocardial infarction

Abbreviations: AH, arterial hypertension; CAD, coronary artery disease; COPD, chronic obstructive pulmonary disease; DM2, diabetes mellitus type 2.

For the five deaths in the main report attributed as likely or possibly due to the vaccines, the authors state:

--- 2nd --- THIS OTHER GERMAN REPORT involving many Vaccinated who died and were Autopsied. Dec 7 2022 - **Titled: Bombshell Autopsy Study Confirms Deaths Likely Caused by "Vaccines" But Corporate Media Is Suppressing It**
https://americafirstreport.com/bombshell-autopsy-study-confirms-deaths-likely-caused-by-vaccines-but-corporate-media-is-suppressing-it/

> Quote: "A recent study of autopsies in Germany confirmed that at least three out of 35 deaths shortly after people were injected with Covid-19 "vaccines" were due to the jabs themselves. That's almost 9%, which by itself would be a stunning number. Two more deaths were added as "possibly" due to the jabs. That would bring us up to a shocking 14%. -- But here's the real kicker. Out of 35 autopsies of people who died shortly after getting injected, only TEN could be ruled out as being caused by the jabs. **That means that out of 35 autopsies in this published study, over 71% of the deaths could have been caused by the vaccines."** -- "The report, published in Clinical Research in Cardiology, the official journal of the German Cardiac Society, detailed autopsies carried out at Heidelberg University Hospital in 2021. Led by Thomas Longerich and Peter Schirmacher, it found that in five deaths that occurred within a week of the

first or second dose of vaccination with Pfizer or Moderna, **inflammation of the heart tissue due to an autoimmune response triggered by the vaccine had likely or possibly caused the death.**"

Links:
https://link.springer.com/article/10.1007/s00392-022-02129-5
Images:
https://dailysceptic.org/wp-content/uploads/2022/12/ximage-6.png.pagespeed.ic.dCt9_CmTq4.webp
https://dailysceptic.org/wp-content/uploads/2022/12/image-4.png
AND - Dr Campbell reviews it here:

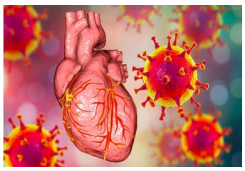
Titled: Myocarditis German evidence

https://www.youtube.com/watch?v=j_DdSMn55cA
Quote: "**Autopsy findings indicated Death due to acute arrhythmogenic cardiac failure. Thus Myocarditis can be a potentially lethal complication following mRNA-based anti-SARS-CoV-2 vaccination**. Our findings may aid in adequately diagnosing unclear cases after vaccination and in establishing a timely diagnosis in vivo, thus, providing the framework for adequate monitoring and early treatment of severe clinical cases."
– 4 SAMPLE Comments on this VIDEO (go to video to read more):
Quotes: -- "Ralph CD Behrens 6 days ago - I am a retired general practitioner. I have watched your careful exploration of Covid issues for a couple of years. I followed the evolution of your suspicion grow into confirmation based on evidence. I'm not vaccinated as I was skeptical regarding the need for it, suspicious from the beginning of the whole story…. I wonder if this vaccine will ever be banned as it should be or the perpetrators of the fraud brought to account."
-- "Kevin in the USA 3 days ago - I am an MD, PhD and I did vaccine research for over 15 years before I went back for my MD. I am an ID physician but still keep up on vaccine work since many of my long-time friends are still working in that area. The minute the vaccines were available, I thought they may have some limited use in people with several comorbidities and I was taken aback by the push by all governments worldwide to force people to take them under the guise that it would stop the pandemic. BTW, I was also skeptical that this was a pandemic since many of the patients we had that had adverse outcomes were patients that many of us felt would have similar outcomes with a bad flu. Anyway, our facility finally came around to mandating the vaccines on all staff especially staff that directly worked with patients. I lawyered up pretty fast because they could not answer basic questions about the vaccines. I spent over 20K but won and remained unvaccinated and working. What I do know now is that this was either 1) a money-making scheme by all governments, 2) or something else entirely. But when I saw patients who were vaccinated and boosted coming back in with COVID-19 at 90 days post-vaccination, I knew there were problems. ***One of our OBGYN physicians was about 7 months pregnant and she was coerced to get vaccinated she miscarried and the autopsy showed blood clots in the brain of the baby***. She was devastated. I know that something is wrong but too many of my friends and colleagues are afraid to stand up since we have only one hospital in our city and their practices need to have privileges. For whatever reason for the push to vaccinate. People need to pay for what has been done in the name of health care. We all deserve to lose the trust of our patients because too many of us did nothing and sat on the sidelines. I spoke up early and often and I lost my position on our MEC, and was disinvited from committees that I had been on for over 10 years. Further, my senior partner implied that I did not want to look like I was not a "team" player to the leadership at the facility."
-- "ashjoma - 5 days ago - **I was an emergency department nurse and was fired because of mandate non-compliance**. I became very concerned at the odd cardiac presentations I was triaging, among other presentations after injection. Their chest pain was different than the usual cardiac presentations. These patients were typically very unwell and spent a number of hours in the emergency department. Now it's coming out, albeit slowly. "

Titled: “People Died From mRNA-Vaccine-Damaged Hearts, New Peer-Reviewed German Study Provides Direct Evidence” - Article (Dec 12, 2022)

https://www.theepochtimes.com/mkt_app/health/people-died-from-mrna-vaccine-damaged-hearts-new-peer-reviewed-german-study-provides-direct-evidence_4919662.html?welcomeuser=1

mRNA vaccines cause myocarditis by leading your own immune cells to attack your heart, which can lead to sudden death by ventricular tachycardia or fibrillation. **(Kateryna Kon/Shutterstock)**



by Jennifer Margulis Joe Wang

Jennifer Margulis, Ph.D., is an award-winning journalist, Joe Wang, Ph.D., was a molecular biologist with more than 10 years of experience in the vaccine industry.

[EXCERPT} Medical pathologists from Heidelberg University Hospital in Heidelberg, Germany have published direct evidence showing how people found dead after mRNA vaccination died. **As this team of six scientists explore in their study, these mRNA-vaccinated patients suffered from heart damage because their hearts were attacked by their own immune cells**. **This autoimmune attack on their own heart cells then leads to their damaged hearts beating so many times per second that, once the tachycardia unexpectedly started, they died in minutes**.

The article, **“Autopsy-based histopathological characterization of myocarditis after anti-SARS-CoV-2-vaccination,” was published on Nov. 27, 2022, in the journal Clinical Research in Cardiology, the official journal of the German Cardiac Society.** The research team autopsied 25 victims of different ages who were found dead at home within 28 days of vaccination. They looked at their heart tissue under the microscope to find out why these people died of cardiac rhythmic disruption when they had no apparent underlying heart disease. In the authors’ own words: **“Our findings establish the histological phenotype of lethal vaccination-associated myocarditis.”** ***Histological phenotype means direct observation of microscopic tissue.***

In a video analyzing the results, nurse educator Dr. John Campbell, who is based in the United Kingdom, told his audience: “**This is peer-reviewed. This is proper science, and a definitive pathological diagnosis by a group of leading German pathologists.”** Campbell’s video has been viewed 918,000 times. He has 2.58 million subscribers on his channel.

> Dr Campbell reviews it here: Titled: **Myocarditis German evidence** https://www.youtube.com/watch?v=j_DdSMn55cA - Dr Cambell’s Quote: "**Autopsy findings indicated Death due to acute arrhythmogenic cardiac failure.** Thus Myocarditis can be a potentially lethal complication following mRNA-based anti-SARS-CoV-2 vaccination…” WATCH!

Died of Ventricular Tachycardia or Fibrillation

> **Ventricular tachycardia** is when the heart begins beating so fast that it doesn’t have time to refill with blood between beats, so it is not adequately pumping blood. The problem originates from the ventricles: the chambers that push the blood out of the heart to the rest of the body.
>
> **Fibrillation** is when, instead of the heart actually beating, it starts to just quiver. This problem can originate from the ventricles or the atria. The atria are the upper chambers that basically suck blood into the heart by expanding and contracting. Though more people are familiar with A-Fib (atrial fibrillation), ventricular fibrillation is much more dangerous, and usually lethal within minutes.

The deceased whose hearts were autopsied in this study were found dead at home, each having died of ventricular tachycardia or fibrillation within 28 days of mRNA vaccination.

[https://www.theepochtimes.com/health/people-dying-in-their-sleep-linked-to-vaccines-explains-dr-peter-mccullough-cardiologist_4806813.html]

– **Visibly Damaged Hearts** - Macrophages are large cells that are part of our immune system. When the immune system is functioning properly, our bodies use macrophages to attack infectious agents and other foreign matter. Macrophages are a key part of the innate immune system, helping with normal tissue development as well as with repairing damaged tissue, according to researchers from Northwestern University. **But in the case of the people who died suddenly within a month of being vaccinated, the body's own macrophages permeated their heart muscle, chewing up the muscle and causing spots that disrupted the heart rhythm. This macrophage invasion appeared to have literally short-circuited the heart's conduction of the electrical impulses, causing the heart to beat irregularly**. The irregular heartbeats led to a negative feedback loop, making the heart race faster and faster as it tries to right itself. **When that happens, the heart is effectively pumping no blood, and the victim dies within seconds or minutes unless there is a defibrillator nearby**—to deliver an electrical shock to the heart to help it get back into rhythm—and someone knows to use it immediately.

The peer-reviewed study [https://link.springer.com/article/10.1007/s00392-022-02129-5] from German **researchers included microscope images showing the damage to the victims' heart cells, the presence of lymphocytes (another kind of smaller immune cell) in the heart muscle, and invasive macrophages in the heart muscle. Both macrophages and lymphocytes called T-helper cells were found in the heart tissue. The immune cells were concentrated in spots, each of which is called a focus. Spots of damaged heart tissue like this can generate offbeat signals that disrupt the heart's smooth rhythm.**

There are thousands of cardiac cells in the heart. These cells aren't passive, like the cells in your biceps that need separate nerves to make them move. Instead, cardiac cells generate their own electrical impulses. The cells of cardiac muscle act like nerves as well, conducting signals to and from adjacent muscle cells. This synchronizes their contractions, as well as perpetuates the regular continuity of the heartbeat. Once a heart is beating, it takes a lot to stop it. A focus that breaks up this rhythm is like a bad drummer in a middle-school band. ***It can cause a cascade of chaos that prevents the heart from pumping blood productively.***

– **Myocarditis: A Recognized Vaccine Adverse Event** - The WHO and the CDC do recognize myocarditis post-mRNA vaccination. Both regulatory agencies consider it a "recognized but rare complication." Most doctors also dismiss myocarditis cases as "mild." **But the deceased subjects of the German study, as Campbell points out, also had supposedly "mild" myocarditis. The myocarditis appeared only in microscopic spots here and there. However, the electrical disruption of these spots caused rapid and dramatic deaths. In other words, there is no mild myocarditis,** as one parent of an mRNA-vaccine-injured teen named Aiden Ekanayake, said. https://www.theepochtimes.com/health/theres-no-mild-in-myocarditis_3952940.html & https://www.nationalgeographic.com/science/article/why-is-it-so-hard-to-compensate-people-for-serious-vaccine-side-effects Campbell recommended that **clinicians have a "high index of suspicion" that mRNA-vaccinated people might be subject to this autoimmune myocarditis** so that they can diagnose and treat it while the people are still alive. ***Clinicians pretending that this vaccine injury is "rare and mild," has led to countless potentially avoidable tragedies.***

– **Your Body Attacking Your Own Heart Cells** - **To be clear, this is not the mRNA vaccine directly damaging the heart—it is worse.** The mRNA is injected into your muscle cells, turning the cell into a factory producing COVID-19 spike proteins. As a result of the mRNA immunization, your body generates an immune response against COVID-19 spike proteins. **Since your own muscle cells were used to make the COVID-19 spike proteins and may have them on the cell surface, your newly-weaponized immune cells targeting the spike protein may start attacking your own healthy muscle cells. This new German study shows photographic evidence that this happens and has killed people.**

– **Correlation or Causation?** An original investigation published earlier this year in the Journal of the American Medical Association found that there were many cases of myocarditis in unexpected populations, especially in boys and young men, following mRNA vaccination. "**This study showed that for mRNA vaccines and heart damage, seven of Bradford Hill's nine criteria were satisfied—an epidemiological slam-dunk"**. [**100% PROOF**] *PLEASE READ the full article for more about the Bradford Hill criteria!*

GERMAN 2016 – 2022 Insurance Company Sudden Death Data reported on!

Titled: **German Data Analyst Reveals Data from Health Insurance Shows 4 Times Increase in Sudden Deaths Following COVID Vaccine Rollouts**
https://www.thegatewaypundit.com/2022/12/german-data-analyst-reveals-data-health-insurance-shows-increase-sudden-deaths-following-covid-vaccine-rollouts/

Quote: "**German data analyst Tom Lausen held a conference on Monday in the Bundestag to discuss the massive rise in people who died "suddenly and unexpectedly" after the Covid vaccine rollout.**

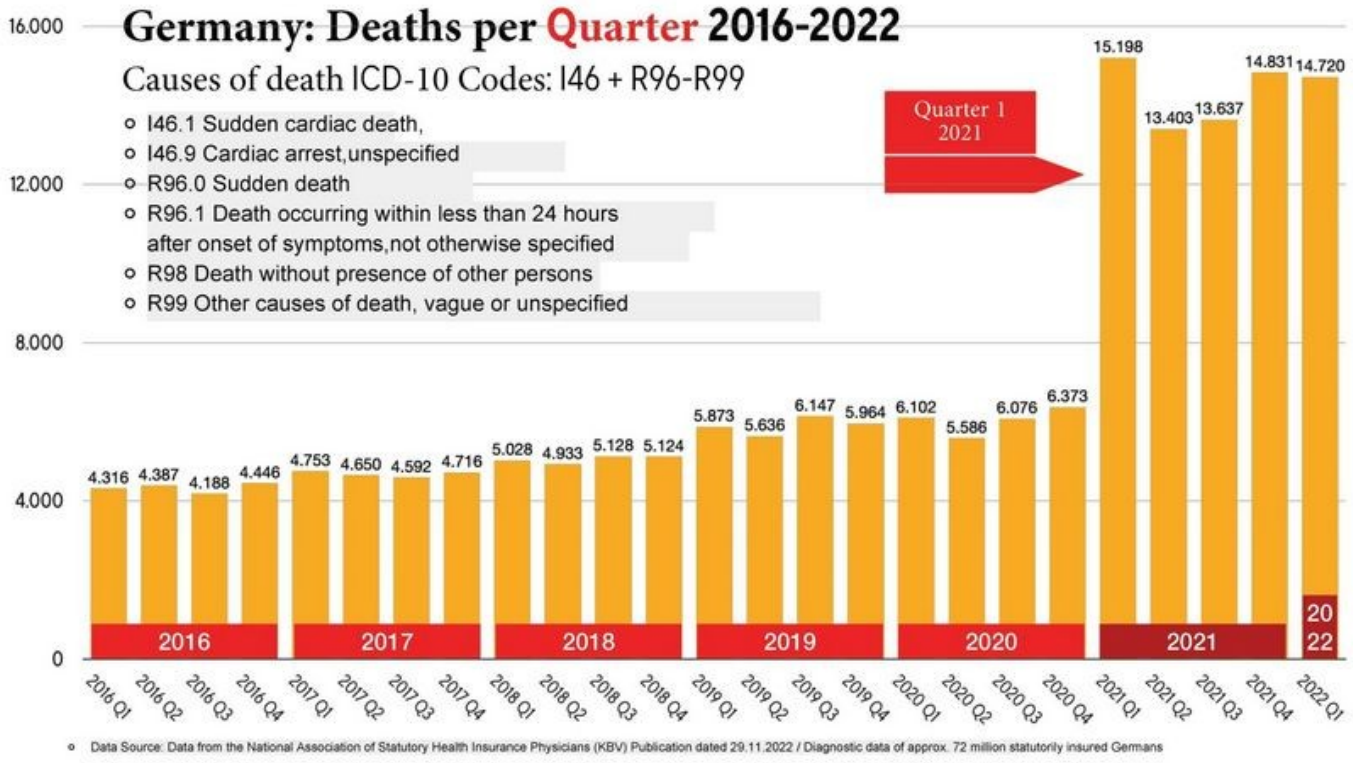
Only one mainstream journalist was present during the press conference. The National Association for Statutory Health Insurance Physicians (NASHIP) provided the data covering over 72 million insured Germans."

- ***"Since the beginning of the corona vaccination, there have been drastic changes in the number of diseases and deaths in the population.*** This is based on data from the Association of Statutory Health Insurance Physicians, which Martin Sichert was able to evaluate exclusively together with data expert Tom Lausen and which will be presented at the press conference. Patient data from the National Association of Statutory Health Insurance Physicians (KBV) on the side effects of corona vaccinations provide frightening insights: **With the start of mass corona vaccinations, the number of people who died "suddenly and unexpectedly" skyrocketed compared to previous years, more than fourfold. In every quarter, starting with the first quarter of 2021, more sudden and unexpected deaths were identified by panel doctors than in every year from 2016 to 2020 as a whole.** ***Using coded data covering 72 million Germans available from the health insurers, the number of people who died "suddenly and unexpectedly" skyrocketed compared to previous years."*** end quote - THE REPORTING ARTICLE (see link above) HAS LOTS OF GRAPHS like this: https://www.thegatewaypundit.com/wp-content/uploads/Fjzk8K-XgAEVMJf-scaled.jpeg

The German PDF data is available to download here.
https://afdbundestag.de/wp-content/uploads/2022/12/Daten-Impffolgen.pdf

READ the article link above and READ the GERMAN PDF - for more details, more graphs and more data…

Note - that the HUGE SPIKE starts at the end of 2020 and continues thru into 2022 (Vaxxx roll out)



GRAPH samples - one data set shows 1,082% increase in sudden deaths, starts at end of 2020, Another set with a 1,673 increase in 2021… (and another slight increase into 2022)

https://twitter.com/DowdEdward/status/1630652817307488258 and https://twitter.com/DowdEdward/status/1630721965035229184?

Edward Dowd (former Black Rock) a financial wizard, **reporting on SOA's COVID Vaxxx increasing excess death & injuries on Twitter** – SOA, or the Society of Actuaries, is an international testing & certification organization – w/30K USA members)! In MAY 2023 will issue a 2022 EXCESS DEATHS REPORT… showing a **huge increase of EXCESS DEATHS in 4th quarter of 2022 (OCT, NOV, DEC)** & **his source's NUMBERS are also higher for JAN-FEB of 2023.**

https://twitter.com/DowdEdward/status/1630652817307488258

re

ngs

← Thread

Edward Dowd
@DowdEdward

🚨🚨Thread: Preliminary SOA excess death numbers for group life claims in units for Q4 by month excess to baseline. Report comes out in May.

	Oct	Nov	Dec
0-44	13%	21%	43%
45-64	4%	16%	35%

Being told Jan and Feb higher than Dec

2:35 PM · Feb 28, 2023 · **1.1M** Views

2,157 Retweets **297** Quote Tweets **4,018** Likes

Edward Dowd @DowdEdward · Feb 28
Replying to @DowdEdward
We call this acceleration on Wall Street and it's a big problem.

Source: Industry Insider

Additionally the incident report has the all-other/unknown category above baseline for the years 20, 21 & 22 as the following

20: 9%
21: 10%
22: 30%

In other words "Cause Unknown"

43 443 1,556 110K

Edward Dowd @DowdEdward · Feb 28
Total Q322 was as follows:

0-44 25%

45-64 7%

27 144 713 51.5K

https://twitter.com/DowdEdward/status/1630721965035229184?

ore

ngs

← Tweet

Edward Dowd
@DowdEdward

I am being told that the hospital systems in just one state by the end of 2023 will have staggering losses.

Feel free to add your anecdotal or inside info in comments below for your state regarding hospital systems and money.

7:09 PM · Feb 28, 2023 · **334K** Views

654 Retweets **42** Quote Tweets **2,640** Likes

mark @rancher900 · Feb 28
Replying to @DowdEdward
NY. Friend who runs radiology dept tell me NY hospitals critically understaffed and incentives are not bringing in more staff. Gov Hochel refuses to allow UnVx staff back and says it is safer to be understaffed than be exposed in a hospital setting to Unvax

33 34 184 6,840

Kat Fitz @KatFitz5 · Feb 28
Replying to @rancher900 and @DowdEdward
Unbelievable. Lock.Her.Up!

2 11 1,821

Mark Trent @trentster · Feb 28
Replying to @DowdEdward
I am 48. In Australia 🇦🇺 I notice ambulances 🚑 every single day all the time, it's one of the main features on the road. I've never seen anything like this before. It's frankly startling!

This was our neighbour yesterday. 2 ambulances arrived. Young wife with heart problems.

Three Doctors Die Within Four Days Shortly After Hospital Begins Injecting Staff With Fourth Covid Shots ⋆ 🔔 The Liberty Daily

There are no coincidences.

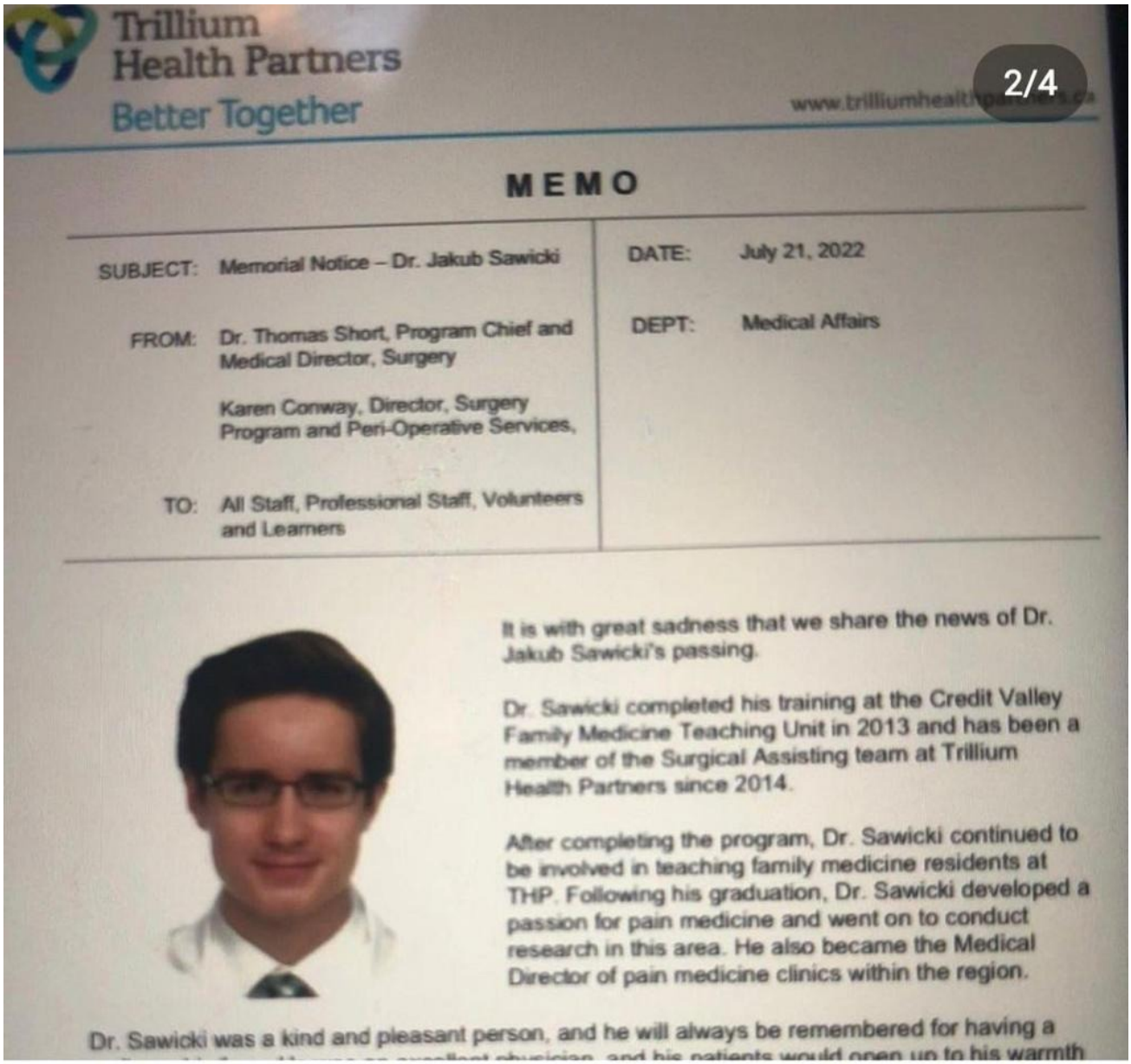
Three young and otherwise healthy doctors died last week. They were all working for the same hospital system. Their deaths came days after their hospital started injecting staff with the fourth Covid shots. Someone at the hospital has started anonymously blowing the whistle.

When this story broke yesterday, we started attempting to confirm it. Conspicuously, nobody in the Mississauga hospital system is willing to confirm or deny any of it. Coverup?

Truth-seeker Steve Kirsch acquired a note pertaining to these deaths:

> *"Please share – 3 physicians at Mississauga hospitals have died this week. 1st memo Monday, 2nd Tuesday, 3rd Thursday. Cause of death wasn't shared in the memo, but how many times have 3 doctors died in 1 week, days after the hospital started administering the 4th shot to staff" This is in addition to the physician who worked at North York General who died this week while out running. How many more "coincidences" will people accept? These shots need to be pulled."*

The deaths:



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www.trilliumhealthpartners.ca

MEMO

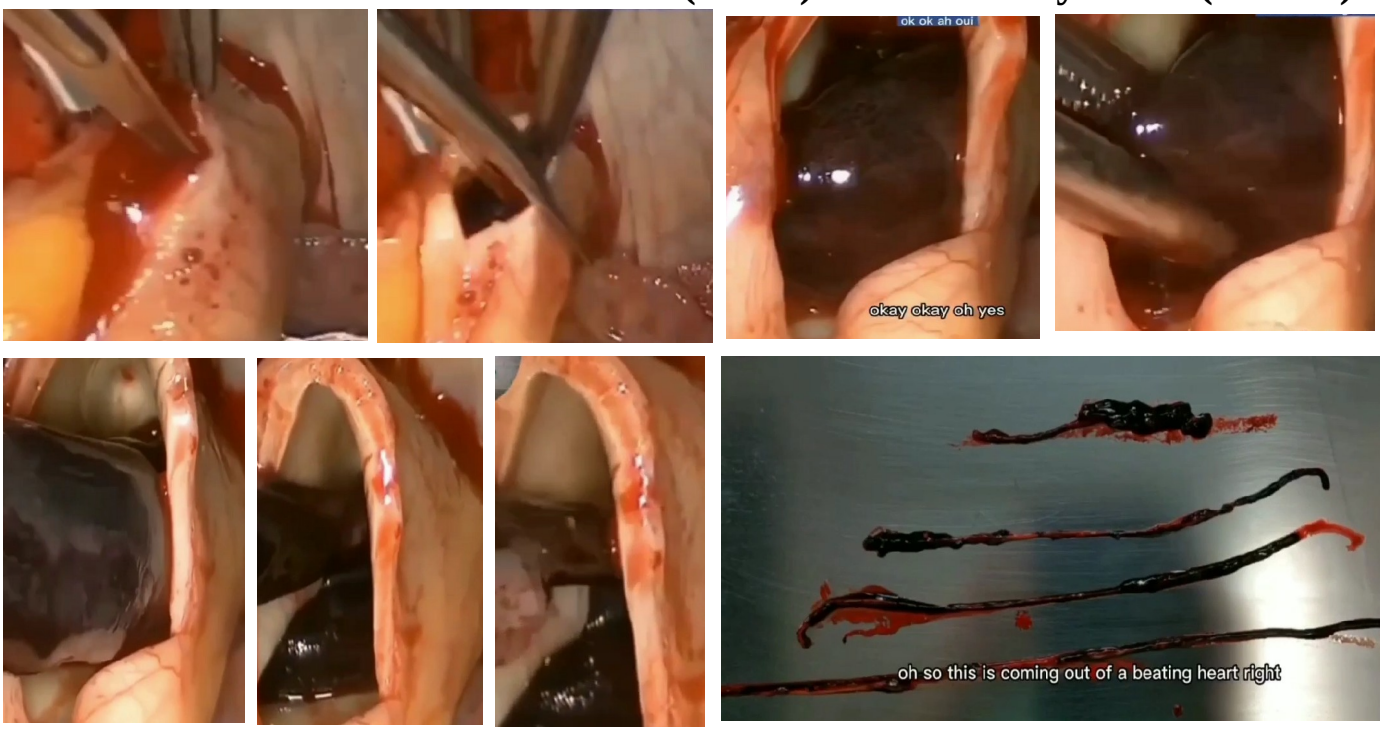
SUBJECT:	Dr. Lorne Segall	DATE:	July 18, 2022
FROM:	Dr. Thomas Short, Chief and Medical Director, Surgery Program	DEPT:	Medical Affairs Department
	Karen Conway, Director, Surgery Program and Peri-Operative Services, Trillium Health Partners	CC:	
TO:	All Staff, Professional Staff, Volunteers and Learners		

It is with heartfelt sorrow that we share the news of Dr. Lorne Segall's passing on Sunday, July 17, 2022.

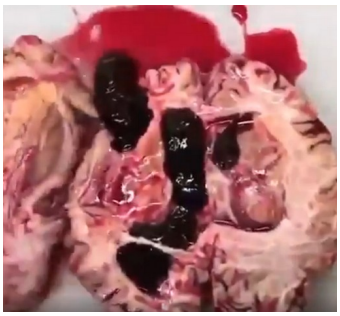
Dr. Segall joined Trillium Health Partners in 2007 as an Otolaryngologist at Credit Valley Hospital and served as Division Head of Otolaryngology from 2016 to 2017. His generous contributions and support to Trillium Health Partners' Otolaryngology services played a pivotal role in the success of our Otolaryngology Program.

Dr. Segall was an outstanding and compassionate clinician, and quality patient-centred care was at the centre of Dr. Segall's focus. Always the consummate gentleman and an all-around great person, he truly embodied the spirit of teamwork. Dr. Segall is survived by his wife and three children.

Vaxxx Clot from BEATING HEART (vessel) - MP4 sent by email (no link)



And - MAJOR BRAIN BLOOD CLOT AFTER VAX!

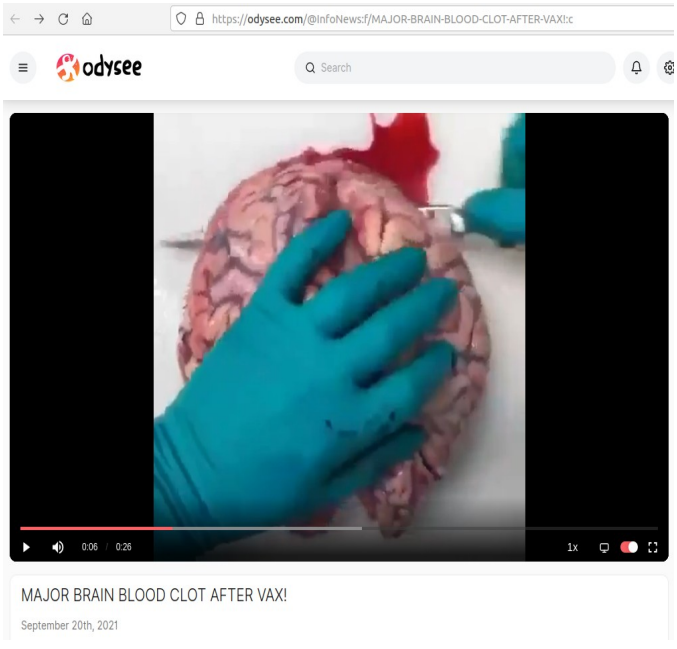


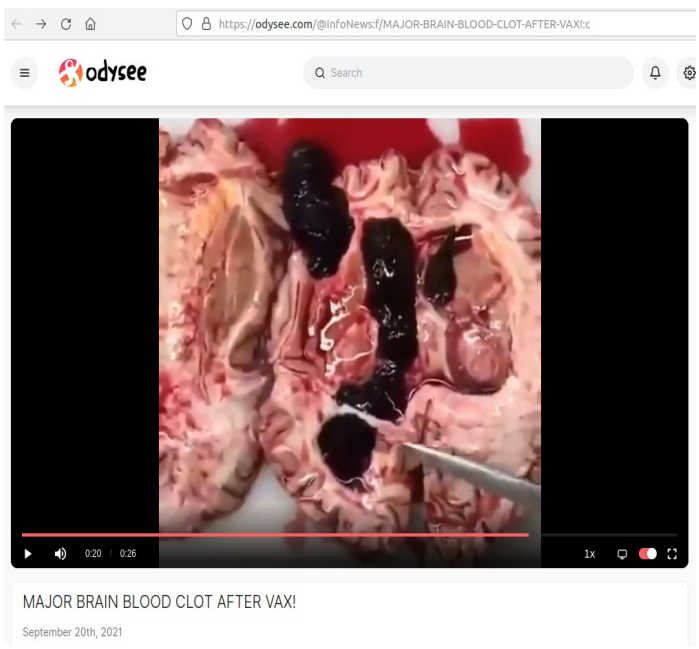
September 20th, 2021

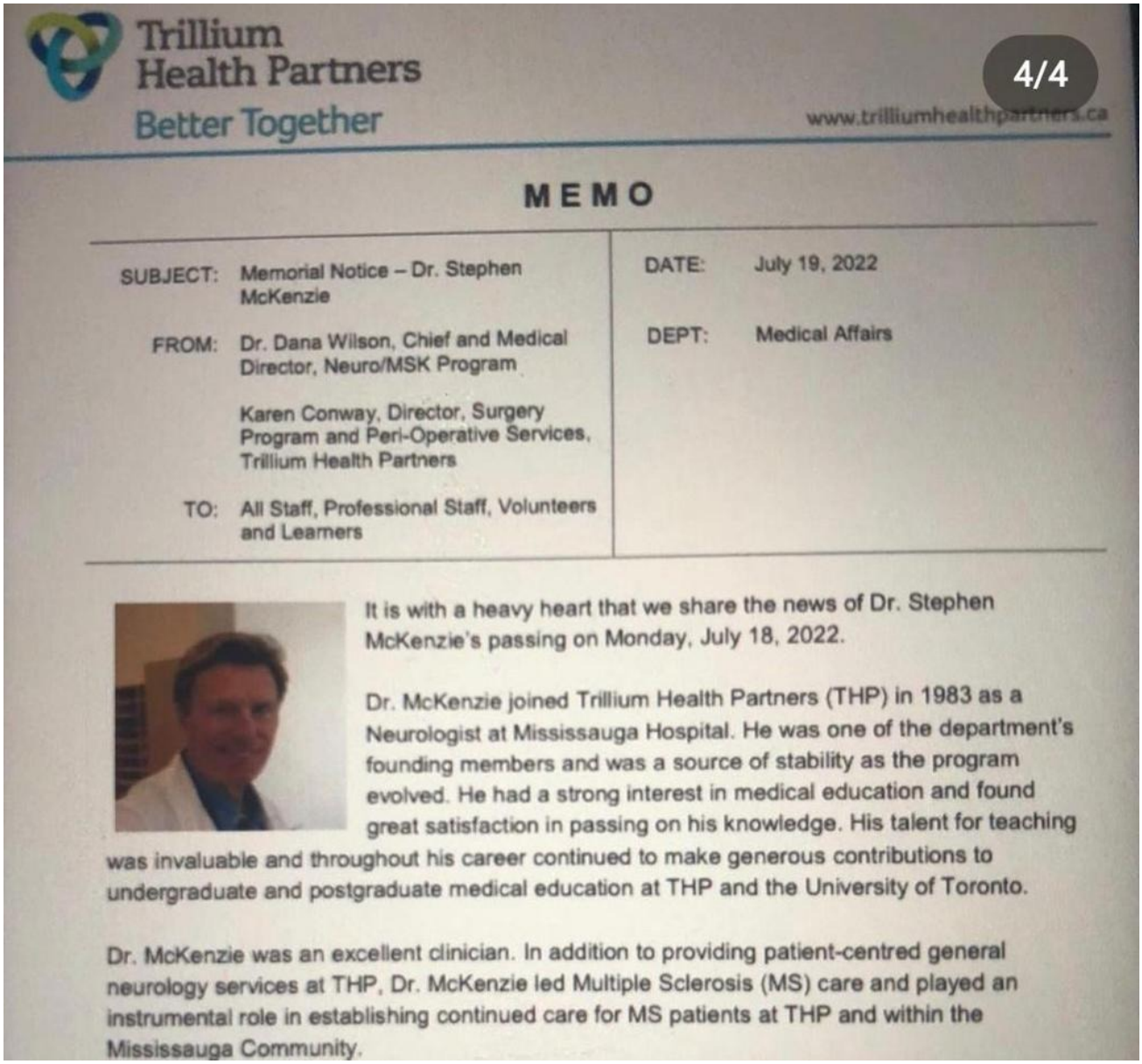
VACCINE IS DEADLY - BANNED VIDEO - Thromboses in the brains of people killed by vaccine Source of the video: Autopsy of death by LCA. ("autopsia de muerte por ACV.")

WATCH THE SHORT VIDEO OF BRAIN GETTING CUT OPEN (link below)!

Video- https://odysee.com/@InfoNews:f/MAJOR-BRAIN-BLOOD-CLOT-AFTER-VAX!:c







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MEMO

SUBJECT:	Memorial Notice – Dr. Stephen McKenzie	DATE:	July 19, 2022
FROM:	Dr. Dana Wilson, Chief and Medical Director, Neuro/MSK Program Karen Conway, Director, Surgery Program and Peri-Operative Services, Trillium Health Partners	DEPT:	Medical Affairs
TO:	All Staff, Professional Staff, Volunteers and Learners		

It is with a heavy heart that we share the news of Dr. Stephen McKenzie's passing on Monday, July 18, 2022.

Dr. McKenzie joined Trillium Health Partners (THP) in 1983 as a Neurologist at Mississauga Hospital. He was one of the department's founding members and was a source of stability as the program evolved. He had a strong interest in medical education and found great satisfaction in passing on his knowledge. His talent for teaching was invaluable and throughout his career continued to make generous contributions to undergraduate and postgraduate medical education at THP and the University of Toronto.

Dr. McKenzie was an excellent clinician. In addition to providing patient-centred general neurology services at THP, Dr. McKenzie led Multiple Sclerosis (MS) care and played an instrumental role in establishing continued care for MS patients at THP and within the Mississauga Community.

Dates of death: *July 17, 18, 20.*

Look at how close together the dates are! All three died in a 3 day period just days after they gave the 4th shot. All are young doctors. You can see from their pictures. All three at Trillium Health in Mississauga, Ontario, Canada

No mention of the vaccination date or cause of death. Just bad luck? Or related to the vaccine? What do you think?

The three doctors from the same hospital and the fourth from a nearby hospital are Dr Jakub Sawicki, Dr Stephen McKenzie, Dr Lorne Segall, and Dr Paul Hannam. **We have not been able to independently confirm this story** but a Reddit member was able to confirm the doctors' identities:

Just tried calling Segals office – got an automated message saying he was on "medical leave" until 9/20/22 – so he's probably dead.

Just tried McKenzie office – got a computer modem sound, no dial tone.

Sawicki didn't have a listed number, trying to confirm with Trillium Health Partners, Mississauga Hospital

This will be swept under the rug by the hospital, ignored by corporate media, and denounced by Big Pharma as a conspiracy theory. But it adds to the mountain of evidence that there's a true conspiracy in play with the Covid jabs. The truth needs to continue to find its way out.

Post navigation

Key Links - FOCUSED ON BLOOD CLOTS showing up in COVID Vaxxxed (& MORE)!

Remember - July 27th, 2022
Titled: **FUNERAL DIRECTOR JOHN O'LOONEY - UPDATE, BABY DEATHS & FUNERALS**
https://odysee.com/@ZeeZ:1/JohnO'LooneyUpdat20220725:6
Quote: ***"Miscarriages from vaxxed mothers: Normally 5% up to 16%, are now at 74%"***
https://rumble.com/v1dlsvr-funeral-director-john-o-looney-update-baby-deaths-and-funerals-25th-july-20.html

09-29-2022 Rense (radio show)
https://mediaarchives.gsradio.net/rense/special/rense_092922_hr2.mp3
WOW WOW WOW UN-REAL!
Rense Interview (With Erica and guest Nurse Anne who works in vascular ICU unit) about what is going on in the hospitals. She says that THE DOCTORS GOTTA KNOW that these "new" clots are not normal, they gotta she says! She tells quite a few stories. **Opening up NEW UNITS at hospitals to handle just the CLOTS**. And, they do not have enough vascular surgeons to operate and try to treat the CLOTS. And, on the charts they are not doing the D-dimer tests (because they are not working, they know it is coming back showing that YES there is a blood clot developing - the higher the D-dimer the higher the blood clot problem). Both Blood Clots and Amyloid clots (reader – Mike Adams shows they are composed of certain metals – not straight up Amyloid)! The hospitals are doing EXPENSIVE treatments when lower cost treatments are available. Tells story of 20-21 year old who died due to the Vaxxxx just the night before the interview. A WHOLE NEW SHOT CLOT INDUSTRY income stream for hospitals has been created by the Vaxxxx. AND, on the charts the SAME DOCTORS are including patient recommendations for the patients to get even MORE BOOSTERS. The nurse tells that patients, to a big degree, are resistant to believing that the COVID Vaxxx/SHOTS are causing this. **BLOOD being drawn from the Vaxxxed is much different NOW, is DARK/BLACK and flows into the "container" very very very too slowly vs before the SHOTS where they just filled up quickly with blood without effort at all. Nurses sometimes can not draw blood from the Veins BECAUSE the blood is too thick (they need another process to get the blood for testing from another place in the body with easier access to MORE BLOOD in bigger vessels).** Many patients are CODING every night (1-3 every night, on every shift). MANY INFECTIONS - she used the term HUGE realtive to the infection numbers! ***AND, she said that THEY are still giving patients REMDESIVIER, and in fact she refused a doctors orders to "hang remdemisvier" to drip into patient... she caught hell for it, but said that she did not feel right, that they needed to find someone else to do it.*** AND, for infections they are NOT giving high doses Vit C, no zinc, etc. THERE ARE OTHER TREATMENTS vs the MOST EXPENSIVE ONES that the hospitals and doctors focus on giving to patients. OH - ALL the patients with these problems thesee days, are 100% Vaxxxed. Astounding!
– Comment - the Dark Blood when the nurse is trying to take blood - might explain the PALE GRAY, or the weird colored "purplish or darkish-almost black skin" to many faces that I am seeing.

Titled: Peer-Reviewed: **94 Percent of Vaccinated Patients With Subsequent Health Issues Have Abnormal Blood**, Italian Microscopy Finds
https://virutron.com/peer-reviewed-94-percent-of-vaccinated-patients-with-subsequent-health-issues-have-abnormal-blood/
Quotes: "***Physicians in Italy studied the blood of patients who had been injected with mRNA COVID-19 vaccines and found foreign matter long after vaccination, a new study shows.***
-- The three doctors, all of whom are surgeons—Franco Giovannini, M.D., Riccardo Benzi Cipelli, M.D., and Giampaolo Pisano, M.D.—examined freshly drawn blood of more than a thousand patients using direct observation under microscopes to see what was happening in the blood.
-- Their results were published in the International Journal of Vaccine Theory, Practice, and Research in August 2022. For this study, the Italian doctors used optical microscopy, that is, regular light microscopes, to examine the blood. Blood cells are easily visible under a microscope. Their shape, type, and how and if they are aggregated—clumped together—can help the skilled physician better understand the patient's health.
-- In their 60-page peer-reviewed study, the Italian researchers did not draw any conclusions. They just reported case studies from their observations. Although they could not explain what they observed, they noted in the study that what they saw was so strange that they felt the need to alert the medical community."
-- "Of the 1006 patients, 426 were men and 580 were women. One hundred and forty-one received only one dose of an mRNA vaccine, 453 got two doses, and 412 received three doses in total. The patients ranged in age from 15 to 85. The

average age of the patients was 49. ***All 1,006 patients were seeking healthcare because they were not feeling well: presenting with a wide variety of health issues*. On average, the patients whose blood was examined had been vaccinated about one month prior. Of the 1,006 patients, after vaccination, only about 5 percent—just 58 people—had blood that looked normal"** - READ from above link FOR MORE DETAILS OF THE STUDY…

September 16, 2022 - Updated *Richard Hirshman VIDEO* interview - NEW DETAILS
Titled: Embalmer Sounds Alarm: **Massive Increase in Strange Blood Clots and Cancer**, 'It's not Normal, It's Drastic' (Exclusive Interview)
https://rairfoundation.com/embalmer-sounds-alarm-massive-increase-in-strange-blood-clots-and-cancer-its-not-normal-its-drastic-exclusive-interview/
– Quotes: "***He describes a normal blood clot as having a texture like grape jelly or jam. If you were to pick it up, it would likely disintegrate in your fingers.*** Before 2021, blood clots would appear in between five and 10 percent of bodies. These days, says Hirschman, those numbers are more like 85 percent. "The majority of bodies I embalm are clotted," he says. "Out of 358 bodies this year, only around 60 were not clotted, and a half of those were heavily clotted. Prior to last year, it wasn't like that. Nothing like what we see now."

-- **What is more, these clots are unlike anything he's ever seen before. He describes them as "a white fibrous structure, like calamari, a rubber band or spaghetti. Even the small ones are unusual looking, like worms. They resemble a small parasite.**" Typically, blood clots come out of veins during the embalming process, very, very rarely out of an artery. **However, Hirschman recently took one out of an artery 33 inches long. "Normally, I wouldn't be able to pull a clot of that length without it falling apart," he explains. "It's the white, fibrous length that's unusual. I cannot possibly imagine that being inside a healthy person."**

-- Hirschman suspects the vaccine is causing these clots. "The reason why I feel the vaccine is related is that I have found these strange structures inside of people who supposedly never had covid but had been vaccinated."
-- Looking back, Hirschman sees a date correlation. "It was January 2021 when they really started pushing the vaccines," he recalls. "I have never been so busy in all my life. I was running into clots like crazy; even in February and March, the clotting was huge. Initially, it was in elderly people, and those were the first they tried to protect."

-- **"Hirschman would like to understand what's going on. He's sent three dozen clots out for analysis, some of them to Mike Adams, who runs an ISO-17025 accredited lab in Texas. Adams has compared these clots to the blood of unvaccinated individuals and has concluded that these are not blood clots because they lack iron, potassium, magnesium, and zinc."**

-- "We have tested one of the clots from embalmer Richard Hirschman via ICP-MS. Also tested side by side, live human blood from an unvaccinated person," Adams told The Epoch Times.

-- But nobody knows quite what these things are, nor how they are caused. "**I've talked to so many other embalmers, and we are all seeing the same thing,"** says Hirschman. **"But governments don't want to look at it." "**
READ and WATCH for MORE…
and - Titled: Dr Jane Ruby & Mike Adams - **New Lab Results For The Mystery Rubbery White Clots** (7-25-2022)

https://www.brighteon.com/18e43bf1-b64b-4868-b4de-4efdc02feefa
or
https://www.bitchute.com/video/BHb0ANxvw54T/

Additional Lab test new FINDINGS and results on CLOTS. ***Other NEWS about other Embalmers, the details of what is in the blood, Carbon at higher levels in the clots and NOT BLOOD itself.***

09-30-2022 Titled: **New Zealand Funeral Director Speaks Out**
https://www.bitchute.com/video/WUXbgDswvECw/

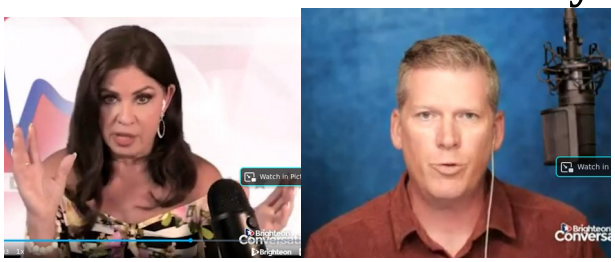
Quotes: "Brenton Faithful is my name, almost 41 years as a funeral director." "I've watched adverse effects through patients... It's very obviously they've died within two weeks of receiving the vaccination." "This isn't a one off case - this is the majority of cases that have come through our facility."

Q: "Have you seen many where the death certificate is just unequivocal cause of death COVID-19?" A: "No."

Full Interview: NZDSOS - Odysee - 27th Sep 2022 **https://odysee.com/@NZDSOS:2/Brendon-Faithful:3**

***** See the NEXT pages for the Mike Adams EVIDENCE of what is in the CLOTS (metals, etc)!**

07-25-2022 Update VIDEO INTERVIEW: Dr. Jane Ruby & Mike Adams (Health Ranger) reveal post-vaccine CLOT MYSTERIES with new lab results



Evaluation has found metals in clots, less than normal found in the blood itself, and more... (see below)

https://www.brighteon.com/18e43bf1-b64b-4868-b4de-4efdc02feefa

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EXCLUSIVE: Self-assembling vaccine clot biostructures harvest conductive metals from your blood - preliminary ICP-MS analysis results released **Friday, July 22, 2022**

FROM: https://citizens.news/640859.html By healthranger 2022-07-22
https://www.naturalnews.com/2022-07-22-vaccine-clot-biostructures-harvest-conductive-metals-from-blood.html Brighteon.com/d0f96594-9c87-48e0-9810-cb0484a041f4

In today's podcast, I discuss an interview that I conducted with Dr. Jane Ruby yesterday, in which we explored early data from new laboratory test results that analyze the elemental composition of the post-vaccine clots that are being pulled out of the bodies of the dead. These new results -- to be officially released next week with the interview -- were derived from ICP-MS analysis (mass spec) in our ISO-accredited laboratory. In this analysis, we compared the elemental composition of the clots to human blood. We found several things that are rather shocking: (somebody alert Steve Kirsch, as he needs to incorporate these data into his own understanding of what's killing people)

> **#1) The post-vaccine clots are not made of blood** It's clear from the elemental composition that the clots are not made of blood. Thus, they are not "blood clots." For example, in our human blood sample, magnesium (Mg) was at 35 ppm, while in the clot, magnesium was only 1.7 ppm. Similarly, in human blood, iron (Fe) was measured at 462 ppm while it was 20.6 ppm in the clot. All results are derived using ICP-MS where our Limit of Detection (LoD) for most elements is below 1 ppb, and Limit of Quantitation (LoQ) is around 1-2 ppb, depending on the element. (Note: These are rounded numbers and not the official reporting of the results. We will release PDF files next week with the actual numbers from the instrument, which are expressed with more significant digits.)
>
> **#2) The clot was very low in key elements that would be expected to be seen in living biological tissue** In addition to being low in magnesium and iron, the clot was extremely low in potassium (K) and calcium (Ca). It was also lower in trace minerals such as copper (Cu) and zinc (Zn). This indicates the clots are not human tissue, and they are not simply blood vessel material, either. This ICP-MS analysis eliminates these alternative explanations for what could be causing the clots.

#3) Electrically conductive elements were higher in the clot material Surprisingly, the clot was found to be *higher* in certain elements that are electrically conductive. For example, tin (Sn) was found to be nearly six times higher in the clot compared to human blood. (943 ppb vs. 162 ppb). Tin is commonly used in solder to connect circuits on circuit boards. In addition, both aluminum (Al) and sodium (Na) were higher in the clot. Both are conductive metals. (Yes, sodium is an alkali metal. It is highly conductive.) Correction note: In the podcast and the video, I mistakenly stated that the tin numbers were ppm rather than ppb. The error stemmed from the fact that the semi-quant analysis from the ICP-MS reporting system does not use the same units all the way through, which is the way the normal full quant reporting works. In my preliminary review of the numbers listen on a spreadsheet (which is not the final PDF report that we will release), I assumed the semi-quant report was mg/L but it was actually reporting ug/L, and the units change from element to element, which is easy to miss with a preliminary look at the report. Apologies for the error, but the important point is about the *ratios* of the element in the clot vs. blood, not necessarily the absolute values. The ratios are correct.

Dr. Jane Ruby interview and official results to be publicly released next week

Next week we will be releasing several things related to this:

1. The full interview with Dr. Jane Ruby, analyzing these new data and findings.
2. PDF reports of the ICP-MS test results (full quant) so you can see the elemental composition of the clots vs. human blood.
3. Additional microscopy of the clot in its post-nitric acid digestion status, showing blackened (oxidized) striations that appeared when we were prepping the clot for ICP-MS analysis by subjecting it to nitric acid.

We are releasing all this publicly in the hopes that other investigative groups can help make sense of all this. In particular *La Quinta Columna* is doing excellent work on this front, and we hope this ICP-MS investigation adds to their overall understanding of what these clots really are (and how they are being made in the body). In summary, it is clear that:

- The clots are NOT blood clots.
- They are self-assembling. They get larger in the body and add to their aggregate size. This does not mean they are "alive," and we doubt they have their own organs. They do not appear to be parasites. Rather, they self-assemble through some unknown mechanism.
- They are not made of human flesh or tissues that reflect the elemental ratios of macro minerals and trace minerals that we would expect to see in human tissue.
- They seem to harvest electrically conductive elements from circulating blood and incorporate these elements into their own biostructures, resulting in higher concentrations of these elements (Al, Sn, Na) compared to human blood.

We are all still trying to make sense of this, as **this is nothing like we've ever seen before**, and we've analyzed tens of thousands of food samples over the years, including flesh-based foods (dog food, cat food) and meat products such as chicken, beef and pork. We have also analyzed thousands of human hair samples. We've never encountered this before. More news to follow next week, with new microscopy analysis.

Stay tuned to NaturalNews.com for the exclusive details.

Hear my discussion of all this in today's Situation Update podcast:

Brighteon.com/d0f96594-9c87-48e0-9810-cb0484a041f4

https://www.naturalnews.com/2022-06-14-mike-adams-june-13th-2022-embalmer-richard-hirschman-dr-jane-ruby.html#

“3 Live Videos” - Mike Adams broadcast, 06-13-2022, featuring an urgent care doctor, embalmer Richard Hirschman & Dr. Jane Ruby, plus live microscopy of biostructure “clots” - killing people

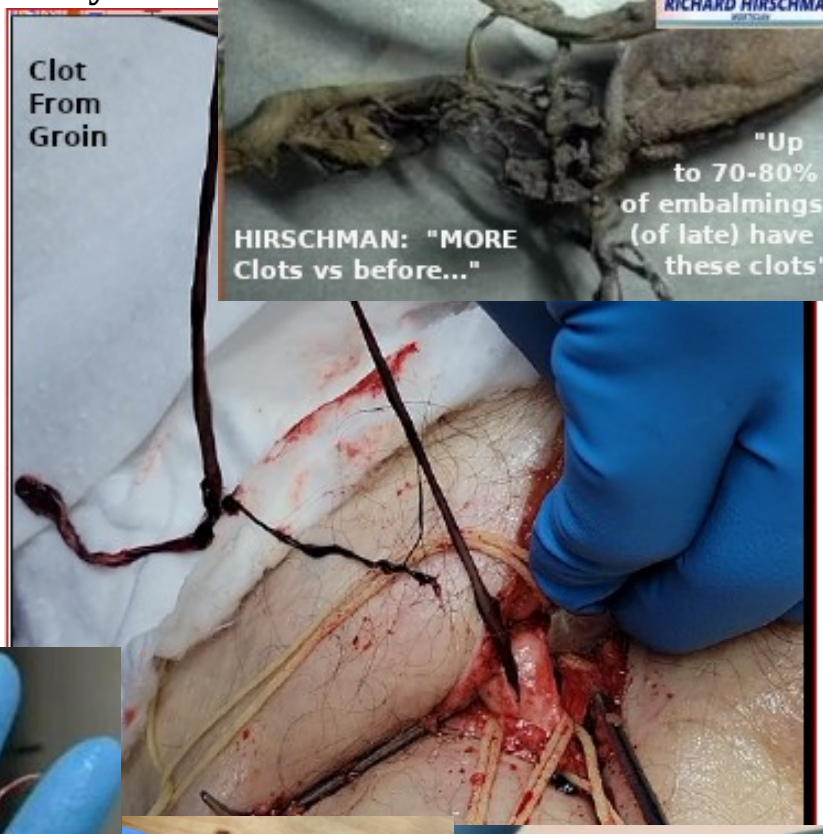
- A live Microscopic Examination (VIDEO, link above)

Also- **Cary Watkins (50+ years experience) confirms Richard Hirschman's story about the telltale blood clots**

https://rumble.com/vuycmg-embalmer-with-50-years-of-experience-verifies-hirschmans-story.html

The CDC is not investigating this at all. The mainstream media isn’t either. They should be since these clots appear to be a major cause of death in America and can explain the completely unexpected and unexplained **40% rise in deaths of people under 65 - reported by OneAmerica** (Insurance Co story found at link below):

https://stevekirsch.substack.com/p/unprecedented-deaths-in-indiana-for?r=o7iqo



2022 Update – Many Neck & Other Clots seen by VT & NY Funeral Home Embalming Staffs.

(2) 02-12-2022 - *Another Embalmer Seeing Rubbery Clots in 93% of the DEAD*

(VIDEO) Rumble — Anna Foster is an embalmer with 11 years of experience in Carrollton, MO. She speaks out for the first time in this exclusive interview. The big news is that she found the unusual clots in 93% of the last 30 people who she embalmed. The clots are only associated with people who have been vaccinated. They were only observed after the vaccines rolled out - Steve Kirsch INTERVIEW. – Titled: *"Explosive: Embalmer reveals 93% of cases have deadly clots caused by the COVID vax"*

https://rumble.com/vuqk1w-explosive-embalmer-reveals-93-of-cases-have-deadly-clots-caused-by-the-vax.html

(1)** 01-27-2022 - A NEW KIND OF RUBBERY CLOT SHOWING UP IN THE DEAD (death certificates list heart attack, stroke, etc.)

Death Certificates NOT LISTING COVID as the cause of DEATH

Video Titled: Worldwide Exclusive: Embalmers Find Veins & Arteries Filled with Never Before Seen Rubbery Clots https://www.bitchute.com/video/uWZucDetxS4T/

> **Quote - Bitchute VIDEO page: "In this worldwide exclusive, Dr. Jane Ruby meets with board-certified Embalmer and funeral Director, Richard Hirschman who reveals, for the first time ever, arteries and veins filled with unnatural blood clot combinations with strange fibrous materials that are completely filling the vascular system. Many of the victims reportedly died of heart attacks and strokes. Mr. Hirschman reports that he found resistance when he tried to embalm these jabbed patients, and then found these strange materials and pulled them from the large vessels of the bodies. He also reported that he has gone from seeing 50% of his embalmed cases with these types of blockages rise to almost 80%."**

***Paraphrased - "CLOTS being pulled mostly from veins, but SOME are pulled from Arteries that is UNUSUAL (BOTH SHOW CLOTS THAT LOOK THE SAME)" . NEW is another structure that looks like worms [resembles] per the emblamer, and he sees the worm-like structures around the regular clots, but are sometimes found away from the main RUBBERY STRINGY FIBROUS WHITEISH CLOTS)".**

This image shows what ALL the embalmers are seeing now - huge clots of a type they have never seen before the vax, which have to be removed before they can pump the embalming fluid in. These are now appearing in over half the people they are embalming.

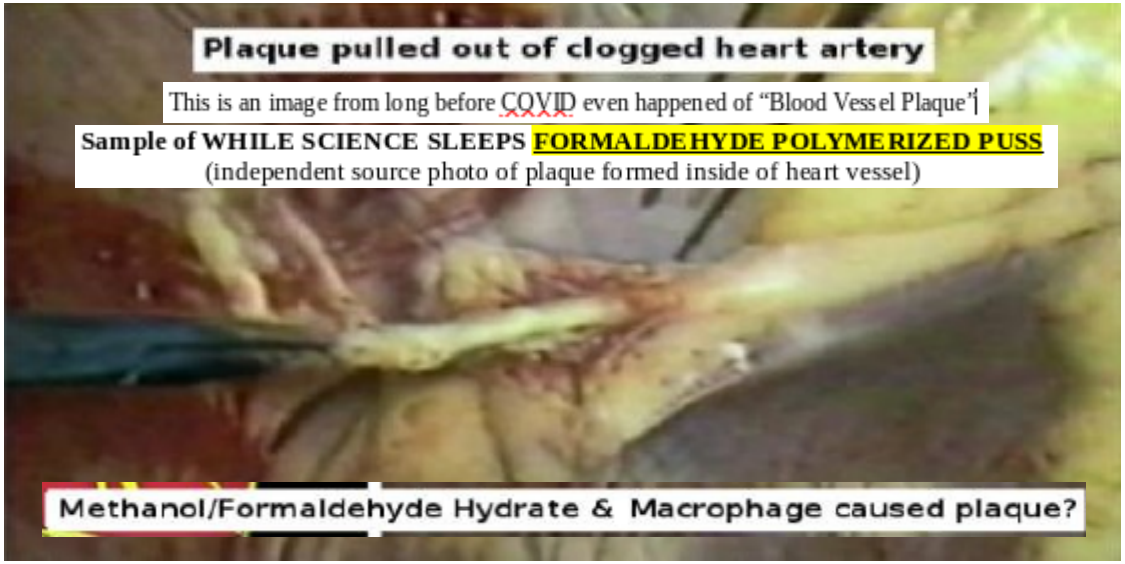
The clots start out like normal clots (the dark end) and then turn into the white material which is far more durable than a clot and is something they have never seen before. It is clear the DNA vaxxes are programming the body to produce this material which plugs up all areas where blood moves slowly, or "pools" with this material, which when it breaks loose causes instant death heart attacks and strokes. *[Edit - Clots do not need to break loose]*

This "clot" had to be removed through a vein in the groin region and was the full length of the leg down to the ankle. It was tough enough to stay in one piece.

People in the medical community who are pushing the shots need to look at this and decide where their morals are. The video this was taken from is HERE and this is shown before the three minute mark so you won't have to wait long to see it. There are other similar images presented throughout the video.

Image from this 1st Video Link found: * HERE * - https://www.bitchute.com/video/uWZucDetxS4T/

Original Story From: Source http://82.221.129.208/1/.tq3.html (updated since with the 02-12-2022 Steve Kirsch Interview)!



COMPARE THAT ABOVE to this BELOW (notice the WHITE stuff)…

This image shows what ALL the embalmers are seeing now - huge clots of a type they have never seen before the vax, which have to be removed before they can pump the embalming fluid in. These are now appearing in over half the people they are embalming.

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Image from this 1st Video Link found: * HERE * - https://www.bitchute.com/video/uWZucDetxS4T/ Original Story From: Source http://82.221.129.208/1/.tq3.html (updated since with the 02-12-2022 Steve Kirsch Interview)!

1st – Read chapter 7 of Dr Woodrow Monte's book titled "WHILE SCIENCE SLEEPS"… THEN think! OK, NOW add some METALS and other RUBBISH (that due to DIET etc is just floating around in the BLOOD). That RUBBISH then logically might stick or get embedded in the SPIKE protein caused foamy inflammation PUSS-like stuff before IT HARDENS - think of a white paint brush that you put down in gravel (sticks) - if it hardens you have a MASS of paint & gravel (add new layers)? What if the blood's "other stuff" gets embedded in the PUSS WHITE SHIT. that Hardens to become STRINGY/RUBBERY LONG (with metals, etc) Vaxxx caused AMYLOID CLOTS? As is seen in the clots when looked at closely by MIKE ADAMS (in microscopy)? Trapped clot metals, in WHITE formaldehyde (hydrate) caused polymer?

Mike Adams Microscopy Pics Below

(magnification 20x)

(magnification 200x)

(magnification 200x)

BELOW are the first 2 pages of Dr Woodrow Monte's book "WHILE SCIENCE SLEEPS, a sweetener kills" about METHANOL. The appearance of the vessel plaques in CHAPTER 7 – ironically look the same (WHITE) as the solid/rubbery CLOTS that embalmers are showing us that they say showed up after the COVID Vaxxx roll out (since Jan 2021 it seems)? Per WSS book - wonder if the SPIKE PROTEIN "inflammation" can also be polymerized into the CLOTS that are shown by the embalmers? **THE CLOTS for both - are solid/rubbery & can be pulled intact from vessels.**

From book titled: WHILE SCIENCE SLEEPS by Dr Woodrow Monte (2012)

Chapter 7

Atherosclerotic Cardiovascular Disease (Heart Disease)

It has been thirty years since the U-shaped curve of alcohol consumption was trepidatiously berthed and set afloat in the backwaters of the river of collective scientific knowledge. To this day the healing power of ethanol has yet to find either explanation or, more importantly, exploitation. The most significant curative force to come from over a hundred years of scientific investigation of the horror of heart disease has taken a back seat to a taboo born of temperance, prohibition and the need to protect the unprotectable from their own destinies. This is an impossible scenario and will stand in the eyes of history as an inexcusable blunder done in the name of God by those who practice medicine... while science sleeps.

The major causes of death in the developed world [582] are the diseases that we will be discussing in this chapter, commonly called the atherosclerotic cardiovascular diseases (ACD). The ACD all derive from one identical cause: the remarkable migration of macrophages, microsomes and low density lipoproteins (LDL) to a sweet spot lying between two very thin layers of the human arterial wall. Our compelling interest here is the little known fact that this area of the arterial lining is where over 97% of all the ADH in the circulatory system of the human body can be found,[320] making these sites capable of producing formaldehyde from methanol. The U-shaped curve of alcohol consumption tells us that the incidence of atherosclerosis often doubles in populations who refrain from consuming any alcohol, which could have prevented this conversion. Cigarette smoking, a major source of methanol, is one of the established major risk factors for coronary heart disease. "Unequivocal proof has been provided for the important role of smoking in the etiology of premature severe atherosclerotic disease and its clinical sequelae."[470] Add to this the proven fact that methanol's only antidote is ethanol, and the thoughtful mind is drawn to the obvious.

At this point, those of you who have read this book carefully will be able, on your own, to piece together the cause of atherosclerotic cardiovascular disease (ACD), with the exception of the involvement of the LDL. But please read on, as the LDL issue will be a fascinating addition to your growing knowledge of how methanol kills while science slumbers.

The One Unifying Factor of All ACD

The atheroma (Greek for "lump of gruel") is both the namesake and the mother of those diseases which make up the ACD which include atherosclerosis, coronary heart disease, stroke and heart attack. The atheroma is best described as a pus- and cholesterol-filled pimple of the artery wall that requires many years to develop. Its presence initiates an easily understood group of catastrophic events, ultimately causing damage through the obstruction and blockage of the arterial plumbing that is the direct source of the life-giving blood flow to the body. We will go over the nomenclature of these closely related phenomena so that you can more easily read the vast literature of this disorder if you so chose.

The following terms can be confusing: *arteriosclerosis* is a general term describing hardening of the arteries (from the Greek arteria, meaning artery, and sclerosis, meaning hardening); *atherosclerosis* is a hardening of an artery specifically due to an atheroma. The term *atherogenic* is used for substances or processes that cause atherosclerosis.

The atheroma is a swelling within the artery walls that is made up of an accumulation of macrophage cells (white blood cells) that have consumed too many LDLs, turned into foam cells and died. The swelling is found between the endothelium intima lining and the media of the artery. While the early stages have

traditionally been called fatty streaks by pathologists, they are actually accumulations of macrophages that have taken up oxidized low-density lipoprotein (LDL). When foam cells die, their contents are released, which attracts more microsomes, which then turn into macrophages and make things worse. Over time, this process results in a thick core made up of the cholesterol from the LDLs in the center of each atheroma. The outer, older portions of the atheroma become calcified and more physically stiff over time, producing what is called atherosclerotic plaque. This plaque is reminiscent of the perivascular plaque found in the brain during multiple sclerosis.

The process of atheroma development within an individual is called *atherogenesis*. Macrophages are well known to cause swelling and inflammation in response to a bacterial infection; however, atherosclerosis is a germ-free inflammation that develops within the walls of an artery with no invading microorganism present. What makes the atheroma even more unusual is the presence of large numbers of LDLs.[582] Coronary heart disease (CHD) is atherosclerosis specifically of the coronary arteries that supply blood to the heart muscle itself. CHD is the underlying cause of both heart attacks and stroke. When an atheroma blocks blood flow to the heart muscle, the result is a heart attack. When an atheroma from anywhere in the circulatory system becomes too big it can rupture, acting to block blood flow when its contents spill out and travel to the brain. This rupture can generate blood clots that stop blood flow to the brain, thereby causing a stroke. These four manifestations of atheroma production are responsible for more deaths than any other human disease. Atheroma continues to be the number one underlying basis for all civilized human disability and death.[583]

The Long Slow Progression from Atheroma to Full-Blown Heart Disease

Atherosclerosis can show absolutely no symptoms for decades. As the atheroma slowly increases in size within the artery it produces no discomfort or pain. Its growth will eventually cause two serious problems. First, artery enlargement, called an aneurysm, compensates for the extra wall thickness without reducing the flow of blood. Eventually, however, atheroma grows large enough to limit blood flow. This narrowing is then made much worse as the result of a rupture of the atheroma and the formation of blood clots within the artery. The clots that don't kill eventually heal and usually shrink, but leave behind a permanent narrowing of the artery, or worse, complete closure and, therefore, an insufficient blood supply to the tissues and organ it feeds.

These complications of advanced atherosclerosis are chronic, slowly progressive and cumulative. Most commonly, a soft plaque pimple (atheroma) suddenly ruptures, causing the formation of a clog (thrombus) that will rapidly slow or stop blood flow, leading to death of the tissues fed by the artery within minutes. This catastrophic event is called an infarction. One of the most common scenarios is called coronary thrombosis of a heart artery, causing myocardial infarction (a heart attack). Even worse is the same process in an artery to the brain, commonly called a stroke.

Another common scenario in very advanced disease is insufficient blood supply to the legs, typically due to a combination of both atheroma growth and arteries narrowed with clots. Since atherosclerosis is a body-wide process, similar events occur also in the arteries to the brain, intestines, kidneys, legs, etc.

Some Necessary Background

How the Circulation Works

Laboratory supply houses of all sorts were my favorite mail order venue when I was a teenager. They were my Amazon.com of that day and it was through them that I would purchase the chemicals and other supplies that I needed to stock my laboratory. The lab consisted of a sturdy little building that my father built for me among the trees far enough from our home to prevent any of my experiments from disrupting the peace, quiet

Read book's Chapter 7 (34pg) - Blood Vessel Methanol/Formaldehyde details…!

See Page 171 – YALE et al - knew nothing about this danger of METHANOL
At least until this was shown in this paper (in early 1960s)
100% PROOF (1961) FORMALDEHYDE damages MITOCHONDRIA FUNCTION…!

Badenhuizen, N. P. & Dutton, R. W. (1956). *Protoplasma*, **47**, 156.
Banks, W. (1960). Ph.D. Thesis: University of Edinburgh.
Banks, W. & Greenwood, C. T. (1959). *Biochem. J.* **73**, 237.
Banks, W. & Greenwood, C. T. (1961). *Chem. & Ind.* p. 714.
Banks, W., Greenwood, C. T. & Jones, I. G. (1960). *J. chem. Soc.* p. 150.
Banks, W., Greenwood, C. T. & Thomson, J. (1959). *Makromol. Chem.* **31**, 197.
Clendenning, A. L. & Wright, D. E. (1945). *Canad. J. Res.* **23** B, 131.
Cowie, J. M. G. (1958). Ph.D. Thesis: University of Edinburgh.
Erlander, S. R. (1960). *Cereal Chem.* **37**, 81.
Greenwood, C. T. (1960). *Stärke*, **12**, 169.
Greenwood, C. T. & Thomson, J. (1959). *J. Inst. Brewing*, p. 346.
Greenwood, C. T. & Thomson, J. (1960). *Chem. & Ind.* p. 1110.
Harris, S. & MacWilliam, I. C. (1958). *Cereal Chem.* **35**, 82.
Hassid, W. Z. & McCready, R. M. (1943). *J. Amer. chem. Soc.* **65**, 1154.
Jones, I. G. (1959). Ph.D. Thesis: University of Edinburgh.
Kellenbarger, S., Silveira, V., McCready, R. M. & Chapman, J. L. (1951). *Agron. J.* **43**, 337.
McConnell, W. B., Mitra, A. K. & Perlin, A. S. (1958). *Canad. J. Biochem. Physiol.* **36**, 985.
McCready, R. M., Guggolz, J., Silveira, V. & Owens, H. S. (1950). *Analyt. Chem.* **22**, 1156.
MacWilliam, I. C., Hall, R. D. & Harris, G. (1956). *J. Inst. Brewing*, p. 226.
Mikus, F. F., Hixon, R. M. & Rundle, R. E. (1946). *J. Amer. chem. Soc.* **68**, 1115.
Potter, A. L., Silveira, V., McCready, R. M. & Owens, H. S. (1953). *J. Amer. chem. Soc.* **75**, 1335.
Scheraga, H. A. & Mandelkern, L. (1953). *J. Amer. chem. Soc.* **75**, 179.
Schoch, T. J. & Williams, C. B. (1944). *J. Amer. chem. Soc.* **66**, 1232.
Senti, F. R. & Dimler, R. J. (1959). *Food Tech., Champaign*, **63**, 663.
Whistler, R. L. & Thornberg, W. L. (1957). *J. agric. Food Sci.* **5**, 203.
Wolf, M. J., MacMasters, M. M., Hubbard, J. E. & Rist, C. E. (1948). *Cereal Chem.* **25**, 312.
Wolff, I. A., Hofreiter, B. T., Watson, P. R., Deatherage, W. L. & MacMasters, M. M. (1955). *J. Amer. chem. Soc.* **77**, 1654.
Zimm, B. H. (1948). *J. chem. Phys.* **16**, 1093.

Biochem. J. (1962) **82**, 164

Biochemistry of Methanol Poisoning

4. THE EFFECT OF METHANOL AND ITS METABOLITES ON RETINAL METABOLISM*

BY M. M. KINI† AND J. R. COOPER‡
Department of Pharmacology, Yale University School of Medicine, New Haven, Conn., U.S.A.

(*Received 6 April* 1961)

YALE UNIVERSITY SCHOOL OF MEDICINE
April 6, 1961

Quote:
It is generally accepted that formaldehyde is the toxic agent in methanol poisoning!

Methanol poisoning in man, a problem of considerable toxicological interest, is characterized by an initial stage of depression of the central nervous system, which is followed by metabolic acidosis and the specific toxic effect of the oxidation product(s) of methanol on retinal cells which leads to visual degeneration. It has been claimed that swelling of the retinal ganglion cells and the rods and cones, with sparing of the optic nerve and tract, is commonly seen in human cases of methanol poisoning (Fink, 1943; Duke-Elder, 1954). However, very little information is available on the biochemical aspects of this lesion.

It is generally accepted that formaldehyde is the toxic agent in methanol poisoning. The long asymptomatic latent period of 8–36 hr. and the beneficial effects of administered ethanol, which probably acts by inhibiting the oxidation of methanol (Roe, 1946), indicate that a metabolite of methanol is probably responsible for the various manifestations of poisoning. Further support for this contention comes from the observation that formaldehyde is an extremely potent inhibitor of respiration and glycolysis in ox retina; formate exercises only weak respiratory inhibition, and methanol has no effect even at a concentration of 20M (Leaf & Zatman, 1952; Potts & Johnson, 1952). These observations on the relative magnitude of effects of methanol and its oxidation products on the metabolism of the retina *in vitro* have been corroborated by studies on the electroretinogram (Praglin, Spurney & Potts, 1955). Potts & Johnson (1952) observed that the enzymic process most susceptible to formaldehyde inhibition was anaerobic glycolysis and stated that the specific site of inhibition is the retinal hexokinase.

Cooper & Marchesi (1959) found that formaldehyde inhibited aerobic glycolysis in ox retinal homogenates with glucose as the substrate, but not

* Part 3: Kini & Cooper (1961).

† Post-doctoral Fellow, Yale University School of Medicine.

‡ Senior Research Fellow of the U.S. Public Health Service.

The methanol (CH3OH) formic acid toxic agent as the poison... MYTH IS BUSTED! Yale Medical School had it right (per the below #113 research) "FORMALDEHYDE is the toxic agent in Methanol Poisoning"! http://www.whilesciencesleeps.com/pdf/113.pdf
#113. Kini M, Cooper J. Biochemistry of Methanol Poisoning; The Effect of Methanol and its Metabolites on Retinal Metabolism. Biochemical Journal 1962;82:164.

PAGE 171 – ATP at MITOCHONDRIA DISABLED BY FORMALDEHYDE

only a secondary effect. The work of Bernheim (1951) on the action of formaldehyde on rat-liver homogenates indicated that it affected succinoxidase, but not cytochrome oxidase; however, the concentrations of the toxic agent that he employed were considerably higher (6·2 mM) than those used in our experiments. The results of Lehninger (1960) suggest, by direct studies on ADP–ATP exchange and the ATP–$^{32}P_i$ exchange, that dinitrophenol causes a removal of the hypothetical high-energy phosphorylated intermediate. Our results suggest that formaldehyde and dinitrophenol act at different sites and indicate the presence of at least two intermediates in the reactions occurring during phosphorylation. The single site of action of formaldehyde that would account for our experimental findings is reaction (2) in the scheme of oxidative phosphorylation formulated by Slater & Hülsmann (1959):

$$A \sim I + X \rightleftharpoons X \sim I + A.$$

This equation involves the transfer of energy contained in the energy-rich compound A~I, formed during electron transfer between AH_2 and B the two adjacent members of a phosphorylative step in the respiratory chain, to a second hypothetical intermediate X, giving X~I. Respiration will be maintained only if the two hypothetical intermediates, X and I, are continuously regenerated. This is effected by P_i and ADP leading to the synthesis of ATP.

Whatever the definitive site of inhibition of formaldehyde on retinal metabolism may be, formaldehyde is a potent inhibitor of the synthesis of ATP in isolated mitochondria; as a result of what appears to be a secondary effect, the cellular respiration is depressed. In support of these conclusions, we have observed that formaldehyde at concentrations that reduced phosphorylation in mitochondria also markedly lowered the incorporation of $^{32}P_i$ into the phospholipids of the intact retina, an ATP-dependent process (Kini, King & Cooper, 1961). The relevant question is, are these results, obtained *in vitro*, consonant with the morphological organization of the retina and do they clarify the mechanism involved in the pathogenesis of methanol poisoning? Electron microscopy of rods in the retina (Sjostrand, 1953; DeRobertis, 1956) has shown a dense aggregation of slender long mitochondria, the so-called ellipsoids, in the inner rod segments. Although the role played by ATP in the transmission of the visual impulse is unknown, the close topographical arrangement between the centres concerned with visual excitation and the mitochondria in the rods and cones suggest that ATP or one of the high-energy intermediates involved in the phosphorylating mechanism may be intimately connected with the energy involved in this process. Interference by formaldehyde ultimately would cause a degeneration of the retinal cells concerned with vision and thus would lead to blindness. Hubbard & Wald (1951) showed that the formation of rhodopsin from opsin and vitamin A_1 alcohol proceeds maximally only when the system is coupled with a succinoxidase preparation from ox heart which oxidized DPNH to DPN$^+$.

Histochemical analysis of both human and rabbit retina (Kuwabara & Cogan, 1960) showed that maximal tetrazolium reduction by substrates such as pyruvate, α-oxoglutarate or succinate could be shown in the ellipsoids of rods and cones, whereas these activities were characteristically absent in the ganglion and neuronal layers of the retina, which, instead, exhibited the 'lactate–DPN' type of activity. This might be expected on the basis of the studies of Sjostrand (1953) and DeRobertis (1956) on the distribution of mitochondria in the retina. Hubbard & Wald (1951) have demonstrated that retinene reductase in the rods and cones is probably identical with liver alcohol dehydrogenase. Since alcohol dehydrogenase is the physiological mechanism catalysing the enzymic oxidation of methanol to formaldehyde (Kini & Cooper, 1961), it might be inferred that the production of the toxic agent actually takes place *in situ*. The retina also contains a specific formaldehyde dehydrogenase that catalyses the further oxidation of the toxic agent to formic acid (Kinoshita & Masurat, 1958).

The fatal dose of methanol in man is about 65 g. (Hunter & Lowry, 1956), although Duke-Elder (1954) quotes a case in which blindness occurred after the ingestion of one teaspoonful of methanol. Methanol, like ethanol, is known to become distributed uniformly in the body (Yant & Schrenk, 1937). Assuming that water represents 70 % of the body weight, ingestion of 65 g. of methanol by a 70 kg. man would result in a concentration in the body fluids of 0·042 M. Thus the amount of formaldehyde employed in our experiments appears to be pharmacologically reasonable. The action of formaldehyde in reducing oxidative phosphorylation may be just an extension of the findings of Beer & Quastel (1958) on the inhibitory effect of aliphatic aldehydes such as acetaldehyde on brain mitochondrial respiration. However, it was found that acetaldehyde (up to 5 mM) inhibited neither the respiration nor the efficiency of coupled phosphorylation in ox retinal mitochondria (M. M. Kini, unpublished observations), an observation in agreement with the work of Walkenstein & Weinhouse (1953) with liver mitochondria. Thus the toxic effect of formaldehyde on retinal metabolism seems to be a fairly specific one. If we accept the criteria laid down by Welch & Bueding

ATP DISABLED

IMPORTANT IN SITU PROOF

Note that Methanol becomes Formaldehyde at Alcohol Dehydrogenase (ADH1)
IN SITU – In Bio-engineering, or medical, the term means "exactly where it is, not being moved to another medium or location" Formaldehyde is produced right there causing damage!

Link: **http://www.whilesciencesleeps.com/pdf/113.pdf**

#113. Kini M, Cooper J. Biochemistry of Methanol Poisoning; The Effect of Methanol and its Metabolites on Retinal Metabolism. Biochemical Journal 1962;82:164.

Methanol A Chemical Trojan Horse (Google or Click to read the full (PDF) article)

http://www.whilesciencesleeps.com/pdfs/(586)Monte,%20WC.%20Methanol;%20A%20chemical%20Trojan%20horse%20as%20the%20root%20of%20the%20inscrutable%20U.%20Medical%20Hypotheses%202010;74(3)%20493-6%20(1).pdf

This poison is found in some foods that we eat (NOT JUST IN PROCESSED FOOD) read the list in the diet below...

Clicky – Avoid Methanol with Monte Diet -found here: http://www.whilesciencesleeps.com/monte-diet/

WHY? Read "WHILE SCIENCE SLEEPS" a book by Dr Woodrow Monte Ph.D

And, for the same info, with slideshow - here's a couple of videos of lectures on Methanol - at this url:
http://www.whilesciencesleeps.com/media/

Watch 1st - "MS - End of Story !" https://www.youtube.com/watch?v=4TrXWiwgXJc&list=PL2E293BD77FA2B8E2
Watch 2nd - "Methanol Aspartame Poisioning" https://www.youtube.com/watch?v=VrTAsQGLFP8&list=PL717BFA7373335D1C
Watch 3rd - "Alzheimer's Stops Here" https://www.youtube.com/watch?v=g_A4Te2MOkc

"In the past thirty years, a group of diseases has reached epidemic proportions in the United States and many other countries.

> **These afflictions, often collectively referred to as diseases of civilization (DOC), include multiple sclerosis, arteriosclerosis, heart disease, stroke, rheumatoid arthritis, lupus erythematosus, &** per methanol *lecture link* (methylation), many **cancers (incl breast & melanoma), Alzheimer's, &Autism (**a once rare birth defect)

Because the incidence of these diseases has increased gradually over three decades, we are inclined to accept this as a natural, if unfortunate, part of modern life. But such a lethal trend is not natural; **the changes that we have witnessed over the last generation are unprecedented in the history of medical science**". Until 200 years ago, methanol was an extremely rare component of the human diet and is still rarely consumed in contemporary hunter and gatherer cultures. http://www.whilesciencesleeps.com

Below – by Woodrow C. Monte PhD, RD Professor Emeritus of Food Science and Nutrition, Arizona State University Presented to the Southland MS Society March 29-30, 2010.

Methanol: Where Is It Found? How Can It Be Avoided?

AVOID the following, ranked in order of greatest danger: Note: The chemical name for methanol is CH3OH

1. Cigarettes. (Note: burning pectin, tobacco, marijuana, wood, peat, etc - all produces CH3OH)
2. Diet foods and drinks with aspartame (over 6000 products contain aspartame).
3. Fruit and vegetable products **and their juices**, found in bottles, cans, or pouches.
4. Jellies, jams, and marmalades not made fresh and kept refrigerated.
5. Black currant and tomato juice products, fresh or processed.
6. Tomato sauces, unless first simmered at least 3 hours with an open lid.
7. Smoked food of any kind, particularly fish and meat.
8. Sugar-free chewing gum.
9. Slivovitz: You can consume one alcoholic drink a day on this diet—no more!
10. Overly ripe or near rotting fruits or vegetables.

**[2013 Edit - at end of the list below, is a warning about Pectin contained in Vinegar(s) and a Methanol possibility]?

Cigarette and cigar smoke: Cigarette smoke, a major source of methanol, has been conclusively identified as a direct cause of multiple sclerosis. (Note: Burning pectin & tobacco, marijuana, wood, peat, etc - all, produces CH3OH and FORMALDEHYDE).

Methanol in the food supply: Absent in all but a handful of foods, methanol does not appear in the primitive diet of the Pleistocene and is almost unheard of in the diet of present-day foragers. Its presence is insignificant in most major human food staples such as milk, cheese, fish, meat, eggs, fresh vegetables, beans, and any of the many grains or grain products. The few foods listed below contain methanol and should be avoided.

Canned, bottled, jarred, and aseptically packaged fruits, vegetables, and their juices: *Canning fruits and vegetables increases methanol by staggering amounts.* While there is probably nothing better than consuming a glass of fresh squeezed juice, canned or bottled versions of juice destroy its original nutritional benefits. This warning about any canned fruit or vegetable holds true for home-canned products as well as those commercially produced. Fresh fruit juice is juice you make yourself or watch someone else make. With its live native yeast and bacteria, and little or no methanol, it is the only healthy option. ***Juice that is bottled or aseptically packaged in a box or pouch, typically with a straw, is a bad choice.*** Any container, including jars, can be used for freezing, the best way to preserve fresh fruits, vegetables, or juice until consumed, although refrigeration for a week is

permitted. If your only choice is a glass of water or a processed fruit juice in a bottle, box, pouch, or can, water is the far more prudent selection. ***[READER NOTE: there is research showing that serving of tomato juice products has 4-6 times more methanol than an aspartame sweetened soda http://andevidencelibrary.com/topic.cfm?cat+4089&auth=1 - (tried to show how dietary methanol is safe). Dr Monte totally rejects that research, as he has different results & has not reviewed their methods!***

Bad news about black currants and tomatoes: In only two fresh fruits is the methanol content high enough to warrant avoidance. *Black currant juice is dangerously high in methanol, and abstaining would probably not present any great hardship. The tomato is also naturally high in methanol.* The next section explains some European culinary means of removing methanol from tomatoes, thus restoring tomato sauce as a safe choice on your menu. There is no reason not to indulge in the occasional slice of uncooked tomato in a salad or on a cheeseburger, since it takes two full-size tomatoes to produce the methanol in a can of diet soda. Let moderation be your guide. **[READER NOTE: If pregnant, then any methanol is very bad for a developing fetus].**

The Italian and French exception: Long, slow cooking with the lid ajar: "What about canned tomatoes? How can I live without pasta sauce?" you ask with dismay. Before the introduction of diet soda twenty-five years ago, Italy had an extremely low incidence of MS, even though Italians consume per capita more canned tomatoes than any other world population. The explanation for this is enlightening. ***Even though canned tomatoes have enough methanol to raise serious concern, you can make them safe by doing exactly what the Italians have been doing ever since Columbus introduced them to tomatoes from the New World—simmer the hell—or, in this case, the hellish methanol—out of the sauce*.** Italian moms typically empty cans of crushed and diced tomatoes in the saucepan early in the morning, simmering the sauce for at least three hours as it develops flavor and thickness. Hours of simmering with the cover slightly ajar leaves methanol, an alcohol whose boiling point is much lower than water, undetectable in tomato sauce.

Aspartame—a very big no! Every molecule of the artificial sweetener NutraSweet, a.k.a. Equal, or Canderel, 951, or aspartame, turns into a molecule of methanol. Aspartame is 11% methanol by weight and has been the civilized world's most significant source of dietary methanol since the late 1980s. Consume no diet soda or any other diet food.

Smoked foods: Fish and meats are traditionally smoked by long, slow exposure to the condensation products of heated wood or wood chips in the exact manner one would manufacture methanol, also called wood alcohol. A fire purposely set to produce smoke simultaneously liberates large amounts of methanol. The way food is conventionally smoked in countries like Scotland and Ireland produces excellent flavor but extremely high methanol, particularly if peat is used to generate the cooking heat, since peat smoke contains up to three times more methanol than wood smoke. It is, therefore, no coincidence that in countries where you find the highest incidence of multiple sclerosis, you also find these traditional methods of food processing that can result in large methanol dosing.

> **Scotland, where traditionally smoked food is often consumed at every meal, has the highest incidence of MS anywhere in the world**. The Faroe Islands were settled by the same basic stock of people, but because there is little wood and no peat in this location, air drying is used to preserve fish and meat. This may help explain why multiple sclerosis was never recorded there until the English navy introduced cigarettes and canned fruits and vegetables during the Second World War.

Liquor: Slivovitz or schnapps made from rotting fruit: Frugal European farmers often retrieve the fruit that falls to the ground, storing it in vats until the end of the season when it is processed into a strong distilled alcoholic liquor that goes by many names. The problem here is that spoiled fruit is often contaminated by bacteria that release methanol from pectin.

Re: Methanol found in Vinegar? 2013 Edit - Special note: **Dr Monte does not support the below methanol in vinegar research at this time (as he has not tested it in a lab)**. Per an email from Dr Monte - **"that if anyone was concerned, to use white vinegar made up of only acetic acid and water "**.

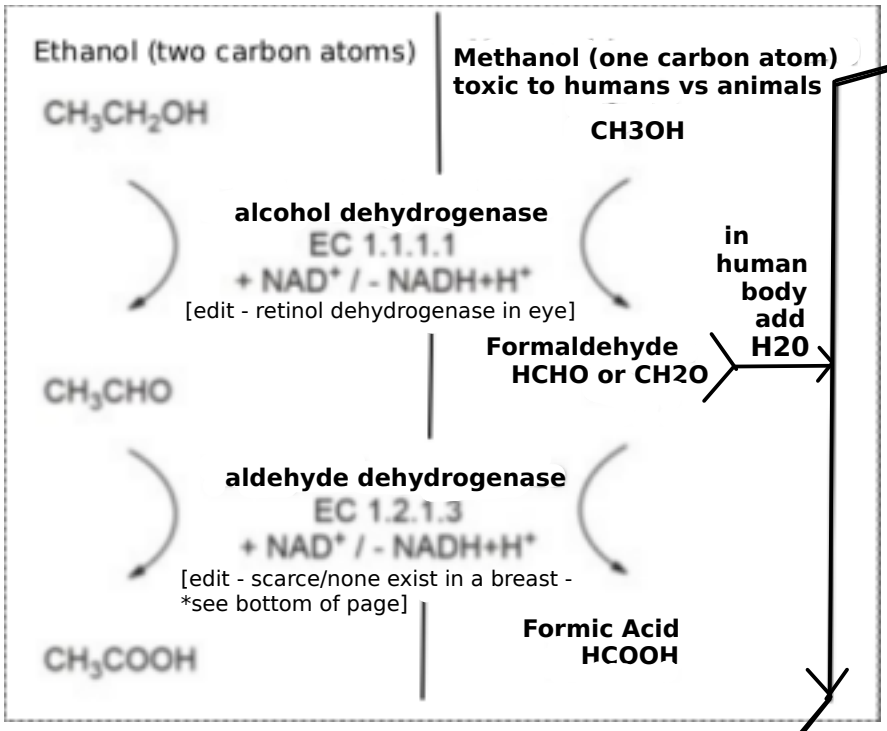
Methanol in Vinegar research, by J. González-Rodríguez, P. Pérez-Juan, and M.D. Luque de Castro - is at this url: http://www.academia.edu/1160872/Sequential_spectrophotometric_determination_of_methanol_and_iron_in_vinegar_by_a_flow_injection-pervaporation_method

The research states: "Methanol is always present in vinegar; it is not formed by the acetification process but exclusively by enzymichydrolysis of the methoxyl groups of pectin during wine fermentation [1]. The methanol content depends on the extent to which solids from grapes, especially the skin, **which has a high pectin content**, are macerated. **Vinegar from red wines has a higher concentration of methanol than white wines.** The toxicity of methanol is well-known – following ingestion, it is oxidized, producing formaldehyde and formic acid...". "The dangerous levels is LD 50 =350 mg Kg -1 [1]. " ***Note: The best resource to use to understand the current state of the research about how methanol causes human diseases is the "While Science Sleeps" book published in 2012 by Dr Monte Ph.D that is about the dangers of Methanol & Formaldehyde to humans! FYI - since 2012 there is Alzheimer's news in 2014. There is also unpublished Autism and other news (due to all human Voltage Gated Calcium Ion channels being affected by HO-CH2-OH)!***

For more truthful/scientific Methanol info & articles, visit http://www.whilesciencesleeps.com/ where you will also find – HTML link to Chapter 12 (Methanol & Autism) of "While Science Sleeps", here is a link to PDF file to Chapter 12 , and, the PDF file to Chapter 9 about - Multiple Sclerosis!

Buy the book, or these PDFs can be found at the http://www.whilesciencesleeps.com/ (Autism and Multiple Sclerosis specific areas).

Excerpts From: "Toxicology and the biological role of methanol and ethanol: Current view" - by Miroslav Pohanka & "Formaldehyde, formalin, paraformaldehyde and glutaraldehyde: What they are and what they do." by John A. Kiernan, Quotes below: ***"Misconceptions are widespread also about formalin and paraformaldehyde, the commercial products from which formaldehyde-containing solutions are made."***



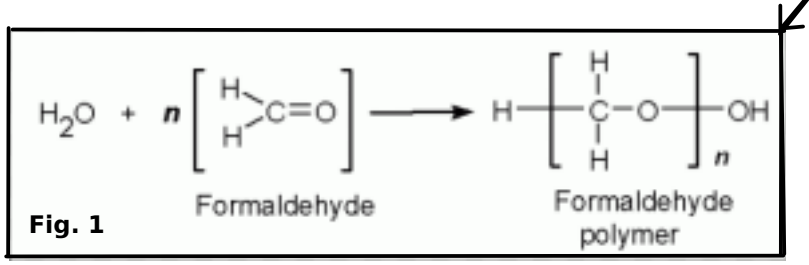
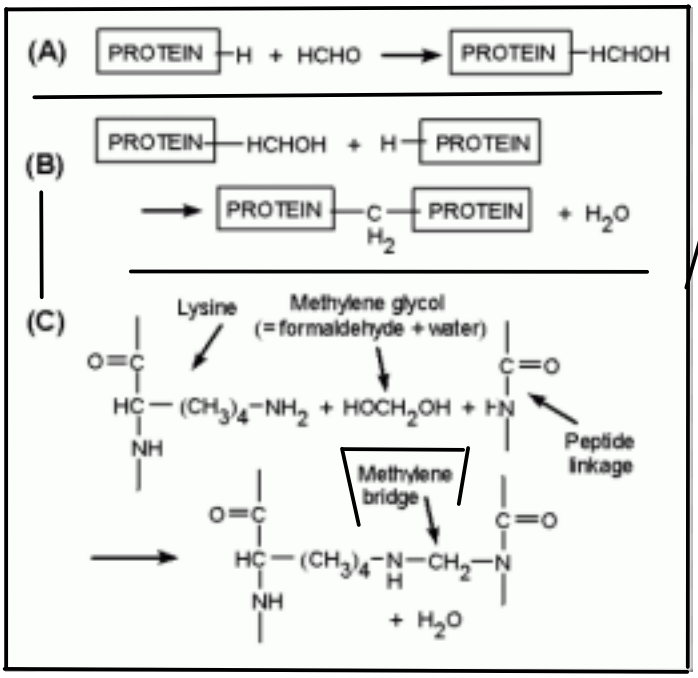


Fig. 1

Methylene (Formaldehyde) Hydrate HO-CH2-OH [CH2(OH)2]

Formation of formaldehyde polymers: Formaldehyde is a gas. Its small molecules (HCHO, of which the -CHO is the aldehyde group) **dissolve rapidly in water, with which they combine chemically to form methylene hydrate, HO-CH2-OH.** This is the form in which formaldehyde exists in aqueous solutions; its chemical reactivity is the same as that of formaldehyde. Methylene hydrate molecules react with one another, combining to form polymers (Fig. 1). The liquid known as formalin contains 37-40% of formaldehyde and 60-63% of water (by weight), with most of the formaldehyde existing as low polymers (n = 2 to 8 in the formula given in Fig. 1). Higher polymers (n up to 100), which are insoluble, are sold as a white powder, paraformaldehyde.



Reactions involved in fixation by formaldehyde. **(A)** Addition of a formaldehyde molecule to a protein. **(B)** Reaction of bound formaldehyde with another protein molecule to form a methylene cross-link. **(C)** A more detailed depiction of the cross-linking of a lysine side-chain to a peptide nitrogen atom."

"Formaldehyde penetrates tissues quickly (small molecules), but its reactions with protein, especially **cross-linking, occur slowly**."

"Nuclear chromatin, which contains DNA and strongly basic proteins, is also coagulated by the solvent, forming a pattern of threads, lumps and granules." "(After adequate formaldehyde fixation, chromatin displays a remarkably even texture, also of little diagnostic value but possibly closer to the structure of the living nucleus.)"

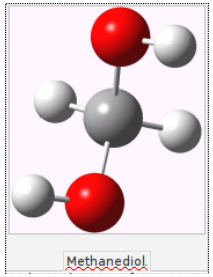
***See: http://www.whilesciencesleeps.com/pdf/216.pdf (for aldehyde dehydrongenase in a human breast)**

https://www.ch.imperial.ac.uk/rzepa/blog/?p=6401 Henry Rzepa - **Chemistry with a twist**

Spotting the unexpected. The hydration of formaldehyde.

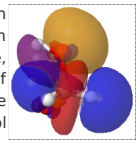
March 12th, 2012

0000-0002-8635-8390 **CH2O + H2O(water) = CH4O2 = "FORMALDEHYDE POLYMERS"**



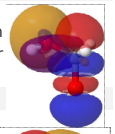
In my previous post I speculated why bis(trifluoromethyl) ketone tends to fully form a hydrate when dissolved in water, but acetone does not. Here I turn to asking why formaldehyde is also 80% converted to methanediol in water? Could it be that again, the diol is somehow preferentially stabilised compared to the carbonyl precursor and if so, why?

The lowest energy geometry is shown above. Conspicuously, it does not form an intramolecular O-H...O hydrogen bond, but adopts a C_2-symmetric form. NBO analysis for this geometry reveals two interactions larger than the rest. The first, shown below, involves overlap of an oxygen lone pair (Lp) donor orbital with a C-H acceptor (purple+blue, orange-red), and this is worth E(2) 6.1 kcal/mol (there are two of these). Unfortunately, the analogous NBO interaction in acetone itself originating from a C-Me bond as acceptor is 6.3 kcal/mol and so this interaction does not differentiate between the two.



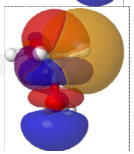
NBO interaction between O Lp and a C-H acceptor. Click for 3D

The larger NBO interaction of E(2) = 16.9 kcal/mol arises from the same donor orbital interacting with the C-O acceptor (the presence of the more electronegative oxygen accounts for it being the better acceptor). In acetone however, this too has the high value of 16.8 kcal/mol.



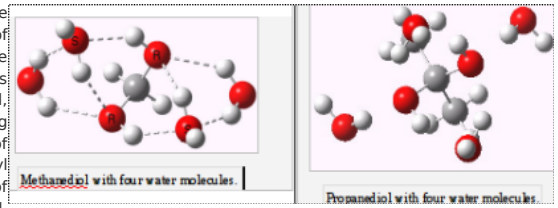
NBO interaction between Oxygen Lp and C-O acceptor. Click for 3D.

Another possible interaction might be from a H-C donor to a C-O acceptor. But as you can see below, the positive overlap (red+orange) is matched by the negative overlap (orange+blue) and this interaction turns out to be insignificant.



interaction between a C-H donor and a C-O acceptor.

We have to seek elsewhere for differentiation between formaldehyde and acetone. To do this, I have added four explicit water molecules as solvent, and looked at the free energies of diol formation from the carbonyl (wB97XD/6-311G(d,p)/scrf=water).



The water molecules combine with the methanediol to form an elegant lattice of hydrogen bonds, involving two rings of three oxygens and one ring of four oxygens. This compact motif is less stable for propanediol, which instead prefers a structure forming fewer hydrogen bonds, largely because of the presence of the hydrophobic methyl groups. The result is that the free energy of hydration of formaldehyde to the diol, assisted by hydrogen bonds formed to four water molecules, is exothermic at -1.2 kcal/mol, whereas that for acetone is endothermic at +7.5 kcal/mol. As with most things water, a proper stochastic exploration of all the possible configurations of the hydrogen bonds is necessary for a definitive explanation. But it does seem that a probable theory for why formaldehyde readily forms a diol whereas acetone does not lies not so much in stereoelectronic donor-acceptor interactions but in the hydrogen bonds set up in the solvated diol.

Comment - "The important contributions of the hydration of the product is convincing. **This could also answer, why formaldehyde is hydrated to >99.9% in solution** (see comment below), but **still it is impossible to isolate the hydrate CH2(OH)2 in pure form (evaporation produces CH2O + H2O). The stability of the hydrate is connected to the hydration shell!..."**

See the above Url for more detailed comments (and the rest of this comment)

Re: Still a question -Re: Key Question--- Re Formaldehyde Hydrate CH2(OH)2

Monday, January 28, 2019 12:04 AM

From: "Woodrow Monte" <woodymonte@gmail.com>
To: "CE ST MOI MY"

I spent a lot of time in the book trying to get people to visualize the scale of the cell and how small methanol and formaldehyde really are. You have to understand this before you can understand anything else. When formaldehyde is made in the cytosol of the cell there is little chance of there being any formaldehyde dehydrogenase anywhere near where it is produced. Formaldehyde (always formaldehyde hydrate in the body) is highly reactive and will have many many opportunities to react with other proteins with which it makes contact before it ever makes contact with formaldehyde dehydrogenase.

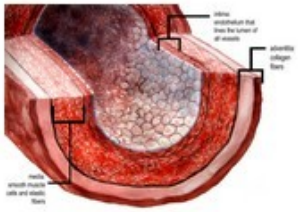
It is just common sense it is not in print anywhere or even published about in any scientific journal that I know of. It is what makes biochemistry so different from chemistry. It is Reality but it is not usually taken into consideration. Formaldehyde Hydrate is a monster that does not travel well in the human body. You can die from it but they will not be able to detect it in the body 20 minutes after it has been injected. If Formaldehyde dehydrogenase was so damn plentiful you would never die from formaldehyde poisoning would you? You would die from acidosis.

Good work Silas!!!!!!!

Woodrow Monte PhD
Emeritus Professor of Nutrition

On Mon, Jan 28, 2019 at 5:32 PM Silas wrote:

> Dr Monte,
>
> 1st - Does this: per quote - "... HO-CH2-OH. This is the form in which formaldehyde exists in aqueous solutions; its chemical reactivity is the same as that of formaldehyde." - mean that both formaldehyde and formaldehyde hydrate are equally able to be metabolized into formic acid at the Aldehyde Dehydronase?
>
> 2nd - My cousin the career-long chemist (Masters & straight A's)also questioned that Aldehyde Dehydronase would not nullify Formaldehyde Hydrate, and the dietary-methanol-crowd is hanging their hat on the power of the Aldehyde Dehydronase (AS YOU ALREADY, for years, have KNOWN and experienced)! The human breast is lacking Aldehyde Dehydronase. The research where you found the ADH-1 in the blood vessels of the brain also stated that Aldehyde Dehydronaseis is found all over the brain (as formaldehyde seeps out of the blood vessels, it encounters Aldehyde Dehydronase, and then, does both Formaldehyde and Formaldehyde Hydrate get neutralized (or does the Formladehyde Hydrate methylate so quickly that Aldehyde Dehydronase nearby in the brain would not even be a factor)?
>
> silas



This chapter 7 – is a KEY chapter that explains the bio-chemistry of how, why, and where *Methanol (CH3OH), at THE BLOOD VESSEL WALLS where the ADH-1 enzyme exists, becomes formaldehyde CHOH*, that then mixes with water in the human body and becomes an acidic formaldehyde hydrate (**HO-CH2-OH** aka the CRAZY HAWK). **The formaldehyde hydrate reacts with itself, amino acids, and proteins to create CHAINS/Polmers** - also it shuts down mitochondria - and much MORE (bad stuff)...! HERE – *formaldehyde hydrate also methylates with LDLs that enter the vessel walls (handing off an atom to the LDLs)* resulting in the immune system (Macrophages) to attack the formaldehyde modified LDLs. The Macrophages then EAT modified LDLs until THEY EXPLODE - resulting in **inflammation & PUSS**, then **that PUSS is formaldehyde hydrate POLYMERIZED – plastic building up over time.** ***Ethanol & ADH-1 Genetics plays a roll!***


Figure 7.2


Figure 7.3

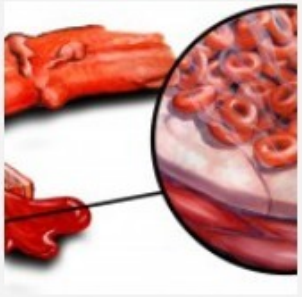


Figure 7.4

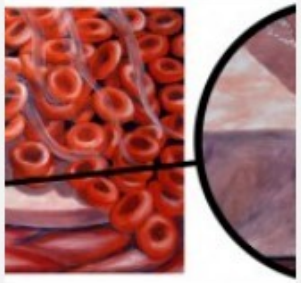


Figure 7.5


Figure 7.6


Figure 7.7


Figure 7.8

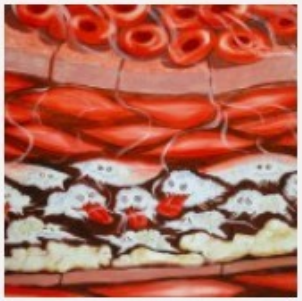


Figure 7.9


Chapter 7 Step 1


Chapter 7 Step 2


Chapter 7 Step 3


Chapter 7 Step 4


Chapter 7 Step 5


Chapter 7 Step 6

Figure 7.10

From: **https://www.naturalnews.com/2022-06-12-blood-clots-microscopy-suddenly-died.html**

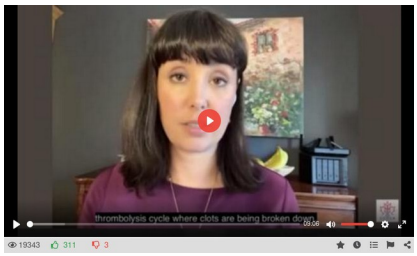
We wish to publicly thank Dr. Jane Ruby for connecting us to the embalmer (Richard Hirschman) who provided these clots. (Telegram channel T.ME/DRJANERUBY) Without the persistence of Dr. Ruby, you would not be seeing this report. Dr. Ruby is frequently featured on the Stew Peters Show (StewPeters.TV). **Right - Fingers BLACK (due to blocked blood)**

EXCLUSIVE: Embalmer reveals 93% of cases died from the vaccine -

Anna Foster is an embalmer with 11 years of experience in Carrollton, MO. In this exclusive interview, she reveals that 93% of her last 30 cases died due to clots from the COVID vaccine.
93% from embalmer Anna Foster https://stevekirsch.substack.com/p/exclusive-embalmer-reveals-93-of?r=o7iqo

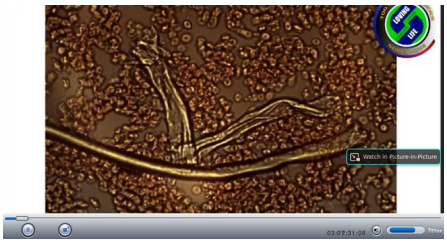
Emergency Medicine Doctor shows Micro Blood Clots in D-dimer Tests Following COVID-19 Shots

https://www.bitchute.com/video/RwKbDnR8BOzg/



Emergency Medicine Specialist Dr. Rochagné Kilian blows the whistle on the concerning rise in D-dimer levels in patients after receiving a COVID-19 vaccine. This detailed, well-referenced video explains the phenomenon of micro-clotting, and why this demonstrates the likely development of an autoimmune disorder. **Dr. Kilian lost her job and license to practice medicine for becoming a whistle-blower to share this with the public.**

Dr Philippe (Part Two) – The Blood Slides (12 February 2022)
https://lovinglifetv.com/dr-philippe-part-two-the-blood-slides-12-february-2022/



GRAPHINE SHOWN - with damaged blood cells (long video)????

==========

DR COLE HOLDING A BAG - with STRINGY/Mushy/RUBBERY *AUTOPSY CLOTS*

06-04-22 Interview Titled: Global CV19 Vax Absolute Insanity – Dr. Ryan Cole

https://rumble.com/v17c84n-global-cv19-vax-absolute-insanity-dr.-ryan-cole.html

At 43 minute point - has info to help counter the SPIKE PROTEINS… AMAZING (only 1 hr).

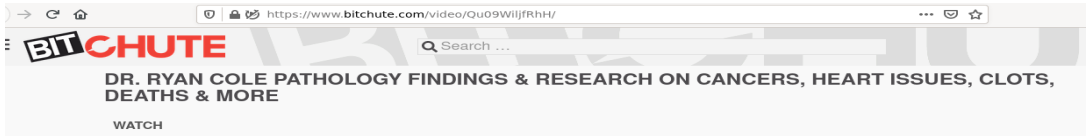
Global CV19 Vax Absolute Insanity – Dr. Ryan Cole

The latest UPDATE from Dr Cole (incomplete paraphrased excerpt - as a small partial summary):
Dr Cole states: That the system has come up with a new diagnosis for those Adults who are dying ***"Sudden Adult Death Syndrome"*** - He states it is the SHOTS doing it - a toxin in their body that is inflaming their hearts, causing it to balloon. States CASES of this being abnormal, hundreds each month - this is happening - due to vaccine. It is a gene product, Stanford Study states Spike Proteins up to 128 days after the last shot. Yet, in another study, the Spike Protein might be persisting up to 15 months in the body of those who have had COVID, then get the Vaxxx. So, having the Vaxxx on top of COVID recovery is potentially a bad idea.

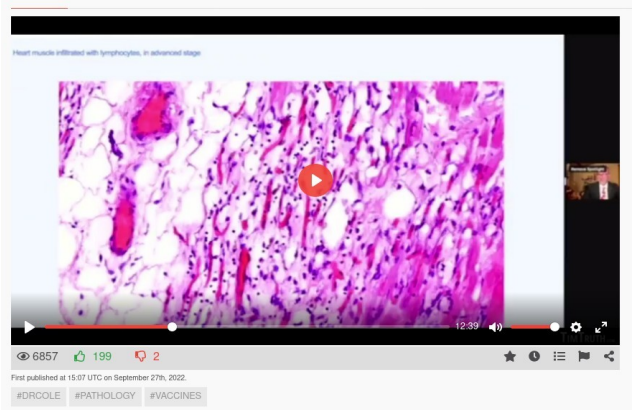
-- To date: One of the BEST ever – A detailed COVID Vaxxx injury SUMMARY – an excellent educational video (informative)!

Titled: **Dr. Ryan Cole Pathology Findings & Research On Cancers, Heart Issues, Clots, Deaths & More** **https://www.bitchute.com/video/Qu09WiljfRhH/**

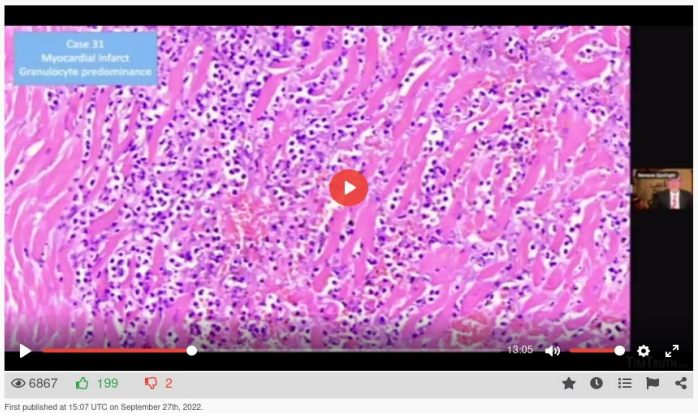
Sept 27th 2022 - And please research more on other sites! See: FLCCC.net https://covid19criticalcare.com/
AND to: Dr. Ryan Cole's website for MORE (***for both Vaxxxed or UnVaxxxed***): https://www.rcolemd.com/
Full videos: https://live.childrenshealthdefense.org/dr-aseem-malhotra
https://rumble.com/v1jd1nx-dr.-ryan-cole-sudden-adult-death-syndrome-and-covid-shots.html



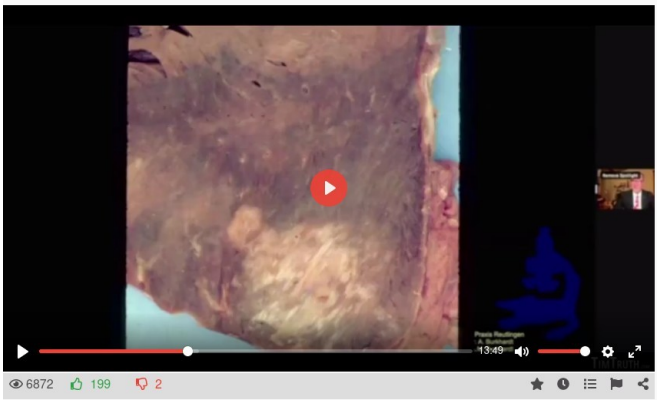
Vaxxx **MYOCARDITIS** (Dr Cole says a scar will result)



Here is a Vaxxx caused **HEART ATTACK** (resulting in scar tissue)

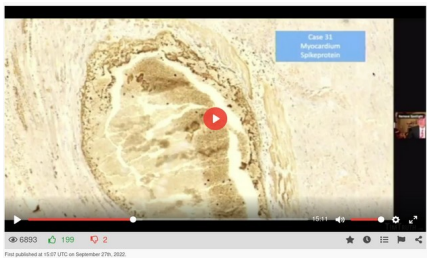


White below is "**Vaxxx caused scar**" (heart damage) lasts a lifetime!



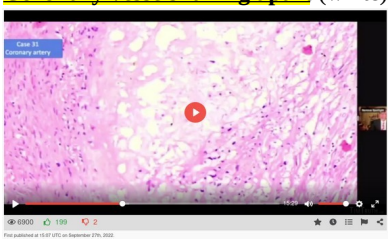
Vaxxx Spike Protein induced Lymphocytes (Amyloid too) ***INFLAMED***!

Vaxxx Spike Protein around the vessel wall



Vaxxx Spike Protein (**Coronary Vessel Wall**)

Post Vaxxx ***INFLAMED*** (blue) & **Coronary vessels falling apart** (white)



Mastcells amid destroyed heart muscle fibers

In some Vaxxxed, **this inflammation is causing heart to swell** = bad news!

Can even happen in CHILDREN!

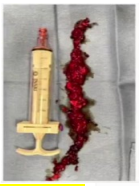
Save the kids…
STOP the Covid Vaxxx Program for both adults and CHILDREN!

WATCH THE Dr Ryan Cole Videos

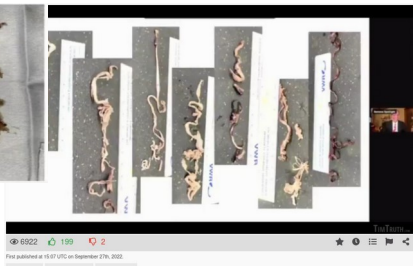
Dr Cole with a bag of Autopsy Shot Clots

https://rumble.com/v17c84n-global-cv19-vax-absolute-insanity-dr.-ryan-cole.html

Vaxxx Clots w/Amyloid, etc – Clogs Arteries & Veins "dead or alive" - sometimes are feet long!



Clots from Vaxxxed person



Vaxxx causing brain fog (neurological)
Brain vessels, neural cells, & mitochondria

LIVER affected by Vaxxx Spike

Dense Vaxxx **SPIKE protein affect in Kidney**

SKIN – lower leg infarction (all over body)

Invasion of **SPIKE affecting Spleen vessels** & Vaxxx Spike affects **spleen tissue** too!

Uterus - Spike affects… (bleeding mentioned)

Dr Cole 1st saw new **Endometrial cancer increases** (1st in older, then in younger)

Sample Cancer cause slide (many, not the full list)

Slide from video:
Cancer mechanisms/drivers/contributors
(many - NOT comprehensive)

- gene mutating
- hypoxic environment (clots)
- chronic viral infections HPV, EBV, etc.
- low interferon response
- decreased cell energy mitochondrial damage
- loss of immune surveillance
- microRNA
- hormone dysregulation
- Toll like receptor alterations

SPIKE PROTEIN causes the same (see cancers slide mechanisms, etc)

Slide from video:

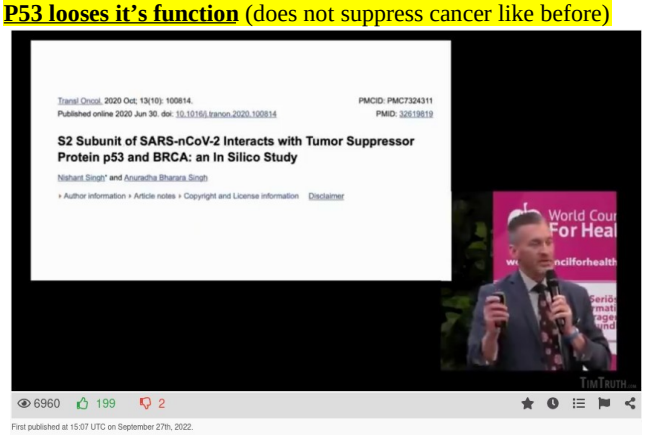
SPIKE HARMS

POTENTIAL CANCER TRIGGERS

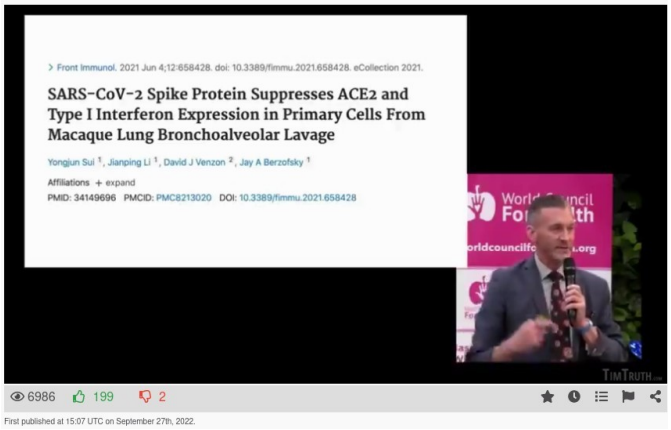
- Decreased Innate Immunity
- Decreased Interferon
- Hypoxia (CLOTS)
- Mitochondrial dysfunction
- TUR 3, 4 dysregulation
- Viral Reactivation TL7, TL8
- T Suppressor Cell
- GC rich shots
- microRNA cancer risk

Cancer *CDC data (a Sigma 8 change) HUGE! (started since Vaxxx)*

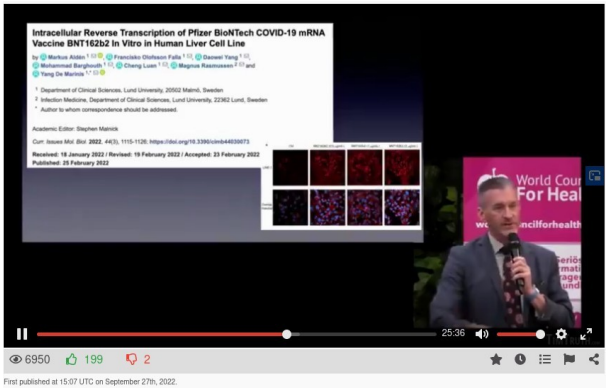
P53 looses it's function (does not suppress cancer like before)



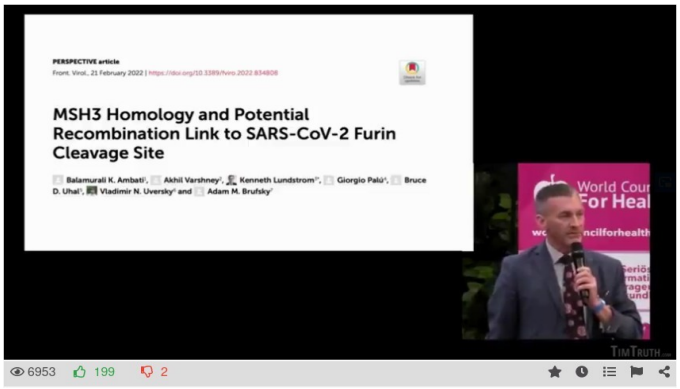
Interferon gets turned off (needed to fight cancer and infections)



MUTATIONS – DNA affected (REVERSE TRANSCRIPTION)

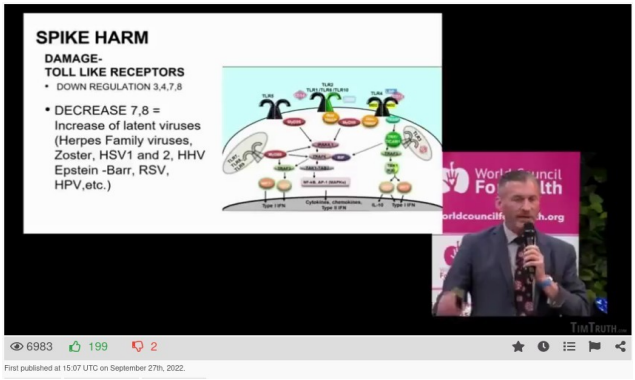


Dis-regulation of MSH3 (DNA repair mechanisms turned off)



In Vitro - **DNA Damage Repair Inhibited** (STUDY) Very critical for all life! **Damage – Innate Immune Modulation** (system shuts down)

Toll Like Receptors – immune system fails to prevent this happening



Important – immune system damage is passed on to offspring

ALL **Neural tissue** is damaged (**Mitochondria damaged** too).

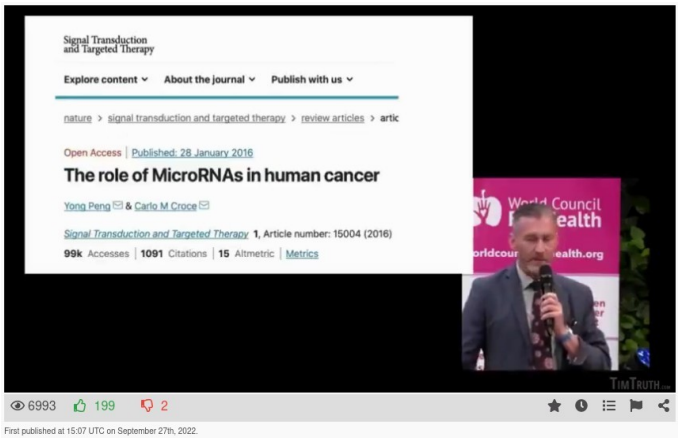
Mitochondria Image from a DRBEEN VIDEO… (check his site out for many educational videos)!

Mitochondrial damage affects human eggs (fertility)

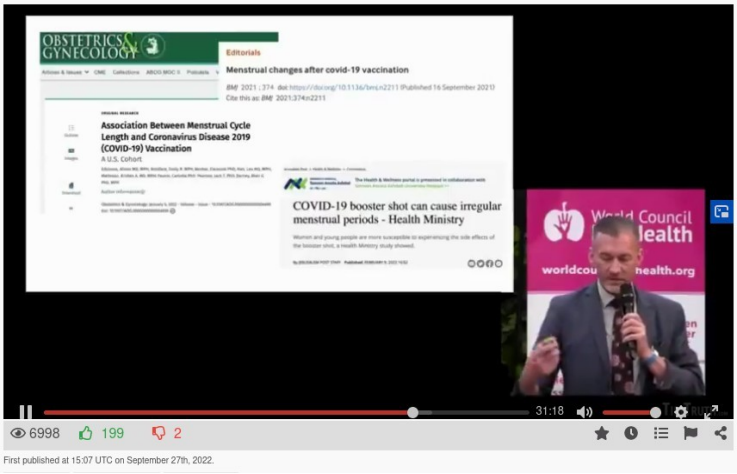
Again, note that the Vaxxx caused infertility can be passed along to offspring!

Shots have Impure mRNA in TESTING (cancer, and other) DAMAGE to the RNA and DNA - can and does cause cancers!

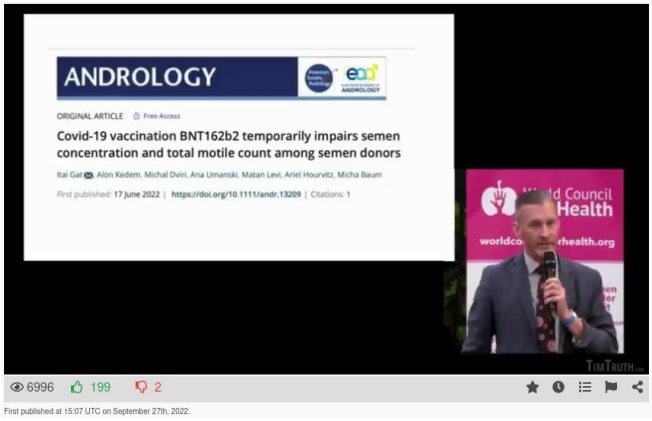
"Countless" PAPERS are written about mRNA - these are a representation.



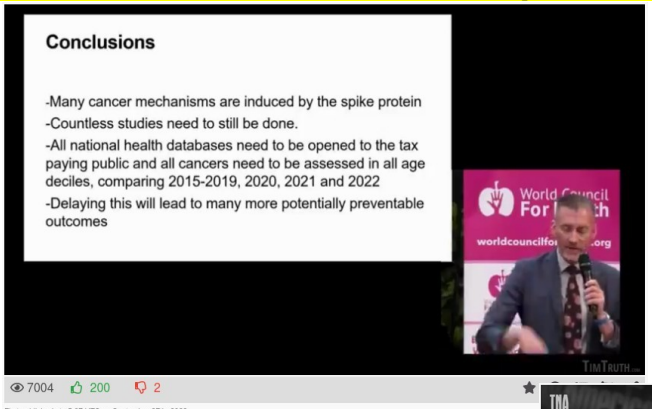
The **Spike Protein affects HORMONES** (contributes to cancer) **Bleeding!**



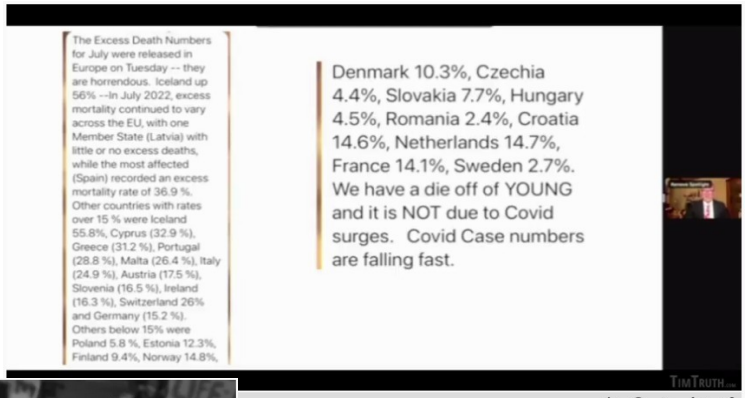
= All "THAT" causes fertility problems with both women & men! (STUDIES SHOW THIS)! Note the slide before, showing **Vaxxx is affecting mitochondria** = affects fertility & hormones. Not so good!

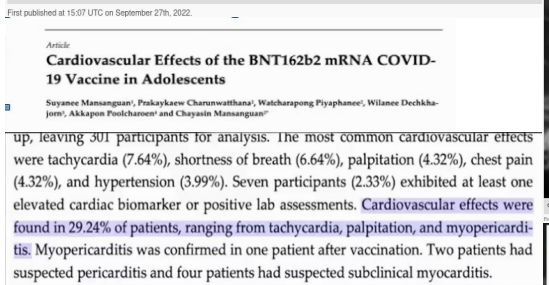


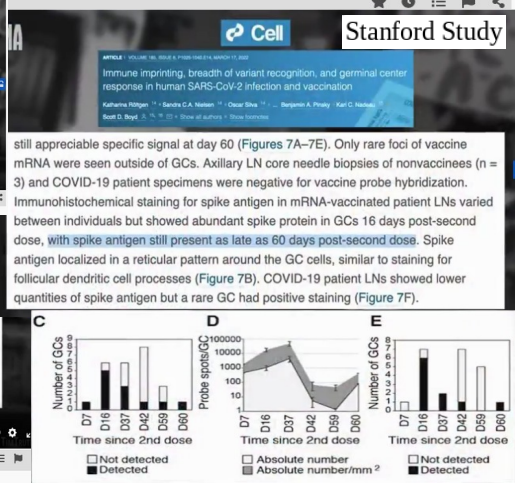
CONCLUSIONS – more Vaxxx research needed to expose all affects



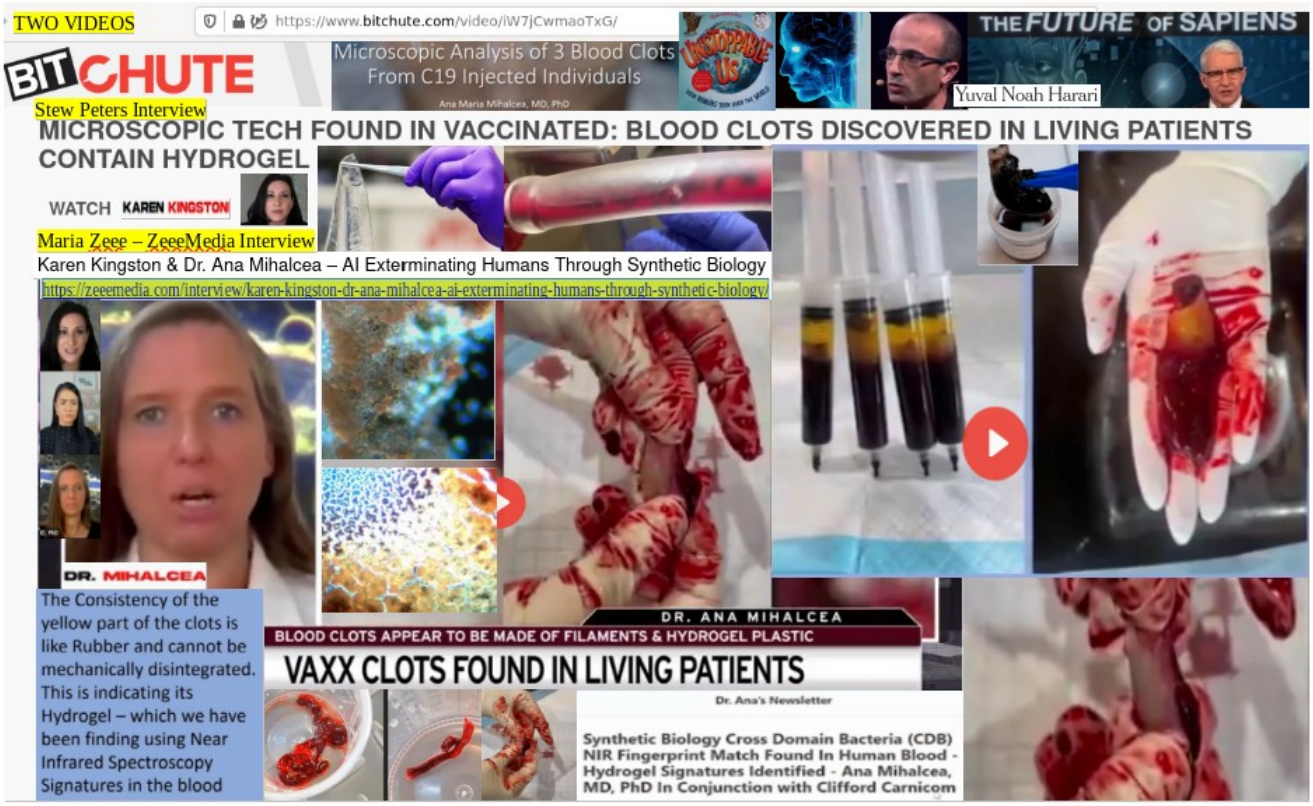
Slide- **DEATH RATES increased world-wide** (only after the Vaxxx)







Many thanks to Dr Cole - for his efforts! For trying to educate anyone who will listen (trying to save people of the world from this Vaxxx and it's deathly mess)!



June 3, 2023 - Titled: **MICROSCOPIC TECH FOUND IN VACCINATED: BLOOD CLOTS DISCOVERED IN LIVING PATIENTS CONTAIN HYDROGEL** - Stew Peters interview
https://www.bitchute.com/video/iW7jCwmaoTxG/
Quote: "A recent experiment found vaccinated blood contains clots made of hydrogel plastic.
Dr. Ana Mihalcea (MD & PhD - is back to detail her groundbreaking discovery that hydrogel blood clots are forming in living vaccinated patients.
After blood was drawn and allowed to sit in vials for 4 hours it began to separate.

- The blood separated and a yellow plastic substance was revealed.
- The yellow substance was similar to rubber and it would not dissolve.
- The blood of asymptomatic vaccinated patients also separated which is concerning.

Dr. Mihalcea also found **filaments and hydrogel plastic** in the blood she examined which confirms previous studies that observed nanotech inside the human body.
We are witnessing the merging of synthetic biology with human biology.
- Affecting the **vaccinated and unvaccinated**. [*Reader Q: due to Animal mRNA Vaxxx tech?*]
- There are reports that people using ozone therapies and hemodialysis are clogging up the machines with clots.

As the concentration of hydrogel plastic accumulates in the body people will continue to experience accelerated aging and die suddenly."

AND WATCH --- FASTEN YOUR SEAT BELTS JUN 2, 2023 Maria Zee Interview (ZeeMedia)
Titled: Karen Kingston & Dr. Ana Mihalcea – AI Exterminating Humans Through Synthetic Biology
https://zeeemedia.com/interview/karen-kingston-dr-ana-mihalcea-ai-exterminating-humans-through-synthetic-biology/ Quote: "Karen Kingston & Dr. Ana Mihalcea MD & PhD, join Maria Zeee to expose their correlating findings that confirm our hypothesis regarding the transhumanist agenda. Human beings are being replaced with synthetic biology, ***the strange clots being found inside people causing them to die suddenly is hydrogel (programmable matter), and AI may be far more advanced than we could've imagined,*** already in the process of exterminating the human race."

08-01-2023 Titled: Horrifying Discovery in Unvaxxed Blood – Dr Ana Mihalcea
https://forbiddenknowledgetv.net/horrifying-discovery-in-unvaxxed-blood-dr-ana-mihalcea/

On a positive note, Dr Ana believes one way to eliminate the hydrogel & the synthetic biology from the Death Shot is chelation therapy https://en.wikipedia.org/wiki/Chelation_therapy with EDTA **https://en.wikipedia.org/wiki/Ethylenediaminetetraacetic_acid**

…**a**nd Dr Ana shows a blood sample Before and After chelation. "So you absolutely want to take oral **Vitamin C every day**…I recommend – if your gut can tolerate it – up to 10,000mg per day…Clifford [Carnicom] and I are researching so many other things: vitamin supplementation is very important, electron donors, antioxidants, EDTA, things like humic and fulvic acid…we found that hydrosol gold **https://patents.google.com/patent/CN102107283B/en** - is able to dissolve the microchips, so I'm using that in my protocols, as well. "**Nattokinase** is important for the micro clotting that develops also from the acidity. All of these things, together are definitely very important. **Nitric acid** is needed by the microbiome to detoxify graphene."

== Visit Dr Ana's Substack to learn more. **https://anamihalceamdphd.substack.com/**

AND READ: C19 Unvaccinated Have Same Blood Clotting Problem As C19 Vaccinated - EDTA And Vitamin C Prevents Blood Clotting In C19 Unvaccinated Ana Maria Mihalcea, MD, PhD https://anamihalceamdphd.substack.com/p/c19-unvaccinated-have-same-blood (intravenous too)

Again, RELATED TO: 09-29-2022 Rense (radio show) WOW WOW WOW UN-REAL!
https://mediaarchives.gsradio.net/rense/special/rense_092922_hr2.mp
– Rense Interview (With Erica and guest Nurse Anne who works in vascular ICU unit) about what is going on in the hospitals (thick blood, shot clots, deaths, treatments, etc).. She says that THE DOCTORS GOTTA KNOW that these "new" clots are not normal, they gotta she says! She tells quite a few stories. Opening up NEW UNITS at hospitals to handle just the CLOTS. **And, they do not have enough vascular surgeons to operate and try to treat the CLOTS**. And, on the charts they are not doing the D-dimer tests (because they are not working, they know it is coming back showing that YES there is a blood clot developing - the higher the D-dimer the higher the blood clot problem). Both Blood Clots and Anyloid clots! The hospitals are doing EXPENSIVE treatments when lower cost treatments are available. Tells story of 20-21 year old who died due to the Vaxxxx just the night before the interview. A WHOLE NEW SHOT CLOT INDUSTRY income stream for hospitals has been created by the Vaxxxx. AND, on the charts the SAME DOCTORS are including patient recommendations for the patients to get even MORE BOOSTERS. The nurse tells that patients, to a big degree, are resistant to believing that the COVID Vaxxx/SHOTS are causing this. BLOOD being drawn from the Vaxxxed is much different NOW, is DARK/BLACK and flows into the "container" very very very too slowly vs before the SHOTS where they just filled up quickly with blood without effort at all. **Nurses sometimes can not draw blood from the Veins BECAUSE the blood is too thick (they need another process to get the blood for testing from another place in the body with easier access to MORE BLOOD in bigger vessels)**. Many patients are CODING every night (1-3 every night, on every shift). MANY INFECTIONS - she used the term HUGE relative to the infection numbers! AND, she said that THEY are still giving patients REMDESIVIER, and in fact she refused a doctors orders to "hang remdemisvier" to drip into patient... she caught hell for it, but said that she did not feel right, that they needed to find someone else to do it. AND, for infections they are NOT giving high doses Vit C, no zinc, etc. THERE ARE OTHER TREATMENTS vs the MOST EXPENSIVE ONES that the hospitals and doctors focus on giving to patients. OH - ALL the patients with these problems these days, are 100% Vaxxxed.
Astounding! Comment - the Dark Blood when the nurse is trying to take blood - might explain purple or dark skin to many faces that I am seeing (and sometimes really pale faces, as if almost bloodless)?

May 31, 2023 Titled: **CV19 Bioweapon Catastrophe is Murder – Dr. Pierre Kory**
https://rumble.com/v2r1p9o-cv19-bioweapon-catastrophe-is-murder-dr.-pierre-kory.html
Interview update about how a doctor was educated (other than what the medical schools teach- with Dr. Pierre Kory, one of the top pulmonary and Covid Critical Care experts on the planet, who is co-founder of the Front Line Covid-19 Critical Care Alliance (flccc.net) and author of the new book "The War on Ivermectin" for 5.30.23. Dr Kory tells about what he has been going thru trying to educate others.

09 May 2023 PODCAST AUDIO
Titled: **Excess Mortality | Dr. Robert Malone & Ed Dowd (TPC #1,219)**
https://en.padverb.com/er/tommy-s_podcast_rss-09-may-2023-excess-mortality-dr-robert-malone-ed-dowd-tpc-1-219
AND 29 May 2023 - **Titled: #439 - Edward Dowd**
https://en.padverb.com/er/shaun-newman-podcast_rss-29-may-2023-439-edward-dowd

ALSO WOW - 2023-03-06 Rima Laibow interviews Christine Massey and Mike Wallach (this most interesting OPINION, Posted 2023-05-14 -- is it true?):
Titled: **Virology is not science - Rima Laibow interviews Christine Massey and Mike Wallach**
https://article.wn.com/view/2023/05/14/Virology_is_not_science_Rima_Laibow_interviews_Christine_Mas/
Or video here: https://www.bitchute.com/video/HzU05dd2MjXc/
Christine's Substack: https://christinemasseyfois.substack.com/

> -- Comment - Bacteria (that when seen under a microscope A LONG LONG LONG TIME AGO), was discussed along the lines of using Koch's postulates (next see what the Koch's postulates are). **Wikipedia - Koch's postulates** - "are four criteria designed to establish a causal relationship between a microbe and a disease. The postulates were formulated by Robert Koch and Friedrich Loeffler in 1884, based on earlier concepts described by Jakob Henle, and the statements were refined and published by Koch in 1890.[3] Koch applied the postulates to describe the etiology of cholera and tuberculosis, both of which are now ascribed to bacteria. The postulates have been controversially generalized to other diseases. *More modern concepts in microbial pathogenesis cannot be examined using Koch's postulates, including viruses (which are obligate intracellular parasites) and asymptomatic carriers.* They have largely been supplanted by other criteria such as the Bradford Hill criteria for infectious disease causality in modern public health and the Molecular Koch's postulates for microbial pathogenesis.[4]"

After that - I watched again this: Titled: **Dr. Merritt Interview with Poornima Wagh PhD Virology** (Poornima was later attacked on her credentials by others after this interview, but they did not debate what she was talking about – if you can't attack the data/subject, you attack the person (lawyer trick)?)
https://rumble.com/v1ga1e5-dr.-merritt-interview-with-poornima-wagh-phd-virology.html
Where Wagh asks if what we see as a Virus is actually a stage of bacteria, and she asks if what is a Virus is actually an Exosome? https://en.wikipedia.org/wiki/Exosome_(vesicle) Is this TRUE or not?

CONCLUSION - Dr Laibow said (paraphrased): " We can not conclude what is beyond the scope of science - admitting that SOMETHING exists, but has been elusive to isolate and identify..."

05-23-2023 -- Titled: **Karen Kingston calls for law enforcement to CONFISCATE all covid vaccine bioweapons before more people are harmed and killed**
https://www.naturalnews.com/2023-05-23-karen-kingston-calls-for-law-enforcement-to-confiscate-covid-vaccine-bioweapons.html

> Quote: "Kingston presents factual proof that the covid-19 "vaccines" are actually biological weapons that are known to maim, disable and kill innocents. The fact that they are injected into children — for whom there is zero risk of Covid in the first place — is proof that the vaccine agenda is rooted in depopulation and mass murder rather than public health. Additional documents reveal that both vaccines manufacturers and the FDA both knew that Covid-19 vaccines didn't work to halt infections or transmission. Yet they promoted them anyway. And they lied about their efficacy and safety. They murdered people. And they are still getting away with it. It's time for law enforcement to step in and start arresting the domestic terrorists who deployed these biological weapons, Kingston urges." "**...discuss GMO BIO-Weapon chemicals such as in GMO Corn and LNP mRNA injections into beef that survives a well done steak so goes into people, etc"**.

"*at 56 minute point in interview video Karen Kingston cites a Dr Malone Patent, in order to support her statement that Lipid Nano-Particle (LNP) has always been intended to be used as a bio-weapon for warfare... stated that Dr Malone's 1996 patent stipulated that the LNP technology used to deliver COBRA VENOM TOXIN and RICIN (that has only one use to be a weapon with no theraputic use what-so-ever...)"*? Mike noted, when talking about that people in society have been dumbed down, that he had a relative who went to pay a $398 bill at a medical office, gave the worker $400, and the worker could not figure out the change in her head, and did not trust him when he said that the change was $2... Karen mentions EDTA treatments to clear the blood (she states that she has done this herself).

Titled: **Researcher Karen Kingston reveals covid-19 vaccines to be DELIBERATE BIOLOGICAL WEAPONS unleashed against humanity** For more, visit: karenkingston.substack.com
https://www.brighteon.com/2701ab6f-dfdd-470e-b019-cd151d7398c9 Comment - At the end of the interview (around 52 minute point) Karen mentions a subscriber available document - **that is a Pfizer**

and DOD related contract/document showing that LNP SHOTS shots contain Electro-magnetic Devices!

05-23-2023 Titled: **Exclusive: New Evidence FDA, CDC Hid Early Data on Myocarditis Spurs Questions of 'Criminal Coverup'**
https://childrenshealthdefense.org/defender/fda-cdc-covid-vaccine-myocarditis-safety-signal/
Quote: "New evidence suggesting public health officials knew early in 2021 that COVID-19 vaccines posed a heightened risk of myocarditis in young men — but withheld that information from the public — raises questions about whether federal health agencies violated any laws. According to Dr. Meryl Nass, the U.S. Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) knew about the myocarditis safety signal in February 2021, but "hid it until they got the vaccine authorized for 12-15-year-olds in May 2021," and then "kept pushing" the vaccine on the highest-risk groups." **Nass said the new evidence suggests the CDC and FDA may have violated the Public Readiness and Emergency Preparedness Act (PREP Act) when they withheld knowledge about myocarditis safety signals from the public and from fact sheets included with the COVID-19 vaccines.** The new evidence includes warnings the FDA received from multiple sources, including the Israeli Ministry of Health at least as early as February 2021."

05/16/2023
Titled: **VACCINE ROULETTE: Some vaccine batches far more toxic than others, analysts find**
https://vaccineinjurynews.com/2023-05-16-some-vaccine-batches-more-toxic-analysis.html
Quote: "The safety profile of Wuhan coronavirus (Covid-19) "vaccines" seems to be widely dependent upon the batch from which a given injection comes. Some batches are exceptionally toxic, a new review has found, while others are slightly less toxic. London-based researcher Craig Paardekooper figured this all out via **data he collected from the government-run Vaccine Adverse Event Reporting System (VAERS)**. He learned that "one in 200 of the [covid vaccine] batches are highly toxic," while the vast majority of them are not as toxic, at least in the shorter term. "In fact, 70 percent of the batches for the vaccine-only produce one adverse reaction report in total," Paardekooper writes, adding that "80 percent of the vaccine batches only produce one or two adverse reaction reports." **Upon closer look, Paardekooper discovered that certain anomaly batches "produced thousands of times the number of adverse reactions."** These batches stand out from the vast majority of other batches in that one caused 1,012 adverse reactions, another caused 1,394 adverse reactions, and another caused 4,911 adverse reactions. The people unfortunate enough to have gotten jabbed from one of the really toxic batches are now either dead or seriously injured, with little, if any, chance at recovering."

– European Journal of Medical Research volume 28, Article number: 102 (2023) - Pub: Feb 25 2023
Titled: **A review of neurological side effects of COVID-19 vaccination**
https://eurjmedres.biomedcentral.com/articles/10.1186/s40001-023-00992-0
Quotes: From Abstract - "At the same time, there are many reports of side effects after getting a COVID-19 vaccine. According to these reports, vaccination can have an adverse event, especially on nervous system. The most important and common complications are cerebrovascular disorders including cerebral venous sinus thrombosis, transient ischemic attack, intracerebral hemorrhage, ischemic stroke, and demyelinating disorders including transverse myelitis, first manifestation of MS, and neuromyelitis optica. These effects are often acute and transient, but they can be severe and even fatal in a few cases." AND "...are worrisome. VST is the most severe disorder that should be diagnosed and controlled immediately." NOTE: VST = venous sinus thrombosis!
– "From Conclusion - "Side effects of COVID-19 vaccination have been reported more frequently in people with a history of immune-related diseases or who are more sensitive to age and physiological conditions. The most important and most common complications are cerebral venous sinus thrombosis (more about AstraZeneca), transverse myelitis (more about Pfizer, Moderna, AstraZeneca, and Johnson & Johnson), Bell's palsy (more about Pfizer, Moderna, AstraZeneca), GBS (more about Pfizer, AstraZeneca, and Johnson & Johnson), and the first manifestation of MS (more about Pfizer). Finally, discovering whether these disorders are accidental or whether the vaccine is the main cause of them requires future studies, ongoing efforts to gather evidence, and long-term monitoring."
RELATED - **https://rairfoundation.com/doctor-reveals-people-who-receive-covid-vaccines-are-4x-more-likely-to-get-covid-95-of-people-in-icu-are-fully-vaccinated-inteview/**

Quotes: "Covid vaccines also appear to be killing young doctors in record numbers. Thirty-eight doctors have died across Canada in recent weeks. “Many of them died within ten days of their fourth jab. They were just following the rules. They were good people,” said Dr. Shoemaker." " The numbers are in, and the death statistics are too damning. According to the good doctor, the shots don’t even work. “They make you four times more likely to get covid. In the last eight months, **95 percent of the people in the ICU are fully vaccinated.** The vaccinated have been harmed. Their immune systems are being harmed. Stop harming your immune systems. You are only going to perpetuate the pandemic.” In his powerful speech on Parliament Hill, Dr. Shoemaker touched on the dangers of the vaccine to pregnant women, the sheer toxic load imparted with each shot – 40 trillion mRNA strands – and the normalizing of myocarditis, Sudden Adult Death Syndrome, and a host of other diseases in otherwise healthy people. He talked about the deliberate stifling of an effective, safe treatment in Ivermectin and appealed directly to the government. "

-- TITLED: Exclusive: **FAA Granted Medical Clearance to Pilot With History of ‘Possible’ Vaccine-Induced Myocarditis**
https://childrenshealthdefense.org/defender/faa-pilot-medical-clearance-myocarditis/

> Quote: "Editor’s Note: This article is Part 1 in a two-part series on the impact of COVID-19 vaccines and vaccine mandates on airline safety in the U.S. --- The Federal Aviation Administration (FAA) issued a first-class medical clearance to a pilot whose medical history includes “possible” vaccine-induced myocarditis, according to a letter leaked anonymously by a pilot. This letter was leaked amid recent revelations the FAA is prioritizing keeping pilots in the air at the expense of the safety of pilots, passengers and the general public. FAA data indicate the number of medical flight diversions increased in 2021 and 2022, compared to 2019 and prior.

-- AND Titled: **Southwest pilot suffered medical emergency, prompting off-duty pilot to enter cockpit and seize control**
https://www.vaccineinjurynews.com/2023-03-31-southwest-pilot-medical-emergency-offduty-pilot-cockpit.html

> Quote: ""**Pilots are dying at Southwest Airlines at over 6x the normal** rate after the covid ‘vaccines’ rolled out,” said another, citing a story by investigator Steve Kirsch."
> https://stevekirsch.substack.com/p/pilots-are-dying-at-southwest-airlines
> Quote: "**And disabilities are up 10X normal**. I thought the vaccines were supposed to reduce death not increase it! I just asked the FAA for their comment, but no answer."

AND Titled: **Healthy 32-year-old doctor died suddenly from cerebral blood clot because of AstraZeneca covid “vaccine,” coroner determines**
https://vaccineinjurynews.com/2023-04-24-healthy-doctor-died-suddenly-clot-astrazeneca-covid-vaccine.html

> Quote: "Just 10 days after receiving the single-dose injection of AstraZeneca’s Wuhan coronavirus (Covid-19) “vaccine” back in January of 2021, 32-year-old Dr. Stephen Wright, a formerly healthy young physician, dropped dead. **And the coroner who examined Wright’s body determined that the young man did, in fact, die because of the jab**. Charlotte Wright, the man’s wife, is currently in the process of having his death certificate changed from “natural causes” to what **senior coroner Andrew Harris described in a court hearing as actually being a brainstem infarction, bleed on the brain, and “vaccine-induced thrombosis".**

Titled: **Kids who develop vaccine-induced myocarditis will be dead in 5 YEARS: Canadian doctor**
https://naturalnews.com/2022-10-26-kids-vaccine-induced-myocarditis-dead-5-years.html
From: **Canadian Doctor Warns 50% of Kids Who Got Myocarditis From COVID-19 Vaccines Will be DEAD in 5 Years**
https://www.shtfplan.com/headline-news/canadian-doctor-warns-50-of-kids-who-got-myocarditis-from-covid-19-vaccines-will-be-dead-in-5-years

> Quotes: Dr. Chris Alan Shoemaker, a Canadian doctor with 45 years of experience in emergency medicine, family practice, and on military bases, has made an alarming claim that the five-year survival rate of the Wuhan coronavirus (COVID-19) vaccine-induced myocarditis in children is just 50 percent." **"The doctor noted that around 95 percent of people in intensive care units are fully vaccinated and this is because their immune systems are already damaged.**

https://expose-news.com/2022/10/01/myocarditis-children-covid-vaccination-deaths/

AND Titled: **Board-certified pathologist Dr. Ryan Cole: Spike protein in mRNA vaccines causes unusual clumping in the bloodstream**
https://www.sgtreport.com/2023/05/board-certified-pathologist-dr-ryan-cole-spike-protein-in-mrna-vaccines-causes-unusual-clumping-in-the-bloodstream/
Quotes: "Spike proteins can also damage the brain -- The spike proteins induced by the mRNA vaccines can also cause neurological damage. This was according to retired neurosurgeon Russell Blaylock. "**This [COVID-19] injection is an injection of artificial exosomes. The brain is one of the most complex things in the entire universe and people in the medical profession really don't understand this injection**. They don't understand what it does to the neurological apparatus of the brain and spinal cord," Blaylock said. He explained that when there's systemic inflammation or any kind of trauma occurs in the body, it produces inflammation and activation of the immune system. "This sends a signal to the brain within minutes and starts activating the microglia, which is the inflammatory, cytotoxic cell in the brain," he said, adding that this is what would happen following the first dose of the COVID-19 injection. As the second dose is injected months later, primed microglia become fully activated. It will then release all the toxic components. "You get chronically activated microglia [in] overactivated state, and there's a threefold higher inflammatory reaction than you'd normally get with microglial activation," he said." AND "**The pathologist shared that placentas delivered to his office contain spike proteins and are not properly sized in accordance with the age of gestation.** Placenta is important in the development of the fetus during pregnancy. ***The mRNA vaccines appear to have caused the placentas to calcify***, likely as a result of the spike protein. Additional analysis revealed the placentas also have considerable inflammation and antibodies, essentially becoming a post-jab toxic stew that is not conducive to health or survival. Additionally, whistleblower and renowned writer Naomi Wolf revealed that some midwives told her that the placentas of vaccinated mothers are shrunken and have a silver-gray color. These signs mean that the placentas are not big enough to sustain a normal baby. (Related: Naomi Wolf: No more normal placentas since COVID-19 vaccine rollout.)"
Naomi Wolf link: https://www.naturalnews.com/2023-04-26-no-more-normal-placentas-since-vaccine-rollout.html **Quote:** "The DailyClout CEO (Naomi Wolf) obtained the information from midwives she had talked to. **According to the midwives, placentas of vaccinated mothers are shrunken and have a silver-gray color.** These signs mean that the placentas are not big enough to sustain a normal baby. Wolf shared her interview with California nurse-midwife Ellen Jasmer, who has seen these silver-gray placentas since 2022. "Some of these are shrunken. She showed me an image of a placenta that was like two inches in circumference, which is narrower, shorter and smaller than a normal placenta. **Normal, healthy placenta is deep purple, or maroon and kind of thick. They're a home for a baby for nine months,**" Wolf said. Jasmer also told Wolf about what she dubbed as "COVID bumps" or calcifications all over the placenta. According to the DailyClout CEO, these are visible to the naked eye. Ben Armstrong of the New American magazine, who played Wolf's video about the abnormal placentas on his show, expressed shock over the revelations. "I thought she would say 40 percent, but no, none. **One hundred percent of the people she's dealt with haven't seen a normal placenta."** VIDEO REPORTING (Naomi Wolf): https://dailyclout.io/
https://www.brighteon.com/d00923e2-8c98-420a-b7e5-8e4e15a6874e
– DeepBlueCrypto @DeepBlueCrypto

There has been a 4070% increase in VAERS miscarriage and stillbirth reports after the mRNA shots were rolled out.
https://pbs.twimg.com/media/FkZkPRQaEAEDOOn?format=jpg&name=small
AND THIS (not reported on in the European Study above) **HAPPENING WORLD-WIDE.**
Titled: Pathologist Receives Inflamed Calcified Placentas from 'Vaccinated' Women Full of Spike Protein and Antibodies (Video)
https://rairfoundation.com/pathologist-receives-placentas-from-vaccinated-women-that-are-full-of-spike-protein-video/

Former Pfizer VP: COVID vaccines pose ‘severe risk’ of infertility for women

Celeste McGovern **Thu Aug 19, 2021 - 7:18 pm EDT**

LifeSiteNews has produced an extensive COVID-19 vaccines resources page.

View it here. *[https://lifefacts.lifesitenews.com/covid-19/]*

Dr. Michael Yeadon called vaccination of young women with COVID-19 mRNA vaccines ‘stupid and reckless,’ citing papers showing that toxic nanoparticles accumulate in ovaries.

LifeSiteNews) – Scientists have known for nearly a decade that the lipid nanoparticles like those currently used in novel mRNA COVID vaccines accumulate in ovaries and are potentially toxic to reproductive health, a former vice president and top researcher at Pfizer said at a conference hosted by LifeSiteNews Thursday on the fertility dangers of COVID vaccines.

“You’re not being told the truth,” said Michael Yeadon, former Pfizer Vice President and Chief Scientist Worldwide for Respiratory Pharmacology and Toxicology, who is now the Chief Scientific Advisor for the Truth for Health Foundation. “Thinking about this, I try to imagine that I was speaking to my own young adult daughters, for whom I would be very concerned if they got these vaccines.”
Yeadon cited scientific papers dating back to 2012 that warn of potential reproductive hazards of lipid nanoparticles that are used in COVID shots.

Both Moderna’s and Pfizer’s mRNA vaccines use specialized nanoparticle lipids or lipoproteins as carriers for their main ingredient – unstable mRNA protein that causes cells to produce the notorious coronavirus spike protein and elicit an immune response. These are the molecules that required the extremely low temperatures to preserve stability of the lipid encasing the fragile mRNA.

Accumulation in reproductive organs

German researchers reported [https://www.sciencedirect.com/science/article/abs/pii/S0168365912000892] in their paper published nine years ago, “Accumulation of nanocarriers in the ovary: A neglected toxicity risk?,” that there is a “potential toxicity risk of all nanoscaled drug delivery systems” and an accumulation of different microscopic carrier molecules in rodent ovaries. Their research involved injection of lipid “nanocarriers,” including some with an ingredient common to both Pfizer’s and Moderna’s mRNA COVID vaccines: polyethylene glycol.

Instead of loading the carriers with drugs or mRNA, the researchers from Martin Luther University Halle-Wittenberg Department of Pharmaceutical Technology and Biopharmaceutics and the University of Regensburg loaded the nanocarriers with a fluorescent dye they could trace. **They reported a "high local accumulation of nanoparticles" in "specific locations of the ovaries" in all mice and rats treated with five different nanocarrier drug delivery systems of different sizes.**

Remained in ovaries 25 days later

> **The fluorescence intensity was detectable in ovaries just two hours after injection and increased within ovaries after 24 hours and remained constant at a high level over several days. A bright fluorescence signal was detectable even 25 days after injection, they reported.**

The German researchers warned that this accumulation in ovaries may alert to an "important toxicity issue in humans," but they did not know. Perhaps, it "might as well open a new field of targeted ovarian therapies," they reported and concluded that further study was necessary to discover the unknown impact of the phenomenon.

Pfizer's unpublished data

These findings confirm a Pfizer "biodistribution study" [https://www.lifesitenews.com/wp-content/uploads/2021/06/Pfizer-bio-distribution-confidential-document-translated-to-english.pdf] **of its lipid nanoparticle carrier system in lab animals which showed that the vaccine nanocarrier molecules leave the muscle site of injection, enter blood circulation, and then accumulate in organs and tissues,** including the spleen, bone marrow, the liver, adrenal glands, **and especially the ovaries.**

The biodistribution study looked only at the nanoparticle carrier proteins and did not include the vaccine ingredient mRNA, which presumably would be delivered inside the carrier in the real world experiment and trigger production of spike protein in the cell it lands in, as intended.

Thalidomide disaster

"We never, ever give experimental treatments to pregnant women," said Yeadon, pointing to the Thalidomide disaster, in which doctors gave women a drug in the 1950s and 1960s to treat nausea in pregnancy, resulting in thousands of children being born with severe deformities, including malformed organs, leading to death, shortened limbs, and missing fingers and toes.

"Thalidomide taught everyone a lesson. Now we know harms can happen, and so we've spent the last 60 years being really careful," said Yeadon.

The Centers for Disease Control and Prevention (CDC) recommends all current experimental COVID vaccines, which have been granted Emergency Use Authorization only and are still in human clinical trials for another year at least, for pregnant and breastfeeding mothers. [https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html]

Yeadon called government promotion of the vaccines to pregnant women and young women of reproductive age "stupid and reckless."

"When they say they're safe, you must know they don't know that. They've not been around long enough for them to possibly evaluate."

Yeadon, who has served as consultant to over 30 biotech companies and founded his own biotech company that later was sold to pharmaceutical giant Novartis, cited other research showing that the spike protein from the coronavirus, which all the current vaccines are based on, has similarities to human proteins that could induce autoimmune reactions, including reactions affecting fertility.

Data showing that 15 pregnant women who were vaccinated developed three-fold higher levels of antibodies against their own placentas was dismissed and hidden by the vaccine industry and public health, he said.

'Do not take these vaccines'

The risks of ingredients in the COVID vaccines to fertility are too well documented to have been simply ignored, Yeadon suggested. "Do not take these vaccines," he warned. "There's a severe risk to your ability to conceive and carry a baby to term. Worse, these are deliberate acts which I believe whoever is doing it is lying about it to hide it and they're smearing people who are trying to warn you. Who do you trust?"

Menstrual irregularities

The research cited by Yeadon could explain the tens of thousands of reports of menstrual irregularities [see: https://www.lifesitenews.com/news/thousands-of-women-report-hemorrhaging-reproductive-dysfunction-miscarriage-after-corona-shots/], hundreds of reported miscarriages, and other reproductive issues following vaccines which have been reported to adverse event reporting systems worldwide.

This week, the U.K. Medicines and Healthcare products Regulatory Agency (MHRA) ruled that there was 'no evidence' [https://www.medscape.com/viewarticle/956710?src=wnl_newsalrt_uk_210817_MSCPEDIT&uac=250538BT&impID=3574550&faf=1] that the 30,304 reactions reported to the Yellow Card system relating to a variety of menstrual disorders from women who had received one of the three COVID vaccines currently approved for use in the U.K. were in any way related to the injections.

Toxic effects

Dr. Elizabeth Lee Vliet, an independent physician specializing in reproductive hormones impact on general health and co-founder of the Truth for Health Foundation [https://www.truthforhealth.org/] , pointed to another study, this one from 2018, i**n which researchers again warned of the reproductive toxicity of nanoparticles.**

"Indeed, studies have shown that NPs [nanoparticles] are likely to have toxic effects on many organs, such as the brain, liver, and lungs, which are the most studied target organs," the Chinese researchers reported in their paper, titled "Potential adverse effects of nanoparticles on the reproductive system." "Only recently, attention has been directed toward the reproductive toxicity of nanomaterials."

The study reviews literature showing that nanoparticles can pass through the blood–testis barrier, placental barrier, and barriers protecting reproductive tissues, and then accumulate in reproductive organs.

The accumulation of nanoparticles damages organs (testis, epididymis, ovary, and uterus) by destroying specific cells, leading to reproductive organ dysfunction that adversely affects sperm and eggs and may disrupt the ovarian cycle. "In addition, NPs can disrupt the levels of secreted hormones, causing changes in sexual behavior," according to the researchers.

“It’s not just sexual behavior,” said Vliet, who has practiced climacteric medicine focusing on reproductive health and the impact of hormones on general health for 35 years. “It’s the health and optimal function of every organ in our body.”

The review paper cited earlier German research on nanocarriers but also looks at dozens of studies of other nanoparticlized or microscopic molecules including graphene oxide, titanium dioxide and catalogues their negative impact on various aspects of reproduction.

Impacts reproductive systems of newborns

In one 2015 study [https://pubmed.ncbi.nlm.nih.gov/26193689/] referenced, researchers injected a PEG polymer into rat puppies and concluded that “neonatal exposure to PEG-b-PLA **might affect the development and function of hypothalamic-pituitary-ovarian axis (HPO), and thereby alter functions of the reproductive system in adult female rats.” In other words, newborns exposed to these nanoparticles did not develop normal reproductive systems.**

LNP-driven safety parameters

Other studies by the vaccine industry have raised safety concerns over lipid nanoparticles (LPN). One 2018 study by researchers from COVID vaccine-makers Moderna and AstraZeneca UK and three other pharmaceutical companies looked at the safety of modified mRNA formulated in lipid nanoparticles (LNPs) after repeated intravenous infusion to rats and monkeys.

It described “primary safety-related findings” that were “mainly LNP driven.” These included increased hematopoiesis (production of blood components) in the liver, spleen, and bone marrow (rats) and “minimal hemorrhage in the heart (monkeys).” Other safety-related findings in the rat included “changes in the coagulation parameters at all doses, as well as liver injury,” and in the monkey, “splenic necrosis” and “lymphocyte depletion were observed.”

> **There is no evidence that the vaccine manufacturers looked at the effects of the LPN (or mRNA) on reproductive organs or function.**

The researchers concluded: “Future work will be geared toward evaluating different routes of administration, the effects of chronic dosing, and the risk to juvenile animals, as juveniles may be particularly important in the setting of rare disease.”

Two years was not a long time to answer all of the questions raised in the study about the long-term potential effects of modified mRNA or LPN in juvenile animals – let alone humans. Yet the CDC currently promotes Pfizer’s experimental vaccine for all children over age 12 [see: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html] and for pregnant and breastfeeding mothers [https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html].

The Moderna Spikevax COVID-19 vaccine was approved for 12 to 17-year-olds [https://www.medscape.com/viewarticle/956709] this week by the Medicines and Healthcare products Regulatory Agency (MHRA) of the United Kingdom.

Moderna and Pfizer did not reply to questions and requests for comment from LifeSiteNews before publication.

“What I’ve Seen In The Past Two Years Is Unprecedented”: Renowned OB/GYN tells Dr. Drew That He Has Seen an “Off the Charts” Rise in Miscarriages and Fetal Abnormalities Since the Vaccine Was Introduced – (VIDEO)

https://rumble.com/embed/v1k507g/?pub=4

Coverage by: By Julian Conradson - Published October 8, 2022 at 8:00am

https://www.thegatewaypundit.com/2022/10/seen-past-two-years-unprecedented-renowned-ob-gyn-tells-dr-drew-seen-off-charts-rise-miscarriages-fetal-abnormalities-since-vaccine-int/

Dr. James Thorp – a board-certified OBGYN and Maternal Fetal Medicine Physician with over 43 years of clinical experience – joined Dr. Kelly Victory and Dr. Drew earlier this week to discuss recent studies on mRNA Covid vaccines and the adverse effects they have had on pregnant women since they were introduced.

In the past two years (since the mRNA vaccine was introduced), Dr. Thorp explained https://drdrew.com/2022/pyramid-nanoparticles-mrna-fetal-health-research-with-dr-james-thorp-and-dr-kelly-victory-ask-dr-drew/ that he has seen an “off-the-charts” rise in sudden fetal death and adverse pregnancy outcomes, such as fetal malformation and even fetal cardiac arrest, among his patients.

From Dr. Thorp:

> ***“Miscarriage has increased by a massive number… Fetal malformation…fetal cardiac abnormalities… fetal cardiac arrhythmias…fetal cardiac arrest…severe placental problems causing inter-uterine growth restrictions (unable to grow fetuses)… [it’s] a significant increase, and this is all compared with appropriate controls (like the influenza vaccine)…it’s way off the charts.***
>
> *So, the CDC and the FDA say that if you have a relative risk of [p-value**] 2 or greater, that’s a severe danger signal that should be looked at.* ***Ours are way, way beyond that, with some of the p-values [above] 1,000,000.”***
>
> ***p-value:** the probability, for a given statistical model that, when the null hypothesis is true, the statistical summary would be equal to or more extreme than the actual observed results*

In his expert opinion, the culprit for the unprecedented spike in tragic outcomes can be nothing other than the experimental Covid-19 vaccine. To back up his claims, he cites several recent studies https://drdrew.com/2022/pyramid-nanoparticles-mrna-fetal-health-research-with-dr-james-thorp-and-dr-kelly-victory-ask-dr-drew/ that compared miscarriage rates to other vaccines, such as the flu vaccine, ***and recent studies that have shown the mRNA spike protein from the Covid jab can be passed from mother to child, both in utero and through breastmilk.***

However, to make matters even worse, Dr. Thorp warned of an extremely troubling outcome for the babies who are being born – many of them have VAIDS, or vaccine-acquired immunodeficiency syndrome.

Dr. Thorp continued:

> *“I’m convinced that the reason many of the children…* ***we are seeing VAIDS – vaccine-acquired immunodeficiency syndrome.*** *I suspect the cause of that is because of the thymus*

gland. The thymus gland is under the sternum, and it's massive in the fetus – very tiny in us [fully-grown adults]. But, it's the organ that's responsible for seeding all of the t-cell clones. ***And, if you look at that Japanese biodistribution [study] data, it also [shows it] concentrates in the thymus.***

[according to that study] I think there was a four-fold increase in the thymus, but that's in an adult… ***if you look at a newborn thymus it's probably more like 120-fold because it's so vascular and lipophilic…*** ***and these children might have lifelong VAIDS because of that insult to the thymus in utero."***

Dr. Thorp told The Epoch Times that he sees anywhere between 6,000–7,000 high-risk pregnant patients a year and has seen many complications among them due to the COVID vaccines.

"I've seen many, many, many complications in pregnant women, in moms, and in fetuses, in children, offspring," he said, "fetal death, miscarriage, death of the fetus inside the mom.

"What I've seen in the last two years is unprecedented," Thorp asserted.

Watch: https://rumble.com/embed/v1k507g/?pub=4

Dr. Thorp is leading the charge among several OBGYNs that are now sounding the alarm about the overwhelming number of miscarriages and stillbirths that they believe are signs of mRNA vaccine-induced adverse events. In response to California's recently passed legislation that bans medical professionals from speaking out against the approved narrative, he is calling on all doctors to step up to the plate and combat the forces driving this deadly mass vaccination campaign, because, as he puts it: "it's your responsibility as doctors" to do so.

Dr. Thorp is firm in his belief of how concerning the situation comparing it to the Nuremberg trials after WWII, which involved seven physicians who ended up sentenced to death for their atrocities. Their excuse: "I was just following orders" did not protect them then, and, as Dr. Thorp warns now: "that excuse won't cut it this time either."

He explained his call to action to Dr. Drew in no uncertain terms:

*"**This is where the rubber meets the road. This is where physicians need to say 'no.'** And, I will remind you, physicians, in the Nuremberg trial there were seven physicians…* ***and they tried to use this sloppy illegitimate defense: "oh, I'm just following orders – they would have killed my family."*** ***You know what? All seven of those physicians hung. They were sentenced to death and they hung.***

This is where Austria got it right [recently]. ***They know that this [vaccine] is killing people, and they're saying: 'you know, physicians, this is your responsibility."***

They're right. It's a physician's responsibility to do their due diligence – like I did. It's their responsibility not to follow orders [blindly], but to do their own due diligence. They are killing patients if they are being told what to do, and I personally will act as an expert witness against them if they continue to do this."

Watch: https://rumble.com/embed/v1k4yby/?pub=4

Nuremberg 2.0 cannot come fast enough.

Quote: "Dr. Ryan Cole, the pathologist who has been speaking about the anomalies he has discovered in the bodies of vaccinated and unvaccinated patients since the roll-out of the covid shots, is now seeing unusual signs that are a huge red flag for fertility. **Not only is the world experiencing plunging birth rates, a trend that has only grown since the roll-out of covid "vaccines," but now we are also seeing sky-rocketing miscarriages and fetal mortality.**

An inkling that this would happen was given in early 2022 by whistleblower Mick Haddock, a coffin manufacturer in Toronto, who noticed bulk orders for infant coffins. ***"People are sending me placentas," Dr. Cole told Dr. Drew on his eponymous show. "These placentas are the wrong size for their gestational age; these placentas are calcified; these placentas have antibodies in them; these placentas have spike protein in them; these placentas have induced excess inflammation."***

As worldwide birth rates plummet – a **recent speech by a Hungarian MP asserts that birth rates have fallen by 20%,**
https://rairfoundation.com/hungarian-mp-links-drastic-fall-in-birth-rates-to-mass-vaccinations-against-covid-video/

...while **Germany and Sweden are not far behind – worrying signs are showing up in the placentas of stillborn infants."**
https://www.bib.bund.de/Publikation/2022/Fertility-declines-near-the-end-of-the-COVID-19-pandemic-Evidence-of-the-2022-birth-declines-in-Germany-and-Sweden.html
– Read from abstract FROM the birth drop reporting in Germany and Sweden:
"Abstract - Following the onset of the COVID-19 pandemic, several countries faced short-term fertility declines in 2020 and 2021, a development which did not materialize in Scandinavian and German-speaking countries. **However, more recent birth statistics show a steep fertility decline in the aftermath of the pandemic in 2022**. We aim to provide data on the unexpected birth decline in 2022 in Germany and Sweden and relate these data to pandemic-related contextual developments which could have influenced the post-pandemic fertility development. We rely on monthly birth statistics and present seasonally adjusted monthly Total Fertility Rates (TFR) for Germany and Sweden. **We relate the nine-months lagged fertility rates to contextual developments regarding COVID-19 mortality and morbidity, unemployment rates, and COVID-19 vaccinations.** The seasonally adjusted monthly TFR (total fertility rate) of Germany dropped from 1.5-1.6 in 2021 to 1.3-1.4 in 2022, a decline of about 14 %. In Sweden, the corresponding TFR dropped from about 1.7 in 2021 to 1.5-1.6 in 2022, a decline of almost 10 %. There is no association of the fertility trends with changes in unemployment, infection rates, or COVID-19 deaths. However, there is a strong association between the onset of vaccination programmes and the fertility decline nine months after of this onset. ***The fertility decline in the first months of 2022 in Germany and Sweden is remarkable."***

** Recently from the US CONGRESS ...

Titled: H.Res. 345: Recognizing that infertility is a widespread problem that affects populations of diverse ages, races, ethnicities, and genders.
– > https://www.govtrack.us/congress/bills/118/hres345/text

Quote: **"RESOLUTION - Recognizing that infertility is a widespread problem that affects populations of diverse ages, races, ethnicities, and genders."**

COMMENT /Question - WHY the need for this RESOLUTION? Other than that the DATA is REAL?

What the heck is going on here (death data from SOCIETY OF ACTUARIES - a world-wide organization with 30,000 members in the US – data collected from 80% of Life Ins Companies in US)
https://www.soa.org/programs/mortality-longevity/
https://www.lifehealth.com/mortality-trends-raise-underwriting-questions-life-insurers/

https://jessicar.substack.com/p/this-is-one-of-the-emails-i-received JESSICA ROSE - email from a woman who did not take VAXXX and her personal pregnancy story of interest vs her friend's who took that Vaxxx & their pregnancy stories (& OTHERS) – 100% MATCHES with my own local sources (interviews) have stated about their Vaxxxed friends UnABLE to get pregnant! & if they do, the Vaxxxed have a high miscarriage rate per the interviews! AND this: https://childrenshealthdefense.org/defender/pfizer-fast-track-vaccines-pregnant-moms/ "Similarly, **Dr. James Thorp,** in multiple interviews, described an **"off-the-charts" rise in sudden fetal death** and **other adverse outcomes [VAIDS]**, **including fetal malformation and fetal cardiac arrest**.

https://jessicar.substack.com/p/this-is-one-of-the-emails-i-received Jessica Rose

This is one of the emails I received the other day. I get hundreds daily, and I am hearing you all.

This particular note spoke loudly to me and this lovely person gave me permission to share her words.

"Dear Jessica,

I have been following your work for some time now. I thank God for you and your truth telling during this dark day of medical experimentation.

I'm sending this email to you to add colour to your work analyzing data. I know the trends and the data are vitally important but so are anecdotes and stories.

I have a 3 year old daughter and gave birth to my son in November. He's almost 8 months now and, thank God, very healthy. I live in *Fort Warrior*.

[JUST FOR CONTEXT] I am unvaccinated (or un-injected is maybe what we should say). **I knew I wanted to get pregnant in early 2021 and decided in advance that I wouldn't take the jab based on the precautionary principle**. I tend to be more skeptical of doctors and pharma than most -- I favour nutrition and lifestyle interventions first but I know a lot of people feel "safe" going to their doctor for a pill/pharmaceutical that ails them. I kept a lot of my opinions to myself.

Fast forward to my first OB appointment in June of 2021. **They were all over me about getting the COVID-19 jab at my appointment.** ***I never brought it up, they did*****.** **The nurse practitioner fielding intake questions advised me of the following:**

- the vaccine was highly recommended by the College of Obstetrics and Gynecology;
- **the vaccine stays in the arm, and generates an immune response through antibodies that will also protect the baby (and do cross the placenta)**;
- pregnant women are at an especially high ICU risk and there have been bad outcomes;
- I'm at higher risk of infection because I have a child in daycare;
- **they don't have "long-term" safety data but they have no reason to believe that the vaccine is unsafe**;
- pregnant women have priority on the vaccine.

I am a rule-follower so even though I had made the decision in advance to not take this death jab, it was a rattling appointment. **It honestly caused me so much stress throughout the pregnancy because I felt they made it seem like you were doing something wrong if you didn't get this death jab**. Every doctors' appointment had me so stressed and worried. You have this guilt about not doing "as the doctor told" and then worrying that if you got COVID and something did happen, they'd all be rolling your eyes and treating you like shit. I gave birth in a mask, but thank God everything went well and my son is healthy.

Since these jabs rolled out, **I know of one woman who had a stillbirth a month before her due date**. Devastating.

I also have a good friend whose baby is having many health problems. Her first baby was born the same time as my first and didn't have any of these problems.

I notice too that doctors are not connecting the dots.

One of the issues my friend's baby has is a heart murmur. I'm no expert on this but she said to me that the cardiologist told her that up to 1/3rd of babies have murmurs and they just go away on their own. That didn't sound right to me but I don't know.

She also said the baby had to go to physio and had a virus (and got COVID). It just seemed like there were so many issues and she never even raised the possibility that it might be related to taking the vax during pregnancy.

Another colleague of mine who got the jab and booster while she was breastfeeding said her daughter had green poop for a week after the booster and that she lost her supply.

She actually took her baby to Sick Kids and they told her she was basically crazy.

My cousin also didn't get the jab and gave birth around the same time as me. Her baby is doing good. Got Covid at 2 months old and recovered faster than my cousin's whole family who got it at the same time. Seems to fit the trend in the data.

I have so much rage and anger over this because I was so close to putting my baby at risk because of intense pressure from the OB office and from the mandates they rolled out at my work. I was able to get an "accommodation" because I started the job in March and had been working entirely from home and was about to take a leave. But it was gross listening to the head of HR at my job talking about the news related to "pregnant people" (ugh) and how vulnerable they were as she condescendingly implied that I was a moron for not doing more to protect my son.
Babies are being maimed; harmed. Women are being gaslighted. Breastmilk, which is literally medicine for a growing baby, is contaminated and causing harm because of these disastrous injections. This is evil. My heart is breaking every day. Every time I breastfeed my son with my milk I am so emotional.

I want more kids but I'm terrified of the medical system.

They doctors are in on this crime and are deliberately ignoring obvious data. I don't even want to take my son back to the doctors for anything. It feels like going to a crime scene.

I think of all the women I know who got this shot but want kids one day. They don't even know what they're in for and for their sake I hope I'm wrong, but damn.

I still don't get the feeling people are waking up in *Fort Warrior*. I have a few friends who are aware, but they oppose all vaccines (and the more I read, so do I) so they were already for sure never going to get this experimental one. It feels really repressive here. People want to forget the medical tyranny and apartheid rolled out in the fall and pretend like we can just move on from the darkness.

I don't know where things will go from here, but I'm so very grateful for your courage. I also appreciate the way you explain scientific findings in interviews. It's really helpful.

Sending you so much love, mental, physical and spiritual health as you do this work. I am sure it's so taxing to comb through these tragedies, but you are performing a vital human service."

In gratitude, I stand. With mighty power.

08-01-2023 Contributed by Alexandra Bruce

== **Titled: Horrifying Discovery in Unvaxxed Blood – Dr Ana Mihalcea**

https://forbiddenknowledgetv.net/horrifying-discovery-in-unvaxxed-blood-dr-ana-mihalcea/

-- Quotes: "Dr Ana Mihalcea joins Sean at the SGT Report to discuss her recent findings that unvaxxed folks now have the same risks as the vaxxed. She believes that the rubbery clots found by morticians are being caused by the hydrogel in the vaxx and that we are all ingesting the nanotechnology that creates them. We're inhaling it from the chemtrails and consuming it orally through our food and water. Her presentation, '**Evidence of Crimes Against Humanity: Darkfield Live Blood Analysis' begins at the 20 minute mark.**

> -- She says, **"26 teams (and more) have investigated the vials and I was part of such a team.** There was an RNA sequence for many vials but it…was truncated, there were fragments of it but it didn't have the entire sequence of it that was required to produce a spike protein… "**We didn't find any objective difference between vaxxinated and unvaxxinated blood… Everybody started developing these filaments, all of the blood was clumping…** "This is impedance spectroscopy. We used frequencies from 0 to 25,000Hz and applied it to the blood and just observed what happened. It turns out that at 4Hz, there was a substantial difference in the vaxxinated blood; it was extremely sensitive to 4Hz. **Let me explain that.**
>
> -- "Our Earth's biosphere has a resonance called the Schumann Resonance: 7.8Hz and nothing natural vibrates below that because it's related to the size of the Earth. So 4Hz, though has been documented around the Earth and it's an artificial, synthetic signal that comes from HAARP, the High-frequency Active Auroral Research Project, which is used for weather warfare, DNA modification and mind control and it turns out that the vaccinated have a very specific sensitivity to 4Hz electromagnetic radiation…
>
> -- "**We're inhaling it**. We're being sprayed with it. We're inhaling 20 million nanoparticles per breath, according to Dane Wigington. **It's being shed, it's in the meat supply. I've found this stuff in meat. It's in everything. It's in medication. So, this is what this assault is about and this is what I've been warning the world about.**
>
> -- "***People are just talking about the spike protein, it's like you're missing the target.*** **This [the hydrogel] is really what is the danger for humanity and this is how it's working."**
>
> *-- Dr Ana shows videos of insulin being added to a live blood sample and then a dental anesthetic (novocaine) being added to live blood* ***and you can see the self-assembly of nanochips being formed out of the hydrogel nanoparticles in the medication*** *and the building blocks in the blood.*

-- On a positive note, Dr Ana believes the best way to eliminate the hydrogel and the synthetic biology from the Death Shot is **Chelation therapy**

https://en.wikipedia.org/wiki/Chelation_therapy

with EDTA - https://en.wikipedia.org/wiki/Ethylenediaminetetraacetic_acid

... and she shows a blood sample Before and After chelation. "**So you absolutely want to take oral vitamin C every day**… I recommend – if your gut can tolerate it – up to 10,000mg per day… Clifford [Carnicom] and I are researching so many other things: **vitamin supplementation is very important, electron donors, antioxidants, EDTA, things like humic and fulvic acid**… we found that **hydrosol gold**

https://patents.google.com/patent/CN102107283B/en

is able to dissolve the microchips, so I'm using that in my protocols, as well. "**Nattokinase is important for the micro clotting that develops also from the acidity**. All of these things, together are definitely very important. Nitric acid is needed by the microbiome to detoxify graphene."

== Please visit Dr Ana's Substack to learn more ==

https://anamihalceamdphd.substack.com/

== Sample SUBSTACK ARTICLE of extreme interest == Jul 13, 2023 - A CASE REPORT:

TITLED: **C19 Unvaccinated Have Same Blood Clotting Problem As C19 Vaccinated - EDTA And Vitamin C Prevents Blood Clotting In C19 Unvaccinated**

https://anamihalceamdphd.substack.com/p/c19-unvaccinated-have-same-blood

-- Quote: "Yesterday an C19 unvaccinated individual came in for a phlebotomy. I was given consent to do this testing. I drew up 40 ml of blood into three 60cc syringes. One syringe was just the blood labelled unvaxxed. The other I put EDTA 5ml of 150mg/ml IV solution with 5 cc of normal saline for a total of 750 mg of EDTA. The third syringe I put 5 ml of 500mg/ml Ascorbic Acid in 5 ml of saline for a total of 2500mg Vitamin C. I was so busy with meetings all day that I completely forgot about the samples and left the clinic late at night. I remembered in the morning to check them and saw that in the untreated sample there clearly was a layer of hydrogel rubber that had developed from the CDB/ Morgellons. I called my assistant to take a video. **This is C19 unvaccinated blood** - someone who had taken oral EDTA for 3 days prior but not the day of the phlebotomy. As I have explained, **when people are highly contaminated, as all people now are, you need a high dose EDTA intravenously to clean the blood. Oral supplementation alone is not enough.**
-- I was in a hurry due to my busy clinic schedule so I did not worry about the fact that the solution was hypertonic. I just wanted to see if the rubbery clots would form. I have been writing extensively about my detox protocol with EDTA Chelation on the first day, Vitamin C 20000mg IV the second day and again 1500mg EDTA Chelation on the third day in multiple posts:"

SEE THE KEY 2 VIDEOS FROM THE July 13th CASE REPORT LINK (on Dr Ana's Substack):
Here is the link again: https://anamihalceamdphd.substack.com/p/c19-unvaccinated-have-same-blood
== Excerpt (WATCH VIDEO): **"Then I took the syringe that had the Vitamin C. There was no clot."**
== Excerpt (WATCH VIDEO): **"Then the syringe with the EDTA:"**
WOW HUH?
SO, what is the correct Hydrogel, etc "TREATMENTS", for both Vaxxxed and UnVaxxxed,
Q - ASKING: who is taking this (and what are the dependable sources)? **AND is this even "correct at all?**
Other than Keeping an Alkaline Level in body (per Karen Kingston)
- Up to 10,000 MG **Vit C** (per day) - OR maybe MORE?
- To break up the Hydrogel - **Chelation Therapy** via "IV", or oral? Dr Ana states "IV" is a must?
https://en.wikipedia.org/wiki/Chelation_therapy
- Chelation Therapy **with EDTA** https://en.wikipedia.org/wiki/Ethylenediaminetetraacetic_acid
- **Hydrosol Gold** (breaks up the microchips) https://patents.google.com/patent/CN102107283B/en
- **Electron Donors**
- Vit D and K2 ???????
- FYI Ivermectin (helps but, does not get rid of Hydro-gel see the interviews)
- "**NATTOKINASE** is important for the micro clotting that develops also from the acidity".
CAN YOU ADD ANYTHING TO THIS LIST (that I missed)?

REVIEW THAT FROM BEFORE - Want to know if this tech is PATENTED. YES IT IS. See this (again)...
AGAIN --- COMBINE ALL OF THAT ABOVE - to this interview below (where KAREN KINGSTON shows PATENTS –meaning that both KAREN and Dr Ana are indeed proving it is real):
REVIEW - SO, please WATCH the interview On June 2, 2023 again ALL OF IT!
==== IMPORTANT as BOTH Dr Ana Mihalcea and Karen Kingston were interviewed by Maria Zeee
Titled: **Karen Kingston & Dr. Ana Mihalcea – AI Exterminating Humans Through Synthetic Biology**
https://zeeemedia.com/interview/karen-kingston-dr-ana-mihalcea-ai-exterminating-humans-through-synthetic-biology/

THEN CONSIDER WHAT THE CDC IS PLANNING NEXT....
07-28-2023 Titled: **CDC likely to recommend annual COVID booster shot, director says**
https://www.theepochtimes.com/us/cdc-poised-to-recommend-annual-covid-19-shots-director-5431557
or
https://www.msn.com/en-us/health/health-news/cdc-likely-to-recommend-annual-covid-booster-shot-director-says/ar-AA1eu1bq

"...Just come back together in community. I think it's important that we really try to circle the wagons again as humanity, and hopefully come back to our senses. That's a hopeful message I would like to share." (Dr Ryan Cole MD – please visit https://globalcovidsummit.org/)

Reader COMMENT: THESE IMAGES are FROM FLCCC.net (see their list of doctors including Dr Cole) – Please go to the FLCCC.net website at: https://covid19criticalcare.com/ for any updated versions of this… AND please visit Dr Cole's site at: https://www.rcolemd.com/about Dr Cole has suggestions and is part of the FLCCC.net group of doctors.

Talk to your doctor about this COVID-19 protocol information (if Vaxxxed too) .

EARLY TREATMENT PROTOCOL[3] (for Delta variant)

Ivermectin[1]	0.4–0.6 mg/kg per dose (take with or after a meal) — one dose daily, take for 5 days or until recovered Use upper dose if: **1)** in regions with aggressive variants (e.g. Delta); **2)** treatment started on or after day 5 of symptoms or in pulmonary phase; or **3)** multiple comorbidities/ risk factors.
Nitazoxanide	500 mg 2 x daily for 5 days after meals. Combine with ivermectin (preferred) or substitute if ivermectin is not available. (Nitazoxanide is often unavailable or high-priced in the USA)
Antiviral mouthwash & iodine nasal spray	Mouthwash: Gargle 3 x daily (do not swallow; must contain chlorhexidine, povidone-iodine, or cetylpyridinium chloride). Nasal Spray: Use 1% povidone-iodine commercial product as per instructions 2–3 x daily. If 1%-product not available, must first dilute the more widely available 10%-solution[4] and apply 4–5 drops to each nose every 4 hours. (No more than 5 days in pregnancy.)
Dual anti-androgen therapy	1. Dutasteride 2 mg on day 1, followed by 1 mg daily for 10 days. If dutasteride not available, use finasteride 10 mg daily for 10 days 2. Spironolactone 100 mg 2 x daily for ten days
Fluvoxamine[5]	50 mg 2 x daily for 10 days In high risk patients meeting criteria 1, 2 or 3 above (see ivermectin) and if **1)** nitazoxanide/ivermectin combination not used or unavailable or **2)** anti-androgen therapies not used. Avoid if patient is already on an SSRI.
Monoclonal antibody therapy[6]	Casirivimab/imdevimab: 600 mg each in a single subcutaneous injection for patients with one or more risk factors as follows: Age > 65y; obesity; pregnancy; chronic lung, heart, or kidney disease; diabetes; immunosuppressed; developmental disability; chronic tracheostomy; or feeding tub.
Aspirin	325 mg/day (unless contraindicated)
Vitamin D	Calcitriol 0.05 mg day 1, then 0.025 mg daily for 7 days. Alternative: Calcifediol 0.2 mg on days 1 + 3 + 7, then weekly until recovered.
Vitamin C	500–1,000 mg 2 x daily
Quercetin	250 mg 2 x daily
Zinc	100 mg/day (elemental zinc)
Melatonin	10 mg before bedtime (causes drowsiness)
Pulse oximeter	Monitoring of oxygen saturation is recommended (for instructions see page 2)

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ALLIANCE

Dr COLE Protocol & Diet for SPIKE PROTEIN (from 2 interviews, Greg Hunter's and Mercola's).
https://rumble.com/v17c84n-global-cv19-vax-absolute-insanity-dr.-ryan-cole.html
https://www.technocracy.news/mercola-pathologist-dr-ryan-cole-on-post-jab-cancer-explosion-and-excess-mortality/

Motherwort (tincture) and Dandelion Root tea (reader add)?? Per Dr Cole: -- IMPORTANT - at 43:00 minute point - Dr Cole states that other than IVERMECTIN that helps with blocking the binding of SPIKE PROTEIN, that **cumin black seed oil, nigella sativa has quinine that can block spike binding, and even dandelion root can block spike binding**.

Drugs like Fenofibrate is a triglyceride drug that can block spike binding. Stated that there are many "things" that can block spike binding. He says: "**JUST DO NOT GET THE Vaxxx in the first place".** Other doctors researching - Dr Patterson's group is looking at HIV drug "Maraviroc"to bind to some cell receptors, on certain types of cells, maybe affecting those cells with Spike in them? Hyperbaric Oxygen Therapy might help those with heart damage? Mitochondria damage should be avoided, if your are already inflamed, lose weight, if your eating an inflammatory diet, avoid sugar, stay away from high fructose corn syrup, make sure your vitamin D levels are normal (that even was a good idea as during COVID itself - those with high Vit D did not have the problems of those who did not have normal Vit D levels).

Do not eat refined processed inflammatory seed oils, such as soybean, canola, & corn oils - that are inflammatory to the body. Eat avocado oil, coconut oil, olive oil - avoid inflammation in the body. Dr Cole said YES there are medications to help T-Cells and he mentioned "low dose Naltrexone) that helps retrain T-Cells to a more calm direction? All the reactivated VIRUSES, such as MONO, etc have their own treatments. THERE IS NOT ONE PATHWAY to follow, due to complexities (multiple) when experiencing or or some of the many Vaccine Injury symptoms. Dr Cole: "NOT ONE GIVEN ANSWER? AND "MAYBE SOME People's IMMUNE SYSTEMS are STRONG ENOUGH TO OVERCOME THIS? 70% of the world was Vit D deficient going into this illness... and, IF people have normal Vit D, then any flue, EVEN COVID the illness, is seemingly cut in half (depending)...!

Four Helpful Remedies (from Mercola interview who adds his own input freely), per Dr Mercola - I've quickly become a fan of pharmaceutical grade methylene blue, as it's been shown to improve mitochondrial respiration and aid in mitochondrial repair. At 15 to 20 milligrams a day, it could potentially go a long way toward resolving some of the fatigue many suffer post-jab and post-COVID. It may also be helpful in acute strokes. The primary contraindication is if you have a G6PD deficiency (a hereditary genetic condition), in which case you should not use methylene blue at all. ** SEE the Dr Mercola interview with Dr Cole with the VIDEO - for how Dr Mercola JUMPS in with HIS protocol again:

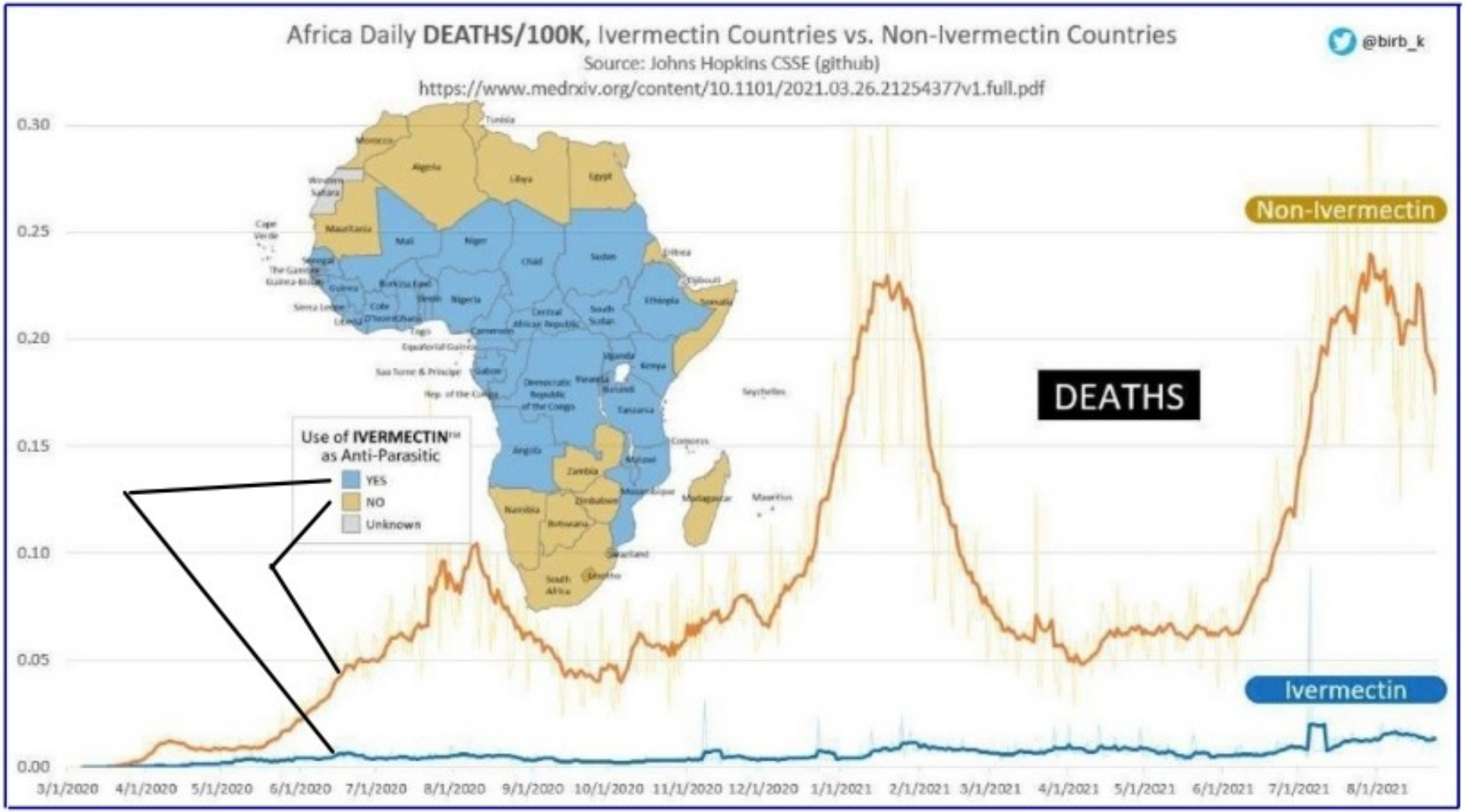
Another important remedy is near-infrared light. It triggers production of melatonin in your mitochondria[3] where you need it most. By mopping up reactive oxygen species, it too helps improve mitochondrial function and repair. Natural sunlight is 54.3% near-infrared radiation,[4] so this treatment is available for free.

For neurological side effects of the shot, a selective serotonin reuptake inhibitor (SSRI) antidepressant called fluvoxamine may be helpful. Cole explains the mechanism behind it:

> *"[Fluvoxamine] upregulates a receptor called sigma-1, which blocks another receptor called inositol-requiring enzyme 1, which is a precursor for cytokines. So, fluvoxamine will block cytokine production in neural tissues. And that's why [it works]. It's not because of its antidepressant effects.* ***It's a cytokine precursor blocker.*** *So, you actually are decreasing a cytokine storm in neural tissues.*
>
> *This is why one uses fluvoxamine. There are other SSRIs, but this mechanism is very specific to fluvoxamine. It's a tough to tolerate drug for some people. It makes some people anxious and agitated, but if you can tolerate it for two weeks, you can really turn down those inflammatory pathways in many patients. I'm not going to say everybody, but I've seen it work in many patients."*

A fourth treatment suggestion is hyperbaric oxygen therapy (HBOT). This too can be phenomenally helpful for strokes, heart attacks, autoimmune diseases and neurodegenerative disorders. To learn more, see "Hyperbaric Therapy — A Vastly Underused Treatment Modality." https://takecontrol.substack.com/p/hyperbaric-therapy?s=r

Image From: **Shocking Conclusions from Africa Study Expose Why Big Pharma's Puppets are Suppressing Ivermectin Data (Johns Hopkins data)?**



The vaccine-nannies are busy saying Ivermectin doesn't work, but they don't look to the science to show this.

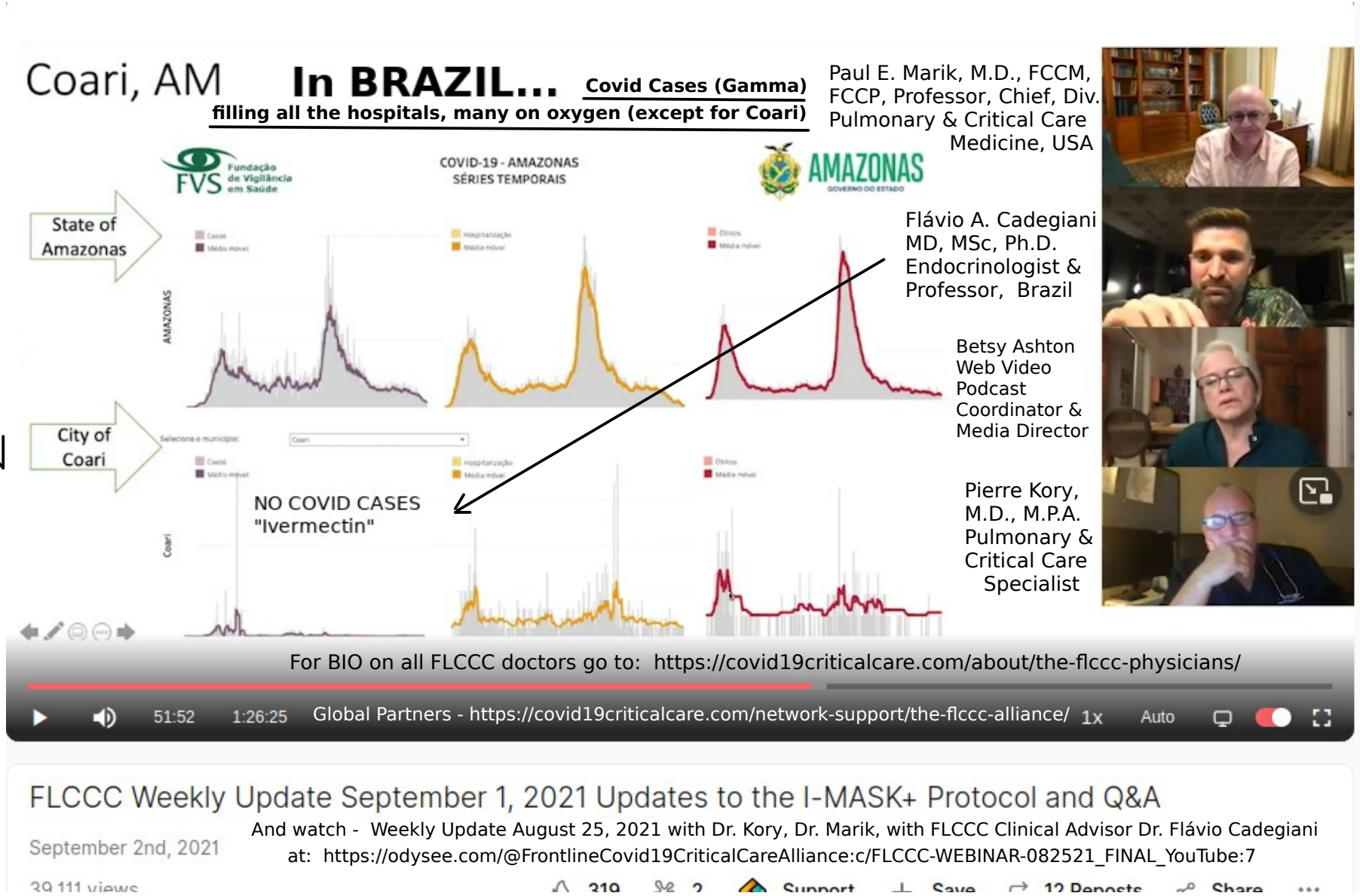
They simply gaslight us about the "horse dewormer."

by JD Rucker September 3, 2021 in Opinions

https://noqreport.com/2021/09/03/shocking-conclusions-from-africa-study-expose-why-big-pharmas-puppets-are-suppressing-ivermectin-data/

.

City hospital in BRAZIL - using Ivermectin, see below where they reported NO active COVID cases, NONE?
Watch the video at the below web site - FLCCC.net



FLCCC Weekly Update September 1, 2021 Updates to the I-MASK+ Protocol and Q&A

September 2nd, 2021

39,111 views

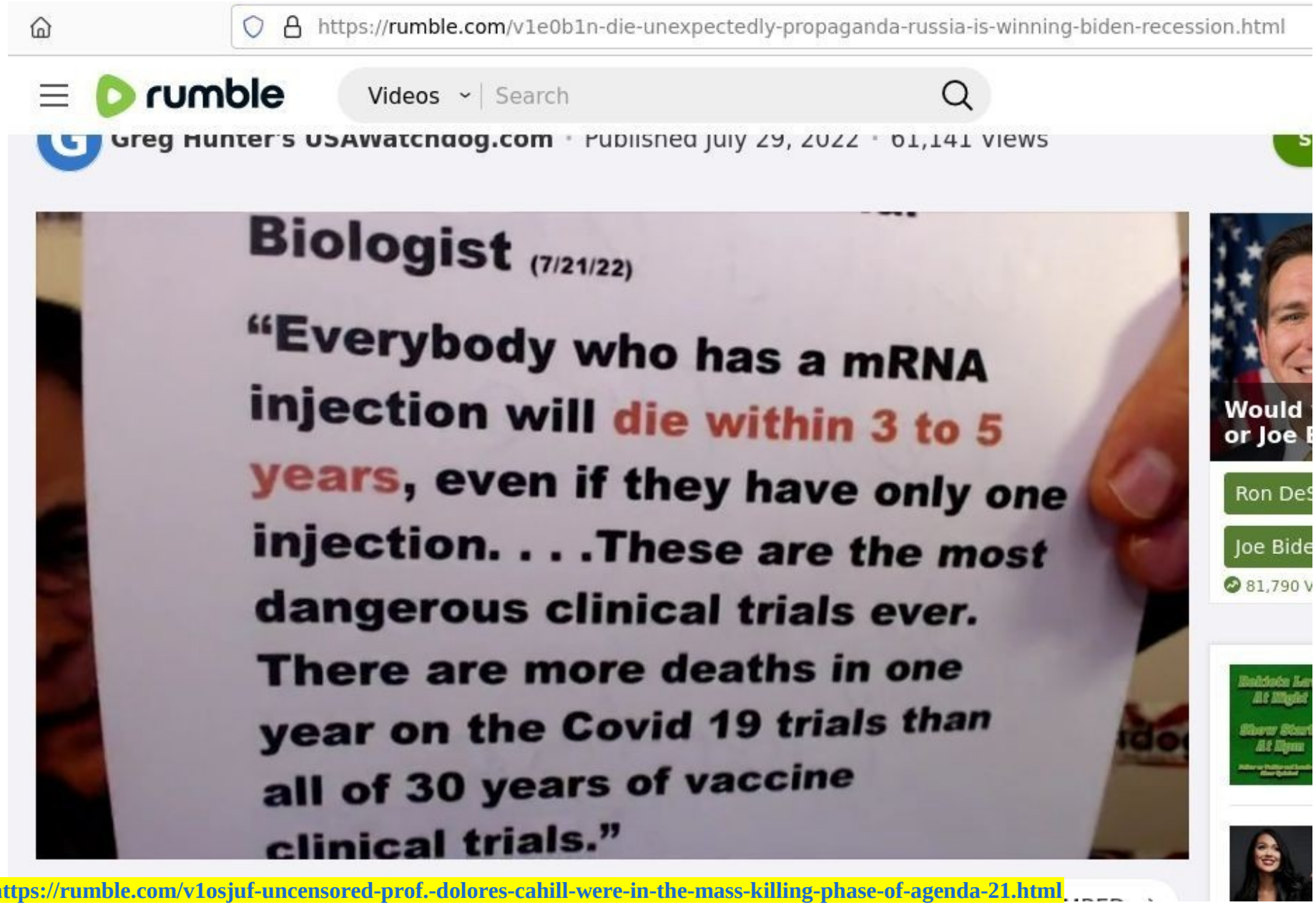
And watch - Weekly Update August 25, 2021 with Dr. Kory, Dr. Marik, with FLCCC Clinical Advisor Dr. Flávio Cadegiani at: https://odysee.com/@FrontlineCovid19CriticalCareAlliance:c/FLCCC-WEBINAR-082521_FINAL_YouTube:7

319 2 Support Save 12 Reposts Share

GO TO FLCCC.net – for information about how to make your own HOME COVID kit with Ivermectin and other stuff to take if you get the signs of being sick (or just take it per their instructions). <u>THE SITE TO GO TO FOR INFORMATION from REAL DOCTORS!</u>

MicroBiologist Delores Cahill - all even if one JAB will die in 3-5 yrs!

https://www.bitchute.com/video/fiysVjZ4PPwV



https://rumble.com/v1osjuf-uncensored-prof.-dolores-cahill-were-in-the-mass-killing-phase-of-agenda-21.html

Dear concerned,

Have you ever WATCHED THIS (short and simple):

-- Titled: Prof. Dolores Cahill: "Everyone who has had an mRNA injection dies within 3 to 5 years"!

https://www.bitchute.com/video/fiysVjZ4PPwV

> **So, when we do the math... Who too many BLAME and also complain about, that should go to JAIL - for real, etc… Well, why bother, even thinking about THEM? As most likely THEY WILL BE DEAD - ALL of em, the spineless doctors, lawyers, government officials. GONE!**

ALL the ones forcing the JABS, who ALSO THEMSELVES - most likely, them ALL GOT THE JAB too. Maybe if they have a good immune system per Dr COLE - they will be saved from death? We just do not know. This is a big MAYBE?

> **SO - my question is this - when many who mandated the shots are dead:**
>
> **Who will be left to go after, to take to court, or send to JAIL, or even now, to write or complain about, etc?**
>
> **Considering that the fact is this: They are all NOW, most likely all are on DEATH ROW, with a date set to die, and no chance for an appeal, period.**

Only thing left to do is to PRAY for them.

> **AND, if their kids did not get the JAB, and the kids are not affected by the SPIKE PROTEIN spread via body fluid transfer, then how many ORPHANS will there be? AND WHO WILL TAKE CARE OF THEM... ?**
>
> **Safely raising all those children without any family, raising them JUST like they were YOUR OWN?**

It is time to change the focus away from the past, to ponder and plan for, the future... for who are left still alive?