

**PEER REVIEWED STUDIES KEEP SOUNDING THE ALARM
OVER THE COVID-19 JABS!**

**'THEY' KEEP TELLING YOU:
NOTHING TO SEE HERE!**

NOTE: I have tried to make sure that none of the stories in this collection are duplicates, but I am allowing for the possibility that I may have missed cross-over referencing.

FURTHERMORE: Many of the articles I have posted here have video links imbedded in them that did not copy over to this page. You might want to reference the original sources for further investigation.

[FACTCHECK.ORG](https://factcheck.org)

[Flawed Paper on COVID-19 Vaccines, Deaths Spreads Widely Before Retraction](#)

By [Angelo Fichera](#) Posted on July 2, 2021

SciCheck Digest

The COVID-19 vaccines have been shown in trials and real-world application to be safe and effective. But a paper shared widely online claimed that vaccines cause two deaths for every three lives saved. Experts say the analysis misinterpreted data and was flawed — and it has now been retracted by the journal that published it.

Full Story

Unverified reports of adverse events that occur following receipt of a vaccine have been a key source of misinformation for months. As we've [repeatedly documented](#), anyone can submit a report to the U.S. system and the reports alone are not proof of a link to a vaccine.

In the latest iteration of that type of data being misrepresented, a peer-reviewed [paper](#) published in a scientific journal used it to dubiously claim that the COVID-19 vaccines were causing deaths at such a scale that they nearly rival the number of lives saved through the vaccines.

“For three deaths prevented by vaccination we have to accept two inflicted by vaccination,” the paper, published on June 24 in *Vaccines*, claimed.

Days after the analysis was published — [amid backlash from scientists](#), some of whom resigned from editorial roles with the publication — the journal [issued](#) a June 28 statement noting that there were “significant concerns” with the paper and that its assertion that the deaths were linked to vaccination “is incorrect and distorted.”

“The data has been misused because it makes the (incorrect) assumption that all deaths occurring post vaccination are caused by vaccination,” [Katie Ewer](#), an immunologist at the University of Oxford, [told Science](#) in an email. “[And] it is now being used by anti-vaxxers and COVID-19-deniers as evidence that COVID-19 vaccines are not safe. [This] is grossly irresponsible, particularly for a journal specialising in vaccines.”

Vaccines, [based in Switzerland](#), formally [retracted](#) the paper on July 2.

But in the days between its publication and retraction, the paper and its claims found a significant audience on social media, where they were spread widely [across platforms](#).

The [link](#) to the paper was shared nearly 9,000 times on Facebook as of early July 2, according to CrowdTangle [analytics data](#). Metrics on the journal's [site](#) indicate it was [viewed](#) more than 367,000 times.

Liz Wheeler, a conservative commentator, promoted the paper in a June 30 video on Facebook — [viewed](#) more than 250,000 times — titled, “The Vaccine Study You’re Not Allowed To See.”

“This is a peer-reviewed, scientific study,” Wheeler tells her viewers. “Essentially, this peer-reviewed scientific study shows that COVID-19 vaccine causes two deaths for every three lives it saves.”



Behind her in parts of the video is a board repeating the study’s claim as a statement of fact: “COVID vax kills two people for every three saved.”

As we said, the journal had [acknowledged](#) two days earlier that the data about purported deaths from the vaccines had been “distorted.”

The paper said that the authors used “the data of the Dutch national register ... to gauge the number of severe and fatal side effects per 100,000 vaccinations.”

But the [Dutch reporting system](#) — maintained by the Netherlands Pharmacovigilance Centre, called Lareb — includes a prominent disclaimer explicitly stating that a reported side effect may not be from the vaccine, similar to the adverse event reporting system used in the U.S., which we’ve [explained](#).

[Dr. Eugène van Puijenbroek](#), head of science and research at Lareb, told us in an email that the data used in the analysis “were interpreted incorrectly and therefore led to erroneous conclusions.” He said he had requested that the journal “make either an appropriate correction” or retract the study.

The system is used to “highlight possible safety signals at an early stage,” he said. “A reported event that occurred after vaccination is therefore not necessarily being caused by the vaccination, although our data was presented as being causally related by the authors. It should be noted that also the database of the European Medicines Agency that is mentioned in this article contains the same type of reports.”

“As clearly stated on our website, but not taken [into] account in the method applied in this article, death after vaccination does not imply that the adverse event is indeed the actual cause of death,” he said. “Existing health problems turned out to be the most obvious explanation for the fatal outcomes in the majority of cases. In a limited number of reports, adverse events following immunisation, known to be associated with the COVID vaccines (e.g. fever, nausea or malaise), may have contributed to the worsening of an already fragile health condition or an underlying medical condition. Suggesting all reports with a fatal outcome to be causally related is far from truth.”

Also, Van Puijenbroek said, the paper’s assertion that the reported deaths “were certified by medical specialists” is “simply incorrect.”

The lead author of the study, Harald Walach, is a [psychologist](#) and professor at Poznan University of the Medical Sciences in Poland. He and his co-authors penned a two-page letter defending their study, [published](#) by Retraction Watch, in which they admitted “that these data are far from perfect” but said they were justified in using the data for analysis because “they are the only ones that are available.”

They also claimed that “[c]urrently we only have association, we agree, and we never said anything else.”

There were other issues with the paper, too.

In addition to the fact that the deaths and other adverse events reported to the Dutch system are not confirmed to be caused by the vaccines, the authors arbitrarily chose to use that system to look at the case reports submitted per 100,000 vaccinations. But that system's volume is an outlier, relative to the rest of Europe.

"They have a median of 127 per 100k, ranging from 15 to 701, with Netherlands' 701 being an extreme outlier," [Jeffrey Morris](#), director of the division of biostatistics at the University of Pennsylvania, told us in an email. "They give some unconvincing rationale why they think using the 701 to represent the truth is the best idea, thus strongly skewing the adverse event rate of vaccines by a factor of almost 6 relative to using the median for all of Europe."

The paper also uses a concept known as the number needed to vaccinate, or NNTV, to estimate how many doses would need to be administered in order to avert one COVID-19 case or death. For deaths, it concludes that "the NNTV to prevent one death is between 9000 and 50,000 (95% confidence interval), with 16,000 as a point estimate."

But using that kind of measure — also referred to as the number needed to treat, or NNT — is problematic for several reasons, Morris said, especially for something where the risk is spread over a long period of time.

"The key factor here is that NNT depends directly on the time frame, and when you compute it using data from a short term study, it severely [underestimates] the benefit when the risk is spread over a longer time frame," he said.

The authors used data from an [Israeli study](#) that followed up with participants who received the Pfizer/BioNTech vaccine for an average of 15 days.

Morris said the short time frame for computing vaccine benefit is "especially misleading" since the reported adverse events (which again, aren't confirmed to be due to the vaccine) are typically occurring within that short time frame — "but only a small fraction of the beneficial effects of the vaccine, preventing cases for the next year or two or longer, are captured."

Also, the measure is influenced by other factors — such as lockdowns, social distancing and masking.

And when many people are vaccinated, the probability of infection and death goes down — therefore making the number needed to vaccinate higher (and the vaccine benefit appear smaller).

"In short, the NNT is an extremely flawed measure even if they had good data for estimating the risk of infection, hospitalization and death for vaccinated and unvaccinated groups and interpreted the data properly (which of course they did not)," Morris said.

Editor's note: [SciCheck's COVID-19/Vaccination Project](#) is made possible by a grant from the Robert Wood Johnson Foundation. The foundation has [no control](#) over our editorial decisions, and the views expressed in our articles do not necessarily reflect the views of the foundation. The goal of the project is to increase exposure to accurate information about COVID-19 and vaccines, while decreasing the impact of misinformation.

Sources

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POLITIFACT

Claims connecting sudden death in athletes to COVID-19 vaccines fall short of scrutiny

By [Samantha Putterman](#) June 23, 2022

[Instagram posts](#)

stated on June 20, 2022 in an Instagram post:

According to International Olympic Committee data, “an average of 29 athletes under the age of 35 suffered sudden death per year from 1966 to 2004. From March 2021 to March 2022, 769 athletes have died or suffered cardiac arrest.”

If Your Time is short

- Scientific reviews, medical experts and sports cardiologists have found no association between sudden death in athletes and COVID-19 vaccines.
- Figures used to support the claim that there is a link are inconsistent and often include unconfirmed and incomplete reports that don’t confirm vaccination or involve any emergency episodes.

[See the sources for this fact-check](#)

Sudden Arrhythmic Death Syndrome, also known as SADS, has been studied for years. The syndrome is caused by an undetected genetic heart condition and often occurs in young adulthood.

But ever since COVID-19 vaccines were released in late 2020, people have continually suggested that the shots are making SADS more common.

Articles and social media posts have highlighted instances of young athletes collapsing during games, with claims that the rate of these occurrences are way up since the vaccines came to market.

[Take this Instagram post](#): "SADS — according to International Olympic Committee data, an average of 29 athletes under the age of 35 suffer sudden death per year from 1966-2004. From March 2021 to March 2022, 769 athletes have died or suffered cardiac arrest."

The post was flagged as part of Facebook’s efforts to combat false news and misinformation on its News Feed. (Read more about our [partnership with Facebook](#).)

There are a number of issues here. First: the data itself. While the study that the post described as "International Olympic Committee data" only reflects sudden deaths, the 769 figure it is being compared with incorporates deaths and cardiac arrest episodes that did not result in death. PolitiFact's review of some of the reports that were counted in that figure also found the number included reports of cases that didn't involve any emergency medical episodes at all.

Second, the [study](#) that the Instagram post said looked at sudden cardiac deaths in athletes from 1966 to 2004 wasn't, as it suggested, conducted by the International Olympic Committee. Rather, the findings were presented at a Dec. 7, 2004, [committee meeting](#) by researchers affiliated with the University Hospital Center in Lausanne, Switzerland.

We were unable to get in touch with researchers involved in that study for more details or updated figures, and the International Olympic Committee told us that it doesn't track this kind of data.

The 769 figure, meanwhile, comes from an [April 2022](#) segment on One America News Network, a conservative cable news service that in the past has [shared problematic claims](#) related to COVID-19.

In the clip, reporter Pearson Sharp talked about how tennis players Jannik Sinner and Paula Badosa had to drop out of the Miami Open in 2021. Sharp then said the women were just two of "more than 769 athletes who have collapsed during a game on the field over the last year from March of 2021 to March of this year." However, Sinner and Badosa did not collapse during any match. [Tennis officials confirmed](#) that Sinner was suffering from foot blisters and Badosa had a viral illness at the time.

We reached out to Sharp about the data he used to get the figure. He told us the deaths and injuries were taken directly from headlines collected over the past year from around the world and sent several examples.

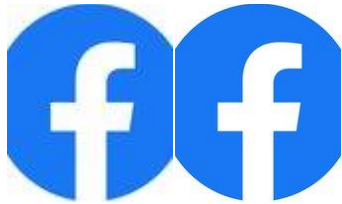
But PolitiFact — and [others](#) — have repeatedly [investigated the incidents cited in these claims](#). The details of these episodes show that vaccines are neither causing athletes to collapse, nor [are they connected](#) to other sudden death episodes.

A review of the articles Sharp sent over also showed that the reports aren't consistent. Some cite medical professionals who ruled out vaccination as a cause. Others don't include any information on the athlete's vaccination status. And some were about athletes that neither collapsed nor experienced a cardiac event.

One of the examples is Gilbert Kwemoi, a Gold medalist middle-distance runner from Kenya who collapsed in his home and died in August 2021. None of the reports about his death that we reviewed indicate whether he was vaccinated against COVID-19 or if it was a cardiac event that caused his death. His brother told [news outlets](#) that Kwemoi had developed an "illness" at a training camp.

Another is French soccer player Franck Berrier, who died of a heart attack in August 2021 while playing tennis. But Berrier, before the vaccines were on the market, [had acknowledged](#) that he had a heart condition.

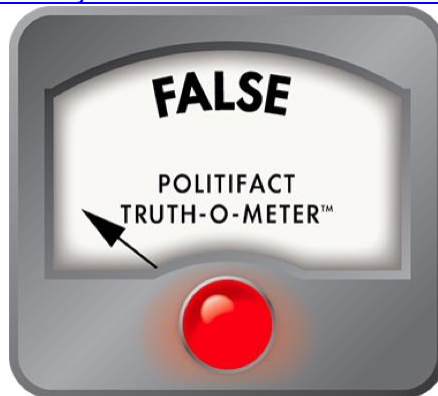
Featured Fact-check



[Facebook posts](#)

stated on December 10, 2022 in a Facebook post

[Recent blood clots or strokes in four major athletes are an unwanted effect of COVID-19 vaccines.](#)



By Jeff Cercone • December 13, 2022

Berrier was quoted in 2019 to have said that his heart was only working "at 70%"

"There is no danger in day-to-day life," Berrier said, "but if I put too much strain on it there's the risk that blood won't be pumped in fast enough and I'll have a heart attack."

Sharp cited stories about the deaths of [Ahmed Amin](#), an Egyptian soccer player, and [Avi Barot](#), an Indian cricketer. But they make no mention of whether the men received a vaccine, or what their causes of death were.

Sharp also pointed to the case of Kjeld Nuis, a Dutch speed skater. Nuis briefly developed pericarditis after receiving Pfizer-BioNTech's COVID-19 vaccine but he didn't collapse during any sporting event and he didn't say whether his vaccination contributed to his heart problem or whether it was linked to his athletic activity. After experiencing some flu-like symptoms and chest pressure, Nuis said he was examined by his sports doctor and cardiologist.

"Was immediately able to go the next day and after a heart film, ultrasound and an MRI. Everything seems to be fine! Now at training camp," [the skater said on his Instagram page.](#)

Another popular example in claims like the one on Instagram is the collapse of Danish soccer player Christian Eriksen. But Eriksen, according to his team director, [wasn't vaccinated for COVID-19](#) when he suffered cardiac arrest during a match in June 2021.

"To date, I am not aware of a single COVID vaccine-related cardiac complication in professional sports," Matthew Martinez, a sports cardiologist who works with the National Football League, National Basketball Association, National Hockey League and Major League Soccer and who is the director of sports cardiology at Morristown Medical Center in New Jersey [told us in December](#). Martinez reaffirmed that observation when we reached out to him again in June.

The same goes for Jonathan Kim, an associate professor of medicine and chief of sports cardiology at Emory University in Atlanta. "I am not aware of any reports that vaccines in athletes are causing cardiac issues," he said.

Vaccines don't increase deaths

Studies and scientific reviews found no association between vaccination and deaths in anyone — adults or children — except in rare cases, according to a [2015 study](#). More recently, following the introduction of COVID-19 vaccines, a [2021 study](#) by the Centers for Disease Control and Prevention found no increased risk for death among those vaccinated for COVID-19.

According to the [Sudden Arrhythmia Death Syndromes Foundation](#), SADS conditions are genetic heart problems that can cause sudden death in young, apparently healthy, people.

Warning signs of SADS conditions include family history of sudden, unexplained death under age 40, fainting or seizure during exercise, excitement or startle, and consistent or unusual chest pain and/or shortness of breath during exercise, the SADS foundation said.

These conditions have been studied for decades, and the foundation told PolitiFact that there is "no evidence" suggesting that any of the COVID-19 vaccines cause people to develop SADS conditions, or make people's conditions more severe.

Dr. Michael J. Ackerman, director of the Long QT Syndrome Clinic and professor of medicine, pediatrics and molecular pharmacology at the Mayo Clinic College of Medicine said there is not a "single signal" of increased SADS events among diagnosed and treated patients who've been vaccinated.

"Over two years into the pandemic, there's been no indication in the largest programs in the world of an increase in death from these conditions," Ackerman said.

Our ruling

An Instagram post claims that an average of 29 young athletes suffered sudden death per year from 1966 to 2004, while 769 athletes have died or suffered cardiac arrest from March 2021 to March 2022, suggesting the COVID-19 vaccines have caused a spike in sudden deaths.

A study published in 2006 found that an average of 29 young athletes experienced sudden deaths over a nearly 40-year span, but there is no comparable study to weigh it against. The 769 figure is based on a collection of articles that incorporate reports of athlete deaths, cardiac arrest incidents and various incomplete anecdotes that didn't involve any emergency medical episodes or have any confirmed connection to the vaccines.

Studies and scientific reviews have found no association between vaccination and sudden deaths, and officials with the SADS foundation, as well as sports cardiologists, say there is no evidence that suggests any of the COVID-19 vaccines cause people to experience sudden death.

We rate this False.

Our Sources

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Email interview, Pearson Sharp reporter for OANN, June 21, 2022

AP NEWS

Claims baselessly link COVID vaccines to athlete deaths

By ANGELO FICHERA January 4, 2023

CLAIM: Two researchers found that more than 1,500 athletes have suffered cardiac arrest since COVID-19 vaccinations began, compared to a previous average of 29 athletes per year, suggesting the vaccines are causing a dramatic rise in such cardiac issues.

AP'S ASSESSMENT: False. The researchers cited a number from a blog that lists news stories about recent deaths and medical emergencies among people of all ages, from all over the world — some of which were attributed to other causes, such as cancer. The previous figure, meanwhile, is from a 2006 study that specifically reviewed literature for reports of sudden cardiac deaths among athletes under age 35. Comparing the two sources, with different methodologies, is not scientifically sound, experts told The Associated Press.

THE FACTS: Following Buffalo Bills safety Damar Hamlin's [cardiac arrest](#) during a game Monday, social media posts and Fox News gave air to a long-circulating and [faulty narrative](#) that COVID-19 vaccines are causing a dramatic increase in athlete deaths.

"Cardiologist Peter McCullough and researcher Panagis Polykretis looked into this trend in Europe, European sports leagues. They found that prior to COVID and the COVID-19 vaccines there were roughly 29 cardiac arrests in those European sports leagues per year," Fox's Tucker Carlson claimed in a segment Tuesday night. "Since the vax campaign began, there have been more than 1,500 total cardiac arrests in those leagues and two-thirds of those were fatal."

Carlson was in fact referencing a letter, not a rigorous study, that McCullough and Polykretis published in a Scandinavian journal in late 2022.

That letter does claim that "1598 athletes suffered cardiac arrest, 1101 of which with deadly outcome" between January 2021 and late 2022 — but it simply cites a blog, [goodsciencing.com](#), for that figure.

The blog's list is a compilation of news reports about recent deaths and medical emergencies, and it includes cases not reported to be spurred by cardiac arrest: Some deaths, for example, were reportedly from cancer.

The list also includes incidents from around the world and among people of all ages — including some in their 70s and 80s — not just athletes in "European sports leagues," as Carlson claimed.

For example, the list now includes a 71-year-old woman who [died](#) at home in Canada in December even while acknowledging her cause of death was not known and that her obituary suggested donations to a cancer charity. It also cites a [news story](#) about a 61-year-old Italian athletic trainer who reportedly died shortly after being diagnosed with leukemia.

“It’s not real research,” Dr. Matthew Martinez, director of sports cardiology at Atlantic Health System in Morristown Medical Center, told the AP. “Anybody can write a letter to the editor and then quote an article that has no academic rigor.”

Dr. Jonathan Kim, chief of sports cardiology at Emory University School of Medicine and team cardiologist for Atlanta’s NFL, NBA and MLB teams, similarly said of the blog post: “It’s just shocking to use that as a citation.”

“It’s scientific garbage, you can’t just pull a bunch of media reports,” he added, noting that in some cases a clinically determined cause of death or health issue isn’t released because it’s private medical information.

The letter by McCullough and Polykretis goes on to compare the blog’s questionable “1,598” figure of recent incidents to a [2006 study](#) that found 1,101 reports of sudden cardiac death in athletes over a 38-year period, or an average of 29 per year.

That analysis, however, reviewed literature specifically for reports of sudden cardiac death among athletes under the age of 35. The study also noted that its findings were limited because “SCD in young athletes as reported in the published and studied papers is certainly underestimated.”

Dr. Neel Chokshi, medical director of Penn Medicine’s Sports Cardiology and Fitness Program, said it would be “inaccurate” to make conclusions by comparing the 2006 study and the blog’s figures.

“Typically, research and scientific data are peer reviewed under a fairly rigorous process to evaluate the methods used to obtain the data and perform the analysis,” Chokshi said in an email. “This is important for several reasons including ensuring the data is accurate, free from unforeseen biases and potential confounders.”

Chokshi added that it’s important to verify the circumstances around a reported death or event to confirm that it was in fact heart-related — something the blog doesn’t do.

“The data presented here does not support the notion that vaccines have caused an increase in sudden death,” he said.

The COVID-19 vaccines from Pfizer and Moderna do carry a rare risk — most frequently for young men — of myocarditis, an inflammation of the heart, though experts and [officials say](#) the benefits of vaccination outweigh the risks.

Cardiologists have [told the AP](#) there have been instances of athletes experiencing sudden cardiac death and cardiac arrest long before the COVID-19 pandemic and that they have not observed the dramatic increase alleged on social media.

Experts say it's too soon to know what caused Hamlin's heart to stop, though they've offered a rare type of trauma called commotio cordis as among the possible culprits. Physicians interviewed by the AP say there's no indication Hamlin's vaccine status played a role.

McCullough and Fox News did not immediately return requests for comment.

Associated Press writers Ali Swenson and Sophia Tulp contributed to this report.

This is part of AP's effort to address widely shared misinformation, including work with outside companies and organizations to add factual context to misleading content that is circulating online. [Learn more about fact-checking at AP.](#)

THE LIBERTY BEACON

WH Directly Asked that Tucker Carlson and Tomi Lahren Be Silenced Over C-19 VVVs

[January 8, 2023](#) [This article was posted by TLB Staff](#)

WH Directly Asked that Tucker Carlson and Tomi Lahren Be Silenced Over Covid Vaccines

This is Brazen Government Censorship

BECKER NEWS

The White House directly lobbied for the censorship of Fox News hosts Tucker Carlson and Tomi Lahren. The proof comes from an email from White House Digital Director Rob Flaherty to a Facebook employee.

Here is an email from White House Digital Director [@RFlaherty46](#) telling Facebook to censor [@TuckerCarlson](#) and [@TomiLahren](#).

They respond “running this down now.”

This is completely insane and a total violation of the first amendment. pic.twitter.com/IOpyt5zGEw

— Greg Price (@greg_price11) [January 7, 2023](#)

“Here is an email from White House Digital Director [@RFlaherty46](#) telling Facebook to censor [@TuckerCarlson](#) and [@TomiLahren](#),” Greg Price reported on Twitter. “They respond ‘running this down now’,”

“This is completely insane and a total violation of the first amendment,” Price commented.

CONFIDENTIAL

From: [REDACTED]@fb.com]
Sent: 4/14/2021 5:23:05 PM
To: Flaherty, Rob EOP/WHO [REDACTED]@who.eop.gov]
CC: Slavitt, Andrew M. EOP/WHO [REDACTED]@who.eop.gov]
Subject: [EXTERNAL] Re: tucker

Thanks—I saw the same thing when we hung up. Running this down now.

Get [Outlook for iOS](#)

From: Flaherty, Rob EOP/WHO [REDACTED]@who.eop.gov>
Sent: Wednesday, April 14, 2021 1:10:41 PM
To: [REDACTED]@fb.com>
Cc: Slavitt, Andrew M. EOP/WHO [REDACTED]@who.eop.gov>
Subject: tucker

Since we've been on the phone – the top post about vaccines today is tucker Carlson saying they don't work. Yesterday was Tomi Lehren saying she won't take one. This is exactly why I want to know what "Reduction" actually looks like – if "reduction" means "pumping our most vaccine hesitant audience with tucker Carlson saying it doesn't work" then...I'm not sure it's reduction!

Rob Flaherty
Director of Digital Strategy
The White House
Cell: [REDACTED]

Sen. Ted Cruz reacted to the report with a tweet of his own.

This is brazen government censorship.

If there are any actual "journalists" remaining in the corrupt corporate media, they should vocally condemn the Biden White House getting their lap dogs in Big Tech to silence major media outlets.
<https://t.co/N3OcwpkHNM>

— Ted Cruz (@tedcruz) [January 7, 2023](#)

Unfortunately, the corporate media can no longer be trusted to defend Americans' fundamental rights, including freedom of speech and freedom of the press. They are subservient to the corrupt Democratic Party, which for decades has openly and brazenly attacked everything that the nation has stood for.

The lack of accountability for the Democratic Party has become the greatest threat to liberty this nation has ever faced. Former White House Press Secretary Jen Psaki during her time in office openly threatened private citizens over their Covid views. In February 2022, Psaki applauded

“Spotify” [sic] for its decision to label Joe Rogan podcasts for allegedly violating the White House’s official Covid positions.

ABUSE OF POWER: [@PressSec](#), on behalf of [@POTUS](#), violates civil rights of [@JoeRogan...](#)
<https://t.co/QcHOehpXgf>

— Tom Fitton (@TomFitton) [February 1, 2022](#)

Far from defending Joe Rogan’s right to criticize Big Pharma and U.S. government policy on the Covid response, a reporter set up Jen Psaki with a softball question that seemed to beg her for more censorship.

“Spotify is putting out advisory warnings on episodes that have to do with Covid-19,” a reporter asked Psaki. “Does the White House and the administration think this is a satisfactory step, or do you think that companies like Spotify should go further than, you know, just a label on their say, hey go to your own — you know check this out. You know, there is more research you can look at, you know science research.”

“So our hope is that all major tech platforms and all major news sources for that matter be responsible and be vigilant to ensure the American people have access to accurate information on something as significant as Covid-19,” she remarked in her answer. “That certainly includes Spotify. So this disclaimer, it’s a positive step, but we want every platform to continue doing more to call out a misinformation while also uplifting accurate information.”

Jen Psaki, for good measure, was [ordered](#) to testify on Big Tech censorship, along with Dr. Anthony Fauci and current White House Press Secretary Karine Jean-Pierre.

But the 5th U.S. Circuit Court of Appeals this week blocked Republican attorneys’ general push to have Psaki testify, thus escaping further scrutiny of her unconstitutional push to silence critics.

Thomas Jefferson once wrote, “Our liberty depends on the freedom of the press, and that cannot be limited without being lost.”

The Democratic Party is now openly hostile to the freedom of the press. So-called “journalists” in the corporate media now appear to be perfectly fine with such an unconstitutional violation.

(TLB) published [this article from Becker News](#) as compiled and written by *Kyle Becker*

Header featured image (edited) credit: Biden/Carlson/original article BN

Emphasis added by (TLB) editors

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TLB PROJECT INFORMATION & DISCLAIMERS

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Stay tuned to ...



••••

The Liberty Beacon Project is now expanding at a near exponential rate, and for this we are grateful and excited! But we must also be practical. For 7 years we have not asked for any donations, and have built this project with our own funds as we grew. We are now experiencing ever increasing growing pains due to the large number of websites and projects we represent. So we have just installed donation buttons on our websites and ask that you consider this when you visit them. Nothing is too small. We thank you for all your support and your considerations ... (TLB)

••••

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VACINE DEATHS

Research links COVID-19 vaccines to increase in athlete deaths

06/09/2022 / By [Belle Carter](#)

A recent study has revealed the link of Wuhan coronavirus (COVID-19) jabs to the shocking number of [athlete deaths since the beginning of the vaccine rollout](#).

The investigation of official statistics done by the GoodSciencing.com team has found that the number of athletes who have died since the beginning of 2021 has risen exponentially to a [massive 1,700 percent higher](#) than the monthly average between 1966 and 2004.

Additionally, the current trend for 2022 so far shows this could increase to 4,120 percent if the increased number of deaths continues, with the number of deaths in March alone being three times higher than the previous annual average.

The 2021 total equates to 394 deaths, 14 times higher than the 1966 to 2004 annual average, whereas the January to April total is at 279 deaths, which is [9.96 times higher](#) than the annual average from 1966-2004.

Between 1966 and 2004, the monthly average number of deaths equates to 2.35, however, between January 2021 and April 2022, the monthly average is 42. This is an increase of 1,696 percent.

“The increase was observed during the introduction of an experimental injection that was alleged to protect against COVID-19 disease, but instead caused [untold damage to the immune system and cardiovascular problems](#),” the paper that was published on Global Research indicated.

The paper included 566 patients who received either the Pfizer or Moderna vaccines and showed signs of cardiovascular damage following the second shot. The risk of heart attacks or other severe coronary problems more than doubled months after the vaccines were administered, based on changes in markers of inflammation and cell damage. (Related: [Israeli study links COVID-19 vaccines to heart failure in young adults](#).)

Correlation of mRNA and adenoviral shots to deadly brain disease exposed

A French pre-print study on the coronavirus vaccines has likewise suggested a [link between the vaccines and Creutzfeldt-Jakob disease](#) (CJD), a rare and fatal brain condition.

The research, which can be found on the Research Gate publication website, stated that Pfizer, Moderna and AstraZeneca vaccines may have [contributed to the emergence of a new type of sporadic CJD](#) which is much more aggressive than the traditional form of the disease.

When the COVID-19 variant's spike protein gene information was made into a vaccine as part of mRNA and adenoviral DNA vaccines, the prion region was also incorporated.

“After a patient takes Pfizer or Moderna mRNA vaccine, the mRNA is naturally incorporated into the person's cells, which then use the mRNA instructions to [produce a synthetic spike protein](#). This tricks the cells into believing that they have been infected so that they create an immunological memory against a component of the coronavirus,” the paper stated.

For AstraZeneca, which uses an [adenoviral vector platform](#), the DNA of the spike protein is carried into the cell through an adenoviral vector and then into the nucleus, where all human DNA is stored. The DNA is then transcribed into mRNA and made into the spike protein.

Though major health organizations say genetic material from the vaccines isn't incorporated into human DNA, mRNA studies conducted on human cells in labs proved that mRNA can be transcribed into DNA and then [incorporated into the human genome](#).

It's sad to say, but the biological process of translating mRNA information into proteins is not immune to mistakes. Thus, protein misfolding can occur.

CJD is caused by [abnormalities in a protein in the brain called a prion](#). The naturally occurring proteins are usually harmless, but when they become misfolded, they cause nearby prions to also become misshapen, which could lead to the destruction of brain tissue and eventually death. Its symptoms can be similar to those of other dementia-like brain disorders, such as Alzheimer's disease.

The disease is incurable, as once one prion becomes infected, it continues to propagate to other prions. There is no current treatment capable of stopping its progress.

Visit [VaccineDeaths.com](#) for more news related to deaths caused by the COVID-19 vaccines.

Watch this video exploring the possibility that the [monkeypox virus was released to cover up COVID-19 vaccine symptoms](#).

This video is from the [Glock 1911 channel on Briteon.com](#).

More related stories:

[Exclusive: Athlete who recovered from COVID facing 'very different future' after second dose of Pfizer vaccine triggers myocarditis.](#)

[Study: Incurable prion disease linked to covid jabs.](#)

[College student reportedly DIES of Pfizer vaccine-related myocarditis after being forced to take it to go to school.](#)

[Dr. Derrick DeSilva: The main cause of death is heart disease and not COVID-19 – Brighteon.TV.](#)

Sources include:

[Brighteon.com](#)

[GlobalResearch.ca](#)

[TheParadise.ng](#)

[TheEpochTimes.com](#)

[ResearchGate.net](#)

[NYTimes.com](#)

[PNAS.org](#)

[NINDS.NIH.gov](#)

THE EPOCH TIMES

How COVID Vaccines Cause Cancer

[Colleen Huber](#) Dec 30 2022

Antibodies are studied more than other immune proteins for association with disease. This does not mean that they are more decisive in disease outcomes. Type I interferon likely has far more impact.

Antibodies Are Not the Whole Story of Immune Resilience Toward Cancer

Much is being made of a recent study showing IgG4 antibodies spiking in the blood labs of those who are triple-injected with the mRNA COVID vaccines. Journalists are speculating that this may be the cause of increased cancers in the COVID-vaccinated. But that is not the main reason that the COVID-vaccinated are getting new cancer cases, sometimes aggressive “turbo cancers,” or coming out of remission from earlier cancer. Rather, there is earlier research that provides more plausible mechanisms for cancer risk, based on abundant prior knowledge of immune function. Let’s look at both the new study on IgG antibodies and earlier research.

The popular fallacy seems to be along these lines: ‘Antibodies are easy to test for. Plus, they are the focus of vaccine development and vaccine action. So therefore we spend a lot of time thinking and talking about them. So therefore they must be important markers of disease outcomes. So therefore they must be decisive in disease outcomes.’

After focusing my own work on cancer patients for the last 16 years as a naturopathic oncologist, if I made this mistake in thinking, most of my patients would be dead by now from misdirected efforts.

No, cancer remains a mega-problem of DNA damage, immune distraction, disrupted cell signaling, frenzied growth, lack of apoptosis, weakened tissues, angiogenesis, and metabolic derangement, as the principal features of an entity that feeds itself at the expense and to the detriment of the organ and the organism. These are the principal features of cancer, and they are hard as heck to treat successfully. I discuss that very daunting challenge [here](#).

IgG3 Versus IgG4

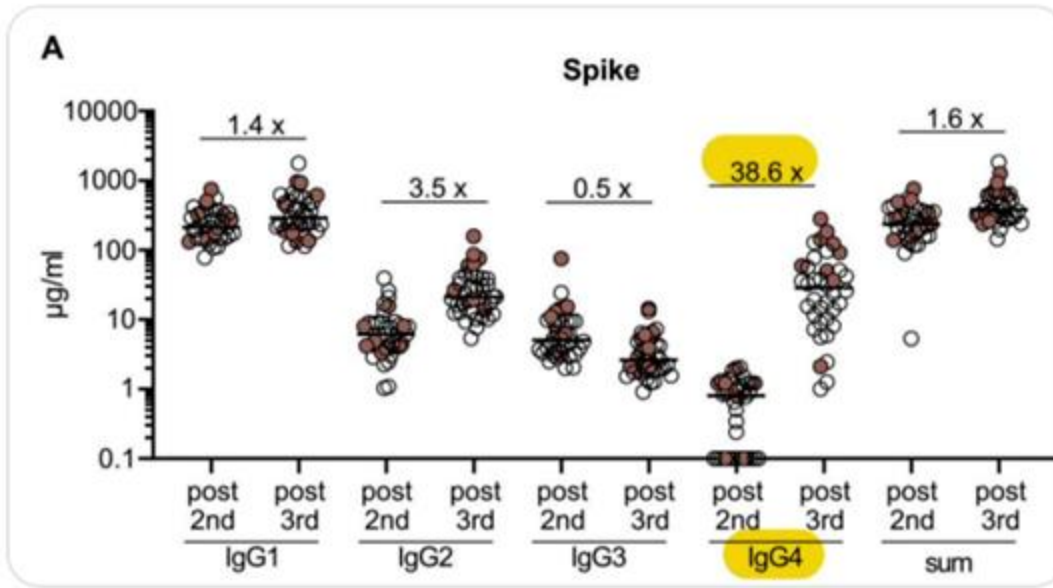
First, let’s look at the [new study on IgG3 versus IgG4 antibodies](#) in the triple-jabbed. Herein, let’s call it the IgG4 study. It finds that the triple-jabbed may be developing a non-inflammatory tolerance to even high levels of spike proteins. That is, rather than having typical dyspnea, cough,

olfactory and other full-blown COVID-type symptoms, IgG4 is a tolerant and tolerizing antibody that allows virions and spike protein load to accumulate in the body without the usual symptomatic alarms. Thus, a COVID+ PCR result with mild symptoms, or even no symptoms, often ensues. This may partly account for the many celebrities and politicians frequently quoted in MSM saying in so many words, 'I tested positive for COVID, but thanks to my shots, it's mild.' Yet their lack of effective immune defeat of SARS-CoV-2 is what prevents their developing a lasting neutralizing immunity. So they (at least at first) tolerate high spike protein loads and are perpetually vulnerable to recurrent infections. Even more worrisome, what underlies that recurrence of mild symptoms, show the IgG4 study authors, is a precarious derangement of immune function with potentially problematic stockpiling of viral load, spike proteins and antibodies, with potentially devastating consequences for their future health outcomes. Even a myeloma like abundance of immunoglobulins can create a [multiple myeloma-like disease](#) in the COVID-vaccinated, a sludgy protein-laden blood that is harmful to the fine filtration structures, glomeruli, of the kidneys.

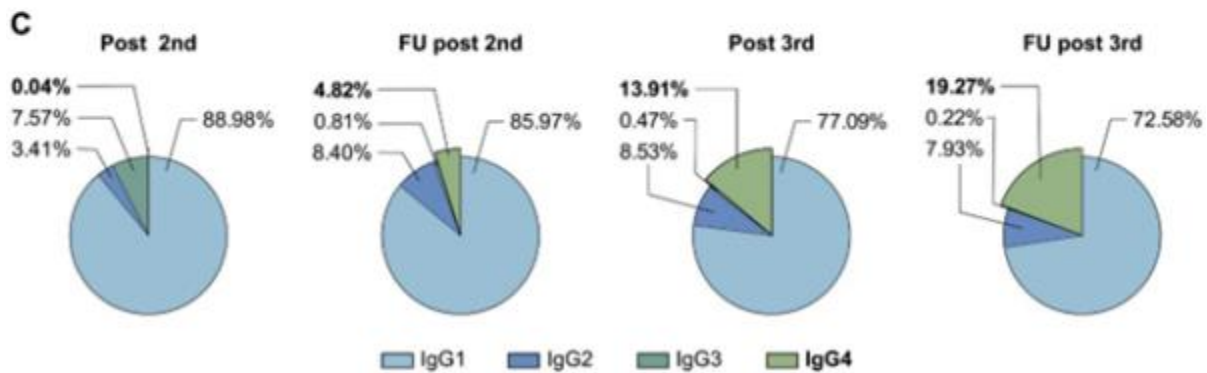
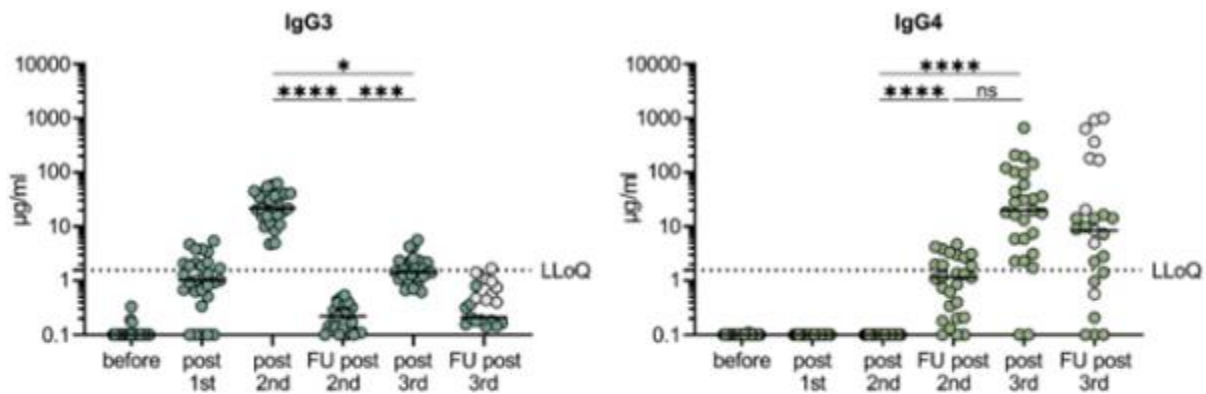
That immune deviation, misdirection and derangement has been previously described as *pathogenic priming*, a maladaptation of the immune system to either ignore or to fight ineffectively against genuine threats, while at the same time focusing its resources to slay the paper tigers of non-threatening antigens. This happened in the design of the mRNA vaccines to produce a spike protein that was characteristic of the original Wuhan strain of SARS-CoV-2, but turned out to be ineffective against Delta, Omicron and subsequent strains, as some of us had earlier [warned](#). Because the Wuhan strain had already flamed and burned out, the COVID vaccines were obsolete by the time they were offered to the public.

Under circumstances of natural infection, whereas IgM antibodies flare for a short time after infection onset, IgG antibodies, in contrast, are slower to develop, and are those that remain long after an infection has resolved. (For example, my measles IgGs are still robust on a blood lab decades after I had measles as a child, with only natural immunity, no vaccine history.)

The subclass IgG4 is a non-inflammatory one that is correlated with tolerance to antigens, similar to allergy shots rendering the immune response more tolerant to grass pollen. IgG4 has no known effector function. Likewise, IgG4 seems to be inversely correlated with anaphylaxis. Here, in the IgG4 paper, regarding the COVID-vaccinated, IgG4 increases considerably, over 38 times, after a third mRNA injection. Please note that the scale of the y-axis is logarithmic, putting the IgG4s quite far up there.



At the same time, both triple- and double-jabbed lose a considerable amount of their IgG3 antibodies, discovered at 180-day and 210-day follow-up labs, respectively. Note again the logarithmic scale, showing cratering drop-off of IgG3 antibodies, with skyrocketing IgG4 antibodies. This is from Figure 1 of the [IgG4 paper](#):



The subclass IgG3 is sometimes thought, including by the IgG4 authors, to be pro-inflammatory, one of many immune assaults against invading pathogens. Although there is [evidence to the contrary](#) as well. IgG3 is thus sometimes assumed, including by the IgG4 authors, and interested journalists, to neutralize, or fight effectively against, antigens.

However, there is little support, other than correlation of titers, for the assertion that IgG3 antibodies may be effective warriors against pathogens. The IgG4 study authors acknowledge an earlier observation of "[IgG3 responses correlating with partial protection against HIV](#)," and only a rise in IgG3 antibodies after natural infection with SARS-CoV-2, such as reported [here](#), without mechanism of its protection.

One possible clue as to the IgG4 study authors' observations of low IgG3 is the [glycosylation of IgG3](#) as impactful on SARS-CoV-2 infection severity. (Immunoglobulins are glycosylated protein molecules generally, but hyper-glycosylation seems to be a problem. Glycosylation is generally detrimental to its optimal function; notorious glycosylation has devastated more than simply antibodies, in our junk food loving culture.)

IgG3 antibodies are a very small proportion of IgG antibodies and [have not yet been well-studied](#). Both IgG3 and IgG4 antibodies are generally a small proportion of all our B-cells, 3% and 4% respectively.

Low IgG3 antibodies are not necessarily correlated with low disease severity. For example, in COPD, we see [this correlation](#) of **low** IgG3 levels with life-threatening exacerbations of COPD. All antibodies, [including IgG3 and IgG4](#), generally rise and then fall in case of natural infection. Below I will explain why I am not so sure the cause and effect vector goes as is currently being assumed, from low IgG3 / IgG4 ratio to generalized immune dysfunction. Rather, I suspect that it may more likely be an effect of other mechanisms, described below.

There Is so Much More to Immune Function Than Only Antibodies

The first problem with the current IgG fascination is the assumption that just because antibodies consume much attention, and are easily measurable proteins on a blood lab, that they are then necessarily impactful on the vast complexity of the rest of the immune system. Metaphorically, by assuming that that which we can see is necessarily decisive, we are looking at the skin, so to speak, and assuming that we therefore know the functions of the internal organs and that the skin is the dominant cause of internal effects. Obviously, such is not the case.

Let's first assume that the highly mobile and ubiquitous blood contains many of the cells in our immune system and are, as a whole and in parts, key to optimal immune function. Here is the proportion of IgG immunoglobulin antibodies to the rest of the immune system:

Immunoglobulins are present on the surface of B-cells, where they act as receptors for antigens. B-cells fluctuate in number, but average 5.2% of all white blood cells. White blood cells are 0.1% of all cells in the blood. Therefore B-cells are about 0.00005% or 5 in 100,000 cells in the blood.

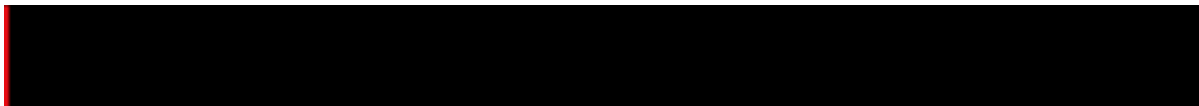
I explain further about that [here](#).

Cell Count and % of white blood cells per milliliter (ml) of blood, adult human

Innate immune system			Adaptive immune system		
Cell type	% of all white blood cells ³	Count per ml of blood	Cell type	% of all white blood cells	Count per ml of blood
Neutrophils	53.8%	2,690,000	T-cells	22.5%	1,125,000
Monocytes	8.4%	420,000	B-cells	5.2%	260,000
Natural killer cells	4.4%	220,000			
Eosinophils	3.2%	160,000			
Basophils	1.0%	50,000			
Dendritic cells	1.0%	50,000			
TOTAL INNATE	71.8%	3,590,000	TOTAL ADAPTIVE	27.7%	1,385,000

There are 5 billion red blood cells per milliliter of blood. There are 5 million white blood cells per milliliter of blood. Some would argue that red blood cells are also an important component of the innate immune system, because they can produce cytokines and can increase the numbers of and influence activity of other immune cells, such as neutrophils, macrophages and monocytes, and because they carry oxygen to tissues. We have 20 to 25 trillion red blood cells in the body. This is roughly 1000 times the number of neutrophils and 2,000 or 3,000 times the number of lymphocytes, and it is about 10,000 to 20,000 times the number of B-cells, which are the target cell of vaccine activity.

This proportion of B-cells to other cells in the blood is vanishingly small. If you can see the very skinny red line at the far left of the band below, that is the proportion of all B-cells compared to the vast remainder of cells in the blood. (The thin red line would actually need to be a little thinner to be true to scale.)



Now let's look at other aspects of immune function that are powerhouse fighters against cancer, but have been associated with high viral load and/or high spike protein, such as is expected to occur after COVID vaccination. These researchers found that two of our most important cancer-

fighting cells, natural killer ([NK](#)) cells and CD8+ T-cells were significantly reduced in these circumstances. Reduction in NK cells is seen with more aggressive tumors.

But the major problem with the mRNA COVID vaccines and cancer risk was shown in April of this year, in the [Seneff, Nigh paper](#).

The science community's pre-occupation with the relatively smaller adaptive immune system, mostly its humoral portion, and unfamiliarity or disinterest in the vastly more important and stronger innate immune system has led attention away from this seminal paper. I have to recommend not only reading but thoroughly studying the Seneff, Nigh paper for the best understanding to date of the effect of the COVID vaccines on tumorigenesis, immune-failure with respect to cancer and metastatic events.

What Seneff et al found is that the most profound threat to immune function by the mRNA vaccines is the interference with Type I interferon signaling pathways. This in turn debilitates the surveillance capabilities of the immune system in cancer detection. As a result, we see both new tumors and metastases of existing cancers in the COVID-vaccinated. We see what is now called turbo cancers. Here is how Seneff et al supports that hypothesis. Their paper is enormously detailed, and my summary of it below is quite brief.

[Ivanova, et al](#) found that people who were naturally infected with SARS-CoV-2 have been able to dramatically up-regulate our arguably most crucial cytokine, Type I interferon, as seen from their peripheral dendritic cells, whereas mRNA-vaccinated people have not shown this ability, nor any such increase, nor any progenitor cells for the same. From those various findings, is evident that the COVID vaccines suppress Type I interferon signaling. The results are a devastating breakdown of many downstream immune functions, creating new vulnerability to not only viral diseases, but also to cancer. The necessity of interferons for the body's war against cancer is further seen in the productive clinical use over decades of interferon as a therapeutic agent to cancer patients.

The most appreciated mechanisms of Type I interferon against cancers include up-regulation of the tumor suppressor gene p53, as well as kinase inhibitors, and the resulting arrest of cancer's cell reproduction. Perhaps even more crucial is that Interferon-alpha, a type of interferon I, [makes cancer recognizable](#), or in a way visible to other immune cells for destruction. Two other major effects of Type I interferons, specifically interferon-alpha, are cell differentiation and apoptosis, which are two of the major events that are important for a natural victory over cancer. Type I interferon also activates the essential cancer-fighting cells discussed above, CD8+ and NK cells. There are further genetic effects of Type I interferons, each of which tend to suppress tumors, notably through [IRF-7 genes](#). These genes have impact on [cancers](#) of the breast, prostate, uterus, ovaries and pancreas. But these and oncogenes generally appear to become dysregulated by the mRNA vaccines.

[Fay et al](#) discuss G-quadruplex formations in RNA, and that role in proto-oncogene expression. This can in turn lead to cancer progression.

Cancer Incidence

Even before the boosters were rolled out to the public, the Vaccine Adverse Events Reporting System (VAERS) of the Dept of Health and Human Services (HHS) showed vastly more cancers following COVID vaccines than for all other vaccines during the 30-year history of VAERS. These new cancers following the COVID vaccines accounted for 98% of cancers reported. Here again from Seneff et al:

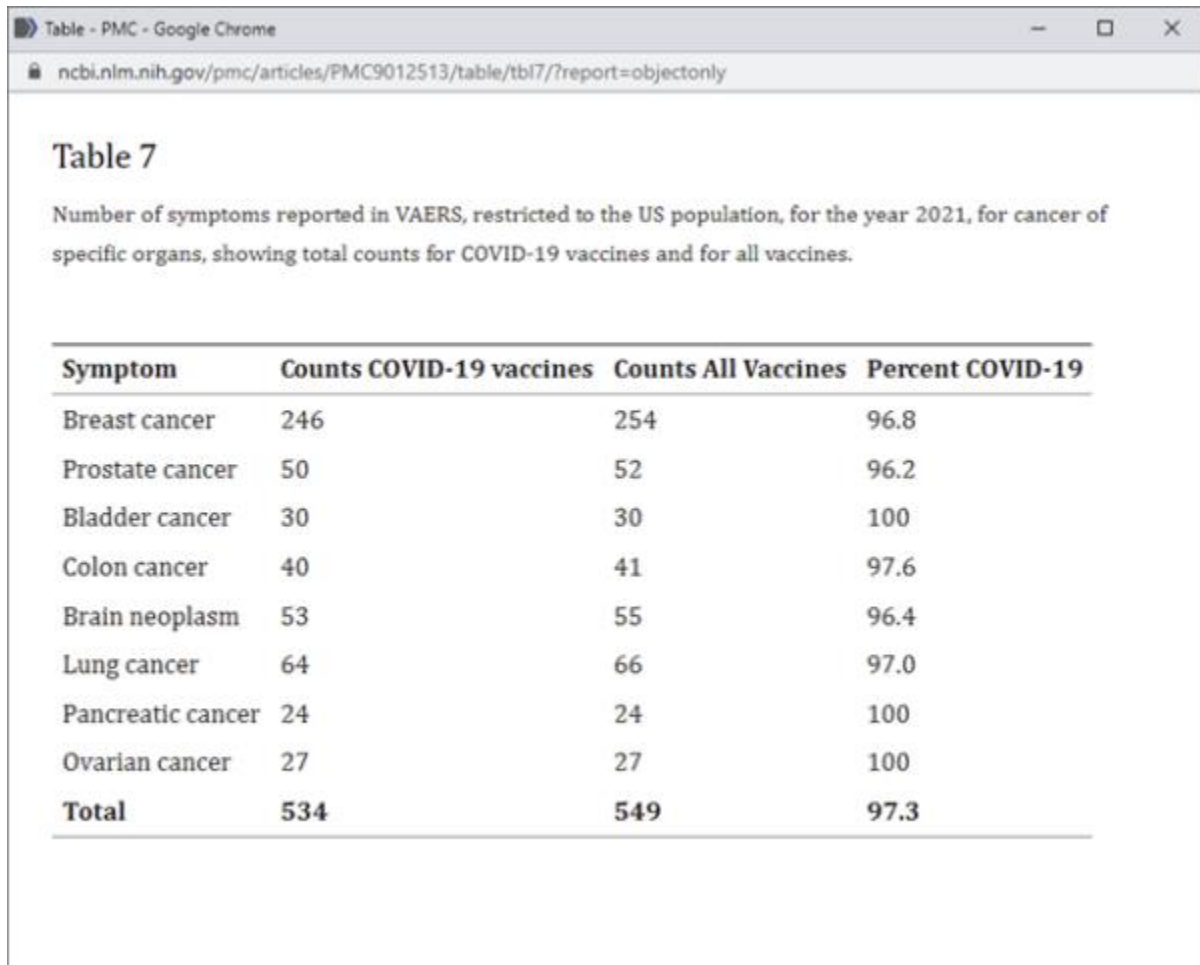


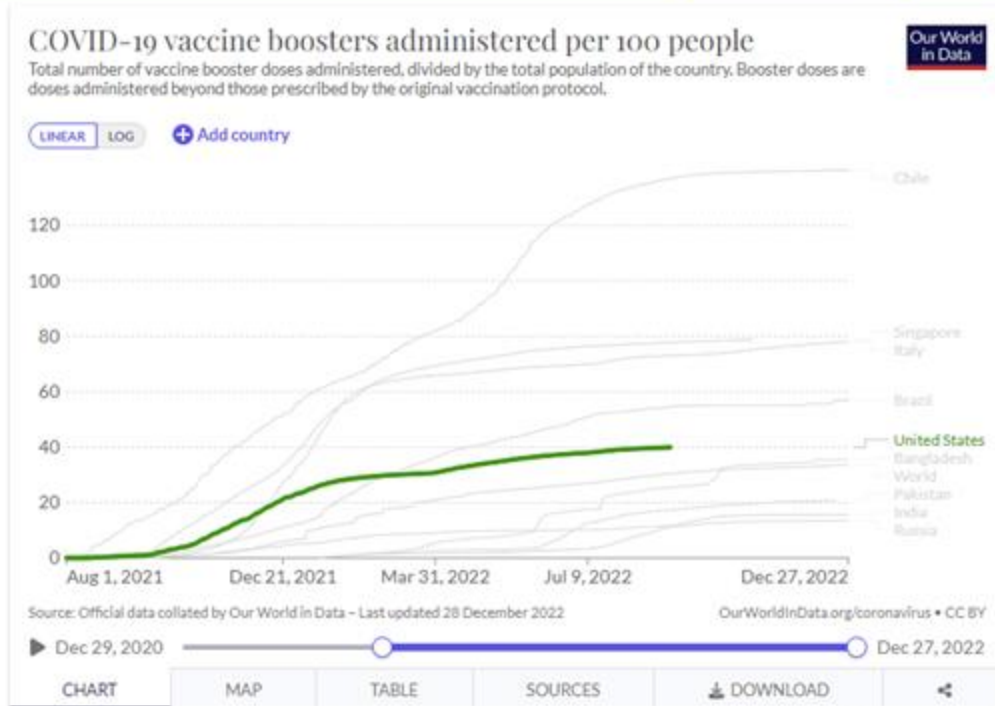
Table 7

Number of symptoms reported in VAERS, restricted to the US population, for the year 2021, for cancer of specific organs, showing total counts for COVID-19 vaccines and for all vaccines.

Symptom	Counts COVID-19 vaccines	Counts All Vaccines	Percent COVID-19
Breast cancer	246	254	96.8
Prostate cancer	50	52	96.2
Bladder cancer	30	30	100
Colon cancer	40	41	97.6
Brain neoplasm	53	55	96.4
Lung cancer	64	66	97.0
Pancreatic cancer	24	24	100
Ovarian cancer	27	27	100
Total	534	549	97.3

Seneff, Nigh et al <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9012513/>

It should be noted that the reporting of these 2021 cancers occurred in large part prior to the US public's (tepid) uptake of even the earliest mRNA COVID boosters (injection #3 in the fall of 2021) as here shown in [Our World in Data](#).



That 3rd injection is the one after which the IgG4 paper authors saw the most difference in IgG3/IgG4 ratios, but not necessarily the greatest increase in cases of cancer.

Let's consider the whole immune system, not only immunoglobulins, as necessary to protect against the ravages of cancer. Immune cells and cytokines, and their exquisitely coordinated and synergistic functions, must be protected from the destructive events initiated by irreversible experimental injections of novel products, such as the mRNA vaccines.

Reposted from the author's [Substack](#)

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[Colleen Huber](#)

Author, *The Defeat Of COVID*, *Manifesto for a Cancer Patient*, and *Choose Your Foods Like Your Life Depends On Them*, all on Amazon. Naturopathic Medical Doctor (NMD) x 15 years.

ADVERSE REACTION REPORT

First Landmark Peer-Reviewed Study on Pfizer and Moderna Jab Confirms Risk of Adverse Side Effects

4 months ago

 Print  PDF  Email

A landmark peer-reviewed study appears to be the first of its kind to provide hard data on the “excess risk” of adverse side effects of Pfizer-BioNTech and Moderna mRNA vaccines in an independent randomized control trial.

The results of the accepted scientific study confirm that the concerns that many patients had about the mRNA vaccines were well-founded.

“In the Moderna trial, the excess risk of serious AESIs (15.1 per 10,000 participants) was higher than the risk reduction for Covid-19 hospitalization relative to the placebo group (6.4 per 10,000 participants),” the study found.

“In the Pfizer trial, the excess risk of serious AESIs (10.1 per 10,000) was higher than the risk reduction for Covid-19 hospitalization relative to the placebo group (2.3 per 10,000 participants),” the study added.

The study was published on ScienceDirect on August 31, 2022. The authors include researchers from Stanford University, the University of Maryland, and UCLA. The study provides the following list of confirmed adverse events (or side effects) of the respective mRNA vaccines. It also provides the risk ratios versus Covid-19 (over 1 is a factor increase, under 1 is a factor decrease).

This is the list for Pfizer:

Table 3. Serious AESIs, Pfizer trial.

<i>Brighton category</i>	Vaccine	Placebo	Vaccine events per 10,000	Placebo events per 10,000	Difference in events per 10,000	Risk ratio
Association with immunization in general						
Anaphylaxis	1	1	0.5	0.5	0.0	1.00
Association with specific vaccine platform(s)						
Encephalitis/encephalomyelitis	0	2	0.0	1.1	-1.1	0.00
Seen with COVID-19						
Acute kidney injury	2	0	1.1	0.0	1.1	N/A
Acute liver injury	0	1	0.0	0.5	-0.5	0.00
Acute respiratory distress syndrome	2	1	1.1	0.5	0.5	2.00
Coagulation disorder	16	10	8.5	5.3	3.2	1.60
Myocarditis/pericarditis	2	1	1.1	0.5	0.5	2.00
Other forms of acute cardiac injury	16	12	8.5	6.4	2.1	1.33
Subtotal	39	28	20.7	14.9	5.8	1.39
Brighton list of 29 clinical diagnoses seen with COVID-19						
Abscess	4	1	2.1	0.5	1.6	4.00
Cholecystitis	4	2	2.1	1.1	1.1	2.00
Colitis/Enteritis	1	1	0.5	0.5	0.0	1.00
Diarrhea	1	0	0.5	0.0	0.5	N/A
Hyperglycemia	1	1	0.5	0.5	0.0	1.00
Pancreatitis	1	0	0.5	0.0	0.5	N/A
Psychosis	1	0	0.5	0.0	0.5	N/A
Subtotal	13	5	6.9	2.7	4.3	2.60
Total	52	33	27.7	17.6	10.1	1.57

And the following are the adverse events for Moderna:

Table 4. Serious AESIs, Moderna trial.

<i>Brighton category</i>	Vaccine	Placebo	Vaccine events per 10,000	Placebo events per 10,000	Difference in events per 10,000	Risk ratio
Association with specific vaccine platform(s)						
Bell's Palsy	1	0	0.7	0.0	0.7	N/A
Encephalitis/encephalomyelitis	1	0	0.7	0.0	0.7	N/A
Seen with COVID-19						
Acute kidney injury	1	3	0.7	2.0	-1.3	0.33
Acute liver injury	1	0	0.7	0.0	0.7	N/A
Acute respiratory distress syndrome	7	4	4.6	2.6	2.0	1.75
Angioedema	0	2	0.0	1.3	-1.3	0.00
Coagulation disorder	20	13	13.2	8.6	4.6	1.54
Generalized Convulsions	2	0	1.3	0.0	1.3	N/A
Myelitis	0	1	0.0	0.7	-0.7	0.00
Myocarditis/pericarditis	4	5	2.6	3.3	-0.7	0.80
Other forms of acute cardiac injury	26	26	17.1	17.1	0.0	1.00
Other rash	1	1	0.7	0.7	0.0	1.00
Rhabdomyolysis	0	1	0.0	0.7	-0.7	0.00
Single Organ Cutaneous Vasculitis	1	0	0.7	0.0	0.7	N/A
Subtotal	65	56	42.8	36.9	5.9	1.16

The [study](#) also provided known complications for Covid-19.

“Although the randomized trials offer high level evidence for evaluating causal effects, the sparsity of their data necessitates that harm-benefit analyses also consider observational studies,” the authors state. “Since their emergency authorization in December 2020, hundreds of millions of doses of Pfizer and Moderna Covid-19 vaccines have been administered and post-

authorization observational data offer a complementary opportunity to study AESIs. Post-authorization observational safety studies include cohort studies (which make use of medical claims or electronic health records) and disproportionality analyses (which use spontaneous adverse event reporting systems).”

“In July 2021, the FDA reported detecting four potential adverse events of interest: pulmonary embolism, acute myocardial infarction, immune thrombocytopenia, and disseminated intravascular coagulation following Pfizer’s vaccine based on medical claims data in older Americans.” the researchers add.

“Three of these four serious adverse event types would be categorized as coagulation disorders, which is the Brighton AESI category that exhibited the largest excess risk in the vaccine group in both the Pfizer and Moderna trials. FDA stated it would further investigate the findings but at the time of our writing has not issued an update.”

Joseph Fraiman announced the study results on Twitter:



Joseph Fraiman
@JosephFraiman

Our study examining mRNA vaccine serious adverse events study is now peer-reviewed in the Journal Vaccine

Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults



Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults

[sciencedirect.com](https://www.sciencedirect.com)

2:30 AM · Aug 31, 2022 · Twitter Web App

“Our study examining mRNA vaccine serious adverse events study is now peer-reviewed in the Journal Vaccine,” Fraiman wrote. “Serious adverse events of special interest following mRNA Covid-19 vaccination in randomized trials in adults.”

Thus, the objection to Americans’ concerns that the mRNA vaccines may have adverse side effects has come to a close, despite the initial advertisements that the vaccines were “100% safe and effective,” prevented infection and transmission, and had no known serious side effects.

[Continue reading on beckernews.com](https://www.beckernews.com)

ADVERSE REACTION REPORT

Italy: Peer-Reviewed Study Makes a Remarkable Discovery in People With Jab Adverse Effects

4 months ago

A peer-reviewed study in Italy found that 94% of people who experienced side effects after receiving mRNA vaccines had abnormal blood and contained foreign matter one month after vaccination, Epoch Times reported.

This new study was published in August 2022 in the open access peer-reviewed journal, [International Journal of Vaccine Theory, Practice, and Research](#) (IJVTPR).

Starting in March 2021, three Italian surgeons analyzed peripheral blood, using a single drop from each of 1,006 symptomatic participants who had had at least one mRNA injection (from Pfizer or Moderna.)

According to the study, “there were 948 subjects (94% of the total sample) whose blood showed aggregation of erythrocytes and the presence of particles of various shapes and sizes of unclear origin one month after the mRNA inoculation.”

[Erythrocytes](#) also known as red blood cells contain a protein called hemoglobin, which carries oxygen from the lungs to all parts of the body.

“In 12 subjects, blood was examined with the same method before vaccination, showing a perfectly normal hematological distribution. The alterations found after the inoculation of the mRNA injections further reinforce the suspicion that the modifications were due to the so-called “vaccines” themselves. We report 4 clinical cases, chosen as representative of the entire case series. Further studies are needed to define the exact nature of the particles found in the blood and to identify possible solutions to the problems they are evidently causing,” it added.

“Of the 1,006 subjects, 426 were males and 580 were females and 141 of them received only a single dose of the mRNA experimental injection, 453 got a second dose, and 412 received a third dose. The average age of the 1,006 subjects was 49 years and their age ranged from 15-85. On the average, 5.77% of the 1,006 individuals had normal blood samples in spite of their Covid-19 symptoms,” according to the study.

“The remaining 94.23% had abnormal blood samples as illustrated in the 4 cases we selected out of the 12 who were normal before receiving any mRNA injections but were no longer normal afterward. For each case, a drop of blood was drawn by pricking a finger and was analyzed under a ZEISS Primostar or LEITZ Laborlux 12 dark-field microscope. The observation of the blood under

an optical microscope in a dark-field took place an average of thirty days after the last inoculation,” the study added.

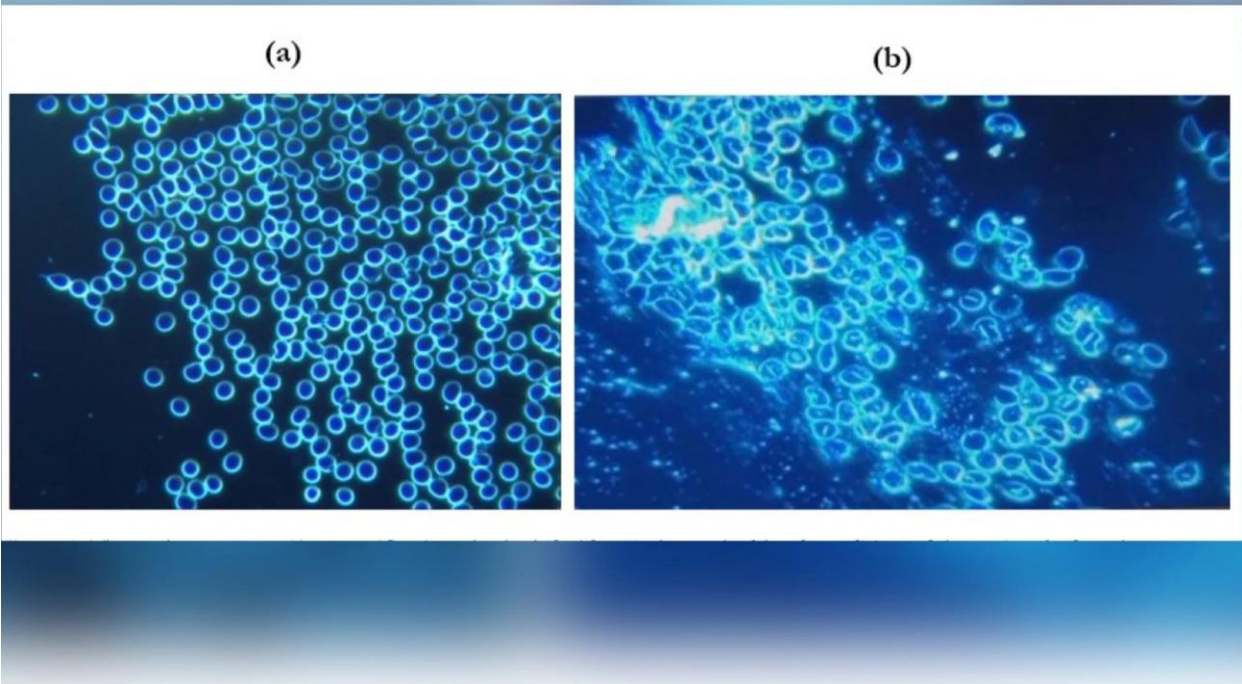
The three surgeons behind the study – Franco Giovannini, Riccardo Benzi Cipelli, and Gianpaolo Pisano – claim that their findings are similar to those of a study by Young Mi Lee, Sunyoung Park, and Ki-Yeob Jeon from South Korea, titled [“Foreign Materials in Blood Samples of Recipients of Covid-19 Vaccines,”](#) but the Italian study has “much larger sample.”

“Our findings, however, are bolstered by their parallel analysis of the fluids in vials of the mRNA concoctions alongside centrifuged plasma samples from the cases they studied intensively. What seems plain enough is that metallic particles resembling graphene oxide and possibly other metallic compounds, like those discovered by Gatti and Montanari, have been included in the cocktail of whatever the manufacturers have seen fit to put in the so-called mRNA “vaccines.”

The surgeons believed that the vaccine makers should provide an explanation as to what is within the shots and why those components are present.

“In our experience as clinicians, these mRNA injections are very unlike traditional “vaccines” and their manufacturers need, in our opinions, to come clean about what is in the injections and why it is there,” they said.

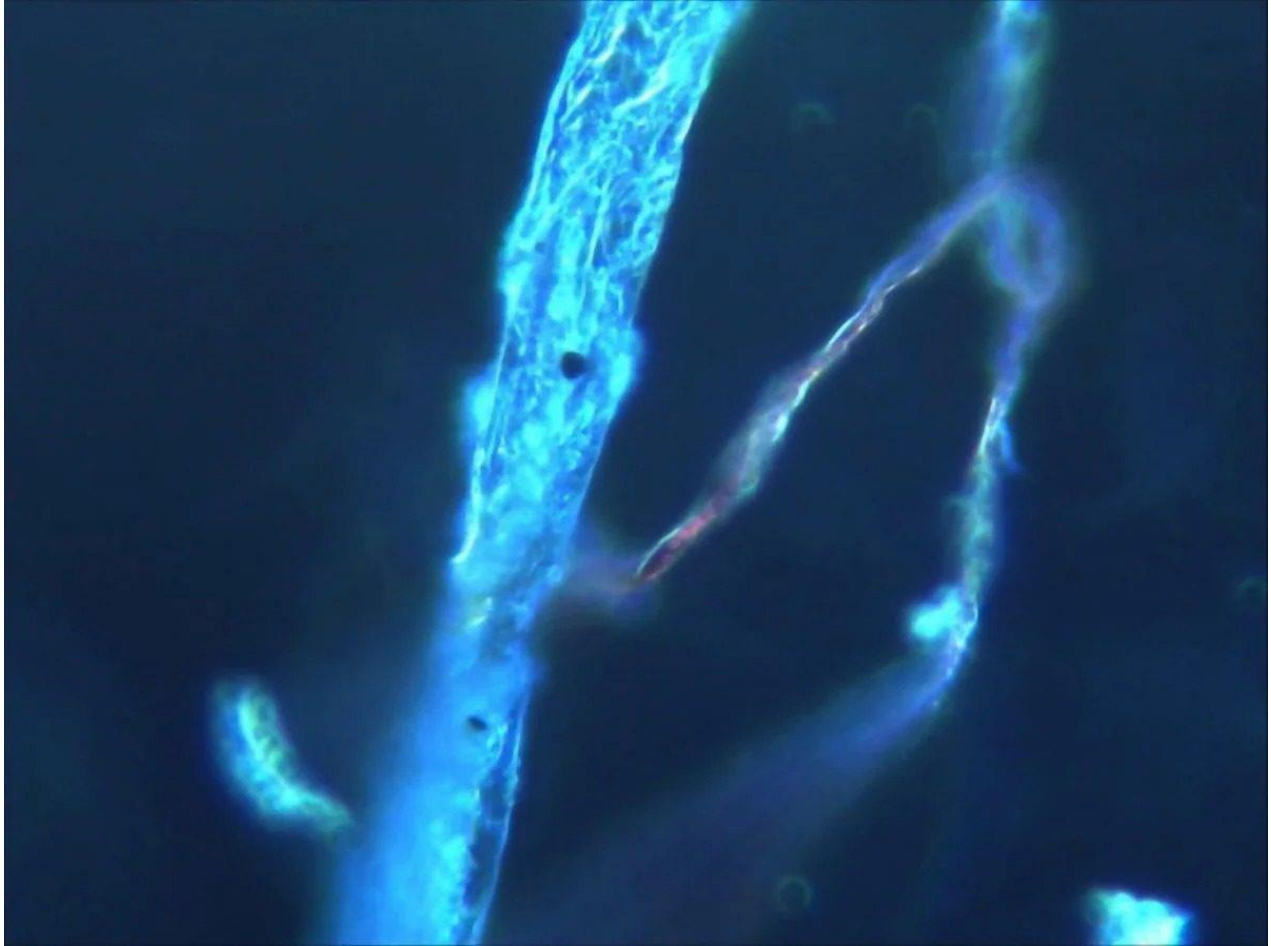
Below are the results of the [study](#):



These photos are at 40x magnification. At the left side, (a) shows the blood condition of the patient before the inoculation. The right side image, (b) shows the same person's blood one month after the first dose of Pfizer mRNA "vaccine". Particles can be seen among the red blood cells which are strongly conglobated around the exogenous particles; the agglomeration is believed to reflect a reduction in zeta potential adversely affecting the normal colloidal distribution of erythrocytes as see at the left. The red blood cells at the right (b) are no longer spherical and are clumping as in coagulation and clotting. (Source: IJVTPR)



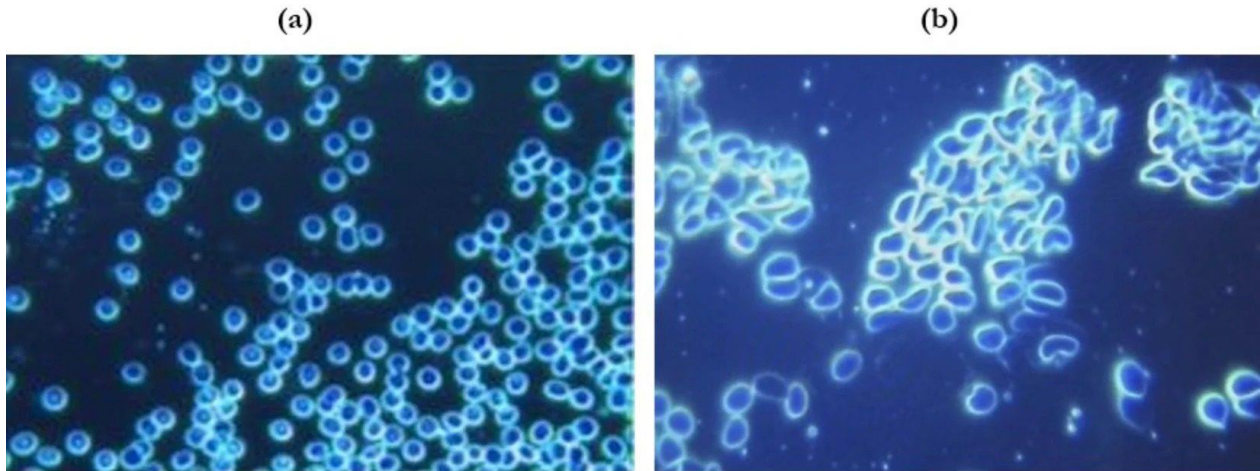
The image at 120x magnification shows two exogenous particles and clusters of fibrin 2 months after vaccination. (Source: IJVTPR)



This image at 120x magnification (3x magnification digitally produced) highlights a typical self-aggregating structuring in fibro/tubular mode. Figure 2. In this case the assembly of particles takes on crystalline features; furthermore, there is an area of close influence, butterfly wings, in the context of which a crystalline type organization occurs. Figure 3. The image at 120x magnification shows two exogenous particles and clusters of fibrin 2 months after vaccination. (Source: IJVTPR)

Case No. 1

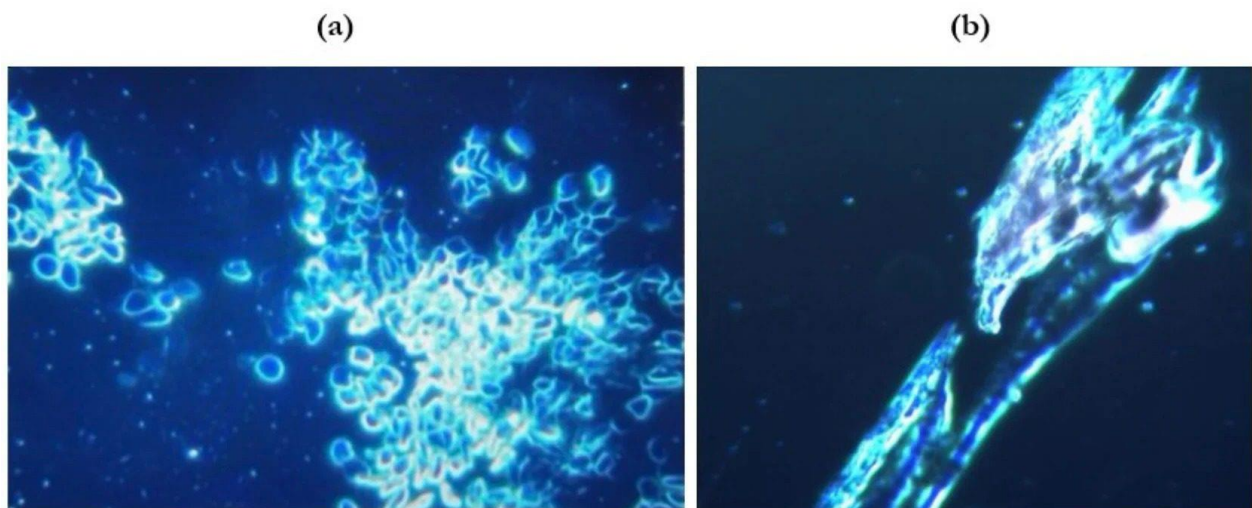
“This individual is a male of 33 years, who formerly was an athlete, apparently healthy before inoculation with an mRNA Pfizer injection. One month after receiving the first dose of the Pfizer “vaccine”, he showed marked asthenia, a constant gravitational headache (i.e., one sensitive to the position and movements of his head and body such that the pain was increased by movement of the head up or down). The headaches were unresponsive to common painkillers. Diffuse rheumatic arthralgia with dyspnea on exertion were noted.” See illustration below:



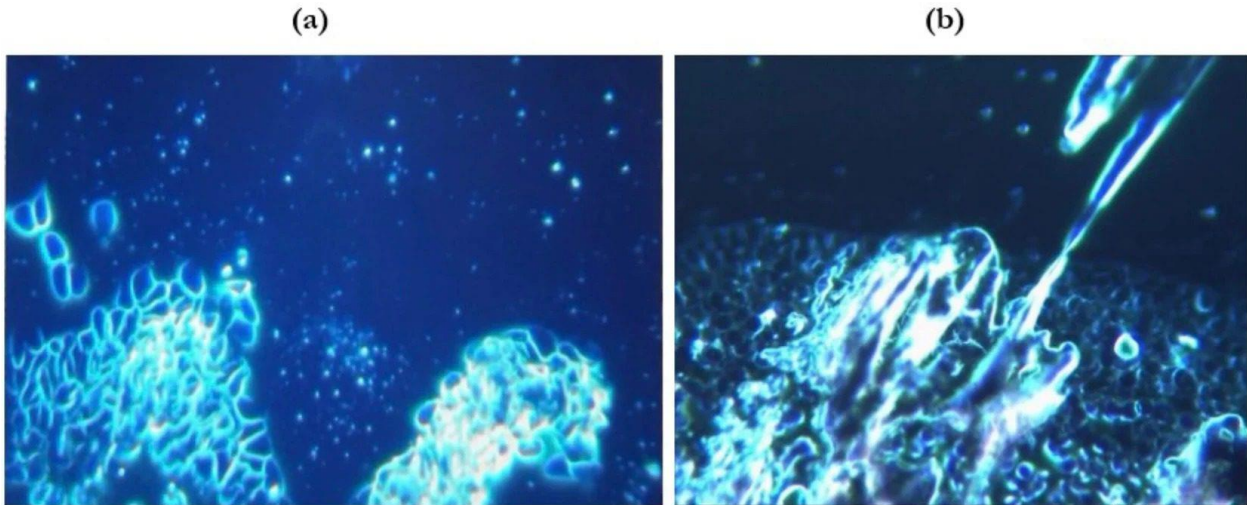
(a) The photo on the left at 40x magnification shows the blood condition of the patient before the inoculation. (b) The image on the right, also at 40x magnification, shows the deformation of the erythrocyte cell profile, and the strong tendency for the deformed erythrocytes to aggregate. (Source: IJTPVR)

Case No. 2

“This case was a woman 54 years old whose symptoms included the drug-resistant severe headache, profound worsening asthenia, sleep/wake rhythm disorders, generalized paresthesia and dysesthesia, psychic manifestations with depressive mood after the second dose of the Pfizer vaccine.” Her blood story is captured below:



(a) Deformation and erythrocyte aggregation with signs of hemolysis at 40x magnification. (b) A foreign crystallized tubular structure at 120x magnification. (Source: IJTPVR)



(a) Aggregated/conglobated erythrocytes, with hemolysis, and clustered fibrin at 40x magnification. (b) A blowup of a foreign complex crystalline structure at 120x magnification. Figure 8. (a) Deformation and erythrocyte aggregation with signs of hemolysis at 40x magnification. (b) A foreign crystallized tubular structure at 120x magnification. (Source: IJTPVR)

[You can read the full study here.](#)

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THE EPOCH TIMES

COVID Jabs Have Erased 25 Years of Health Gains

[Joseph Mercola](#) Jan 3 2023

Forget COVID, excess deaths have now taken off to a far greater degree than at the height of the pandemic – especially for this age group, where deaths soared by 40% in the third quarter of 2021.

STORY AT-A-GLANCE

- Americans lost nearly three years of life expectancy between 2020 and 2021. In 2019, the average life span of Americans of all ethnicities was 78.8 years. By the end of 2020, it had dropped to 77.0 years and by the end of 2021 it was 76.4
- From 2020 to 2021, death rates increased for each age group 1 year and over. The age groups with the highest increases include working-age adults, 25 to 54, and children under 4
- The leading causes of death in 2021 were heart disease, cancer, and COVID-19, all three of which were higher in 2021 than in 2020. Unintentional injury and stroke also significantly increased in 2021
- Heart disease, stroke, and cancer are all now-known side effects of the COVID jabs. Unintentional injuries may also be due to the shots, as you may easily be injured if you pass out or suffer a heart attack or stroke while doing just about anything
- If the COVID jabs worked, you'd expect excess mortality to drop, yet that's not what we're seeing. We're also not seeing mass death from COVID. The only clear factor that might account for these discrepancies is mass injection with an experimental gene transfer technology

In August 2022, provisional life expectancy estimates^{1,2} for 2021 were released, showing Americans had lost nearly three years of life expectancy during 2020 and 2021. In December 2022, the finalized mortality report³ confirmed these shocking data.

Shocking Decline in US Life Expectancy

In 2019, the average life span of Americans of all ethnicities was 78.8 years.⁴ By the end of 2020, it had dropped to 77.0 years⁵ and by the end of 2021, it was 76.4.⁶ As detailed in the U.S. Centers for Disease Control and Prevention's finalized mortality report for 2021:⁷

“In 2021, life expectancy at birth was 76.4 years for the total U.S. population — a decrease of 0.6 year from 77.0 years in 2020 ... For males, life expectancy decreased 0.7 year from 74.2 in 2020 to 73.5 in 2021. For females, life expectancy decreased 0.6 year from 79.9 in 2020 to 79.3 in 2021 ... From 2020 to 2021, death rates increased for each age group 1 year and over ...”

As Virginia Commonwealth University professor of population health, Dr. Steven Woolf told USA Today,⁸ “That means all the medical advances over the past quarter century have been erased.”

Life Expectancy Has Dropped Across All Age Groups

Age-specific rates of death increased across all age groups as follows:⁹

10.1% for age group 1–4 (from 22.7 deaths per 100,000 population in 2020 to 25.0 in 2021)	4.4% for 5–14 (13.7 to 14.3)
5.6% for 15–24 (84.2 to 88.9)	13.4% for 25–34 (159.5 to 180.8)
16.1% for 35–44 (248.0 to 287.9)	12.1% for 45–54 (473.5 to 531.0)
7.5% for 55–64 (1,038.9 to 1,117.1)	3.8% for 65–74 (2,072.3 to 2,151.3)
2.4% for 75–84 (4,997.0 to 5,119.4)	3.5% for 85 and over (15,210.9 to 15,743.3)

As you can see, something very strange is going on here. While life expectancy dropped across all age groups, the age groups with the highest increases in mortality were working-age adults, 25 through 54, followed by children between the ages of 1 and 4.

What’s Killing Younger Americans?

The leading causes of death in 2021 were heart disease, cancer, and COVID-19, all three of which were higher in 2021 than in 2020.¹⁰ Unintentional injury and stroke also significantly increased in 2021.

Heart disease, stroke, and cancer are all now-known side effects of the COVID shots. Unintentional injuries may also be due to the shots, as you may easily be injured if you pass out or suffer a heart attack or stroke while doing just about anything.

Woolf, however, believes low COVID-19 jab rates and the general poor health of Americans are to blame for the increased mortality. In addition to disregarding the fact that the primary causes of death are side effects of the COVID shots, working-age adults and children are also,

comparatively speaking, the healthiest groups in general and ought to have a lower risk of death from any cause, but especially heart disease and cancer.

And, since they have a far lower risk of dying from COVID in the first place (compared to the elderly), a slightly lower COVID jab rate in this age group is unlikely to have made such a huge difference.

According to CDC data,¹¹ 84 percent of 25- to 49-year-olds got at least one dose and 71 percent is considered “fully ‘vaccinated.’” In the 50 to 64-year category, it’s 95 percent and 83 percent respectively. In the 65 and over category, 95 percent got at least one dose and 93 percent are “fully ‘vaccinated,’” so it’s not like there’s a major difference in jab rates.

‘Sudden Death Syndrome’ May Be Driving Down Life Expectancy

COVID-19 is an unlikely cause for the rapid decline in life expectancy for the simple fact that it’s not a major contributor to rising excess mortality. Excess mortality is a statistic that is related to but separate from life expectancy.

It refers to the difference between the observed numbers of deaths (from all causes) during a given time, compared to the expected number of deaths based on historical norms, such as the previous five-year average. (Formula: reported deaths minus expected deaths equals excess deaths.)

Across the world, excess mortality has dramatically risen since the start of the pandemic, and barely a day now goes by without a healthy adult suddenly dropping dead with no apparent cause. People have died during live broadcasts, in the middle of speeches, and during dinner.

Clearly, they were feeling well enough to go to work, to an event or a restaurant, and something caused them to instantaneously die without warning. These are the people making up these excess death statistics. They shouldn’t be dead, yet something took them out.

Excess Deaths Took Off After the COVID Jab Rollout

While COVID-positive deaths were part of the equation in 2020, excess deaths really took off after the rollout of the COVID jabs, not during the height of the pandemic as one would expect if COVID-19 was the real killer.¹² Besides, we already know that “COVID-19 death” simply means that the person tested positive for SARS-CoV-2 at the time of death or just prior to it.

If the COVID jabs worked, you’d expect excess mortality to drop, yet that’s not what we’re seeing. We’re also not seeing mass death from COVID. The only clear factor that might account for these discrepancies is mass injection with an experimental gene transfer technology.

For the U.S., there were 3,440,546 deaths of all ages for the year 2020.¹³ The expected numbers were 3,028,959, so that was an excess of 13.6 percent (411,587 above expected). In 2021, there were 3,459,496 deaths of all ages, which was 16.4 percent above expectations. As of mid-April 2022, the excess death rate was already at 14.1 percent, with 1,041,538 reported deaths of all ages.

If the COVID jabs worked, you'd expect excess mortality to drop, yet that's not what we're seeing. We're also not seeing mass death from COVID. The only clear factor that might account for these discrepancies is mass injection with an experimental gene transfer technology.

More Working Age Adults Were Coerced Into Taking the Jab

[Life insurance data](#) confirm that it's working-age adults who are dying in record numbers, which is what's really driving down life expectancy. In the third quarter of 2021, the death rate of working-age Americans (18 to 64) was 40 percent higher than pre-pandemic levels, and these deaths were, again, not attributed to COVID.

As noted by Dr. Robert Malone in a January 2022 Substack article,¹⁴ workers were forced to accept the toxic COVID jabs at a higher frequency relative to the general population. This, I believe, is the real answer to why they're dying at a disproportionate rate.

As for children under 4, well, toxins tend to be more dangerous to younger children, so it's no great shock that the death rate for children has risen more than the rate of older people. After all, we're now giving these toxic COVID jabs to babies as young as 6 months old.

Data Manipulation Hides Real Cause of Death

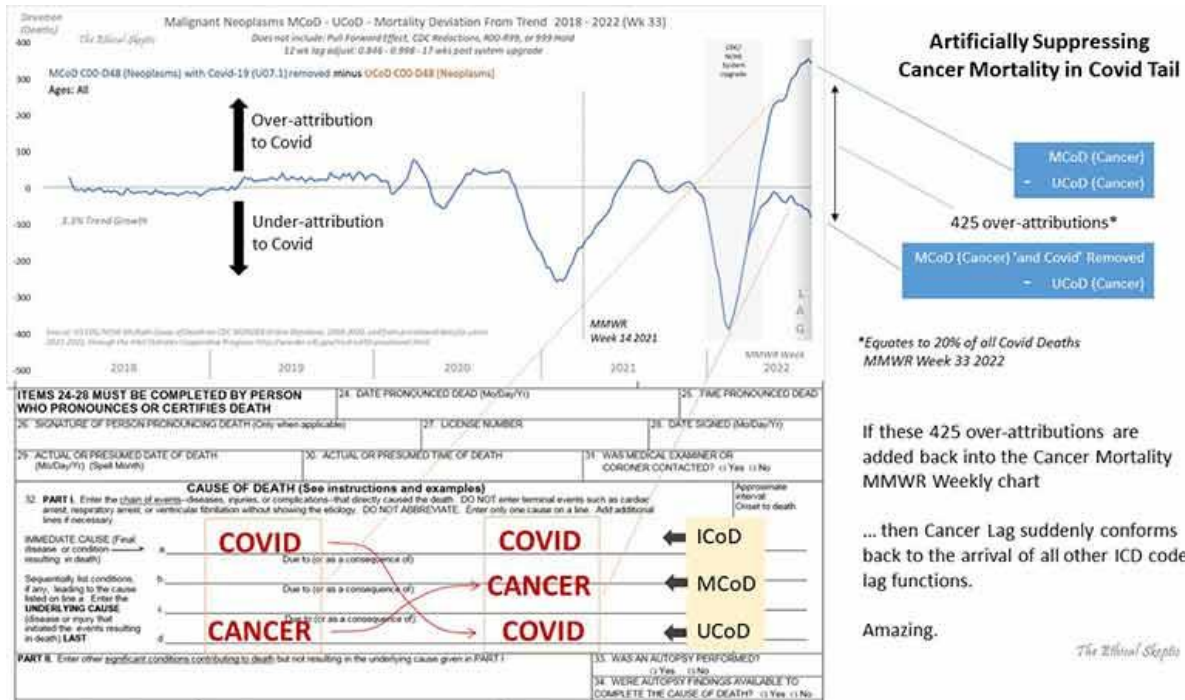
As mentioned, the leading causes of death in 2021 were heart disease, cancer, and COVID-19. Data analysis by The Ethical Skeptic¹⁵ — self-described as a former intelligence officer and strategist — shows cancer deaths are now being mislabeled as COVID deaths. The suspicion is that this is an effort to hide the fact that the COVID shots have resulted in soaring cancer rates.

Seven of the 11 International Classification of Diseases (ICD) codes tracked by the U.S. National Center for Health Statistics — including cancer — saw sharp upticks starting in the first week of April 2021, which is when large swaths of the American population were getting their first COVID jabs.

According to The Ethical Skeptic's analysis of U.S. Morbidity and Mortality Weekly Report (MMWR) data, the CDC has been filtering and redesignating cancer deaths as COVID deaths since Week 14 of 2021 to eliminate the cancer signal.¹⁶

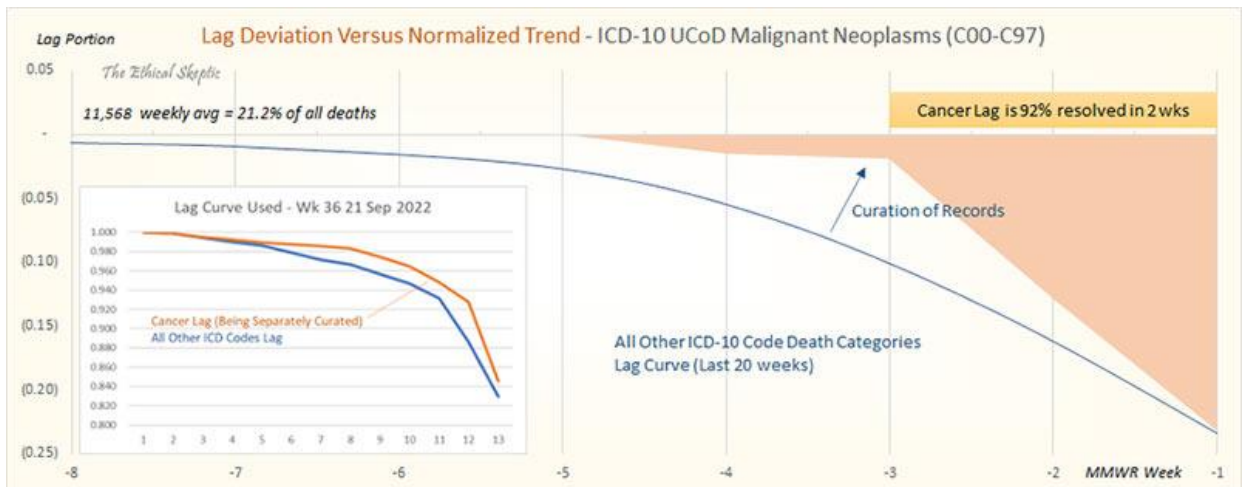
The following two charts illustrate how cancer mortality is being artificially suppressed. As explained by The Ethical Skeptic:^{17,18}

“The set dynamics are complex, but the principle is straightforward. When a death cert lists Cancer as the UCoD [underlying cause of death] and COVID as MCoD [main cause of death] — the UCoD & MCoD are being swapped, and COVID is being listed as the UCoD 100% (425/wk).



“This results in 20% of all COVID deaths each week, also happening to be persons dying of Cancer — which is egregiously higher than it should be. This is clear over-attribution = equates to exactly the difference between the Cancer and All Other ICD-10 code lag curves.”

The problem facing the CDC, is ... What does one do when COVID Mortality is no longer substantial enough to conceal the excess Cancer Mortality?”



So, to rephrase, what The Ethical Skeptic is saying is that 20 percent of the weekly so-called COVID deaths are cancer deaths, which is rather astounding. Swapping the underlying and main causes of death, listing COVID as the main cause, hides (to some degree) the fact that cancer deaths are going through the roof.

According to his analysis, the COVID shot is killing 7,300 Americans per week. COVID, meanwhile, is killing 1,740 people.¹⁹ What will the CDC blame when COVID disappears, and they can no longer swap the underlying and main cause of death designations? Time will tell.

In the meantime, cancer is already one of the leading causes that is prematurely killing Americans, and uncontrollable turbo-charged cancers only started to occur after the rollout of the COVID jabs.²⁰

Former NIH Director Blames Christian Misinformation

Former National Institutes of Health director Dr. Francis Collins recently suggested misinformation spread by White Evangelical Christians is driving vaccine hesitancy, and that it's this religious "culture war" that is killing Americans.

Collins either has an agenda or is seriously confused, as statistics show whites in general had the highest COVID jab uptake rates when the jabs came out, and people who took it were far more likely to promote the jab than discourage it. As reported by the Kaiser Family Foundation:²¹

"... federal data from the Centers for Disease Control and Prevention (CDC) show that 78% of the total population in the United States have received at least one dose of a COVID-19 vaccine ...

Over the course of the vaccination rollout, Black and Hispanic people have been less likely than their White counterparts to receive a vaccine, but these disparities have narrowed over time and reversed for Hispanic people."

Christians in general also haven't been particularly "hesitant" about getting the jab. An investigation by the Public Religion Research Institute found²² that 56 percent of white evangelical protestants got jabbed, as did 74 percent of White mainline protestants and 79 percent of white Catholics. For some reason, the jab rates among Black religious affiliations were not assessed, so we have no idea whether religion has influenced Blacks to reject the shot.

Bear in mind, the COVID jab rate for the U.S. as a whole (one dose or more) is 79 percent,²³ so Christians, in general, are about as average as you can get. Granted, evangelical protestants have a significantly lower rate, but is Collins suggesting white evangelicals are causing Blacks to reject the jab — because Blacks had, and still have, the lowest jab rates.²⁴

The Use of Scapegoats Is a Classic Prejudice Builder

As detailed in "[Vaccines Are the New 'Purity Test,'](#)" the Nazis used a four-step process for dehumanizing Jews,²⁵ — prejudice, scapegoating, discrimination and persecution. By scapegoating Jews as dirty and diseased, the German public was indoctrinated into agreeing with, or at least going along with, the Nazis' genocidal plan.

Over the past three years, we've seen how government officials have repeatedly tried to pin the blame for the spread of COVID on one specific group or another. Fortunately, these narratives didn't stick in the long term, but they did do significant harm for a time.

Collins' attack on evangelical Christians is just the latest example of how they try to maintain control by seeding division among races, religious and political groups. The more we distrust and fear each other, the less we pay attention to the real criminals.

But, in order for this division attempt to work, there must be a target, a scapegoat, toward which people can direct their frustration. COVID-19 is now endemic and a rare threat to anyone. COVID narratives are simply being recycled to keep the fear of illness and distrust among people going.

It's important to realize, though, that [fear is the No. 1 destroyer of freedom](#). The greater your fear, the more you'll obey, and the more you obey, the more freedom you must give up. And freedoms relinquished are never voluntarily given back by those in power. People throughout the ages have always had to fight to regain freedoms lost.

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[Joseph Mercola](#)

Dr. Joseph Mercola is the founder of Mercola.com. An osteopathic physician, best-selling author, and recipient of multiple awards in the field of natural health, his primary vision is to change the modern health paradigm by providing people with a valuable resource to help them take control of their health.

[International Journal of Vaccine Theory, Practice, and Research](#)

[Dark -Field Microscopic Analysis on the Blood of 1,006 Symptomatic Persons After Anti-COVID mRNA Injections from Pfizer/BioNtech or Moderna](#)

Riccardo Benzi Cipelli Studio BENZI Dental Clinic

- <https://orcid.org/0000-0003-3030-8594>
- Franco Giovannini
- Giampaolo Pisano

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Abstract

The use of dark-field microscopic analysis of fresh peripheral blood on a slide was once widespread in medicine, allowing a first and immediate assessment of the state of health of the corpuscular components of the blood. In the present study we analyzed with a dark-field optical microscope the peripheral blood drop from 1,006 symptomatic subjects after inoculation with an mRNA injection (Pfizer/BioNTech or Moderna), starting from March 2021. There were 948 subjects (94% of the total sample) whose blood showed aggregation of erythrocytes and the presence of particles of various shapes and sizes of unclear origin one month after the mRNA inoculation. In 12 subjects, blood was examined with the same method before vaccination, showing a perfectly normal hematological distribution. The alterations found after the inoculation of the mRNA injections further reinforce the suspicion that the modifications were due to the so-called “vaccines” themselves. We report 4 clinical cases, chosen as representative of the entire case series. Further studies are needed to define the exact nature of the particles found in the blood and to identify possible solutions to the problems they are evidently causing.

[PDF](#)