

The Real News

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SPECIAL EDITION

The Biggest COVID-19 Vaccine Sceptics? Frontline Health Care Workers

By Lawrence Solomon
March 21, 2021

What do frontline health care workers and first responders know about COVID-19 vaccines that politicians and their public health advisers don't?

According to a January, 2021, analysis by Gallup, 51 percent of health care workers and first responders polled in December 2020 were unconvinced of the merits of getting vaccinated, even if the vaccine "was free, available, FDA approved and 90% effective."

Gallup found these results especially concerning since those at highest risk of exposure to COVID-19 – the professionals required to meet America's health, safety, and critical economic needs and whom the National Academies of Engineering, Science and Medicine defines as "Tier 1A workers" – were the likeliest to refuse vaccination (34 percent).

The frontline workers proved to be as defiant as Gallup's survey of their intentions anticipated. In California, more

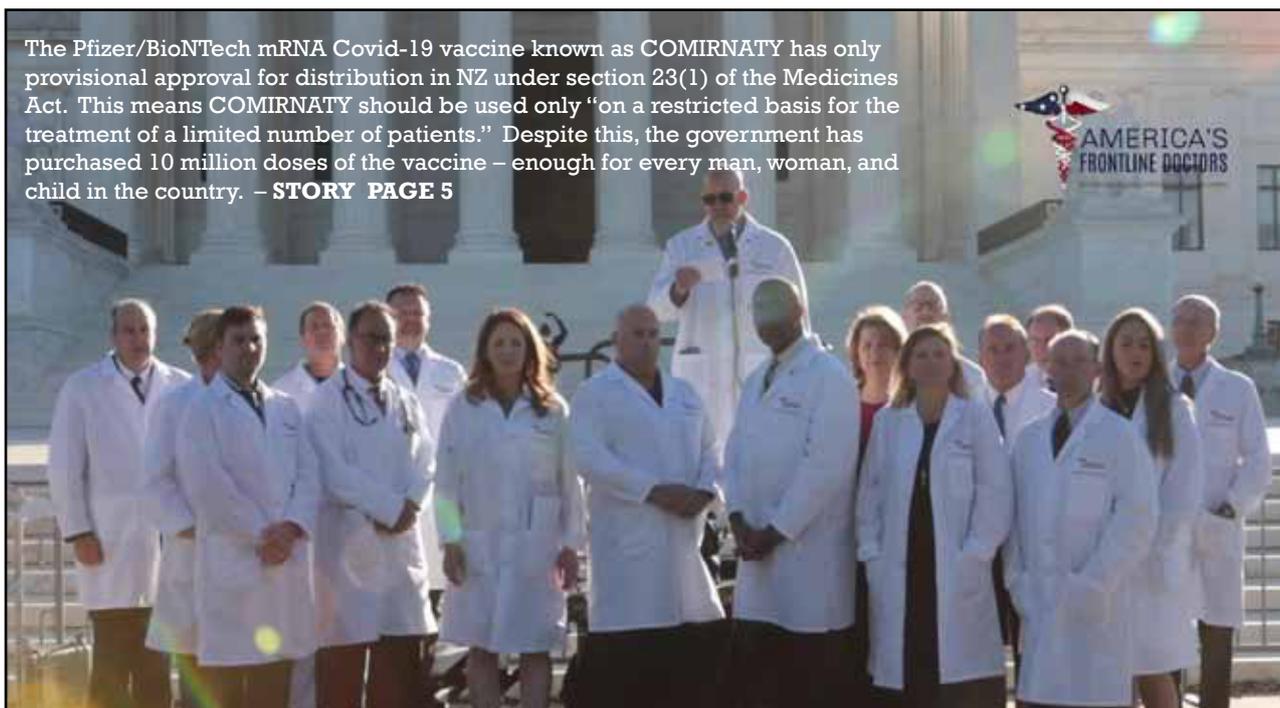
than half of Tehama County's hospital workers at St. Elizabeth Community Hospital, an estimated 50 percent of frontline workers in Riverside County, and 20 percent to 40 percent in Los Angeles County refused the vaccine, according to a report in the *L.A. Times*.

In Georgia, according to an estimate in the *Atlanta Journal-Constitution*, only 30 percent of health care workers have been inoculated. In Ohio, Gov. Mike DeWine reported that 60 percent of nursing-home workers refused the vaccine. In Texas, the *Texas Tribune* reported in February that home-health and assisted-living agencies may not be able to service their clients because so many caregivers are refusing to be vaccinated. A CDC survey of skilled-nursing facilities published in early February found that fewer than 40 percent of staff took at least one dose of a COVID-19 vaccine.

Outside the United States, frontline workers are likewise sceptical. On March 2, Reuters reported that at most half of the nursing staff in Switzerland's medical sector, only 30 percent of the staff at Germany's BeneVit Group care-home operator, and about half of the health workers

(Continued on page 40)

The Pfizer/BioNTech mRNA Covid-19 vaccine known as COMIRNATY has only provisional approval for distribution in NZ under section 23(1) of the Medicines Act. This means COMIRNATY should be used only "on a restricted basis for the treatment of a limited number of patients." Despite this, the government has purchased 10 million doses of the vaccine – enough for every man, woman, and child in the country. – **STORY PAGE 5**



Hydroxychloroquine: 99.7% survival rate for high risk Covid patients – Page 38

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As we are all exhorted to "be kind" and socially distance ourselves while we "contact trace" and wait for the vaccine that will save us from the dreaded Covid-19 plague, we are beginning to wonder ...

- While we are all constantly urged to "follow the science" why is it that doctors and respected scientists are being censored, threatened and fired for deviating from the official line?

- A key document for health professionals on the NZ Ministry of Health's website includes information on PPE and Covid-19 testing – and a link to a site that teaches health professionals to have "end of life" conversations with patients and their families – but does **not** include information about the effective treatments for this viral infection that have been published in peer-reviewed literature. Why?

- In New Zealand, access to two prescription medications which have good safety records (hydroxychloroquine and ivermectin) has been restricted. These medications can be used to treat Covid-19 successfully when used appropriately. **Who is responsible for restricting access to these medications rather than encouraging their use?**

- Even the WHO has said that the vaccine might only moderate the symptoms of Covid-19, and that it basically offers none of the protection that standard vaccines are supposed to offer.

Why is the government not following this "science"?

Or ... are ... they ... when they announce that even with a vaccine in our body *we will still be required to wear masks, socially distance and all the rest?*

Perhaps they know that the "vaccines" don't work?

In the meantime, the skyrocketing injuries and fatalities following Covid-19 vaccination is beginning to be increasingly worrying.

We hope that you will find the information in this issue valuable and that you will share it with family and friends. This issue, as well as Issue 1 will be available as a free PDF download from our website [HERE](http://www.therealnews.nz): www.therealnews.nz as well as in print.



Bill Gates is on record threatening the world with another virus, one that would be more lethal than COVID-19.

Learn about his background

HERE: <https://www.youtube.com/watch?v=LCZop-BwTIQ>

12 important questions and answers before considering getting vaccinated:

- "If I get vaccinated can I stop wearing a mask(s)?"

Government: "NO"

- "If I get vaccinated will the restaurants, bars, schools, fitness clubs, hair salons, etc. reopen and will people be able to get back to work like normal?"

Government: "NO"

- "If I get vaccinated will I be resistant to Covid?"

Government: "Maybe. We don't know exactly, but probably not."

- "If I get vaccinated, at least I won't be contagious to others - right?"

Government: "NO. the vaccine doesn't stop transmission."

- "If I get vaccinated, how long will the vaccine last?"

Government: "No one knows. All Covid "vaccines" are still in the experimental stage."

- "If I get vaccinated, can I stop social distancing?"

Government: "NO"

- "If my parents, grandparents and myself all get vaccinated can we hug each other again?"

Government: "NO"

- "So what's the benefit of getting vaccinated?"

Government: "Hoping that the virus won't kill you."

- "Are you sure the vaccine won't injure or kill me?"

Government: "NO"

- "If statistically the virus won't kill me (99.7% survival rate), why should I get vaccinated?"

Government: "To protect others."

- "So if I get vaccinated, I can protect 100% of people I come in contact with?"

Government: "NO"

- "If I experience a severe adverse reaction, long term effects (still unknown) or die from the vaccine will I (or my family) be compensated from the vaccine manufacture or the

Government?"

Government: "NO - the government and vaccine manufactures have 100% zero liability regarding this experimental drug"

So to summarise, the Covid-19 "vaccine"...

Does not provide immunity, but may "reduce symptoms"

Does not eliminate the virus

Does not prevent death

Does not guarantee you won't get it

Does not stop you from passing it on to others

Does not eliminate the need for travel bans

Does not eliminate the need for business closures

Does not eliminate the need for lockdowns

Does not eliminate the need for masking

By Gorica Panich, B.A., Grad.Dip.Ed., LLB/LP Barrister & Solicitor, Principal Codex Legal

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Jacinda Ardern:

"We will looking to vaccinate everyone."



New Zealand:

"Let's look at the facts, first. Why inject us all with a dodgy experimental vaccine when there are so many proven treatments that really work?"

Cover Image: America's Frontline Doctors advocate for the early treatment of Covid-19 using well proven medications such as Hydroxychloroquine and Ivermectin. These generally pro-vaccine doctors have deep concerns about the experimental Covid-19 vaccines.

- <https://www.americasfrontlinedoctors.com/>
- <https://www.americasfrontlinedoctors.com/treatments/>
- <https://www.americasfrontlinedoctors.com/vaccines/>

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Has the NZ government been duped by Big Pharma?

- Information relating to the possibility that the novel lipids in the vaccine may contain genotoxic contaminants.
- Information about the DNA template which is used to manufacture the mRNA in the vaccine.
- Information relating to other types of RNA, including double stranded RNA (dsRNA) that may be present in the vaccine (in addition to the mRNA that codes for the spike protein for SARS-CoV-2).
- Information about whether the vaccine may contain proteins that may cause recipients to develop autoimmune conditions.

New Zealand's Prime Minister Jacinda Ardern has publicly declared that 2021 is "the year of the vaccine".

On March 2021 while appearing live on the AM Show Jacinda Ardern stated that she would be prepared to be vaccinated on camera in order to improve the public's confidence in the vaccine. [1]

The following is an Open Letter to Prime Minister Jacinda Ardern to bring to her attention some important information about the Pfizer/BioNTech Covid-19 vaccine, in case she was unaware of these facts at the time she made the undertaking to be vaccinated on camera.

Dear Prime Minister,

In March, 2021, you indicated your willingness to be vaccinated on camera some time in 2021.

I am sure that you recognise that your good health is an important attribute in being able to fulfil your responsibilities as Prime Minister of New Zealand.

I would therefore like to bring the following facts to your attention in case you were unaware of them at the time that you claimed on camera that the Pfizer/BioNTech Covid-19 vaccine ("COMIRNATY") was "safe to take at the time" [of vaccination] but also "safe" in the "long term". [1]

FACT 1: The Pfizer/BioNTech Covid-19 vaccine ("COMIRNATY") is essentially experimental. The Phase 3 trial of this vaccine has NOT yet been completed. (<https://clinicaltrials.gov/ct2/show/NCT04368728>) This means that any claim that this vaccine is "safe" in either the short term or the long term is premature at best or misleading at worst.

FACT 2: Medsafe has not given full approval for the Pfizer/BioNTech Covid-19 vaccine ("COMIRNATY") to be marketed in NZ. This vaccine has only provisional consent for distribution in NZ. As part of this provisional consent, Pfizer must supply additional information to Medsafe.

There are 48 conditions published on the NZ government online Gazette in relation to the provisional consent for COMIRNATY in NZ. (<https://gazette.govt.nz/notice/id/2021-go338>)

I'll highlight just a few of these below and leave it to your judgement as to whether or not a vaccine can accurately be described as "safe" when answers to such important safety-related questions may not yet have been supplied by the vaccine's manufacturer.

Information about COMIRNATY which Pfizer has been asked to supply to Medsafe:

(A comprehensive article on the deficiencies of the datasheet for COMIRNATY and the conditions for its provisional approval is available at this link: <https://therealnews.nz/2021/02/14/does-the-nz-datasheet-for-the-pfizer-biontech-covid-19-vaccine-comirnaty-provide-sufficient-information-to-facilitate-informed-decision-making/>)

FACT 3: According to an article published on an Israeli news website, since the Pfizer/BioNTech Covid-19 vaccine ("COMIRNATY") was introduced in Israel, mortality rates have sky-rocketed. According to the analysis of Dr. Hervé Seligmann at the Aix-Marseille University and engineer Haim Yatav, the mortality rate for older people has risen by "dozens of times" and for younger people the mortality rate has surged to "hundreds of times greater". (<https://www.israelnationalnews.com/News/News.aspx/297051>)

Do these massive increases in mortality in such a short time suggest to you that this is a "safe" vaccine?

FACT 4: As of March 11, 2021 more than 1739 deaths have been reported to the US VAERS system following vaccination against Covid-19.

Of the 1739 deaths, 30% occurred within 48 hours of the injection. (These 1739 deaths included those that followed injection with other Covid-19 vaccines, not just the Pfizer/BioNTech mRNA Covid-19 vaccine.) [2] A previous analysis of deaths reported to VAERS, however showed that 58% of the deaths reported to VAERS following Covid-19 vaccination occurred in those who had been vaccinated with the Pfizer/BioNTech mRNA Covid-19 vaccine. [3]

Does this number of reported deaths suggest to you that vaccination against Covid-19 is "safe"?

(As a comparison, in the same time period there were only 85 deaths following influenza vaccination were reported to VAERS.)



<https://childrenshealthdefense.org/defender/cdc-ignore-inquiry-death-injuries-covid-vaccine/>

FACT 5: In addition to the deaths being reported overseas in people who have been injected with the Pfizer/BioNTech Covid-19 vaccine (“COMIRNATY”), numerous other concerning adverse events have been reported. Adverse events reported include Guillain Barre Syndrome, seizures, severe allergic reactions and many more. (You can find examples of reports of all of these conditions by searching this link: <https://medalerts.org/vaersdb/index.php>.)

Do you think that reports such as these are indicative of a “safe” vaccine?

FACT 6: The NZ government has granted Pfizer indemnity so that the manufacturer will not be liable [4] and cannot be sued if people in NZ are killed or injured by the vaccine. (Pfizer has sought indemnity deals some other countries and

“A whistle blower from a nursing home in Germany recently came forward with evidence that 25% of the residents died after being vaccinated with the Pfizer/BioNTech mRNA Covid-19 vaccine.”

the deal sought with Argentina and Brazil the company reportedly demanded “sovereign assets to be put up as collateral for any future legal costs” and also wanted exclusion of liability for “negligence, fraud, or malice”. <https://www.statnews.com/2021/02/23/pfizer-plays-hardball-in-covid19-vaccine-negotiations-in-latin-america/>)

If Pfizer’s Covid-19 vaccine is indeed “safe” why should the company be trying to broker such outrageous indemnity deals with governments?

FACT 7: As a healthy young adult your risk of becoming seriously ill or dying from Covid-19 is very low (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>) – and even the NZ MoH admits that it is not known whether or not being vaccinated will prevent people from contracting the virus or spreading it to others). [5]

FACT 8: A whistle blower from a nursing home in Germany recently came forward with evidence that 25% of the residents died after being vaccinated with the Pfizer/BioNTech mRNA Covid-19 vaccine. <https://childrenshealthdefense.org/defender/german-nursing-home-residents-died-pfizer-vaccine/>

Does this sort of tragic outcome suggest to you that the vaccine is “safe”?

(If you have elderly family members would you want them to risk this sort of rate of severe side effects or death?)

FACT 9: You have stated that you want “everyone” [6] to be vaccinated and the NZ government has purchased sufficient doses of the Pfizer/BioNTech Covid-19 vaccine (“COMIRNATY”) for five million people. [7] This implies that your government intends for children and babies to be injected with this vaccine over the course of the one year long vaccination campaign.

To date, a major trial of the Pfizer/BioNTech Covid-19 vaccine has enrolled fewer than 3000 children aged 12 -15 years and about half of these children will receive a placebo. (<https://www.healio.com/news/primary-care/20210128/pfizer-fully->

[enrolls-pediatric-covid19-vaccine-trial-with-more-than-2k-kids#](https://www.healio.com/news/primary-care/20210128/pfizer-fully-enrolls-pediatric-covid19-vaccine-trial-with-more-than-2k-kids#))

There is a listing for a study of BNT162b2 (the name given to the mRNA used in the Pfizer/BioNTech vaccine) in children available online at the following link: <https://clinicaltrials.gov/ct2/show/NCT04816643> The study’s estimated start date is 29 March 2021 and its estimated completion date is January 12, 2024.

If the vaccination programme is extended to young children and babies in NZ within the one year time frame that the government apparently plans for the Covid-19 vaccination campaign it will be on the basis of very little supporting data.

Young children are at the lowest risk from Covid-19 - in fact in Sweden, despite preschools and schools remaining open, not one child died from Covid-19 and very few experienced severe complications. (<https://www.nejm.org/doi/full/10.1056/NEJMc2026670>) If the vaccine turns out to cause significant side effects in children, the vaccination programme could easily do more harm than good.

FACT 10: From July 2021, the NZ government plans to extend vaccination to everyone aged 16 years and over. This presumably includes pregnant women.

There were no pregnant women included in the major study of the Pfizer/BioNTech Covid-19 vaccine and a clinical trial of the use of this vaccine during pregnancy is still recruiting and is not due for completion until June 27, 2022. (<https://clinicaltrials.gov/ct2/show/NCT04754594>) There have also been reports of pregnancy complications including miscarriages and stillbirths after pregnant women have been vaccinated with the Pfizer/BioNTech Covid-19 vaccine. (See the article on page 35 of this issue.)

FACT 11: Covid-19 can be successfully treated in most cases – especially if treatment is initiated at an early stage of the infection. In fact India has a very low death rate from Covid-19 despite many people living in overcrowded and unsanitary conditions because some state governments have provided people with inexpensive medication packs that allow people to successfully treat themselves at home. <https://www.lifesitenews.com/news/india-develops-covid-treatment-kit-for-less-than-3-per-person-with-miraculous-ivermectin> The infection can also be successfully treated at later stages with judicious use of medications that have a good safety record. (See: <https://covid19criticalcare.com/>)

FACT 12: There are other options for preventing Covid-19 beside vaccination. These include prescription medications such as ivermectin and nutrients such as vitamin D and vitamin C.

Conclusion:

We hope that the above information will help you make a more informed decision about your own health – as well as contributing to a national debate about whether mass vaccination is the best way to manage Covid-19 in New Zealand.

If the above facts have not been brought to your attention by people who are paid to provide health advice to you and your cabinet, perhaps you may like to ask yourself why.

Yours sincerely,

The Editors, *The Real News*, March 23, 2021

A referenced version of this article is available on the Posts section of our website <https://therealnews.nz/posts/> - Ed.

Eminent Lawyer Sue Grey Takes NZ Govt to Court:

Why The NZ Vaccine Rollout is Illegal



Sue Grey, Co-Leader,
NZ Outdoors Party

PFIZER VACCINE, BREACHES OF MEDICINES ACT, MISLEADING AND DECEPTIVE CLAIMS

Letter to:

Prime Minister Jacinda Ardern
Ministers of COVID-19
cc: David Parker, Attorney-General
Ashley Bloomfield, Director-General of
Health
Una Jagose, Solicitor-General
Chris James, Group Manager Medsafe
Health and Disability Commissioner

Dear Prime Minister, Attorney-General,
Director-General of Health and Chris
Hipkins, Minister, Covid 19 Response

RE: PFIZER VACCINE "COMIRNATY" RE BREACHES OF MEDI- CINES ACT, MISLEADING AND DECEPTIVE CLAIMS and OTHER MATTERS

I represent a large number of New Zealanders who are extremely concerned about apparent legal breaches and misleading and deceptive representations in the provisional approval, promotion, marketing and roll out of the novel Pfizer mRNA and nanogel vaccine known as "Comirnaty" ("the Pfizer injection").

I write to formally put you on notice of some of the many apparent breaches of New Zealand law and of deficiencies and misrepresentations which undermine fundamental rights of all New Zealanders to give fully informed consent to any medical procedure. The result is considerable risk for the Crown, for the public representatives involved and accordingly for the public of New Zealand.

In summary some of the most serious concerns are:

1. "Comirnaty" has only "provisional consent" in New Zealand under s23(1)

of the Medicines Act. This means it can lawfully be used only "for treatment of a limited number of patients".

Section 23(1) states: Section 23 Minister may give provisional consent

(1) "Notwithstanding sections 20 to 22, the Minister may, by notice in the Gazette, in accordance with this section, give his provi-

sional consent to the sale or supply or use of a new medicine where he is of the opinion that it is desirable that the medicine be sold, supplied, or used on a restricted basis for the treatment of a limited number of patients. [emphasis added]".

This provisional consent is subject to 58 conditions which are set out in the relevant gazette notice (1).

Media releases confirm the securing of "over 10 million doses. That's enough for all of New Zealand" and the NZ

"In fact, there is no reliable evidence that this novel Pfizer vaccine is 'safe' or 'effective,' at least not in the sense commonly understood by the public."

Government advertisement of its rollout plan "for the injection of all New Zealanders" (most of whom are healthy and at no immediate or significant risk from COVID-19). The proposed scale of use is well outside the scope and purpose of a s23(1) provisional consent. Further it is difficult to imagine how exposing healthy individuals to the risks inherent in any novel medication (and particularly one using novel technology that only recently started safety and efficacy trials) could possibly comply with any responsible risk/benefit assessment.

The public interest in exposing frail and immuno-compromised individuals to an experimental new medicine with only provisional consent is even more questionable, as the safety trials were limited to healthy individuals. Surely a more precautionary approach can be adopted and New Zealanders can be protected in more orthodox ways, (rather than all in effect being guinea pigs in a world wide experiment), especially as there is no imminent threat from COVID-19 in

New Zealand and so no urgency.

2. The agenda for the meeting of Medsafe's Medicines Assessment Advisory Committee on 2 February 2021 states that approval would be sought for provisional consent for Comirnaty as a "prescription only" medicine. Curiously the "prescription only" restriction is omitted from the subsequent gazette notice. It is unclear if this omission is an error or was deliberate.

If the proposed "prescription only" classification was overlooked by Medsafe, the expert advisors and the responsible Ministers in error, please confirm how and when this will be rectified, including what steps will be taken to ensure that in future only health practitioners who are qualified to use prescription only medicines and familiar with Comirnaty, treat patients with this novel vaccine. If this was a deliberate omission, please urgently provide the evidence and assumptions relied on and the reasons why:

a) this novel vaccination with only provisional consent was exempted from usual Medicines Act assessments and classification and

b) why it has fewer restrictions on its use than many other far less novel and more tested vaccines, such as the MMR vaccine and influenza. I note that in the case of the influenza vaccine a documented process was followed before pharmacists with specialised training were authorised to give the influenza vaccine.

Surely this type of delegation away from a medical practitioner is inappropriate in the case of the novel Pfizer vaccine where the New Zealand and international advisory data sheets identify numerous clinical decisions and medical judgment calls for doctors and patients, with limited if any supporting research (2).

3. The NZ government has engaged in a substantial media and publicity campaign involving PR advice, numerous press releases and advertisements in newspapers, TV and on the radio to market "the Pfizer vaccine". The claims includes representations that the Pfizer vaccine:

- Is "safe and effective".
- "It's safe. It has been approved by our own Medsafe experts..."
- "It's effective"
- "The more of us who get vaccinated the safer and stronger we will be"
- "It's free. The vaccine will be free for everyone in the country..."

4. In fact, there is no reliable evidence that this novel Pfizer vaccine is "safe" or "effective," at least not in the sense commonly understood by the public. To the public "safe and effective" means it will not cause any significant short or

long-term harm to anyone who receives it, and it will prevent infection, symptoms and transmission.

In relation to the claim that it is “free”, while individuals may not be personally charged when they receive a vaccine, it comes at very considerable cost to New Zealand taxpayers, including payments and/or other consideration to Pfizer the details of which have been withheld from the public.

In addition, documentation provided under the Official Information Act confirms that the Minister of Finance approved an ad hoc indemnity for the supplier (Pfizer), under the Public Finance Act, in September 2020 (indicating a lack of confidence by Pfizer in the safety of its own product), to induce Pfizer to supply to New Zealand. Further the public of New Zealand will at least indirectly fund any vaccine injury claims that are accepted by ACC. Individuals who are unable to get ACC cover, will bear their own costs for medical treatment and any loss of income.

Particulars:

a. Medsafe have given only “provisional consent” under s23(1). This is subject to 58 conditions. No information is available for the public or their advisors to assess compliance with these conditions. The advertised timing of rollout in the government’s vaccination rollout plan means that most of these conditions will not be met until after the three of the four groups of adult New Zealanders identified in the plan have already been vaccinated.

b. Even full Medsafe approval does not warrant the “safety or efficacy” of a new medicine.

Section 20(3) of the Medicines Act states:

“No consent given under this section shall be deemed to warrant the safety or efficacy of the medicine to which the consent relates”.

It is accordingly misleading and deceptive for the government to suggest in its advertising that this Pfizer vaccine has Medsafe approval at all, let alone that Medsafe approval can be relied on to show this new vaccine is safe.

c. US clinical (safety) trials will not be completed until 2023; (3)

d. There have been no human challenge studies for this vaccine despite serious safety problems being identified in animal challenge studies for previous experimental coronavirus vaccines;

e. The US clinical trials test only healthy individuals, whereas the people most at risk from Covid are those who are frail, and have underlying medical conditions

or compromised immunity. There have been no independent safety trials on frail or immune suppressed people.

f. The Pfizer Vaccine is not FDA approved. It has only Emergency Use Authorisation in the USA. This is confirmed by the US FDA Data Sheet (4)

g. The Pfizer vaccine has only Emergency Use Authorisation in the EU (5)

h. Pfizer itself clearly is not confident that Comirnaty is “safe and effective” as it required an indemnity from the New Zealand government before it would supply this product to New Zealand.

i. This representation that this experimental vaccine is safe is particularly egregious taking into account that people trust and depend on the government to give factual and balanced information. Extra care is surely required because healthy people who are at no apparent risk from COVID-19 are being asked to accept an experimental barely tested vaccine that uses novel technology.

The data sheet and clinical trials highlight the absence of research to establish safety for people

who are already frail, ill or immunosuppressed (who are the very people most at risk if exposed to COVID-19), women who are pregnant, people on medications, people who have recently had other vaccines, and people with allergies. This representation of safety in the government advertisements is in direct conflict with the key documentation and is contrary to the warnings of many international experts, to the precautionary principle and to the fundamental tenet of medicine of “First Do No Harm.”

j. Re effectiveness- (i) Nobody knows how long the Pfizer vaccine will provide protection to those who are injected as no medium to long term research has been done; and (ii) as other government information states (6) “we don’t yet know if it will stop you from catching and passing on the virus.”

k. The claim “when we roll up our sleeves we are helping to protect all of us” creates the inference that the Pfizer vaccine will prevent the transmission of COVID-19 from one person to another. There is no evidence to support this claim. Even Pfizer itself does not claim that the vaccine prevents the transmission from one person to another. Some experts are concerned that the vaccine will create an additional threat to the community by creating more asymptomatic carriers who may spread a virus they don’t know they have.

l. With past attempts at coronavirus vaccines serious problems emerged

with animal challenge studies. With COVID-19 vaccine development, human challenge studies are only just commencing (7).

m. The government advice is inconsistent with the best of the available evidence including the clinical trials. It appears that the phrase “Safe and effective” has been chosen as part of a PR “spin” campaign and is being given a meaning that is different from its common meaning, apparently to improve consumer acceptance of a novel and barely tested vaccine.

5. New Zealand law is clear that no medical treatment is mandatory. The government has confirmed this in Official Information responses. Consistent with this, the Health and Disabilities Act and its Code of Patient Care requires that all health and disability services must comply with certain minimum standards of patient care, including providing adequate information to patients so they can make informed decisions. The principle of “informed consent” is

“Nobody knows how long the Pfizer vaccine will provide protection to those who are injected as no medium to long term research has been done.”

fundamental. This requires information about risks, benefits and uncertainties as well as alternatives, and also that decisions are freely made, without duress. This obligation on health care providers and this fundamental right of all patients who received treatment, is breached if information provided about a treatment is inadequate to identify risks, uncertainties or benefits and particularly if it is misleading or deceptive. The information on “informed consent” given out at the time of Covid vaccinations is grossly deficient to facilitate informed consent, and is very superficial compared to information provided to recipients in other jurisdictions. Despite warning patients not to take the vaccine if they are allergic to any of its ingredients, the New Zealand patient information uses only the trade name of the active ingredient. This means ingredients included in the active ingredient such as Polyethylene Glycol “PEG” which is known to cause allergies and potentially life threatening anaphylactic shock are not disclosed to prospective recipients.

6. The misleading information and public hype and pressure is inciting breaches of employment contracts. Employees have clear legal rights. They cannot be lawfully required to accept an experimental vaccine with only provisional consent and limited safety or efficacy testing, for a disease that most are highly unlikely to ever be exposed to, and which for healthy people has a very high recovery rate. It is difficult to imagine why any employer would

demand this, especially when there is no evidence this vaccine prevents infection or transmission. Despite this, some employers are threatening employees with dismissal or reduced hours if they do not receive this experimental vaccine.

7. Similarly the Health and Safety at Work Act requires employers to identify and manage all risks. This must include the risk of adverse effects from receiving an experimental vaccine, and workplace stress for employees who are pressured to accept a vaccine that they oppose for medical, ethical or other reasons. Despite these clear obligations there are many reports of some employers threatening staff with dismissal or reduced hours if they do not accept the Pfizer vaccine.

There will inevitably be health and safety claims against employers who required or encouraged employees to accept this experimental vaccine if they suffer vaccine injury. Claims of this type are already being discussed. In addition to the obvious human rights and employment breaches, this type of conduct is irrational in the absence of evidence that this vaccine prevents transmission.

8. There is significant risk of consequential harm due to reliance on misleading and unjustified assurances that the vaccine is approved by Medsafe and is safe and effective. Another example of this is the threat to the integrity of our bloodbank. This website at www.nzblood.co.nz states that no standdown is required for the Pfizer BioNTec vaccine as it is "approved by Medsafe". In fact it has only provisional consent for treatment of a limited number of patients. Clearly the consequences could

be wide-ranging if our national blood supply becomes contaminated by novel mRNA.

9. The matters identified include apparently serious breaches of the Medicines Act, Fair Trading Act, the NZ Bill of Rights Act and public law principles of decision making. There are also apparent breaches of the fiduciary duties owed by our elected representatives to the public of New Zealand. The cumulative effect of the many breaches significantly reduces the level of protection for patients that was intended by the hierarchy and statutory scheme of Medicines Act. These risks to individuals and the community could have been avoided if the law, best practice well-established procedures for assessing medicines, and common sense had prevailed over hype.

10. The result is a serious threat to the rule of law, fundamental human rights of New Zealanders, public health and wellbeing and trust in government.

There is also potentially very significant economic risk, especially if any of the warnings of international experts about this experimental vaccine triggering auto-immune or other adverse reactions are correct or if it facilitates the spread of COVID-19 by creating asymptomatic carriers.

11. My clients and the public of New Zealand expect and require an urgent response. This will likely need to include:

a) an agreement the Crown will immediately suspend the vaccine rollout until the outstanding legal issues are

addressed, and the law and statutory scheme for new medicines with provisional consent can be fully complied with. This means that Comirnaty should be treated as a prescription only medicine that can be used only to treat a limited number of patients;

b) an immediate end to the current misleading advertisements and corrective advertising to address misleading and deceptive claims that have already been made, and to facilitate fully informed consent for any future patients who might be offered Comirnaty; and

c) promotion of more orthodox ways the public can enhance their immunity and protect themselves against COVID-19 to promote individual empowerment. This will help people become more resilient and move on from this current climate of fear, propaganda and uncertainty, and start to reclaim individual sovereignty and optimism about the reinstatement of once well-established New Zealand freedoms, lifestyle and culture.

12. I would be very happy to discuss possible ways forward with you in a personal meeting, or by phone or email. In the first instance please email to acknowledge receipt and confirm your intentions.

13. If we cannot reach a satisfactory resolution, at least in principle, by 5 pm Tuesday 5th April, my clients have instructed me to file urgent proceedings seeking appropriate interim and final declarations and orders. We will then need to discuss a timeframe to facilitate these important questions being put before the court as a matter of urgency.

Thank you for your prompt action and attention.

S J Grey, Principal Lawyer
Sue Grey LLB(Hons), BSc
(Biochemistry & Microbiology), RSHDipPHI

Ed note: As Sue Grey did not receive a satisfactory reply from the government, papers are due to be filed in the High Court on Monday 12 April 2021. If you would like to donate in support of this action, donations may be made to Nga Kaitiaki Tuku Iho Inc., Nelson Building Society 03 1354 0513908 00

Sue Grey is posting updates on this issue at this link: <https://letsbfree.com/SueGrey>

References at Source

SOURCE: <https://www.outdoorsparty.co.nz/sue-grey-open-letter-to-prime-minister/>

ARE COVID 19 VACCINE DEATH STATISTICS ACCURATE? CDC Caught Shaving Death Stats from VAERS System (26/02/2021)

Event Outcome	Count	Percent
Death	1,095	5.5%
Permanent Disability	403	2.02%
Office Visit	2,894	14.54%
Emergency Room	22	0.11%
Emergency Doctor/Room	4,129	20.74%
Hospitalized	2,297	11.54%
Hospitalized, Prolonged	1	0.01%
Recovered	7,263	36.48%
Birth Defect	33	0.17%
Life Threatening	755	3.79%
Not Serious	6,979	35.06%

<https://vimeo.com/517320969>

COVID Mysteriously "Cures Flu" in US

Only 23 Americans Tested Positive for Flu Last Week Compared to 14,657 Cases Reported Last Year at Same Time

By Jim Hoft
February 1, 2021

Do you ever get the feeling you're being lied to?

450,390 people have now died WITH the coronavirus in the US this year. That number includes poisonings, shootings, homicides and hospice deaths.

Only 23 Americans Tested Positive For Flu Last Week Compared To 14,657 Cases Reported Last Year At the Same Time

The Gateway Pundit reported news from the CDC in August that only 6% of all deaths in the US classified as Coronavirus deaths actually died from COVID-19 exclusively.

reported flu cases in the US this year.

Even the liberal website [weather.com](https://www.weather.com) is reporting a surprisingly low number of flu cases this year.

[Weather.com](https://www.weather.com) reported:

"During the second week in January, 23 people tested positive for the flu in the United States.

"More than 14,657 tested positive for the flu during the same time last year, before the coronavirus pandemic took hold.

"It's crazy,' Lynnette Brammer, who leads the Centers for Disease Control and Prevention Domestic Influenza Surveillance team, told The Washington Post. 'This is my 30th flu season. I never would have expected to see flu activity this low.'"

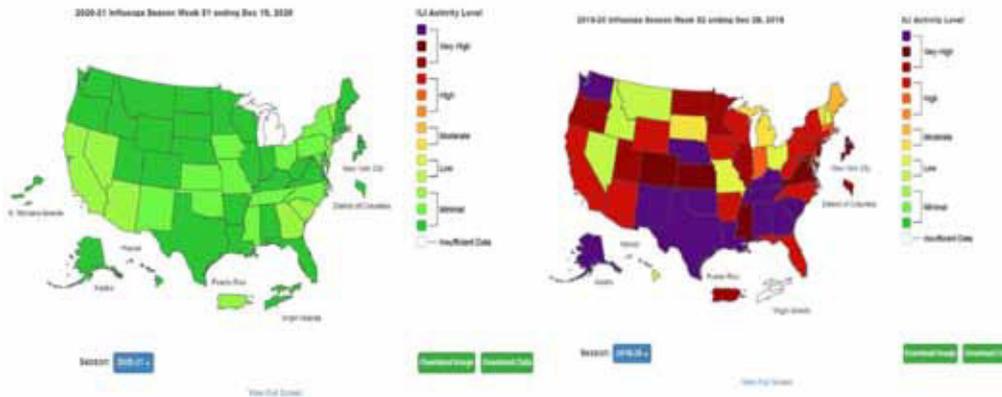
"For the week ending January 16, the CDC reported low or minimal flu activity in almost every state and territory.

"Last year, flu activity was high in 44 states that week, plus Puerto Rico and New York City. Only one state, New Hampshire, had minimal flu activity.

"Doctors and health experts say the large number of people who got flu vaccines leading into this year's flu season, combined with social distancing and other measures designed to help slow the spread of COVID-19, are likely contributors for the steep drop."

SOURCE: <https://human-sarefree.com/2021/02/only-23-americans-tested-positive-for-flu-last-week-compared-to-14657-cases-reported-last-year-at-same-time.html>

Flu Cases Mysteriously Disappear



That means the number of those poor people who died from the coronavirus exclusively is much, much lower than the headlines.

Many local and state governments are shutting down their local businesses and institutions due to over-inflated statistics regarding the number of Americans who died from the Covid-19 coronavirus.

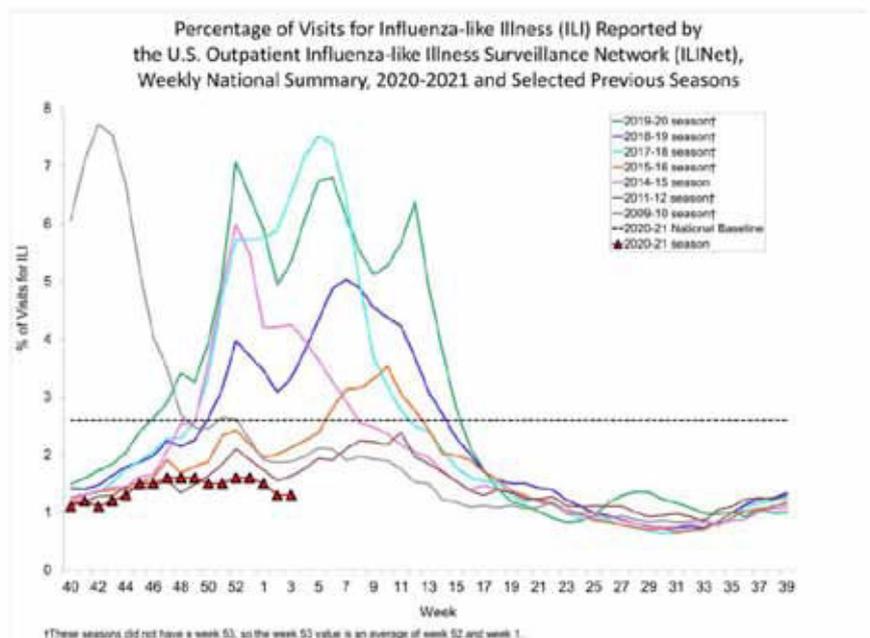
Will this ever make the mainstream news?

But is the CDC also using other statistical tricks this year? The number of flu cases in the US is at an all-time low this flu season.

The 2020 numbers are that line at the bottom with all the triangles in the image at the right:

Flu Numbers January

The top image shows the current map for



1,739 DEAD as CDC Adds Another 200+ Recorded Deaths this Week Following COVID Experimental “Vaccines”

By Brian Shilhavy
Editor, Health Impact News
March 19, 2021

Recorded deaths following the experimental COVID “vaccines” continued to soar this week as the CDC added more data today into the Vaccine Adverse Event Reporting System (VAERS), a U.S. Government funded database that tracks injuries and deaths caused by vaccines.

While the information contained in VAERS is publicly available information, the corporate media continues to censor it, and anyone who dares to publish publicly available information from the U.S. Government is labeled as “fake news” by the “fact checkers”.

The data released by the CDC today goes through March 11, 2021, with 38,444 recorded adverse events, including 1,739 deaths following injections of the experimental COVID “vaccines”.

Besides the recorded 1,739 deaths, there were 6,716 visits to Emergency Room doctors, 734 permanent disabilities, and 3,976 hospitalizations.

Johnson and Johnson Experimental COVID “Vaccine”

Adverse reactions recorded after the third experimental COVID vaccine to be granted emergency use authorization

(EUA) by the FDA, the Johnson and Johnson COVID vaccine, are starting to show now in the VAERS reporting system.

The data released today included 305 adverse reactions for the experimental Johnson and Johnson COVID vaccine.

There are no recorded deaths yet, but there are two “life threatening” events recorded.

It has now been 20 days since the FDA issued an EUA for the Johnson and Johnson COVID vaccine, but the CDC has yet to publish any reviews on the doses that have been administered.

As to the deaths that have been recorded following the experimental COVID injections, the CDC continues to maintain that none of these deaths were caused by the vaccines.

“A review of available clinical information including death certificates, autopsy, and medical records revealed no evidence that vaccination contributed to patient deaths.”

Please be aware that because the CDC’s position is that the experimental COVID “vaccines,” which are NOT FDA approved, are safe and effective, that if you do suffer an injury due to one of these injections, that you are pretty much on your own to try and find any relief, as these are *experimental* products. Accordingly, there are no health care professionals, either in the medical system or in alternative health, who have any knowledge about how to treat injuries from these injections.

There is no going back and undoing



Center for Deception and Counter-Intelligence
CDC 24/7: Fooling People - Protecting Big Pharma
CDC recommends you get a COVID vaccine as soon as you are eligible!
Your compliance is needed to complete Phase 3 trials so we know how many are injured and dead.

the damage they may cause. And there is no hope for financial compensation because the pharmaceutical companies basically have legal immunity due to the “pandemic”.

The CDC is not concerned with your health or the health of your family. They are concerned with protecting Big Pharma and their experimental products.

SOURCE: <https://healthimpactnews.com/2021/1739-dead-as-cdc-adds-another-200-recorded-deaths-this-week-following-covid-experimental-vaccines/>

UPDATED STATISTICS BELOW:

From the 4/1/2021 release of VAERS data:

Found 56,869 cases where Vaccine is COVID19

Table

↓ Event Outcome	Count	↑ ↓ Percent
Death	2,342	4.12%
Permanent Disability	941	1.65%
Office Visit	8,743	15.37%
Emergency Room	29	0.05%
Emergency Doctor/Room	8,946	15.73%
Hospitalized	4,961	8.72%
Hospitalized, Prolonged	11	0.02%
Recovered	21,678	38.12%
Birth Defect	57	0.1%
Life Threatening	1,484	2.61%
Not Serious	20,950	36.84%
TOTAL	↑ 70,142	↑ 123.34%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 56869 (the number of cases found), and the Total Percentage is greater than 100.

Before COVID, Gates Planned Social Media Censorship of Vaccine Safety Advocates With Pharma, CDC, Media, China and CIA

In October 2019, shortly before the COVID outbreak, Gates and other powerful individuals began planning how to censor vaccine safety advocates from social media during a table-top simulation of a worldwide pandemic, known as Event 201.

By Robert F. Kennedy, Jr.
March 11, 2021

Before COVID Bill Gates organized four simulations of a worldwide coronavirus pandemic.

Over the last two weeks, Facebook and other social media sites have deplatformed me and many other critics of regulatory corruption and authoritarian public health policies. So, here is some fodder for those of you who have the eerie sense that the government/industry pandemic response feels like it was planned – even before there was a pandemic.

The attached document (*available at the source link - Ed*) shows that a cabal of powerful individuals did indeed begin planning the mass eviction of vaccine skeptics from social media in October 2019, a week or two before COVID began circulating. That month, Microsoft founder Bill Gates organized an exercise of four “table-top” simulations of a worldwide coronavirus pandemic with other high-ranking “Deep State” panjandrums. The exercise was referred to as “Event 201”. (*This is the link to the Event 201 website: <https://centerfor-healthsecurity.org/event201/> - Ed.*)

Gates’ co-conspirators included representatives from the World Bank, the World Economic Forum (Great Reset), Bloomberg/Johns Hopkins University Populations Center, the Centers for Disease Control and Prevention, various media powerhouses, the Chinese government, a former Central Intelligence Agency/National Security Agency director (there is no such thing as a former CIA officer), vaccine maker Johnson & Johnson, the finance and biosecurity industries and Edelman, the world’s leading corporate PR firm.

At Gates’ direction, these eminences role-played members of a Pandemic Control Council, wargaming government strate-

gies for controlling the pandemic, the narrative and the population. Needless to say, there was little talk of building immune systems, off-the-shelf remedies or off-patent therapeutic drugs and vitamins, but lots of chatter about promoting uptake of new patentable antiviral drugs and vaccines.

But the participants primarily focused on planning

industry-centric, fear-mongering, police-state strategies for managing an imaginary global coronavirus contagion culminating in mass censorship of social media.

Oddly, Gates now claims that the simulation didn’t occur. On April 12, 2020, Gates told BBC, “Now here we are. We didn’t simulate this, we didn’t practice, so both the health policies and economic policies, we find ourselves in uncharted territory.”

Unfortunately for that whopper, the videos of the event are still available across the internet. They show that Gates and team did indeed simulate health and economic policies. It’s hard to swallow that Gates has forgotten.

Gates’s Event 201 simulated COVID epidemic caused 65 million deaths at the 18-month endpoint and global economic collapse lasting up to a decade. Compared to the Gates simulation, therefore, the actual COVID-19 crisis is a bit of a dud, having imposed a mere 2.5 million deaths “attributed to COVID” over the past 13 months.

The deaths “attributed to COVID” in the real-life situation are highly questionable, and must be seen in the context of a global population of 7.8 billion, with about 59 million deaths expected annually. The predictions of decade-long economic collapse will probably prove more accurate – but only because of the draconian lockdown promoted by Gates.

Gates’ Event 201 script imagines vast anti-vaccine riots triggered by internet posts. The universal and single-minded presumption among its participants was that such a crisis would prove an opportunity of convenience to promote new vaccines, and tighten controls by a surveillance and censorship state.

Segment four of the script – on manipulation and control of public opinion – is most revealing. It uncannily predicted democracy’s current crisis:

- The participants discussed mechanisms for controlling “disinformation” and “misinformation,” by “flooding” the media with propaganda (“good information”), imposing penalties for spreading falsehoods and discrediting the anti-vaccination movement.

- Jane Halton, of Australia’s ANZ Bank, one of the authors of Australia’s oppressive “no jab, no pay” policy, assured the participants that Gates Foundation is creating algorithms “to sift through information on these social media platforms” to protect the public from dangerous thoughts and information.

- George Gao, the prescient director of the Chinese Center for Disease Control, worries about how to suppress “rumors” that the virus is laboratory generated: “People believe, ‘This is a manmade’ ... [and that] some pharmaceutical company made the virus.”

- Chen Huang, an Apple research scientist, Google scholar



For a great video on Bill Gates SEE: www.corbetteport.com/who-is-bill-gates-documentary-2020/

and the world's leading expert on tracking and tracing and facial recognition technology, role-plays the newscaster reporting on government countermeasures. He blames riots on anti-vaccine activists and predicts that Twitter and Facebook will cooperate in "identify[ing] and delete[ing] a disturbing number of accounts dedicated to spreading misinformation about the outbreak" and to implement "internet shutdowns ... to quell panic."

• Dr. Tara Kirk Sell, a senior scholar at Bloomberg School of Health's Johns Hopkins Center for Health Security, worries that pharmaceutical companies are being accused of introducing the virus so they can make money on drugs and vaccines: "[We] have seen public faith in their products plummet." She notes with alarm that "Unrest, due to false rumors and divisive messaging, is rising and is exacerbating spread of the disease as levels of trust fall and people stop cooperating with response efforts. This is a massive problem, one that threatens governments and trusted institutions."

Sell reminds her fellow collaborators that "We know that social media is now the primary way that many people get their news, so interruptions to these platforms could curb the spread of misinformation."

There are many ways, Sell advises, for government and industry allies to accomplish this objective:

"Some governments have taken control of national access to the Internet. Others are censoring websites and social media content and a small number have shut down Internet access completely to prevent the spread of misinformation. Penalties have been put in place for spreading harmful falsehoods, including arrests."

Matthew Harrington, CEO of Edelman Public Relations agrees that social media must fall in line to promote government policy: "I

also think we're at a moment where the social media platforms have to step forward and recognize the moment to assert that they're a technology platform and not a broadcaster is over. They in fact have to be a participant in broadcasting accurate information and partnering with the scientific and health communities to counterweight, if not flood the zone, of accurate information. Because to try to put the genie back in the bottle of misinformation and disinformation is not possible."

Stephen Redd, the Admiral of the Public Health Service, has the sinister notion that government should mine social media data to identify people with negative beliefs: "I think with the social media platforms, there's an opportunity to understand who it is that's susceptible ... to misinformation, so I think there's an opportunity to collect data from that communication mechanism."

Adrian Thomas of Johnson & Johnson announces "some important news to share from some of "our member companies [Pharma]": We are doing clinical trials in new antiretrovirals, and in fact, in vaccines!" He recommends a strategy to address the problems to these companies when "rumors were actually spreading" that their shoddily tested products "are causing deaths and so patients are not taking them anymore." He suggests, "Maybe we're making the mistake of reporting and counting all the fatalities and infections."

Former CIA deputy director, Avril Haines unveiled a strategy to "flood the zone" with propaganda from "trusted sources," including "influential community leaders, as well as health workers." He warns about "false information that is starting to actually hamper our ability to address the pandemic, then we

need to be able to respond quickly to it."

Matthew Harrington (Edelman CEO) observes that the Internet – which once promised the decentralization and democratization of information – now needs to be centralized: "I think just to build a little bit on what Avril said, I think as in previous conversations where we've talked about centralization around management of information or public health needs, there needs to be a centralized response around the communications approach that then is cascaded to informed advocates, represented in the NGO communities, the medical professionals, et cetera."

Tom Inglesby (John Hopkins biosecurity expert advisor to the National Institutes of Health, the Pentagon and Homeland Security) agrees that centralized control is needed: "You mean centralized international?"

Matthew Harrington (Edelman) replies that information access should be: "Centralized on an international basis, because I think there needs to be a central repository of data facts and key messages."

Hasti Taghi (Media Advisor) sums up: "The anti-vaccine movement was very strong and this is something specifically through social media that has spread. So as we do the research to come up with the right vaccines to help prevent the continuation of this, how do we get the right information out there? How do we communicate the right information to ensure that the public has trust in these vaccines that we're creating?"

Kevin McAleese, communications officer for Gates-funded agricultural projects, observes that: "To me, it is clear countries need to make strong efforts to manage both mis- and disinformation.

We know social media companies are working around the clock to combat these disinformation campaigns. The task of identifying every bad

actor is immense. This is a huge problem that's going to keep us from ending the pandemic and might even lead to the fall of governments, as we saw in the Arab Spring. If the solution means controlling and reducing access to information, I think it's the right choice."

Tom Inglesby, director of Bloomberg's Johns Hopkins Center for Health Security concurs, asking if "In this case, do you think governments are at the point where they need to require social media companies to operate in a certain way?"

Lavan Thiru, Singapore's Finance Minister suggests that the government might make examples of dissidents with "government or enforcement actions against fake news. Some of us, this new regulations are come in place about how we deal with fake news. Maybe this is a time for us to showcase some cases where we are able to bring forward some bad actors and leave it before the courts to decide whether they have actually spread some fake news."

Read the attached transcript (at link) to see how Gates and his government, pharma and intelligence apparatus telegraphed their plans to censor and control the media during the pandemic.

In yet another uncanny coincidence, COVID-19 began circulating among global populations within days of Gates' meeting.

SOURCE:

<https://childrenshealthdefense.org/defender/gates-planned-social-media-censorship-vaccine-safety/>

The Covid-19 Vaccine CATASTROPHE

“There is absolutely no need for vaccines to extinguish the pandemic... You do not vaccinate people who aren't at risk from a disease.

By Mike Whitney
March 9, 2021

The problem with the mRNA Covid-19 vaccine, is not that it's a vaccine. It's that it's not safe. That's the issue: Safety.

This view is shared by a great many professionals who believe that these potentially toxic concoctions pose a significant threat to the health and well-being of anyone who chooses to get inoculated.

Do you realise that the mRNA in this vaccine is coated in a synthetic PEG-containing lipid nanoparticle that allows easy access into the cells of the body, including the brain, which may create conditions for debilitating ailments 3 or 4 years down the road? (More on this below)

Do you realize that these dubious vaccines have not been thoroughly tested, did not undergo critical animal trials, did not complete Phase 3 trials, and were waved through the regulatory process under the “Emergency Use Authorization (EUA)” provision?

What does it mean when we say: “The vaccines were waved through under the Emergency Use Authorization provision?”

It means that the vaccines were not required to meet the same rigorous standards or follow the same protocols as previous vaccines. It means that, by definition, these vaccines are not safe. It means that normal precautionary regulations were suspended in order to put these vaccines into service as fast as possible. Isn't that worth mulling over before rolling up your sleeve?

There are a number of extremely promising treatments, therapies and medications for Covid, and many more are on their way.

But the mRNA vaccine is not among these promising medications. The mRNA vaccine is a grave threat to one's health and safety. It should never have been approved.

And who is promoting these vaccines that do not stop the transmission of Covid, do not prevent Covid, and which will have no meaningful impact on the rapidly-declining fatality rate? Who is

pushing these potentially lethal injections? Is it the reputable scientists, virologists, epidemiologists and other medical experts who don't have a stake in the outcome and who base their judgements on the science alone, or is it the conflicted state bureaucrats, the public health toadies and the billionaire activists who control the media and whose shadowy and sinister motives are still not clear?

Most people know the answer to that question already. It's obvious.

And why have the views of the naysayers, the contrarians and the critics been painstakingly scrubbed from the MSM and social media? If the efficacy and safety of these vaccines is so unassailable, then why must all public debate be prevented?

And yourself this: Has the Covid vaccine roll-out been the biggest and most extravagant Madison Avenue “product launch” in American history?

Indeed, it has. The media, Hollywood, the public health authorities, big pharma, global elites and the entire political establishment have joined the full-throated, public relations blitz that is aimed at cajoling every man, woman and child into doing something that could trigger an agonizing medical condition or dramatically shorten their lives.

Why are they doing this? Why have they quashed all debate and silenced their critics? Why are they taking advantage of public hysteria to intensify their mass-vaccination campaign? Why have they obfuscated the truth on so many issues related to Covid including masks, asymptomatic transmission, school closures, lockdowns etc? Is there even one part of the official Covid narrative that “rings true” or that can withstand the scrutiny of critical analysis? Does it all have to be lies? Can't we at least mix some truth in with the vast mountain of flagrant fabrications and disinformation?

The truth is, we don't need a vaccine. The case numbers and fatalities are already dropping precipitously around the world. The virus is on its way out. Here's how Pfizer's former Vice President and Chief Scientist for Allergy & Respiratory Disease, Dr. Michael Yeadon, summed it up some months ago:

ease. You also don't set about planning to vaccinate millions of fit and healthy people with a vaccine that hasn't been extensively tested on human subjects.”

He's right, isn't he? And, yet, even now – when the vast majority of people are fully aware that cases and deaths are falling like a stone – they're still rushing off to their local public health facility to get vaccinated. Explain that to me? Why would anyone willingly get vaccinated when the infection is already dying out and the number of susceptible hosts is rapidly decreasing? What sense does that make?

Do you realize that we have no data on the long-term adverse effects of these new mRNA vaccines? None. So, the question is: Why would a public health official put a vaccine into service without knowing what the long-term effects of that vaccine might be? He wouldn't, unless he was pressured into doing so, because that would be irresponsible and a violation of his oath to “Do no harm.”

Even so, these are the very same vaccines that well-known billionaire activists want to use on all 7 billion people on planet Earth. Do these “do good” billionaires have any idea of the carnage and suffering their mass-vaccination campaign is likely to generate? Or is that the goal – a world with fewer people?

Let's cut to the chase: What readers really want to know is how these vaccines will impact their health. “How is this going to affect me”, that's the bottom line. But since we have no long-term data, (since there were no long-term trials) we have to depend on the analysis of professionals who have a sense of where the potential problems might arise. Check out this blurb from an article by Dr. Wolfgang Wodarg, lung specialist and former head of the public health department, and Dr. Michael Yeadon, ex-Pfizer head of respiratory research. Here are some of their concerns:

“The formation of so-called “non-neutralizing antibodies” can lead to an exaggerated immune reaction, especially when the test person is confronted with the real, 'wild' virus after vaccination.”

“The vaccinations are expected to produce antibodies against spike proteins of SARS-CoV-2. However, spike proteins also contain syncytin-homologous proteins, which are essential for the formation of the placenta in mammals such as humans. It must be ruled out that a vaccine against SARS-CoV-2 could trigger an immune reaction against syncytin-1, as it may otherwise result in infertility of indefinite duration in vaccinated women.

“The mRNA vaccines from Pfizer/BioNTech contain polyethylene glycol (PEG). 70% of people develop antibodies against this substance. This means that many people can develop allergic, potentially fatal reactions to the vaccination.

“The much too short duration of the study does not allow a realistic estimation of the late effects. As in the narcolepsy cases after the swine flu vaccination, millions of healthy people would be exposed to an unacceptable risk if an emergency approval were to be granted and the possibility of observing the late effects of the vaccination were to follow.” (“That Was Quick” – Lockdown Skeptics)

To summarise:

The new messenger RNA vaccines could make recipients more susceptible to serious illness or death. (The vaccine could pave the way for autoimmune disease or ADE Antibody-dependent Enhancement.)

Spike proteins can “trigger an immune reaction” that will “result in infertility.”

The new vaccines contain polyethylene glycol (PEG) which can cause allergic reactions which can be “potentially fatal.”

The trials were not long enough to determine whether the vaccines are safe or not. FDA approval does not mean “safe”. Quite the contrary. The FDA is “captured” in the same way the FAA is captured.

Naturally, the analysis of Yeadon and Wodarg has appeared nowhere in the MSM. (Also, Yeadon was recently removed by Twitter.) Experts in their field of learning are no longer allowed to candidly discuss their concerns in a public forum if their conclusions do not jibe with the official narrative. The push to censor opposing points of view is greater now than any time in our 245-year history. The people who now insist that you get vaccinated, are the very same people who are doing everything in the power to prevent you from knowing the truth about their vaccines.

And what is the truth?

The truth is that “universal vaccination” factors quite large in the elitist restructur-

ing agenda that has nothing to do with global pandemic and everything to do with social control. At its heart, Covid is a political phenomenon more than it is a public health emergency. One is merely a fig leaf for the other.

Have you ever heard of Prion disease?

The CDC describes Prion diseases as “a family of rare progressive neurodegenerative disorders that affect both humans and animals. They are distinguished by long incubation periods, characteristic spongiform changes associated with neuronal loss, and a failure to induce inflammatory response.

“The causative agents of TSEs are believed to be prions.

The term ‘prions’ refers to abnormal, pathogenic agents that are transmissible and are able to induce abnormal folding of specific normal cellular proteins called prion proteins that are found most abundantly in the brain... The abnormal folding of the prion proteins leads to brain damage and the characteristic signs and symptoms of the disease. Prion diseases are usually rapidly progressive and always fatal.” (CDC)

Is this what the future holds for millions of recipients of the mRNA vaccine?

We think it is very likely.

In an earlier article, we posted an excerpt from an interview with Dr. Chris Shaw, Ph.D, specialist in neuroplasticity and neuropathology. Shaw described this very condition that could emerge as a reaction to agents in the mRNA vaccine that find their way into the brain. Here’s what he said:

“The mRNA lipid-coated PEG-construct – by Moderna’s own study – does not stay localized but spreads throughout the body including the brain. Found in animal studies in bone marrow, brain, lymph nodes, heart, kidneys liver, lungs etc. Doctors are saying that the vaccine does NOT cross the blood-brain barrier, but that is NOT true. ...If it reaches the brain there will be an auto immune response that will cause inflammation. What characterizes virtually all neuro-degenerative diseases is this misfolded protein that is characteristic to Lou Gehrig’s disease, to Alzheimer’s, to Parkinson’s, to Huntington’s etc. They are different proteins, but they tend to form these sheets of misfolded proteins called beta sheets. Now you are asking cells in various parts

of the body – including the brain – to make a lot of these proteins and release them to the outside, and are we sure that’s what it’s all doing? Are you getting clusters of misfolded proteins inside neurons? That would be a bad thing to do.

“So, you’d like to know where it is, how much of it there is, and which groups of neuronal groups it’s targeted and those are the kinds of questions you like the companies to have solved long before they got authorization and discovered some years later that they have a problem.

“This is a vast experiment that should have been done in the lab on animals and now it is being done on people. The po-

“If the efficacy and safety of these vaccines is so unassailable, then why must all public debate be prevented?”

tential is that you are going to harm a lot of people while you do this experiment.” (“Neuroscientist’s Concerns About Covid Vaccines”, Chris Shaw, Ph.D, specialist in neuroplasticity and neuropathology). Video available here: <https://rumble.com/vctu59-neuroscientists-concerns-about-covid-vaccines.html>

Is this what we should expect in the future, a sharp uptick in neurological disorders like Lou Gehrig’s disease, Alzheimer’s and Parkinson?

Apparently, so. Check out this longer excerpt from a research paper by Dr. J. Bart Classen:

“Vaccines have been found to cause a host of chronic, late developing adverse events. Some adverse events like type 1 diabetes may not occur until 3-4 years after a vaccine is administered[1].... Given that type 1 diabetes is only one of many immune mediated diseases potentially caused by vaccines, chronic late occurring adverse events are a serious public health issue...

“RNA based vaccines offer special risks of inducing specific adverse events. One such potential adverse event is prion-based diseases caused by activation of intrinsic proteins to form prions. A wealth of knowledge has been published on a class of RNA binding proteins shown to participate in causing a number of neurological diseases including Alzheimer’s disease and ALS...

“...In the current paper the concern is raised that the RNA based COVID vaccines have the potential to cause more disease than the epidemic of COVID-19.

Continued on page 31

5 Desperate Ways They're Trying to Trick You Into Taking the Covid "Vaccine"



March 5, 2021

The increasingly desperate ploys are all in play, and if you're not paying attention you might just fall for them

The vaccine rollout is in full flow now, the daily tickers have had "people vaccinated" added to their red counters, and the improbably large number grows more improbably large every day.

– Sergiy Maidukov

The sale of the century is very much on. The powers that be want every single person to be vaccinated, and they're pulling out all the stops to make sure it happens. Here are the five main ways the establishment is trying to manufacture your consent.

1. BRIBERY

It's being reported that everyone getting vaccinated is the only way to get "back to normal". Don't you want to go to the pub again? Or the gym? Or see granny? Or hug people? Well, just take the shot. Take the shot and all this lockdown and social distancing economic collapse and mounting poverty, it will all just go away.

It's a common refrain, one which rather clashes with "new normal" we've been hearing about for a over year.

In fact, it looks like "back to normal" may come with a qualifying asterisk. For example embattled New York governor

Andrew Cuomo has said vaccines will help the state "get back to normal"… where "normal" involves an "Excelsior Pass".

You don't need me to explain the complexities of this technique. It's simple coercion. "Do as we say, and you'll get a treat."

Important to remember: "Getting back to normal" is a lie. As much as people repeat the mantra in sound-

bites and social media posts, the "experts" are clearer – many have said we will NEVER be going back to normal, and others have said we need to maintain anti-Covid measures until at least 2022. The "vaccine" itself does not even claim to limit transmission: even those vaccinated are still being ordered to follow the restrictions.

2. CELEBRITY ENDORSEMENTS

One of the oldest and most widely used marketing gimmicks. Partly because it works, but mostly because it's cheap and easy: Simply find a bunch of tools and put them to work.

The NHS was not shy about this approach, claiming they were planning to enlist "sensible celebrities" who are "known and loved" to combat anti-vax sentiment.

For example, Patrick Stewart: Or Elton John and Michael Caine... Or even Her Majesty:

Important to remember: Celebrities – especially actors and TV personalities – are simply paid to repeat lines. Even if their intentions are correct, there's no reason to assume any of them have any understanding of what they're talking about. And none of these people has anything to lose should you or a loved one suffer any harm from taking an untested vaccine.

3. FORCED "SCARCITY"

For weeks now we've been seeing headlines about "dwindling stock" of vaccines. How people in Europe are desperate for doses or how some states are being prioritised over others. It goes on and on and on. Everyone who has ever been inside a store knows this trick. "While stocks last", "limited time offer", or a thousand other variants designed to create the idea that if you don't acquire product X right now, you will miss your chance.

A corollary of this is fake exclusivity, the way credit card companies tell absolutely everyone they call that they "qualified for our exclusive introductory rate".

By creating the idea that the vaccine is hard to come by, they also create the idea that anyone who gets their hands on a dose is fortunate, or somehow a *de facto* member of some special club.

Important to remember: It's all total nonsense. They are not in any danger of "running out" of vaccines. And even if they are, scarcity is a marketing ploy, not an argument.

4. FAKE "POPULARITY"

You can't underestimate the idea of peer pressure when it comes to marketing. One of the oldest tricks in the book is culturing popularity through the idea that popularity already exists. It's why people buy likes and views on youtube and concerts have seat fillers.

And it's why Matt Hancock was reported to have said this:

"94% of Britons have taken a coronavirus vaccine or will do so when offered."

Is this true? No source is cited, so it's hard to say. It could be entirely made up, a lot of statistics are. Even if the figure is technically real, it's likely just from some opinion poll. And, as Yes Minister has taught us, polls are totally meaningless.

To quote (ironically enough) Peter Hitchens:

"Opinion polls are a device for influencing public opinion, not a device for measuring it."

The UK is reporting that one third of the population has already had at least one dose of vaccine, a number which seems very high (it equates to roughly 250,000 vaccinations per day since the first shot was given on December 8th), this follows early reports that vaccine uptake was “better than expected”.

Even if that's the case – and the past year has proven there's never any reason to trust government figures – Hancock's “94%” seems very unlikely to have any bearing on reality, given the number of reports of low uptake – especially in poorer regions, amongst ethnic minorities, and NHS workers.

Important to remember: *An opinion poll is no measure of reality, popularity is no measure of quality, and it is in the establishment's interest to make all dissenters feel they are in a tiny minority.*

5. “RESISTANCE IS USELESS”

This is an interesting one. There's been a lot of talk about “Vaccine Passports” recently, and perhaps they will become a thing, but the vast majority of the public discourse is spreading the idea they are “inevitable”.

Now, the idea of inevitability is a powerful tool. You can encourage it as a way of preparing the ground for a policy role out, sure, but you can also use it to engender feelings of defeat in your opposition and thus gain their consent without force.

You can see this defeatist language taking hold in some hitherto staunch Covid sceptics.

Peter Hitchens recently announced he was being vaccinated, claiming he was defeated and vaccine passports were inevitable:

“I get the strong sense that any sort of travel, and plenty of other things, will be impossible if I don't have the necessary vaccine certificate.”

Just today, Lord Sumption essentially caved on the same exact issue in the very similar language:

Desmond Swayne MP, another longtime Lockdown sceptic, also capitulated today:

“Get vaccinated now, because you'll probably have to eventually” is the message, and it's not hard to see the utility of it.

From a purely logistical point of view, making people think there are going to be vaccine passports is much, much easier (and cheaper) than actually introducing them.

As a follower said to us on twitter:

“I believe it is the next level of the psyop-make people believe they are the minority when in fact the opposite is likely true but because the mind is beaten and manipulated more just ‘tag’ along for the ride.”

Will they eventually issue Vaccine Passports? Maybe.

Maybe all these tricks will fail and they'll be forced to use less carrot and more stick. But it seems equally possible that – for now at least – they're being dangled

over people to encourage defeatism in those of us who are resisting, and thereby increase vaccine uptake.

Important to remember: *Vaccine passports will only ever become “inevitable” once the vast majority of people have had the vaccine. If enough people refuse to take part, the program will never work.*

So, there's the breakdown of all the broad marketing categories being used to sell this vaccine. But what's the final takeaway?

Honestly, not an un-positive one I would say. Because what all these strategies have in common is the increasingly hysterical air of desperation.

If vaccine take-up was really at 94%, there'd be no need to sell the vaccine so much. If they were really running out of vaccines, the papers wouldn't be advertising it, they'd be telling people not to panic.

They've publicly turned several notable anti-lockdown voices for this campaign: these are key cards they have played all at once. That's a desperate move.

In short, there's good reason to think the resistance to the “new normal” is a lot more widespread than the establishment ever expected it to be.

You don't put the Queen on a zoom call when you're winning the argument.

SOURCE: <https://www.thelibertybeacon.com/5-desperate-ways-theyre-trying-to-trick-you-into-taking-the-covid-vaccine/>

New Lancet Article: 50-75% of “Positive” PCR Tests Are Not Infectious People

By Arjun Walia
March 3, 2021

The Facts: *A recent article published in The Lancet medical journal explains that PCR tests can be “positive” for up to five times longer than the time an infected person is actually infectious.*

Reflect on: *Why are certain viewpoints, opinions, studies, scientists and doctors being censored and/or ignored for presenting data that completely contradicts what we are receiving from government health authorities.*

PCR testing (polymerase chain reaction testing) has come under fire from numerous doctors, scientists, politicians and journalists since the beginning of this pandemic. Not everyone would know this if their only source of information was mainstream media

however, as they've chosen not to cover the controversy surrounding it. This is not to say that PCR testing hasn't been praised as a useful tool to determine a Covid infection, but again, there are great causes for concern that aren't really being addressed.

As far back as 2007, Gina Kolata published an article in the *New York Times* about how declaring pandemics based on PCR testing can end in a disaster. The article was titled “Faith in Quick Test Leads to Epidemic That Wasn't.”

In July, professor Carl Heneghan, director for the Centre of Evidence-based Medicine at Oxford University, an outspoken critic of the current UK response to the pandemic, wrote a piece titled “How many Covid diagnoses are false positives?” He has argued that the proportion of positive tests that are false in the UK could also be as high as 50%.

The Deputy Medical Officer of Ontario, Canada, Dr. Barbara Yaffe recently stated that COVID-19 testing may yield

at least 50 percent false positives. This means that people who test positive for COVID may not actually have it. Former scientific advisor at Pfizer, Dr. Mike Yeadon, argued that the proportion of positive tests that are false may actually be as high as 90%.

Furthermore, 22 researchers have put out a paper explaining why, according to them, it's clear that the PCR test is not effective in identifying COVID-19 cases, and that as a result we may be seeing a significant amount of false positives.

These are simply a few of many examples from the recent past, and it's concerning because lockdown measures and more are based on supposed positive “cases.”

Links to papers are at the source link, below - Ed.

SOURCE: <https://www.collective-evolution.com/2021/03/03/new-lancet-article-suggests-50-75-of-positive-pcr-tests-are-not-infectious-people/>

Are Covid-19 vaccines *safe* for pregnant women?

Quick Facts on Covid-19 Vaccination and Pregnancy

- **The Pfizer/BioNTech Covid-19 vaccine uses mRNA technology. Prior to the Covid-19 outbreak mRNA vaccines had never before been in widespread use.**
- **The major clinical trial of the Pfizer/BioNTech Covid-19 vaccine has not yet been completed so this the use of this vaccine in anyone is still experimental.**
- **Pregnant women were NOT included in the major trial of the Pfizer/BioNTech Covid-19 vaccine so there is limited information about use of this vaccine during pregnancy.**
- **A trial of the Pfizer/BioNTech Covid-19 vaccine in healthy pregnant women began in mid-February 2021 but it is still recruiting participants and will not be completed until June 27, 2022.**
- **There have been reports of pregnancy complications including miscarriage and stillbirth after pregnant women have been vaccinated with the Pfizer/BioNTech Covid-19 vaccine.**

Introduction

In December 2020, when a mass vaccination campaign began in the UK using the Pfizer/BioNTech mRNA Covid-19 vaccine (“COMIRNATY”) British health professionals were advised that women should have a pregnancy test to rule out pregnancy prior to vaccination. They were also advised to recommend to their female patients that pregnancy should be avoided for at least two months following vaccination. [3]

Can Covid-19 vaccines affect female or male fertility?

In December 2020 a former Pfizer scientist Michael Yeadon, PhD and a German medical doctor Wolfgang Wodarg wrote to the European Medicines Agency (EMA) to express concern that Covid-19 vaccination might have an adverse effect on female fertility by resulting in the formation of antibodies that target a protein called syncytin-1. Syncytin-1 is necessary for the formation of the placenta so if this protein were targeted by maternal antibodies, the placenta would not develop and the pregnancy would miscarry.

An article outlining the concerns of Drs. Yeadon and Wodarg may be read at this link: <https://www.globalresearch.ca/dr-wodarg-dr-yeadon-request-stop-all-corona-vaccination-studies-call-co-signing-petition/5731458>

A PDF of the petition that Drs. Yeadon and Wodarg sent to the European Medicines Agency (which also included its authors’

British health professionals were also advised that breastfeeding women should not be vaccinated with COMIRNATY. [4]

The advice to British health professionals was later changed to state that this vaccine should be considered in pregnancy only “when the potential benefits outweigh any potential risks for the mother and foetus.”

The same advice is now being given to NZ health professionals in the NZ datasheet for COMIRNATY on Medsafe’s website.

This change of advice seems to have come about because regulators were given some unpublished studies on female rats which had been injected with the Pfizer/BioNTech mRNA Covid-19 vaccine with reportedly no adverse effects on the rats’ fertility, pregnancies or baby rats up until they were weaned. <https://therealnews.nz/2021/02/28/are-covid-10-vaccines-safe-for-pregnant-women/>

Pregnant women were NOT included in the major trial of the Pfizer/BioNTech mRNA Covid-19 vaccine

Whether or not the Pfizer/BioNTech mRNA Covid-19 vaccine is safe for pregnant women remains, in my opinion, unknown at this point. Pregnant women were NOT included in the major trial (NCT04368728) of the vaccine so there is no data from clinical trials.

A trial of Pfizer/BioNTech mRNA Covid-19 vaccine in pregnancy is now underway - but is not due for competition until June 2022

A trial of the vaccine in healthy pregnant women began in mid-February 2021 but it is still recruiting participants and will not be completed until June 27, 2022. (In the trial, the vaccine will be administered to the pregnant volunteers when they are between 24 and 34 weeks pregnant. See: <https://clinicaltrials.gov/ct2/show/NCT04754594>)

Adverse events have been reported after pregnant women have been vaccinated with the Pfizer/BioNTech mRNA Covid-19 vaccine

Meanwhile, the vaccine is being injected into pregnant

concerns that the vaccine could cause severe allergic reactions due to PEG being included in its formulation) may be downloaded from the following link:

https://therealnews.nz/wp-content/uploads/2020/12/Dr-Yeadon-and-Dr-Wodarg-petition-to-Europeans-Medicines-Agency-Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_EN_unsigned_with_Exhibits.pdf

In relation to whether there may be any male fertility concerns related to vaccination with Covid-19 vaccines, a study to evaluate possible effects on the fertility (sperm concentration and motility) of vaccinated men began in mid-December 2020.

This study is not expected to be completed until June 2021. (See: <https://www.clinicaltrials.gov/ct2/show/NCT04665258>)

(It is not clear from the information above whether the study will examine only the Pfizer/BioNTech mRNA vaccine or whether men vaccinated with the Moderna mRNA vaccine will also be recruited for the trial. Both of these vaccines have an “emergency use authorisation” for distribution in the USA.)

women in some countries and there are reports of pregnancy complications following vaccination with the Pfizer/BioNTech (and the Moderna) mRNA Covid-19 vaccines listed on the US VAERS website. (A report of an adverse event following vaccination may be made to VAERS before it has been determined whether or not the adverse event was caused by the vaccine; nonetheless many of the reports are concerning.)

One link that reports on cases of miscarriage/stillbirth that have been reported to the US VAERS reporting system after Covid-19 vaccination is here: <https://healthimpactnews.com/2021/wisconsin-resident-doctor-has-miscarriage-3-days-after-being-injected-with-experimental-covid-mrna-shot/>

In one case, a woman who had an ultrasound showing a healthy placenta at 28 weeks just prior to vaccination (with the Moderna mRNA Covid-19 vaccine) reports that she was found to have a prematurely aged and calcified placenta only a week later. (Hers was a comparatively happy outcome as she was in hospital having her health carefully monitored and her baby was alive at the time of the report. See: <https://childrenshealthdefense.org/defender/health-officials-push-pregnant-women-covid-vaccine/>)

Any case in which placental problems occur following vaccination with an mRNA Covid-19 vaccine (such as the Pfizer or Moderna shot) is worrying because problems with the placenta may result in miscarriage, premature labour or stillbirth.

Concern was raised in December 2020 that Covid-19 vaccination might have an adverse effect on female fertility by resulting in the formation of antibodies that target a protein called syncytin-1. Syncytin-1 is necessary for the formation of the placenta so if this protein were targeted by maternal antibodies, the placenta would not develop and any pregnancy could miscarry at a very early stage. (Please see the previous page: "Can Covid-19 vaccines affect female or male fertility?")

for more information on this topic.) It seems plausible that if vaccination against SARS-CoV-2 were to create antibodies that target syncytin-1, these antibodies might cause damage to the placenta and put an established pregnancy at risk.

Covid-19 vaccination will be available to pregnant women in New Zealand

Pregnant women in NZ will be offered the Pfizer/BioNTech mRNA Covid-19 vaccine as part of the national vaccination campaign. If you are pregnant you will have the chance to discuss the potential benefits and risks of this vaccine with your midwife or doctor before making a decision. Your midwife or doctor should also be able to discuss with you other options (such as vitamin D and/or hydroxychloroquine) that may reduce your risk of developing Covid-19 while pregnant (or may reduce the risks of your becoming seriously ill if you are exposed to SARS-CoV-2).

The following two articles on our website provide more information about the Pfizer/BioNTech mRNA Covid-19 vaccine as well as information specific to pregnancy:

- <https://therealnews.nz/2021/02/14/does-the-nz-datasheet-for-the-pfizer-biontech-covid-19-vaccine-comirnaty-provide-sufficient-information-to-facilitate-informed-decision-making/>
- <https://therealnews.nz/2021/02/28/are-covid-10-vaccines-safe-for-pregnant-women/>



Could vaccination with an mRNA vaccine during pregnancy affect the developing baby's DNA?

Theoretically, after someone is vaccinated with an mRNA vaccine, the mRNA from the vaccine is transcribed into protein by the ribosomes inside the cell. This protein is then supposed to be moved to the surface of the cell to trigger an immune response, including the development of antibodies.

In the case of the mRNA vaccines developed for Covid-19, the mRNA in the vaccine should provide the code for the spike protein from the surface of the virus and temporarily turn the ribosomes in some of the vaccine recipient's cells into spike protein manufacturing factories.

Theoretically, the above processes should occur without any interaction between the mRNA from the vaccine and the DNA in the nucleus of the vaccine recipient's cells.

However, it is possible for RNA to be "reverse transcribed" into DNA with the help of an enzyme called "reverse transcriptase". (Reverse transcriptase should not be present in the vaccine but it may be present in a recipient's cells.) **This means that the possibility that an mRNA vaccine could alter a recipient's DNA cannot be ruled out.**

Two articles discuss this possibility in some detail:

- <https://sciencewithdrdoug.com/2020/11/27/will-an-rna-vaccine-permanently-alter-my-dna/>
- <https://sciencewithdrdoug.com/2021/02/15/breaking-study-sheds-more-light-on-whether-an-rna-vaccine-can-permanently-alter-dna/>

In the case of vaccination with an mRNA vaccine during pregnancy, it is not known at this point whether or not the mRNA from the vaccine may transfer across the placenta into the bloodstream of the developing baby. If the mRNA can be transported across the placenta then there is the possibility that the baby's DNA might be altered. However, whether this is actually a risk (or how large a risk it may be) is not yet known.

Could spike protein from Moderna, Pfizer vaccines cause blood clots, brain inflammation and heart attacks?

Dr. J. Patrick Whelan, a pediatric rheumatologist, warned the FDA in December that mRNA vaccines could cause microvascular injury to the brain, heart, liver and kidneys in ways not assessed in safety trials.

By Lyn Redwood, RN, MSN
February 11, 2021

On December 8, 2020, the U.S. Food and Drug Administration (FDA) Vaccines and Related Biological Products Advisory Committee (VRBPAC) received a public submission from J. Patrick Whelan, M.D., Ph.D. The submission was in response to the agency's request for comments regarding vaccines against SARS-CoV-2 in advance of the December 10, 2020 meeting when the committee would review the Pfizer/BioNTech (BNT162b2) SARS-CoV-2 vaccine for emergency use authorization (EUA).

Whelan's training (at Harvard, Texas Children's Hospital and Baylor College of Medicine) includes degrees in biochemistry, medicine and rheumatology. For twenty years, he worked as a pediatric rheumatologist. He currently specializes in treating children with multisystem inflammatory syndrome (MIS-C), which has been associated with coronavirus infections.

In his public submission, Whelan sought to alert the FDA about the potential for vaccines designed to create immunity to the SARS-CoV-2 spike protein to instead cause injuries.



Specifically, Whelan was concerned that the new mRNA vaccine technology utilized by Pfizer and Moderna has “the potential to cause microvascular injury (inflammation and small blood clots called micro-thrombi) to the brain, heart, liver and kidneys in ways that were not assessed in

the safety trials.”

While Whelan did not dispute the vaccines' potential to quickly arrest the spread of the virus (assuming that the vaccines prove to actually prevent transmission – also not assessed in the clinical trials), he cautioned that “it would be vastly worse if hundreds of millions of people were to suffer long-lasting or even permanent damage to their brain or heart microvasculature as a result of failing to appreciate in the short-term an unintended effect of full-length spike protein-based vaccines on other organs.”

Unfortunately, Whelan's concerns were not acknowledged, and the agency instead relied on the limited clinical trial data. The VRBPAC endorsed the use of the Pfizer vaccine on December 10, 2020. The following day, the FDA issued the first COVID-19 vaccine emergency use authorization allowing the Pfizer-BioNTech COVID-19 vaccine to be widely distributed in individuals 16 and older without calling for the additional studies that Whelan felt were critical to assure safety of the vaccine, especially in children.

Why was Whelan worried about the mRNA vaccines causing blood clots and inflammation?

One of the peculiar and often deadly findings with regard to SARS-CoV-2 infection is widespread damage occurring in numerous organs beyond the lungs. Clinicians around the world have seen evidence that suggests the virus may cause heart inflammation, acute kidney disease, neurological malfunction, blood clots, intestinal damage and liver problems. Unexpectedly, however, clinicians observe a very limited or non-existent presence of the virus in organs other than the lungs.

Here is what we currently know about the impact of the virus outside the lungs.

Cardiovascular complications from COVID-19

Though COVID-19 was originally thought to be a respiratory infection, it's since become clear the infection threatens the heart, too.

Dr. Aeshita Dwivedi, a cardiologist at Lenox Hill Hospital in New York City has stated: “As the COVID-19 pandemic has evolved, research has progressively demonstrated this virus's impact on multiple organs of the body including the heart.”

It has been reported that nearly a quarter of people hospitalized with COVID-19 experience myocardial injury and many develop arrhythmias or thromboembolic disease.

In a prospective study that followed 100 patients who recovered from COVID-19, the investigators found involvement of the heart on MRI scans in 78% of patients, and ongoing myocardial inflammation in 60%. These findings were independent of the severity of the infection, overall course of the illness and time from the original diagnosis.

In October 2020, researchers took a more detailed look at the heart after death from COVID-19 and found “cardiac damage was common, but more from clotting than inflammation” and that “microthrombi (small blood clots) were frequent.”

“We did not expect this,” said study co-author Dr. Renu Virmani, of CVPPath Institute in Gaithersburg, Maryland. “It seems to be unlikely that the direct viral invasion of the heart is playing a major role in making myocardial necrosis and microthrombi.”

Dr. Hyung Chun, a Yale cardiologist, suggests that the endothelial cells lining the blood vessels potentially release inflammatory cytokines that further exacerbate the body’s inflammatory response and lead to the formation of blood clots. Chun has stated: “The ‘inflamed’ endothelium likely contributes not only to worsening outcome in COVID-19, but also is considered to be an important factor contributing to risk of heart attacks and strokes.”

A subsequent study published last month confirmed the findings of microthrombi resulting in myocyte necrosis, indicative of a recent myocardial infarction (heart attack), in 40 individuals who died from COVID-19 infection – the studies also identified microthrombi as a major cause of cardiac injury.

Neurological complications of COVID

Individuals with COVID-19 experience a vast number of neurological symptoms, such as headaches, ataxia, impaired consciousness, hallucinations, stroke and cerebral hemorrhage.

But autopsy studies have yet to find clear evidence of destructive viral invasion into patients’ brains, pushing researchers to consider alternative explanations of how SARS-CoV-2 causes neurological symptoms.

In a study of 18 COVID-19 patients with neurological symptoms who died in hospitals last April, Mukerji and colleagues found very low levels of viral RNA – the source of which is a mystery – in only five of the patient brains. Because the low RNA concentration “seems out of proportion to the profound

deficits that people are experiencing,” Mukerji said, “I’d be extremely surprised [if] the majority of cases where people are having neurological symptoms are due to direct viral invasion.”

In a more recent analysis published February 4, 2021, in the *New England Journal of Medicine*, researchers from the National Institute of Neurological Disorders and Stroke documented microvascular injury but no evidence of virus in the brains of patients who died from COVID-19. They reported, “In a convenience sample of patients who had died from COVID-19, multifocal microvascular injury was observed in the brain and olfactory bulbs by means of magnetic resonance microscopy, histopathological evaluation and immunohistochemical analysis of corresponding sections, without evidence of viral infection.”

If not viral infection, what else could be causing injury to distant organs associated with COVID-19?

The most likely culprit that has been identified is the COVID-19 spike protein released from the outer shell of the virus into circulation. Research cited below has documented that the viral spike protein is able to initiate a cascade of events that triggers damage to distant organs in COVID-19 patients.

Worryingly, several studies have found that the spike proteins alone have the capacity to cause widespread injury throughout the body, without any evidence of virus.

What makes this finding so disturbing is that the COVID-19 mRNA vaccines manufactured by Moderna and Pfizer and currently being administered throughout the U.S. program our cells to manufacture this same coronavirus spike protein as a way to trigger our bodies to produce antibodies to the virus.

According to Whelan’s letter to the FDA, the “Pfizer/BioNTech vaccine is composed of an mRNA that produces a membrane-anchored full-length spike protein.”

A landmark study in *Nature Neuroscience*, published a few days after Whelan’s letter, found that the commercially ob-

Options for the Elderly

If you are elderly (or are entrusted with making medical decision on behalf of an elderly relative or friend) please inform yourself about the different prevention and treatment options available for Covid-19 prior to making a decision about whether or not to accept the offer of a Covid-19 vaccine.

One of these options, ivermectin, is being used overseas as a prophylactic treatment for Covid-19, as well as being used to treat people who have active infections. (See this link for details: <https://therealnews.nz/2021/01/19/is-ivermectin-the-miracle-drug-that-could-end-the-covid-19-pandemic/>)

Other treatment options are detailed in Issue 1 of *The Real News* which may be downloaded for free from this link www.therealnews.nz

The potential risks of the Covid-19 vaccine that is currently in use in NZ (the Pfizer/BioNTech vaccine brand name “COMIRNATY”) are discussed in an article at the following link: <https://the->

realnews.nz/2021/02/14/does-the-nz-datasheet-for-the-pfizer-biontech-covid-19-vaccine-comirnaty-provide-sufficient-information-to-facilitate-informed-decision-making/

Please also see the Posts section of our website (<https://therealnews.nz/posts/>) for the article "Are Covid-19 vaccines safe for the elderly?"



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Dr. Jeff Bradstreet, MD, MD(H), FAAFP



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Thanks to Bravo Probiotics' superior ability to empower the immune system, due in part to its unique composition of Phages (friendly viruses that fight infections), it has rapidly gained recognition as an essential supplement to support the immune system against viral infections.

Natural Antibiotic Action

The best way to fight unhealthy gut microbes, including parasites, is to use their natural enemies, which are the microbes that constitute the healthy human microbiome. The healthy microbes then compete for territory with the unhealthy microbes, and by daily introducing the healthy Bravo Probiotic microbes, we routinely strengthen their numbers, and this helps them to win the fight.

Natural Anti-Biofilm Action

In the gut, we find biofilms, which are barriers that unhealthy microbes and parasites, form to cover themselves and to protect themselves from insults that may come from the environment. Bravo microbes produce acid molecules that disintegrate these biofilms and expose the unhealthy microbes, to a fight with the healthy Bravo microbes.



Bravo Probiotic 300+ Edestiny Capsules are produced by freeze drying Bravo fermented hemp seed protein (edestin) to produce a **100% VEGAN** product and Vegetal GcMAF.

Natural Anti-Microbial & Immune Modulatory Action

Bravo Probiotic yogurt forms 236 new peptides during the fermentation process. These peptides contribute to the overall support of a healthy immune system, and this is particularly useful against candida, and whilst it may take weeks, or even months, in the end, you may see excellent results.

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All Bravo Probiotic is designed to produce the active site of GcMAF by natural fermentation. GcMAF supports a healthy immune system and the body's activation of macrophages. It can be absorbed through the mucosa cells in your mouth, so it is ideal to swish your mouth with Bravo drink before swallowing.

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Significantly, the 300+ strains of probiotics that have gone into this superfood, are also present in the gut of a newborn fed only with colostrum, the mother's first milk. **When given to someone who needs support, they can reboot your microbiome back to how nature intended.**



Bravo Probiotic 300+ fermented juice is a ready to make 12 week supply. Add the probiotics to your preferred juice and ferment. No Lactose or Casein. Designed not to change the flavour of your juice. **100% VEGAN.**

	CD4 Cells Before	CD4 Cells After	NK Cells Before	NK Cells After
Male 55yrs	372	853	165	397
Female 35yrs	857	1279	251	340
Male 37yrs	446	478	165	195
Female 52yrs	45	61	7	10
Female 49yrs	510	820	200	410

In the above controlled eight week study, where the only change was the addition of 125ml/day of Bravo Probiotic, participants saw a significant improvement in overall health as their immune system and bone marrow function restored.

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(Practitioner enquiries welcome)

tained COVID-19 spike protein (S1) injected into mice readily crossed the blood-brain barrier, was found in all 11 brain regions examined and entered the parenchymal brain space (the functional tissue in the brain).

The researchers acknowledged that such widespread entry into the brain could explain the diverse neurological effects of S1 such as encephalitis, respiratory difficulties and anosmia (the loss of smell). The injected spike protein was also found in the lung, spleen, kidney and liver of the mice.

A second study published in December, 2020, in *Neurobiology of Disease* reported that the SARS-CoV-2 spike proteins showed a direct negative impact on endothelial cells and provide “plausible explanations” for the neurological consequences observed in patients with COVID-19.

The researchers demonstrated that the angiotensin-converting enzyme 2 (ACE2), a known binding target for the SARS-CoV-2 spike protein, is “ubiquitously expressed throughout various vessel calibers in the frontal cortex.”

In another investigation, researchers studying brain tissues from thirteen fatal COVID-19 cases found pseudovirions (spike, envelope and membrane proteins without viral RNA) present in the endothelia of microvessels of all thirteen brains. They concluded that ACE2+ endothelial damage is a central part of SARS-CoV-2 pathology and may be induced by the spike protein alone. Injection of the full-length S1 spike subunit in the tail vein of mice, as part of the same study, led to neurologic signs (increased thirst, stressed behavior).

An observed complication of SARS-CoV-2 infection in children is similar to the atypical Kawasaki disease shock syndrome characterized by multisystemic hyperinflammation, edema and vasculitis (MIS-C) that Whelan treats.

Research has found SARS-CoV-2 spike protein alone to be a potent inducer of endothelial dysfunction, suggesting that “manifestations of COVID-19 shock syndrome in children can be at least partially attributed to its action.”

Let's now circle back to the concerns voiced by Whelan in his letter to the FDA:

“I am concerned about the possibility that the new vaccines aimed at creating immunity against the SARS-CoV-2 spike protein have the potential to cause microvascular injury to the brain, heart, liver and kidneys in a way that does not currently appear to be assessed in safety trials of these potential drugs.”

Whelan was referring to the fact that mRNA vaccines work by incorporating the genetic blueprint for the key spike protein on the virus surface into a formula that – when injected into humans – instructs recipients' own cells to make the spike protein.

In theory, the body then will make antibodies against the spike protein to protect against SARS-CoV-2 infection.

The problem with this scenario, as we saw above, is that the spike protein alone – which the mRNA vaccines instruct the body to make – has been implicated as a key cause of injury and death in COVID-19 infections.

Based on the research conducted to date, it is very likely that some recipients of the spike protein mRNA vaccines will experience the same symptoms and injuries associated with the virus.

Again according to Whelan, “the potential to cause microvascular injury (inflammation and small blood clots called microthrombi) to the brain, heart, liver and kidney ... were not assessed in the safety trials.”

Whelan also stated in his letter that “particular caution will be required with regard to the potential widespread vaccination of children before there are any real data on the safety or effectiveness of these vaccines...”

Sadly highlighting Whelan's concerns, a 17-year-old was recently hospitalized in the ICU in Israel complaining of severe pains in his chest a few days after receiving the second dose of the coronavirus vaccine.

Since the widespread introduction of these vaccines on December 14, 2020, Children's Health Defense has been following the reports filed with the Vaccine Adverse Event Reporting System (VAERS), the media and emails from individuals and family members who have experienced adverse vaccine reactions.

As of January 29, 11,249 adverse events had been reported to OpenVAERS related to the two mRNA COVID-19 vaccines. The reports included 501 deaths, 1066 hospitalizations, 2443 urgent care visits, 1447 office visits and 147 cases of anaphylaxis.

What is concerning is that these reports are just the tip of the iceberg. A 2010 Harvard-executed study commissioned by the Department of Health and Human Services (HHS) revealed that reported vaccine injuries to VAERS represent an estimated 1% of actual injuries.

Even vaccine manufacturers have calculated at least a “fifty-fold underreporting of adverse events.”

On December 18, 2020, Robert F. Kennedy, Jr., Children's Health Defense chairman and chief legal counsel, wrote to Dr. David Kessler, then-co-chair of Biden transition's coronavirus task force and now the chief scientific officer of President Biden's COVID-19 response, requesting that Kessler consider the long-overdue need for a comprehensive, high-integrity system to monitor adverse outcomes following vaccination.

This request has urgent significance in light of the FDA's decision to authorize emergency use of the two mRNA vaccines following abbreviated pre-approval clinical trials. Since COVID-19 vaccine companies are immune from liability for injuries caused by their products, our public health regulators have an amplified responsibility to monitor adverse events. To date, we have not received a response from Kessler.

Children's Health Defense shares the same concerns as Whelan and numerous other clinicians and scientists who have spoken out about lack of adequate safety and efficacy testing prior to widespread distribution of the vaccines, especially in children.

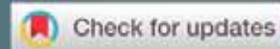
Ignoring these valid and scientifically supported warnings may result in hundreds of millions of people suffering potentially deadly injuries or permanent damage following vaccination. It will also further erode the dwindling confidence that our country has in our federal regulatory agencies to protect the health of all Americans.

SOURCE: <https://childrenshealthdefense.org/defender/moderna-pfizer-vaccines-blood-clots-inflammation-brain-heart/>

(Links to medical literature are embedded in the above source link - Ed.)

COMMENT | VOLUME 395, ISSUE 10240, P1820, JUNE 13, 2020

Retraction—Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis

Mandeep R Mehra  • Frank Ruschitzka • Amit N PatelPublished: June 05, 2020 • DOI: [https://doi.org/10.1016/S0140-6736\(20\)31324-6](https://doi.org/10.1016/S0140-6736(20)31324-6)

After publication of our *Lancet* article,[1] several concerns were raised with respect to the veracity of the data and analyses conducted by Surgisphere Corporation and its founder and our co-author, Sapan Desai, in our publication. We launched an independent third-party peer review of Surgisphere with the consent of Sapan Desai to evaluate the origination of the database elements, to confirm the completeness of the database, and to replicate the analyses presented in the paper.

Our independent peer reviewers informed us that Surgisphere would not transfer the full dataset, client contracts, and the full ISO audit report to their servers for analysis as such transfer would violate client agreements and confidentiality requirements. As such, our reviewers were not able to conduct an independent and private peer review and therefore notified us of their withdrawal from the peer-review process.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31324-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31324-6/fulltext)

HCQ is good - Facebook, JAMA admit they got it all wrong

After 440,000 Americans are Dead – Facebook and American Journal of Medicine Admit Their Stand on HCQ was Wrong –

Back in August 2020 we wrote this on treating the coronavirus:

“The liberal mainstream media can’t hide this truth from the American public forever.

“The latest international testing of hydroxychloroquine treatment of coronavirus shows countries that had early use of the drug had a 79% lower mortality rate than countries that banned the use of the safe malaria drug.

“This means that Dr. Fauci, Dr. Birx, the CDC, the liberal fake news media and the tech giants have been pushing a lie that has had deadly consequences

“America had lost (reportedly) over 150,000 lives at that time.”

Today that number is at 440,000.

We now know that that number could have been lowered significantly if HCQ use would have been promoted in the US

A new study posted in the *American Journal of Medicine* in January found that early treatment of coronavirus patients with hydroxychloroquine lowered the mortality rate for the disease.

The study found that immediate use of HCQ, while the patient was still at home, showed significant benefits.

This is just the latest study that shows the effectiveness of HCQ in treating the coronavirus.

For the past several months the website c19study.com has been tracking the HCQ-coronavirus studies.

According to c19study.com there have been 237 studies, 171 of which were peer reviewed that show 67% of patients improved in early treatment trials.

Also today the Facebook Oversight Board announced it was overturning a previous case on the effectiveness of HCQ.

Facebook’s previously removed a post on the use of hydroxychloroquine in France which it claimed, “contributes to the risk of imminent... physical harm.”

Today Facebook announced this was a mistake.

How many hundreds of thousands of victims were killed due to Dr. Fauci, the CDC and the tech giants’ false claims on hydroxychloroquine?

The jihad against HCQ was to get back at Trump. Hundreds of thousands of Americans are dead today

When will these people face justice?

SOURCE: <https://www.nexusnewsfeed.com/article/geopolitics/hcq-is-good-facebook-jama-admit-they-got-it-all-wrong/>

A very good video presentation by Dr. Simone Gold from America’s *Frontline Doctors*, that includes information on the suppression of the use of HCQ may be viewed at this link <https://www.bitchute.com/video/cspP45qJChf/> - Ed.

German Neurologist Warns Against Wearing Facemasks: 'Oxygen Deprivation Causes Permanent Neurological Damage'

October 14, 2020

I have written a transcript of some highlights from Dr. Margareta Griesz-Brisson's recent and extremely pressing video message, which was translated from German into English by Claudia Stauber.

Dr. Margareta Griesz-Brisson MD, PhD is a Consultant Neurologist and Neuropsychologist with a PhD in Pharmacology, with special interest in neurotoxicology, environmental medicine, neuroregeneration and neuroplasticity.

This is what she has to say about facemasks and their effects on our brains:

"The reinhalation of our exhaled air will without a doubt create oxygen deficiency

and a flooding of carbon dioxide.

"We know that the human brain is very sensitive to oxygen deprivation. There are nerve cells for example in the hippocampus that can't be longer than 3 minutes without oxygen – they cannot survive.

"The acute warning symptoms are headaches, drowsiness, dizziness, issues in concentration, slowing down of reaction time – reactions of the cognitive system.

"However, when you have chronic oxygen deprivation, all of those symptoms disappear, because you get used to it. But your efficiency will remain impaired and the under-supply of oxygen in your brain continues to progress.

"We know that neurodegenerative diseases take years to decades to develop. If today you forget your phone number, the breakdown in your brain would have already started 20 or 30 years ago.

"While you're thinking that you have gotten used to wearing your mask and rebreathing your own exhaled air, the degenerative processes in your brain are getting amplified as your oxygen deprivation continues.

"The second problem is that the nerve cells in your brain are unable to divide themselves normally.

"So in case our governments will generously allow us to get rid of the masks and go back to breathing oxygen freely again in a few months, the lost nerve cells will no longer be regenerated. What is gone is gone.

"I do not wear a mask, I need my brain to think. I want to have a clear head when I deal with my patients, and not be in a carbon dioxide-induced daze.

"There is no unfounded medical exemption from face masks because oxygen deprivation is dangerous for every

YouTube Censors Over 500,000 Videos to Protect Globalist COVID-19 Hysteria Narrative

Big Brother has been busy...

By Shane Trejo
January 26, 2021

The Google-owned video hosting platform, YouTube, has removed over 500,000 videos that cast doubt on the official COVID-19 narrative over the past year.

YouTube CEO Susan Wojcicki made the announcement in a letter about the platform's priorities for the coming year. She is boasting about how her platform is enforcing Big Brother censorship.

"We've updated our policies to remove egregious medical misinformation about COVID-19 to prohibit things like saying the virus is a hoax or promoting medically unsubstantiated cures in place of seeking treatment," Wojcicki wrote.

"We've continued to make updates to our COVID-19 policies to stay current with the science, and we've removed more than more than half a million videos under these policies since February," she added.

Wojcicki made it clear that pushing Big Pharma's experimental vaccines is a driving force behind her censorship agenda. This is part of the mad rush to stick as many people with the shots as quickly as possible before the many negative side-effects can be fully understood.

"We want to help people understand the importance of vaccinations by connecting them with timely information to make informed decisions," she wrote.

Big League Politics reported last year when YouTube an-

nounced their censorship policies, which mandated the removal of all information not approved by the disgraced globalist World Health Organization (WHO):

"YouTube CEO Susan Wojcicki announced during an appearance on CNN that all information contradicting the official narrative from the discredited and disgraced World Health Organization (WHO) will be scrubbed from the popular video-sharing platform.

"Wojcicki talked about how her platform will be 'raising authoritative information' and 'removing information that is problematic.'

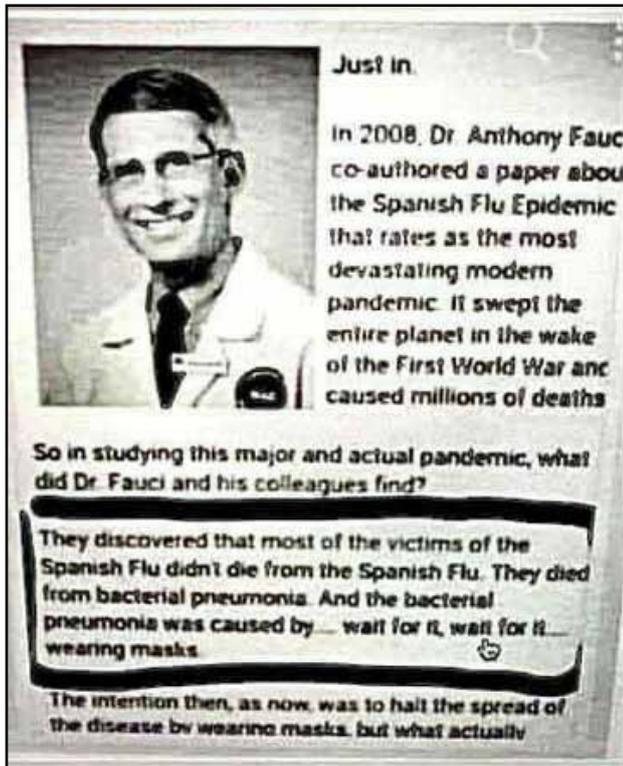
"Of course, everything that is medically unsubstantiated, so people saying like 'take Vitamin C', 'take turmeric', those all will cure you. Those are examples of things that would be a violation of policy," she explained.

"Anything that would go against World Health Organization recommendations would be a violation of our policy and so remove is another really important part of our policy," she added...

"YouTube, whose parent company is Google, is following in the footsteps of fellow tech monopoly Facebook. Facebook CEO Mark Zuckerberg has led the way in terms of controlling content, destroying freedom of association, and perfecting the Orwellian nightmare with coronavirus used as the excuse to take power.

The Orwellian nightmare is being realized, and Big Tech entities are openly ushering it in. The current censorship is just the beginning, and it will end with alternative information being choked off permanently as consumers are trapped in a matrix of corporate propaganda."

SOURCE: <https://bigleaguepolitics.com/youtube-censors-over-500000-videos-to-protect-globalist-covid-19-hysteria-narrative/>



single brain.

"It must be the free decision of every human being whether they want to wear a mask that is absolutely ineffective to protect themselves from a virus.

"For children and adolescents, masks are an absolute no-no. Children and adolescents have an extremely active and adaptive immune system and they need a constant interaction with the microbiome of the Earth.

"Their brain is also incredibly active, as it is has so much to learn. The child's brain, or the youth's brain, is thirsting for oxygen.

"The more metabolically active the organ is, the more oxygen it requires. In children and adolescents every organ is metabolically active.

"To deprive a child's or an adolescent's brain from oxygen, or to restrict it in any way, is not only dangerous to their health, it is absolutely criminal.

"Oxygen deficiency inhibits the development of the brain, and the damage that has taken place as a result CANNOT be reversed.

"The child needs the brain to learn, and the brain needs oxygen to function. We don't need a clinical study for that. This is simple, indisputable physiology.

"Consciously and purposely induced oxygen deficiency is an absolutely deliberate health hazard, and an absolute medical contraindication.

"An absolute medical contraindication in medicine means that this drug, this therapy, this method or measure should not be used, and is not allowed to be used.

"To coerce an entire population to use an absolute medical contraindication by force, there must be definite and serious reasons for this, and the reasons must be presented to competent interdisciplinary and independent bodies to be verified and authorised.

"When, in ten years, dementia is going to increase exponentially, and the younger generations couldn't reach their god-given potential, it won't help to say 'we didn't need the masks'.

"How can a veterinarian, a software distributor, a businessman, an electrical car manufacturer and a physicist decide on matters regarding the health of the entire population? Please, dear colleagues, we all have to wake up.

"I know how damaging oxygen deprivation is for the brain, cardiologists know how damaging it is for the heart, pulmonologists know how damaging it is for the lungs. Oxygen deprivation damages every single organ.

"Where are our health departments, our health insurance, our medical associations? It would have been their duty to be vehemently against the lockdown and to stop it and stop it from the very beginning.

"Why do the medical boards issue punishments to doctors who give people exemptions? Does the person or the doctor seriously have to prove that oxygen deprivation harms people? What kind of medicine are our doctors and medical associations representing?

"Who is responsible for this crime? The ones who want to enforce it? The ones who let it happen and play along, or the ones who don't prevent it?

"It's not about masks, it's not about viruses, it's certainly not about your health. It is about much much more. I am not participating. I am not afraid.

"You can notice, they are already taking our air to breathe. The imperative of the hour is personal responsibility. We are responsible for what we think, not the media.

"We are responsible for what we do, not our superiors. We are responsible for our health, not the World Health Organisation. And we are responsible for what happens in our country, not the government."

SOURCE: [Sott.net](https://sott.net)

Ed note: Mask exemption forms are available via this link: <https://voicesforfreedom.co.nz/face-mask-exemption-form/>

World-renowned neurologist
Margareta Griesz-Brissson warns:
Masks cause OXYGEN DEPRAVATION and
PERMANENT NEUROLOGICAL DAMAGE,
ESPECIALLY IN THE DEVELOPING
BRAINS OF CHILDREN.



The Gates Family, Eugenics and COVID-19

CULTURAL MARXISM

The concepts of eugenics were not exorcised from Western thinking following World War II, rather, they went underground or and were reinvented by assuming more “compassionate” guises.

By TOTT News
April 9, 2020

Bill Gates, through philanthropist projects, has been positioned as a likeable, mild-mannered figure, who expresses his ambition to improve the health of the world through new vaccine development and technological innovation.

Closer investigation reveals the Gates family has documented ties to reinvented eugenics movements of the modern age and the work carried out by their organisation shows ulterior motives contrary to saving lives.

In the following, Ethan Nash examines links between COVID-19 ‘solutions’ and social eugenics movements, including Bill Gates Snr. and Planned Parenthood, the Gates Foundation and philanthropy deceptions, vested vaccine interests and engineering a pandemic.

THE EUGENICS MOVEMENT

In the late 19th century – a critical time in development of the sciences – British scholar Sir Francis Galton, in his book *Inquiries into Human Faculty and Its Development*, coined the term “eugenics”.

Galton, whose cousin was Charles Darwin, hoped to ‘better humankind’ through the “science of improving the human species’ by selectively mating people with specific desirable hereditary traits.

Decades of research on “controlled breeding”, including through means of sterilization, soon became accepted mainstream science at the turn of the century and the eugenics movement was born.

Supporters of eugenics believe people inherit mental illness, criminal tendencies and even poverty, and that these conditions can be “bred out” of the human gene pool through forced sterilization. Not surprisingly, “undesirable” traits were concentrated in poor, uneducated and minority populations.

Many professionals in the scientific and biological fields rigorously researched ways to “improve the human race” through means of eliminating these “negative traits”, and the movement would soon garner widespread political support – particularly in Australia.

As we have explored, the likes of Professor Richard Berry and growing Eugenics Societies of NSW and Victoria played a pivotal role in mass campaigns for laws allowing the establishment of a “lethal chamber” to euthanise what these groups called “the grosser types of our mental defectives”.

Following World War I, numerous eugenics-based ideologies were beginning to enter mainstream societies across the world. However, after Hitler would adopt these concepts and implement an aggressive form of the concept, the world grew wary and a change was needed to continue.

“compassionate” guises.

Julian Huxley’s significant contributions to the movement ensured that the underlying notions associated with eugenics would transform and continue into new social movements.

During the 1950s, these groups would re-define eugenics as “socially progressive”, with linkages to the newly formed and comprehensive welfare states that offered ‘solutions’ to poverty and disease.

The Rockefeller Foundation heavily financed the modern eugenics movement and think-tanks such as the Tavistock Institute would give birth to many influential individuals and “social” organisations.

Huxley adeptly associated the “new and modern” eugenics movement with a range of reformist ideologies, such as the popularisation of birth control, the decriminalisation of homosexuality and abortion law reform. He described this process as “eugenic modernisation”.

The basic premise remained the same, however: it is far easier to eliminate the poor and the suffering, than it is to eliminate the complex and tenacious sources of their poverty or their suffering.

These people believe the masses are too moronic to govern themselves.

A plethora of new-age organisations and movements would arise during the era of “counter-culture”, and this ‘progression’ continued, the now-notorious Gates family would soon enter the picture.

BILL GATES SNR AND PLANNED PARENTHOOD

The key to understanding Bill Gates’ exposure to eugenic concepts is to trace his family past.

Bill Gates’ father, William H. Gates, Sr., was a prominent banker and a lawyer in Preston Gates & Ellis. He also presided over many bar associations, organisation boards and started the Technology Alliance – a regional push to expand technology-based jobs throughout the 20th century.

Importantly, Gates Sr. served on the board of Planned Parenthood (PP) during the group’s infancy – a re-branded organisation birthed out of the American Eugenics Society.

The company spread from beginnings in Cold Spring Harbor genetics and virology labs on Long Island and Berlin, to today become one of the largest organisations in the US. Rockefeller-Bayer Co., BASF and Hoechst petrochemical-pharmaceutical consortium were all initial funders of the group.

Make no mistake: Planned Parenthood was built on population

control schemes – allied with the same groups who wanted genetic hierarchy laws to ‘preserve’ humanity and who sought to ‘beautify’ countries by stopping the “unfit” from reproducing.

In their 2014 Annual Report, the pro-abortion and anti-family group reported seeing over 2.5 million patients in over four million clinical visits, including 324,000 abortions. The group claims to be a proponent of “free choice”, yet it is a eugenics front organisation in disguise.

Planned Parenthood has recently gone through their second executive in just eight months, after sacking President Leana Wen for daring to suggest the group should focus more on women’s health.

Does this sound like a group that dedicated to improving society? This one showdown revealed a genuine rift in the organization and a simple truth: promoting “women’s health” was always a cover.

Bill Gates proudly speaks on his father’s involvement on the board of Planned Parenthood, which was founded on the concept that most human beings are just “reckless breeders”.

Gates’ father would take the concepts learned at Planned Parenthood and incorporate them into building the foundational blueprint for a new era of philanthropy activities that remain to this day.

THE GATES FOUNDATION

William Gates Snr. would continue his eugenecist efforts by becoming instrumental in the formation of a new philanthropic brainchild called the William H. Gates Foundation in 1994.

The group, like Planned Parenthood, would first focus on “improving” reproductive and child health in the developing world. After pioneering philanthropist activities, the company merged with the new Gates Learning Foundation to create the Bill & Melinda Gates Foundation in 2000.

The methodologies have evolved leaps-and-bounds since the early formation of the movement, however the objective remains the same. This time, the new multifaceted approach would see the philanthropist group partner with powerful United Nations organizations like the World Health Organisation (WHO) and UNICEF.

Today, the group is focused on many areas that drive continued work across the world. These activities have given birth to new forms of technological, eugenic endeavours.

The organisation is simply continuing the Gates family legacy of trying to dominate and control the world’s systems, including in the areas of technology, medicine and now agriculture.

In 2010, the Bill & Melinda Gates Foundation purchased 500,000 shares in Monsanto valued at more than \$23 million. This is when it became abundantly clear that the so-called benevolent charity is up to something other than “eradicating” disease and feeding the world’s poor.

The evidence that GMOs cause disease has been piling up for decades, as the list of countries banning their import and cultivation grows. Bill openly promotes GMOs as the “answer” to world hunger.

Melinda Gates has also made “women’s issues” one of the top priorities for their philanthropic work. This includes the deci-

sion to elevate contraception-promotion and population control as “arguably the single-most important part of her work”. She has been openly criticised for these moves.

In 2017, the Gates Foundation pledged another \$375 million for “family planning”, with the goal of providing contraception to 120 million women across the world, particularly in developing countries.

This emphasis on blanketing developing countries with artificial contraception for which women aren’t asking for reeks of social engineering and paternalistic eugenecist thinking.

The fact that couples in developing countries often desire and value large families means nothing to many Western elitist philanthropists: the not-so-subliminal underlying presumption is that women who desire large families simply don’t know what’s good for them. As such, they need to be educated and “encouraged” with large-scale, foreign-funded advertising companies and coercion.

Now that we have explored the history of the Gates family, influences and aims of philanthropist philosophies and modern eugenics programs across the world, let’s explore the relatable picture.

BILL GATES AND VACCINES

Bill Gates needs no introduction. He is one of the most influential Polyergus of all time. For 25 years, he has controlled what has grown to become a multibillion-dollar colossus, Microsoft, and made himself one of the richest men in the world. The tech world was largely born through Gates.

He accomplished this feat not by inventing new technology, but by taking existing technology, adapting it to a “specific market”, and then dominating that market.

In recent years, Gates has turned a good deal of his attention towards philanthropy by creating the largest private foundation in the world, with over \$46 billion in assets. He has secured billions of dollars in contributions from other wealthy benefactors such as Warren Buffett, and is primarily dedicated to “enhancing healthcare” and “alleviating poverty” across the world.

Bill Gates is heavily involved in development of new vaccines, as well as forecasting’ international health challenges of tomorrow (such as preparing for epidemics), and works beyond the scope of national oversight and accountability in most cases.

He has spent years involved in the vaccine-manufacturing process, including quality control and clinical evaluation. This understanding has allowed Gates to ‘advise’ vaccine development programs and fund research into new areas of innovation for multiple disease programs:

Source: B&MGF

Gates invests in expertise and platform technologies that help us make vaccines faster, ‘better’ and cheaper, in addition to also investing in numerous education and training programs to ensure that knowledge around vaccines is created, shared and retained. Some examples of this include:

- Adaptive trial designs.
- Streamlining the schedule and dosing of vaccines.
- Novel delivery formats for vaccines.
- Modular, automated manufacturing platforms enabling small-batch vaccine production.

The billionaire was an early investing partner in the Global Alliance for Vaccines and Immunization (GAVI), which has now grown a substantial portfolio of public-private international health partnerships that are committed to increasing access to immunisation.

Today, GAVI has grown significantly. The group brings together developing country and donor governments (including Australia), the World Health Organization, UNICEF, the World Bank, the vaccine industry, research and technical agencies, civil society and other private philanthropists.

The Bill and Melinda Gates Foundation has donated \$1.56 billion to the alliance's 2016-2020 strategic period as of March 2019, and continues to advise the group on key business decisions.

Gates heavy involvement in the vaccine industry, in addition to continuing the eugenicists visions of the 'social' reformation, was fundamental in framing his positive public perception on the matter.

Considered a "hero" in the fight to develop new technologies against growing diseases, the stage had now been set for Gates to become the new "go to" voice if a pandemic was to ever break out.

COVID-19: A PLAN-DEMIC? "PREDICTING" AN OUTBREAK

The Microsoft co-founder has hinted on multiple occasions over the past decade that the potential for something like the coronavirus that would soon arise and the world must be "ready".

In 2015, Bill Gates gave a TED Talk titled, "The next outbreak? We're not ready", which is being shared widely online in recent weeks given the impact of COVID-19 across the world.

The part of the talk that's making rounds online shows Gates explaining that while the greatest threat to humanity when he was growing up was nuclear war, the greatest threat now is a virus:

"If anything kills over 10 million people in the next few decades, it's likely to be a highly infectious virus rather than a war. Not missiles, but microbes."

However, as we have explored, there is no fundamental evidence to suggest a threat from the CoronaHoax, which has been invented as a means to usher in further mechanisms of control.

Rather, through these "cryptic" messages, Gates was positioning himself in a positive light to connect with the public psyche. If something was to happen, "Gates would know the solution!", they will cry.

Did Gates know something we didn't know in advance? Emerging evidence suggest this 'pandemic' was foretold by the billionaire, which now serves as the mechanism to further carry out the agenda.

EVENT 201

On October 18, 2019, The Johns Hopkins Center for Health Security, World Economic Forum and the Bill and Melinda Gates Foundation hosted Event 201, which is described on the group's website as "a high-level pandemic exercise" carried out in New York.

The exercise illustrated areas where public/private partnerships will be 'necessary' during the response to a severe pandemic in order to diminish large-scale economic and societal consequences:

"Experts agree that it is only a matter of time before one of these epidemics becomes global – a pandemic with potentially catastrophic consequences.

"A severe pandemic, which becomes 'Event 201', would require reliable cooperation among several industries, national governments, and key international institutions."

The group claims they did not 'predict' the coronavirus, despite modelling their pandemic under the same name. However, when examining their documents, striking similarities begin to emerge:

"Event 201 simulated an outbreak of a novel zoonotic coronavirus transmitted from bats to pigs to people that eventually becomes efficiently transmissible from person to person, leading to a severe pandemic. The pathogen was modeled largely on SARS, but it is more transmissible in the community setting by people with mild symptoms.

"There is no possibility of a vaccine being available in the first year."

Let's think: The "real" coronavirus started over a bat in a meat market, transmitted to humans and shows mild symptoms. The vaccine is also 12-18 months away from being developed.

Furthermore, the Melinda and Bill Gates Foundation funded a research center in England called the Pirbright Institute, which specialises in the study of viruses that affect farm animals, and viruses which transfer from animals to people. They own a very similar patent for a type of coronavirus affecting animals.

The world fell for the deception, hook line and sinker. Now, nations are crying out for a 'solution' to the growing COVID-19 crisis" and Bill Gates (not surprisingly) has emerged at the head of the pack.

GATES TO THE RESCUE

Bill Gates is now the talk of the town, and in a recent interview, he told The Daily Show that his foundation was funding the construction of factories for seven coronavirus vaccine "candidates".

He says the foundation would end up picking only one or two of the seven, meaning billions of dollars spent on manufacturing would be abandoned. However, spending a few billion to capitalise on the growing \$35 billion vaccine market seems like a calculated investment.

The Bill & Melinda Gates Foundation has already committed \$100 million to fighting coronavirus, as part of its broader efforts in international health. The group is also reportedly exploring the idea of supplying at-home testing kits for the coronavirus.

It also launched a \$125 million COVID-19 Therapeutics Accelerator and gave \$5 million to help public health agencies in the Seattle area 'enhance their capacity' to detect the virus.

So, a man who has profited largely off vaccine development for years and also held 'simulations' of pandemic outbreaks is now cashing in on the chase to develop a COVID-19 vaccine?

How fitting.

Gates ultimate influence in this unfolding plan can be found in the instructions given in recent weeks.

THE “ONLY WAY OUT”

Bill Gates now has a net worth of \$97.8 billion. Yet, being the “relatable” person that he is, took to reddit for an “Ask Me Anything” on the COVID-19 pandemic. He would share his thoughts on “how best to deal” with the outbreak and explored possible long-term effects on the world.

Gates said that broad vaccination for COVID-19 will need to become available “before you can be completely safe”. Until then, according to his claims, there’s a risk that communities could rebound unless they continue to practice strict social distancing and quarantines to see case numbers level off.

Gates said he doesn’t think large gatherings will be able to resume until widespread vaccination has taken place, as the “risks would outweigh the benefits” of such events:

World leaders also agree with Gates’ timeline and perspectives. Shortly after doing the media rounds, the Australian government hinted at the fact society will be in lockdown until a vaccine is developed. This was soon followed by the New South Wales government and others.

Furthermore, Gates called for a “national tracking system similar to South Korea”, saying that “in Seattle, the University of Washington is providing thousands of tests per day, but no one is connected to a national tracking system”. He said that whenever there is a positive test, it should be used to understand where the disease is and whether we need to strengthen the social distancing.

In the future, he has floated the idea of “vaccine certificates” to show proof-of-vaccination following the widespread rollout

of COVID-19 products. This would be a new requirement for international and domestic travel, and is tipped to further expand to all facets of life.

Given the context detailed in this feature piece, do you trust the intentions of this man?

Gates has a rich history of eugenics influence and partakes in activities across the world that further progress the aims of the original movement, albeit in disguise.

Such is the story of the Dehumanization of Humanity. The “death of god” lead to parasites believing they were gods, and this premise serves as the underlying force driving the transhumanist era.

Using objectivist logic, we must all exercise the precautionary principle when approaching Gates’ claims to “improve” health through vaccines.

If a COVID-19 vaccine uses strains of an actual virus, as many do, in order to encourage the body to build immunization, subjects who receive the vaccine will be carriers of that virus.

Bill Gates, and the forces that drive this puppet, are pushing the world towards a choice: Take the COVID-19 vaccine and deal with the health consequences, or refuse and be denied basic services and after being labelled as a ‘health threat’. Take the jab or be targeted.

I know where I stand.

Will you be lining up to receive the newly developed Gates-funded vaccine?

Stay tuned for more.

SOURCE: <https://tottnews.com/2020/04/09/gates-family-eugenics-covid-19/>

Continued from page 15

“This paper focuses on a novel potential adverse event mechanism causing prion disease which could be even more common and debilitating than the viral infection the vaccine is designed to prevent ...

“The current analysis indicates ... RNA based COVID-19 vaccine contains many of these RNA sequences that have ... have the potential to induce chronic degenerative neurological diseases...

“Genetic diversity protects species from mass casualties caused by infectious agents. One individual may be killed by a virus while another may have no ill effects from the same virus. By placing the identical receptor, the spike protein, on cells of everyone in a population, the genetic diversity for at least one potential receptor disappears. Everyone in the population now becomes potentially susceptible to binding with the same infectious agent...

“...The results indicate that the vaccine RNA has specific sequences that may induce TDP-43 and FUS to fold into their pathologic prion confirmations...The folding of TDP-43 and FUS into their pathologic prion confirmations is known to cause ALS, Alzheimer’s disease and other neurological degenerative diseases.

“The enclosed finding as well as additional potential risks leads

the author to believe that regulatory approval of the RNA based vaccines for SARS-CoV-2 was premature and that the vaccine may cause much more harm than benefit.” (“Covid-19 RNA Based Vaccines and the Risk of Prion Disease”, J. Bart Classen, MD., *Microbiology and Infectious Diseases*. Full text available here: <https://scivisionpub.com/pdfs/covid19-rna-based-vaccines-and-the-risk-of-prion-disease-1503.pdf>)

Dr. Classen’s analysis is disturbing, but in no way comprehensive. The new regime of mRNA vaccines fails on a great many levels which we will discuss in future articles. These potentially “gene editing” vaccines (see page 19) are not medicine, they are a strange and menacing hybrid cocktail that was created to achieve an elusive political objective of which we still know very little.

“If there was ever a time to stand back from the crowd, resist groupthink, and employ one’s own critical thinking skills to decide whether the risks of vaccination far outweigh the benefits; this is it.”

If there was ever a time to stand back from the crowd, resist groupthink, and employ one’s own critical thinking skills to decide whether the risks of vaccination far outweigh the benefits; this is it. The choice is yours to make.

SOURCE: <https://www.unz.com/mwhitney/vaccine-diabolus-and-the-impending-wave-of-rare-neurodegenerative-disorders/>

Does the NZ datasheet for the Pfizer/BioNTech Covid-19 vaccine (“COMIRNATY”) provide sufficient information to facilitate informed decision making?

By Katherine Smith

On February 3, 2021, NZ’s pharmaceutical medicines regulator, Medsafe, gave provisional approval for Pfizer’s Covid-19 vaccine (“COMIRNATY”) to be used in NZ. *The vaccine was given provisional approval even though a major clinical trial of the vaccine (NCT04368728) has not yet been completed.*

The provisional approval of “COMIRNATY” is subject to 58 conditions which have been published on the NZ government’s online *Gazette*.

Analysis of the information on the datasheet for “COMIRNATY” on Medsafe’s website shows that it omits information that is important for understanding the risks of the vaccine.

Information that is omitted from the datasheet includes:

- The deaths of two clinical trial participants who received Pfizer’s Covid-19 vaccine.
- Over 300 deaths (as of February 14, 2021 – more people have died since) have been reported in people vaccinated with COMIRNATY since the vaccine has been in use overseas, including sudden cardiac death in previously healthy adults, anaphylaxis and autoimmune thrombocytopenia leading to fatal haemorrhagic stroke.
- A significantly higher rate of “nervous system disorders” was reported in trial participants who received the vaccine compared to those who received the placebo.
- Reports of muscle spasms in some of the trial participants

“The NZ government has indemnified Pfizer so it can market COMIRNATY in NZ without any financial risk if people are injured or killed.”

who received the vaccine that were sufficiently severe as to result in their withdrawal from the trial – and reports of similar symptoms in people who have received COMIRNATY since it has been in use in the United States.

- The section on pregnancy and breastfeeding on the datasheet omits the fact that the United States VAERS system include reports of foetal death in the second trimester of pregnancy after the pregnant women have been vaccinated with COMIRNATY.

Analysis of the conditions upon which COMIRNATY’S approval is subject shows that Pfizer has not yet supplied Medsafe with important data on aspects of the safety of COMIRNATY.

Data about COMIRNATY which Pfizer has not yet supplied to Medsafe includes:

- Information relating to the possibility that the novel lipids in the vaccine may contain genotoxic contaminants.

- Information about whether the vaccine may contain proteins that may cause recipients to develop autoimmune conditions.

- Information about the DNA template which is used to manufacture the mRNA in the vaccine.

- Information relating to other types of RNA, including double stranded RNA (dsRNA) that may

be present in the vaccine (in addition to the mRNA that codes for the spike protein for SARS-CoV-2).

COMIRNATY was in use in New Zealand before Medsafe was due to have received much of the information that it has asked Pfizer to supply.

(The earliest deadline set by Medsafe for a response for its request for information relating to the above safety concerns specified above is February, 2021. In relation to some of these safety concerns Medsafe has specified March as the month for an interim report but the full report is not due until July 2021. Despite this, a vaccination campaign using COMIRNATY began in NZ on February 20, 2021.)

Medsafe has refused to answer a request for information made under the Official Information Act about Pfizer’s (and other

“Medsafe has refused to answer a request for information about Covid-19 vaccines that was made under the Official Information Act.”

companies’) Covid-19 vaccines on the grounds that doing so would “*be likely unreasonably to prejudice the commercial position of the person who supplied the information.*”

More important facts:

- The NZ government has indemnified Pfizer so it can market COMIRNATY in NZ without any financial risk if people are injured or killed.
- Pfizer expects to make many billions of dollars from sales of COMIRNATY in just one year. Projected earnings for Pfizer during 2021 from sales of COMIRNATY are in the range of 15 billion or higher.

A comprehensive, referenced article on the risks of the Pfizer/BioNTech mRNA Covid-19 vaccine is available on our website here: <https://therealnews.nz/2021/02/14/does-the-nz-datasheet-for-the-pfizer-biontech-covid-19-vaccine-comirnaty-provide-sufficient-information-to-facilitate-informed-decision-making/>

Please recommend to anyone you know who is considering this vaccine for themselves (and/or their patients) that they read the article at the link above. The article is comprehensively referenced and includes notes that discuss possible mechanisms for some of the adverse events (including deaths) reported following vaccination with the Pfizer/BioNTech mRNA Covid-19 vaccine.

Ed note: *If you being pressured to accept a Covid-19 vaccine by your employer, please note that Voices for Freedom is developing an information package for people in this situation and you can sign up to their email list via their website (www.voicesforfreedom.co.nz) for updates.*

Ivermectin Triple Therapy Protocol for COVID-19 Released to Australian GPs for Infected Elderly and Frontline Workers

August 19, 2020,

SYDNEY, Aug 19, 2020 - (ACN News-wire) - Triple therapy specialist Professor Thomas Borody, famous for curing peptic ulcers using a triple antibiotic therapy saving millions of lives, today released the COVID-19 treatment protocol to Australian GPs, who can legally prescribe it to their COVID-19 positive patients, and can also prescribe it as a preventative medication.

Professor Borody says this could be the fastest and safest way to end the pandemic in Australia within 6-8 weeks.

Professor Thomas Borody MB, BS, BSc(Med), MD, PhD, DSc, FRACP, FACP, FAGC, AGAF, FRS(N) said: "The three medications are on chemist shelves right now. GPs can email GP@CDD.com.au to obtain the dosing protocol and COVID-19 treatment information for their patients.

"GPs can legally prescribe the therapy today as an "off label" treatment according to Australian Guidelines – a standard practice in medicine. In fact more than 60% of prescriptions in Australia are "off-label". It's not a new concept. It's happening every day to manage diseases and save lives."

Professor Borody continued: "We have a therapy that can fight COVID-19. The medications have been around for 50 years, they are cheap, FDA and TGA approved and have an outstanding safety profile. Why are we just waiting around for a vaccine? To save lives we should be using whatever is safe and available right now. We could lead the world in this fight.

"Australia has some of the best medical and science people in the world – indeed the Ivermectin connection was first discovered by Dr Kylie Wagstaff's team at Monash University in April. How long do we need to wait before Australian politicians get behind Australian medical science and use 'war room' tactics with safe and approved medications."

Professor Borody, an internationally regarded physician with 4 FDA approved drugs on the US and Australian markets, is famous for developing the triple therapy that cured peptic ulcers, saving more than 18,000 lives just in Australia and millions internationally. [See Professor Borody's published research at ORCID: <http://orcid.org/0000-0002-0519-4698>]

"No trial has shown Ivermectin-based therapy to be ineffective. In-fact, international data reports an almost 100% cure rate and a symptom improvement within 4-6 days. We should share Australian findings from this triple therapy with the world," said Professor Borody.

"An Ivermectin tablet can cost as little as \$2 – which could make it by far the cheapest, safest, and fastest cure for Australians and the Australian economy. This needs to be available for aged care facilities and frontline health workers today.

"We have written the Federal Health Minister Greg Hunt and Victorian Premier Daniel Andrews for an urgent medical briefing to bypass the raft of advisors' who need to know TGA-approved medicines do not require animal studies and pro-

"100% cure rate using Ivermectin Triple Therapy"

longed clinical trials already done to approve them in the first place.

"The Government could end the pandemic by openly encouraging GPs to prescribe these TGA approved medications. Those who test positive, are identified in contact tracing, as well as those in high-risk groups like the elderly and healthcare workers, can then access the therapy quickly," said Professor Borody.

Ivermectin was discovered in the 1970s and is on the World Health Organization (WHO) list of essential medicines. "There is mounting worldwide clinical literature pointing to a 100% cure rate using Ivermectin Triple Therapy," he said.

There are currently 28 COVID-19 Ivermectin treatment studies running globally. Research papers include:

WHO: Mass treatment with Ivermectin: an underutilized public health strategy <https://www.who.int/bulletin/volumes/82/8/editorial30804html/en/>

ResearchSquare: A Randomized Trial of Ivermectin-Doxycycline and Hydroxychloroquine-Azithromycin therapy on COVID19 patients <https://www.researchsquare.com/article/rs-38896/v1>

MedRxiv: Effectiveness of Ivermectin as add-on Therapy in COVID-19 Management (Pilot Trial) <https://www.medrxiv.org/content/10.1101/2020.07.07.20145979v1>

Journal of Antibiotics: Ivermectin: a systematic review from antiviral effects to COVID-19 complementary regimen <https://www.nature.com/articles/s41429-020-0336-z>

ResearchGate: A Case Series of 100 COVID-19 Positive Patients Treated with Combination of Ivermectin and Doxycycline <https://www.researchgate.net/publication/34330357>

Journal of Bangladesh College of Physicians and Surgeons: A Case Series of 100 COVID-19 Positive Patients Treated with Combination of Ivermectin and Doxycycline <https://www.banglajol.info/index.php/JB-CPS/article/view/47512>

Journal of Bangladesh College of Physicians and Surgeons: Comparison of Viral Clearance between Ivermectin with Doxycycline and Hydroxychloroquine with Azithromycin in COVID-19 Patients <https://www.banglajol.info/index.php/JB-CPS/article/view/47514>

MedRxiv: ICON (Ivermectin in COVID Nineteen) study: Use of Ivermectin is Associated with Lower Mortality in Hospitalized Patients with COVID19 <https://www.medrxiv.org/content/10.1101/2020.06.06.20124461v2>

ChemRxiv: Has Ivermectin Virus-Directed Effects against SARS-CoV-2? Rationalizing the Action of a Potential Multitarget Antiviral Agent https://chemrxiv.org/articles/preprint/12782258on_of_a_Potential_Multitarget_Antiviral_Agent/12782258

Professor Borody says his research has led him to a triple therapy of Ivermectin, zinc and an antibiotic - which are all TGA and FDA approved. The therapy comprises:

1. **Ivermectin** - TGA and FDA approved as an anti-parasitic therapy with an established safety profile since the 1970s. Known as the "Wonder Drug" from Japan.
2. **Zinc**
3. **Doxycycline** - TGA and FDA approved tetracycline antibiotic that fights bacterial infections, eg. acne or urinary tract infections, viral and malarial infections.

Professor Borody is involved in a Phase 2 study in the US to potentially develop the triple therapy as a single "blister pack" compliance product. He says, "Our study in the US is looking at developing the triple therapy as a single product which requires FDA approval, even though all 3 medications separately are already approved."

[US clinical trial: <https://clinicaltrials.gov/ct2/show/NCT04482686?term=Ivermectin+borody>]

US Doctor Claims Near-100% Success Rate Treating COVID-19



be oral, cheap, safe and effective," he says.

"By the way, this is not new. This information was known in 2005 – even before. There are papers with [Dr. Anthony] Fauci's name on it, calling [HCQ] a miracle drug. Fauci called HCQ a vaccine.

The remaining 11 were admitted for intravenous antibiotics for pneumonia. In all, only three of his high-risk patients died from COVID-19, which puts the mortality rate for this treatment at just 0.3%.

"You cannot ignore that. That's not even counting the risk stratification patients, which I chose not to treat. In other words, I was able to tell these patients, 'I know you're going to be fine. Go home, and you'll be fine.' And that has value.

"If you include those, the mortality rate is even less. And this has been reproduced. You don't have to listen to me. You can call it anecdotal all you want, but there are now Harvard professors of virology with 4,000 patient experiences.

"Dr. George Fareed, for example, or Dr. Harvey Risch from Yale School of Epidemiology, who has shown that it's absolutely statistically proven that HCQ used in the prehospital setting is absolutely effective. It's impossible for it to be a mistake," he says.

Why HCQ?

Zelenko tells the story of how he got started treating COVID-19 patients with HCQ:

"Hospitals were near capacity and all the outpatient services were closed. Half my staff was sick and all of a sudden I had a war zone. I basically started learning triage medicine, trying to save as many people as possible.

"At that time, the whole world had been focusing on building respirators and hospital capacity [instead of putting] emphasis on prehospital care. I found that bizarre because that's never what we do in medicine. We [use] common sense and intervene in the earliest stages.

"It's much easier to fix a small problem than a large problem. For example, someone has cancer, we don't wait for it to become metastatic disease. We treat as soon as possible. Someone has a small infection. We put the infection out.

February 7, 2021

Many doctors around the world started using the anti-malaria drug hydroxychloroquine (HCQ) early on in the COVID-19 pandemic. Among them is Dr. Vladimir Zelenko, a practicing physician in a Jewish community in Monroe County, New York.

He garnered national attention in March 2020 when he told radio host Sean Hannity that he'd had a near-100% success rate treating COVID-19 patients with HCQ, azithromycin and zinc sulfate for five days. [1]

Dr. Vladimir Zelenko

"I've seen remarkable results; it really prevents progression of disease, and patients get better," he said at the time.

In response, county health officials said Zelenko's claims were "unsubstantiated" and urged residents to listen to public health officials. [2]

In this interview, he explains how HCQ works against COVID-19, and discusses the lies spun about the drug to suppress its widespread use.

Zelenko had a very active Twitter account and would get millions of views on his tweets, and like many other truth tellers in this crazy pandemic, he was censored and recently removed from Twitter.

"When we have a large population of people that need to be treated, it has to

"There's a paper in which he called it an absolute dream treatment and vaccine. So, it's conveniently forgotten but that's what it is. It's a matter of scientific record."

What is most impressive to me is that he, through deep research and trial and error in the trenches, determined an incredibly effective protocol, and he did this under enormous personal health challenges.

During the spring of last year, he was diagnosed with a type of pulmonary sarcoma that is typically considered terminal, and although improved, he continues to be under treatment for this condition.

Finding Solutions to Avoid a Death Trap

As the SARS-CoV-2 swept through his tight-knit Jewish community, Zelenko was seeing anywhere from 50 to 250 patients per day. At this point, he's treated more than 3,000 patients with COVID-19-related symptoms.

Only one-third of them actually received the triple-drug regimen. The remaining two-thirds were in low-risk categories and did not need drug treatment.

In all, Zelenko has only had 15 patients who ended up requiring hospitalization, four of whom were intubated. All were eventually successfully extubated and recovered.

"If you look at the CDC, they recommend starting the treatment of influenza with antiviral drugs within the first 48 hours, not the week, except when it came to COVID-19. We were told to send patients home, and when they get sicker, send them to the hospital, where there was a good chance they were going to get intubated, especially in March and April.

"At that point, in the city, they had mortality rates above 80%. So, it was a death sentence. None of that made sense to me at all. So, I quickly started to brush up on my virology.

"I wanted to understand how this virus works and more importantly, what I can do about it. A series on YouTube called [MedCram.com](https://www.youtube.com/watch?v=Ug9vKj1p8j0), Episode 34, saved the world. It explains the biology behind how zinc inhibits RNA polymerase, and the fact that zinc can't get into the cell. So, it needs help."

Zelenko goes on to describe how he settled on HCQ, a so-called zinc ionophore, meaning it shuttles zinc into the cell. He decided to treat high-risk patients as early as possible, and this turned out to be key.

Early treatment really saves lives when it comes to COVID-19. This is not a situation where the wait-and-see strategy is well-advised.

According to Zelenko, during the first five days of SARS-CoV-2 infection, the viral load remains fairly steady. Around Day 5, it exponentially increases, potentially overwhelming the immune system.

This also meant he could not afford to wait for test results, which took about five days. By then, most patients would already have progressed too far.

So, if a patient exhibited symptoms, especially if they reported loss of taste or smell as well, he'd start treatment immediately. In hindsight, about 90% of the tests of people experiencing symptoms had a positive test.

The Synergy of HCQ and Zinc

Zelenko likens HCQ and zinc like a gun and a bullet. HCQ is the gun that shoots the zinc into the cell. Zinc is the silver bullet that kills the virus by inhibiting an enzyme associated with viral replication inside the cell.

The antibiotic azithromycin is given to prevent bacterial pneumonia and other secondary bacterial infections that are common in COVID-19.

Today, we have even more information, of course, which means there are more

tools available beside HCQ, zinc and antibiotics.

Ivermectin, for example, appears very useful, especially for prevention, as do steroids and blood thinners. So, Zelenko will now tweak the treatment of individual patients based on their symptoms.

"It's not a cookie cutter approach, but what is absolutely the same is that high-risk patients must be treated as soon as possible, within the first five days from onset of symptoms, and they all survive," he says.

The Psychological Operation Against HCQ

Unfortunately, as discussed by Zelenko, there was essentially a "psychological operation" put into place to scare people away from HCQ.

A big part of that was turning it into a political issue. From the start, doctors [in the USA] who used the drug were threatened with the loss of their medical license, which is unheard of for a drug with such a long history of safe use.

The U.S. government made matters worse by only issuing emergency use authorization for in-hospital use and not for outpatient settings. Meanwhile, HCQ has been used for about 60 years in people with chronic conditions such as lupus and rheumatoid arthritis.

"So, the hypocrisy, the loss of common sense, the outright indoctrination killed a lot of people," Zelenko says.

"The root cause of it is the way we educate people. It used to be that higher education was about teaching critical thought and deductive reasoning, analytical analysis.

"Now we indoctrinate people into responding to stimuli like dogs, like automatons, like robots. Common sense no longer matters. That's my critique of higher education and why I think many physicians fell into the trap. Also, this country was traumatized. Even if a doctor was willing to give it, patients were afraid to take it."

The biggest reason for the fear was unfortunately due to falsified studies and trials using toxic doses.

It's difficult to not suspect an ulterior motive in light of those facts. As noted by Zelenko, a main component of pandemic response, namely prehospital or outpatient treatment, was suppressed.

The question is why? One obvious reason was that it was a presidential

election year, and then-president Trump came out in support of HCQ in March 2020. His announcement sparked immediate backlash from a chronically hostile media.

"There were plenty of people willing to use every possible way to vilify the president and to discredit anything that might give him a win," Zelenko says.

Then, of course, there were financial interests at play. Millions of dollars were being invested into new drugs like remdesivir, for example – a drug that costs more than \$3,000 per treatment and is only for in-hospital use.

In the US, hospitals were also paid tens of thousands of dollars more for COVID-19 patients, so there was no lack of incentive to get people into the hospital and keep them there either. Meanwhile, Zelenko's early outpatient treatment costs about \$20.

Fraudulent Studies Fueled Distrust

As for the fraudulent and misleading studies, the first to raise alarm was a VA study in Virginia, which found HCQ didn't prevent death.

However, they only used it on late-stage patients who were already on ventilators.

From there, they incorrectly extrapolated that it would not be helpful in earlier stages, which simply isn't true. Other trials simply used the wrong dosage.

While doctors reporting success with the drug are using standard doses around 200 mg to 400 mg per day for either a few days or maybe a couple of weeks, studies such as the Bill & Melinda Gates-funded [3] Recovery Trial used 2,400 mg of hydroxychloroquine during the first 24 hours – three to six times higher than the daily dosage recommended – followed by 400 mg every 12 hours for nine more days for a cumulative dose of 9,200 mg over 10 days.

Similarly, the Solidarity Trial, [5] led by the World Health Organization, used 2,000 mg on the first day, and a cumulative dose of 8,800 mg over 10 days. These doses are simply too high.

More is not necessarily better. Too much, and guess what? You might kill the patient. As noted by Zelenko, these doses are "enough to kill an elephant."

It's really unclear as to why these studies used such enormous doses, seeing how the dosages this drug is normally prescribed in, for a range of conditions, never

go that high.

“All those studies did was prove that if you poison someone with lethal doses of a drug, they’re going to die,” Zelenko says.

Then there was the famous *Lancet* study that the World Health Organization used to justify essentially banning HCQ. This study was withdrawn when it was discovered that the data had been completely and utterly fabricated with falsely generated data from a fly-by-night company. It was supposed to be a meta-analysis of about 90,000 patients, which showed HCQ had lethal effects.

Unfortunately, before it was withdrawn, this fake study resulted in the WHO (or to quote Zelenko, the “World Homicide Organization”) putting a moratorium on the use of HCQ, which didn’t improve public trust in the drug.

Even more egregious, the U.S. Food and Drug Administration used that fake paper as one of its justifications for removing the emergency use authorization for HCQ, even though the study had already been retracted.

Suppression of HCQ Needlessly Killed Tens of Thousands

According to Zelenko, “HCQ is the safest medication in the history of medicine, azithromycin is one of the most common antibiotics used in medicine, and zinc is a mineral that’s well-known and well-tolerated. These drugs were affordable and available to take at home, which was very important. And they worked.”

On June 30, 2020, Zelenko and two co-authors published a study, [6] showing that treating COVID-19 patients who had confirmed positive test results “as early as possible after symptom onset” with zinc, low dose HCQ and azithromycin reduced odds of hospitalization by 84% and all-cause death by 500% compared to no treatment at all.

Even though Zelenko went to great lengths to share his clinical findings with the White House and the National Institutes of Health, he received no support and was told they had no use for it.

“What’s happened over the last 20 years is that the academic elite and pharmaceutical industry have bred a monopoly on medical truth,” he says.

“They feel only data generated through randomized control trials, pharmaceutical sponsored trials, or those that are coming out of major academic institu-

tions are to be viewed as truth. Anything coming from a frontline country doctor must be anecdotal.

“That’s the crime here. And they created artificial barriers that prevented the flow of common sense and lifesaving information. You know which countries did take it seriously?”

“See, this is a disease of affluence because the rich countries could afford the waste of money. The poor countries like Honduras ... they had no options.

“They couldn’t afford respirators. They didn’t have enough hospital capacity. So, they gravitated towards the cheap generic approaches.

“And those are the ones that have the best outcomes.”

“The virus is not dangerous if you approach it correctly. If you treat it in the right timeframe, it’s no different than a bad flu. You can deal with it.” ~ Dr. Vladimir Zelenko

Zelenko highlights Uganda, which has a population of about 50 million people, yet has recorded just 325 deaths. [7]

“I think this was a genocide against the elderly and a crime against humanity,” he says. “There are plenty of people who have blood on their hands, including the media.”

Coordinated Effort to Cause Harm

He also stresses that the pandemic response, including the suppression of HCQ, has clearly been a global coordinated effort.

“You have to ask yourself, who benefits from a destabilized world? Who benefits from chaos on the streets, from anarchy, from financial despair, from psychological trauma? ... In some parts of this country, suicide rates are up 600%.

“I speak to my colleagues in emergency rooms – the amount of child abuse and spousal abuse they’ve seen is absolutely ridiculous.

“The amount of collateral damage from preventable illnesses, like heart disease and cancer that are skyrocketing because people are not getting access to routine care.

“A lot of people weren’t getting elective surgeries on time. So, there’s been a lot

of collateral damage. The shutdown is killing more people than the virus.

“The virus is not dangerous if you approach it correctly. If you treat it in the right time frame, it’s no different than a bad flu. You can deal with it. You don’t have to shut down the world.”

The True Agenda Coming Into Plain Sight

Indeed, the world is becoming increasingly black and white and it’s becoming easier and easier to see that global and national systems are not benefiting but, rather, enslaving the population, and how they’re doing it.

As noted by Zelenko:

“I see the world now with such clarity ... It’s no longer confusing. It’s a binary choice. It’s very clear who’s on what side. And here are the teams: There are those who want to live a life of God, conscious ... Our lives have sanctity. They’re priceless and they should be preserved at all costs. And no one has the right to enslave another human being. That’s one approach.

“The other is ... an attempt to enslave, psychologically, and even more so physically, the world population. Do you want to know what’s coming? Look at Justin Trudeau statements. Justin Trudeau, the prime minister of Canada, just announced that anyone who tests positive will be quarantined in a government-run facility, until the government deems you safe to return back to society.

“That’s [also] what Cuomo wants to do in New York. And I’ll tell you what I think. For what I’m about to say, I’m going to be labeled as a conspiracy theorist. But you know what? I don’t care because, eventually, the truth will come out and history will prove it right.

“If you look at the United Nations and the World Economic Forum, they have a plan. They have a 30-year plan, they have 100-year plan. That’s all spelled out in their charter. Just look at it.

“So there’s a plan called the 2030 plan. You can go to the World Economic Forum and look at their own words. It’s being run by Klaus Schwab and his group. He wrote a book called *The Great Reset*. That’s where the term comes from.

“Now, all the governments are quoting him, like Justin Trudeau, Prince Charles, the Australian prime minister. There’s

a myriad of other politicians calling for the great reset.

“So, what is the great reset? What are they asking for?”

“No. 1, I mean it’s absolutely ridiculous, but they’re saying, ‘You will own nothing and you will be happy.’ That is their mission.

“No. 2, America will no longer be a superpower.

“No. 3, there will be a small group of nations that determine the direction of where the world goes.

“No. 4, you won’t eat meat except as an occasional treat.

“No. 5, there’ll be a global tax on fossil fuels to eradicate the reliance on oil.

“No. 6, a billion refugees will be displaced [and] we’re going to have to incorporate them and absorb them into our society. These are their stated goals.

“Now, how do you take the world’s biggest country, most powerful country, richest country and make it no longer a world superpower? Well, that’s exactly what they’re doing. The economy is in shambles.

“You’ve put in a government now that is passing foreign relief aid to China, Russia, Syria, Iran, the Palestinian Authority. They’re sending billions of dollars now to financially support these countries.

“So, you have to ask yourself, what is going on here?”

There’s No Rational Justification for COVID-19 Vaccines

Zelenko also shares his views on the COVID-19 mRNA vaccines. He points out that while Gates is pushing COVID-19 vaccines, ostensibly to save lives, he’s on record saying he feels the world population needs to be reduced.

“If someone was a eugenicist and feels that the world population needs to be reduced, why would I take his vaccine for my health?” he asks. “The logical inconsistencies here are absolutely perverse.”

“I’m so pro-vaccine you can’t imagine. I’ve given tens of thousands of patients vaccinations. I give it to myself and to my children.

“However, I’m not COVID-19 vaccine positive. And I’ll tell you why: Because the majority of patients under the age of 45 have a near-100% recovery rate with

a mild, runny nose from COVID-19.

“Why would I vaccinate someone with an experimental ‘vaccine’? The answer is not for medical reasons.

“Another question, why would I give someone a vaccine, even if they are at high risk, if I can give them prophylaxis and/or early prehospital treatment and have a 100% recovery rate? Not for medical reasons.

“Another question: Why would I give a vaccine to someone who’s already had COVID-19 and has antibodies? Not for medical reasons. And why would I give a very specific vaccine to someone who is going to be exposed to a ton of different variants and strains and mutations?”

“I wouldn’t. What I would use is an approach that inhibits RNA replication of RNA viruses, which works for all the strains, including, potentially, influenza. That’s the big dirty secret here.”

It’s Safe to Stop Living in Fear

Zelenko, who was born in a communist country and whose family suffered under communist and fascist rule, is quite sensitive to the signs of these authoritarian regimes.

He recounts a story told in the book *The Gulag Archipelago* by Alexander Solzhenitsyn.

“Stalin wanted to dig a canal from Moscow to St. Petersburg. The work, done in the middle of winter, led to the death of 400,000 prison workers, as they weren’t given the appropriate clothes or tools. The bodies were thrown into the cement and became a permanent part of the canal.

“No ship ever used the canal because it was too shallow. So, the question was, why was this canal built? And the answer is: So that 400,000 people would die,” Zelenko says.

“I’m not attacking the vaccine. I’m attacking the need for the vaccine. I have not enough information to say it’s good or bad. And I don’t like to guess. But what I can tell you is that I know for a fact that 99.98% of young and healthy people under the age of 45 recover, with no treatment.

I also know for a fact, from my own real-world battle-tested evidence, which has been reproduced now on hundreds of thousands of patients, that if you intervene early, you essentially eliminate hospitalization and death. And, I’ve now treated two waves. I have not seen one patient who’s had COVID-19 in the first wave, get it again...

“So, the need for the vaccine doesn’t exist. It’s ... been artificially conflated ... offering people an artificial false hope solution in order to enslave them to be codependent on government.

“You know why my approach is so dangerous? Because not only does it treat COVID-19, [but] it treats anxiety. It tells people you don’t need to worry.

“My statement to the American people or whoever’s listening is: Return to normal living. You do not need to worry. And by the way, there are nonprescription options ... that can replace HCQ if your government or doctor are too stupid or vicious to give it to you.

“So, you don’t have to rely on them. You can buy over-the-counter things that will save your own life. So, my point is, return back to normal life...

“It’s unbelievable the crime that’s been done on the human psyche. I’m screaming to humanity: Don’t be scared. Be cautious. Be smart. Use common sense. But don’t be scared. Return back to life. Reengage in life.”

HCQ Mechanisms of Action and Alternatives

Over-the-counter alternatives to HCQ include EGCG (green tea extract) and quercetin, both of which are zinc ionophores and therefore work much like HCQ does.

Quercetin works best when taken in conjunction with vitamin C, however, as the vitamin C helps activate it. Zelenko recommends taking 1,000 milligrams of vitamin C with it.

Now, HCQ does have other mechanisms of action beside being a zinc ionophore, so it’s a better choice, but if you simply cannot get it, EGCG or quercetin are viable stand-ins. Additional benefits of HCQ include:

- Inhibiting viral entry into the cytoplasm, in part by changing the pH
- Inhibiting cytokine storms through anti-inflammatory properties
- Stabilizing red blood cells, which improves oxygenation

“Since it has four different mechanisms of action, it’s a very effective drug, and it has a half-life of 50 days in plasma,” Zelenko says.

“But if you can’t get it, you can’t get it. So, I’ll take quercetin or EGCG.”

“The caveat here is you must implement

this treatment within the right time-frame. It can be helpful to recognize we are in essence dealing with two diseases, or stages of disease, here.

“First, there’s the viral infection, and second, there’s the immune over-response that leads to the release of inflammatory cytokines and agents that can cause blood clots. The key is to prevent the progression from the first stage to the second.”

Prescription Help Is Available

Like many others who have dared run the gauntlet that is HCQ promotion, Zelenko has been attacked from several angles. His character has been assassinated in the press, his medical credentials questioned and threatened, and his online presence silenced.

“I had had zero media experience before March 2020. I am of a quiet doctor who was taking care of his patients, living a serene life. All of a sudden, this all exploded on me ...

“I was on Twitter, getting 10 million impressions per tweet. They shut me down last month for platform manipulation. I’m not even sure what that means. So, I had to develop my own website. It’s free and has my protocols in 20 different languages.”

To learn more about Zelenko’s protocol, be sure to visit his website, vladimirzelenkomd.com.

There, you’ll find protocols not only for early treatment but also prophylaxis, along with studies that document the rationale for each of the treatment components and patient testimonials.

(Another good site that has information on how to use HCQ is <https://www.americasfrontlinedoctors.com/hydroxy-chloroquine/> - Ed)

His website also includes access to telemedicine via “Speak With an MD,” which can overnight your medication. “So, if you live in a state that’s tyrannical, you can have a consultation with Dr. Fields,” Zelenko says. “I had to develop this because there were patients around the country who didn’t have access [to HCQ].”

HCQ should be available to most people in the U.S. at this point, but you do need a prescription, and some doctors are still unwilling or resistant to prescribe it. Other times, pharmacies can create roadblocks.

“It may take some diligence but none of my patients goes without the medication written for them,” he says.

Early Treatment Prevents ‘Long Haul’ Side Effects

In closing, it’s worth noting that when you treat early, your risk of developing long-term side effects, commonly referred to as “long-haulers,” is virtually nil.

Not a single one of Zelenko’s patients who received treatment within the first five days of symptom onset went on to develop long-haul symptoms afterward.

“I had patients that were long-haulers, but they came to me after that window, and they were already advanced in the inflammatory process. At that point, the cytokine storm had already taken hold. They had developed blood clots, some of them had pulmonary infarct, or strokes actually.

“Others developed ARDS or catastrophic lung damage and pneumonias, and others just are not themselves. I don’t know how to describe it, but it ate away part of their souls. They’re not the same people. There’s depression, there’s lack of energy. There’s a psychological impact as well.

“So, it’s not that I don’t deal with long-

“Another question, why would I give someone a vaccine, even if they are at high risk, if I can give them prophylaxis and/or early prehospital treatment and have a 100% recovery rate?”

haulers, I do. But the way to prevent the long-hauler syndrome is to intervene within the first five days, with appropriate antiviral medication in high-risk patients. That is 100% successful,” he says.

The Light of Truth Will Prevail

Zelenko refers to the COVID-19 pandemic and everything surrounding it as an information war, a propaganda war, and his primary objective and agenda in this war is to educate and speak truth.

“There’s a lot of false narrative being pumped into the heads of people, to create fear,” he says. “In the Psalms of David, it says, ‘With crooked people, you have to deal crookedly.’ It also says you should learn from a thief.

“So, I learned from the enemy, and I use their tactics to counter them. The main tactic is to spread truth.

“By the way, it’s no longer dependent on me. I have second and third and fourth generation leaders that have taken on the mission and are really spreading the knowledge worldwide.

“It’s unstoppable. They could try to slow it down, and they are. But the truth will come out. The truth is coming out.

“And when the truth will be revealed, the people that try to obstruct it and use lies to slaughter, will be destroyed by it, God willing.

“I am now more optimistic than I’ve ever been, simply because there’s no more confusion. Life was very confusing. You didn’t know what was good, what was bad. Now, it’s very clear. There’s much more bad, that’s true. But I know where it is. I know where the enemy is. And I know where the good is. And a little light pushes away a lot of darkness.”

Editor’s note: *If you found this article informative and useful, you may be interested to note that its author, osteopathic physician and author of best-selling books, Dr. Joseph Mercola, was recently added to a “digital hitlist” that includes other prominent natural health advocates.* <https://www.greenmedinfo.com/blog/center-countering-digital-hate-publishes-digital-hitlist-including-greenmed-info-f3>

Dr. Mercola’s credentials and books may be viewed at this link: <https://www.mercola.com/forms/background.htm>

[cola.com/forms/background.htm](https://www.mercola.com/forms/background.htm)

Source & References:

- 1 matzav.com March 24, 2020
- 2 [lohud](https://lohud.com) March 19, 2020
- 3 [Age of Autism](https://ageofautism.com) June 16, 2020
- 4 [Uptodate.com](https://uptodate.com) Hydroxychloroquine
- 5 [The Solidarity Trial](https://thesolidaritytrial.com)
- 6 [Preprints.org](https://preprints.org) June 30, 2020; 2020070025, DOI: 10.20944/preprints202007.0025.v1
- 7 [Worldometer](https://worldometer.com) Uganda COVID deaths

(Please see the source link, below, for click-through access to the references - Ed.)

SOURCE: <https://humansarefree.com/2021/02/ny-doctor-claims-near-100-success-rate-treating-covid-19.html>

See also: <https://humansarefree.com/2020/10/ca-doctor-has-100-cure-rate-for-over-1700-covid-patients-using-hydroxychloroquine.html>

Related: <https://humansarefree.com/2020/12/spars-pandemic-2025-2028-simulation-2017-coronavirus-plandemic-covid-19.html>

Green tea, zinc, and hydroxychloroquine – Green tea and Zinc ...

Covid-19 Treatment Options

By Ethan Huff
August 14, 2020

(Natural News) The alt-media is all over the coronavirus – hydroxychloroquine (HCQ) scandal, with some news outlets even bravely talking about the importance of supplementing with zinc for maximum immune protection. But there is another healing component that few are mentioning, and it is probably already stocked away in your kitchen pantry.

We are talking about green tea, or more specifically epigallocatechin gallate (EGCG), a polyphenol component of green tea that research suggests might be substantially more powerful than HCQ and zinc at protecting against viral infections.

Ionic zinc, as a quick background, helps to modulate both the innate and adaptive immune signaling pathways inside the body to ward off pathogenic invaders, including the Wuhan coronavirus (COVID-19). And HCQ is said to help zinc ions more easily and effectively do their job in supporting healthy immune function.

But the real power is in the zinc which, among its many other functions, acts as a protective nutrient for preserving natural tissue barriers, including in the respiratory epithelium. In essence, zinc helps to block pathogenic entry into the body while optimizing the immune system.

Zinc deficiency, in other words, is a major risk factor for SARS-CoV-2 (COVID-19) infection. We already know that about 16 percent of all deep respiratory infections worldwide are linked to zinc deficiency, and (COVID-19) infection is no exception.

“As a virus, SARS-CoV2 is highly dependent on the metabolism of the host cell,” one paper explains. “Direct antiviral effects of zinc have been demonstrated in various cases ... Examples include coronaviridae [i.e. coronaviruses].”

“Zinc supplementation improves the mucociliary clearance, strengthens the integrity of the epithelium, decreases viral replication, preserves antiviral immunity, attenuates the risk of hyper-inflammation, supports anti-oxidative effects and thus reduces lung damage and minimizes secondary infections.”

Vitamin D and Covid-19

“The Seneca study showed a mean serum vitamin D of 26nmol/L in Spain, 28 nmol/L in Italy and 45 nmol/L in the Nordic countries, in older people [3]. Severe deficiency is defined as a serum 25(OH) D lower than 30nmol/L [3]. In Switzerland, mean vitamin D levels are 23(nmol/L) in nursing homes and in Italy 76% of women over 70 years of age have been found to have circulating levels below 30nmol/L [3]. These are countries with high number of cases of COVID-19 and the aging people is the group with the highest risk for morbidity and mortality with SARS-Cov2.”

The authors' conclusion “...we found significant relationships between vitamin D levels and the number COVID-19 cases and especially the mortality caused by this infection. The most vulnerable group of population for COVID-19 is also the one that has the most deficit in Vitamin D.

“Vitamin D has already been shown to protect against acute respiratory infections and it was shown to be safe. We believe, that we can advise Vitamin D supplementation to protect against COVID-19 infection.” (<https://www.researchsquare.com/article/rs-21211/v1> – Emphasis added)

Where HCQ comes into play has to do with its role as a zinc ionophore, meaning HCQ helps to deliver otherwise bio-unavailable zinc across the lipid boundaries of cells. Another drug known as clioquinol is said to be an even more potent zinc ionophore, delivering up to 10 times more zinc into the cells than HCQ.

As for green tea, its natural EGCG content is also a zinc ionophore. Not only that, it is a much more powerful zinc ionophore than HCQ which, it is important to keep in mind, is still a pharmaceutical drug.

While EGCG is only about 60 percent as powerful as clioquinol, it is substantially more powerful than HCQ which, due to political strife, remains largely inaccessible to Americans. Green tea, on the other hand, is widely available without a prescription.

“Fortunately, the main active ingredient in green tea, epigallocatechin gallate (“EGCG”) has been shown by a team of Spanish scientists to be 60% as powerful a zinc ionophore as clioquinol, which is the world’s most powerful zinc ionophore,” reports Zero Hedge.

“Dr. Juan Bautista Fernández Larre – a professor in the Department of Biochemistry and Biotechnology at the Universitat Rovira i Virgili – and his team have published several scientific papers on the topic.”

Another beneficial zinc ionophore in the natural category is quercetin (QCT), which is said to be about 30 percent as effective as clioquinol. This is still a more effective zinc ionophore than HCQ, though, providing yet another potential option for healing that avoids the political red tape and questionable safety of some prescription drugs.

Ed note: *Acting as a zinc ionophore is just one of the mechanisms by which HCQ is a useful treatment for Covid-19; please see the article that begins on page 38 for details.*

SOURCE: <https://www.naturalnews.com/2020-08-14-green-tea-zinc-and-hydroxychloroquine-coronavirus-cure.html#>

MORE HERE: <https://www.lewrockwell.com/2020/04/joseph-mercola/how-to-improve-zinc-uptake-to-boost-immune-health/>

The pre-press article at the link below advances the hypothesis that adequate vitamin D levels can help to regulate cytokine levels and therefore prevent the immune system from overreacting to the SARS-CoV-2 – the virus associated with COVID-19 disease. <https://www.medrxiv.org/content/10.1101/2020.04.08.20058578v3> (Many patients who die from COVID-19 infections die because of what is known as a “cytokine storm” which can cause massive inflammation of the lungs and respiratory distress.)

It is interesting to note that vitamin D is not the only nutrient to help reduce the risk of a cytokine storm – one of the rationales for the use of intravenous vitamin C in the treatment of COVID-19 is that it, too, can help prevent or treat a cytokine storm. <http://www.orthomolecular.org/resources/omns/v16n11.shtml>

An article that cites more evidence in favour of vitamin D being helpful in the era of COVID-19 was recently published on the website of Children’s Health Defense at the following link: <https://childrenshealthdefense.org/news/vitamin-d-deficiency-is-associated-with-covid-19-severity-and-mortality/>

FULL STORY HERE: <https://naturalmedicine.net.nz/news/is-vitamin-d-deficiency-the-reason-why-more-people-with-darker-skin-are-dying-from-covid-19/>

(Continued from page 1)

in French care homes were willing to be vaccinated.

PBS, on the same day, reported that since “India started administering the second vaccine dose two weeks ago, half of the frontline workers and nearly 40 percent of health care workers have not shown up.” In Canada, CTV provided an anecdotal report that many long-term-care workers in Montreal are “flat-out refusing” to be inoculated.

For health care workers around the world, their dilemma is deciding who to believe. Their government employers and the pharmaceutical companies, who insist the vaccines’ benefits far outweigh the risks? *Or their own eyes?*

Many frontline workers see first-hand those who fall sick or die after receiving a COVID-19 vaccine, and in the absence of independent analyses judge for themselves whether the vaccine is implicated. They noted 23 nursing-home deaths in Norway and hundreds of hospitalizations in Israel following vaccination.

Frontline workers also suffer from vaccinations themselves. As Reuters reported in February in an article entitled “AstraZeneca Vaccine Faces Resistance in Europe After Health Workers Suffer Side-Effects”, the adverse effects hitting health care workers have unexpectedly left large numbers unable to work, forcing hospitals to scramble to maintain services.

In France, the safety agency advised hospitals to stagger the inoculation of team members, to avoid disabling team functions.

In Sweden, two of the country’s 21 health care regions paused vaccinating their

staff after 25 percent of the vaccinated suffered fever or flu-like symptoms.

In Austria, inoculations with a batch of vaccines were suspended after one vaccinated nurse died and another required hospitalization.

The Wall Street Journal reports that, to avoid being vaccinated, half of the health professionals scheduled in the German state of Saarland failed to show up for their appointment.

In response to the many concerns raised by frontline workers, the vaccine manufacturers, care-home operators, and the public-health authorities in all these countries offer bland reassurances, such as AstraZeneca’s statement that “the reactions reported are as we would expect” and the German Health Minister’s claim that “I would be vaccinated with it immediately.”

They also plan a plethora of public “education” campaigns. Partnership for Medicaid Home-Based Care, an industry advocacy group, launched a “Be Wise, Immunize” campaign to educate its workforce.

And all urge media and social media to be more vigilant in policing negative vaccination news.

In offering pointers on how to debunk critics, the *Columbia Journalism Review* on Mar. 5 told media companies that “the first rule of reporting on mis/disinformation [is] don’t talk about the mis/disinformation” and suggested they “consider the practice of ‘pre-bunking’ – that is, actively debunking or anticipating public questions and concerns rather than only reacting once false narratives have been popularized.”

Although studies show that such assurances and public-education campaigns – also known as propaganda – can reduce vaccine hesitancy, Gallup finds their effect is marginal:

“The limited COVID-19 vaccine acceptance rates among all occupation groups show little movement since November 2020.”

A Centers for Disease Control and Prevention (CDC) analysis agrees, and concludes that barriers to “staff member vaccination need to be overcome with continued development and implementation of focused communication and outreach strategies.”

Yet the CDC doesn’t explain why continued focused communication and outreach – i.e., more of the same – would overcome worker hesitancy, when workers don’t fully trust the data, or those who deliver the data.

To overcome that trust barrier and win over the frontline workers – people who have every incentive to protect themselves – the media would need to lift the censorship, industry would need to subject its studies to independent scrutiny, and all would need to engage in reasoned debate rather than “trust-us” assurances.

NOTE: This article was originally published by the *The Epoch Times*. It is reprinted with the permission of the author. **Lawrence Solomon** is a columnist, author, and executive director of the Toronto-based Consumer Policy Institute.

SOURCE: <https://thevaccinereaction.org/2021/03/the-biggest-covid-19-vaccine-skeptics-frontline-health-care-workers/>

Excerpt from Letter to the *British Medical Journal*

I have had more vaccines in my life than most people and come from a place of significant personal and professional experience in relation to this pandemic, having managed a service during the first two waves [of Covid-19] and all the contingencies that go with that.

Nevertheless, what I am currently struggling with is the failure to report the reality of the morbidity caused by our current vaccination program within the health service and staff population. The levels of sickness after vaccination is unprecedented and staff are getting very sick and some with neurological symptoms which is having a huge impact on the health service function. Even the young and healthy are off for days, some for weeks, and some requiring medical treatment. Whole teams are being taken out as they went to get vaccinated together.

Mandatory vaccination in this instance is stupid, unethical and irresponsible when it comes to protecting our staff and public health. We are in the voluntary phase of vaccination, and encouraging staff to take an unlicensed product that is impacting on their immediate health, and I have direct experience of staff contracting Covid AFTER vaccination and probably transmitting it.

In fact, it is clearly stated that these vaccine products do not offer immunity or stop transmission. In which case why are we doing it?

There is no longitudinal safety data (a couple of months of trial data at best) available and these products are only under emergency licensing. What is to say that there are no longitudinal adverse effects that we may face that may put the entire health sector at risk?

K Polyakova, Consultant
April 2, 2021

Full letter here:
<https://www.bmj.com/content/372/bmj.n810/rr-14>

Former Pfizer Scientist:

‘Your government is lying to you in a way that could lead to your death.’



begun to develop unneeded “top-up” (“booster”) vaccines for the “variants.” The companies are planning to manufacture billions of vials, in addition to the current experimental COVID-19

By Patrick Delaney, [LifeSitesNew.com](https://www.lifesitesnews.com)
April 7, 2021

Dr. Michael Yeadon, Pfizer's former Vice President and Chief Scientist for Allergy & Respiratory research who spent 32 years in the industry leading new medicines research and retired from the pharmaceutical giant with “the most senior research position” in his field, recently spoke with LifeSiteNews.

He addressed the “demonstrably false” propaganda from governments in response to COVID-19, including the “lie” of dangerous variants, the totalitarian potential for “vaccine passports,” and the strong possibility we are dealing with a “conspiracy” which could lead to something far beyond the carnage experienced in the wars and massacres of the 20th century.

His main points included:

- There is “no possibility” current variants of COVID-19 will escape immunity. It is “just a lie.”

- Yet, governments around the world are repeating this lie, indicating that we are witnessing not just “convergent opportunism,” but a “conspiracy.” Meanwhile media outlets and Big Tech platforms are committed to the same propaganda and the censorship of the truth.

Pharmaceutical companies have already

“vaccine” campaign.

- Regulatory agencies like the U.S. Food and Drug Administration and the European Medicines Agency, have announced that since these “top-up” vaccines will be so similar to the prior injections which were approved for emergency use authorization, drug companies will not be required to “perform any clinical safety studies.”

- Thus, this virtually means that design and implementation of repeated and coerced mRNA vaccines “go from the computer screen of a pharmaceutical company into the arms of hundreds of millions of people, [injecting] some superfluous genetic sequence for which there is absolutely no need or justification.”

- Why are they doing this? Since no benign reason is apparent, the use of vaccine passports along with a “banking reset” could issue in a totalitarianism unlike the world has ever seen. Recalling the evil of Stalin, Mao, and Hitler, “mass depopulation” remains a logical outcome.

- The fact that this at least could be true means everyone must “fight like crazy to make sure that system never forms.”

Dr. Yeadon began identifying himself as merely a “boring guy” who went “to work for a big drug company ... listening to the main national broadcast and

reading the broad sheet newspapers.”

Continuing, he said: “But in the last year I have realized that my government and its advisers are lying in the faces of the British people about everything to do with this coronavirus. Absolutely everything. It’s a fallacy this idea of asymptomatic transmission and that you don’t have symptoms, but you are a source of a virus. That lockdowns work, that masks have a protective value obviously for you or someone else, and that variants are scary things and we even need to close international borders in case some of these nasty foreign variants get in.

“Or, by the way, on top of the current list of gene-based vaccines that we have miraculously made, there will be some ‘top-up’ vaccines to cope with the immune escape variants.

“Everything I have told you, every single one of those things is demonstrably false. But our entire national policy is based on these all being broadly right, but they are all wrong.”

‘Conspiracy’ and not just ‘convergent opportunism’

“But what I would like to do is talk about immune escape because I think that’s probably going to be the end game for this whole event, which I think is probably a conspiracy. Last year I thought it was what I called ‘convergent opportunism,’ that is a bunch of different stakeholder groups have managed to pounce on a world in chaos to push us in a particular direction. So it looked like it was kind of linked, but I was prepared to say it was just convergence.”

“I [now] think that’s naïve. There is no question in my mind that very significant powerbrokers around the world have either planned to take advantage of the next pandemic or created the pandemic. One of those two things is true because the reason it must be true is that dozens and dozens of governments are all saying the same lies and doing the same inefficacious things that demonstrably cost lives.

“And they are talking the same sort of future script which is, ‘We don’t want you to move around because of these pesky varmint, these ‘variants’ – which I call ‘samians’ by the way, because they are pretty much the same – but they’re all saying this and they are all saying ‘don’t worry, there will be ‘top-up’ vaccines that will cope with the potential escapees.’ They’re all saying this when it is obviously nonsense.”

Possible end game: vaccine ‘passports’ tied to spending allowances, thorough control

"I think the end game is going to be, 'everyone receives a vaccine'... Everyone on the planet is going to find themselves persuaded, cajoled, not quite mandated, hemmed-in to take a jab.

"When they do that every single individual on the planet will have a name, or unique digital ID and a health status flag which will be 'vaccinated,' or not ... and whoever possesses that, sort of single database, operable centrally, applicable everywhere to control, to provide as it were, a privilege, you can either cross this particular threshold or conduct this particular transaction or not depending on [what] the controllers of that one human population database decide. And I think that's what this is all about because once you've got that, we become playthings and the world can be as the controllers of that database want it.

"For example, you might find that after a banking reset that you can only spend through using an app that actually feeds off this [database], your ID, your name, [and] your health status flag."

https://www.realclearpolitics.com/video/2021/03/29/naomi_wolf_mandatory_vaccine_passport_could_lead_to_end_of_human_liberty_in_the_west.html

"And, yes, certainly crossing an international border is the most obvious use for these vaccine passports, as they are called, but I've heard talk of them already that they could be necessary for you to get into public spaces, enclosed public spaces. I expect that if they wanted to, you would not be able to leave your house in the future without the appropriate privilege on your app.

"But even if that's not [the] true [intent of the vaccine campaign], it doesn't matter, the fact that it could be true means everyone [reading] this should fight like crazy to make sure that [vaccine passport] system never forms."

"[With such a system], here is an example of what they could make you do, and I think this is what they're going to make [people] do.

"You could invent a story that is about a virus and its variations, its mutations over time. You could invent the story and make sure you embed it through the captive media, make sure that no one can counter it by censoring alternative sources, then people are now familiar with this idea that this virus mutates, which it does, and that it produces variants, which is true [as well], which could escape your immune system, and that's a lie.

"But, nevertheless, we're going to tell you it's true, and then when we tell you that it's true and we say 'but we've got

the cure, here's a top-up vaccine,' you'll get a message, based on this one global, this one ID system: 'Bing!' it will come up and say 'Dr. Yeadon, time for your top-up vaccine. And, by the way,' it will say 'your existing immune privileges remain valid for four weeks. But if you don't get your top-up vaccine in that time, you will unfortunately detrimentally be an 'out person,' and you don't want that, do you?' So, that's how it'll work, and people will just walk up and they'll get their top-up vaccine."

Gov't lies, Big Pharma moves forward, medicine regulators get out of the way, and possible 'mass-depopulation'

"But I will take you through this, Patrick, because I am qualified to comment. I don't know what Vanden Bossche is about. There was no possibility at all, based on all of the variants that are in the public domain, 4000 or so of them, none of them are going to escape immunity [i.e. become more dangerous].

"Nevertheless, politicians and health advisers (to loads of governments) are saying that they are. They're lying. Well, why would you do that?"

"Here's the other thing, in parallel, pharmaceutical companies have said, several of them, it will be quite easy for us to adjust our gene-based vaccines, and we can hasten them through development, and we can help you.

"And here's the real scary part, global medicines regulators like [the U.S. Food and Drug Administration] FDA, the Japanese medicines agency, the European Medicines Agency, have gotten together and announced ... since top-up vaccines will be considered so similar to the ones that we have already approved for emergency use authorization, we are not going to require the drug companies to perform any clinical safety studies.

"So, you've got on the one hand, govern-

ments and their advisers that are lying to you that variants are different enough from the current virus that, even if you're immune from natural exposure or vaccination, you're a risk and you need to come and get this top-up vaccine. So, I think neither of those are true. So why is the drug company making the top-up vaccines? And [with] the regulators having got out of the way – and if Yeadon is right, and I'm sure I am or I wouldn't be telling you this – you go from the computer screen of a pharmaceutical company into the arms of hundreds of millions of people, some superfluous genetic sequence for which there is absolutely no need or justification.

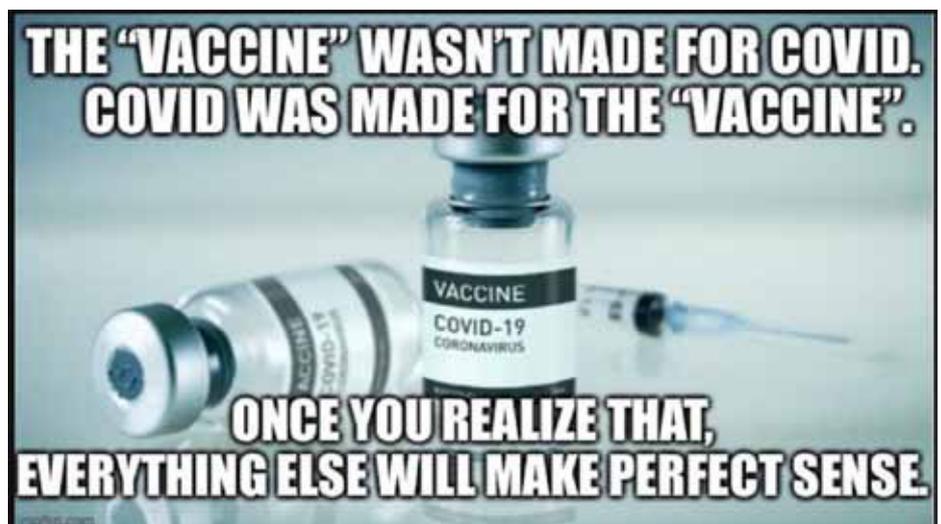
"And if you wanted to introduce a characteristic which could be harmful and could even be lethal, and you can even tune it to say 'let's put it in some gene that will cause liver injury over a nine-month period,' or, cause your kidneys to fail but not until you encounter this kind of organism [that would be quite possible]. Biotechnology provides you with limitless ways, frankly, to injure or kill billions of people.

"And since I can't think of a benign explanation for any of the steps: variants, top-up vaccines, no regulatory studies... it's not only that I cannot think of a benign explanation, the steps described, and the scenario described, and the necessary sort of resolution to this false problem is going to allow what I just described: unknown, and unnecessary gene sequences injected into the arms of potentially billions of people for no reason.

"I'm very worried ... that pathway will be used for mass depopulation, because I can't think of any benign explanation."

'Absurdly impossible' variants will escape immunity, 'just a lie'

"If I can show you that one major thing that governments around the world are



telling the people is a lie, you should take my 32 years of experienced opinion that says, most of it, if not all of it, is a lie.

“The most different variant is only 0.3% different from the original sequence as emailed out of Wuhan in ... January 2020. 0.3% [is] the one [variant] that is the most different on the planet so far. And now another way of saying it is, ‘all of the variants are not less than 99.7% identical to each other.’

“Now, you might be thinking, ‘hmm, .3%, is that enough [to escape immunity and become more dangerous]?’ The answer is no. Get away, ya know, get out of here...

“The human immune system is a thing of wonder. What it does is when it faces a new pathogen like this, you’ve got professional cells, they’re called professional antigen-presenting cells – their kind of rough, tough things that tend not to succumb to viruses. And their job is to grab foreign things in the near environment and tear them limb from limb [inside the cell]. They really cut them up into hundreds of pieces. And then they present these pieces on the surfaces of their cell to other bits of your immune system, and amazingly, because of the variability that God and nature gave you, huge variability to recognize foreign things, and your body ends up using 15 to 20 different specific motifs that it spots about this virus. They’re called epitopes, basically they’re just like little photographs of the details about this virus. That’s what they do. And that is what

is called your repertoire, your immune repertoire is like 20 different accurate photographs, close-ups, of different bits of this virus.

“Now, if a tiny piece of the virus changes, like the .3% I’ve just described, if you are reinfected by that variant, your professional cells tear into that virus and cut it into pieces, present them again, and lo and behold, most of the pieces that you have already seen and recognized, are still there in the variants.

“There is absolutely no chance that all of them will fail to be recognized and that is what is required for immune escape, to escape your immunity. It must present to you as a new pathogen. It must be sufficiently different that, when it is cut up by your professional checker cells, it won’t find mostly the same thing it has seen before. And that is just absurdly impossible when you have only varied .3%, so it is 99.7% (similar).

“You can go and check that by looking at papers by a person called Alison Tarke. There is also Shane Crotty, and all of the other co-authors.

“And before them, coming from my theoretical understanding of multi-locus immunity, which is what I just badly tried to describe, to what actually happens ... If your [immune system] is presented with something that contains even half of those similar pieces, there is no way your body will say, ‘that’s a new pathogen.’

“And, so, the idea that 0.3% could even have a chance of getting around immunity is just a lie. It’s not [even] like an opinion difference.

“I don’t think 3% would be enough. That’s 10 times more variation than has occurred in 16 months [with this virus]. I don’t even think 30% difference would be enough. So, I’m saying that 100 times more variation than has actually happened, would still leave me putting a big bet on the human immune system not being fooled that these are new pathogens.

“I’ve chatted this over with several professors of immunology and they agreed with me, it’s like, ‘why are you asking me this?’

“So, I think that what I’ve just said is that governments and their advisors in multiple countries are lying about variants. That’s a massive thing! You should check it out. Your

readers should check it out. If it’s true, don’t you think it’s terrifying?! It was when I realized it.

“So, they’re lying about variants, and then, of course, since [the variants] are not really different, you do not need a ‘top-up’ vaccine. Now you should be getting the hairs on the back of your neck up, because they are making them right now!”

“They are making billions of vials of it. And they will be available by the end of the year.

“And I think they’ll require people to first, be on the vaccine passport one-world database, and then it will roll up into the top-ups, and if it takes a bit longer it will take a bit longer.

“But this is not going away. It won’t go away until enough people, if they ever do, say ‘you’re a bunch of frauds and we are taking our freedoms back, so you can just stop doing this.’

“Because one person shouting into the wilderness and all of the other academics looking the other way, will have us just going down this pipe maybe a week later than if I hadn’t said anything, but we’re still going down to hell.

“So, that’s why I’m frightened.

“The variants aren’t different. I call them ‘samants’... they’re pretty much the same. They’re not different. Therefore, you don’t need a top-up vaccine, so don’t go near any of them.”

“[And if you recognize that our governments are involved in a major verifiable lie], don’t just turn your computer off and go to supper. Stop. Look out the window, and think, ‘why is my government lying to me about something so fundamental?’

“The eugenicists have got hold of the levers of power and this is a really artful way of getting you to line-up and receive some unspecified thing that will damage you. I have no idea what it will actually be, but it won’t be a vaccine because you don’t need one. And it won’t kill you on the end of the needle because you would spot that.

“It could be something that will produce normal pathology, it will be at various times between vaccination and the event, it will be plausibly deniable because there will be something else going on in the world at that time, in the context of which your demise, or that of your children will look normal.

“That’s what I would do if I wanted to get rid of 90 or 95% of the world’s population. And I think that’s what they’re doing.

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Pfizer job won't be complete till January 27th 2023

<https://clinicaltrials.gov/ct2/show/NCT04368728>

The Moderna trials come to a close on December 2023

<https://clinicaltrials.gov/ct2/show/NCT03897881>

The AstraZeneca trials will reach completion in February 2023

<https://clinicaltrials.gov/ct2/show/NCT04516746>

"Now I don't know [for certain] that they're going to use that [system] to kill you, but I can't think of a benign reason, and with that power they certainly could harm you, or control you, so you should object [and strenuously oppose it]."

People can't deal with this level of evil, but Soviets, Hitler, Mao show its possibility

"It's become absolutely clear to me, even when I talk to intelligent people, friends, acquaintances ... and they can tell I'm telling them something important, but they get to the point [where I say] 'your government is lying to you in a way that could lead to your death and that of your children,' and they can't begin to engage with it. And I think maybe 10% of them understand what I said, and 90% of those blank their understanding of it because it is too difficult. And my concern is, we are going to lose this, because people will not deal with the possibility that anyone is so evil..."

"But I remind you of what happened in Russia in the 20th Century, what happened in 1933 to 1945, what happened in, you know, Southeast Asia in some of the most awful times in the post-war era. And, what happened in China with Mao and so on.

"We've only got to look back two or three generations. All around us there

are people who are as bad as the people doing this. They're all around us. So, I say to folks, the only thing that really marks this one out, is its scale.

"But actually, this is probably less bloody, it's less personal, isn't it? The people who are steering this ... it's going to be much easier for them. They don't have to shoot anyone in the face. They don't have to beat someone to death with a baseball bat, or freeze them, starve them, make them work until they die. All of those things did happen two or three generations back and our grandparents or great grandparents were either victims of this, or they were actually members of it, or at least they witnessed it from overseas. That's how close we are.

"And all I'm saying is, some shifts like that are happening again, but now they are using molecular biology.

"And the people going along with it, I think they would probably say, 'I was only following orders,' which we have heard before.

"But I know, because I have talked to lots of people, and some of them have said 'I don't want to believe that you are right, so I'm going to just put it away because if it is true, I can't handle it.' And I think ... all you need to do is find a good reason to tell people, 'Don't take the

vaccine unless you're a medical risk of dying from the virus!' That seems to me a pretty good line!"

"I'm a scientist, and I can tell you, talking to non-scientists, using science as a tool, will not work. It will fail.

"So, we need philosophers, people who understand logic, religion, something like that, [they have] got to wrestle with this, and start talking in a language people will understand. Because if we leave it with scientists, people like me, even though I'm well-intentioned, I'm a gabbling alien as far as most people in the street are concerned. They won't believe the government will lie to them, they don't believe the government would ever do anything that will harm them, but they are [doing such things]."

Finally, in an email correspondence, Dr. Yeadon concluded, "I have latest taken to signing off with 'May God save us', because I think we need God now more than at any time since WW2."

SOURCE: <https://www.lifesitenews.com/news/exclusive-former-pfizer-vp-your-government-is-lying-to-you-in-a-way-that-could-lead-to-your-death>

MORE: *Developers of Oxford-AstraZeneca Vaccine Tied to UK Eugenics Movement* HERE: <https://stateofthenation.co/?p=54288>

Study: CDC inflated COVID numbers by 1,600%

By Art Moore
February 10, 2021

A peer-reviewed study contends that the U.S. Centers for Disease Control and Prevention violated federal law by inflating coronavirus fatality numbers.

The figures were inflated by at least 1,600%, according to the Public Health Initiative of the Institute for Pure and Applied Knowledge, which published the study, titled "COVID-19 Data Collection, Comorbidity & Federal Law: A Historical Retrospective."

The study asserts that the CDC wilfully violated multiple federal laws, including the Information Quality Act, Paperwork Reduction Act and Administrative Procedures Act, reported the National File.

In January, as WND reported, the World Health Organization admitted the "gold-standard" PCR tests used to determine whether or not a person is infected with COVID-19 are not reliable on the first try and a second test might be needed.

That fact, the National File notes, corresponds with the CDC's "quiet admission that it

blended viral and antibody test results for its case numbers and that people can test positive on an antibody test if they have antibodies from a family of viruses that cause the common cold."

Among the notable findings in the study is the conclusion that the CDC "illegally enacted new rules for data collection and reporting exclusively for COVID-19 that resulted in a 1,600% inflation of current COVID-19 fatality totals," the watchdog group All Concerned Citizens said in a statement provided to National File.

"The research demonstrates that the CDC failed to apply for mandatory federal oversight and failed to open a mandatory period for public scientific comment in both instances as is required by federal law before enacting new rules for data collection and reporting," the group said.

The study pointed out that on March 24, the CDC published an alert instructing medical examiners, coroners and physicians to deemphasize underlying causes of death, also known as pre-existing conditions or comorbidities.

COVID-19 was to be listed in Part I of death certificates as a definitive cause of death, regardless of confirmatory evidence, rather than in Part II as a contributor to death in the presence of pre-existing conditions.

On its website, the CDC says, just 6% of the people counted as COVID-19 deaths died of COVID-19 alone.

The researchers estimated the COVID-19 recorded fatalities "are inflated nationwide by as much as 1600% above what they would be had the CDC used the 2003 handbooks," said All Concerned Citizens.

The CDC adopted additional rules on April 14 exclusively for COVID-19 "in violation of federal law by outsourcing data collection rule development to the Council of State and Territorial Epidemiologists (CSTE), a non-profit entity, again without applying for oversight and opening opportunity for public scientific review," the organization said.

The CSTE published a position paper creating "new rules for counting probable cases as actual cases without definitive proof of infection, new rules for contact tracing allowing contact tracers to practice medicine without a license, and yet refused to define new rules for ensuring that the same person could not be counted multiple times as a new case."

The researchers allege the CDC "significantly inflated data that has been used by elected officials and public health officials, in conjunction with unproven projection models from the Institute for Health Metrics and Evaluation (IHME), to justify extended closures for schools, places of worship, entertainment, and small businesses leading to unprecedented emotional and economic hardships nationwide."

SOURCE: <https://www.wnd.com/2021/02/study-finds-cdc-inflated-covid-numbers-1600/>

Norwegian media says some people “have to die” from coronavirus vaccines as a sacrifice to humanity

By Ethan Huff
March 19, 2021

The medical establishment, at least in Norway, is finally admitting that SARS-CoV-2 (COVID-19) vaccines are killing people. Along with this admission comes a major shift in the narrative, though.

Now, we are being told that it is a virtue for someone to risk death from getting jabbed for the virus because the injections are a representation of sacrifice on behalf of humanity.

“I would love to die from the AstraZeneca vaccine,” reads an English translation of an article in the Norwegian media written by someone named Linn Wiik.

“It probably sounds very brutal. But some must be sacrificed in the war against the corona. That’s the way it is in all wars. This time it may well be me.”

Moving the goal posts once again, the media is suddenly shifting from a narrative that says all COVID-19 vaccines are “safe and effective” to one that admits vaccines are

deadly – but if you are a good person who cares about others, then you will get one anyway to help the herd.

Wiik explains that at least one health worker died of a cerebral hemorrhage

after getting jabbed while several others were admitted with serious blood clots after getting injected. Still, she says everyone should get needled.

“Let me say the obvious first. It is terribly sad that health workers have become seriously ill,” Wiik writes.

“Although we have stopped clapping for them on our balconies, I think we all have deep respect for this group of people, who are some of the front fighters in the war against the corona. That’s exactly why they got the vaccine so early.”

What is possessing people to clamor for a vaccine that they know might kill them?

Wiik says “of course” the government will “do everything we can” to determine whether “there is a connection between the cases and the vaccine.” This hedging still leaves room for the medical establishment to declare “no evidence” of a connection later on down the road.

At the same time, Wiik appears to be testing the waters to see whether or not full admission of the fact that COVID-19 vaccines are deadly will be tolerated by the masses. Since forced distancing, masks, and lockdowns were accepted with minimal resistance, chances are that Wiik’s new narrative will be, too.

“People get blood clots and die of cerebral hemorrhage every year. In Norway, there are between 7,000 and 10,000 cases of blood clots every year ... We will get the answer soon. Then the health authorities will also decide whether we should continue the vaccination.”

At this point in the article, Wiik shifted gears again by claiming that even if it turns out that the AstraZeneca vaccine is responsible for these injuries and deaths, “I have no doubt: If I get the offer, I will take it anyway.”

“Because, sorry to say it so bluntly: Someone has to sacrifice in order for the rest to be safe,” is how Wiik put it. “That’s the way it is in all wars.”

SOURCE: <https://pandemic.news/2021-03-19-norway-people-die-coronavirus-vaccines-sacrifice-humanity.html>

NB: The latest news about injuries and deaths caused by COVID-19 vaccination can be found at [VaccineDamage.news](https://vaccinedamage.news).



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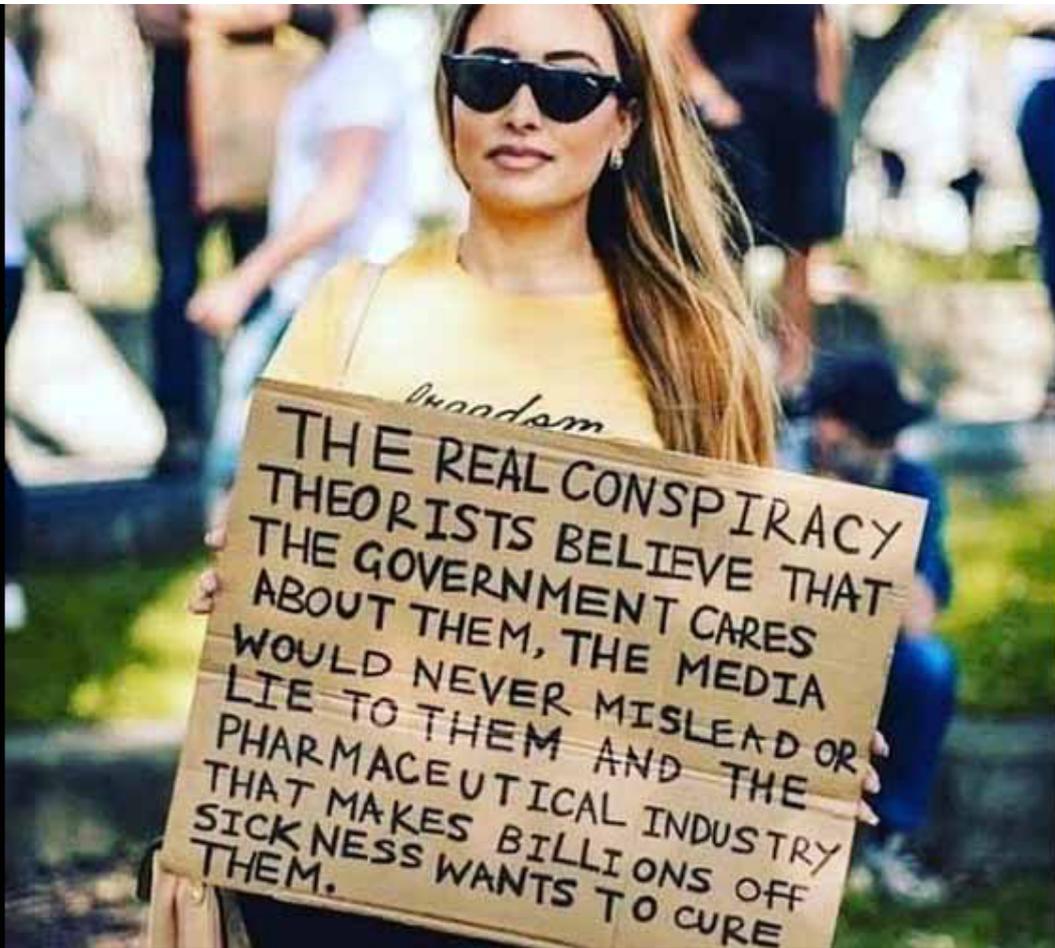
			
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Cancer Statistics (USA)

Data from the American Cancer Society shows that the incidence of cancer from 2013 to 2018 increased by 4.5% while the death rate increased by 5%.

This clearly indicates that the current mainstream approach to cancer is faulty. We are not winning the war against cancer. The current dogma – that cancer is a genetic disease – is incorrect.

Investigating the Cause of Cancer

Scientists at Tulane University, in Louisiana, replaced the nuclei of healthy fertilised frog eggs with the nuclei of frog cancer cells. Of the frogs that grew none of them developed cancer.¹

If cancer were a genetic disease, ruled by the oncogenes in the nuclei, then the frogs that grew should have developed cancer.

Next, scientists at the US Institute of Cancer Research cloned healthy mice from the nucleus of a tumour cell and thereby concluded that it was not possible that genetic mutations are driving cancer.²

Later studies by different scientists support the same conclusion, that cancer is NOT a genetic disease.

What is the Role of Mitochondria?

The answer becomes clear when we consider the results of another group of scientists at the Baylor College of Medicine in Texas. They placed healthy mitochondria into cancerous cells and found this reversed cancer in the cell.³ (Note: Mitochondria are the organelles of your cells in which the processes of respiration and energy production occur.)

Another group of scientists at UAM University in Madrid, found healthy mitochondria can suppress cancer despite the presence of a genetically damaged cell nucleus that would normally generate cancer.⁴

All this clearly indicates that cancer is caused by damage to the mitochondria in cells and that healthy mitochondria can reverse cancer. However, cancer is also a manifestation of malfunctions in immunity, as malignant cells manage to escape recognition and elimination by the immune system.

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imuno[®] and Bravo Probiotic[®] were formulated by Molecular Biologist Dr. Marco Ruggiero, MD. Ph.D., author of peer-reviewed scientific papers on immunotherapy and quantum biology.

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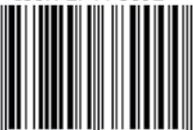
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