



HEALTH TALK

GLASGOW

2023

PART 1

unitefortruth.online

[Unite For Truth Scotland \(bitchute.com\)](https://bitchute.com)

[Unite for Truth Edu \(rumble.com\)](https://rumble.com)

wi-cancer.info/

electricssense.com/5g-radiation-dangers/

EMF RADIATION

mdsafetech.org/science/

rinfo.co.uk/

ehtrust.org/

bioinitiative.org/

cellmapper.net/

phiremedical.org/wp-content/uploads/2020/03/5G-5-facts.pdf

Find Cell Towers Near Me: The Ultimate Guide for 2023: ubersignal.com



unitefortruth.online/wifi%2F-5g-issues

unitefortruth.online/wifi-news-activism

Pandemic = radiation + 'vaccine' + 'virus' (graphene?)

Bill Gates – TED TALK - epidemics simulation 2015



What is graphene? All about its properties and applications | Repsol

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YouTube^{GB}

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p



ADVANCES

IN SCIENCE & TECHNOLOGY

But in fact, we can build
a really good response system.

TED

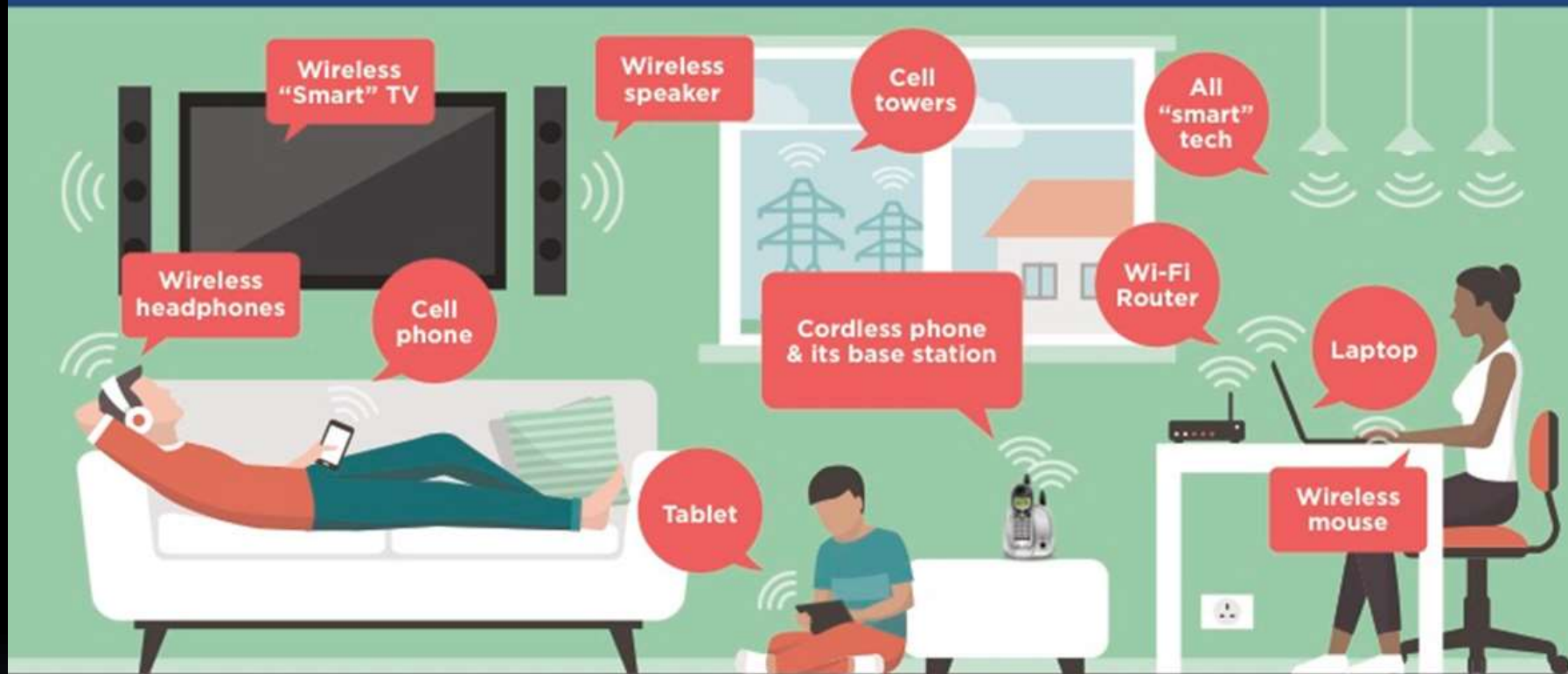
Bill Gates: The next outbreak? We're not ready

Up next

AUTOPLAY



What Emits Wireless?



Wireless MP3 player



Wearable wireless including "smart" watches, fitness wristbands & ear buds



Virtual reality with smartphone
Wireless game console/headset/controller



Wireless keyboard



All items with Bluetooth



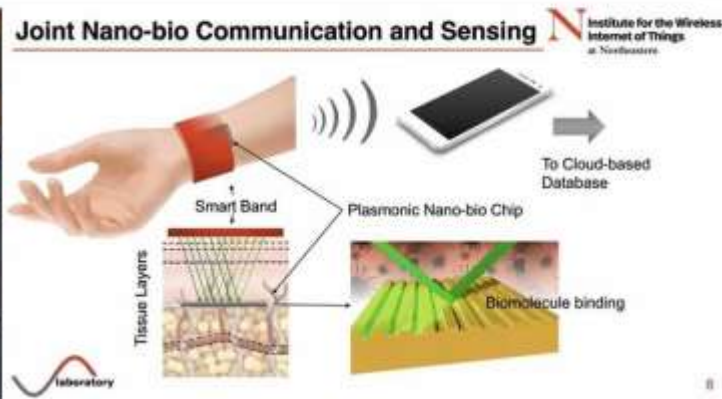
Wireless printer

ANTENNAS, ROUTERS, APPLIANCES & SMART PHONES FOR A SMART (KILL) GRID

THE LINK WITH THE INTRA-BODY NANO-NETWORK

Related video
compilation on
Unite For Truth
Scotland
(Bitchute.com)

<https://www.bitchute.com/video/beWLHFJoSYUo/>



5 GHz frequency router.
Offers almost double the speed



2.4 GHz frequency router.
Less speed but longer range

Mobile phones for 5G are meant to have modems from 20 GHz to 70 GHz



PRESS RELEASE
N° 208

31 May 2011

IARC CLASSIFIES RADIOFREQUENCY ELECTROMAGNETIC FIELDS AS POSSIBLY CARCINOGENIC TO HUMANS

Lyon, France, May 31, 2011 -- The WHO/International Agency for Research on Cancer (IARC) has classified radiofrequency electromagnetic fields as possibly carcinogenic to humans (Group 2B), based on an increased risk for glioma, a malignant type of brain cancer¹, associated with wireless phone use.

Official warnings
about microwave
radiation from
IARC (WHO)
since 2011
+ independent
reports & official
resolutions





Texting



Texting



Internet access



Texting



Internet access



Video



Texting



Internet access



Ultra HD & 3-D video



Smart home

2G Frequencies

GSM 2G
Upto 1.9 Ghz

3G Frequencies

HSDPA 3G
Upto 2.1 Ghz

4G Frequencies

LTE 4G
Upto 2.5 Ghz

5G Frequencies

IoT 5G
Upto 95 Ghz

Jerry Day *EMFhelpcenter.com*
5G Update, December 2019, Corbett Report

EVERY New "small cell" antenna set will transmit
old **4G** signals (600MHz to 6GHz)

AND

New **5G** signals (24, 28, and 39 GHz)

Dr. Leif Salford's presentation on YT proving microwave radiation causes leakage of BBB (brain-blood – barrier) and cause damage in the brain in animals.

https://www.youtube.com/watch?v=E_WJ_aJPWIA&pp=ygUMbGVpZiBzYWxmb3Jk



Cell Phone Radiation Causes Leakage of the Blood Brain Barrier Dr Leif Salford

Up next

AUTOPLAY

Cell Phone Radiation Causes Leakage of the Blood Brain Barrier Dr Leif Salford

Up next

AUTOPLAY

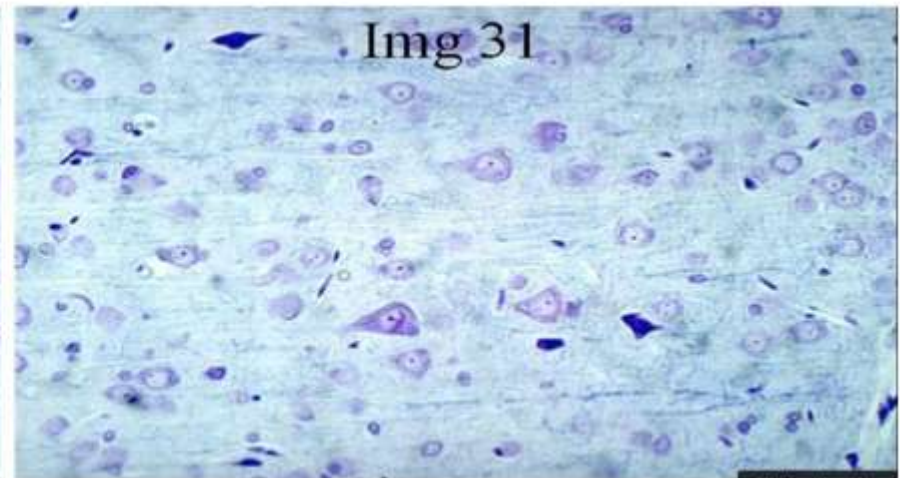
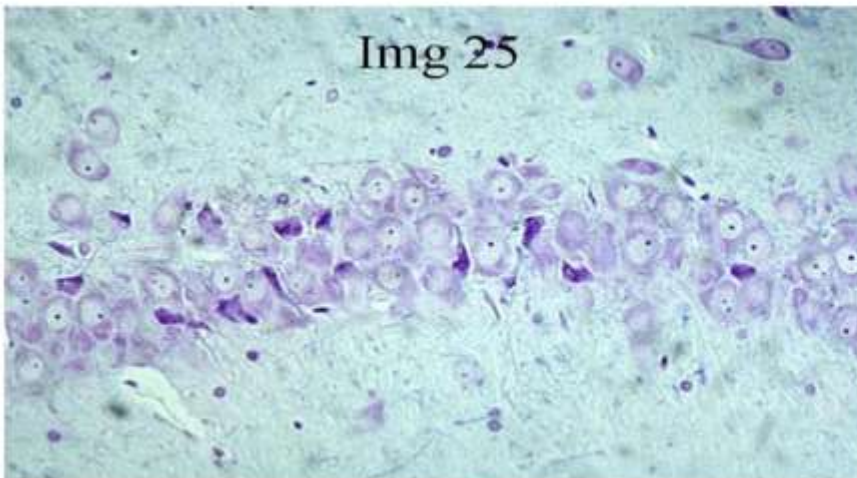
Normal Brain Blood Barrier

Brain Blood Barrier after exposure

Rats Brains exposed to 2hrs to mobile phone GSM radiation (997)

Shrunked Neurons (after exposure)

Dark Neurons (after exposure)



”Biological window”

1/1000 and 1/10000

of the energy at the antenna
of the mobile phone opens
the BBB more efficiently
than the energy at the antenna

Albumin in the Brain Parenchyma: **Neuronal degeneration** is seen in areas with BBB disruption:

- * Intracarotid infusion of hyperosmolar solutions in rats (Salahuddin et al. 1988)
- * In the stroke-prone hypertensive rat (Fredriksson et al. 1988)
- * In acute hypertension by aortic compression in rats (Sokrab et al. 1988)
- * And epileptic seizures cause extravasation of plasma into brain parenchyma. The cerebellar Purkinje cells are heavily exposed to plasma constituents and degenerate in epileptic patients (Sokrab et al., 1990)

Albumin is the most likely neurotoxin in serum (Eimerl et al. 1991)

Up to 2% of the neurons
are damaged
50 days after a 2-hour
GSM exposure
Significance $p=0,002$
(Kruskal Wallis)

Results

GSM exposure vs sham

- Impaired episodic memory
- Impaired memory for objects
- Impaired memory for their temporal order of presentation
- Spatial memory not affected

Cage controls have more reduced performance than both sham and GSM exposed rats.

EXPERIMENTAL AND THERAPEUTIC MEDICINE 12: 1969-1972, 2016

Microwaves and Alzheimer's disease (Review)

XIA ZHANG, WEN-JUAN HUANG and WEI-WEI CHEN

Department of Neurology, Xuzhou Central Hospital, Xuzhou, Jiangsu 221009, P.R. China

Received February 3, 2016; Accepted July 25, 2016

DOI: 10.3892/etm.2016.3567

Abstract. Alzheimer's diseases (AD) is the most common type of dementia and a neurodegenerative disease that occurs when the nerve cells in the brain die. The cause and treatment of AD remain unknown. However, AD is a disease that affects the brain, an organ that controls behavior. Accordingly, anything that can interact with the brain may affect this organ positively or negatively, thereby protecting or encouraging AD. In this regard, modern life encompasses microwaves for

or 'magnetron' for kitchen microwaves (1). With wavelengths of merely a couple of centimeters, microwave ovens cause fat molecules and water vibration, making these substances hot and allowing the capacity to cook many types of food (2). Microwaves used by fixed traffic speed cameras or radar for aircraft ships and weather for casters commonly emit bursts of microwaves, detecting echoes coming back from the objects they strike, and using the time it takes for the echoes to return to determine the distance to a particular object or location (1,2).

Example 1: Very Early Onset Alzheimer's & other dementias:

We have had a major decrease in age of onset of Alzheimer's, with people age 30 coming down with Alzheimer's. "Digital dementias" in young people exposed to Wi-Fi and other EMFs. Excessive intracellular calcium has essential roles in causing Alzheimer's and other neurodegenerative diseases. EMFs acting through VGCC activation produces large increases in the amyloid beta ($A\beta$) protein in the brain – has key role in Alzheimer's. Two studies in rats, showed that a series of microwave pulses given to young rats, followed by cessation of pulses, produced 100% Alzheimer's-like effects in middle aged rats – memory and behavioral changes and also high levels of $A\beta$ protein and oxidative stress in the brains.

If extremely highly pulsed 5G radiation produces similar effects in humans, 5G will inevitably produce universal or almost universal very early onset Alzheimer's dementias.

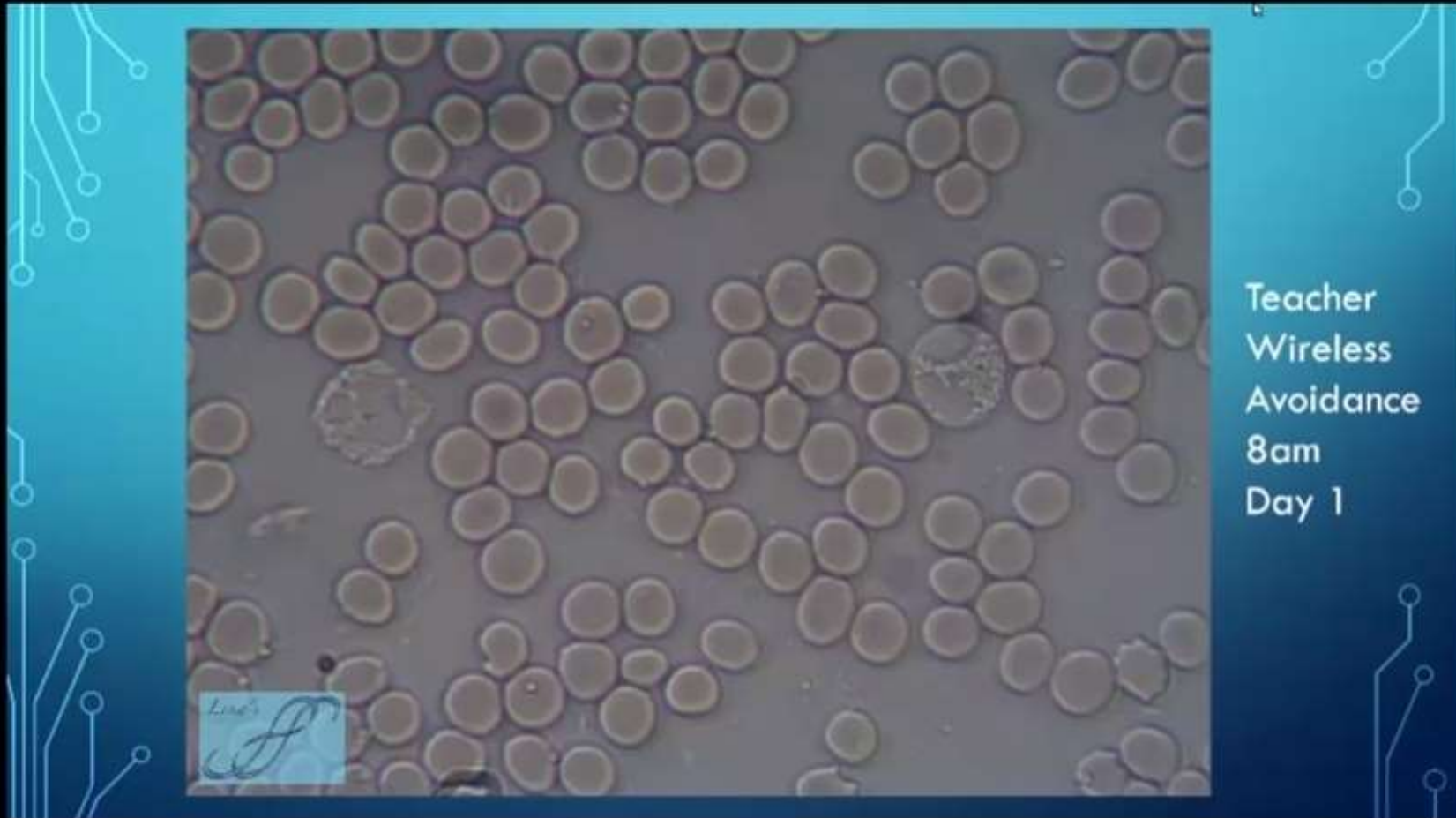
See also: **Wi-Fi is an important threat to human health (prof. Martin Pall)**

<https://img1.wsimg.com/blobby/go/71801b8c-fda3-43cc-86e2-e2e5off2f191/downloads/Wi-fi%20is%20an%20important%20threat%20to%20human%20health%20-.pdf?ver=1696283958652>

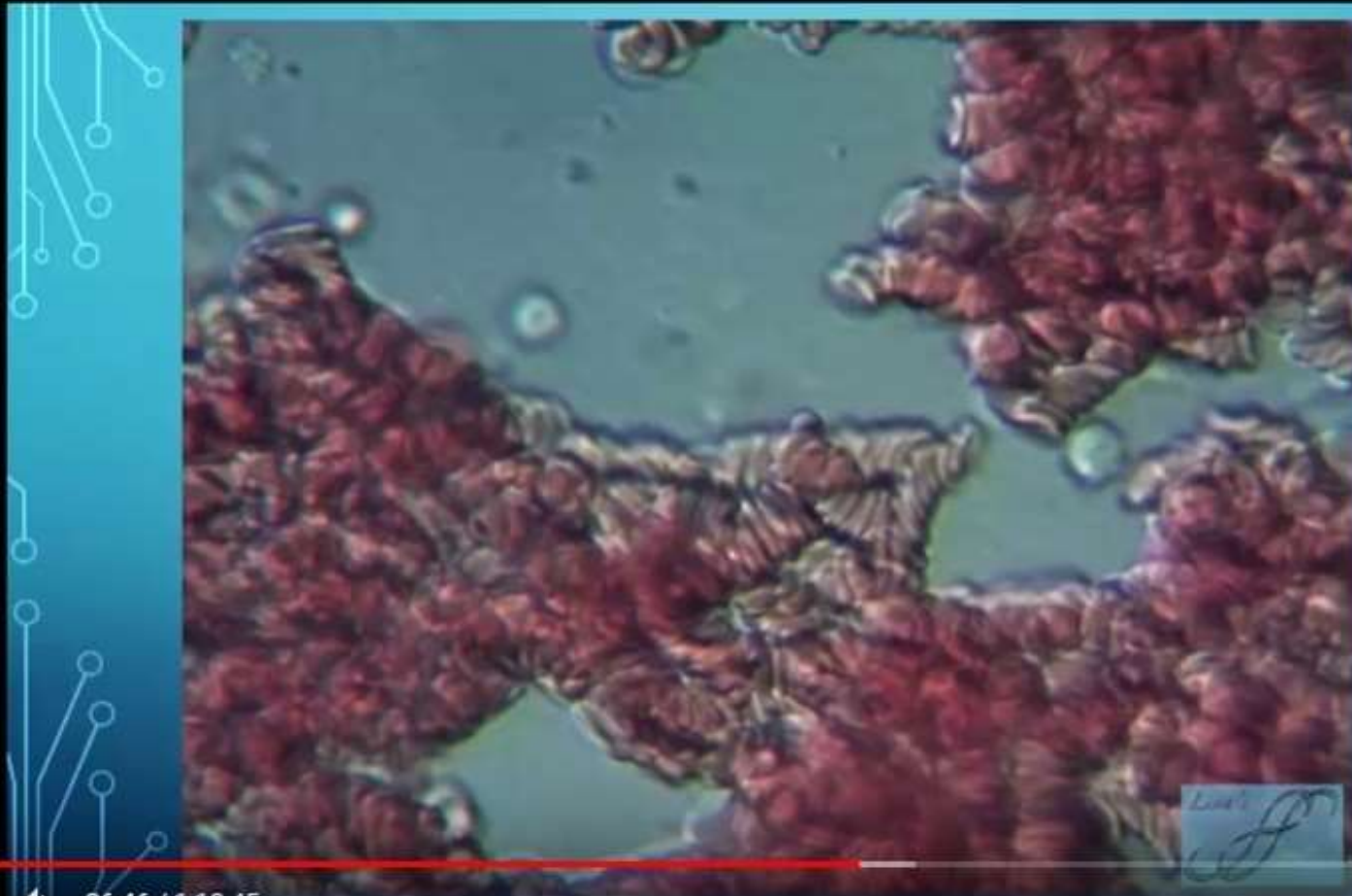
Lena Pu's WiFi experiment (YT, 2019)

Ref: <https://lenasfabulousfrequencies.com>

- she tested the blood of a young and fit teacher, before and after a day of work in school, where she was exposed to wireless radiation from the routers present in the classroom



Lena Pu's WiFi experiment (2019)



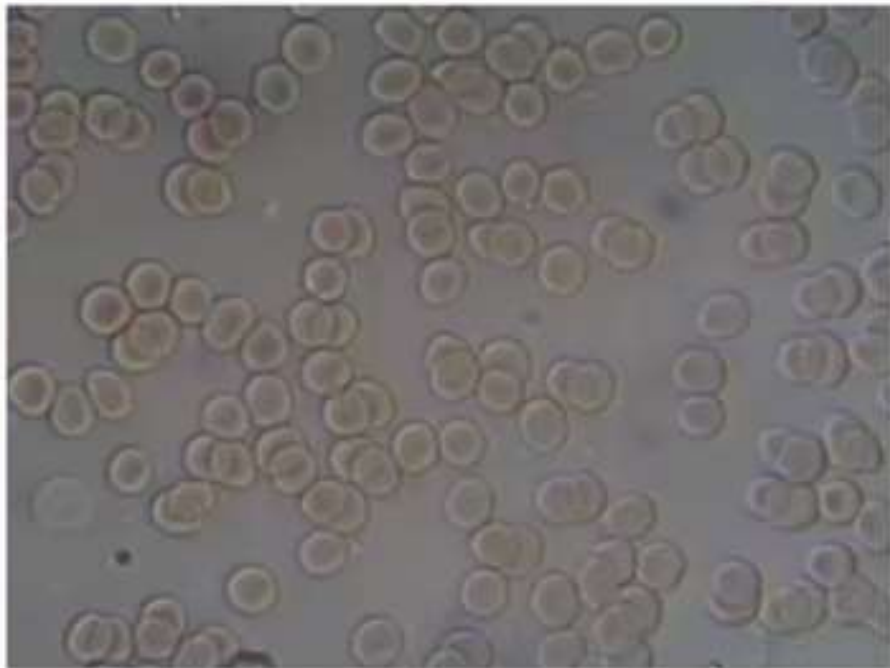
Teacher
with WiFi
& Wireless
Exposure
Entire
School Day
3pm
Day 2

36:46 / 1:10:45

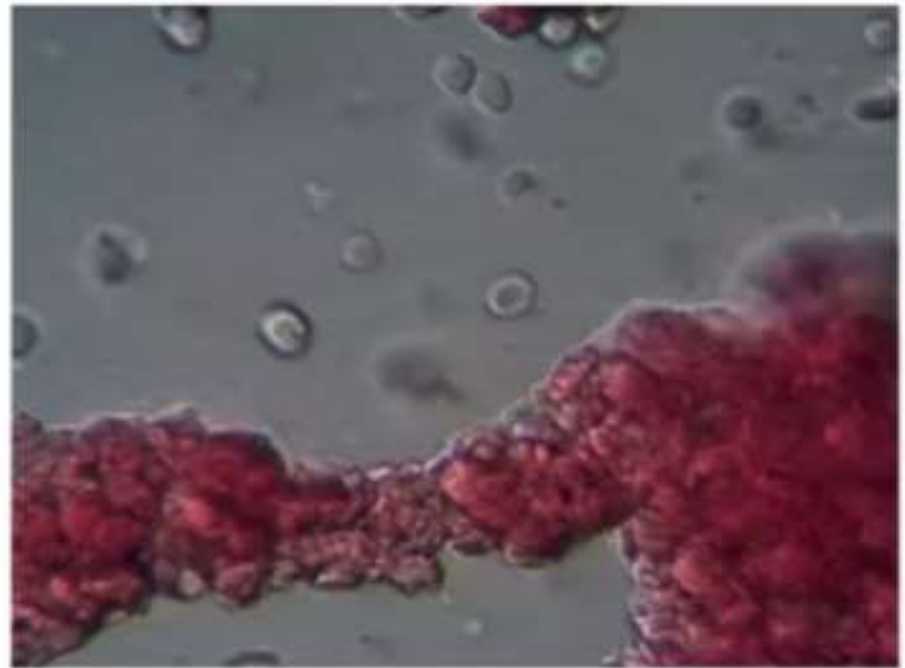


Lena Pu's WiFi experiment (2019)

Lena's
S



Teacher 8am Before School Wireless Exposures



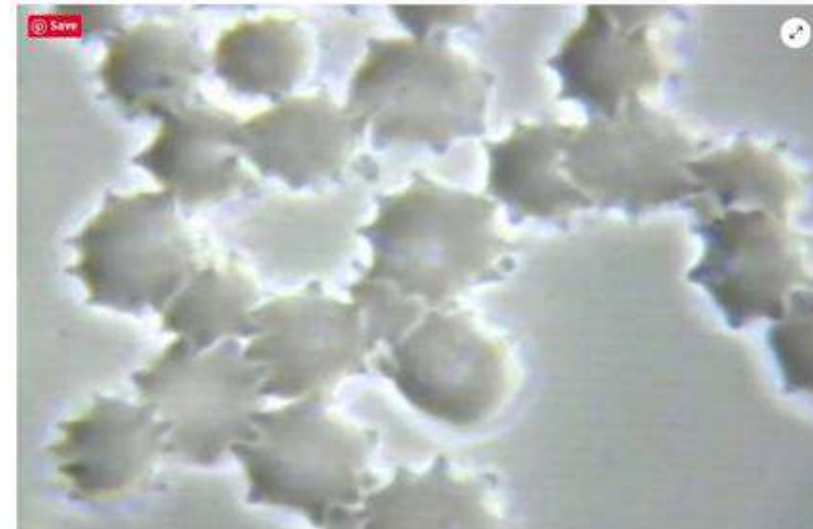
Teacher 3pm After School Wireless Exposures

Teacher
with WiFi
& Wireless
Exposure
Entire
School Day
3pm
Day 2

The Corona Effect and Spike Protein Effect

The Endogenously Created "Corona Effect" and "Spike Protein" ARE Caused by Chemical, Parasitical and Radiation Poisoning from Reduced Graphene Oxide and Microwave Radiation![12][82][83]

Dr. Robert Young: drrobertyoung.com



[Figure 25 Shows 'The Corona Effect' and the the Endogenous Birth of S1 Protein Spikes Caused by Radiation and Chemical Poisoning or What I Call The 'Protein Spiking Effect'. Dr. Robert O. Young, Hikari Omni Publishing, 1987 - 2021. [83]]

5G: Health Risks, Surveillance and BioWeaponry - Lena Pu (Sept 2019)

Symptoms Consequences



- ✓ poor circulation
- ✓ lower oxygen transport
- ✓ reduced waste removal
- ✓ diabetes mellitus
- ✓ stroke
- ✓ myocardial infarction
- ✓ Alzheimer disease . . .

- ➔ headache, fatigue
- ➔ difficulty concentrating
- ➔ numbness, tingling, cold extremities
- ➔ heart & blood pressure problems . . .

Prof. Magda Havas

DARKFIELD MICROSCOPY

After Exposure to 'Smart' Meter

(N.B. up to 70,000 $\mu\text{W}/\text{m}^2$)



SUBJECT 1

- TIME: 2 MINUTES
- DISTANCE: 1 FOOT

SUBJECT 2

- TIME: 2 MINUTES
- DISTANCE: 1 FOOT

SUBJECT 3

- TIME: 45 SECONDS
- DISTANCE: 1 FOOT

More about Smart meters, the high risk of fire, hacking and health damage, the increased bills of many beneficiaries and the corporate and government corruption (US) leading to an attack on human rights in the name of "smart" and "green" in this awarded documentary from Josh Del Sol. LIVE BLOOD ANALYSIS shows the damage in real time, after exposure to an Smart Meter. To learn about Smart Meters and their effect on health and privacy please see: **WHY STOP SMART METERS?** <https://stopsmartmeters.org/why-stop-smart-meters/>

<https://stopsmartmeters.org/why-stop-smart-meters/>

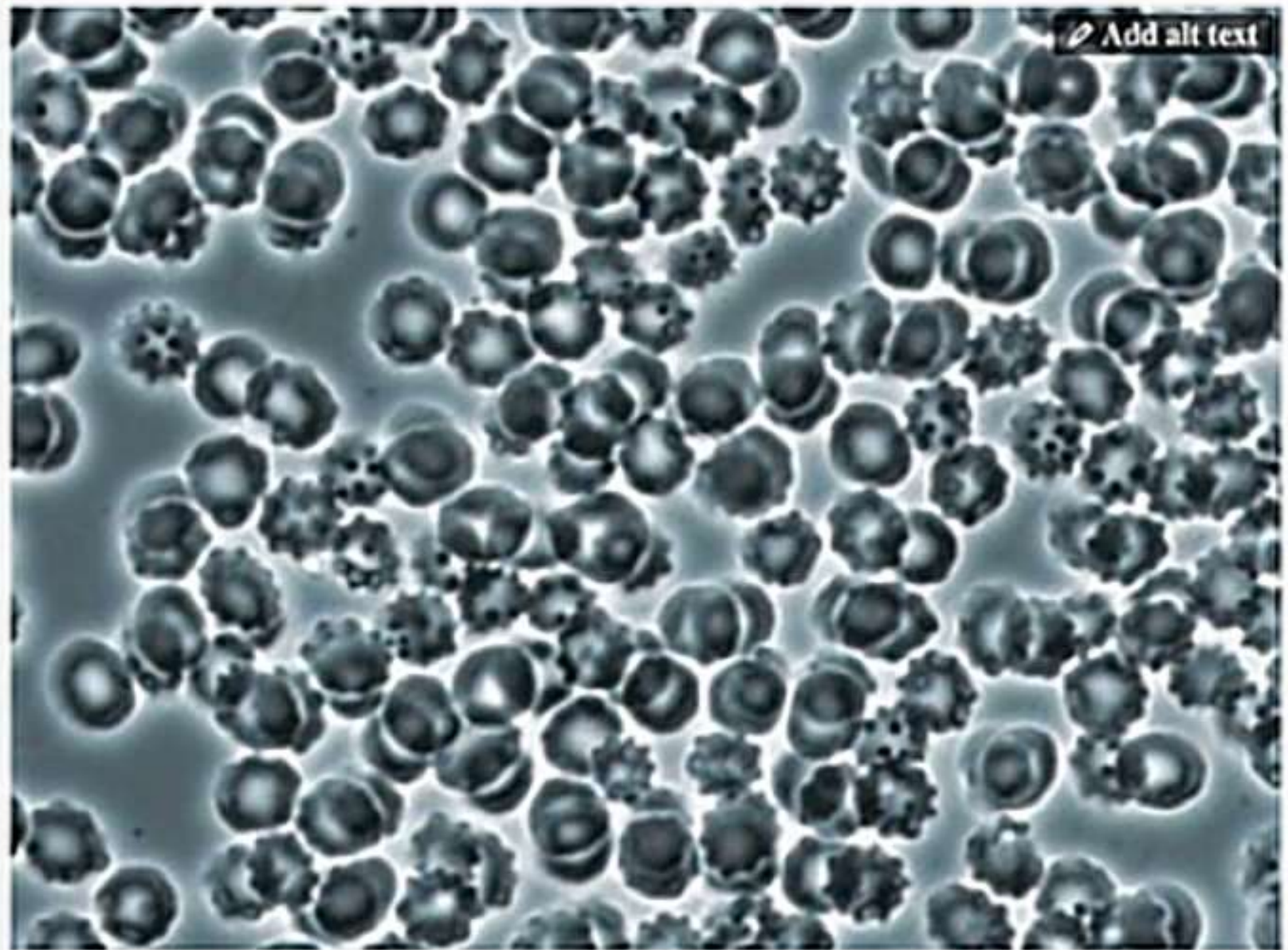
SMART GRID AWARENESS

<https://smartgridawareness.org/>

SMART METERS

<http://www.eiwellspring.org/smartmeter.html>

TAKE BACK YOUR POWER Documentary <https://youtu.be/2uMfx-FsJIE>



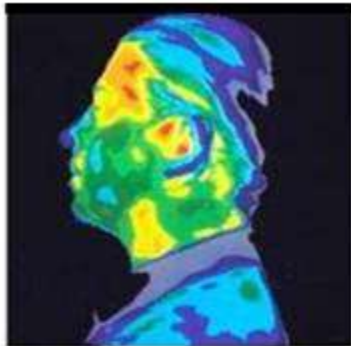
Micrograph of Targeted Red Blood Cells with 'Corona Effect'
Indicating Oxygen Deprivation and Radiation Poisoning

Ditch Your Microwave

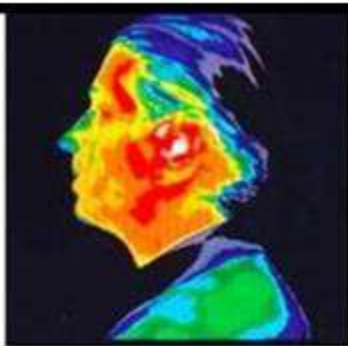
Day nine

Note: Our measurements with the Acoustimeter showed 35,000 – 54,000 $\mu\text{W}/\text{m}^2$ being recorded in the kitchen when microwave oven was functioning (3 units investigated)





Thermographic Image of the head with no exposure to harmful cell phone radiation.



Thermographic Image of the head after a 15-minute phone call. Yellow and red areas indicate thermal (heating) effects that can cause negative health effects.

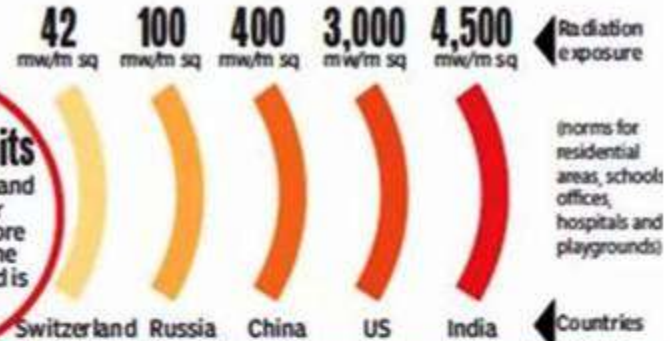
SLOW ROAST

Radiation from cellphone towers and handsets is "possibly carcinogenic to humans" and may cause glioma, a type of brain cancer, says the World Health Organisation's International Agency for Research on Cancer



Country Limits

Radiation values and norms in other countries are more stringent and the exposure allowed is much lower



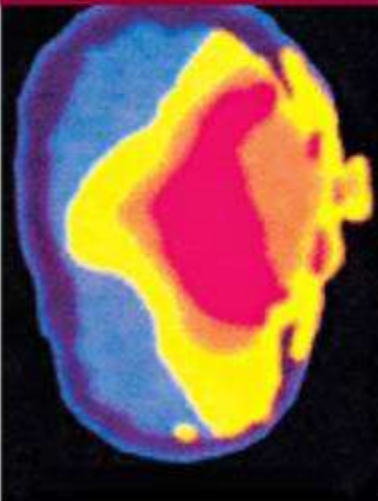
Other health problems that radiation can cause
 Burning and tingling sensation in the scalp, fatigue, sleep disturbance, dizziness, lack of concentration, ringing in the ears, increased reaction time, loss of memory, headache, indigestion, acute itchiness and increased heart rate

Source: Inter-ministerial committee report, 2009

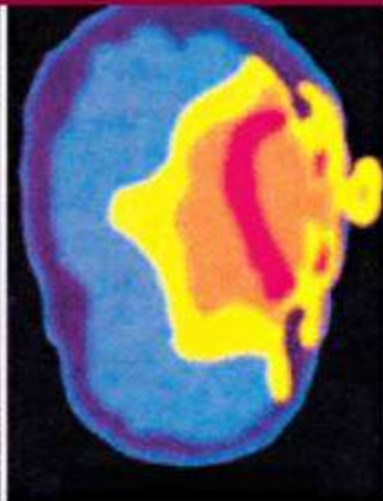
Microwave Cellphone Effects

Absorption in the Brain According to Age

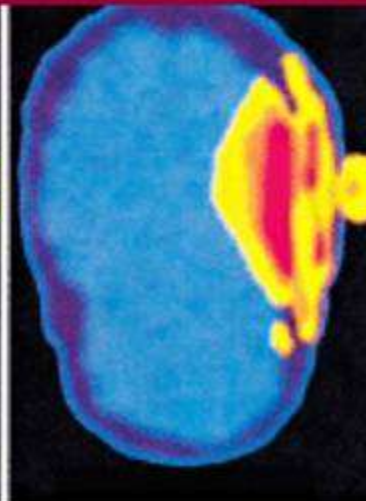
Emfcall.org (Scientists appeal to WHO and UN) 5Gexposed.com emfacademy.com scientists4wiredtech.com Ehtrust.org Bio-initiative.org 5ginformation.net safemr.com Whatis5g.info mdsafetech.org electricssense.com weartheevidence.com



5 Year Old



10 Year Old



Adult

Image courtesy of Dr. Om Gandhi, University of Utah, 1996, IEE Publication

Dr. Beverly Rubik,
 Ph.D. in Biophysics
 from UC-Berkeley:
 performed experiments on human blood samples

showing that the structure of blood cells is damaged and microcirculation compromised only after carrying a 4G phone in the backpack for 45 minutes,

and this increases dramatically after using the phone for calling or browsing on the Internet.

Dr. Seungmo Kim,
 from Georgia Southern University
 calculated that SAR (specific absorption rate—a measure of radiation impact upon the body) would be 30 times higher with 5G than with the current 4G.

As if mobile phone and wifi dangers were not enough, we see an incredible densification of microwave emitters in kids' schools, nurseries, parks areas...

In **children** using mobile phones, the average deposition of wireless radiation may be **2x higher in the brain and up to 10x times higher** in the bone marrow of the skull than in adult users.

-International Agency for Research on Cancer,
2013 Monograph Report on Non-Ionizing Radiation



ELF & RF Radiation Health Risks

Recent medical research has uncovered links between prolonged exposure to electromagnetic radiation and many health impacts. Learn more at www.harapad.com.

Neurological Effects

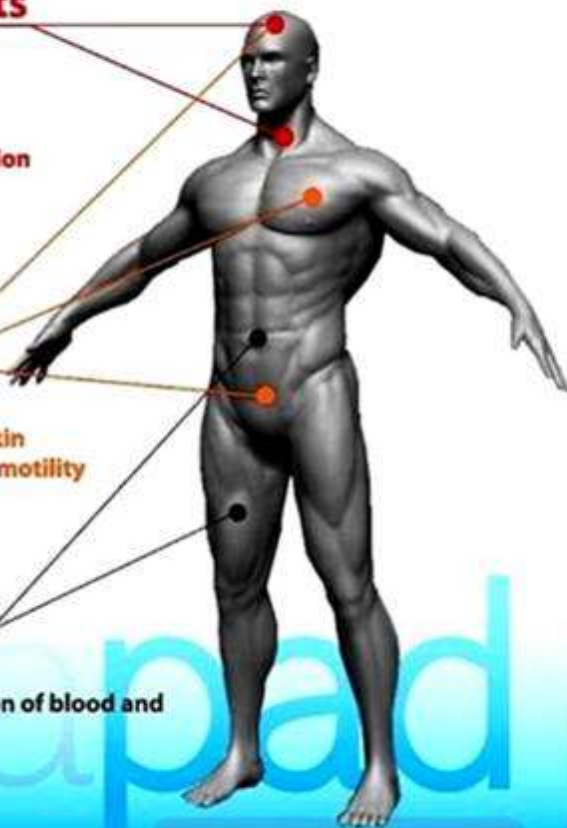
- Brain Tumor
- Alzheimer's Disease
- Cognitive Impairment
- Sleep Disturbance
- Reduction in Melatonin Production
- Acoustic Neuroma
- Lou Gehrig's Disease

Cellular Effects

- DNA Damage
- Leukemia
- Cancers, including Breast and Skin
- Infertility and decreased sperm motility
- Blood-Brain Barrier Disruption

Well-Being Effects

- Toasted Skin Syndrome
- Electromagnetic Sensitivity
- "Subliminal Stress," the reduction of blood and oxygen flow to vital systems

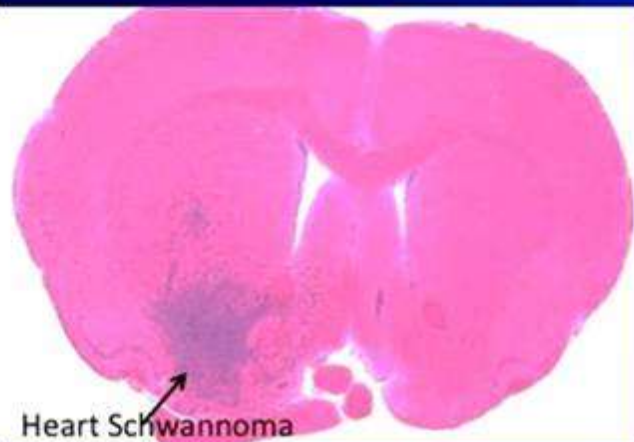


There are now **over 25,000 articles** published. The majority of non-industry funded studies show **great evidence of biological harm at the non-thermal RF-EMR power levels.** The mechanisms of harm are being identified.

Children and fetuses are especially vulnerable, as are the elderly and those with existing health conditions such as multiple chemical sensitivities, mold toxicity and chronic illnesses. **Growing children's brains are especially at risk, as their head absorbs twice the radiation compared to adults.** Regardless of that fact, a 2014 survey showed that up to 75% of 4-year old children possess their own cell phone! Peer-reviewed published science shows harmful effects of cell tower radiation include: **fatigue, headaches, sleep problems, anxiety, ringing in the ears, heart problems, learning and memory disorders, increased cancer risk, and more.**



National Toxicology Program
U.S. Department of Health and Human Services



Images NIEHS Director Dr. Linda Birnbaum NIEHS IAS 2017

\$30 M US Government Study of long term chronic RF exposure to animals.

- Clear evidence of tumors in the hearts of male rats. (schwannomas)
- Some evidence of tumors in the brains of male rats. (gliomas)
- Some evidence of tumors in the adrenal glands of male rats. (pheochromocytoma)
- Low birth weight
- Cardiomyopathy to right ventricle in all sexes.
- DNA damage
- Brain and heart tumors are same cell type as found in humans who use cell phones long term.



BioInitiative 2012

A Rationale for Biologically-based Exposure Standards
for Low-Intensity Electromagnetic Radiation



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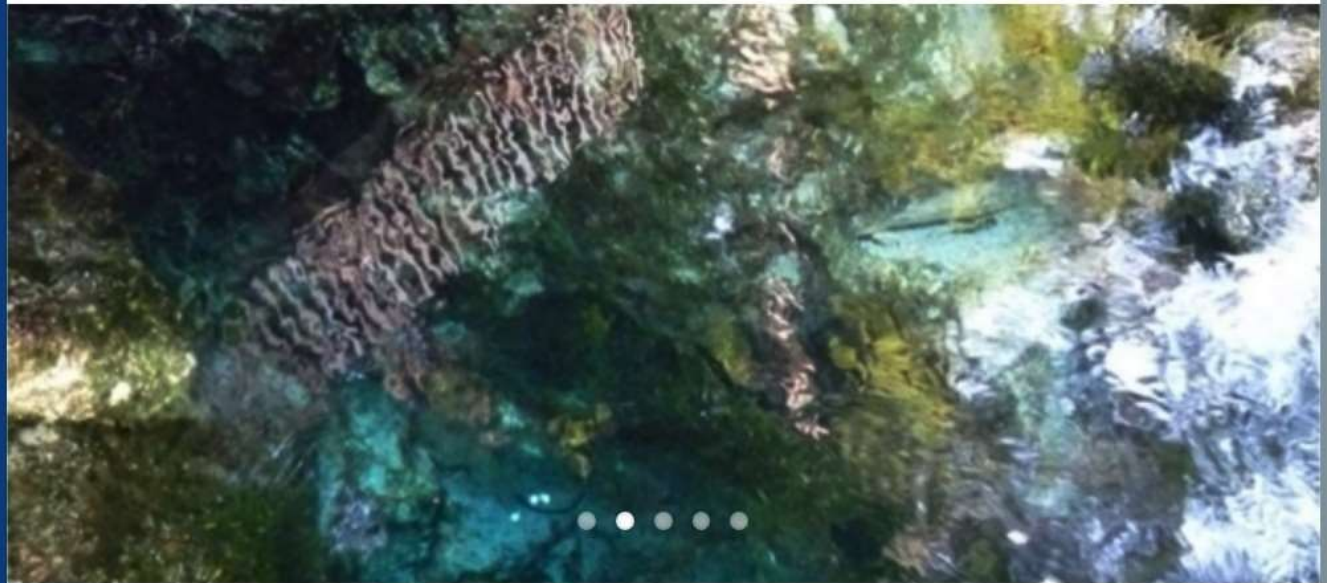
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THE BIOINITIATIVE REPORT 2012





BioInitiative 2012

A Rationale for Biologically-based Exposure Standards
for Low-Intensity Electromagnetic Radiation



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BIOINITIATIVE 2012 – CONCLUSIONS Table 1-1

Overall, these 1800 or so new studies report abnormal gene transcription (Section 5); genotoxicity and single-and double-strand DNA damage (Section 6); stress proteins because of the fractal RF-antenna like nature of DNA (Section 7); chromatin condensation and loss of DNA repair capacity in human stem cells (Sections 6 and 15); reduction in free-radical scavengers – particularly melatonin (Sections 5, 9, 13, 14, 15, 16 and 17); neurotoxicity in humans and animals (Section 9), carcinogenicity in humans (Sections 11, 12, 13, 14, 15, 16 and 17); serious impacts on human and animal sperm morphology and function (Section 18); effects on offspring behavior (Section 18, 19 and 20); and effects on brain and cranial bone development in the offspring of animals that are exposed to cell phone radiation during pregnancy (Sections 5 and 18). This is only a snapshot of the evidence presented in the BioInitiative 2012 updated report.

BIOEFFECTS ARE CLEARLY ESTABLISHED

Bioeffects are clearly established and occur at very low levels of exposure to electromagnetic fields and radiofrequency radiation. Bioeffects can occur in the first few minutes at levels associated with cell and



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THE BLOOD-BRAIN BARRIER IS AT RISK

*The BBB is a protective barrier that prevents the flow of toxins into sensitive brain tissue. Increased permeability of the BBB caused by cell phone RFR may result in neuronal damage. Many research studies show that very low intensity exposures to RFR can affect the blood-brain barrier (BBB) (mostly animal studies). Summing up the research, it is more probable than unlikely that non-thermal EMF from cell phones and base stations do have effects upon biology. A single 2-hr exposure to cell phone radiation can result in increased leakage of the BBB, and 50 days after exposure, neuronal damage can be seen, and at the later time point also albumin leakage is demonstrated. The levels of RFR needed to affect the BBB have been shown to be as low as 0.001 W/kg, or less than holding a mobile phone at arm's length. The US FCC standard is 1.6 W/kg; the ICNIRP standard is 2 W/kg of energy (SAR) into brain tissue from cell/cordless phone use. Thus, BBB effects occur at about 1000 times lower RFR exposure levels than the US and ICNIRP limits allow. (Salford, 2012 – Section 10) **9000 -10,000 uW/m2***

If the blood-brain barrier is vulnerable to serious and on-going damage from wireless exposures, then we should perhaps also be looking at the blood-ocular barrier (that protects the eyes), the blood-placenta barrier (that protects the developing fetus) and the blood-gut barrier (that protects proper digestion and nutrition), and the blood-testes barrier (that protects developing sperm) to see if they too can be damaged by RFR.

EPIDEMIOLOGICAL STUDIES CONSISTENTLY SHOW ELEVATIONS IN RISK OF BRAIN CANCERS

Brain Tumors: There is a consistent pattern of increased risk of glioma and acoustic neuroma associated with use of mobile phones and cordless phones.

“Based on epidemiological studies there is a consistent pattern of increased risk for glioma and acoustic neuroma associated with use of mobile phones and cordless phones. The evidence comes mainly from two study centres, the Hardell group in Sweden and the Interphone Study Group. No consistent pattern of an increased risk is seen for meningioma. A systematic bias in the studies that explains the results would also have been the case for meningioma. The different risk pattern for tumor type strengthens the findings regarding glioma and acoustic neuroma. Meta-analyses of the Hardell group and Interphone studies show an increased risk for glioma and acoustic neuroma. Supportive evidence



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Based on our own research and review of other evidence the existing FCC/IEE and ICNIRP public safety limits and reference levels are not adequate to protect public health. New public health standards and limits are needed.

EVIDENCE FOR GENETIC EFFECTS

Eighty six (86) new papers on **genotoxic effects of RFR** published between 2007 and mid-2012 are profiled. Of these, 54 (63%) showed effects and 32 (37%) showed no effects.

Forty three (43) new ELF-EMF papers and two static magnetic field papers that report on **genotoxic effects of ELF-EMF** published between 2007 and mid-2012 are profiled. Of these, 35 (81%) show effects and 8 (19%) show no effect.

EVIDENCE FOR NEUROLOGICAL EFFECTS

One hundred fifty five (155) new papers that report on neurological effects of RFR published between 2007 and mid-2012 are profiled. Of these, 98 (63%) showed effects and 57 (37%) showed no effects.

Sixty nine (69) new ELF-EMF papers (including two static field papers) that report on genotoxic effects of ELF-EMF published between 2007 and mid-2012 are profiled. Of these, 64 (93%) show effects and 5 (7%) show no effect.

EVIDENCE FOR CHILDHOOD CANCERS (LEUKEMIA)

With overall 42 epidemiological studies published to date power frequency EMFs are among the most comprehensively studied environmental factors. Except ionizing radiation no other environmental factor has been as firmly established to increase the risk of childhood leukemia.

Sufficient evidence from epidemiological studies of an increased risk from exposure to EMF (power frequency magnetic fields) that cannot be attributed to chance, bias or confounding. Therefore, according to the rules of IARC such exposures can be classified as a

Group 1 carcinogen (Known Carcinogen).

There is no other risk factor identified so far for which such unlikely conditions have been put forward to



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studies since 2007, researchers report headaches, concentration difficulties and behavioral problems in children and adolescents; and sleep disturbances, headaches and concentration problems in adults.

MELATONIN, BREAST CANCER AND ALZHEIMER'S DISEASE

MELATONIN AND BREAST CANCER

Conclusion: Eleven (11) of the 13 published epidemiologic residential and occupational studies are considered to provide (positive) evidence that high ELF MF exposure can result in decreased melatonin production. The two negative studies had important deficiencies that may certainly have biased the results. There is sufficient evidence to conclude that long-term relatively high ELF MF exposure can result in a decrease in melatonin production. It has not been determined to what extent personal characteristics, e.g., medications, interact with ELF MF exposure in decreasing melatonin production

Conclusion: New research indicates that ELF MF exposure, in vitro, can significantly decrease melatonin activity through effects on MT1, an important melatonin receptor.

ALZHEIMER'S DISEASE

There is strong epidemiologic evidence that exposure to ELF MF is a risk factor for AD. There are now twelve (12) studies of ELF MF exposure and AD or dementia which . Nine (9) of these studies are considered positive and three (3) are considered negative. The three negative studies have serious deficiencies in ELF MF exposure classification that results in subjects with rather low exposure being considered as having significant exposure. There are insufficient studies to formulate an opinion as to whether radiofrequency MF exposure is a risk or protective factor for AD.

There is now evidence that (i) high levels of peripheral amyloid beta are a risk factor for AD and (ii) medium to high ELF MF exposure can increase peripheral amyloid beta. High brain levels of amyloid beta are also a risk factor for AD and medium to high ELF MF exposure to brain cells likely also increases these cells' production of amyloid beta.

There is considerable in vitro and animal evidence that melatonin protects against AD. Therefore it is certainly possible that low levels of melatonin production are associated with an increase in the risk of AD.

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Safety standards based on heating are irrelevant to protect against EMF-levels of exposure. There is an urgent need to revise EMF exposure standards. Research has shown thresholds are very low (safety standards must be reduced to limit biological responses). Biologically-based EMF safety standards could be developed from the research on the stress response.

EVIDENCE FOR DISRUPTION OF THE MODULATING SIGNAL HUMAN STEM CELL DNA DOES NOT ADAPT OR REPAIR

Human stem cells do not adapt to chronic exposures to non-thermal microwave (cannot repair damaged DNA), and damage to DNA in genes in other cells generally do not repair as efficiently.

Non-thermal effects of microwaves depend on variety of biological and physical parameters that should be taken into account in setting the safety standards. Emerging evidence suggests that the SAR concept, which has been widely adopted for safety standards, is not useful alone for the evaluation of health risks from non-thermal microwave of mobile communication. Other parameters of exposure, such as frequency, modulation, duration, and dose should be taken into account. Lower intensities are not always less harmful; they may be more harmful. Intensity windows exist, where bioeffects are much more powerful.

A linear, dose-response relationship test is probably invalid for testing of RFR and EMF (as is done in chemicals testing for toxicity).

Resonant frequencies may result in biological effects at very low intensities comparable to base station (cell tower) and other microwave sources used in mobile communications.

These exposures can cause health risk. The current safety standards are insufficient to protect from non-thermal microwave effects.

The data about the effects of microwave at super-low intensities and significant role of duration of exposure in these effects along with the data showing that adverse effects of non-thermal microwave from gsm/UMTS mobile phones depend on carrier frequency and type of the microwave signal suggest that microwave from base-stations/masts, wireless routers, WI-FI and other wireless devices and exposures in common use today can also produce adverse effects at prolonged durations of exposure.



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LOW EXPOSURE LEVELS ARE ASSOCIATED WITH BIOEFFECTS AND ADVERSE HEALTH EFFECTS AT CELL TOWER RFR EXPOSURE LEVELS

3 - 50 uW/m²

At least five new cell tower studies are reporting bioeffects in the range of 0.003 to 0.05 μ W/cm² at lower levels than reported in 2007 (0.05 to 0.1 uW/cm² was the range below which, in 2007, effects were not observed). Researchers report headaches, concentration difficulties and behavioral problems in children and adolescents; and sleep disturbances, headaches and concentration problems in adults. Public safety standards are 1,000 – 10,000 or more times higher than levels now commonly reported in mobile phone base station studies to cause bioeffects.

EVIDENCE FOR FERTILITY AND REPRODUCTION EFFECTS: HUMAN SPERM AND THEIR DNA ARE DAMAGED

0.34 - 70 uW/m²

Human sperm are damaged by cell phone radiation at very low intensities in the low microwatt and nanowatt/cm² range (0.00034 – 0.07 uW/cm²). There is a veritable flood of new studies reporting sperm damage in humans and animals, leading to substantial concerns for fertility, reproduction and health of the offspring (unrepaired de novo mutations in sperm). Exposure levels are similar to those resulting from wearing a cell phone on the belt, or in the pants pocket, or using a wireless laptop computer on the lap. Sperm lack the ability to repair DNA damage.

Studies of human sperm show genetic (DNA) damage from cell phones on standby mode and wireless laptop use. Impaired sperm quality, motility and viability occur at exposures of 0.00034 uW/cm² to 0.07 uW/cm² with a resultant reduction in human male fertility. Sperm cannot repair DNA damage.

Several international laboratories have replicated studies showing adverse effects on sperm quality, motility and pathology in men who use and particularly those who wear a cell phone, PDA or pager on their belt or in a pocket (Agarwal et al, 2008; Agarwal et al, 2009; Wdowiak et al, 2007; De luliis et al, 2009; Fejes et al, 2005; Aitken et al, 2005; Kumar, 2012). Other studies conclude that usage of cell phones, exposure to cell phone radiation, or storage of a mobile phone close to the testes of human males affect sperm counts, motility, viability and structure (Aitken et al, 2004; Agarwal et al, 2007; Eroglu et al., 2006). Animal studies have demonstrated oxidative and DNA damage, pathological changes in the testes of animals, decreased sperm mobility and viability, and other measures of deleterious damage to the male germ line (Dasdag et al, 1999; Yan et al, 2007; Otitoloju et al, 2010; Salama et al, 2008; Behari et al, 2006; Kumar et al, 2012). There are fewer animal studies that have



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The continued rollout of wireless technologies and devices puts global public health at risk from unrestricted wireless commerce unless new, and far lower exposure limits and strong precautionary warnings for their use are implemented.

EMF AND RFR ARE PREVENTABLE TOXIC EXPOSURES

We have the knowledge and means to save global populations from multi-generational adverse health consequences by reducing both ELF and RFR exposures. Proactive and immediate measures to reduce unnecessary EMF exposures will lower disease burden and rates of premature death.

DEFINING A NEW 'EFFECT LEVEL' FOR RFR

1000 uW/m²

On a precautionary public health basis, a reduction from the BioInitiative 2007 recommendation of 0.1 uW/cm² (or one-tenth of a microwatt per square centimeter) for cumulative outdoor RFR down to something three orders of magnitude lower (in the low nanowatt per square centimeter range) is justified.

A scientific benchmark of 0.003 uW/cm² or three nanowatts per centimeter squared for 'lowest observed effect level' for RFR is based on mobile phone base station-level studies. Applying a ten-fold reduction to compensate for the lack of long-term exposure (to provide a safety buffer for chronic exposure, if needed) or for children as a sensitive subpopulation yields a 300 to 600 picowatts per square centimeter precautionary action level. This equates to a 0.3 nanowatts to 0.6 nanowatts per square centimeter as a reasonable, precautionary action level for chronic exposure to pulsed RFR. These levels may need to change in the future, as new and better studies are completed. We leave room for future studies that may lower or raise today's observed 'effects levels' and should be prepared to accept new information as a guide for new precautionary actions.

3 - 6 uW/m²

EXAMPLES OF HARM FROM THE BIOINITIATIVE REPORT AT LEVELS WAY BELOW

Power Density (Microwatts/centimeter ² - uW/cm ²)	X 10,000 for uW/m ²	Reference
As low as (10 ⁻¹³) or 100 femtowatts/cm ²	Super-low intensity RFR effects at MW resonant frequencies resulted in changes in genes; problems with chromatin conformation (DNA)	Belyaev, 1997
5 picowatts/cm ² (10 ⁻¹²)	Changed growth rates in yeast cells	Grundler, 1992
0.1 nanowatt/cm ² (10 ⁻¹⁰) or 100 picowatts/cm ²	Super-low intensity RFR effects at MW resonant frequencies resulted in changes in genes; problems with chromatin condensation (DNA) intensities comparable to base stations	Belyaev, 1997
0.00034 uW/cm ²	Chronic exposure to mobile phone pulsed RF significantly reduced sperm count,	Behari, 2006
0.0005 uW/cm ²	RFR decreased cell proliferation at 960 MHz GSM 217 Hz for 30-min exposure	Velizarov, 1999
0.0006 - 0.0128 uW/cm ²	Fatigue, depressive tendency, sleeping disorders, concentration difficulties, cardio-vascular problems reported with exposure to GSM 900/1800 MHz cell phone signal at base station level exposures.	Oberfeld, 2004
0.003 - 0.02 uW/cm ²	In children and adolescents (8-17 yrs) short-term exposure caused headache, irritation, concentration difficulties in school.	Heinrich, 2010
0.003 to 0.05 uW/cm ²	In children and adolescents (8-17 yrs) short-term exposure caused conduct problems in school (behavioral problems)	Thomas, 2010
0.005 uW/cm ²	In adults (30-60 yrs) chronic exposure caused sleep disturbances, (but not significantly increased across the entire population)	Mohler, 2010
0.005 - 0.04 uW/cm ²	Adults exposed to short-term cell phone radiation reported headaches, concentration difficulties (differences not significant, but elevated)	Thomas, 2008
0.006 - 0.01 uW/cm ²	Chronic exposure to base station RF (whole-body) in humans showed increased stress hormones; dopamine levels substantially decreased; higher levels of adrenaline and nor-adrenaline; dose-response seen; produced chronic physiological stress in cells even after 1.5 years.	Buchner, 2012
0.01 - 0.11 uW/cm ²	RFR from cell towers caused fatigue, headaches, sleeping problems	Navarro, 2003

Power Density (Microwatts/centimeter ² - uW/cm ²)	X 10,000 for uW/m ²	Reference
0.01 - 0.05 uW/cm ²	Adults (18-91 yrs) with short-term exposure to GSM cell phone radiation reported headache, neurological problems, sleep and concentration problems.	Hutter, 2006
0.005 - 0.04 uW/cm ²	Adults exposed to short-term cell phone radiation reported headaches, concentration difficulties (differences not significant, but elevated)	Thomas, 2008
0.015 - 0.21 uW/cm ²	Adults exposed to short-term GSM 900 radiation reported changes in mental state (e.g., calmness) but limitations of study on language descriptors prevented refined word choices (stupified, zoned-out)	Augner, 2009
0.05 - 0.1 uW/cm ²	RFR linked to adverse neurological, cardio symptoms and cancer risk	Khurana, 2010
0.05 - 0.1 uW/cm ²	RFR related to headache, concentration and sleeping problems, fatigue	Kundi, 2009
0.07 - 0.1 uW/cm ²	Sperm head abnormalities in mice exposed for 6-months to base station level RF/MW. Sperm head abnormalities occurred in 39% to 46% exposed mice (only 2% in controls) abnormalities was also found to be dose dependent. The implications of the pin-head and banana-shaped sperm head. The occurrence of sperm head observed increase occurrence of sperm head abnormalities on the reproductive health of humans living in close proximity to GSM base stations were discussed."	Otitoju, 2010
0.38 uW/cm ²	RFR affected calcium metabolism in heart cells	Schwartz, 1990
0.8 - 10 uW/cm ²	RFR caused emotional behavior changes, free-radical damage by super-weak MWs	Akoev, 2002
0.13 uW/cm ²	RFR from 3G cell towers decreased cognition, well-being	Zwamborn, 2003
0.16 uW/cm ²	Motor function, memory and attention of school children affected (Latvia)	Kolodynski, 1996
0.168 - 1.053 uW/cm ²	Irreversible infertility in mice after 5 generations of exposure to RFR from an 'antenna park'	Magras & Zenos, 1997
0.2 - 8 uW/cm ²	RFR caused a two-fold increase in leukemia in children	Hocking, 1996
0.2 - 8 uW/cm ²	RFR decreased survival in children with leukemia	Hocking, 2000
0.21 - 1.28 uW/cm ²	Adolescents and adults exposed only 45 min to UMTS cell phone radiation reported increases In headaches.	Riddervold, 2008

Power Density (Microwatts/centimeter ² - uW/cm ²)	X 10,000 for uW/m ²	Reference
0.5 uW/cm ²	Significant degeneration of seminiferous epithelium in mice at 2.45 GHz, 30-40 min.	Saunders, 1981
0.5 - 1.0 uW/cm ²	Wi-Fi level laptop exposure for 4-hr resulted in decrease in sperm viability, DNA fragmentation with sperm samples placed in petri dishes under a laptop connected via WI-FI to the internet.	Avendano, 2012
1.0 uW/cm ²	RFR induced pathological leakage of the blood-brain barrier	Persson, 1997
1.0 uW/cm ²	RFR caused significant effect on immune function in mice	Fesenko, 1999
1.0 uW/cm ²	RFR affected function of the immune system	Novoselova, 1999
1.0 uW/cm ²	Short-term (50 min) exposure in electrosensitive patients, caused loss of well-being after GSM and especially UMTS cell phone radiation exposure	Eltiti, 2007
1.3 - 5.7 uW/cm ²	RFR associated with a doubling of leukemia in adults	Dolk, 1997
1.25 uW/cm ²	RFR exposure affected kidney development in rats (in-utero exposure)	Pyrpasopoulou, 2004
1.5 uW/cm ²	RFR reduced memory function in rats	Nittby, 2007
2 uW/cm ²	RFR induced double-strand DNA damage in rat brain cells	Kesari, 2008
2.5 uW/cm ²	RFR affected calcium concentrations in heart muscle cells	Wolke, 1996
2 - 4 uW/cm ²	Altered cell membranes; acetylcholine-induced ion channel disruption	D'Inzeo, 1988
4 uW/cm ²	RFR caused changes in hippocampus (brain memory and learning)	Tattersall, 2001
4 - 15 uW/cm ²	Memory impairment, slowed motor skills and retarded learning in children	Chiang, 1989
5 uW/cm ²	RFR caused drop in NK lymphocytes (immune function decreased)	Boscolo, 2001
5.25 uW/cm ²	20 minutes of RFR at cell tower frequencies induced cell stress response	Kwee, 2001
5 - 10 uW/cm ²	RFR caused impaired nervous system activity	Dumansky, 1974
6 uW/cm ²	RFR induced DNA damage in cells	Phillips, 1998

Power Density (Microwatts/centimeter ² - uW/cm ²)	X 10,000 for uW/m ²	Reference
8.75 uW/cm ²	RFR at 900 MHz for 2-12 hours caused DNA breaks in leukemia cells	Marinelli, 2004
10 uW/cm ²	Changes in behavior (avoidance) after 0.5 hour exposure to pulsed RFR	Navakatikian, 1994
10 - 100 uW/cm ²	Increased risk in radar operators of cancer; very short latency period; dose response to exposure level of RFR reported.	Richter, 2000
12.5 uW/cm ²	RFR caused calcium efflux in cells - can affect many critical cell functions	Dutta, 1989
13.5 uW/cm ²	RFR affected human lymphocytes - induced stress response in cells	Sarimov, 2004
20 uW/cm ²	Increase in serum cortisol (a stress hormone)	Mann, 1998
28.2 uW/cm ²	RFR increased free radical production in rat cells	Yurekli, 2006
37.5 uW/cm ²	Immune system effects - elevation of PFC count (antibody producing cells)	Veyret, 1991
45 uW/cm ²	Pulsed RFR affected serum testosterone levels in mice	Forgacs, 2006
50 uW/cm ²	Cell phone RFR caused a pathological leakage of the blood-brain barrier in 1 hour	Salford, 2003
50 uW/cm ²	An 18% reduction in REM sleep (important to memory and learning functions)	Mann, 1996
60 uW/cm ²	RFR caused structural changes in cells of mouse embryos	Somozy, 1991
60 uW/cm ²	Pulsed RFR affected immune function in white blood cells	Stankiewicz, 2006
60 uW/cm ²	Cortex of the brain was activated by 15 minutes of 902 MHz cell phone	Lebedeva, 2000
65 uW/cm ²	RFR affected genes related to cancer	Ivaschuk, 1999
92.5 uW/cm ²	RFR caused genetic changes in human white blood cells	Belyaev, 2005
100 uW/cm ²	Changes in immune function	Elekes, 1996
100 uW/cm ²	A 24.3% drop in testosterone after 6 hours of CW RFR exposure	Navakatikian, 1994
120 uW/cm ²	A pathological leakage in the blood-brain barrier with 915 MHz cell RF	Salford, 1994

1000 uW/sqm – The (old) threshold of safety (Bioinitiative 2007, Building Biology)



Physicians for Safe Technology

Note: Building Biologists Extreme Concern for Long Term Exposure

- $0.614 \text{ V/m} = 614 \text{ mV/m} = 1000 \text{ } \mu\text{W/m}^2 = 0.1 \text{ } \mu\text{W/cm}^2$

Note: [Bioinitiative Limit](#) for No Observable Effects

- $0.019,4 \text{ V/m} = 19.4 \text{ mV/m} = 3-6 \text{ } \mu\text{W/m}^2 = 0.0003-0.0006 \text{ } \mu\text{W/cm}^2$

Building Biology Precautionary [Guidelines](#) (2015) for Sleeping Areas

Power density	No Concern	Slight Concern	Severe Concern	Extreme Concern
microWatts per square meter $\mu\text{W/m}^2$	< 0.1	0.1 - 10	10 - 1000	> 1000
microWatts per square cm $\mu\text{W/cm}^2$	< 0.000,01	0.000,01 - 0.001	0.001 - 0.1	> 0.1
milliWatts per square meter mW/m^2	<0.000,1	0.000,1 - 0.01	0.01 - 1	> 1
Signal strength				
Volts per meter V/m	< 0.006,14	0.006,14 – 0.061,4	0.061,4 – 0.614	> 0.614

Powerwatch.com - International EMF Guidelines

powerwatch.org.uk/science/intguidance.asp



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Other bookmarks Reading list

1800 MHz Public Exposure Guidelines	PFD $\mu\text{W}/\text{m}^2$	Equivalent V/m	c.f. speed m.p.h.
FCC (USA) OET-65	10,000,000	61	3000
ICNIRP (1998), WHO	9,000,000	58	2847
Belgium (excluding Wallonia)	1,115,000	21	1002
Italy (sum of frequencies)	100,000	6	300
Russia, PRChina	100,000	6	300
Switzerland, Lichtenstein, Luxembourg	95,000	6	292
Belgium Wallonia	24,000	3	147
Typical 100m from a base station (0.2 to 6 V/m)	10,000	1.9	95
Vienna (sum GSM)	10,000	1.9	95
Italy (single frequency)	1,000	0.6	30
Salzburg 1998 (sum GSM)	1,000	0.6	30
EU-Parl, GD Wissenschaft, STOA GSM (2001)	100	0.2	9
Median level, 15 US cities 1977 (mainly VHF & TV)	48	0.14	7
Salzburg GSM/3G outside houses (2002)	10	0.06	3
Salzburg GSM/3G inside houses (2002)	1	0.02	1
Burgerforum BRD proposal, waking areas (1999)	1	0.02	1
Burgerforum BRD proposal, sleeping areas (1999)	0.01	0.002	0.1
Mobile phone handsets can work down to about	0.000002	0.00003	0.0015
Natural background level (all RF frequencies)	0.000001	0.00002	0.001
Cosmic background at 1800 MHz average approx	0.00000000001	0.00000006	0.000003

Note that it is very rare indeed for broadcast radio signals to exceed 1 V/m inside residences, with VHF/UHF ones rarely exceeding 0.05 V/m, being typically less than 0.01 V/m.

Mobile phones can work down to less than 0.00003 V/m.

Recommended Wireless Energy Exposure Levels

Measured in RF Units of	Volts per meter	Microwatts per centimeter squared
Abbreviation	V/m	$\mu\text{W}/\text{cm}^2$
FCC Safety Level (Thermal)	61.4	1,000
August Advises Please Don't Exceed This Level <i>LESS IS BEST</i>	0.98	0.5
Biointiative Report from 2007	0.61	0.1
Building Biology-Sleeping Area Recco for Severe Concern	0.061	0.001
Biointiative Report from 2012	0.034	0.0003
Austrian Med Assoc. Recco's for EHS patients 4 hrs/day reg exposure	0.020 or less	0.0001 or less

BIOINITIATIVE REPORT RECOMMENDS A SAFETY LEVEL of 0.194 V/m in public spaces after examining 2000 peer reviewed papers!

X 10,000 for $\mu\text{W}/\text{m}^2$

10,000,000

5,000

1,000

100

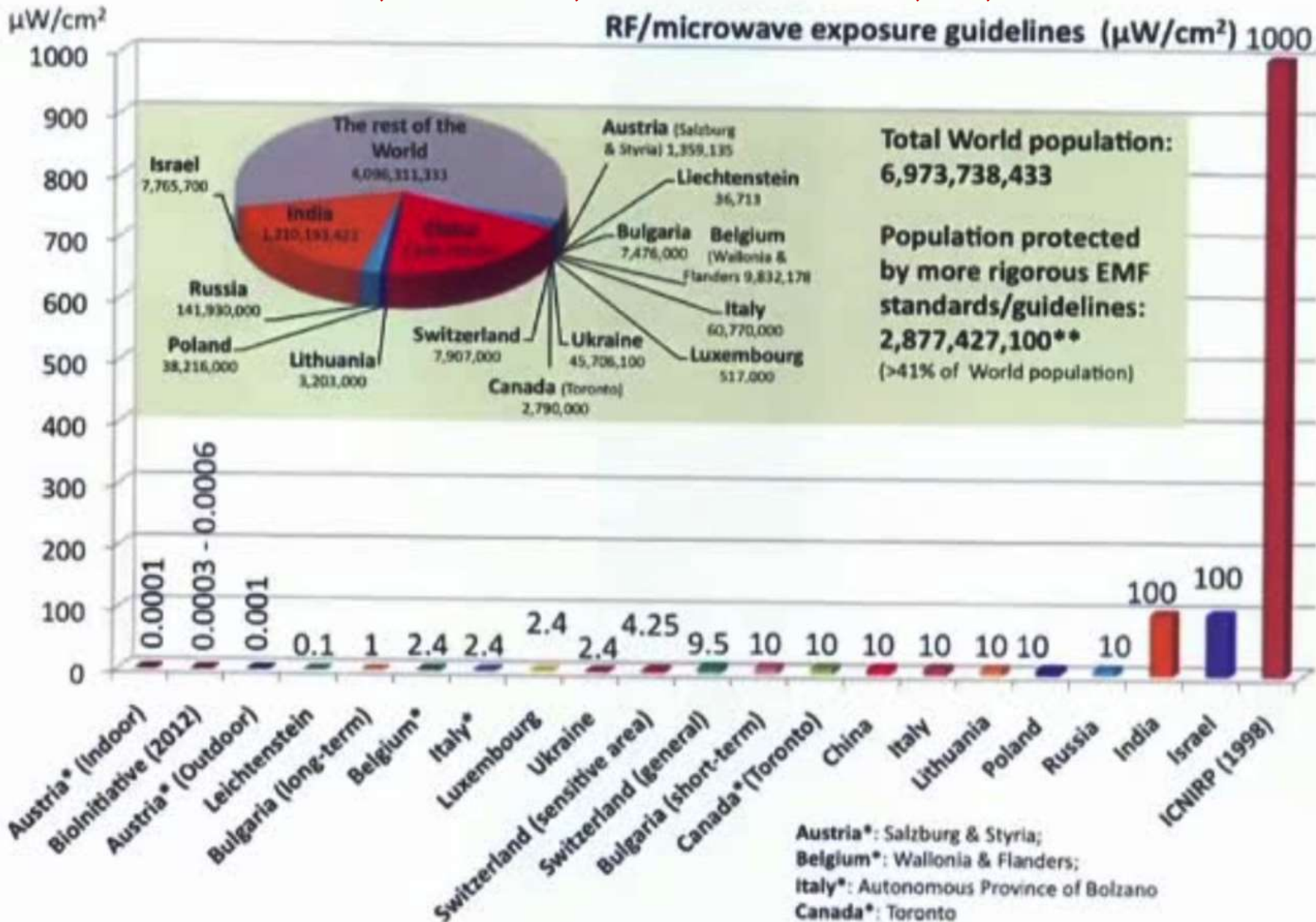
3

1



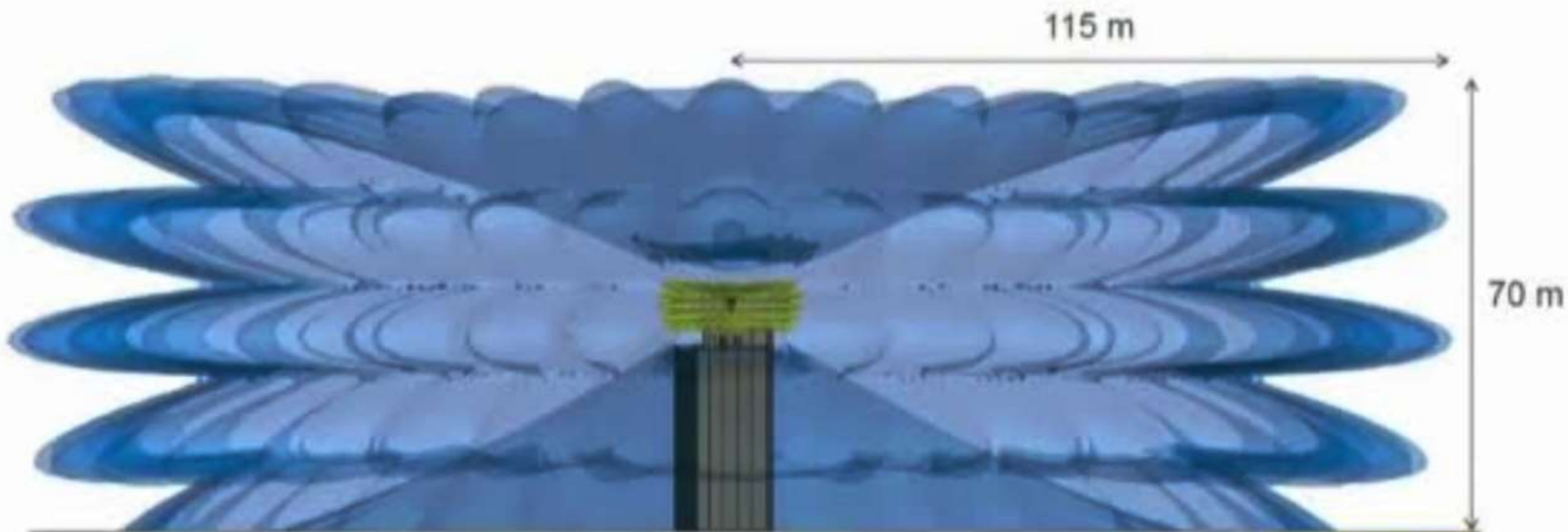
Differences between countries show clearly NO scientific consensus.

10 $\mu\text{W}/\text{cm}^2 = 100,000 \text{ uW}/\text{m}^2$; 1000 $\mu\text{W}/\text{cm}^2 = 10,000,000 \text{ uW}/\text{m}^2$



Exclusion zone makes 5G impossible in countries with lower guidelines; 0.1 W/m² gives 115 m exclusion zone!

$$0.1 \text{ uW/m}^2 = 100,000 \text{ uW/m}^2 = 10 \text{ uW/cm}^2$$



Size of exclusion zone
makes 5G network roll-out
a major problem or impossible

Exclusion zone
10 W/m²
ICNIRP limit

Exclusion zone
0.1 W/m²
1/100 of ICNIRP limit

THE UK AND SCOTTISH
GOVERNMENTS &
COUNCILS ACCEPT
REGULATORY STANDARDS
SET BY

I.C.N.I.R.P.

INTERNATIONAL
COMMISSION ON NON-
IONISING RADIATION
PROTECTION

A private
organisation
in

Germany
An N.G.O.



Supported by the
World Health
Organisation
(W.H.O.) sub
Group I.A.R.C.

Ref: unitefortruth.online/wifi%2F-5g-issues

REVOLVING DOOR OF NGO - GOVT AUTHORITIES EUROPE

SCHEER 2022
H. Danker-Hopfe
T. Samaras
O. Zeni
C. Dasenbrock

SCENIHR 2015
H. Danker-Hopfe
T. Samaras
O. Zeni

SSM 2016-2021
H. Danker-Hopfe
C. Dasenbrock
E. Van Rongen
M. Rösli

**EU
SCHEER
SCENIHR**

**SSM
SE**

ICNIRP

ICNIRP 2020
E. Van Rongen (chair)
M. Feychting (vice chair)
M. Rösli

WHO

WHO 2014
E. Van Rongen
M. Feychting
O. Zeni
M. Rösli

**Health
Council
NL**

HCNL 2020
E. Van Rongen

Strål säkerhets myndigheten
Swedish Radiation Safety Authority

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Make Sweden and the world safer – at one of the country's most important jobs

Radiation safety is more relevant than ever. We grow as an authority and need you. Join and protect people from unwanted effects of radiation.

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Public Health

Home > Scientific Committees > Former Scientific Committees > SCENIHR 2015-2016

Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR)

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- Membership
- Mandates
- Opinions and statements
- Opinions in plain language
- Meetings
- Procedures

The Committee provides opinions on emerging or newly-identified health and environmental risks and on broad, complex or multidisciplinary issues requiring a comprehensive assessment of risks to consumer safety or public health and related issues not covered by other Community risk assessment bodies.

Potential areas of activity include:

- antimicrobial resistance
- new technologies (e.g. nanotechnologies)
- medical devices including those incorporating substances of animal/human origin
- physical hazards (e.g. noise, electromagnetic fields)
- issue engineering

Critique of SCHEER Opinion Report on Health Risks from Radiofrequency Radiation

A review of the EU expert group and opinion of August 2022 on the need of a revision of the maximum exposure limits for radiation from wireless communications

The SCENIHR Opinion concluded that there were no adverse effects on reproduction and development from RF fields at non-thermal exposure levels. Human studies on child development and behavioural problems presented conflicting results and methodological limitations.



European Commission

https://health.ec.europa.eu/files/scheer_o_044

SCHEER Opinion on EMF - Language selection | Public Health



Summary of the report prepared by

The Council for Safe Telecommunications (Denmark)
and
The Swedish Radiation Protection Foundation

Copenhagen and Stockholm, March 31st, 2023

Summary

Highlights

- The vast majority of field experts agree that the ICNIRP 1998 limits recommended by EU allow exposure to harmful levels of radiation and that they must be stricter.
- Harmful effects from wireless technology radiation below the ICNIRP limits are clearly established by science.
- The EU Commission scientific advisory group (SCHEER) advises positively on adoption of new ICNIRP 2020 exposure limits allowing even more harmful RF radiation exposure.
- The SCHEER Opinion is biased and appear to be designed to find no risks and to greenlight the adoption of exposure limits that benefits industry.
- SCHEER working group members belong to a small self-referencing circle of no-risk pro-ICNIRP advocates, with ties to telecoms industry.
- The SCHEER panel do not meet the basic requirement for risk assessors: The demand for excellence and absence of economic or political ties.
- The SCHEER methodology for assessing the scientific evidence is insufficient, severely biased, and unscientific. A central thread throughout SCHEER report is the manufacture of doubt about harmful effects instead of an objective assessment of the science.
- SCHEER report overlaps risk assessment and risk management - a no-go in public health.
- There is an urgent need for complete re-evaluation of the science.
- The proper EU body to undertake such a risk analysis is the European Environmental Agency.

Context

The EU Commission scientific advisory group, SCHEER, has released a draft opinion report¹ on the possible risks from exposure to wireless technology like 5G, 4G, cellphones, Wi-Fi etc. The SCHEER Opinion published in August 2022 advises positively on the adoption of the ICNIRP 2020 limits, in stark contrast to the opinion of the majority of field experts, concluding that ICNIRP limits are far too

Symptoms of Microwave Illness

<https://www.microwavedvets.com>

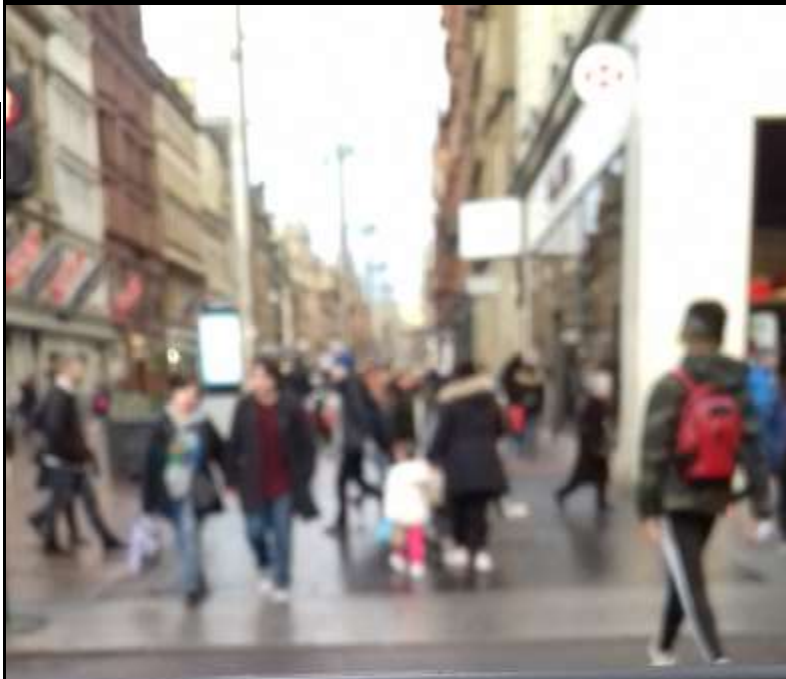
Headaches	Difficulty Concentrating	Tinnitus
Dizziness	Memory Loss	Hearing Loss
Nausea	Brain Damage	Irregular Sleep Pattern
Skin Rash	Mood Disorder	Insomnia
Itchy Skin	Personality Disorder	Chronic Fatigue
Burning Skin Sensation	Increased Irritability	Deteriorating Vision
Tingling Sensation	Decreasing Trust in People	Pressure in/behind eyes
Tremors	Depression	Eye Damage
Muscle Spasms	Anxiety	Cataracts
Muscle and Joint Pain	ADHD/ADD	Immune Abnormalities
Restless Leg Syndrome	Digestive Issues	Altered Sugar Metabolism
Foot Issues	Abdominal Pain	Asthma Attacks
Low/High Pressure	Enlarged Thyroid	Bronchitis
Facial Flushing	Hair Loss	Pneumonia
Dehydration	Testicular/Ovarian Pain Low	Inflamed Sinuses
Body Metals Redistribution	Sperm Motility	Chest Pain/Pressure
Leukemia	Miscarriage	Heart Arrhythmia
Lymphoma	Electromagnetic Sensitivity	Heart Palpitations

Edinburgh – Waverly train station area (2022)



EDINBURGH – WAVERLY TRAIN STATION AREA – PRINCESS STREET





Glasgow

Argyle Street





Glasgow
East area



EMFields

Acoustimeter

(>6.0) 5.18 V/m
Avg 8254 $\mu\text{W}/\text{m}^2$

PEAK
V/m

6.00
4.50
3.00
2.00
1.50

AVERAGE
 $\mu\text{W}/\text{m}^2$

10000
5000
2500
1000
500

EMFields

Acoustimeter

(>6.0) >6.0 V/m
Avg: 15942 $\mu\text{W}/\text{m}^2$

PEAK
V/m

6.00
4.50
3.00
2.00
1.50
1.00
0.70
0.50
0.30

AVERAGE
 $\mu\text{W}/\text{m}^2$

10000
5000
2500
1000
500

OLD STANDARDS OF SAFETY FOR MICROWAVE RADIATION

https://ntrs.nasa.gov/search.jsp?R=19810017132-2018-03-15ST01:10.3h+00.002

NASA CR-166,661

NASA-CR-166661

19810017132

NASA CR 166661



ELECTROMAGNETIC FIELD INTERACTIONS WITH THE HUMAN BODY: OBSERVED EFFECTS AND THEORIES

NASA Purchase Order No. S-751518

APRIL 1981

Country, author	Frequency (Mhz)	Maximum permissible intensity	Remarks
USA: Ely, T.S., Goldman, D. (1957)	<u>3000</u>	100 mW/cm ² 150 mW/cm ² 5 mW/cm ²	Whole body 10 uW/m² Eyes 15 Testes 0.5
USA: U.S. Army (1958)	All	10 mW/cm ²	-
USA: Schwan, H.P. and Li, K. (1956)	1000 <u>1000-3000</u> <u>3000</u>	30 mW/cm ² 10 mW/cm ² 20 mW/cm ²	Whole body 1 - 3 uW/m² Whole body Whole body
USA: General Electric	700	1 mW/cm ²	-
USA: Bell Tele- phone Labs. (1956)	750-30 000	1 mW/cm ²	-
USA: Mumford, W.W. (1956)	-	0.1 mW/cm ²	-
NATO (1956)	-	0.5 mW/cm ²	-
Sweden	87 87	222 V/m 25 V/m	- -
Britain	300	0.01 mW/cm ²	-
West Germany (1962)	-	10 mW/cm ²	-
USSR (1965)	0.1-1.5 1.5-30 30-300 <u>> 300</u>	20 V/m 5 A/m 20 V/m 5 V/m 0.01 mW/cm ² 0.1 mW/cm ² 1 mW/cm ²	6 hr daily 0.1 -0.001 2 hr daily 15 min daily uW/m² Entire workday 2-3 hr daily 15-20 min daily
Poland (1961)	<u>> 300</u>	0.01 mW/cm ² 0.1 mW/cm ² 1 mW/cm ²	Cw operation 8*hr 0.001 <u>Pulsed op'n daily uW/m²</u>
Czechoslovakia (1965)	<u>> 300</u> 0.01-300	0.025 mW/cm ² 0.01 mW/cm ² 10 V/m	Every 6 min
USA (1966)	10-100 000	1 (mW/cm ²)hr	Every 6 min 0.1 uW/m²
Canada (1966)	10-100 000	1 (mW/cm ²)hr	

*For shorter exposure, see Figs. 39 and 40. (See also Appendix.)

TABLE 4. EXPOSURE STANDARDS FOR ELECTROMAGNETIC RADIATION (FROM MARHA & TUHA, 1971).

<https://img1.wsimg.com/blobby/g0/71801b8c-fda3-43cc-86e2-e2e50ff2f191/downloads/NASA%20-%20EMF%20interactions%20with%20human%20body%201981.pdf?ver=1696283958703>

OLD STANDARDS OF SAFETY FOR MICROWAVE RADIATION

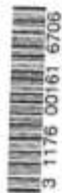
https://ntrs.nasa.gov/search.jsp?R=19810017132-2018-03-15T01:10:30+00:00Z

NASA CR-166661

NASA-CR-166661

19810017132

NASA CR 166661



ELECTROMAGNETIC FIELD
INTERACTIONS WITH THE
HUMAN BODY: OBSERVED
EFFECTS AND THEORIES

NASA Purchase Order No. S-751518

APRIL 1981

Standard	Type	Frequency	Exposure limit	Exposure duration	CW/ pulsed	Antenna Stationary/ Rotating	Remarks			
USSR Government 1977 (299)	Occupational	10-30 MHz	20 V/m	working day	both	both	Military units and establishments of the Ministry of Defence excluded			
		30-50 MHz	10 V/m	working day	both	both				
			0.3 A/m	working day	both	both				
		50-300 MHz	5 V/m	working day	both	both				
		0.01 - 0.1 uW/m ²	0.3-300 GHz	10 $\mu\text{W}/\text{cm}^2$	working day	both		stationary		
				100 $\mu\text{W}/\text{cm}^2$	working day	both		rotating		
	100 $\mu\text{W}/\text{cm}^2$		2 hours	both	stationary					
0.1 uW/m ²		1 mW/cm ²	2 hours	both	rotating					
		1 mW/cm ²	20 min.	both	stationary					
USSR Government 1970 (42)	General public	0.3-300 GHz	1 $\mu\text{W}/\text{cm}^2$	24 hours	both	both	0.0001 uW/m ²			
Czechoslovakia Government 1970 (42)	Occupational	10-30 MHz	50 V/m	working day	both	both	max peak 1 kW/cm ²			
		30-300 MHz	10 V/m	working day	both	both				
		0.3-300 GHz	25 $\mu\text{W}/\text{cm}^2$	working day	cw	both				
			10 $\mu\text{W}/\text{cm}^2$	working day	pulsed	both				
		0.001 uW/m ² pulsed		1.6 mW/cm ²	1 hour	cw		both		
				0.64 mW/cm ²	1 hour	pulsed		both		
General public	General public	30-300 MHz	1 V/m	24 hours	both	both	0.0001 uW/m ² pulsed			
		0.3-300 GHz	2.5 $\mu\text{W}/\text{cm}^2$	24 hours	cw	both				
			1 $\mu\text{W}/\text{cm}^2$	24 hours	pulsed	both				
		30-300 MHz	1 V/m	24 hours	both	both				
		10-30 MHz	2.5 V/m	24 hours	both	both				
		Poland Government 1972 (42, 300)	Occupational	0.3-300 GHz	0.2 mW/cm ²	10 hours		both	stationary	P-power density in W/m ²
0.2-10 mW/cm ²	32/P ² (hours)				both	stationary				
0.02 - 0.1 uW/m ²	1 mW/cm ²			10 hours	both	rotating				
	1-10 mW/cm ²			800/P ² (hours)	both	rotating				
General public	General public			0.3-300 GHz	10 $\mu\text{W}/\text{cm}^2$	24 hours	both	stationary	0.001 uW/m ²	
					0.1 mW/cm ²	24 hours	both	rotating		
Poland Government 1975 proposed (42, 300)	Occupational	10-300 MHz	20 V/m	working day	both	both	E-electric field intensity in V/m			
			20-300 V/m	3200/E ² (hours)	both	both				
General public	General public	10-300 MHz	7 V/m	24 hours	both	both				

TABLE 3. EXPOSURE STANDARDS IN THE USSR, POLAND, AND CZECHOSLOVAKIA (FROM STUCHLY, 1978).

OLD STANDARDS OF SAFETY FOR MICROWAVE RADIATION

https://ntrs.nasa.gov/search.jsp?R=19810017132-2018-03-15T01:10:30+00:00

NASA CR-166,661

NASA-CR-166661

19810017132

NASA CR 166661



ELECTROMAGNETIC FIELD INTERACTIONS WITH THE HUMAN BODY: OBSERVED EFFECTS AND THEORIES

NASA Purchase Order No. S-751518

APRIL 1981

Country, and Type of Standard	Radiation Frequency and Waveform	Maximum Levels	Comments and Conditions
USA (ANSI) Exposure Standard	10 MHz - 100 GHz (all waveforms)	10 mW/cm ² 1 uW/m²	For periods of 0.1 hr or more. Whole and partial body. Reduction in high temperature environments, or for health reasons recommended.
U.S. Army/ Air Force		1 mW.h/cm ² 10 mW/cm ²	Averaged over any 0.1 hr period. Continuous exposure. When power density (S) is in the 10-100 mW/cm ² range, max allowed exposure time is 6000/W ² minutes, where S is expressed in mW/cm ² .
USSR 1976 Industrial Safety Exposure Standard*		100 mW/cm ² 0.1 - 1 mW/cm ² 0.01 - 0.01 uW/m²	No occupancy or protective clothing required. For a 20 min maximum exposure duration. Standard states: "Protective goggles mandatory. Power density must not then exceed 0.1 mW/cm ² for balance of work day". Radiation from adjustable or scanning antennae is allowed at this level for 2 hrs.
		0.001 - 0.01 uW/m²	For a 2 hrs maximum duration (then 10 μW/cm ² for balance of work day). Required limit for a 'work day', all sources, except adjustable or scanning antennae (100 μW/cm ²).
	50 MHz - 300 MHz (all waveforms)	10 - 100 μW/cm ² 10 μW/cm ²	Levels in "work areas and other areas where personnel are permitted and occupationally exposed". . . shall not, in the course of the work day, exceed this value. Whichever is the greater.
	30 - 50 MHz	10 V/m (or 0.3A/m)	
	3 - 30 MHz	20 V/m	
	60 kHz - 3 MHz	50 V/m	
Czech. Soc. Rep. Exposure Standard	300 MHz - 300 GHz	25 μW/cm ² 0.0025 uW/m²	(or 5 A/m in the range 60 kHz to 1.5 MHz) 8 hrs/day, for CW waveforms; reduced to 10 μW/cm ² for pulsed waveforms.
USA: Product Emission Standard	0.01 - 300 MHz 890 - 6000 MHz	10 V/m 1 - 5 mW/cm ² 0.1 - 0.5 uW/m²	8 hrs/day Emitted by the product at full power operation; lower level when manufactured ("prior to acquisition").
	(ISM Bands in this range)		5 mW/cm ² max in use. Measured with specified load (275 ± 15 ml H ₂ O at 20 ± 5 °C), at full power, 5 cm or more from any external surfaces by an approved instrument with effective aperture < 25 cm ² , no dimension > 10 cm.
Canada: Product Emission Standard	0.01 - 300 GHz	1 mW/cm ² 0.1 uW/m²	Emitted by product at maximum output, at points "at least 5 cm from the external surface of the oven", when the oven is loaded with a load equal to the water equivalent of the minimum operating load, as specified by the manufacturer, at 20 ± 5 °C. Instrument specified in standard.
		5 mW/cm ²	Emission at no load, if total microwave output is < 3 kW.
Canada: Recommended Exposure Limit	0.01 - 300 GHz	1 mW/cm ²	Average power density limit in any 1 hr period (max 25 mW/cm ² averaged over 1 min).

*The reader is referred to the actual standards for more detail. Great caution is required in interpreting and translating standards.

TABLE 5. EXPOSURE STANDARDS FOR ELECTROMAGNETIC RADIATION.

OLD STANDARDS OF SAFETY FOR MICROWAVE RADIATION

In-House Report
June 1984



RADIOFREQUENCY/MICROWAVE RADIATION BIOLOGICAL EFFECTS AND SAFETY STANDARDS: A REVIEW

Dr. M. Selen

APPROVED FOR PUBLIC RELEASE DISTRIBUTION UNLIMITED



Rome Laboratory
Air Force Materiel Command
Griffiss Air Force Base, New York

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<https://img1.wsimg.com/blobby/go/71801b8c-fda3-43cc-86e2-e2e5off2f191/downloads/RF-Microwave-Radiation-Biological-Effects%20Rome.pdf?ver=1696283958703>

i. Recommendations

0.5 uW/m²
for 1.5 GHz to 100 GHz

The ANSI C95.1-1982 Standard specifies the maximum recommended RF/MW radiation exposure levels over a frequency range of 300 KHz to 100 GHz. Typically, the standard calls for an exposure of no more than 5 mW/cm² for frequencies between 1500 MHz to 100,000 MHz. The reader should consult with the actual ANSI publication for the detailed recommendations. In addition, the standard limits the whole-body SAR to 0.4 W/Kg and indicates that the spatial peak SAR should not exceed 8.0 W/Kg over any one gram of tissue. For both CW and pulsed EM fields the exposure time should not exceed 6 minutes at the recommended levels. These maximum safe levels are not intended to apply to the medical treatment of patients where irradiation is sometimes useful in combating diseases like cancer. The standard does pertain to the general public and to persons that work in electromagnetic environments. There are two exceptions to the recommendation: 1) at frequencies between 100 KHz and 1 GHz the maximum exposure levels may be exceeded as long as the stated SAR values are not violated and 2) at frequencies between 300 KHz and 1 GHz the exposure levels may be exceeded if the output power of the radiating device is less than 7 W [9].

B. USAF PEL (AFOSH Standard 161-9, 12 February 1987)

1uW/m²
for 1.5 GHz to 300 GHz

Since the early investigations of the Tri-Service Commission, the United States Air Force has recognized the need to establish an RF/MW protection standard. The USAF permissible exposure level (PEL) is specified in AFOSH Standard 161-9 enacted 12 February 1987. This standard stipulates maximum safe RF/MW radiation exposure levels over a frequency range of 10 KHz to 300 GHz. The PELs are shown in Figures 7 and 8 [10].

In general, the USAF protection guideline agrees with the ANSI Standard except that a distinction is made between exposure to persons in restricted and unrestricted areas. No explanation for this policy is given in the USAF Standard. The PEL for restricted areas shows only a slight alteration from the ANSI recommendation. For a frequency range of 1500-300,000 MHz the USAF PEL is given as 10 mW/cm². The PEL put forth by the USAF is intended to protect personnel from harm by limiting the whole-body SAR to 0.4 W/Kg. Exposure periods at the maximum safe levels should be limited to 6 minutes. It is also recommended that exposure in the near zone to RF/MW sources radiating at less than 30 MHz may require a separate evaluation to determine safe exposure levels of irradiation [10].

Peer-reviewed scientific studies on EMF related subjects

Science Index > Overview | Article library | List of studies | Basic guide to EMFs | International guidance levels | Unit conversion | Frequently asked questions | Other resources

When it comes to EMF issues, one of the most frequently heard phrases is "There is no evidence to support EMFs having health effects" or simply "There is no conclusive evidence". This is completely wrong; there is an enormous body of evidence out there, but public and even academic awareness seems to be very poor. Therefore, we will be presenting a list of papers and radio ratios which either show serious effects or are considered important papers on the subject which we have collected over the years. This page will be updated regularly.

- This study has found effects from the exposure or radiation category
- This study has found no effects from the exposure or radiation category
- This study has offered important insights or findings but is neither a positive or null finding

Contents (click on subjects to be taken to that section of the page)

[Mobile Phones] [Radio Transmitters] [Powerlines and Substations] [WiFi] [Electromagnetic Sensitivity] [EEG and Brain Responses] [RF Mechanisms] [ELF Mechanisms]

(click on subjects to be taken to that section of the page)

Mobile and Cordless Phones

[Back to the top]

Vila J et al. (July 2018) Occupational exposure to high-frequency electromagnetic fields and brain tumor risk in the INTEROCC study: An individualized assessment approach, *Environ Int.* 2018 Jul 8;118:353-365. doi: 10.1016/j.envint.2018.06.038. [Epub ahead of print] [View Author's abstract conclusions] [View on Pubmed]

Wang P et al. (July 2018) Wireless Phone Use and Risk of Adult Glioma: Evidence from a Meta-Analysis, *World Neurology.* 2018 Jul;115:e629-e636. doi: 10.4236/wjns.2018.1150629. [View Author's abstract conclusions] [View on Pubmed]

Hardell L et al. (May 2018) Radiofrequency radiation from nearby base stations gives high levels in an apartment in Stockholm, Sweden: A case report., *Cancer* 2018;129:103-107. doi: 10.3892/cancer.2018.8283. [Epub 2018 Mar 16]. [View Author's abstract conclusions] [View on Pubmed]

Oceania Radiofrequency Scientific Advisory Association

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ENVIRONMENTAL HEALTH TRUST

ABOUT | KEY ISSUES | SCIENCE | POLICY | RESOURCES | GET EDUCATED

Dr. Zory Glaser



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Title	ID
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12TH ANNUAL CONFERENCE ON ELECTRICAL TECHNIQUES IN MEDICINE AND BIOLOGY - DIGEST OF TECHNICAL PAPERS - A	460
12TH ANNUAL CONFERENCE ON ELECTRICAL TECHNIQUES IN	443

CLICK HERE TO JOIN OUR MAILING LIST

Dr. Zory Glaser has donated his RF/Microwave research archives to Professor Magda Havas of Trent University.

We thank Dr. Glaser for so generously sharing his body work on the effects of electromagnetic and radio frequency radiation.

Condition and legibility of original documents means the quality of the OCR-scanned PDF files found here varies.

SCIENTIFIC EVIDENCE THAT 5G AND 4G DENSIFICATION IS NOT SAFE

Jun 16, 2020 | 0 comments



ENVIRONMENTAL HEALTH TRUST

EMF Scientist Appeal to the United Nations

SCIENTISTS APPEALS

This page is dedicated to advocating support for the International EMF Scientist Appeal to the United Nations and the World Health Organization.

Announcement from the International EMF Alliance

Request to NGOs worldwide to support the International EMF Scientist Appeal to the United Nations

UPDATE: See February 4, 2016 letter from Sissel Halmøy, President of IEMFA, to the leaders of the UN, the WHO and UNEP advising them of widespread international NGO support for the International EMF Scientist Appeal.

The International Electromagnetic Field Alliance (IEMFA) has received a statement of support for the International EMF Scientist Appeal submitted to the United Nations on May 11, 2015, from 105 NGOs in 25 nations, including for-profit entities that market physical shielding materials and EMF detection equipment. See the Appeal at: EMFscientist.org

To date, 220 scientists from 41 nations have signed the Appeal. Each has published peer-reviewed research on biological or health effects of non-ionizing radiation, including extremely low frequency fields (ELF) used for electricity or radio frequency radiation (RFR) used for wireless communications.

These EMF scientists are raising serious concerns regarding the risks for humankind and nature from exposure to EMF sources (electromagnetic fields and

INTERNATIONAL APPEAL
Stop 5G on Earth and in Space

SIGN HERE DONATE THE

Read as PDF in:

[Organizations](#)

Organizations

As of January 7, 2020, 188,653 people and organizations from 203 nations and territories have signed this Appeal.

FREIBURGER APPEAL

Interdisciplinary Society for Environmental Medicine e. V.

Out of great concern for the health of our fellow human beings do we - as established physicians of all fields, especially that of environmental medicine - turn to the medical establishment and those in public health and political domains, as well as to the public. We have observed, in recent years, a dramatic rise in severe and chronic diseases among our patients, especially:

- Learning, concentration, and behavioural disorders (e.g. attention deficit disorder, ADD)
- Extreme fluctuations in blood pressure, ever harder to influence with medications
- Heart rhythm disorders
- Heart attacks and strokes among an increasingly younger population
- Brain-degenerative diseases (e.g. Alzheimer's) and epilepsy
- Cancerous afflictions: leukemia, brain tumors

Scientists warn of potential serious health effects of 5G

September 13, 2017



We the undersigned, more than 180 scientists and doctors from 35 countries, recommend a moratorium on the roll-out of the fifth generation, 5G, for telecommunication until potential hazards for human health and the environment have been fully investigated by scientists independent from industry. 5G will substantially increase exposure to radiofrequency electromagnetic fields (RF-EMF) on top of the 2G, 3G, 4G, Wi-Fi, etc. for telecommunications already in place. RF-EMF has been proven to be harmful for humans and the environment.

(Note: [Blue links](#) below are references.)

5G leads to massive increase of mandatory exposure to wireless radiation

5G technology is effective only over short distance. It is poorly transmitted through solid material. Many new antennas will be required and full-scale implementation will result in antennas every 10 to 12 houses in urban areas, thus massively increasing mandatory exposure.

With "the ever more extensive use of wireless technologies," nobody can avoid to be exposed. Because on top of the increased number of 5G-transmitters (even within housing, shops and in hospitals) according to estimates, "10 to 20 billion connections" (to refrigerators, washing machines, surveillance cameras, self-driving cars and buses, etc.) will be parts of the Internet of Things. All these together can cause a substantial increase in the total, long term RF-EMF exposure to all EU citizens.

Harmful effects of RF-EMF exposure are already proven

[More than 230 scientists from 41 countries](#) have expressed their "serious concerns" regarding the ubiquitous and increasing exposure to EMF generated by electric and wireless devices already before the

5G



5G: Next Gen Health Dangers



UK - 5G TO ALL POPULATED AREAS TILL 2030



Policy paper

UK Wireless Infrastructure Strategy

Published 11 April 2023

Contents

Foreword from the Secretary of State

Executive summary

Chapter 1 – Approach and scope

Chapter 2 – Ensuring good connectivity across rural and urban areas

Chapter 3 – Our 2030 ambition

Foreword from the Secretary of State



of opportunity which the Department for Science, Innovation and Technology was created to seize. It is my personal mission as the department's first Secretary of State to put Britain right at the forefront of scientific and technological progress. By bringing together world-class research and a dynamic business ecosystem, we can harness enterprise and innovation to grow the economy, driving forward the delivery of one of the Prime Minister's 5 priorities.

To do all this, we need world-class digital infrastructure. Last year, we met our ambition to deliver a basic 5G signal for the majority of the population by 2027 - 5 years early. And we have redoubled our efforts to build gigabit broadband in remote regions like Cornwall or Cumbria, together with our work to extend 4G coverage across the country through the £1 billion Shared Rural Network.

Today, we are setting our sights even higher, with our ambition to deliver nationwide coverage of standalone 5G to all populated areas by 2030, ensuring that we can bring its full benefits to villages and rural communities well beyond cities and towns.

Government will lead by example, putting wireless connectivity right at the heart of new and existing infrastructure to ensure that we do build infrastructure fit for the digital age. 5G will improve the safety, punctuality, and connectivity of our trains. Today, we are announcing that our new hospitals will be 5G or equivalent wireless enabled, enabling us to take advantage of cutting-edge healthcare innovations.

By flying the flag for 5G, government will drive private investment. We are also working with local authorities and businesses to ensure that they are ready for 5G - investing £40 million to create 5G Innovation Regions across the UK and building better markets by boosting competition and creating the conditions for informed consumer choice

Other cities are also installing small cells. Below are photos from downtown San Francisco of three different types of small cells on street lights on Polk Street.



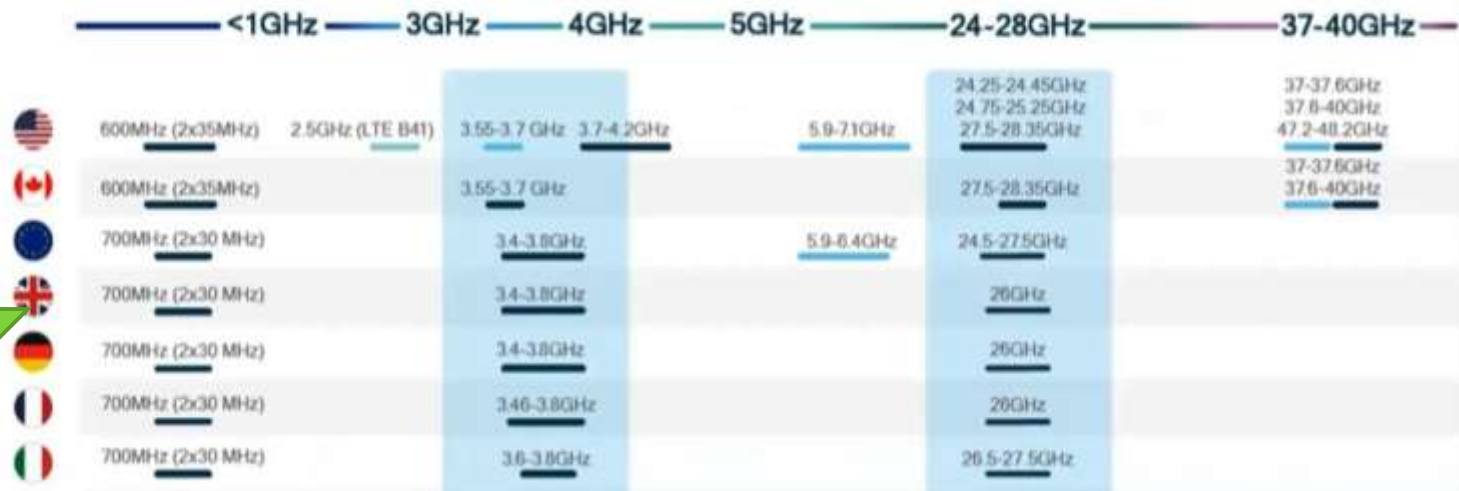
And 5G's high-frequency, millimetre-wave flavour brings new risks according to Paul Ben Ishai, who has studied the subject in a team led by Yuri Feldman at Hebrew University, Jerusalem. Our **sweat ducts are millimetre-scale coils, the perfect size, shape and composition to serve as antennae for millimetre-waves**, they realised. Their work includes conducting experiments **showing skin can absorb waves in the 75-170 gigahertz ranges**. But there is still a 'tail' of absorption down to 20 gigahertz, Ben Ishai stresses, meaning the effect is relevant to high-frequency 5G. The Israeli team's findings support similar **earlier results from Queen Mary University of London scientists**. <https://thebristolcable.org/2019/04/5g-rollout-raises-urgent-questions-about-high-frequency-health-impacts/>

Boston also has a number of small cells installed.



5G small cells in many forms and shapes on light poles

It's the
SMALL
CELLS,
friends!



Low Band 5G	600 MHz - 850 MHz	<ul style="list-style-type: none"> • Similar to 4G Cellphones. • The low band cell towers have a coverage area range similar to 4G cellphone towers. • Speeds are 30 – 250 Mega Bits per second
Mid Band 5G	2.5 GHz - 3.7 GHz	<ul style="list-style-type: none"> • Frequencies used are in the Microwave range • Cell tower coverage is up to several kilometers in radius • Speeds are between 100 – 900 Mega bits per second
High Band 5G	25 GHz – 39 GHz	<ul style="list-style-type: none"> • Frequencies used are in the Microwave range • Limited coverage range and needing many small cells

Feature	1G	2G	3G	4G	5G
Start/Development	1970/ 1984	1980/1999	1990/2002	2000/2010	2010/2015
Technology	AMPS, NMT, TACS	GSM	WCDMA	LTE, WiMAX	MIMO, mmWaves
Bandwidth	2 kbps	14.4 - 64 kbps	2 Mbps	2000 Mbps – 1 Gbps	> 1Gbps
Access System	FDMA	TDMA/CDMA	CDMA	CDMA	OFDMA/BDMA
Core Network	PSTN	PSTN	Packet Network	Internet	Internet

Bucharest Aug 2023
5G SMALL CELLS
- FIBER OPTIC DEPLOYMENT

**(DRAMATIC INCREASE IN
MICROWAVE RADIATION:**
10 $\mu\text{W}/\text{m}^2$ before, to 4000-
14000 $\mu\text{W}/\text{m}^2$ after



Scientific report presented in the EU Parliament (2021)

3 / 198

— 100%

+



speeds and increasingly extensive mobile data usage. Technical innovations include a different transmission system (MIMO: use of multiple-input and multiple-output antennas), directional signal transmission or reception (beamforming), and the use of other frequency ranges. At the same time, a change is expected in the exposure to electromagnetic fields (EMF) of humans and the environment. In addition to those used to date, the 5G pioneer bands identified at EU level have frequencies of 700 MHz, 3.6 GHz (3.4 to 3.8 GHz) and 26 GHz (24.25 to 27.5 GHz). The first two frequencies (FR1) are similar to those used for 2G to 4G technologies and have been investigated in both epidemiological and experimental studies for different end points (including carcinogenicity and reproductive/developmental effects), while 26 GHz (FR2) and higher frequencies have not been adequately studied for the same end points.

The International Agency for Research on Cancer (IARC) classified radiofrequency (RF) EMF as 'possibly carcinogenic to humans' (Group 2B) and recently recommended RF exposure for re-evaluation 'with high priority' (IARC, 2019). Since 2011 a great number of studies have been performed, both epidemiological and experimental. The present review addresses the current knowledge regarding both carcinogenic and reproductive/developmental hazards of RF as exploited by 5G. There are various *in vivo* experimental and epidemiological studies on RF at a lower frequency range (450 to 6000 MHz), which also includes the frequencies used in previous generations' broadband cellular networks, but very few (and inadequate) on the higher frequency range (24 to 100 GHz, centimetre/MMW).

The review shows: 1) 5G lower frequencies (700 and 3 600 MHz): a) limited evidence of carcinogenicity in epidemiological studies; b) sufficient evidence of carcinogenicity in experimental bioassays; c) sufficient evidence of reproductive/developmental adverse effects in humans; d) sufficient evidence of reproductive/developmental adverse effects in experimental animals; 2) 5G higher frequencies (24.25-27.5 GHz): the systematic review found no adequate studies either in humans or in experimental animals.

Conclusions: 1) cancer: FR1 (450 to 6 000 MHz): EMF are probably carcinogenic for humans, in particular related to gliomas and acoustic neuromas; FR2 (24 to 100 GHz): no adequate studies were performed on the higher frequencies; 2) reproductive developmental effects: FR1 (450 to 6 000 MHz): these frequencies clearly affect male fertility and possibly female fertility too. They may have possible adverse effects on the development of embryos, foetuses and newborns; FR2 (24 to 100 GHz): no adequate studies were performed on non-thermal effects of the higher frequencies.

**Expert Report: Christopher J.
Portier-Murray PhD vs Motorola -
3-1-2021 (on gliomas)**

51 / 176



100%



to ecological fallacies regarding their linkage to cellular phone usage.

4.1.5 Conclusions for Gliomas

The evidence on an association between cellular phone use and the risk of glioma in adults is quite strong. While there is considerable difference from study to study on ever versus never usage of cellular phones, 5 of the 6 meta-analyses in Figure 1 are positive and two are significantly positive. Once you consider latency, the meta-analyses in Figure 2 clearly demonstrate an increasing risk with increasing latency. The exposure response meta-regressions in Table 10 and Table 11 clearly indicate that risk is increasing with cumulative hours of exposure, especially in the highest exposure groups. There is a strong tendency toward gliomas appearing on the same side of the head as the phone is generally used and the temporal lobe is strongly suggested as a target. These findings do not appear to be due to chance. The cohort studies appear to show less of a risk than the case-control studies, but one study is likely to be severely impacted by differential exposure misclassification (Frei et al., 2007) and the other (Benson et al., 2012) is likely to have a milder differential exposure misclassification. The case-control studies are possibly impacted by recall bias although that issue has been examined in a number of different evaluations. Selection bias could have been an issue for the Interphone study, but their alternative analysis using different referent groups reduces that concern. Confounding is not an issue here. In conclusion, an association has been established between the use of cellular telephones and the risk of gliomas and chance, bias and confounding are unlikely to have driven this finding. The ecological studies are of insufficient strength and quality to fully negate the findings from the observational studies.

The data in children is insufficient to draw any conclusions.

the years 1998-2008. They provided no analysis of these data, only a plot of incidence over time.

Several studies are also mentioned in Section 1.4.

4.2.5 Conclusions for Acoustic Neuromas

The evidence on an association between cellular phone use and the risk of acoustic neuromas in adults is strong. While there is considerable difference from study to study on ever versus never usage of cellular phones, 3 of the 4 meta-analyses in Figure 3 are above 1 although none-significantly. The meta-analyses in Figure 4 demonstrate an increased risk in the highest 2 latency groups for the case-control studies that gets slightly higher when the cohort studies are added. For latency ≥ 5 years, the mRRs are significantly elevated for the case-control studies and the combined case-control and cohort studies. The exposure response meta-regressions in Table 19 indicates that risk is increasing with cumulative hours of exposure, especially in the highest exposure groups. This finding, however, is sensitive to the inclusion of the **Hardell et al. (2013)** [160] study. There is a strong tendency toward ANs appearing on the same side of the head as the phone is generally used, especially as the exposure increases. These findings do not appear to be due to chance. The cohort studies appear to show less of a risk than the case-control studies, but one study is likely to be severely impacted by differential exposure misclassification (**Schuz et al. (2011)** [99]) and the other (**Benson et al. (2013)** [102]) is likely to have a milder differential exposure misclassification. Both studies have very few cases. The case-control studies are possibly impacted by recall bias and this cannot be ruled out for the ANs. Selection bias could have been an issue for **Interphone (2010)** [67], and, unlike their analysis of the glioma data, they have not looked at an alternate referent population for their analyses of AN. Confounding is not an issue here. In conclusion, an association has been established between the use of cellular telephones and the risk of ANs and chance and confounding are unlikely to have driven this finding. Potential recall bias and selection bias may still be an issue with some of these findings.

Laboratory Cancer Studies

There is sufficient evidence from laboratory studies to conclude that RF can cause tumors

6.2.5 Summary for Oxidative Stress

Most of the in-vivo and in-vitro studies of oxidative stress saw significant increases in ROS. Most of the studies that evaluated ROS scavengers saw significant changes in these markers that is associated with oxidative stress, the tissue or cells. Nineteen (19) in-vivo studies, 18 done in rats or mice and one in rabbits, evaluated oxidative stress as well as DNA damage, about half with SARs below 1 and a mix of exposure durations and almost all of them showed an increase in DNA damage.

Although reactive oxygen species can potentially cause damage to cellular function and structure and thereby impair its functionality, their presence and production cannot be immediately considered as harmful because changes in the levels of ROS and ROS scavengers is a normal part of cellular metabolism and physiology. Thus, many of the studies in this section simply demonstrate a change and not necessarily harm. However, tissue toxicity, increased DNA damage and changes in apoptosis do indicate that the changes in ROS are sufficient to impair cellular function and damage cellular components.

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Many of the studies presented in this section did address these issues. With respect to cancer, of greatest concern would be damage to DNA. Twelve (12) of these in-vivo studies showed an increase in DNA damage associated with oxidative stress [239, 244, 256, 268, 272, 275, 302, 329, 338, 390-392], seven (7) did not see a significant change in DNA damage [236, 246, 256, 337, 341, 393, 394] and one saw a significant decrease in DNA damage after 15 days of exposure and an increase after 30 days of exposure [336]. Eight (8) in-vitro studies evaluated some aspect of oxidative stress as well as DNA damage, all of them with rather short exposure periods and most with SARs greater than 1. Five (5) of these studies demonstrated increases in DNA damage [344, 346, 352, 376, 377] and three (3) saw no significant increase in DNA damage [353, 381, 386].

There is sufficient evidence in the literature to conclude that oxidative stress is a possible mechanism by which RF causes cancer in humans.

6.3.5 Summary for Genotoxicity

In addition to the many studies cited above and in the IARC Monograph [35], Lai (2021) [444] has compiled literature on other genetic effects (e.g. changes in gene expression) and downstream changes (e.g. cell-cycle arrest) that also point toward RF having an impact on cellular genetics and their control of cellular function.

A majority of the *in vivo* studies evaluating genotoxicity and RF, either with oxidative stress or independent of evaluating oxidative stress, showed a significant increase in DNA damage. In contrast, only about half of the *in vitro* studies of genotoxicity and RF were positive with no obvious pattern of why this might have happened.

Overall, there is sufficient evidence to suggest that genotoxicity, probably due to oxidative stress, is caused by RF and could be a mechanism by which cancer is induced by RF.

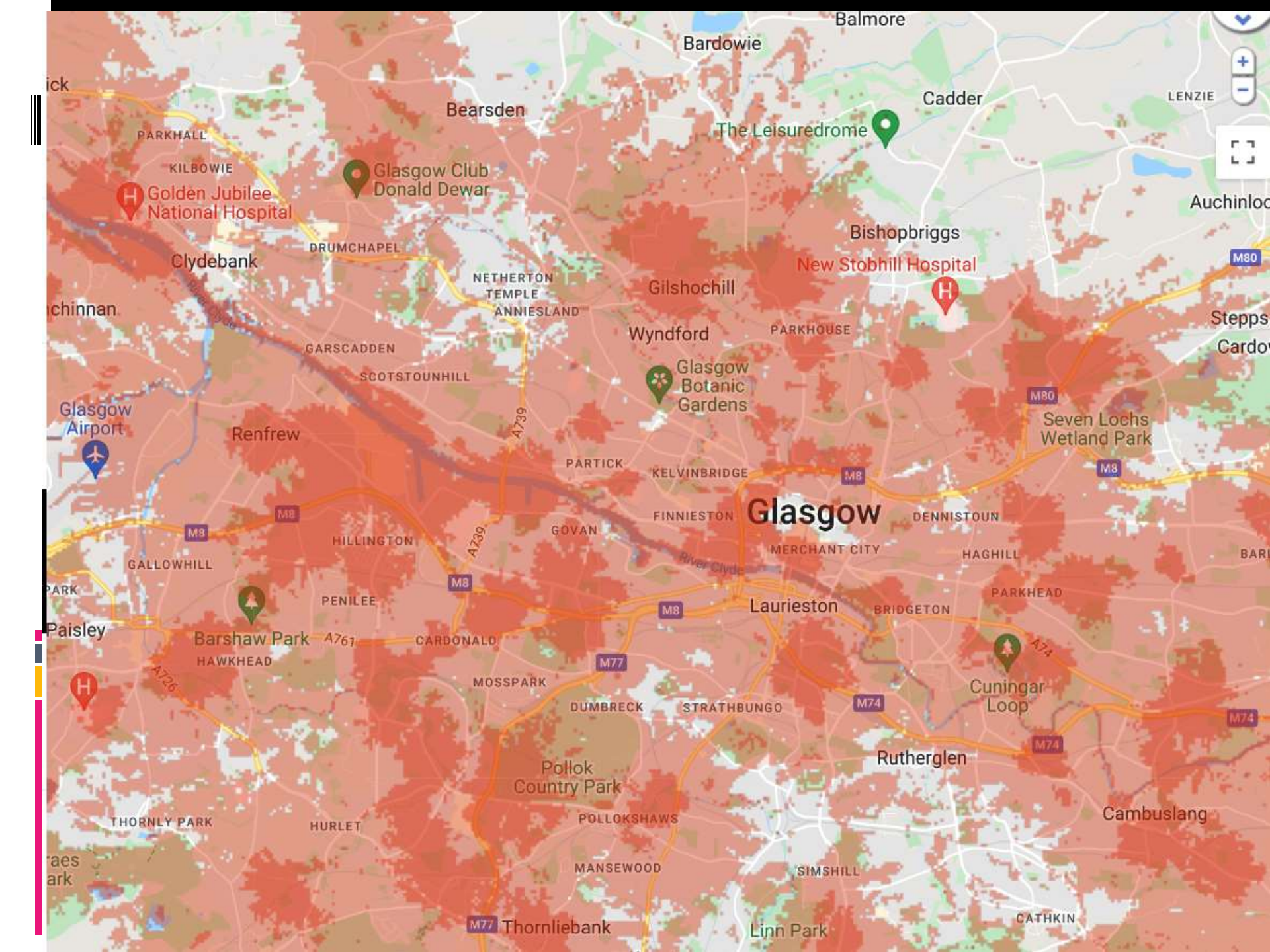
6.3. Summary for Mechanisms of Carcinogenicity

There is sufficient evidence to suggest that both oxidative stress and genotoxicity are caused by exposure to RF and that these mechanisms could be the reason why RF can induce cancer in humans.

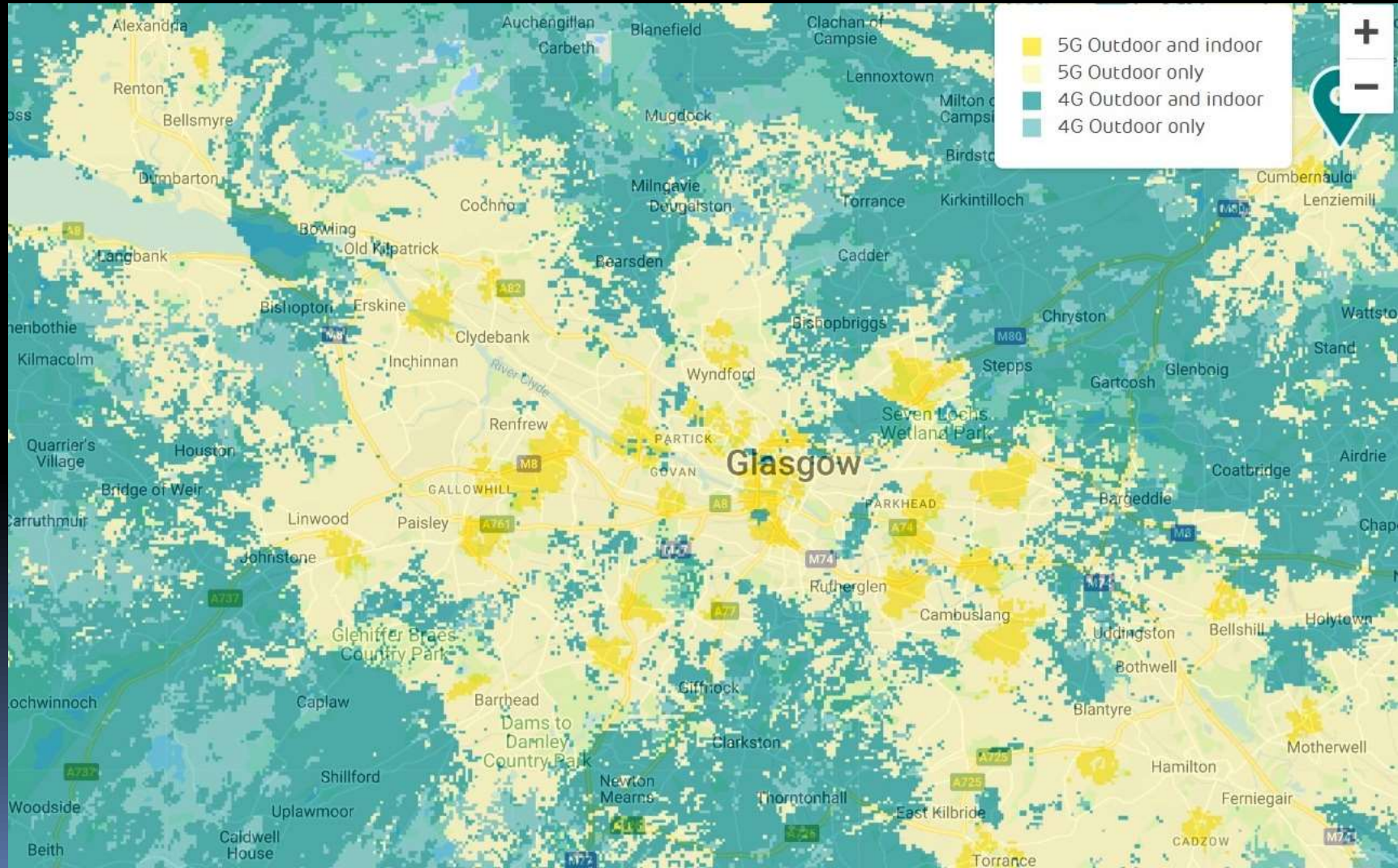
There is the possibility of publication bias in this body of literature on mechanism. Publication bias occurs when studies that are positive tend to get published whereas negative studies are either never submitted for publication or they are rejected because they are negative (rejection is less of a problem since journals are now very aware of problems with publication bias). This potential problem cannot be resolved with the data in hand. There is also a possible bias in these results based upon a small collection of laboratories providing a majority of the studies; this could also create a small amount of bias in the direction of the positive results since scientists seldom pursue negative findings but will generally continue to pursue reasons for positive findings.

7. Summary of Bradford Hill Evaluation

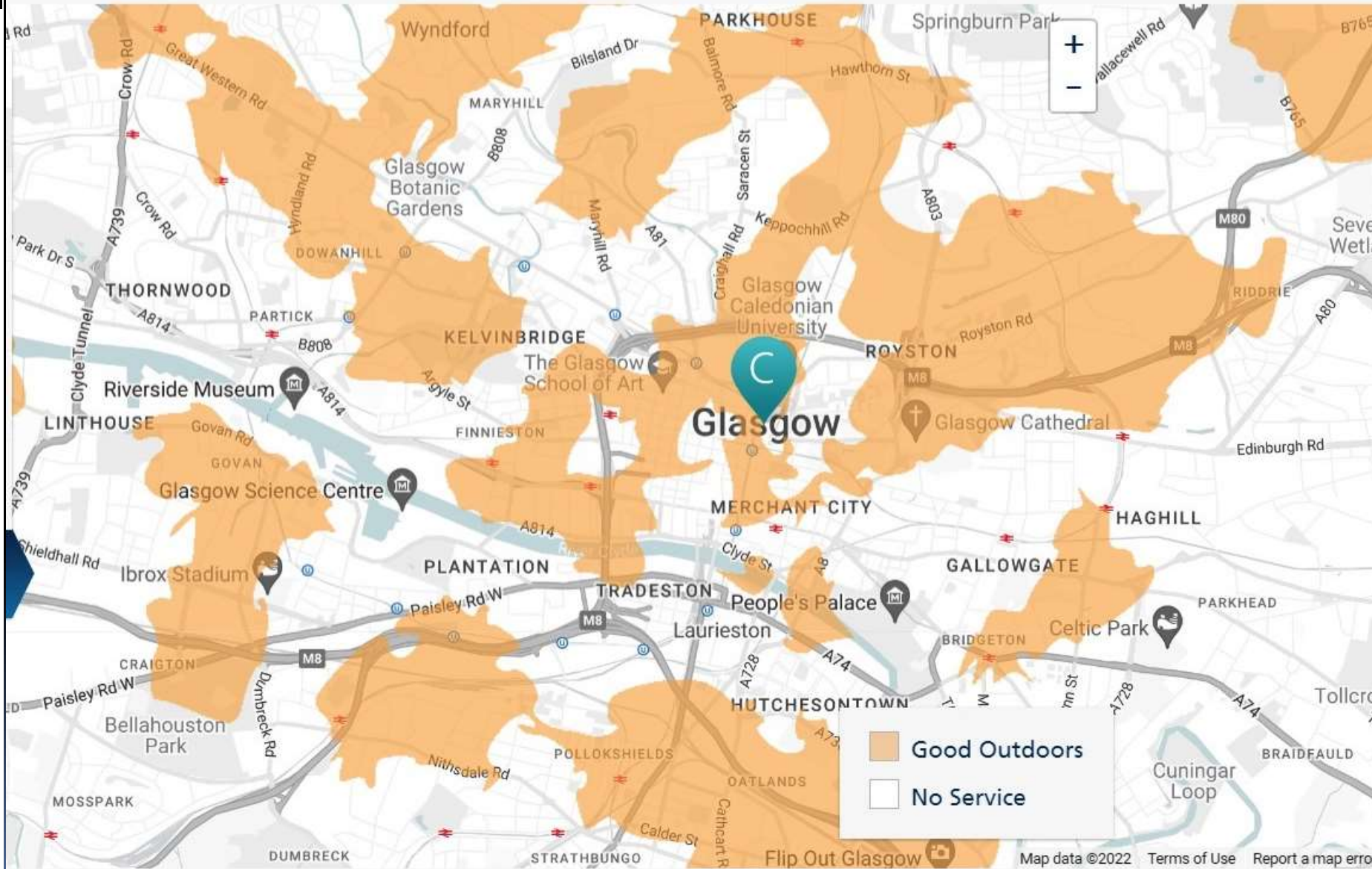
RF exposure probably causes gliomas and acoustic neuromas and, given the human, animal and experimental evidence, I assert that, to a reasonable degree of scientific certainty, the probability that RF exposure causes these cancers is high.



EE – 5G Glasgow coverage (2022)



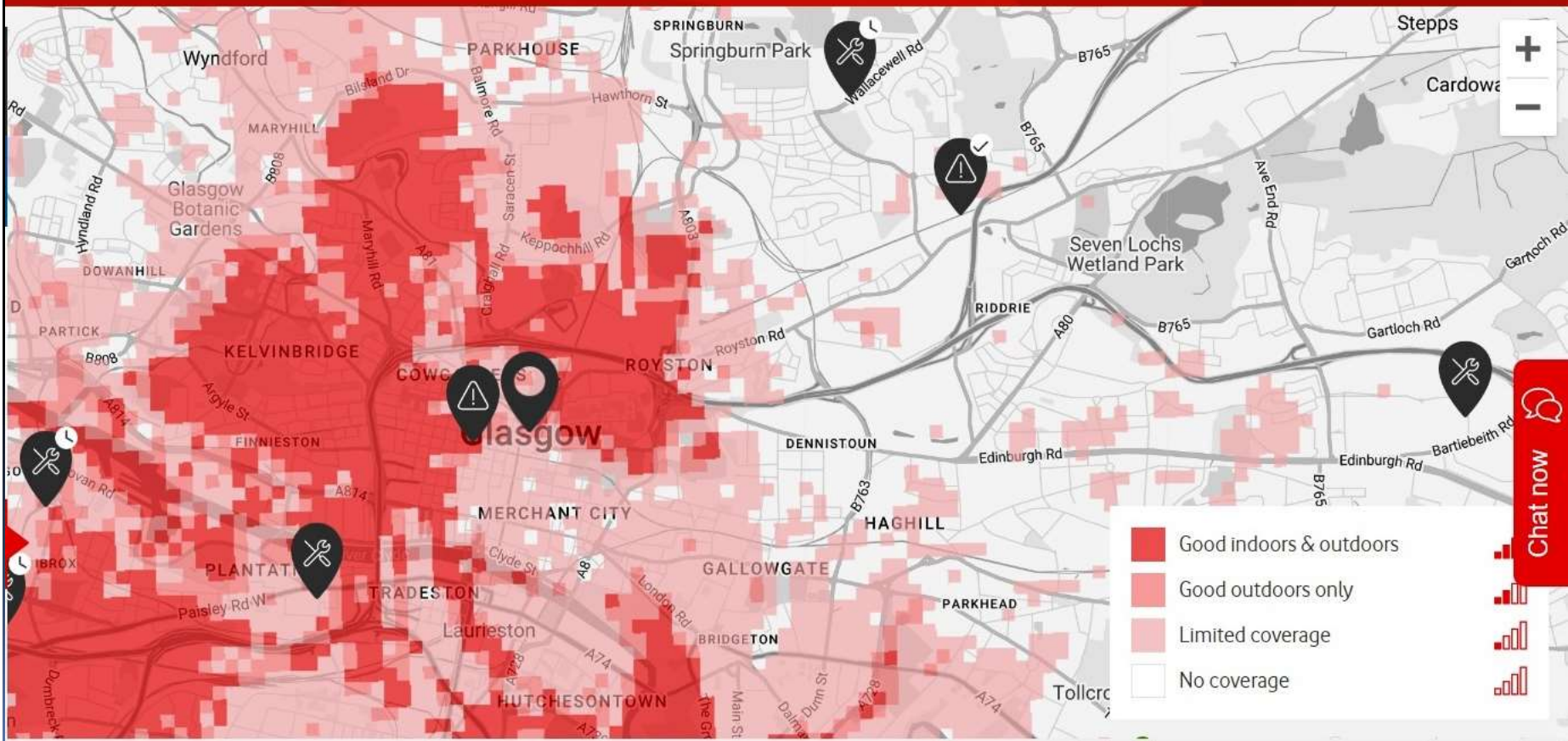
02 - 5G Glasgow coverage (2022)



Vodafone 5G Glasgow (2022)

Network status checker

[My alerts](#) [Change location](#)





3 ALL
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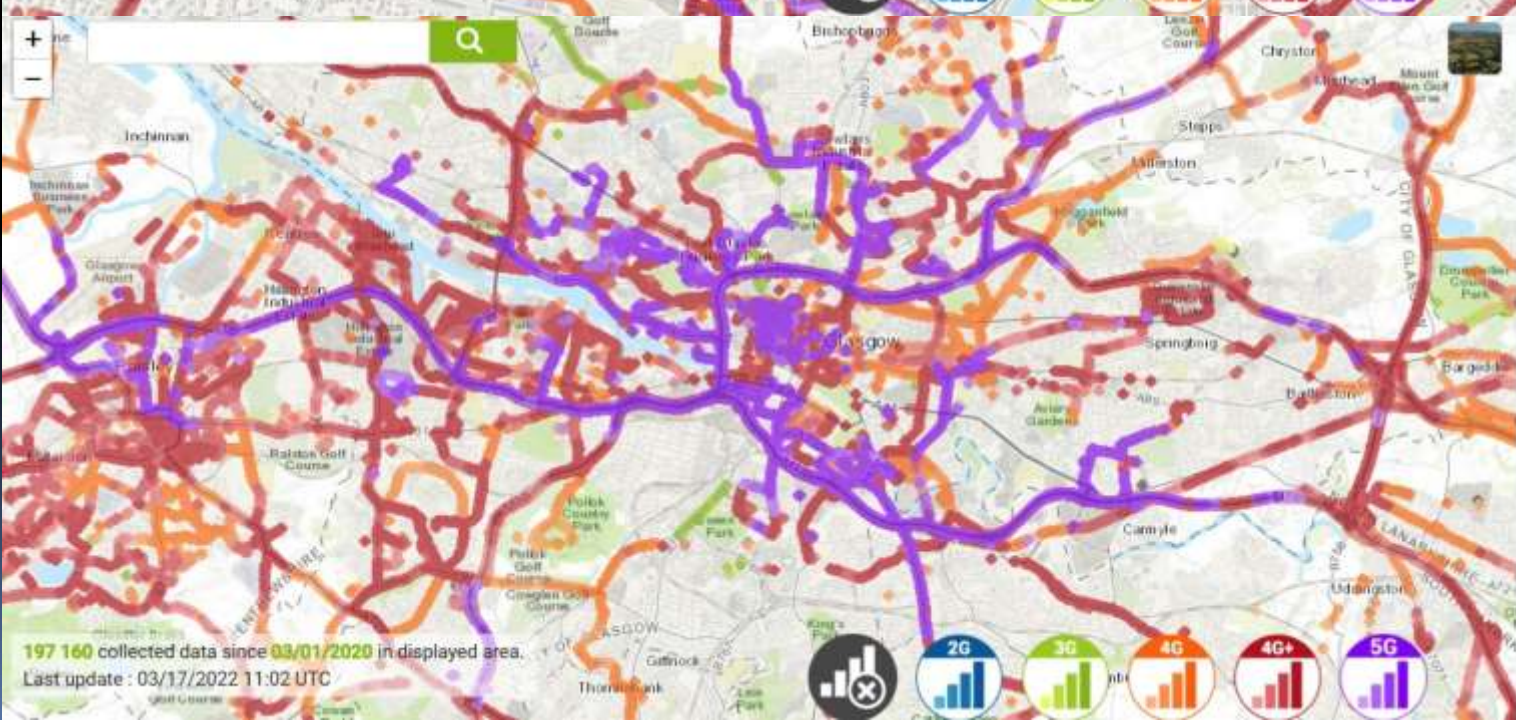
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5G & CORONAVIRUS (2020) – THE LINK

5g-emf.com/wuhan-was-the-province-where-5g-was-rolled-out-now-the-center-of-deadly-virus/

Wuhan was the province where 5G was rolled out, now the center of deadly virus



“WUHAN, Oct. 31 (Xinhua) — The branches of Chinese major telecom operators in central China’s Hubei Province announced Thursday the launch of commercial 5G applications in the province.

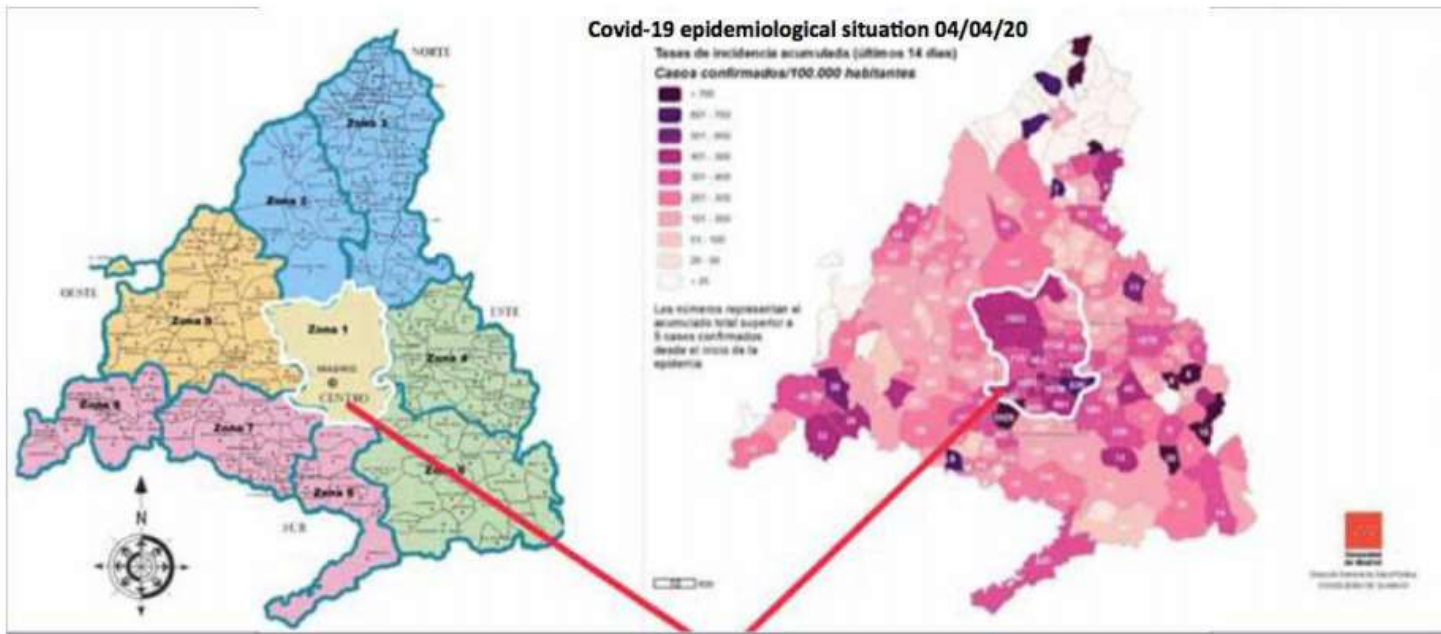
Wuhan City, the capital of Hubei, is expected to have 10,000 5G base stations by the end of 2019, said Song Qizhu, head of Hubei Provincial Communication Administration.

China Telecom has established a 5G network covering airports, railway stations and other areas in the city, which will also help boost the digital and intelligent transformation of the industries with 5G technologies, said Li Hongbo, general manager of the company’s Hubei branch.

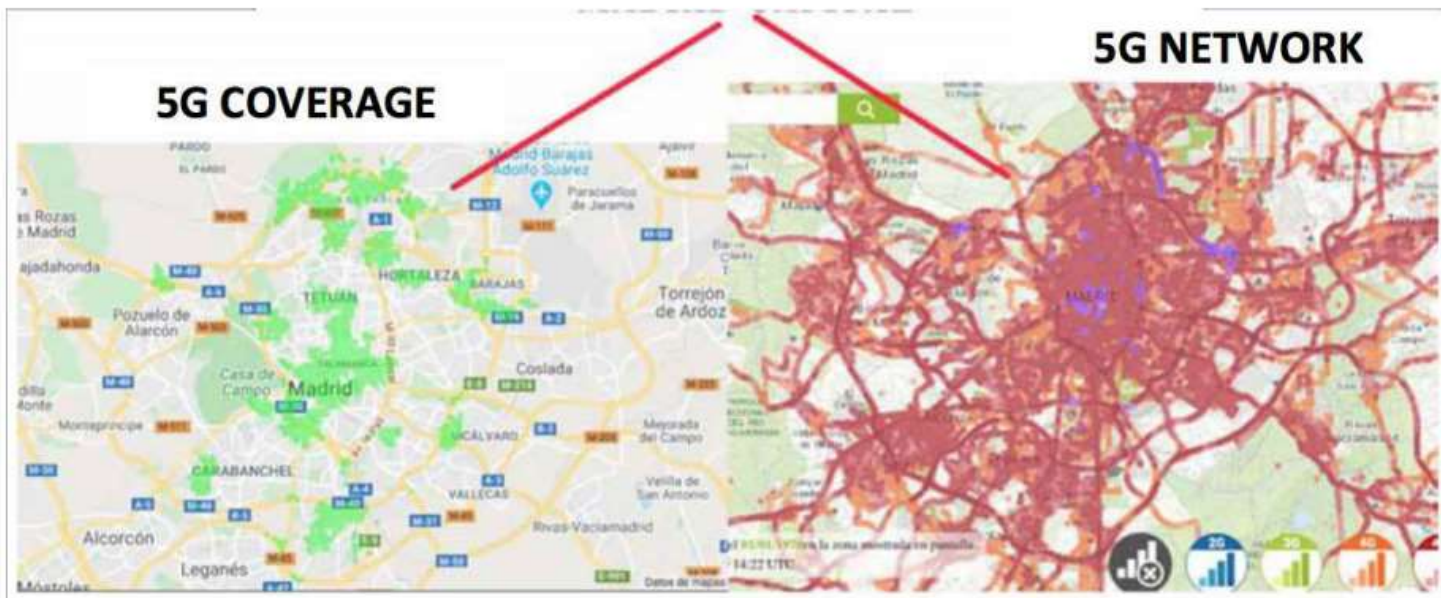
China Mobile Hubei Branch has activated 1,580 5G base stations in the city as of mid-October, achieving the 5G coverage of universities, transportation hubs and other densely populated areas, according to the branch.”

The above was published 2019-10-31 in xinhuanet.com

Incidence of coronavirus



MADRID CAPITAL

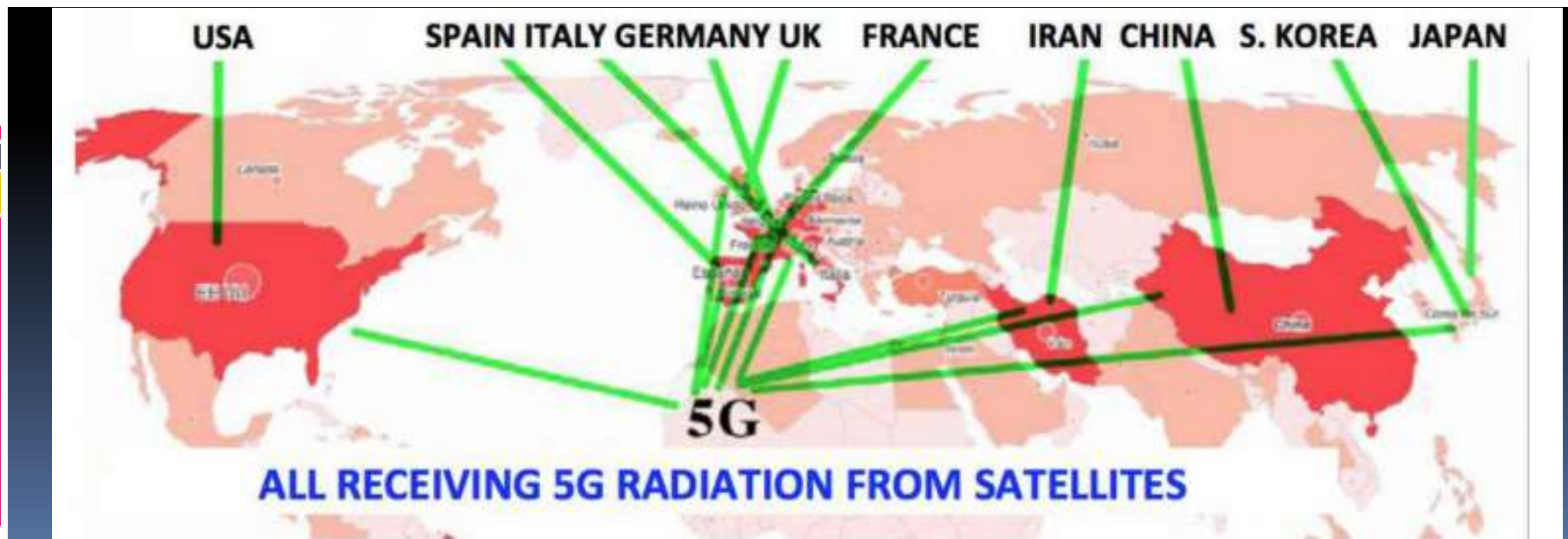


Barthomeo Pireus (via La Quinta Columna):

-Correlation between 5G deployment and incidence of covid-19

COVID 19 – 5G correlation

No. of cases per 1000 inhabitants



5G = HYPOXIA CELL OXYGEN DEPRIVATION OF LUNGS AND HEART

WATCH

<https://www.bitchute.com/video/YfUiD1uNTKlg/>
Mike Adams (naturalnews.com)

Jerry Day

EMFhelpcenter.com

5G Update, December 2019, Corbett Report

5G Factoids

- * 5G will probably never be applicable to driverless cars due to short range, weak signal and interference.
- * 5G will probably never work well without 4G supplementation.
- * 5G frequencies have never been tested for continuous exposure and biological effects on humans.

Millimeter waves

The term millimeter waves generally refers to the portion of electromagnetic spectrum between 30 and 300 GHz, corresponding to wavelength of 10 to 1 mm. Thus, the millimeter wave spectrum lies between the microwaves and infrared portions.

SYMPTOMS OF 5G EXPOSURE VS. CORONAVIRUS INFECTIONS

SYMPTOM	5G	CORONAVIRUS
Sperm / Testicular Damage	✓	✓
Neuropsychiatric Damage	✓	✓
Cellular DNA Damage	✓	✓
Apoptosis (Cell Death)	✓	✓
Cardiac / Blood Pressure Disruptions	✓	✓

NO COINCIDENCE...

<p>0G</p>  <p>30 Hz -></p>	<p>1890 - Understanding of Radiowaves & the tools to transmit and receive 1889 - Eiffel Tower opens 1906 - First long distance transmission 1920 - First radio program broadcast</p>	<p>1918 - 1920 SPANISH FLU H1N1 INFLUENZA</p>
<p>1G</p>  <p>150 MHz -></p>	<p>LAUNCHED IN JAPAN 1979</p> <p>- Voicecall is still analog</p>	<p>1980 INFLUENZA A H1N1 SUBTYPE</p>
<p>2G</p>  <p>450 MHz / 40kbits/s</p>	<p>LAUNCHED IN FINLAND 1991</p> <p>- Digitally encrypted phone calls - Wider radio frequency band - SMS text messages</p>	<p>1991 - 1994 CHOLERA OUTBREAK 01 TOR Mutated strain</p>
<p>3G</p>  <p>400 MHz to 300 GHz 21.6 Megabyte per sec</p>	<p>LAUNCHED IN JAPAN 1998</p> <p>- Internet on phone in 10 yrs - Photo camera</p>	<p>1998 BIRD FLU INFLUENZA A</p>
<p>3G Upgrade</p>	<p>UPGRADE 2003 Upgrade in band frequency & launchment of the 1st commercial 3G network</p>	<p>2002 - 2003 SARS VIRUS 2003 - 2004 BIRD FLU</p>
<p>4G</p>  <p>1 Gigabyte per sec</p>	<p>LAUNCHED IN SWEDEN 2009</p> <p>- HDTV - 3D TV - IP Telephone - Video Conference - Gaming services - Video, & Camera upgrade</p>	<p>2009 SWINE FLU H1N1 INFLUENZA Same as Spanish flu in 1918</p>
 <p>20 Gigabytes per sec</p>	<p>LAUNCHED WORLDWIDE 2019</p> <p>- Many celltowers, both antennas and small individual cell transmitters - Fingerprint scanner - Facial recognition - Ultra HD 3D video & camera - Smart home</p>	<p>2019 - 2020 COVI - 19 nCoV Acute Respiratory Disease</p>

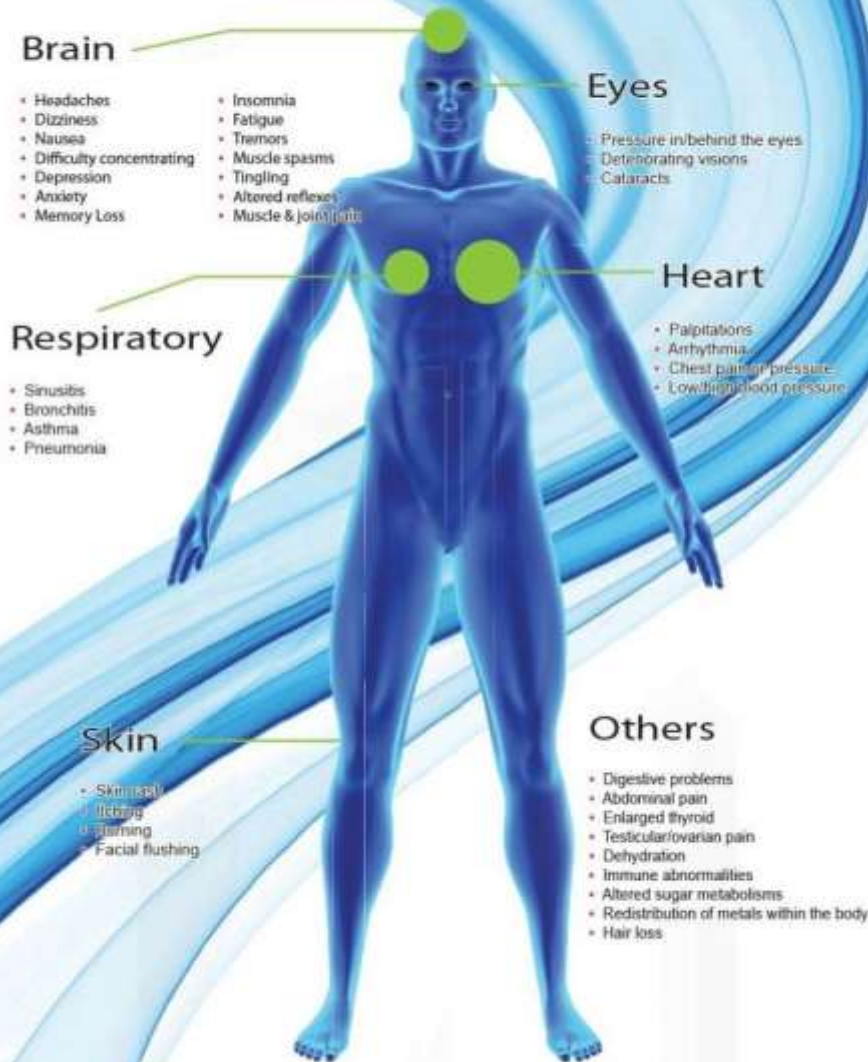


Symptoms of radio-wave sickness

** US Naval Medical Research Institute (1972 Declassified)



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What to Know About the EG.5 Variant



The new variant is a reminder that COVID-19 still poses a risk to public health.

Published **August 10, 2023**

By Morgan Coulson

COVID-19 | INFECTIOUS DISEASES | VACCINES

Family Health

What to Know About EG.5 (Eris) – the Latest Coronavirus Strain

BY KATHY KATELLA AUGUST 18, 2023



36



37



38



39

EFFECTS of MICROWAVE ANTENNAS in relationship with the covid outbreaks

https://img1.wsimg.com/blobby/go/71801b8c-fda3-43cc-86e2-e2e50ff2f191/downloads/LARGEST_UNETHICAL_MEDICAL_EXPERIMENT_FINAL.pdf?ver=1696283958652

Table A2-1 – Manual Taxonomy

CATEGORY	KEY PHRASES
Cancer/Tumors	cancer, leukemia, glioma, lymphoma, melanoma, Hodgkin's disease, tumor, acoustic neuroma, meningioma
Neurodegenerative	memory, central nervous system, learning, neurodegenerative, Alzheimer's disease, cognition, amyotrophic lateral sclerosis, dementia, epilepsy, multiple sclerosis, cognitive impairment, seizures, autism
Reproduction	pregnancy, reproductive, sperm, embryos, testicular, fertility, embryo, testosterone, infertility
Genotoxicity	DNA damage, genotoxic, micronuclei, mutagenic, strand breaks, chromatin, mutation, chromosome aberrations,
Cardiovascular	Cardiac, cardiovascular, pacemaker, implanted, Cardiovascular disease, arrhythmia, arterial blood pressure, ventricular fibrillation
Immunity	lymphocytes, immune system, immunity, leukocytes, antibodies, neutrophils, autoimmune, macrophage,
Biomarkers	apoptosis, oxidative stress, Malondialdehyde, reactive oxygen species, superoxide dismutase, lipid peroxidation, inflammation, oxidation, ornithine decarboxylase, barrier permeability, atrophy, C-reactive protein, oxidative damages
Sensory Disorders	auditory, acoustic, hypersensitivity, electromagnetic hypersensitivity, cataract, tinnitus, dermatitis, cataractogenic, pain sensitivity, pain threshold
Discomfort Symptoms	depression, anxiety, headache, dizziness, depressed, vertigo, nausea, low back pain
Congenital Abnormalities	malformations, teratogenic, congenital malformations, cleft palate,
Circadian Rhythm and Melatonin	melatonin, sleep, circadian, insomnia, pineal function
Chronic Conditions	metabolism, glucose, endocrine, cholesterol, Diabetes, calcium homeostasis, obesity



41



42



43



44

11 Congenital abnormalities and glandular-based tumors	Cleft Lip, Cleft Palate, Fibroadenoma, Adenoma, Calcification, Physiologic, Mammary Neoplasms, Animal, Mammary Neoplasms, Experimental, Adenocarcinoma
12 Skin neoplasms	Carcinoma, Basal Cell, Carcinoma, Squamous Cell, Skin Neoplasms, Cocarcinogenesis, Neoplasms, Experimental, Neoplasms, Radiation-Induced, Colonic Neoplasms
13 Leukemia	Leukemia, Myeloid, Acute, Leukemia, Lymphocytic, Chronic, B-Cell, Leukemia, Myelogenous, Chronic, BCR-ABL Positive, Leukemia, Myeloid, Leukemia, Multiple Myeloma, Lymphoma, Leukemia, Radiation-Induced, Acute Disease, Liver Neoplasms, Experimental, Central Nervous System Neoplasms
14 Precancerous conditions	Atrophy, Precancerous Conditions, Hyperplasia, Hypersensitivity, Delayed, Thymus Gland, Capillary Permeability, Lymphoma
15 Circadian Rhythm	Melatonin, Circadian Rhythm, Pineal Gland
16 Eye diseases	Eye Diseases, Cataract, Vision Disorders, Sensation Disorders, Neurotic Disorders, Lens, Crystalline, Corneal Diseases, Edema, Hematologic Diseases
17 Electromagnetic interference in implanted electronic devices	Tachycardia, Ventricular, Ventricular Fibrillation, Death, Sudden, Cardiac, Arrhythmias, Cardiac
18 Liver Neoplasms	Liver Neoplasms, Carcinoma, Hepatocellular, Neoplasm Recurrence, Local, Lymphatic Metastasis
19 Symptoms of discomfort	Headache, Dizziness, Fatigue, Depression, Anxiety, Tremor, Sleep Wake Disorders, Neurotic Disorders, Stress, Psychological, Anxiety Disorders, Nervous System Diseases
20 Neoplasms	Lung Neoplasms, Ovarian Neoplasms, Pituitary Neoplasms, Lymphoma, Prostatic Neoplasms, Colonic Neoplasms, Carcinoma, Breast Neoplasms, Hematologic Neoplasms, Neoplasms, Liver Neoplasms, Cell Transformation, Neoplastic, Nervous System Neoplasms

Table A3-1 - Factor Analysis Taxonomy

FACTOR THEME	MESH HEADINGS
1 Electromagnetic hypersensitivity and inflammation	C-Reactive Protein, Liver Diseases, Thyroid Diseases, Inflammation, Tonsillitis, Hypersensitivity
2 Coronary artery disease	Plaque, Atherosclerotic, Coronary Artery Disease, Diabetes Mellitus, Carotid Artery Diseases, Inflammation, Hypertension
3A Congenital abnormalities	Cleft Lip, Cleft Palate, Calcification, Physiologic, Congenital Abnormalities
3B Mammary tumors	Fibroadenoma, Adenoma, Mammary Neoplasms, Animal, Mammary Neoplasms, Experimental, Adenocarcinoma
4 Male infertility	Sperm Count, Spermatozoa, Sperm Motility, Semen, Testis, Infertility, Male, Spermatogenesis, Testosterone, Fertility
5 Brain neoplasms	Meningioma, Glioma, Meningeal Neoplasms, Neuroma, Acoustic, Brain Neoplasms, Glioblastoma, Neoplasms, Radiation-Induced, Neuroma, Cranial Nerve Neoplasms, Parotid Neoplasms, Central Nervous System Neoplasms
6 Sensory disorders	Burning Mouth Syndrome, Taste Disorders, Skin Diseases, Mouth Diseases, Dizziness, Vision Disorders, Hypersensitivity, Delayed, Fatigue
7 Breast neoplasms	Carcinoma, Lobular, Carcinoma, Ductal, Breast, Breast Neoplasms, Male, Adenoma
8 Oxidative stress	Oxidative Stress, Malondialdehyde, Glutathione Peroxidase, Lipid Peroxidation, Reactive Oxygen Species, Apoptosis, DNA Damage, Nitric Oxide, Protein Carbonylation
9 Neurodegenerative diseases	Parkinson Disease, Neurodegenerative Diseases, Alzheimer Disease, Amyotrophic Lateral Sclerosis, Motor Neuron Disease, Occupational Diseases, Dementia, Brain Diseases, Dementia, Vascular
10 Cerebrovascular disorders	Cerebrovascular Disorders, Dementia, Migraine Disorders, Tinnitus, Headache, Sleep Wake Disorders, Carotid Artery Diseases, Alzheimer Disease, Dementia, Vascular

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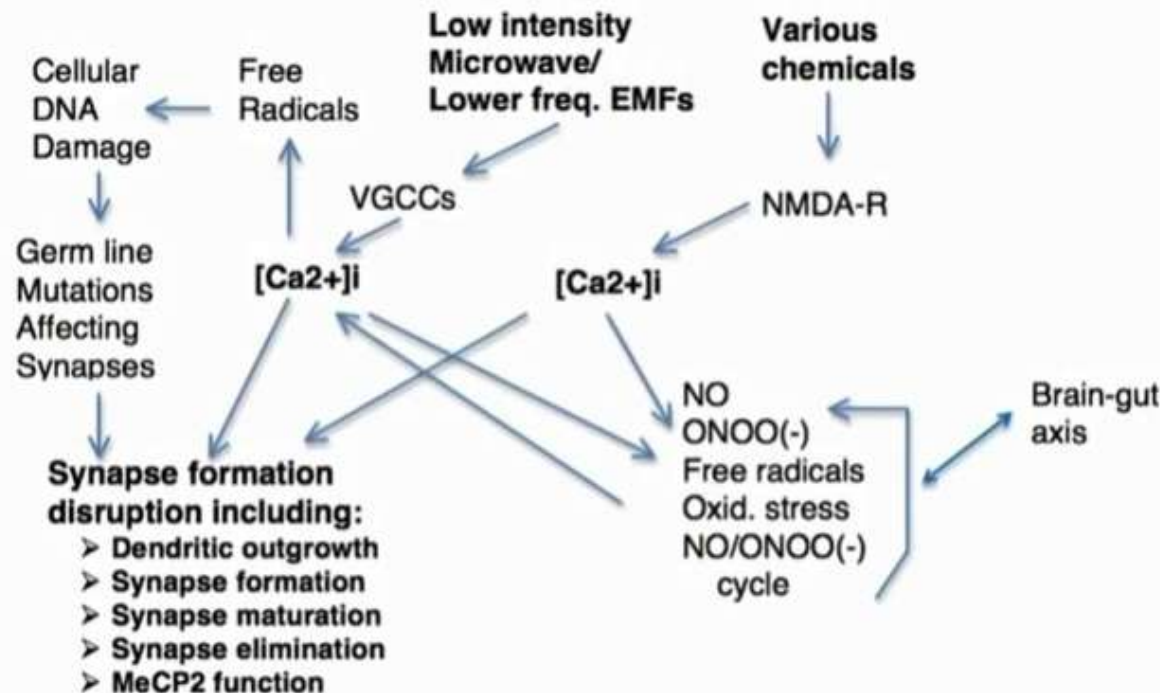
Index

Figure 2.21. 1, incorporation of ^{45}Ca tracer in human lymphocytes (Liboff *et al.*, 1987a); 2, motility of diatomic cells in agar low in ^{40}Ca (Smith *et al.*, 1987), as a function of the AC MF frequency at an amplitude of $20\ \mu\text{T}$, the parallel DC field being $21\ \mu\text{T}$.

processes, multiplication, growth, and development. Intracellular calcium density $\sim 10^{-8}$ – 10^{-6}M is four orders of magnitude smaller than in the environment and is sustained by membrane mechanisms. This takes care of the workings of fast signal mechanisms for response to external conditions. Especially sensitive to intercellular calcium density is calmodulin protein that affects the activity of many enzymes.

Kislovsky (1971) supposed that calcium plays an important role in biological effects of EMFs. The works of Bawin *et al.* (1975) and Bawin and Adey (1976) seem to have been the first assays to reveal a connection between EMF biological effects and calcium ions. They studied the rate of calcium ions efflux from brain tissues under low-frequency, RF, and microwave EMFs. Later on these data have been independently confirmed. Calcium binding with calmodulin as a primary target for the biological action of microwaves and the biochemical analysis of the hypothesis were discussed by Arber (1985).

The hypothesis that an MF measured the total Ca^{2+} clonal insulin-producing cells within the frequency range (for Ca^{2+} in a field of 70 nT) was chosen because it was not higher than 70 nT; the Ca^{2+} ions through protein channels in the frequency range at hand. This MF does not affect ion channels that could be successfully



Prof. Martin Pall presented the mechanism through which 5G can cause cell and brain damage

EMFs and Autism: How 5G may cause near universal autism.

Electromagnetic fields may act via calcineurin inhibition to suppress immunity, thereby increasing risk for opportunistic infection: Conceivable mechanisms of action



P.R. Doyon^{a,*}, O. Johansson^b

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Calcineurin inhibitors

Immunosuppression

Opportunistic infections

ABSTRACT

While a good number of studies have demonstrated that modern, man-made ambient electromagnetic fields can have both stimulatory and inhibitory effect on immune system function, the precise mechanisms have yet to be completely elucidated. It is hypothesized here that, depending on the parameters, one of the means by which long-term electromagnetic field exposure has the potential to eventually lead to immunosuppression is via downstream inhibition of the enzyme calcineurin – a protein phosphatase, which activates the T-cells of the immune system and can be blocked by pharmaceutical agents.

Calcineurin is the target of a class of pharmaceuticals called calcineurin inhibitors (e.g., cyclosporine, pimecrolimus and tacrolimus). When organ transplant recipients take such pharmaceuticals to prevent or suppress organ transplant rejection, one of the major side effects is immunosuppression leading to increased risk of opportunistic infection, e.g., fungal, viral (Epstein-Barr virus, cytomegalovirus), atypical bacterial (*Nocardia*, *Listeria*, mycobacterial, mycoplasma), and parasitic (e.g., toxoplasmosis) infections.

Frequent anecdotal reports, as well as a number of scientific studies, have shown that electromagnetic field exposures may indeed produce the same effect: a weakened immune system leading to an increase in the same or similar opportunistic infections: i.e., fungal, viral, atypical bacterial, and parasitic infections.

Furthermore, numerous research studies have shown that man-made electromagnetic fields have the

2011 research showing ling exposure to microwave radiation does cause cancer (this was the year when IARC declared this radiation a 'possible carcinogen'.

Exp Oncol 2011
33, 2, 62–70

REVIEW

 Experimental
ONCOLOGY

LONG-TERM EXPOSURE TO MICROWAVE RADIATION PROVOKES CANCER GROWTH: EVIDENCES FROM RADARS AND MOBILE COMMUNICATION SYSTEMS

I. Yakymenko^{1,2}, E. Sidorik¹, S. Kyrylenko³, V. Chekhun¹*

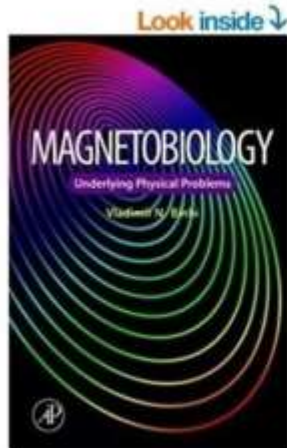
*¹R.E. Kavetsky Institute of Experimental Pathology, Oncology and Radiobiology of NAS of Ukraine,
Vasylkivska str. 45, Kyiv 03022, Ukraine*

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³Masaryk University, Kamenice 5, A6, Brno 625 00, Czech Republic

In this review we discuss alarming epidemiological and experimental data on possible carcinogenic effects of long term exposure to low intensity microwave (MW) radiation. Recently, a number of reports revealed that under certain conditions the irradiation by low intensity MW can substantially induce cancer progression in humans and in animal models. The carcinogenic effect of MW irradiation is typically manifested after long term (up to 10 years and more) exposure. Nevertheless, even a year of operation of a powerful base transmitting station for mobile communication reportedly resulted in a dramatic increase of cancer incidence among population living nearby. In addition, model studies in rodents unveiled a significant increase in carcinogenesis after 17-24 months of MW exposure both in tumor-prone and intact animals. To that, such metabolic changes, as overproduction of reactive oxygen species, 8-hydroxi-2-deoxyguanosine formation, or ornithine decarboxylase activation under exposure to low intensity MW confirm a stress impact of this factor on living cells. We also address the issue of standards for assessment of biological effects of irradiation. It is now becoming increasingly evident that assessment of biological effects of non-ionizing radiation based on physical (thermal) approach used in recommendations of current regulatory bodies, including the International Commission on Non-Ionizing Radiation Protection (ICNIRP) Guidelines, requires urgent reevaluation. We conclude that recent data strongly point to the need for re-elaboration of the current safety limits for non-ionizing radiation using recently obtained knowledge. We also emphasize that the everyday exposure of both occupational and general public to MW radiation should be regulated based on a precautionary principles which imply maximum restriction of excessive exposure.

Key Words: non-ionizing radiation, radiofrequency, tumor, risk assessment, safety limits, precautionary principle.



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processes, multiplication, growth, and development. Intracellular calcium density $\sim 10^{-8}$ - 10^{-6} M is four orders of magnitude smaller than in the environment and is sustained by membrane mechanisms. This takes care of the workings of fast signal mechanisms for response to external conditions. Especially sensitive to intercellular calcium density is calmodulin protein that affects the activity of many enzymes.

Kislovsky (1971) supposed that calcium plays an important role in biological effects of EMFs. The works of Bawin *et al.* (1975) and Bawin and Adey (1976) seem to have been the first assays to reveal a connection between EMF biological effects and calcium ions. They studied the rate of calcium ions efflux from brain tissues under low-frequency, RF, and microwave EMFs. Later on these data have been independently confirmed. Calcium binding with calmodulin as a primary target for the biological action of microwaves and the biochemical analysis of the hypothesis were discussed by Arber (1985).

2.6 EFFECTS OF LOW-FREQUENCY ELECTRIC FIELDS

Biological action of an electric field reduces primarily to the action of ion currents it induces in intra- and intercellular plasma. A redistribution of ions results in local changes of electropotentials on the surface of macromolecules and cellular membranes. This in turn is accompanied by a change in biochemical reaction rates.

It is well known that relatively intensive and short pulses of electric current encourage penetration of large molecules of DNA or protein type into biological cells. For instance, anticarcinogenic effectiveness of bleomycin is hampered by the fact that a bleomycin molecule is unable to get through a cell membrane. Current

One promising area of research, in addition to the general reduction in the pollution level, is the use of ... electromagnetic fields! That is no mistake. Just as very small homeopathic doses of drugs are able to compensate for a biological action of the same substances in normal doses, so the action of weak deleterious EMFs can be offset by similar fields, only much weaker ones. Devices based on that principle were shown at the 1996 Congress of the European Bioelectromagnetics Association at Nancy. Works of some scientific groups coordinated by M. Fillion-Robin have shown that these devices reduce the risk of diseases in users of computer monitors and mobile phones (Hyland *et al.*, 1999).

EXPOSURE TO EMFs

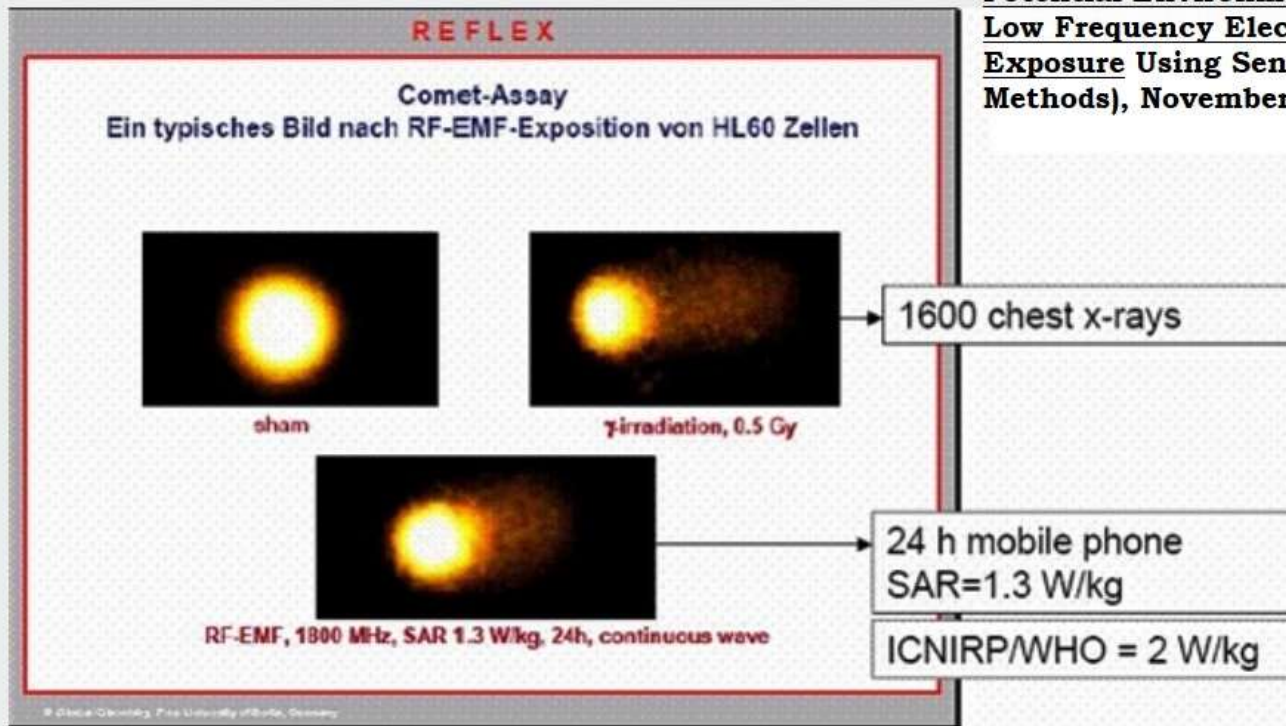
The biological significance of such electric and magnetic fields has been revealed in many epidemiological studies (e.g., Tenforde, 1992) initiated by the work of Milham, Jr (1982) on the mortality of workers with higher EMF exposures. One of the last reviews on the subject (Nakagawa, 1997) contains an analysis of 31 positive and 13 negative results pointing to doubled cancer risks for populations living near electric transmission lines and workers in energy-intensive industries.

Twenty percent of the works at the III Congress of the European Bioelectromagnetics Association in 1996 addressed, to some degree or other, the interrelation between cancer incidence and electromagnetic radiations. On the one hand, it is well established that EMFs in certain cases enhance the carcinogenic effect of some detrimental chemical substances and other factors (Wilson *et al.*, 1990). For instance, Juutilainen *et al.* (1996) found that a 50-Hz MF accelerates the development of skin cancer on exposure to UV radiation. It is well known that an MF changes the activity of melatonin enzyme, which is responsible for the fine regulation of the immune system (Wilson *et al.*, 1981; Cremer-Bartels *et al.*, 1984; Lerchl *et al.*, 1991; Kato *et al.*, 1993, 1994; Loscher *et al.*, 1994; Kato and Shigemitsu, 1996; Stevens *et al.*, 1997; Harland and Liburdy, 1997; Blackman *et al.*, 2001). On the other hand, there is no hard correlation with exposure to an MF, and no correlation between a 60-Hz MF and the melatonin level has been found by Lee *et al.* (1995). Juutilainen *et al.* (2000) believe that the effects manifest themselves especially distinctly with long-term exposures to both an EM radiation and chemical carcinogens. Much

technology inflicts the same drastic damage to animal and human DNA as excessive ionizing X-radiation.

Below is an image produced by REFLEX scientists who represented twelve research institutions in seven nations. In this image we can clearly see that non-ionizing microwaves, generated by tower antennas, Wi-Fi and personal wireless devices, produce DNA damage identical to ionizing X-ray damage. [23]

Report of the European Union's REFLEX Project (Risk Evaluation of Potential Environmental Hazards from Low Frequency Electromagnetic Field Exposure Using Sensitive in vitro Methods), November 2004.



Upper left: normal human DNA with no damage (sham photo)

Upper right: human DNA damage after 1600 chest X-rays

Bottom: DNA damage after 24-hours of 1.8 gigahertz cell phone radiation propagated at a power density that yields a specific absorption rate (SAR) of 1.3 W/kilogram

THE EXTREME DANGERS OF NON-IONISED / WIRELESS RADIATION (EDINBURGH, GLASGOW, CUMBERNAULD RECORDINGS)

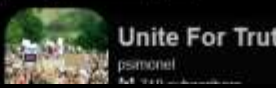
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Emf radiation dangers

The link with covid-19, covid vaccines

DR. MAGDA HAVAS PHD
PROFESSOR AND RESEARCHER

DOCTORS CALL FOR DELAYING DEPLOYMENT OF 5G DUE TO HEALTH RISKS

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 Unite For Truth Edu (rumble.com)

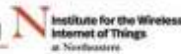
ANTENNAS, ROUTERS, APPLIANCES & SMART PHONES FOR A SMART (KILL) GRID

THE LINK WITH THE INTRA-BODY NANO-NETWORK

<https://www.bitchute.com/video/beWLHFJoSYUo/>

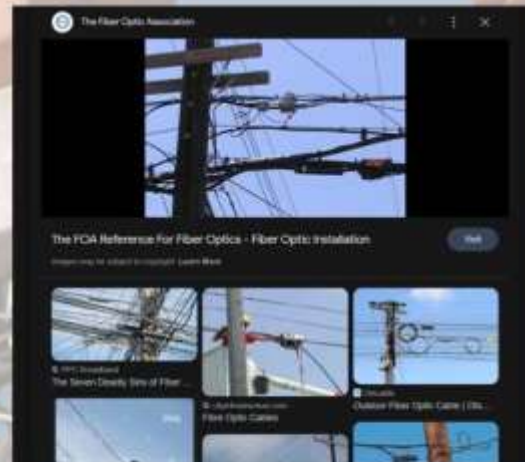
<https://www.bitchute.com/video/3ZGvRloBw791/>

Joint Nano-bio Communication and Sensing

 Institute for the Wireless Internet of Things at Newcastle



FIBRE OPTIC, 5G/6G & TERRAHERTZ



More video compilations on:
Unite For Truth Scotland
(Bitchute.com)
Unite For Truth Edu
(rumble.com)

Simona Panaitescu
Aug – Sep 2023

Cell

2016 · R · 1h 38m

An example of predictive programming?...

Cast & crew · User reviews · Trivia · FAQ

IMDb RATING
★ 4.4/10
30K

YOUR RATING
★ Ra



Action

Adventure

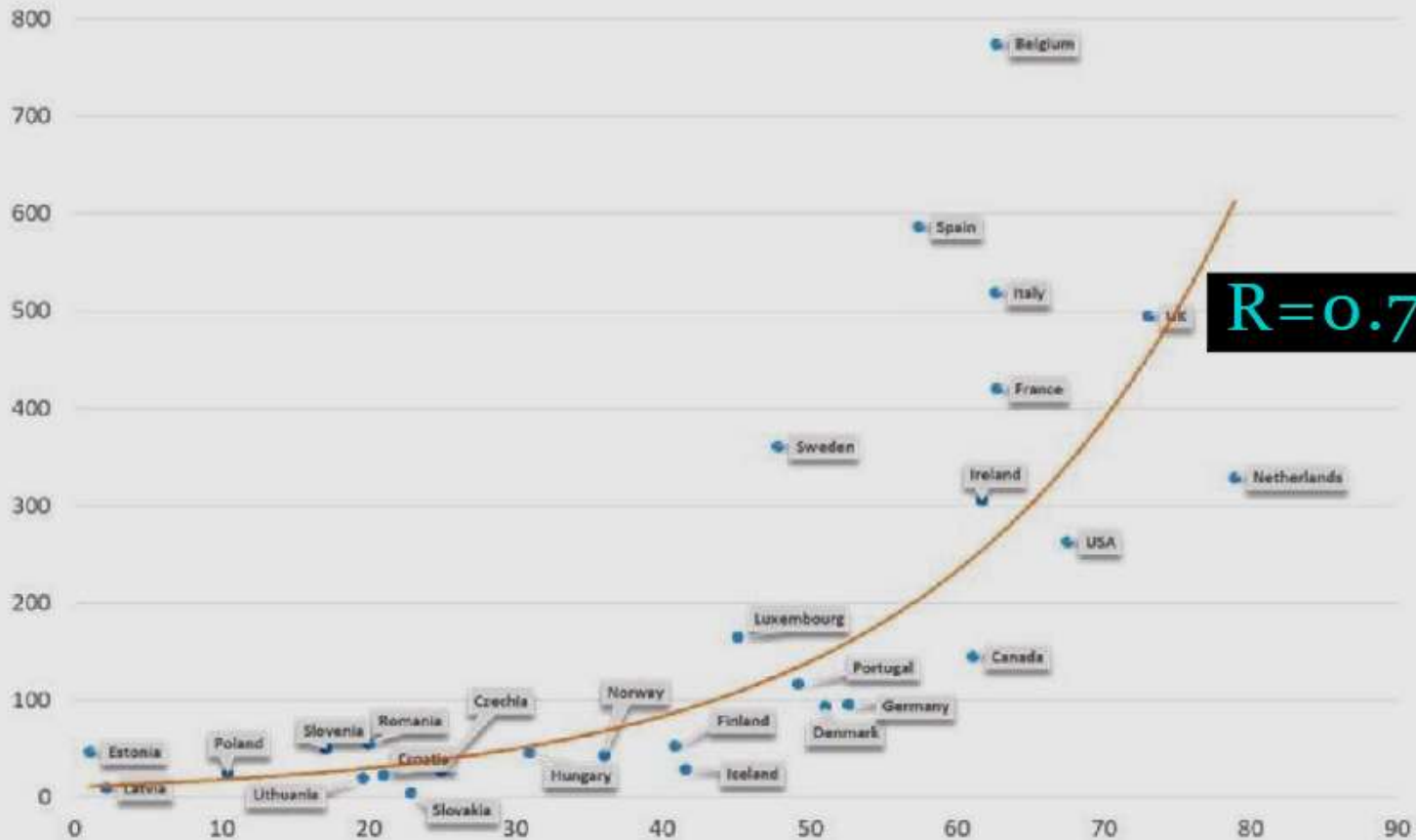
Horror

When a mysterious cell phone signal causes apocalyptic chaos, an artist is determined to reunite with his young son in New England.

Watch on Prime
included with Prime

COVID-19 Death Rate vs Percentage of Vaccinations for Influenza

COVID Death rate (per million population)



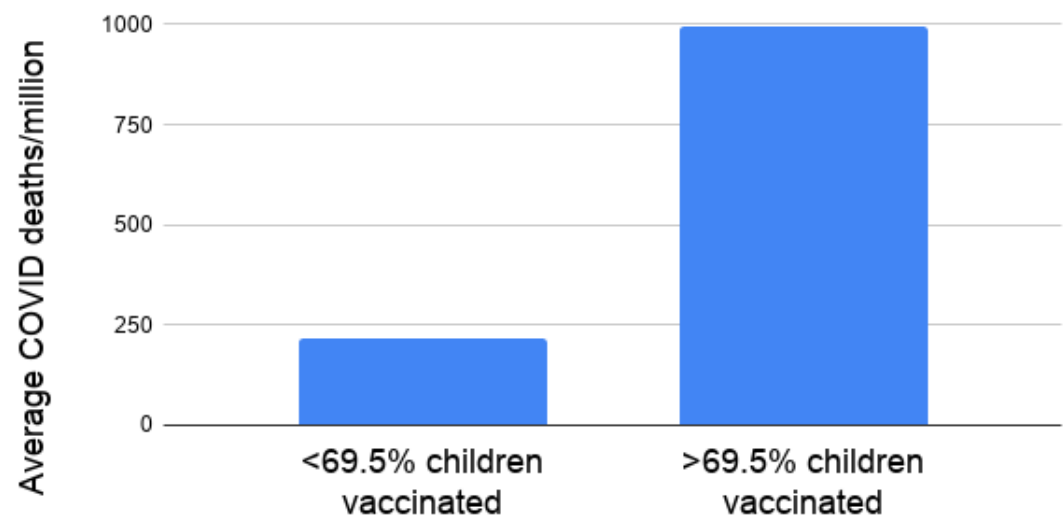
$R=0.7299$

Over 65s influenza vaccination uptake (%)

Sources

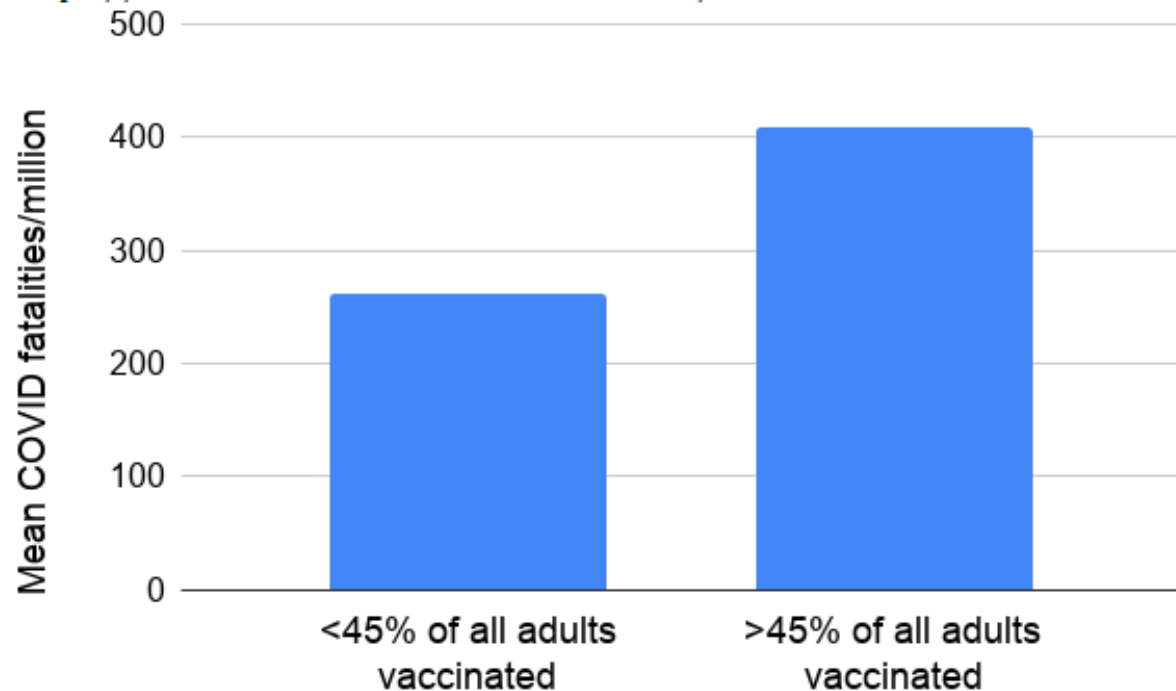
COVID Deaths from worldometers.info at 23/05/2020. Influenza vaccination uptake: EU from ECDC/NA from OECD. ECDC survey data used where available. Note ECDC Belgium data is 3.5 years older than other EU countries

<https://homevaccineeducationnetwork.com/flu-vaccine-and-covid-19>
COVID fatality rates as a function of flu vaccination rates in
children 6 months-18 yrs



Correlation between
Covid fatality
&
Flu Vaccination rates
(2020)

<https://homevaccineeducationnetwork.com/flu-vaccine-and-covid-19>



EMF & VACCINES (Convergence of toxicity)

loc.gov/item/global-legal-monitor/2019-08-27/china-vaccine-law-passed/



Listen to this page

ARTICLE

China: Vaccine Law Passed

(Aug. 27, 2019) On June 29, 2019, the National People's Congress Standing Committee of the People's Republic of China (PRC or China) adopted the [PRC Law on Vaccine Administration](#) (Vaccine Law). The official Xinhua news agency [states](#) that the Law provides for the "strictest" vaccine management with tough penalties in order to ensure the country's vaccine safety.

Before the passage of this 100-article Law, provisions governing vaccines [were contained](#) in the PRC Drug Administration Law, PRC Law on the Prevention and Treatment of Infectious Diseases, and a few relevant administrative regulations and rules.

The new Law provides for regulatory requirements for researching, producing, distributing, and using vaccines. Such requirements, according to one legal commentator, are [much more stringent](#) than those for other drugs (art. 2). It also contains a chapter specifying penalties for violating the Vaccine Law, which are also stricter than those for violating other drug laws (ch. 10). According to the Law, if any violation of this Law constitutes a crime, a "heavier punishment" within the range of punishments provided by the Criminal Law on the relevant crimes is to be imposed (art. 79).

The Law mandates the launching of a national vaccine electronic tracking platform that integrates tracking information throughout the whole process of vaccine production, distribution, and use to ensure all vaccine products can be tracked and verified (art. 10).

According to the Law, China is to implement a state immunization program, and [residents living within the territory of China are legally obligated to be vaccinated with immunization program vaccines, which are provided by the government free of charge.](#) Local governments and parents or other guardians of children must ensure that children be vaccinated with the immunization program vaccines (art. 6).

The Law establishes a compensation system for abnormal reactions to vaccination. A recipient of an immunization program vaccine who dies or suffers significant disability or organ and tissue damage is to be paid from the vaccination funds of the provincial level government if the damage falls within the scope of abnormal reactions associated with a vaccine or cannot be prevented (art. 56).

[The Law will take effect on December 1, 2019](#) (art. 100).

"The Project"
 Carcinogenic Virus Development Protocol
 New Orleans, LA 1963

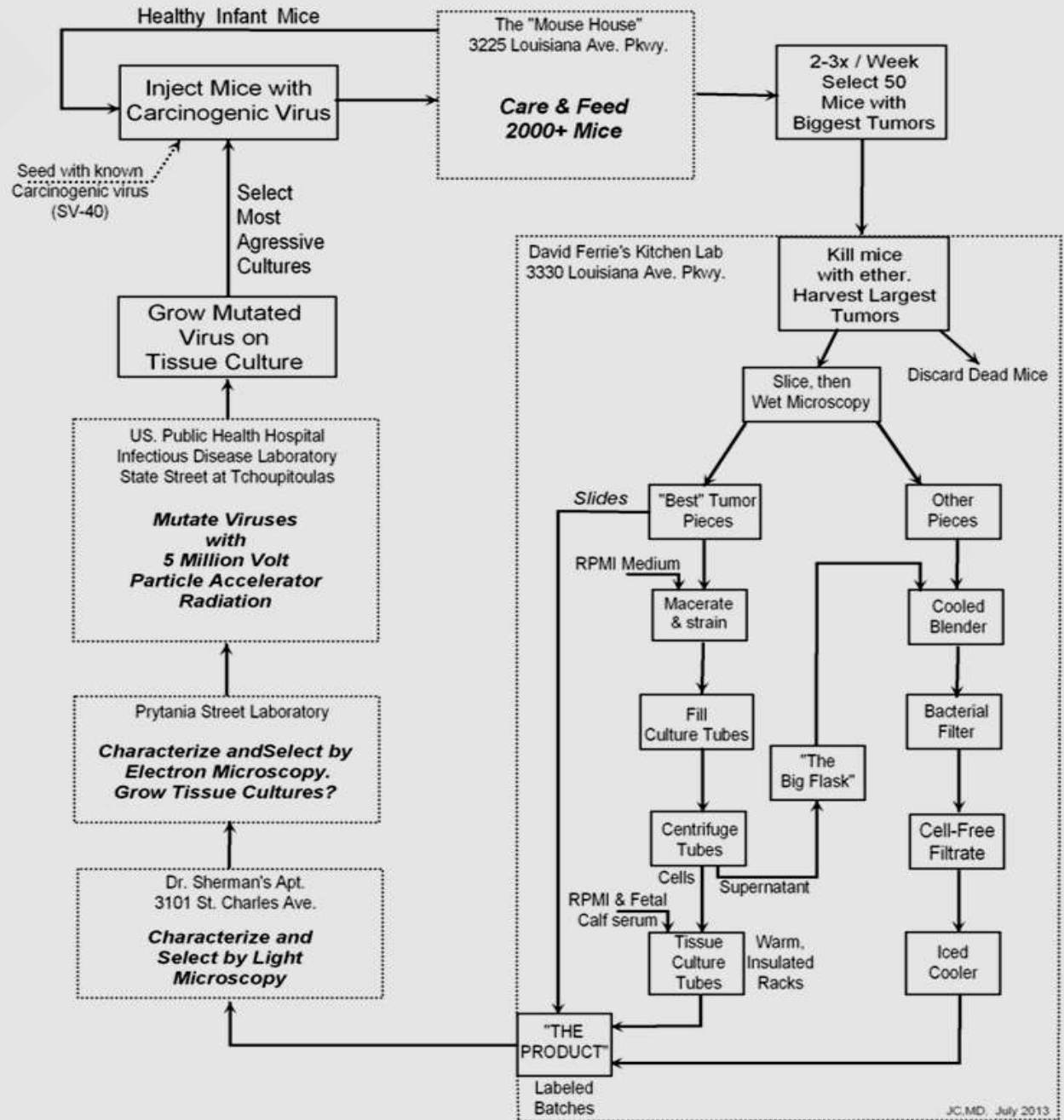
<https://www.medesignman.com/MEDICINE/THE%20PROJECT/The%20Project%20Intro%20Page.html>

<https://www.bitchute.com/video/tk8VARYKhEQb/>



'Pandemic': Was Judy Mikovits Arrested Without a Warrant ...
 May 6, 2020 - Researcher **Judy Mikovits** was arrested without a warrant and jailed without charges for making a controversial scientific discovery.

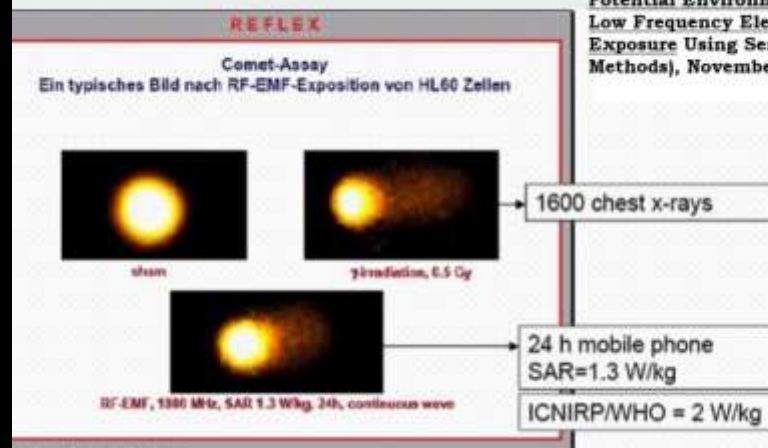
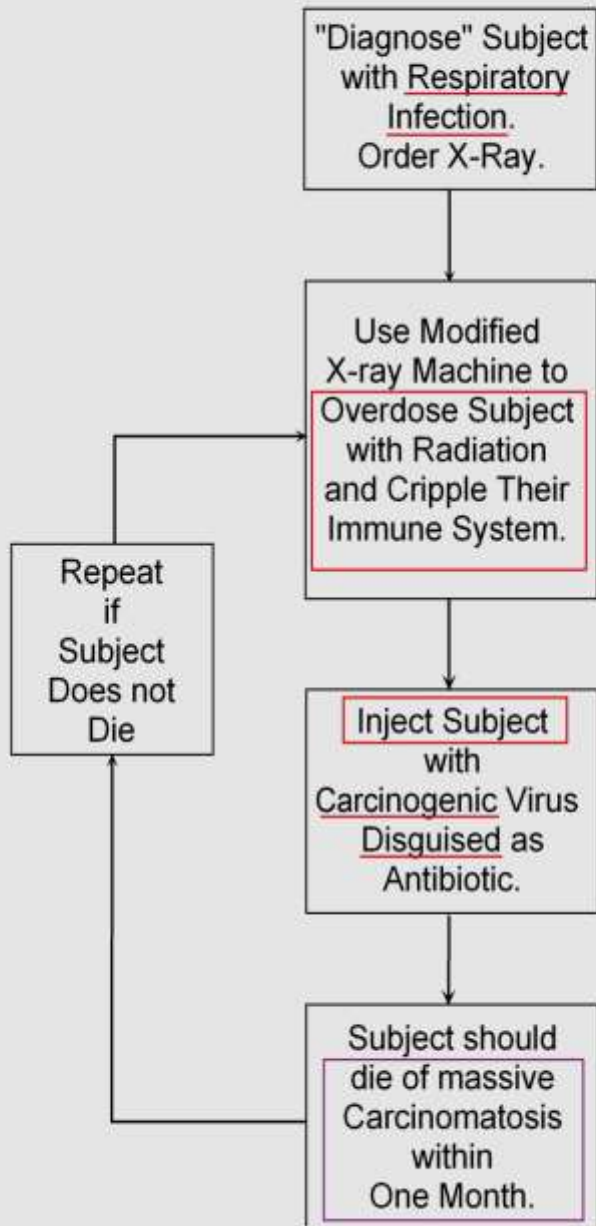
Molecular biologist Dr. Judy A. Mikovits was thrown in jail after discovering evidence that deadly retroviruses are transmitted through vaccines given to humans.



"The Project"

Protocol to Induce Metastatic Cancer in Humans

New Orleans, LA 1963



Report of the European Union's REFLEX Project (Risk Evaluation of Potential Environmental Hazards from Low Frequency Electromagnetic Field Exposure Using Sensitive in vitro Methods), November 2004.

Weiner directs a translational molecular immunology research team focused on creating novel immunotherapy approaches for disease prevention and treatment using synthetic nucleic acid technology. Accomplishments of the team and collaborators include the first clinical studies of DNA vaccines, with a focus on advances in gene optimization and electroporation (EP)-mediated DNA delivery. Their work has revitalized the field, rapidly and safely moving new advances into human studies. These include the world's first Zika vaccine, the first MERS vaccine, an advanced Ebola Vaccine, and a novel HIV vaccine, among others. Additionally, the Weiner laboratory has helped to develop immunotherapy approaches that are currently in clinical testing for HPV-associated cancer, prostate and other cancers. The first clinically efficacious therapeutic DNA vaccine for HPV cervical intraepithelial neoplasia CIN) has moved into a licensure trial (REVEAL). Weiner and his lab have received several awards/honors for their accomplishments, including the Vaccine Industry Associations Outstanding Academic Research Laboratory (2015 & 2016), being named one of the Top 20 Translational Research Laboratories of the Year (Nature Biotechnology 2016, 2017 & 2018) and the 2014 Stone family Award for Cancer Research.

Home / News & Opinion

Cancer Metastasizes Via Fusion of Tumor and Immune Cells: Study

Researchers say evidence of hybridization between leukocytes and cancer indicates that this is a primary means of metastasis. Others disagree.



Marcus A. Banks

Jun 17, 2021 | 3 min read

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Cancer metastasizes through the fusion of tumor cells with immune cells, according to a case report published online May 28 in *Cancer Genetics*.

ABOVE: © ISTOCK.COM,
MOHAMMED HANEEFA

YES, THEY HAVE DENIED LIFE-SAVING TREATMENTS!

See also the summaries of science studies & medical reports at:

COVID-19 early treatment: real-time analysis of 3,339 studies <https://c19early.org/>

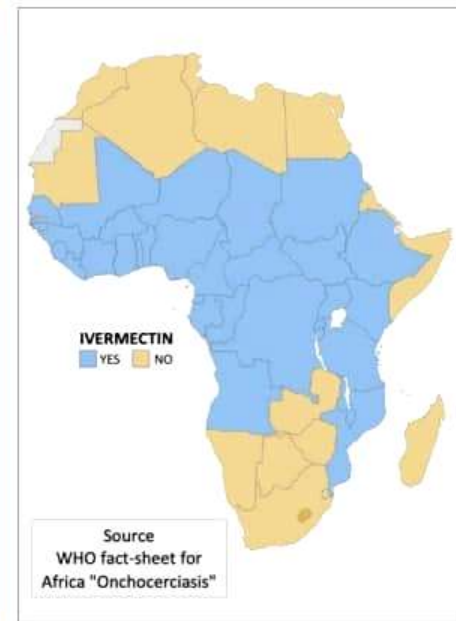
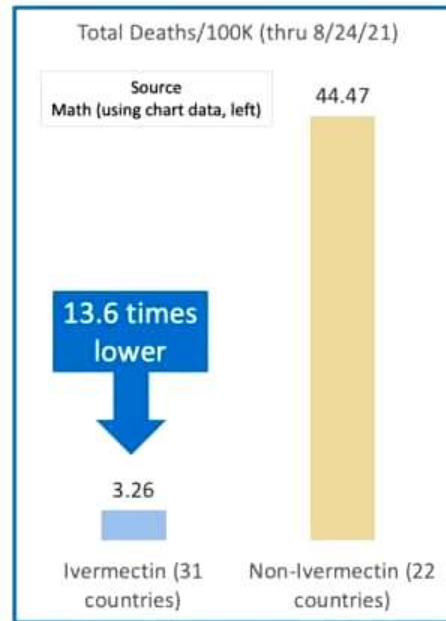
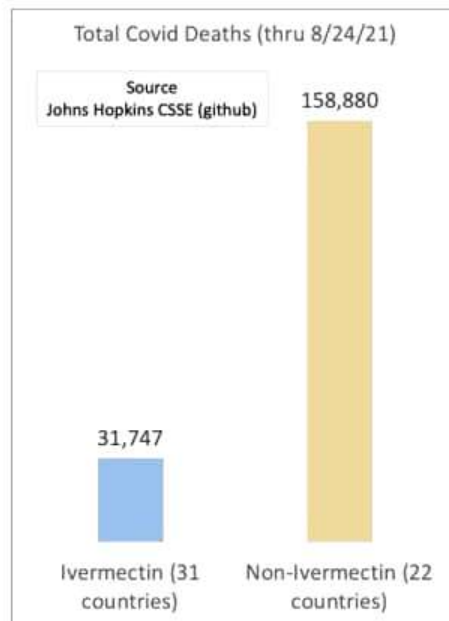
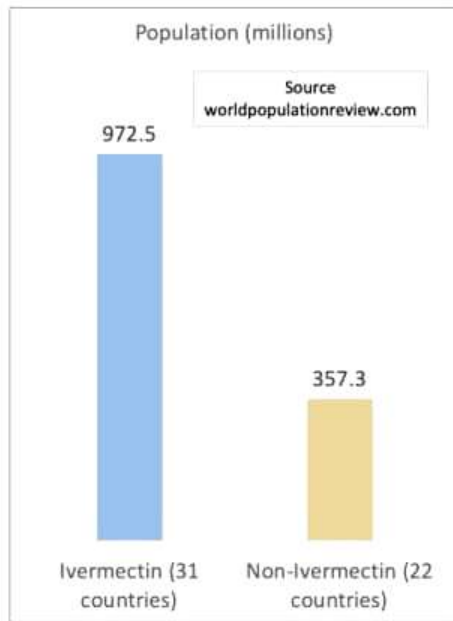


Steven Crowder
@scrowder

The creator of Ivermectin was awarded the 2015 Nobel Prize for its use in humans. Any journalist who refers to it as "horse dewormer" is guilty of malpractice.

Covid Deaths in Africa, Ivermectin vs. Non-Ivermectin countries*

@birb_k



Perspective: IF non-Ivermectin countries in Africa had the same Covid fatality rate as the Ivermectin countries, the number of deaths in that group of 22 countries would be 11,665, which is **~147,000 fewer deaths** than what has actually occurred.

How many would have died from Ivermectin? Reviewing the WHO Essential Medicine reports indicates **likely none**.

* "Ivermectin countries" are those who have had regular widespread access to and use of Ivermectin for the prevention of Onchocerciasis (River Blindness).

See World Health Organization description <https://www.who.int/news-room/fact-sheets/detail/onchocerciasis>.



WHO: "More than 99% of infected people live in 31 countries in sub-Saharan Africa". "Community-directed treatment with ivermectin is the core strategy to eliminate onchocerciasis in Africa."

Also refer to 2015 Nobel prize recognition of Ivermectin success: <https://www.nobelprize.org/prizes/medicine/2015/press-release/>

“Effect of **calcifediol** treatment and best available therapy versus best available therapy on intensive care unit admission and mortality among patients hospitalized for COVID-19: A pilot randomized clinical study”

Marta Entrenas Castillo ^a, Luis Manuel Entrenas Costa ^a , José Manuel Vaquero Barrios ^a, Juan Francisco Alcalá Díaz ^b, José López Miranda ^b, Roger Bouillon ^c, José Manuel Quesada Gomez ^d

Show more 

+ Add to Mendeley  Share  Cite

<https://doi.org/10.1016/j.jsbmb.2020.105751>

[Get rights and content](#)

Highlights

- The vitamin D endocrine system have a variety of actions on cells and tissues involved in COVID-19 progression.
- Early calcifediol (25-hydroxyvitamin D) treatment to hospitalized COVID-19 patients significantly reduced intensive care unit admissions- Calcifediol seems to be able to reduce severity of the COVID-19.
- Calcifediol seems to be able to reduce severity of the disease.

More proof vitamin D cuts your risk of getting severely ill from Covid? Study finds deficiencies in the sunshine nutrient are four times more common in infected hospital patients

- University of Cantabria researchers in Santander looked at 216 Covid patients
- Found 82% were deficient in vitamin D, compared to 47% in the control group
- Adds to mountain of evidence pointing to link between nutrient, illness severity

By CONNOR BOYD ASSISTANT HEALTH EDITOR FOR MAILONLINE
PUBLISHED: 15:22, 27 October 2020 | UPDATED: 18:38, 27 October 2020

Since the Covid-19 epidemic started multiple studies have repeatedly shown a link to Vitamin D deficiency yet when Matt Hancock was asked about it he **WRONGLY** said a British study had found the opposite. Is he ignorant or incompetent?

- Mr Hancock claimed Government experts ran unsuccessful trials of vitamin D
- But officials since admitted this wasn't true and claim health secretary misspoke
- MPs and experts today fumed Mr Hancock 'needed to get his facts straight'
- Experts have for months been calling for ministers to look into vitamin's effect

By CONNOR BOYD HEALTH REPORTER FOR MAILONLINE

PUBLISHED: 11:05, 1 October 2020 | UPDATED: 18:45, 1 October 2020

 Share       **7.5k** shares  **1.1k** View comments

Health Secretary Matt Hancock was told to 'get his facts straight' today after shooting down vitamin D as a potential coronavirus treatment despite a growing body of evidence from around the world suggesting it works.

Experts have for months been calling for officials to look into the immune system-boosting nutrient's effect on Covid-19 patients after a mountain of research showed a link to vitamin D deficiency.

MP David Davis calls for Vitamin D therapy to be rolled out 'immediately' after study finds it can 'reduce Covid deaths by up to 60%' – despite scientists saying further research is needed

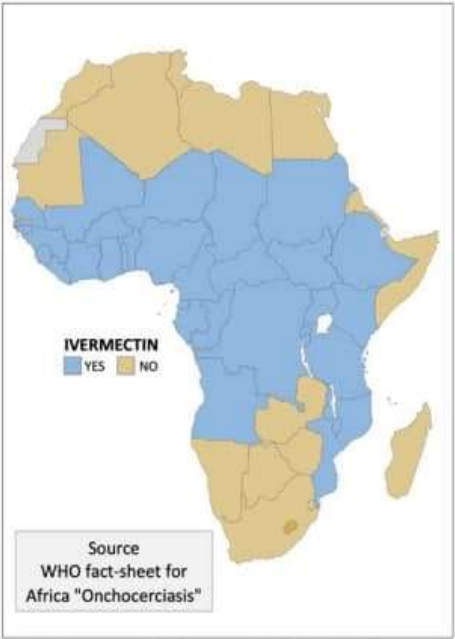
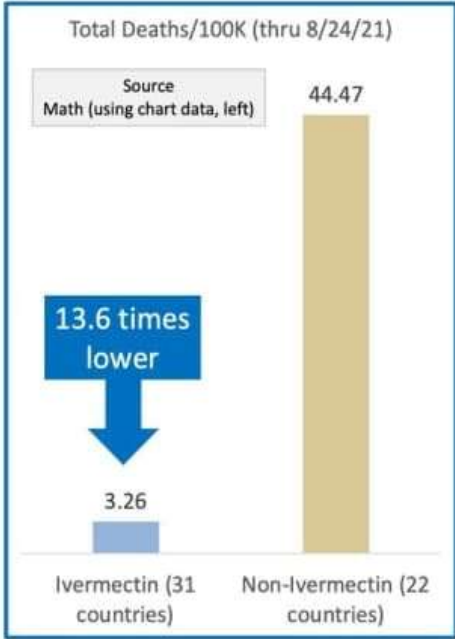
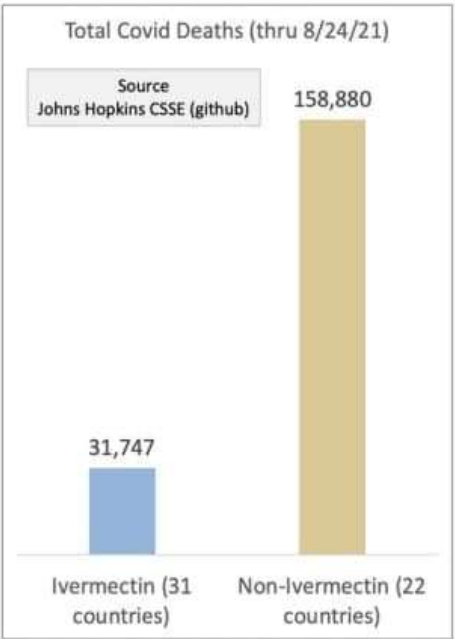
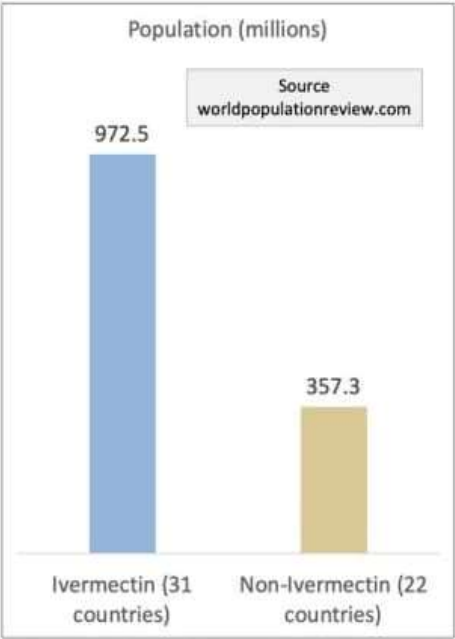
- Study evaluated effectiveness of calcifediol on patients at hospital in Barcelona
- Found those given doses of Vitamin D were 80 per cent less likely to require ICU
- David Davis hailed the findings as a 'very important study' in a series of tweets

By FAITH RIDLER FOR MAILONLINE

PUBLISHED: 21:35, 13 February 2021 | UPDATED: 08:21, 14 February 2021

Covid Deaths in Africa, Ivermectin vs. Non-Ivermectin countries*

@birb_k



Perspective: IF non-Ivermectin countries in Africa had the same Covid fatality rate as the Ivermectin countries, the number of deaths in that group of 22 countries would be 11,665, which is ~147,000 fewer deaths than what has actually occurred.

How many would have died from Ivermectin? Reviewing the WHO Essential Medicine reports indicates likely none.

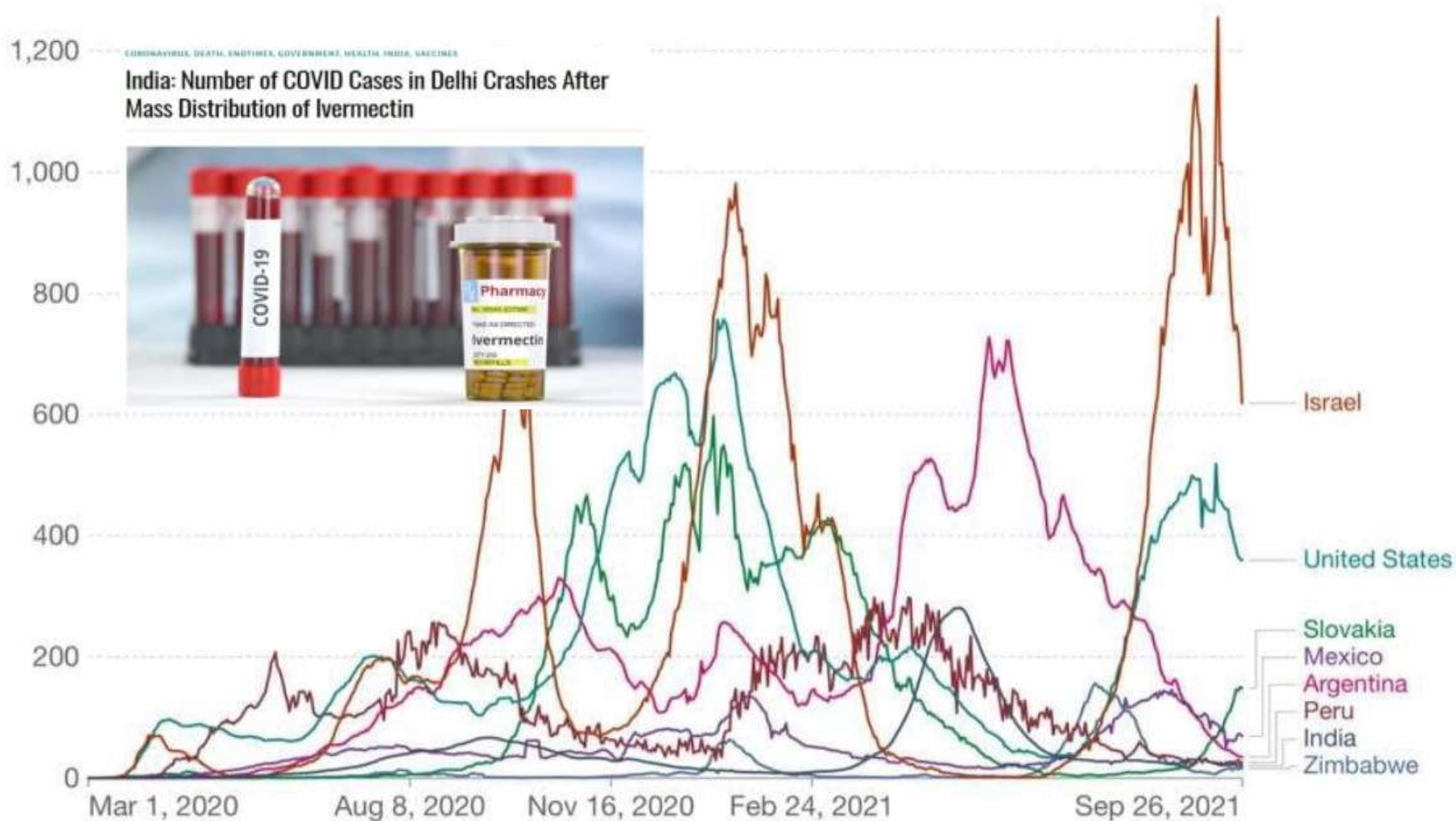
* "Ivermectin countries" are those who have had regular widespread access to and use of Ivermectin for the prevention of Onchocerciasis (River Blindness). See World Health Organization description <https://www.who.int/news-room/fact-sheets/detail/onchocerciasis>.

WHO: "More than 99% of infected people live in 31 countries in sub-Saharan Africa". "Community-directed treatment with ivermectin is the core strategy to eliminate onchocerciasis in Africa." Also refer to 2015 Nobel prize recognition of Ivermectin success: <https://www.nobelprize.org/prizes/medicine/2015/press-release/>

See more references at: <https://c19early.org/>
<https://unitefortruth.online/natural-health-solutions>

Daily new confirmed COVID-19 cases per million people

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

Note: Countries at the bottom used Ivermectin.

The FDA Misled the Public About Ivermectin and Should Be Accountable in Court, Argues the Association of American Physicians and Surgeons (AAPS)

Association of American Physicians and Surgeons

Fri, September 30, 2022, 10:49 AM · 2 min read



TUCSON, Ariz., Sept. 30, 2022 (GLOBE NEWSWIRE) -- The Association of American Physicians and Surgeons (AAPS) filed its motion and amicus brief Thursday evening with the federal district court in Galveston urging it to allow the lawsuit to proceed against the FDA for its misleading statements against ivermectin. In *Apter v. HHS*, a group of physicians sued to hold the Food and Drug Administration, a federal agency within the Department of Health & Human Services (HHS), accountable for its interference with physicians' ability to treat Covid-19.

"Defendant FDA has improperly exploited misunderstandings about the legality and prevalence of off-label uses of medication, in order to mislead courts, state medical boards, and the public into thinking there is anything improper about off-label prescribing," AAPS writes in its amicus brief to the court. "Not only is off-label prescribing fully proper, legal, and commonplace, but it is also absolutely necessary in order to give effective care to patients."

Yet the FDA published multiple statements and sent letters to influential organizations to falsely disparage ivermectin, implying that it was not approved for treating Covid-19. Many, including courts and state medical boards, were misled by the FDA into thinking that its lack of approval for this treatment meant that ivermectin should not be used to treat Covid-19.



Rep. Paul Gosar, DDS

@RepGosar

Ivermectin WORKED as a therapeutic treatment for Covid. Anthony Fauci lied about that fact and hundreds of thousands died because of his malpractice and dishonesty.

He belongs in prison.

12:30 PM · 9/28/22 · [Twitter for Android](#)

Ad



Soothing Relief From The Discomfort Of Jack Itz

Where is THE VIRUS? And how infectious it really is?



Christine Massey
@ChrisMasseyFOIs

Thanks to all the great people sending in their "SARS-COV-2" isolation/purification/existence FOI responses from around the world, we now have "no records" responses from 86 institutions in 23 countries. It doesn't exist and virology isn't a science!

fluoridefreepeel.ca/fois-reveal-th...



See also: **THERE IS NO EVIDENCE of the EXISTENCE for ANY VIRUS ISOLATED by ANYONE ANYWHERE in the WORLD** (Dr. Robert Young)



November 05, 2021

SENT VIA EMAIL

Elizabeth Brehm
Attorney
Siri & Glimstad
200 Park Avenue, 17th Floor
New York, New York 10166
foia@sirillp.com

2nd Letter Subject: Final Response Letter

Dear Ms. Brehm:

The Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) received your September 02, 2021, Freedom of Information Act (FOIA) request on September 02, 2021, seeking:

"Documents reflecting any documented case of an individual who: (1) never received a COVID-19 vaccine; (2) was infected with COVID-19 once, recovered, and then later became infected again; and (3) transmitted SARS-CoV-2 to another person when reinfected."

A search of our records failed to reveal any documents pertaining to your request. The CDC Emergency Operations Center (EOC) conveyed that this information is not collected.

You may contact our FOIA Public Liaison at 770-488-6277 for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with the response to this request, you may administratively appeal by writing to the Deputy Agency Chief FOIA Officer, Office of the Assistant Secretary for Public Affairs, U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, Suite 729H, Washington, D.C. 20201. You may also transmit your appeal via email to FOIARquest@psc.hhs.gov. Please mark both your appeal letter and envelope "FOIA Appeal." Your appeal must be postmarked or electronically transmitted by February 03, 2022.

Sincerely,

Roger Andoh
CDC/ATSDR FOIA Officer
Office of the Chief Operating Officer
Phone: (770) 488-6399
Fax: (404) 235-1852

#21-02152-FOIA

Source: cvrctns.com/unvaxxed

MATT HANCOCK'S MISSION AGAINST THE PEOPLE OF BRITAIN

NOW THE WORLD KNOWS !

Bitchute.com



<https://www.bitchute.com/video/MBJzyTDy3oOm/>



Breathlessness is the subjective sensation of discomfort with breathing and is a common cause of major suffering in people with acute, advanced and terminal disease. Treatment of underlying causes of dyspnoea should be considered and optimised where possible. Both COVID-19 and non-COVID-19 conditions (advanced lung cancer, lymphangitis carcinomatosa, SVCO, etc) **may** cause severe breathlessness / distress toward end of life.

Reversible causes

- both COVID-19 and non-COVID-19 conditions (advanced lung cancer, SVCO, lymphangitis carcinomatosa, etc) **may** cause severe distress / breathlessness toward end of life
- check blood oxygen levels

Non-pharmacological measures

- positioning (various advice depending on position: sit upright, legs uncrossed, let shoulders droop, keep head up; lean forward)
- relaxation techniques
- reduce room temperature
- cooling the face by using a cool flannel or cloth
- portable fans used in clinical areas have been linked to cross infection in health and social care facilities, although there is no strong evidence yet
- portable fans are not recommended for use during outbreaks of infection or when a patient is known or suspected to have an infectious agent

Pharmacological measures

- humidified oxygen (no evidence of benefit in the absence of hypoxaemia)
- opioids may reduce the perception of breathlessness
 - morphine modified release 5mg bd (titrate up to maximum 30mg daily)
 - morphine 2.5-5mg PO prn (1-2mg SC if unable to swallow)
 - midazolam 2.5-5mg SC prn for associated agitation or distress
- anxiolytics for anxiety
 - lorazepam 0.5mg SL prn
- in the last days of life
 - morphine 2.5-5mg SC prn
 - midazolam 2.5mg SC prn
 - consider morphine 10mg and / or midazolam 10mg over 24 hours via syringe driver, increasing to morphine 30mg / midazolam 60mg step-wise as required

NHS document. 60mg of Midazolam. For context, in 2014 in USA, Dennis McGuire was executed by a lethal injection, with just 10mg of Midazolam, followed by 30mg of Hydromorphone #LetsTalkAboutMidazolam #Remdesivir #NHSMurders



HOUSE OF COMMONS

Q377 **Dr Evans:** A good death needs three things: equipment, medication and the staff to administer it. On equipment, do you have enough syringe drivers in the NHS to deliver medications to keep people comfortable when they are passing away?

Matt Hancock: Yes, we have. A challenge was raised on that about eight days ago—it was not as big a challenge as was made public, and we have resolved it. Yes; right now we have enough.

Q378 **Dr Evans:** The syringe drivers are used to deliver medications such as midazolam and morphine. Do you have any precautions in place to ensure that we have enough of those medications?

Matt Hancock: Yes. We have a big project to make sure that the global supply chains for those sorts of medications, as well as the ITU medications that I spoke about earlier, are clear. In fact, those medicines are made in a relatively small number of factories around the world, so it is a delicate supply chain and we are in contact with the whole supply chain.

Q379 **Dr Evans:** In line with that, morphine is currently prescribed per patient. The reason for that is to stop it being abused. I would have to prescribe it for Mr Hancock, for example. In this situation, however, if you are going into a healthcare home, you may not want to waste precious things such as morphine. Have you considered relaxing the laws on doctors and healthcare professionals prescribing morphine, so that there is no waste?

Matt Hancock: That is something we keep under review. I have looked at that particular point, to reduce wastage of key medicines. It is something that the supply and clinical teams in the Department talk about all the time. I do not know if that is JVT's part of the clinical team. He may want to say more.

Professor Van-Tam: Thank you. I have nothing really to add on that.

What hospitals make in each state per Covid patient.

State	Money Received for EACH Covid Case	State	Money Received for EACH Covid Case
Alabama	\$158,000	Montana	\$315,000
Alaska	\$306,000	Nebraska	\$379,000
Arizona	\$23,000	Nevada	\$98,000
Arkansas	\$285,000	New Hampshire	\$201,000
California	\$145,000	New Jersey	\$18,000
Colorado	\$58,000	New Mexico	\$171,000
Connecticut	\$38,000	New York	\$12,000
Delaware	\$127,000	North Carolina	\$252,000
District of Columbia	\$56,000	North Dakota	\$339,000
Florida	\$132,000	Ohio	\$180,000
Georgia	\$73,000	Oklahoma	\$291,000
Hawaii	\$301,000	Oregon	\$220,000
Idaho	\$100,000	Pennsylvania	\$68,000
Illinois	\$73,000	Rhode Island	\$52,000
Indiana	\$105,000	South Carolina	\$186,000
Iowa	\$235,000	South Dakota	\$241,000
Kansas	\$291,000	Tennessee	\$166,000
Kentucky	\$297,000	Texas	\$184,000
Louisiana	\$26,000	Utah	\$94,000
Maine	\$260,000	Vermont	\$87,000
Maryland	\$120,000	Virginia	\$201,000
Massachusetts	\$44,000	Washington	\$58,000
Michigan	\$44,000	West Virginia	\$471,000
Minnesota	\$380,000	Wisconsin	\$163,000
Mississippi	\$166,000	Wyoming	\$278,000
Missouri	\$175,000		

1:00

Tweet

Nick Veteran 8 m

Liska liked

Toby Rogers, Ph.D., M.P.P.
@uTobian

Government *could have* given away vitamins A, C, D, zinc, ivermectin and hydroxychloroquine at stadium drive thru sites & pop up clinics in churches nationwide. Life would have already returned to normal. But health was never the goal because there is no money & power in that.

23:25 · 25 Feb 21 · [Twitter Web App](#)

2,275 Retweets 148 Quote Tweets

Tweet your reply

Reply to Nick...

👍 ❤️ 🗨️



Show Me The Data

@txsalth2o

The American Academy of Pediatrics wants all kids masked until vaccinated?!?

Let's go to their website and see who the biggest donor is....



Proof

Anthem Blue Cross and Blue Shield Medicaid

COVID-19 Vaccine Provider Incentive program

Getting vaccinated against COVID-19 is one of the best and safest ways people can protect themselves and their families against the virus. As a participating practice in the COVID-19 Provider Vaccine Incentive program, we recognize your hard work by offering incentives for helping patients make the choice to become vaccinated.

Eligibility

The COVID-19 Vaccine Provider Incentive program is open to you if you are a participating Kentucky primary care provider with an Anthem Blue Cross and Blue Shield Medicaid (Anthem) panel size of 25 or more members. All Anthem members identified as receiving COVID-19 vaccination services are included in the methodology. Vaccine results will be determined by a COVID-19 vaccine claim or by confirmation from the Kentucky Vaccine Registry.

The results will be calculated for two time periods:

- September 1, 2021 – Initial incentive payment
- December 31, 2021 – Final incentive payment

How you can qualify for a bonus

If your practice meets the below thresholds for vaccination with at least one dose by September 1, 2021, you will receive the initial incentive payment based on the following rates:

- 30% Anthem members vaccinated – \$20 bonus per vaccinated member
- 40% Anthem members vaccinated – \$45 bonus per vaccinated member
- 50% Anthem members vaccinated – \$70 bonus per vaccinated member
- 60% Anthem members vaccinated – \$100 bonus per vaccinated member
- 75% Anthem members vaccinated – \$125 bonus per vaccinated member

The final incentive payment is calculated based on members who are newly vaccinated between September 1, 2021 and December 31, 2021 (see the Appendix for calculation examples). If your practice meets the below thresholds for vaccination with at least one dose by December 1, 2021, you will receive the final incentive payment based on the following rates:

- 30% Anthem members vaccinated – \$100 bonus per newly vaccinated member
- 40% Anthem members vaccinated – \$150 bonus per newly vaccinated member
- 50%
- 60%
- 75%

The more vaccines administered, the more money doctors received!

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

WHAT WORLD WE ARE LIVING IN - THE PROTOCOLS OF DEATH (US)

WATCH VISIBILITY SETTINGS

WHAT WORLD WE ARE LIVING IN
- WE KNOW THAT YOU KNOW ! (PART 3)
(and we will never forget it)

**THE PROTOCOLS OF DEATH
in the Healthcare System (US)**

**VENTILATORS
- REDEMSIVIR - COVID SHOTS**

<https://www.bitchute.com/video/GdoggniCorov/>

<https://www.bitchute.com/video/pil2HP1m4pMJ/>



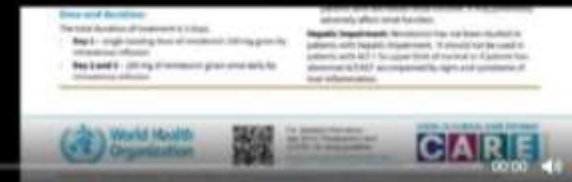
ON REDEMSIVIR (STILL IN USE) VS THE IGNORED COVID TREATMENTS

WATCH VISIBILITY SETTINGS

On REMDESIVIR
(still used by the NHS & other
medical authorities worldwide)



THE IGNORED COVID TREATMENTS



<https://www.bitchute.com/video/M5K01UQ1oIWt/>

WHAT WORLD WE ARE LIVING IN - THE PROTOCOLS OF DEATH (UK)

WATCH VISIBILITY SETTINGS

WHAT WORLD WE ARE LIVING IN
- WE KNOW THAT YOU KNOW ! (PART 2)
(and we will never forget it)

**THE PROTOCOLS OF DEATH
in the Healthcare System(UK)**

**DNR - VENTILATORS - MIDAZOLAM
- REDEMSIVIR - STARVATION - COVID SHOTS**

(April 2020 - July 2022)


www.unitefortruth.online
Unite For Truth Scotland (bitchute.com)

Related video compilations on:
Unite For Truth Scotland
(Bitchute.com)
Unite For Truth Edu
(rumble.com)

FACE MASKS & PCR TESTS

<https://unitefortruth.online/face-masks>

<https://unitefortruth.online/covid-tests-tracing>



6 October 2020

Medical Doctor Warns that “Bacterial Pneumonias Are on the Rise” from Mask Wearing

By John C. A. Manley

17:47

← Thetimes.co.uk

THE TIMES
MONDAY SEPTEMBER

Subscribe



Jason Leitch suggested that antigen tests were not fully reliable as they could give positive results to people who were not infectious

CORONAVIRUS

‘Rubbish’ Covid tests give unreliable results, says health director Jason Leitch



UK COVID-19 Cases

(Per Million)



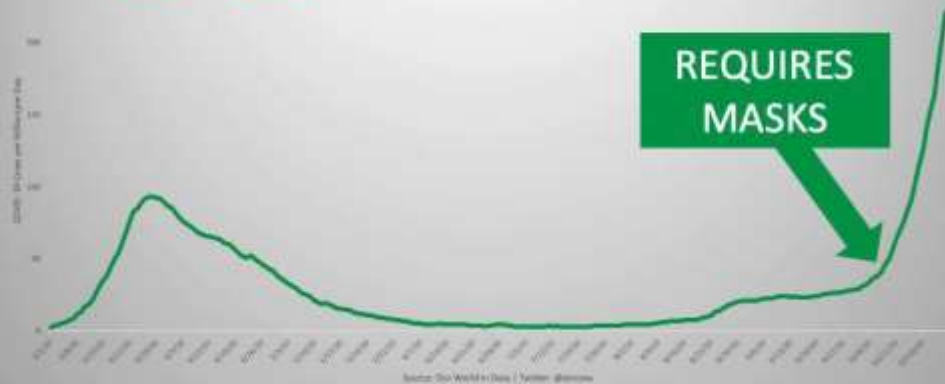
Source: Our World in Data | Twitter: @byhome



Italy COVID-19 Cases

(Per Million)

REQUIRES MASKS



France COVID-19 Cases

(Per Million)

REQUIRES MASKS



Spain COVID-19 Cases

(Per Million)

REQUIRES MASKS



Germany COVID-19 Cases

(Per Million)

REQUIRES MASKS



FACE MASK WEARING:



The US Surgeon General –
WHO, CDC
Drs. Falsy, Batter, Blaylock
who is a neurosurgeon by
the way all say no to face
mask for these reasons...

So, why are masks being
mandated?

- REDUCES OXYGEN UP TO 60%
- INCREASES RISK OF CO2 POISONING
- CAUSES INCREASED FACE TOUCHING
- VIRUSES AND BACTERIA SATURATE THE OUTSIDE
- TOUCHING MASK AND SURFACES SPREADS GERMS
- CONTAMINANTS SIT WITHIN MASK FIBERS, GET REINHALED

• **FRESH AIR** IS VITAL FOR IMMUNE HEALTH!

Check
the official
narrative:

**FEBRUARY TO
APRIL
2020**
versus
**JUNE TO
AUGUST
2020**



"Yes, of course I think masks are extremely important . . . There's no doubt that wearing masks protects you . . . Anything that furthers the use of masks, I am thoroughly in favour of."

DR. FAUCI yes of course I think masks is are extremely important and we

PROLONGED FACE MASK WEARING MAY CAUSE CANCER

"The root cause of cancer is oxygen deficiency, which creates an acidic state in the human body. Dr Warburg also discovered that cancer cells are anaerobic (do not breathe oxygen) and cannot survive in the presence of high levels of oxygen, as found in an alkaline state."

"All forms of cancer have two basic conditions: acidosis and HYPOXIA" (LACK OF OXYGEN: MASKS). "Cancerous tissues are acidic, whereas healthy tissues are alkaline."

" Deprive a cell of 35% of its oxygen for 48 hours and it may become cancerous "

@VicFreeman



Dr. Otto Heinrich Warburg
(1931 Nobel Prize Winner)

Dr. Fauci

"There's no reason to be walking around with a mask . . . Wearing a mask might make people feel a little bit better - and it might block a droplet - but it's not providing the perfect protection that people think it is. And often, there are unattended consequences."



WHEN INFECTION
AND FATALITIES
WERE AT THE
HIGHEST LEVEL

**WE WERE ADVISED NOT
TO WEAR MASKS**

**NOW, WHEN SITUATION
HAS REVERSED
MASKS ARE
MANDATORY**

Del Bigtree demonstration of dangerous CO2 levels under all common face masks in seconds of wearing them!



TECHNOCRACY News & Trends

We Will NOT www.CitizensForFree

Topics Podcasts Media Store Donate VIP English

HOT TOPICS APRIL 2, 2021 | TECHNOCRAT VISION FOR THE FUTURE OF FOOD

HOME HEALTH SYSTEMS

Masks Are Neither Effective Nor Safe: A Summary Of The Science

6 October 2020

Medical Doctor Warns that "Bacterial Pneumonias Are on the Rise" from Mask Wearing

By John C. A. Manley



Environ Pollut. 2021 Jan 1; 268: 115728. Published online 2020 Oct 6. doi: 10.1016/j.envpol.2020.115728

PMCID: PMC7537728 PMID: 33005479

Need for assessing the inhalation of micro(nano)plastic debris shed from masks, respirators, and home-made face coverings during the COVID-19 pandemic

Jie Han* and Shanshan He

Journal Neurocirugia (Neurosurgery):
"Preliminary Report on Surgical Mask Induced Deoxygenation During Major Surgery.. Our study revealed a decrease in the oxygen saturation of arterial pulsations (SpO2)"
PMID: 18500410

(NEJM) New England Journal of Medicine:
"We know that wearing a mask outside health care facilities offers little, if any, protection from infection."
PMID: 32237672

Annals of Internal Medicine:
"..both surgical and cotton masks seem to be ineffective in preventing the dissemination of SARS-CoV-2 from the coughs of patients with COVID-19 to the environment and external mask surface."
<https://www.acpjournals.org/doi/10.7326/M20-1342>

Journal Headache:
"Most healthcare workers develop de novo PPE (such as N95 face mask) associated headaches or exacerbation of their pre-existing headache disorders."
PMID: 32232837

Journal of Life and Environmental Sciences:
"This study showed that the filtering efficiency of cloth face masks were relatively lower, and washing and drying practices deteriorated the efficiency."
PMID: 31289698

Journal of Influenza & Other Respiratory Viruses:
"None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection."
PMID: 22188875

American Journal of Infection Control:
"Face mask use in health care workers has not been demonstrated to provide benefit in terms of cold symptoms or getting colds."
PMID: 19216002



Journal of Epidemiology & Infection:
"There is little evidence to support the effectiveness of face masks to reduce the risk of infection."
PMID: 20092668

(BMJ) British Medical Journal:
"..laboratory-confirmed virus were significantly higher in the cloth masks group.. Penetration of cloth masks by particles was almost 97%.. This study is the first RCT of cloth masks, and the results caution against the use of cloth masks.. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection."
PMID: 25903751

Respiratory acidosis:
"Respiratory acidosis develops when air inhaled into and exhaled from the lungs does not get adequately exchanged between the carbon dioxide from the body and oxygen from the air."
<https://www.medicalnewstoday.com/articles/313110>

University of Edinburgh:
"Conversely, surgical and hand-made masks, and face shields, generate significant leakage jets that have the potential to disperse virus-laden fluid particles by several metres. The different nature of the masks and shields makes the direction of these jets difficult to be predicted, but the directionality of these jets should be a main design consideration for these covers. They all showed an intense backward jet for heavy breathing and coughing conditions. It is important to be aware of this jet, to avoid a false sense of security that may arise when standing to the side of, or behind, a person wearing a surgical, or handmade mask, or shield."
<https://arxiv.org/ftp/arxiv/papers/2005/2005.10720.pdf>

(JAMA) Journal of the American Medical Association:
"Face masks should not be worn by healthy individuals to protect themselves from acquiring respiratory infection because there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill."
<https://jamanetwork.com/journals/jama/fullarticle/2762694>

From Dr. Margarite Griesz-Brisson MD, PhD Consultant Neurologist and Neurophysiologist with a PhD in Pharmacology, with special interest in neurotoxicology, environmental medicine, neuroregeneration and neuroplasticity.

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 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.

The second problem is that the nerve cells in your brain are unable to divide themselves normally. **The lost nerve cells will no longer be regenerated. What is gone is gone.**

Oxygen deprivation is dangerous for every single person's brain. It must be the free decision of every human being whether they want to wear a mask. Besides the fact, we know masks are absolutely ineffective to protect anyone 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!!

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 Organization. And we are responsible for what happens in our country, not the government."

SOURCE: <https://www.sott.net/article/442455-German-Neurologist-Warns-Against-Wearing-Facemasks-Oxygen-Deprivation-Causes-Permanent-Neurological-Damage>



DOUBLE MASK



EFFICIENCY: 75%

TRIPLE MASK



EFFICIENCY: 90%

Source: January 15, 2021 study by Monica Gandhi, Linsey Marr



FACE PILLOW

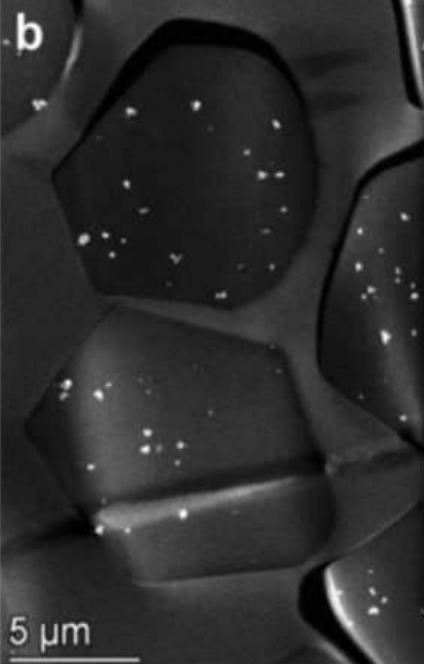


EFFICIENCY: 100%

scientific reports

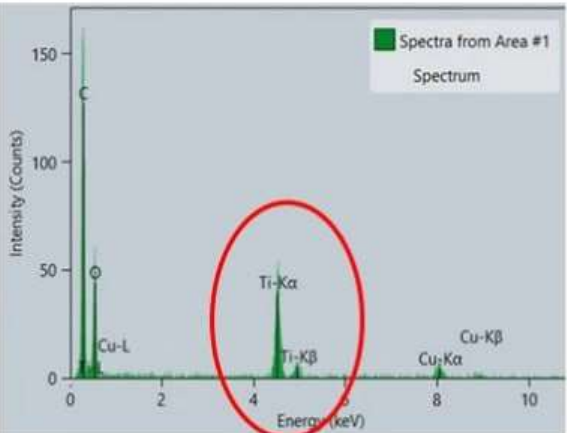
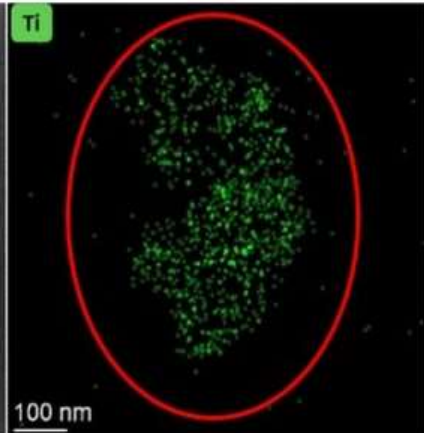
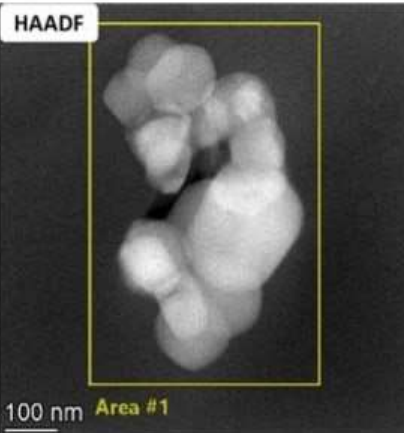
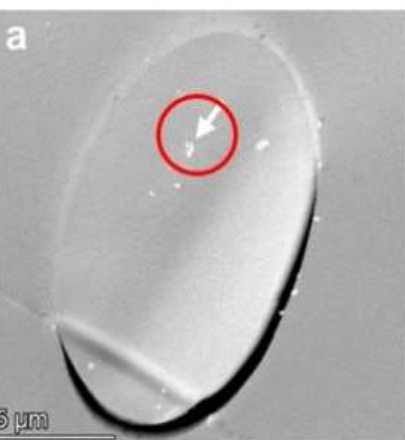


Carcinogenic



Titanium dioxide particles frequently present in face masks intended for general use require regulatory control

[Eveline Verleysen](#), [Marina Ledecq](#), [Lisa Siciliani](#), [Karlien Cheyns](#), [Christiane Vleminckx](#), [Marie-Noelle Blaude](#), [Sandra De Vos](#), [Frédéric Brassinne](#), [Frederic Van Steen](#), [Régis Nkenda](#), [Ronny Machiels](#), [Nadia Waegeneers](#), [Joris Van Loco](#) & [Jan Mast](#)  [— Show fewer authors](#)

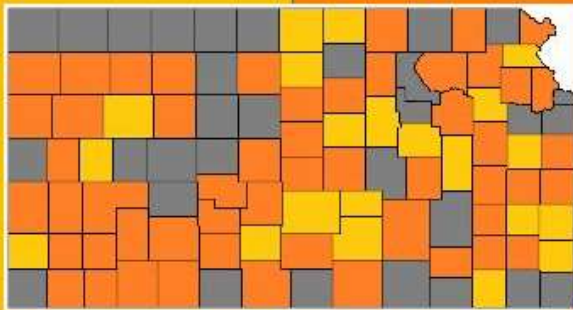


<https://unitefortruth.online/face-masks>

Kansas Counties during Summer 2020

Population under mask mandate

Population not under mask mandate



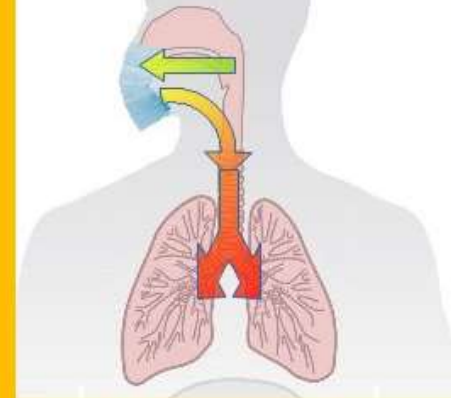
case fatality rate **1.76%**

case fatality rate **0.96%**



Risk of death by COVID-19 **increased by 85%**

Hypothesis:
The Foegen effect



Deep reinhalation of hypercondensed droplets or pure virions which were caught in facemasks (as droplet) can worsen prognosis

Foegen Z. *Medicine* February 2022

@ZachariasFoegen

Daily hospital admissions [7-day ave.] per 100,000 population by UK Nation

16-October 2021

source <https://coronavirus.data.gov.uk/details/healthcare?areaType=nation&areaName=>

Country	People	Daily hospital admissions [7-day ave]	Rate per 100,000 people	Face masks Required	Vaccine Passports	Other Social Restrictions
 Scotland	5,450,000	84	1.54	YES	YES	YES
 Wales	3,100,000	37.3	1.20	YES	YES	YES
 England	56,000,000	667	1.19	NO	NO	V LIMITED

DANGEROUS
BACTERIAL
PROLIFERATION
CAUSED
BY FACE MASKS

Masks—Grave Danger to Kids

A group of parents in Gainesville, FL, sent 6 face masks to a lab at the University of Florida, requesting an analysis of contaminants found on the masks after they had been worn.

The resulting report found that five masks were contaminated with bacteria, parasites, and fungi, including three with dangerous pathogenic and pneumonia-causing bacteria.

“Our kids have been in masks all day, seven hours a day in school... Masks that are in hospitals that we’re using every day are meant to be changed every 20 minutes,” [Amanda] Donoho said.



The analysis detected the following 11 dangerous pathogens on the masks:

- *Streptococcus pneumoniae* (pneumonia)
- *Mycobacterium tuberculosis* (tuberculosis)
- *Neisseria meningitidis* (meningitis, sepsis)
- *Acanthamoeba polyphaga* (keratitis and granulomatous amebic encephalitis)
- *Acinetobacter baumannii* (pneumonia, blood stream infections, meningitis, UTIs—resistant to antibiotics)
- *Escherichia coli* (food poisoning)
- *Borrelia burgdorferi* (causes Lyme disease)
- *Corynebacterium diphtheriae* (diphtheria)
- *Legionella pneumophila* (Legionnaires’ disease)
- *Staphylococcus pyogenes serotype M3* (severe infections—high morbidity rates)
- *Staphylococcus aureus* (meningitis, sepsis)

“Half of the masks were contaminated with one or more strains of pneumonia-causing bacteria... One-third were contaminated with dangerous, antibiotic-resistant bacterial pathogens.”

<https://rationalground.com/dangerous-pathogens-found-on-childrens-face-masks/>

<https://www.westernjournal.com/disgusting-discovery-2-moms-send-kids-masks-lab-analysis-learn-dangerous-really/>

DANGEROUS
BACTERIAL
PROLIFERATION
CAUSED
BY FACE
MASKS



HealthFreedomIreland
@HealthFreedomIE

A German children's charity has commissioned a laboratory to examine a commercially available mask. The face mask was previously worn by a child in school for 8 hours.

Examination findings: Detection of 82 bacterial colonies and 4 mold colonies !!



Labor für Mikrobiologie
und Hygiene

Prüfbericht Nr. 26910 vom 26.08.2020

Auftraggeber	Kinder für Deutschland e.V. Frau Carola Bussinas, 1. Vorsitzende Friedrichstraße 2, 33449 Langerberg
Auftragserteilung am	14.08.2020
Probenempfang am	19.08.2020
Probenahme durch	Auftraggeber
Prüfauftrag	Prüfung auf Aerobe mesophile Gesamtkeimzahl nach AGL B 80 30-2 1999-01 und DIN 12113.2 1997-07
Probenart	Mund-Nasen-Schutzmaske, Innenseite
Probenherkunft	Auftraggeber
Probenbezeichnung	siehe Tabelle
Proben Nr. Labor	2020/26211
Prüfdatum	14.08.2020 - 26.08.2020
Probe im Anlieferungszustand	Mund-Nasen-Schutzmaske in Plastbeutel

Ergebnisse

Proben-Nr.	Untersuchungsparameter	Verfahren
2020	Aerobe mesophile Keimzahl	
26211	Bakterien	82 KGE/25 cm ² AGL B 80 30-2 1999-01 und DIN 12113.2
	Molden	4 KGE/25 cm ² DIN 12113.2



Medical Doctor Warns that “Bacterial Pneumonias Are on the Rise” from Mask Wearing

By [John C. A. Manley](#)

Global Research, November 13, 2021
Global Research 6 October 2020

Region: USA
Theme: Science and Medicine



Translate Website

Important article by John C. A. Manley. First published in October 2020



“A group is suing Tulsa Mayor G.T. Bynum and Tulsa Health Department Executive Director Bruce Dart, saying the city’s mask mandate is harmful to healthy people,” reports Activist Post. [October 2020] The group includes business owners and two doctors who “are asking the city to immediately repeal the mask mandate which was passed by city council last month.”

At a press conference, optometrist **Robert Zoellner** said:

“...the fear factor has got to step back. This idea that I don’t want to give you something that I don’t even know that I have is almost at the point of ridiculous. Let’s use some common sense.”

Dr. James Meehan, MD followed by warning that mask wearing has “well-known risks that have been well-studied and they’re not being discussed in the risk analysis.

“I’m seeing patients that have facial rashes, fungal infections, bacterial infections. Reports coming from my colleagues, all over the world, are suggesting that the bacterial pneumonias are on the rise.

NEWS RELEASES

Tuesday, August 19, 2008

Bacterial Pneumonia Caused Most Deaths in 1918 Influenza Pandemic

Implications for Future Pandemic Planning

The majority of deaths during the influenza pandemic of 1918-1919 were not caused by the influenza virus acting alone, report researchers from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. Instead, most victims succumbed to bacterial pneumonia following influenza virus infection. The pneumonia was caused when bacteria that normally inhabit the nose and throat invaded the lungs along a pathway created when the virus destroyed the cells that line the bronchial tubes and lungs.

Nearly three times more people dying of flu and pneumonia than coronavirus

Comment

 Emma Brazell
Wednesday 22 Jul 2020 9:40 am

Potentially toxic masks distributed in schools and daycares in Quebec



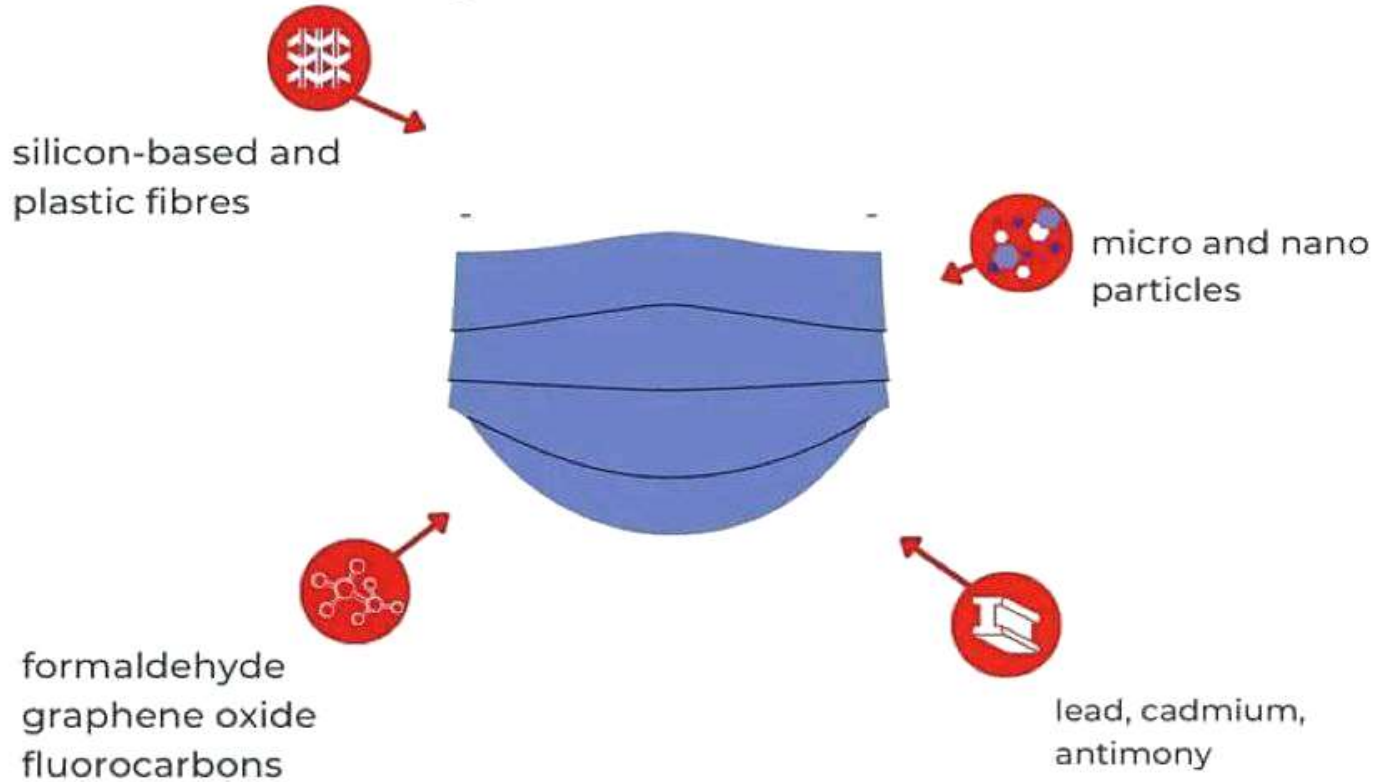
Grey and blue SNN200642 masks should no longer be used, warn Quebec and Ottawa

CBC News · Posted: Mar 26, 2021 7:13 PM ET | Last Updated: March 29

Health Canada conducted a preliminary risk assessment which revealed a potential for early lung damage associated with inhalation of microscopic graphene particles. Graphene is a strong, very thin material that is used in fabrication, but it can be harmful to lungs when inhaled and can cause long-term health problems.

Patrick Baillargeon, who is charge of purchasing Quebec's laboratory supplies, warns in a letter that Health Canada has not received any data to support the safety and efficacy of face masks containing graphene particles and therefore considers the risks associated with these medical devices unacceptable.

What's in surgical masks?





"You can grow them artificially in petri dishes"
(dr. Harald Kautz Vella, 2005)

MASKS ARE DIRTY.



HERE IS BACTERIA FROM A MASK WORN FOR 20 MINUTES AND THEN CULTURED IN A PETRI DISH!

▶ ⏪ 🔊 4:19 / 15:49

⏸ ⌂ ⚙️ 📺 🖥️ 🗉

Morgellons & Smart Dust Infect Individuals to be Tracked via Satellite

508,663 views • Aug 27, 2015

👍 6.6K 💬 396 ➦ SHARE ⌵ SAVE ⋮

WATCH



YT



The Morgellons and Artificial Intelligence Connection : Kandy Griffin @ Phoenix Rising

121,371 views · Jun 14, 2015

1.8K 93 SHARE SAVE ...

DD TV



PotentNews.com

The Reality of Black Goo | Smart Dust & Nanotechnology

287,531 views · Mar 30, 2017

6.9K 340 SHARE SAVE ...

YT



Researchers developing face mask that glows when detecting COVID-19
The team at MIT and Harvard is reportedly designing a face mask that would produce a fluorescent signal when a person with COVID-19 breathes, coughs or sneezes.



Pic: Natural News carbon nanotube hydrogel with gripper

Related video compilations on Unite For Truth Scotland (Bitchute.com)

<https://www.bitchute.com/video/BQ8VJv71oNLj/>

<https://www.bitchute.com/video/SqZJEZH5hniN/>



COVID TESTS

THE Sun

MONEY DEAR DEIDRE TECH TRAVEL MOTORS PUZZLES SUN BINGO SUN VOUCHERS SUN WIN

TESTING TIMES Thousands of CONTAMINATED Chinese-made coronavirus testing kits are recalled – but some have already been used in US

Tariq Tahir
21 Apr 2020, 23:07 | Updated: 21 Apr 2020, 23:12

⌚ AUGUST 25, 2020

Sweden uncovers 3,700 false positives from COVID-19 test kit

UK bound COVID-19 testing kits contaminated with deadly Coronavirus

Jan Khan
@JanKhan20104863

Replying to @naomirwolf

The Covid-19 Self-Test Kit contains (Sterile-EO) Ethylene Oxide for Schools and Home use!
The use of products that have been sterilized with ethylene oxide, such as medical products can damage DNA, cancer-causing activity like lymphoma, leukemia, breast cancer and other effects 🙄

M News > Politics > Coronavirus

Tory-linked firm behind 'contaminated' Covid-19 tests keeps government contract

EXCLUSIVE The government will still use Randox Laboratories for tests, after as many as 750,000 test kits were withdrawn and recalled over 'contamination' fears

Ethylene oxide (EtO) has been categorized as "carcinogenic to humans (Group 1)" by the IARC. While several epidemiological studies have reported carcinogenicity and EtO-Hb formation; information

There are several reasons why a device may contain high levels of residues after being exposed to the ethylene oxide sterilization process.

- Material – certain materials will absorb and retain gas molecules more than others. Natural materials such as cellulose and cotton are known to be very absorbent. Some types of plastics have also shown a high absorption rate when exposed to EO processing.

pubmed.ncbi.nlm.nih.gov

Meningitis due to cerebrospinal fluid leak after nasal swab testing for COVID-19 - PubMed

There is a risk — and that risk gets greater as more and more untrained people (now including children) administer their own swabs.

In October 2020, a [case report](#) was published in JAMA Otolaryngology-Head & Neck Surgery detailing the case of a woman whose brain membrane was pierced by a COVID test swab resulting in the leakage of cerebrospinal fluid. A second woman in the U.S. recently had [a similar experience](#).

Assessing the use of nasal swabs, [researchers publishing in JAMA Otolaryngology-Head & Neck Surgery](#) issued warnings about the risks for the millions who are now routinely going to undergo tests, especially from inexpertly administered nasal swabs.

More on
Ethylene
Oxide's

DANGERS



Jan Khan

@JanKhan20104863

Replying to @naomirwolf

The Covid-19 Self-Test Kit contains (Sterile-EO) Ethylene Oxide for Schools and Home use!

The use of products that have been sterilized with ethylene oxide, such as medical products can damage DNA, cancer-causing activity like lymphoma, leukemia, breast cancer and other effects 🙅

<https://www.osha.gov/dts/sltc/methods/partial/pv2024/pv2024.pdf>



Facebook



YouTube



The Information A...



lycol

2 / 11



100%



L air sample.

1.1.2 Toxic effects (This section is for information only and should not be taken as the basis of OSHA policy.)

Ethylene glycol is a human poison by ingestion (Lethal dose for humans reported to be 100 mL). Lower doses are moderately toxic to humans by ingestion, subcutaneous, intravenous, and intramuscular routes. Human systemic effects by ingestion and inhalation include: eye lacrimation, general anesthesia, headache, cough, respiratory stimulation, nausea or vomiting, pulmonary, kidney and liver changes. If ingested it causes initial central nervous system stimulation followed by depression. Later, it causes potentially lethal kidney damage. It is very toxic in the particulate form upon inhalation. Ethylene glycol is an experimental teratogen and has shown other experimental reproductive effects. Ethylene glycol is a skin, eye, and mucous membrane irritant (Ref. 5.3). Concentrations of about 80 ppm or more were intolerable to humans, with a burning sensation along the trachea and a burning cough (Ref. 5.4).

likely when prevalence is moderate to low.

- Do not use any reagent past the expiration date.
- If the virus mutates in the rRT-PCR target region, 2019-nCoV may not be detected or may be detected less predictably. Inhibitors or other types of interference may produce a false-negative result. An interference study evaluating the effect of common cold medications was not performed.
- Test performance can be affected because the epidemiology and clinical spectrum of infection caused by 2019-nCoV is not fully known. For example, clinicians and laboratories may not know

Kary Mullis
Nobel Chemistry Prize Winner
Inventor of the PCR Test



"with PCR if you do it well you can find almost anything in anybody"
"it doesn't tell you that you're sick"

the optimum types of specimens to collect, and, during the course of infection, when these specimens are most likely to contain levels of viral RNA that can be readily detected.

Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms.

- The performance of this test has not been established for monitoring treatment of 2019-nCoV infection.
- The performance of this test has not been established for screening of blood or blood products for the presence of 2019-nCoV.
- This test cannot rule out diseases caused by other bacterial or viral pathogens.

Figure 2. Genome of SARS-CoV-2 with the most common RT-PCR targets highlighted



RT-PCR detects presence of viral genetic material in a sample but is not able to distinguish whether infectious virus is present. The quantity of intact virus in upper respiratory swabs will be affected by factors that are endogenous and exogenous to laboratory methods.

Laboratory exogenous factors

1. The adequacy of sample collection.
2. The quantity of virus at the collection site.
3. The presence of inhibitors.

Laboratory endogenous factors

1. The total volume of sample collection buffer/medium.
2. The sample preparation method (heat, lysis methods).
3. The laboratory reagent volumes used in each step of the RT-PCR process.
4. The RT-PCR assay of choice.



(19) **United States**

(12) **Patent Application Publication**
Rothschild

(10) **Pub. No.:** US 2020/0279585 A1
(43) **Pub. Date:** Sep. 3, 2020

(54) **SYSTEM AND METHOD FOR TESTING FOR COVID-19**

(71) Applicant: **Richard A. Rothschild**, London (GB)

(72) Inventor: **Richard A. Rothschild**, London (GB)

G06K 9/00 (2006.01)
H04N 5/76 (2006.01)
H04N 9/82 (2006.01)
G16H 40/63 (2006.01)

(52) **U.S. CL.**
CPC *G11B 27/10* (2013.01); *G11B 27/031*

Laboratory Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing



Audience: Individuals Performing COVID-19 Testing
Level: Laboratory Alert

After December 31, 2021, CDC will withdraw the request to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, the assay first introduced in February 2020 for detection of SARS-CoV-2 only. CDC is providing this advance notice for clinical laboratories to have adequate time to select and implement one of the many FDA-authorized alternatives.

[Visit the FDA website](#) for a list of authorized COVID-19 diagnostic methods. For a summary of the performance of FDA-authorized molecular methods with an FDA reference panel, [visit this page](#).

In preparation for this change, CDC recommends clinical laboratories and testing sites that have been using the CDC 2019-nCoV RT-PCR assay select and begin their transition to another FDA-authorized COVID-19 test. CDC encourages laboratories to consider adoption of a multiplexed method

Austrian Court Rules PCR Test Not Suitable For COVID-19 Diagnosis And That Lockdowns Has No Legal Basis

April 8, 2021

Following the Portuguese, German and Dutch rulings, now the [Austrian court](#) has ruled that PCR tests are not suitable for COVID-19 diagnosis and that lockdowns has no legal or scientific basis.

The Fine Print: UK Government Finally Admits PCR Test Generates False Positives

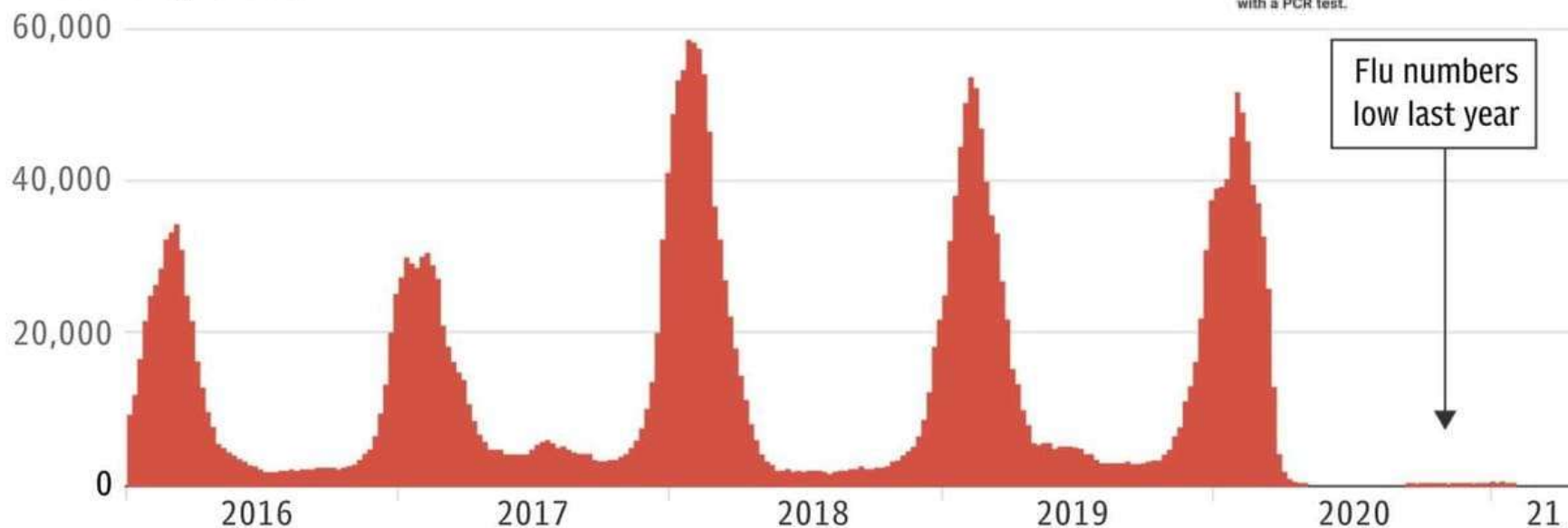
MARCH 10, 2021 BY NEWS WIRE 4 COMMENTS



After months by independent journalists and honest medical professionals raising the alarm about widespread fraudulent use of the PCR test, the UK Government has finally admitted, albeit in the fine print of its website, that *uninfectious* people will test 'positive' with a PCR test.

Global circulation of flu viruses

Number of specimens



SOURCE: WHO (FLUNET), GISRS

NEVER
INVESTIGATED
LATERAL FLOW
TESTS
ISSUES!



 i newspaper  @theipaper

3 hours ago

People are getting positive lateral flow tests followed by negative PCR tests, and now health chiefs are investigating. Here's why.

People in different areas of southern England have reported testing positive for Covid-19 in lateral flow tests and then negative in subsequent PCRs.

One scientist said it needed to be looked into "seriously and rapidly" with potential explanations including faulty tests or even a new variant of the disease not being picked up by PCR tests.

Concern is growing that an innovative nanotech device developed at Johns Hopkins University may be used to secretly deliver the COVID19 vaccine to those people who are "vaccine hesitant."

Certainly, the technology is real, but is their any merit to such a claim?

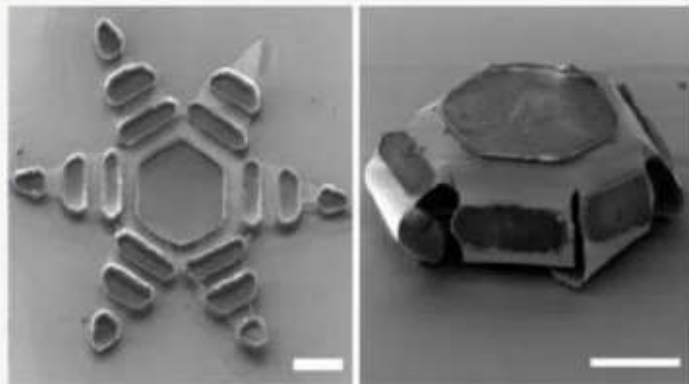
Patrick Smith (November 25, 2020) writing for hub.jhu.edu explains:

"Inspired by a parasitic worm that digs its sharp teeth into its host's intestines, Johns Hopkins researchers have designed tiny, star-shaped microdevices that can latch onto intestinal mucosa and release drugs into the body. David Gracias, a professor in the Whiting School of Engineering, and gastroenterologist Florin M. Selaru, director of the Johns Hopkins Inflammatory Bowel Disease Center, led a team of researchers and biomedical engineers that designed and tested shape-changing microdevices that mimic the way the parasitic hookworm affixes itself to an organism's intestines."

Called "theragrippers" these tiny devices are made of metal and a thin, shape-changing film. They are coated in heat-sensitive paraffin wax and each is no bigger than a speck of dust (see image below).



JOHNS HOPKINS
UNIVERSITY



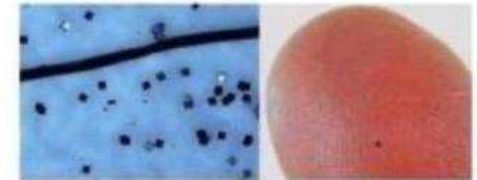
When an open theragripper, left, is exposed to internal body temperatures, it closes on the intestinal wall. In the gripper's center is a space for a small dose of a drug.

Nose-to-Brain Translocation and Cerebral Biodegradation of Thin Graphene Oxide

Massachusetts
Abstract

The nose-to-brain pathway is a route by which certain materials can gain access to the central nervous system. The extent to which this happens for nanomaterials and their

mewe.com



"These are made by Hitachi. They measure only.15X.15 mm each and have GPS capabilities! Sometimes called 'smartdust' as they can be sprayed on us and absorbed or taken in foods, drinks and even injected."

If you don't believe 'they' can inject a computer chip into you through a vaccine needle, think again. This is a photo of one next to a grain of rice.





Boris's Mad "Moonshot" plan

Boris is planning to mass test half a million people a day by the end of October, calling it his "moonshot" plan. Statistically, when there's an increase in testing, there is an increase in covid positive cases. At a rate of 500,000 tests a day, the Government may be planning much more draconian measures by the end of 2020, due to the obvious rise that increased testing will show.

Beware the test

There is no scientific reason for the swab to be inserted all the way to the cribriform plate connected to the brain, when according to doctors, an in-cheek swab would be sufficient. A child recently suffered complications & died after the swab snapped off deep inside her head.



Modern science can take a swab from the inside of your mouth, & do a complete DNA mapping. If Covid 19 is so dangerous that tiny microscopic particles of saliva in your mouth & nose could spread out 6 feet & you need to wear a mask, why not swab the inside of your highly infectious mouth? People have reported that the 6 inch Q-tip test is uncomfortable & painful.

The CORONAVIRUS ACT 2020 gives the authorities powers of detention for screening & assessment for 48 hours, & for isolation for up to 14 days, at a time, all for no other reason than "SUSPICION OF INFECTION"

Government tightens it's sinister grip on rapidly disappearing human rights in the UK

half a million tests a day by end of October will show a massive surge in cases, as more tests = more cases, making it seem like a plague is upon us. Which could usher in even tougher laws & measures by 2021



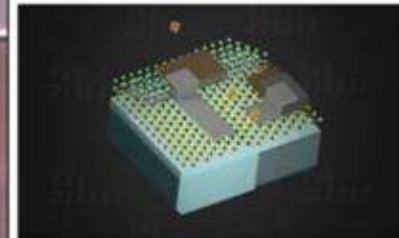
Yardley Yeadon @Mich... · 8h ✓ Portuguese Court Rules PCR Tests As Unreliable & Unlawful To Quarantine People



Portuguese Court Rules PCR Tests As Unreliable & U...
greatgameindia.com



MIT RESEARCHERS CREATE AN AEROSOL SPRAY LOADED WITH NANOBOTS



DARPA ADVISOR REVEALS CONSCIOUS A.I. SUPERCOMPUTERS USED FOR MIND CONTROL OF TARGETED INDIVIDUALS

Link Between NANOPARTICLES & THE BRAIN

*(why testing
is so important)*

PHARMACOLOGY

A key to enter the brain

A carbon-based nanomaterial could facilitate the arrival of medications into the central nervous system

Ricardo Aguiar

Edition 256
Jun. 2017

Medicine

Neuroscience

It is not easy to get a medicine to the brain. The blood vessels supplying the central nervous system are covered by a special structure made up of three types of cells that together function as a very selective filter. This structure, called the blood-brain barrier, only allows the passage of some compounds necessary for proper brain function, such as nutrients, hormones and gases. That selectivity protects the central nervous system against toxic molecules in the blood and also prevents a drug taken orally, or injected into the bloodstream, from reaching the brain, even when that is necessary. At the University of Campinas (Unicamp), the group led by biologist Maria Alice da Cruz-Höfling is currently testing the possibility of using reduced graphene oxide – a nanostructured compound made up of carbon atoms – to open that barrier and get certain medications to the brain with fewer side effects than those caused by the compounds currently in use.

Sneaking into the Brain with Nanoparticles

Nanoparticles' unique properties could dramatically change the way we understand and treat the brain and its diseases.

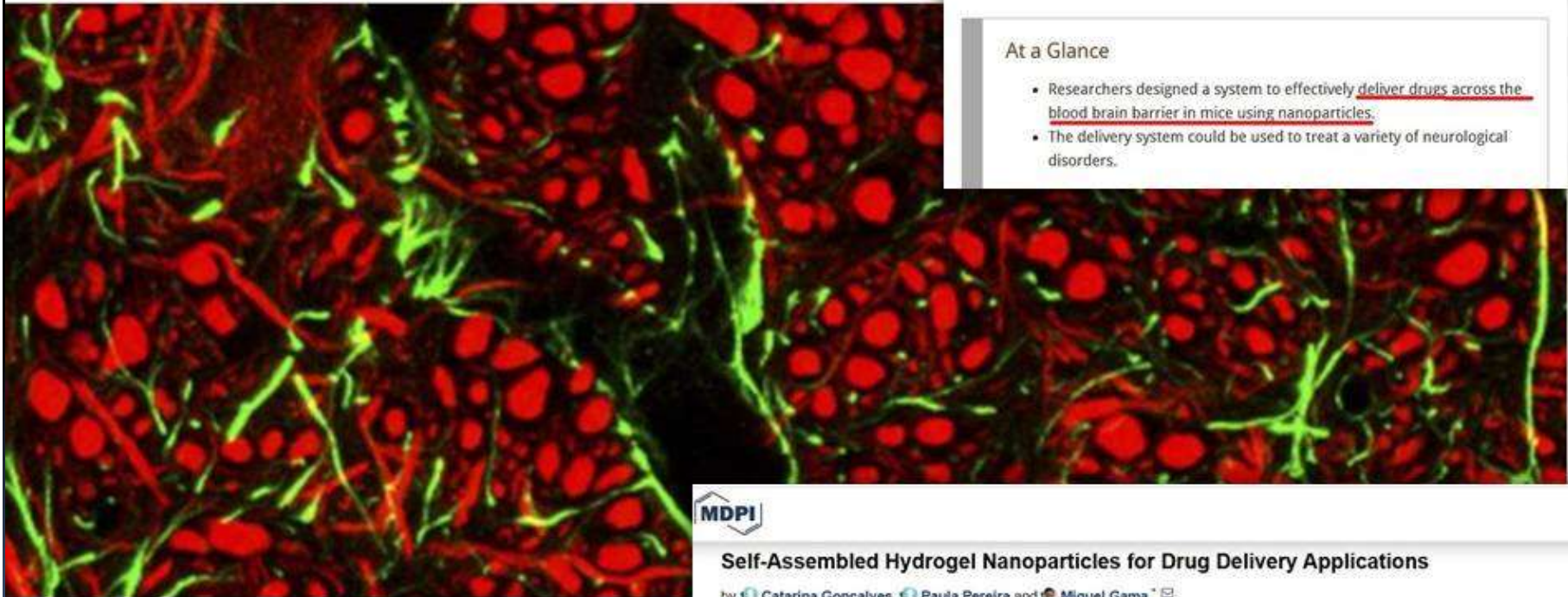
BY [TEAL BURRELL](#) THURSDAY, MARCH 12, 2015 [NOVA NEXT](#)

January 12, 2021

Nanoparticles developed for traumatic brain injury

At a Glance

- Researchers designed a system to effectively deliver drugs across the blood brain barrier in mice using nanoparticles.
- The delivery system could be used to treat a variety of neurological disorders.



Self-Assembled Hydrogel Nanoparticles for Drug Delivery Applications

by [Catarina Gonçalves](#), [Paula Pereira](#) and [Miguel Gama](#) *

IBB-Institute for Biotechnology and Bioengineering, Centre for Biological Engineering, Minho University, Campus de Gualtar 4710-057, Braga, Portugal

* Author to whom correspondence should be addressed.



New nanoparticles can perform gene-editing in the lungs

(*Nanowerk News*) Engineers at MIT and the University of Massachusetts Medical School have designed a new type of nanoparticle that can be administered to the lungs, where it can deliver messenger RNA encoding useful proteins.

With further development, these particles could offer an inhalable treatment for cystic fibrosis and other diseases of the lung, the researchers say.

“This is the first demonstration of highly efficient delivery of RNA to the lungs in mice. We are hopeful that it can be used to treat or repair a range of genetic diseases, including cystic fibrosis,” says Daniel Anderson, a professor in MIT’s Department of Chemical Engineering and a member of MIT’s Koch Institute for Integrative Cancer Research and Institute for Medical Engineering and Science (IMES).

In a study of mice, Anderson and his colleagues used the particles to deliver mRNA encoding the machinery needed for CRISPR/Cas9 gene editing. That could open the door to designing therapeutic nanoparticles that can snip out and replace disease-causing genes.



(12) **United States Patent**
Friedman et al.

(10) **Patent No.:** US 10,786,570 B2
(45) **Date of Patent:** Sep. 29, 2020

(54) **FERRITIN NANOPARTICLE COMPOSITIONS AND METHODS TO MODULATE CELL ACTIVITY**

(58) **Field of Classification Search**
CPC A61K 41/0052; A61K 41/0028; A61K 47/6929; A61K 38/1767; A61K 38/1709; (Continued)

(71) Applicant: **The Rockefeller University**, New York, NY (US)

(56) **References Cited**

(72) Inventors: **Jeffrey Friedman**, New York, NY (US); **Sarah Stanley**, New York, NY (US)

U.S. PATENT DOCUMENTS

(73) Assignee: **The Rockefeller University**, New York, NY (US)

8,435,762 B2 5/2013 Stenos et al.
8,957,036 B2 2/2015 Cascio et al.
(Continued)

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

OTHER PUBLICATIONS

Huang et al (Nature Nanotechnology, Letters, pp. 602-606) (Year: 2010).*

(21) Appl. No.: **16/049,102**

(Continued)

(22) Filed: **Jul. 30, 2018**

Primary Examiner — Carlos A Azpuru

(74) Attorney, Agent, or Firm — Hoffmann & Baron, LLP

(65) **Prior Publication Data**

US 2018/0353605 A1 Dec. 13, 2018

(57) **ABSTRACT**

Related U.S. Application Data

(60) Division of application No. 15/168,950, filed on May 31, 2016, now Pat. No. 10,064,941, which is a (Continued)

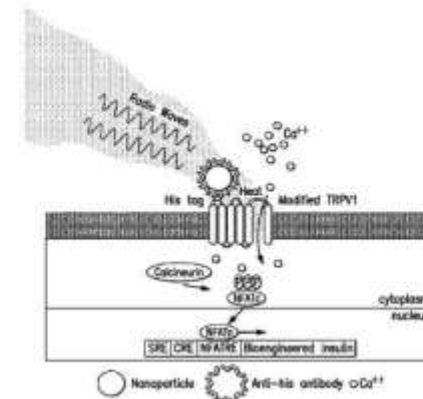
The present invention provides methods and compositions for the remote control of cell function based on the use of radiofrequency waves to excite nanoparticles targeted to specific cell types. The nanoparticles may be applied to the target cell extracellularly and/or expressed intracellularly.

(51) **Int. Cl.**
A61K 41/00 (2020.01)
A61K 9/16 (2006.01)
(Continued)

The cell type of interest expresses a temperature sensitive channel wherein excitation of the nanoparticles results in a localized temperature increase that is transduced into a cellular response. Such cellular responses may include, for example, increases in gene expression resulting in production of one or more physiologically active proteins. The expression of such proteins can be used to treat a variety of different inherited or acquired diseases or disorders in a subject. Accordingly, the invention provides a generic approach for treatment of any disease associated with a protein deficiency.

(52) **U.S. Cl.**
CPC A61K 41/0052 (2013.01); A61K 9/16 (2013.01); A61K 9/167 (2013.01); A61K 9/1611 (2013.01);
(Continued)

14 Claims, 56 Drawing Sheets



WATCH SETTINGS



<https://www.bitchute.com/video/KVMZrGRUJHzN/>

Related video compilations on Unite For Truth Scotland (Bitchute.com)

<https://www.bitchute.com/video/w3YcMEZ2RayS/>

Graphene Oxide is in the PCR tests, the masks, in the water supply and in chemtrails



Graphene Oxide found in PCR Tests (lab studies)



Graphene Oxide used in chemtrails (studies and patents)



Graphene Oxide found in masks (Canada and Spain Gov recall and independent findings)



Graphene Oxide used in water supply (major contract in UK)



"GRAPHENE WILL CHANGE THE WORLD! GRAPHENE WILL BE IN EVERYTHING!!" -Graphene Flagship

WWW.FTWPROJECT.COM



THE SUPER TROJAN HORSE OF GENETIC TESTING

(on PCR & Antigen Tests)

Analysis of test sticks from surface testing in the Slovak Republic - confirmation of genocide.

key words - 1) nylon, 2) Darpa Hydrogel, 3) lithium, 4) pineal gland

The analysis was performed in the months November 2020 to March 2021 on test sticks in sets, SD Biosensor, Abbott and Nadal in an unnamed hospital laboratory from Bratislava, Slovakia. The test swabs were from the sets used in surface testing in Slovakia and in hospitals.

Anyone who has at least a standard school microscope and a test microscope can verify the information regarding the test swabs published here. All information about test swabs, Darpa Hydrogels, and lithium is publicly available in scientific and corporate work. Links to some are at the end of the document.

COVID-19 Vaccine Bombshell: FDA Documents Reveal DEATH + 21 Serious Conditions As Possible Adverse Outcomes

October 2020!!

FDA Safety Surveillance of COVID-19 Vaccines : DRAFT Working list of possible adverse event outcomes ***Subject to change***

- Guillain-Barré syndrome X
- Acute disseminated encephalomyelitis X
- Transverse myelitis X
- Encephalitis/myelitis/encephalomyelitis/
meningoencephalitis/meningitis/
encephalopathy X X
- Convulsions/seizures X
- Stroke X
- Narcolepsy and cataplexy X
- Anaphylaxis X
- Acute myocardial infarction X
- Myocarditis/pericarditis X
- Autoimmune disease X
- Deaths
- Pregnancy and birth outcomes X
- Other acute demyelinating diseases X
- Non-anaphylactic allergic reactions X
- Thrombocytopenia X
- Disseminated intravascular coagulation X
- Venous thromboembolism X
- Arthritis and arthralgia/joint pain X
- Kawasaki disease X
- Multisystem Inflammatory Syndrome
in Children X
- Vaccine enhanced disease X

Slide 16 of 27 from "CBER Plans for Monitoring COVID-19 Vaccine Safety and Effectiveness Steve Anderson, PhD, MPP Director, Office of Biostatistics & Epidemiology, CBER VRBPAC Meeting

October 22, 2020

FDA Source: <https://www.fda.gov/media/143557/download>

AGE**SURVIVAL RATE****0-19****99.9973%****20-29****99.986%****30-39****99.969%****40-49****99.918%****50-59****99.73%****60-69****99.41%****70+**

(not in care homes/hospitals)

97.6%



Peter A. McCullough, MD, MPH™ 

@P_McCulloughMD



No preclinical safety studies for genotoxicity, oncogenicity, or teratogenicity. Now billions of recipients are asking about long term side effects. Video shows shortcomings of rushed mRNA development.

[#courageousdiscourse](#) [@VigilantFox](#) [@TheChiefNerd](#)

■ Selecting relationships



4.2.1.3	Safety Pharmacology	No safety pharmacology studies were conducted as they are not considered necessary according to the WHO guideline (WHO, 2005).
4.2.3.3	Genotoxicity	No genotoxicity studies are planned for BNT162b2 as the components of the vaccine constructs are lipids and RNA that are not expected to have genotoxic potential (WHO, 2005).
4.2.3.4	Carcinogenicity (including supportive toxicokinetics)	Carcinogenicity studies with BNT162b2 have not been conducted as the components of the vaccine constructs are lipids and RNA that are not expected to have carcinogenic or tumorigenic potential.

Pfizer vaccine side effects: New documents uncover a shocking 158,000 adverse events

PFIZER side effects have included the common gastrointestinal symptoms, fatigue and brain fog. According to new documents which have been released after a federal judge ordered the data to be made public, these side effects are just the tip of the iceberg.

By **JESSICA KNIBBS**

07:07, Thu, Mar 10, 2022 | UPDATED: 08:49, Thu, Mar 10, 2022

<https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf>

Annual Vaccine-related Death Reports

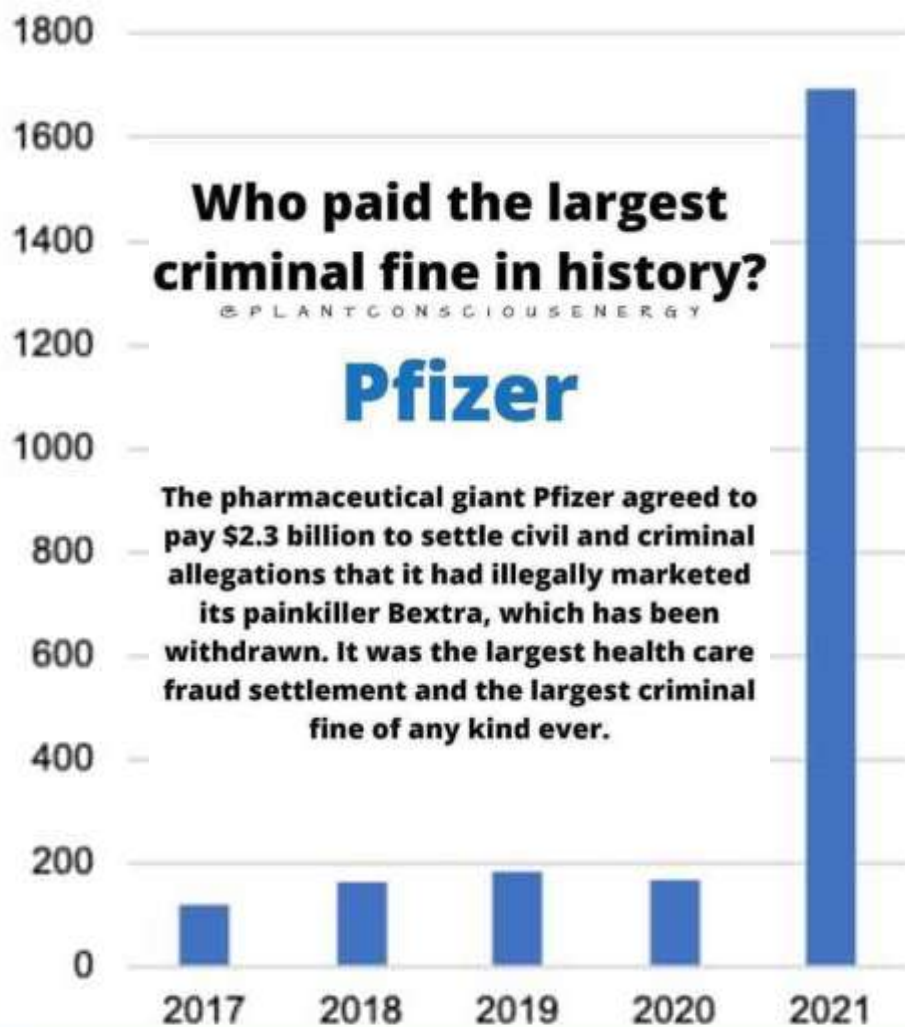
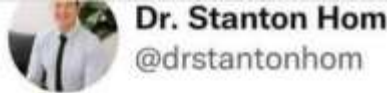


Figure 7: Annual vaccine-related death reports in VAERS (2017-2021)



Sudden Adult Death Syndrome will shine a light on the true cause of SIDS. Just like the last two years has been the greatest awakening to the health/medical FREEDOM movement, people will realize adults don't just die. Nor do babies.

Deadliest "Vaccine" in U.S. History Now Becomes "Seasonal" as FDA Approves Pfizer and Moderna COVID-19 Shots

<https://healthimpactnews.com/2023/deadliest-vaccine-in-u-s-history-now-becomes-seasonal-as-fda-approves-pfizer-and-moderna-covid-19-shots/>

They are INJURED.
They are HARMED.
By pHARMa.

8:51 PM · 6/6/22 · Twitter for iPhone

Search Results

From the 5/27/2022 release of VAERS data:

Found 28,532 cases where Vaccine is COVID19 and Patient Died

Sudden Adult Death Syndrome (SADS)

Table

Age	Count	Percent
< 6 Months	2	0.01%
1-2 Years	2	0.01%
3-5 Years	2	0.01%
6-17 Years	112	0.39%
18-29 Years	354	1.24%
30-39 Years	506	1.77%
40-49 Years	753	2.64%
50-59 Years	1,656	5.8%
60-64 Years	1,391	4.88%
65-79 Years	6,433	22.55%
80+ Years	6,827	23.93%
Unknown	10,494	36.78%
TOTAL	28,532	100%

Search Results

From the 5/27/2022 release of VAERS data:

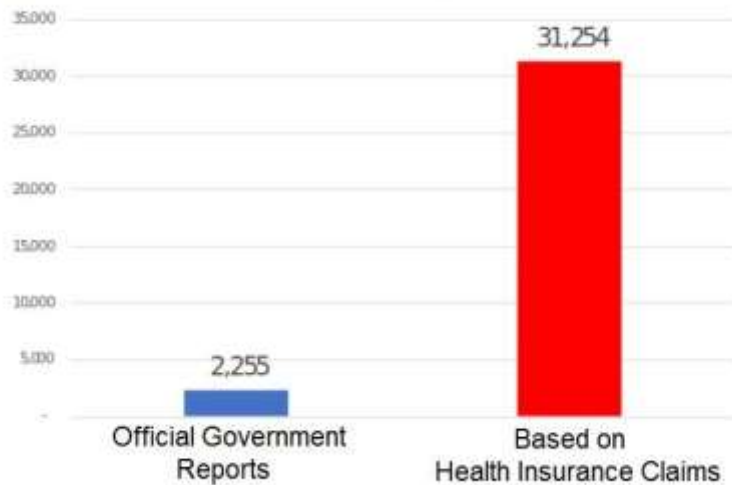
Found 9,759 cases where Vaccine is (all non-COVID vaccines) and Patient Died

Sudden Infant Death Syndrome (SIDS)

Table

Age	Count	Percent
< 6 Months	2,861	29.32%
6-11 Months	501	5.13%
1-2 Years	642	6.58%
3-5 Years	169	1.73%
6-17 Years	472	4.84%
18-29 Years	231	2.37%
30-39 Years	112	1.15%
40-49 Years	188	1.93%
50-59 Years	244	2.5%
60-64 Years	187	1.92%
65-79 Years	847	8.68%
80+ Years	625	6.4%
Unknown	2,680	27.46%
TOTAL	9,759	100%

German Fatalities Following COVID-19 Vaccines



Even official reports show huge excess deaths worldwide starting in 2021 – see ourworldindata.org

<https://vaccinenews.com/>
<https://expose-news.com/>

Pfizer Gate

Excess Deaths across Europe, Week 1 to Week 37 2020 vs 2021 vs 2022

Source: European Mortality Monitoring Project (EuroMOMO)



Europe has officially recorded more Excess Deaths in 2022 than in 2020 & 2021 at the height of the COVID-19 Pandemic & it's Children & Young Adults who are dying

REPORTS

GRAPHS

COVID-19 Vaccine Analysis Overview

Report run date: 16/06/2022

Data lock date: 15/06/2022

Manufacturer	Total reports	Total reactions	Total fatalities
AstraZeneca	245,614	870,093	1,287
Moderna	39,514	130,851	62
Pfizer	171,590	494,329	794
Unspecified	1,745	5,378	48
Totals	458,463	1,500,651	2,191

Mortality among the vaccinated in the first 6 months of 2021 is FIVE TIMES that of the unvaccinated according to numbers from Public Health England

(<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvingcovid19byvaccinationstatusengland/deathsoccurringbetween2januaryand2july20210>

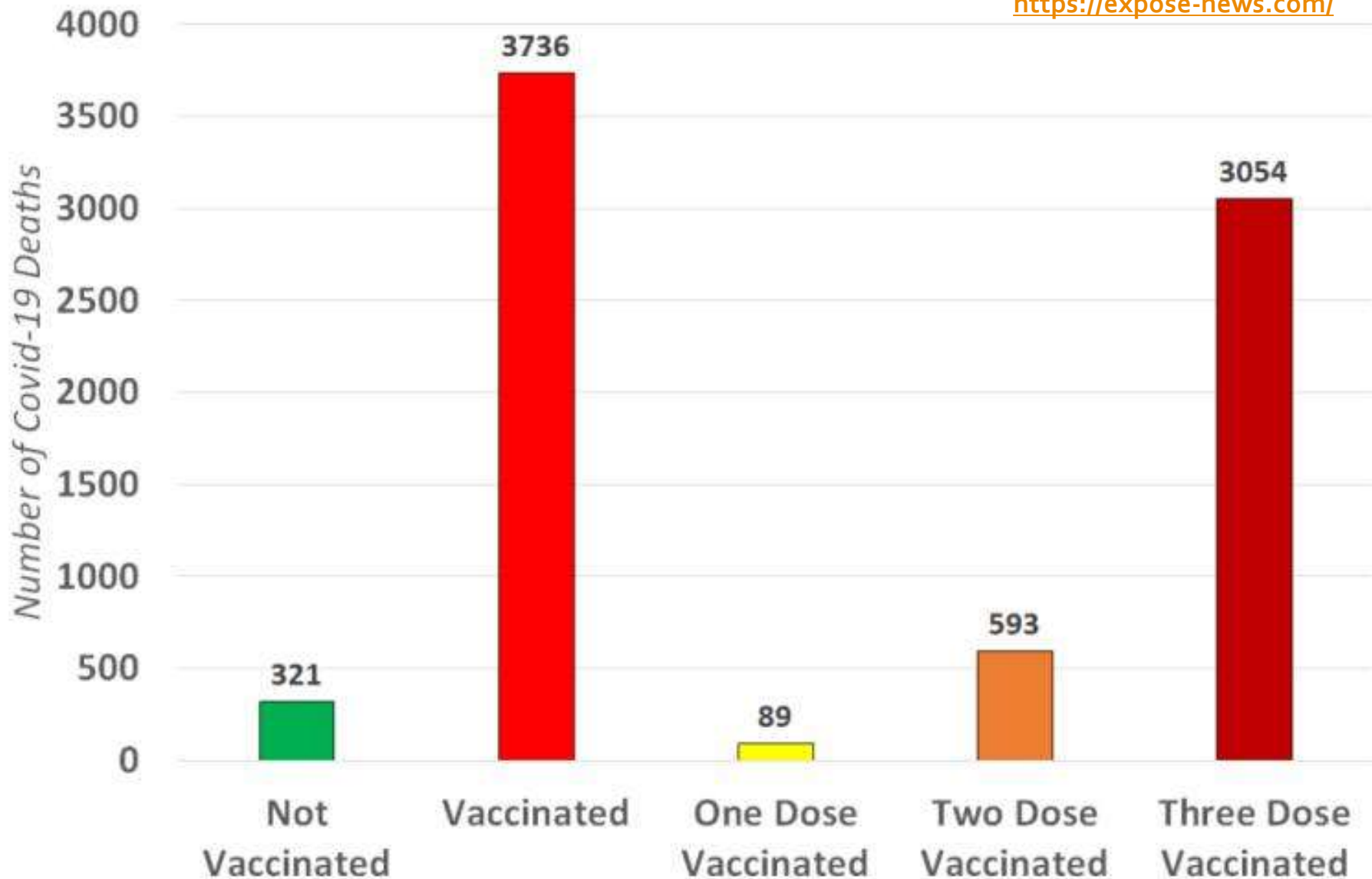
<https://ourworldindata.org/grapher/people-fully-vaccinated-covid?tab=table&time=2021-01-02..2021-07-02>)

Covid-19 Deaths in England by Vaccination Status

28th Feb to 27th March 22

Source: UKHSA Vaccine Surveillance Report - Week 13 - 2022

<https://expose-news.com/>



Covid-19 Deaths by Vaccination Status in England

1st April 2022 to 31st May 2022

Source: (UK) Office for National Statistics

<https://expose-news.com/>



Increased mortality among vaccinated visible from official data in Scotland since August 2021

Table 17. Number of confirmed COVID-19 related deaths by vaccination status at time of test, 12th August 2021 to 19th August 2021

	Unvaccinated	1 Dose	2 Doses	Total
Deaths as 12th August	3087	274	236	3597
Deaths as 19th August	3096	277	264	3637
Deaths in week	9	3	28	40
Deaths as % of total in week	22.5%	7.5%	70.0%	100.0%

https://publichealthscotland.scot/media/8918/21-09-01-covid19-publication_report.pdf

https://publichealthscotland.scot/media/8824/21-08-25-covid19-publication_report.pdf

Note: Consider majority of population was still unvaccinated in August 2021

Scotland official data shows more than doubling of number of covid deaths despite the almost general covid vaccination of population from 2021 to 2022



National Records of Scotland

Deaths where COVID-19 mentioned on death certificate

TOTAL VACCINATIONS

MAR-APR 2021 (weeks 9-16) = **497**
(Delta variant)

2.4 million dose-1
396k dose-2
Total = >2.8 mil

MAR-APR 2022 (weeks 9-16) = **1107**
(omicron variant, lowest IFR)

4.4 million dose-1
4.1 million dose-2
3.4 million dose-3
350k dose-4 Total = >12 million

610 (122%) MORE DEATHS 'INVOLVING' COVID-19 IN 2022 VS 2021 (Mar-Apr)
WITH >9 MILLION MORE VACCINATIONS ADMINISTERED in 2022.

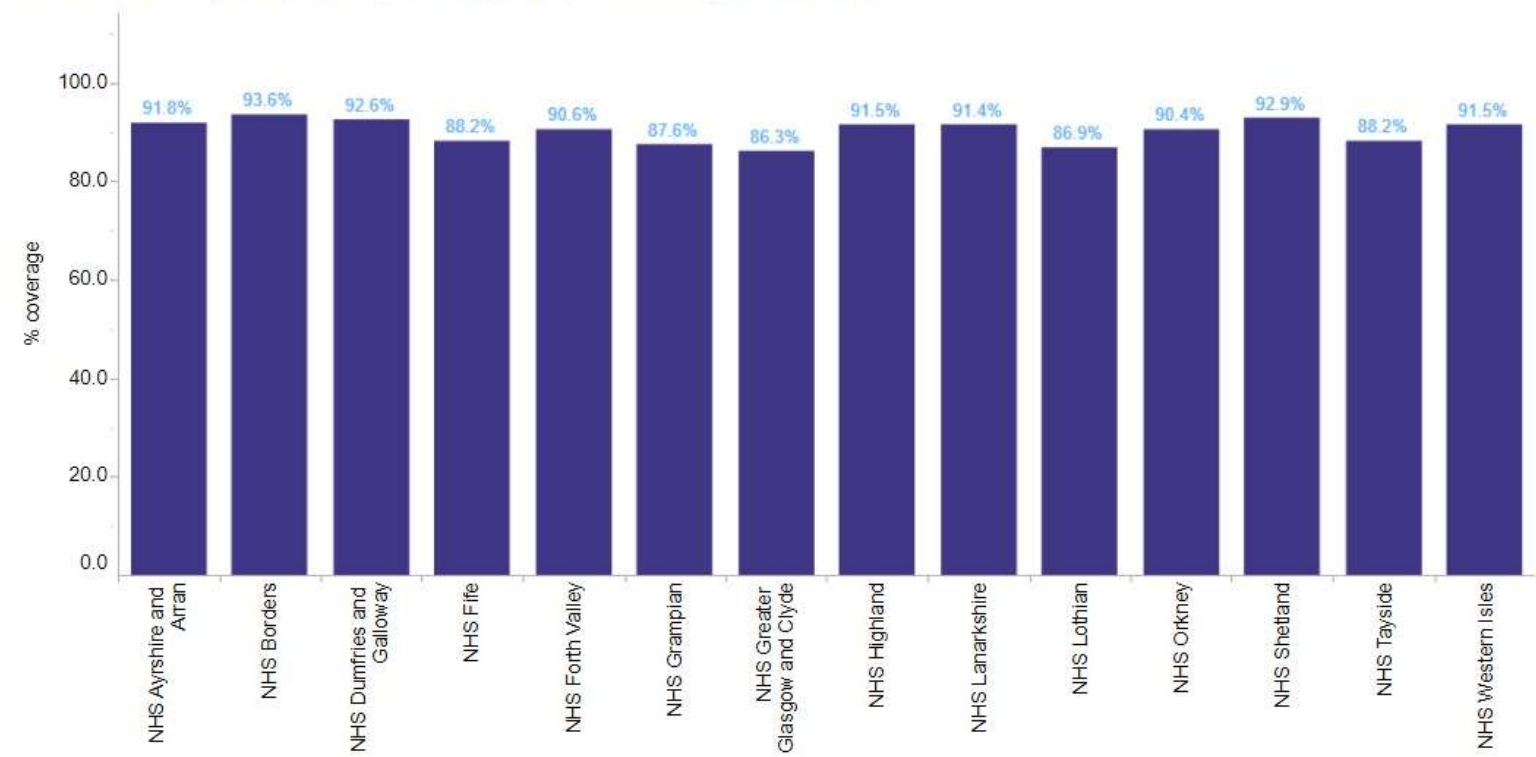
Where is the data showing COVID-19 'vaccines' are saving lives ?



Note that coverage over time by area should be interpreted in the context of the resident population. Areas with higher rates of older or clinically vulnerable people will have more individuals in the highest priority groups who were targeted first. Uptake for those aged 75+ is provided for users to interpret the completeness for those vaccinated for dose 4. When selecting 18+ and dose 3 option, or 75+ and dose 4, a further option will become available to display % coverage of eligible population. This gives data on the eligible population for a vaccine, i.e. both the numerator and the denominator becomes the living population who have had a 2nd or 3rd dose at least the recommended time prior to a subsequent booster.

- NHS Board
- Local Authority
- Dose 1
- Dose 2
- Dose 3
- Dose 4 (75+ only)
- 12+ years
- 18+ years
- 40+ years
- 75+ years
- % coverage

Dose 2 % coverage *in people aged 18+ years by dose and by NHS Board

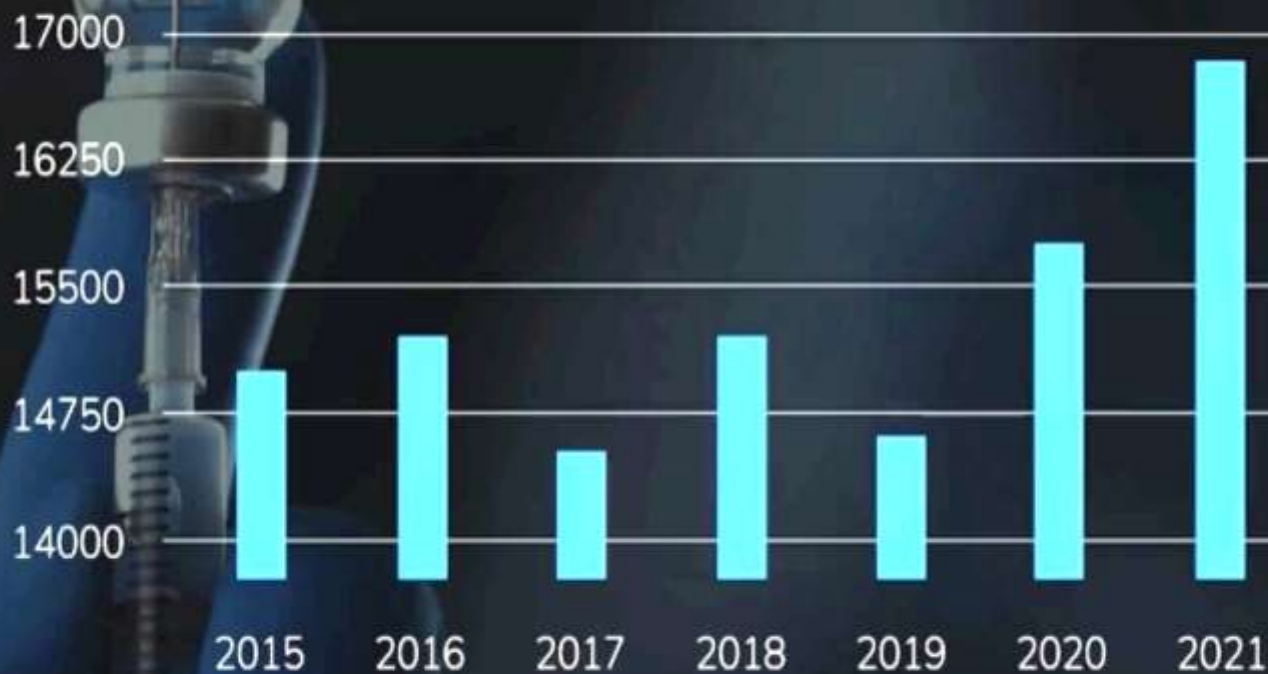


Vaccinations by NHS Board | Local Authority, age group and sex

- daily cumulative total
 - total by sex & age group
 - total by age group
- Select age group/s (updates all charts):
- Dose 1
 - Dose 2
 - Dose 3

Nothing else happen in 2021 in matters of general population health, but the covid vaccines...

Death Rate 15-44 year olds



Source: ONS - England and Wales




Search Results

From the 11/25/2022 release of VAERS data:

Found 60,001 cases where Age is under-18 and Vaccine is COVID19 or COVID19-2

[Government Disclaimer on use of this data](#)

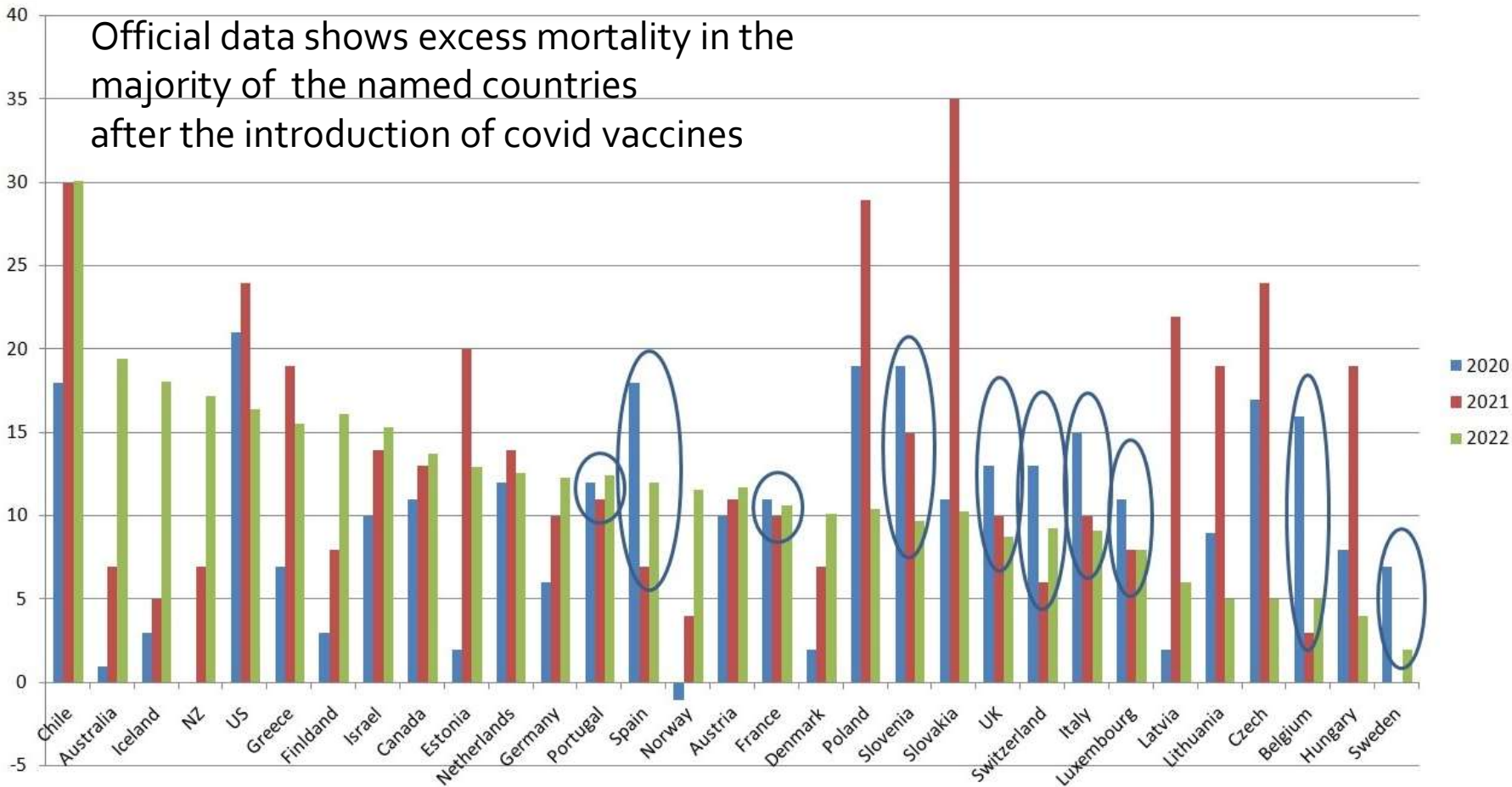
Table

 Event Outcome	 Count	 Percent
Death	174	0.29%
Permanent Disability	554	0.92%
Office Visit	7,919	13.2%
Emergency Room	15	0.02%
Emergency Doctor/Room	5,361	8.93%
Hospitalized	4,571	7.62%
Hospitalized, Prolonged	13	0.02%
Recovered	23,473	39.12%
Birth Defect	18	0.03%
Life Threatening	696	1.16%
Not Serious	26,614	44.36%
TOTAL	† 69,408	† 115.68%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is why the Total Count is greater than 60,001 (the number of cases found), and the Total Percent is greater than 100.

J K L M N O P Q R S T U V W X Y Z AA AB AC AD AE AF AG AH

Official data shows excess mortality in the majority of the named countries after the introduction of covid vaccines



AVERAGE OF % MONTHLY EXCESS MORTALITY PER YEAR AND COUNTRY

Ref: <https://stats.oecd.org/index.aspx?queryid=104676#>

21 of 31 countries had more deaths in 2021 vs 2020
 16 of 31 countries had more deaths in 2022 vs 2020
 11 countries had increasing mortality 2020 - 2021 - 2022
 3 countries had decreasing mortality 2020 - 2021 - 2022

in 2020 - 17 countries (of 31) had more than 10% excess mortality
 in 2021 - 20 countries had more than 10% excess mortality
 in 2022 - 20 countries had more than 10% excess mortality

JUST 2 DAYS REMAIN TO SAVE THE EXPOSE - SO LET'S CUT THE BULLSH*T & GET TO THE POINT - WE WILL BE FORCED TO DOWN TOOLS & SHUT DOWN UNLESS WE ARE FULLY FUNDED WITHIN THE NEXT WEEK - Sadly, less than 0.1% of readers currently support us. But YOU can easily change that. Imagine the impact we'd make if 9 in 10 readers supported us today. To start with we'd remove this annoying banner as we could fight for a full year...

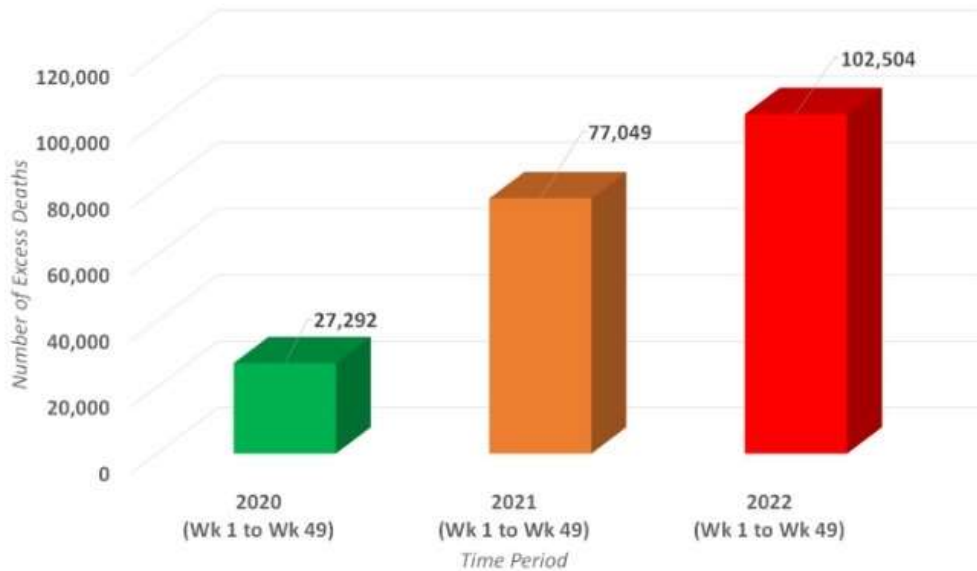
Time's Up - Please Donate Today

deaths reported by week 49 of 2020.

This represented a 276% increase in excess deaths in 2022, despite the roll-out of a vaccine that was supposed to lower deaths due to the alleged Covid-19 pandemic.

Excess Deaths in Germany, 2020 (Wk 1 to Wk 49) + 2021 (Wk 1 to Wk 49) + 2022 (Wk 1 to Wk 49)

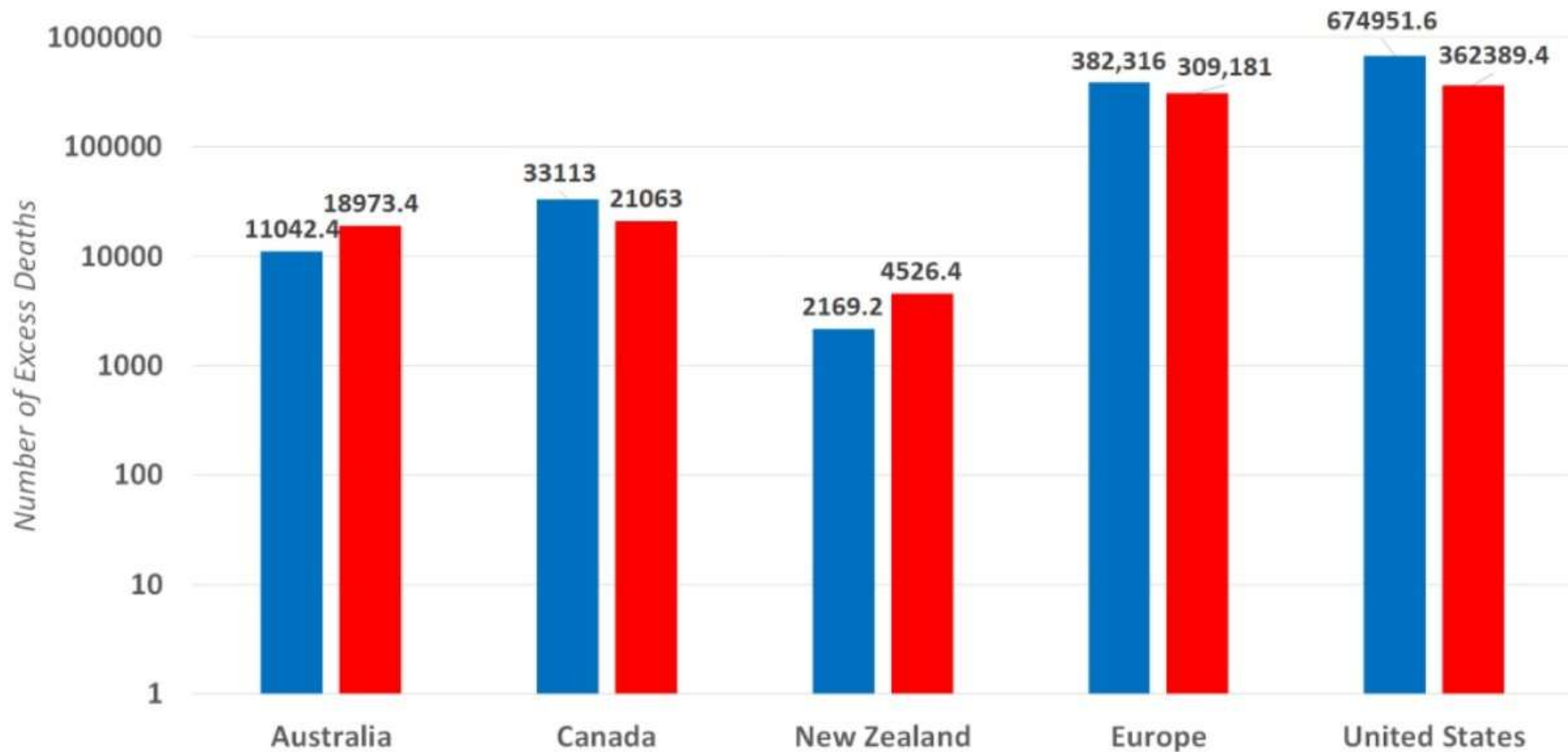
Source: EuroMOMO / OECD / German Government



Excess Deaths across the US, Europe, Canada, New Zealand & Australia since the roll-out of the Covid-19 injection
Week 1 of 2021 to Week 30-46 of 2022 depending on Country

Source: Government of each Country / EuroMOMO / OECD

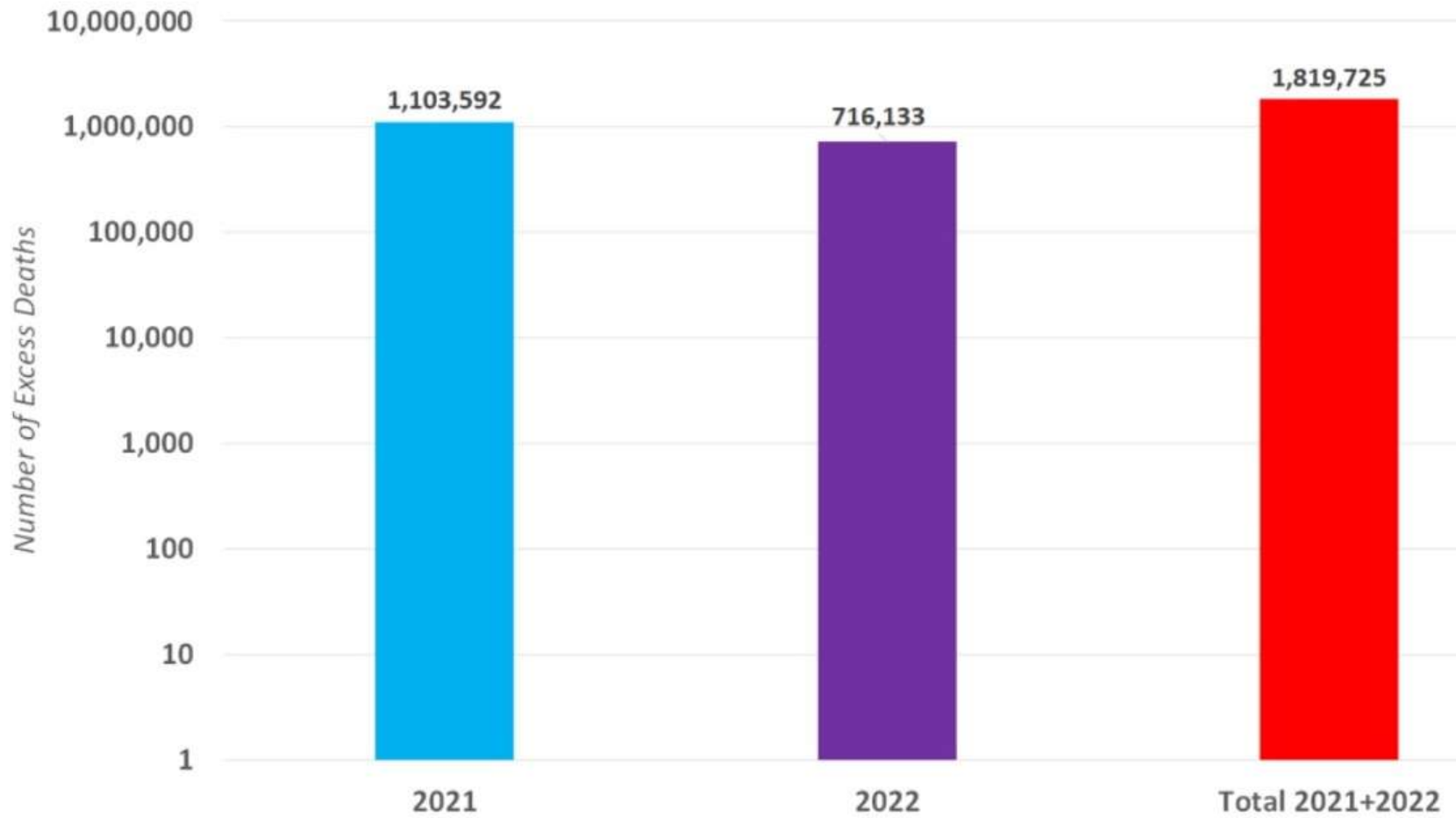
■ 2021 ■ 2022



Excess Deaths across the US, Europe, Canada, New Zealand

Excess Deaths across the US, Europe, Canada, New Zealand
& Australia since the roll-out of the Covid-19 injection
Week 1 of 2021 to Week 30-46 of 2022 depending on Country

Source: Government of each Country / EuroMOMO / OECD



CHILDREN COVID VACCINATION



COVID-19 Vaccine for Children 6 Months–4 Years Old Preliminary Considerations for Pediatric Planning

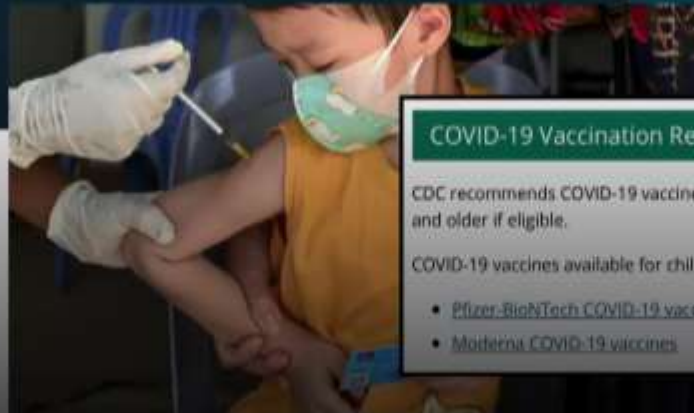


FDA signs off on Pfizer, Moderna COVID-19 vaccines for kids 6 months and older

By Kevin Dunleavy • Jun 17, 2022 04:04pm

Pfizer Moderna FDA COVID-19

Moderna and Pfizer-BioNTech COVID-19 Vaccines Authorized for Children 6 Months and Older



COVID-19 Vaccination Recommendations for Children

CDC recommends COVID-19 vaccines for everyone ages 6 months and older, and boosters for everyone ages 5 years and older if eligible.

COVID-19 vaccines available for children include:

- [Pfizer-BioNTech COVID-19 vaccines](#)
- [Moderna COVID-19 vaccines](#)

Kids between the ages of 6 months and 4 years have not had access to receiving COVID-19 vaccination. In fact, they'd have an option. Prior to Moderna, however, the CDC gave both a hard no-vax option by 12/15/2021 and a soft no-vax option by 1/15/2022.

09:14

54:12 | 01:20:25

1x AUTO (1080p) HD

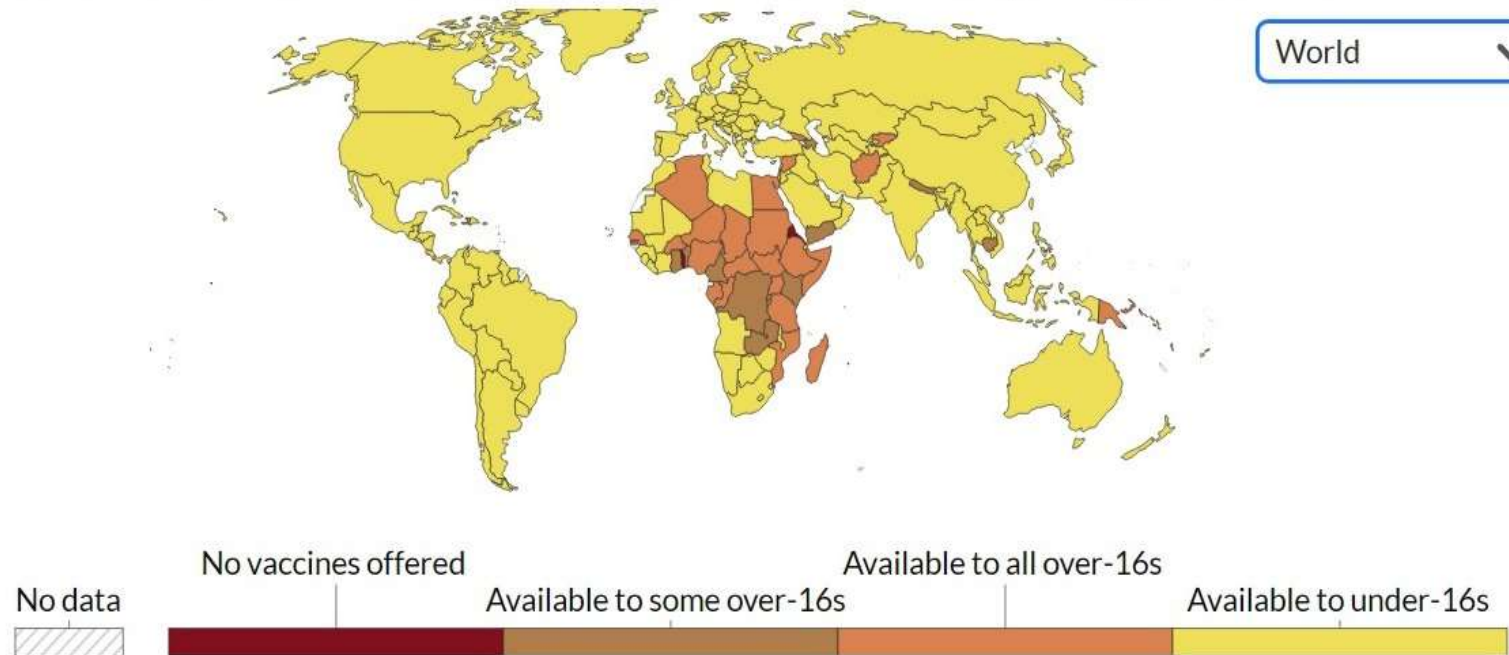
COVID-19 vaccinations, cases, excess mortality, and much more

Explore our COVID-19 data

Are children eligible for COVID-19 vaccination?, Dec 31, 2022

Our World in Data

The youngest age threshold eligible for vaccination in each age group may vary. For example, a country coded as "available to under-16s" may only offer vaccination to children aged five years and older.



Source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford – Last

Children aged 1 to 15

Age	Vaccines
1 year	Hib/MenC (1st dose) MMR (1st dose) Pneumococcal (PCV) vaccine (2nd dose) MenB (3rd dose)
2 to 10 years	Flu vaccine (every year)
3 years and 4 months	MMR (2nd dose) 4-in-1 pre-school booster
5 to 15 years	COVID-19 vaccine (1st and 2nd dose)
12 to 13 years	HPV vaccine
14 years	3-in-1 teenage booster MenACWY

- Covid vaccines for children on the **Immunisation Plan** (consider covid mortality in children was practically ZERO!)

Excess Deaths among Children aged 0 to 14 across Europe BEFORE EMA approval of COVID Vaccine for Children aged 12 to 15 in 2021 vs Other Years

Week 0 to Week 21 of each year

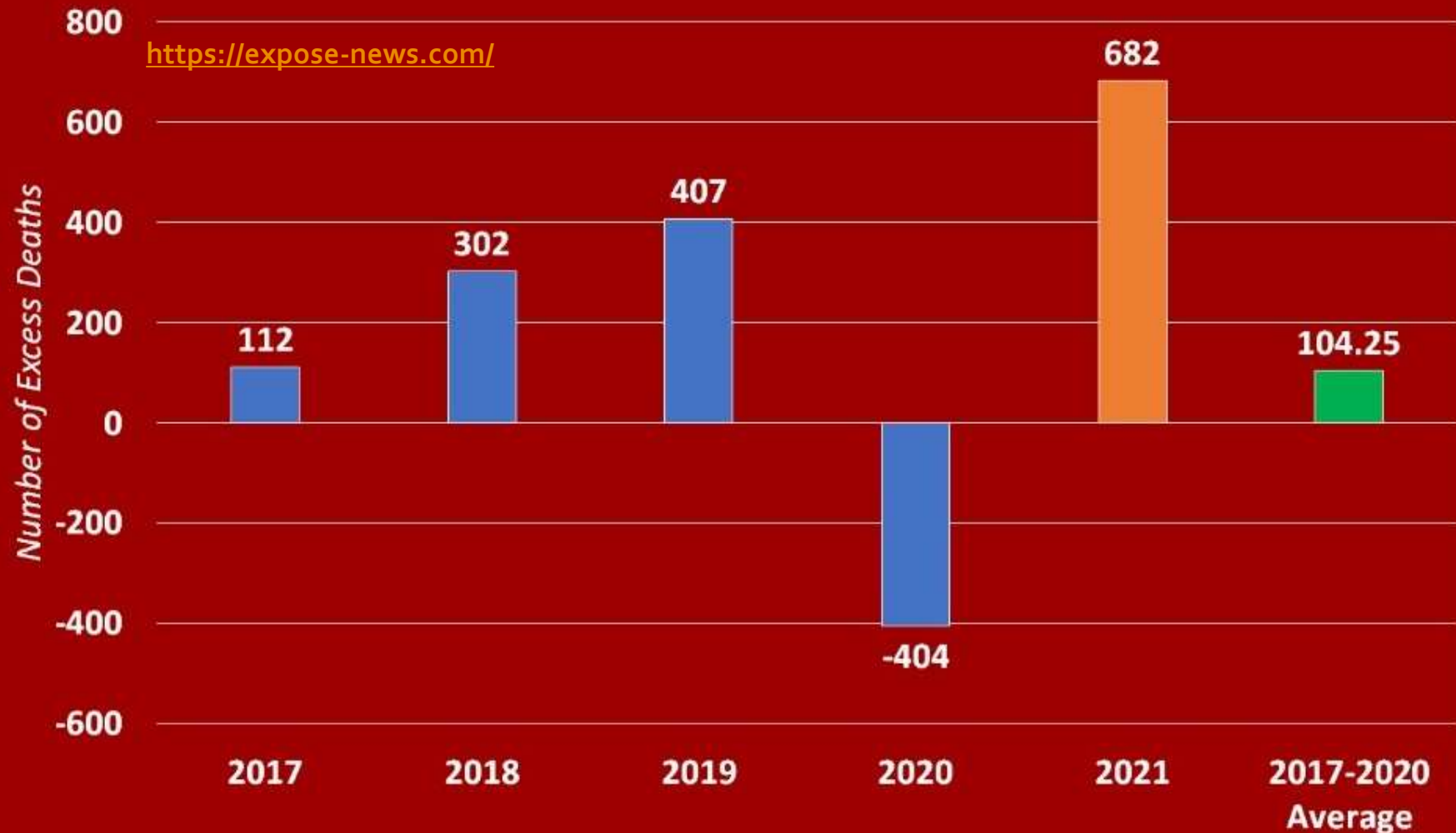
Source: (EuroMOMO.EU) European Mortality Monitoring Project



Excess Deaths among Children aged 0 to 14 across Europe FOLLOWING EMA approval of COVID Vaccine for Children aged 12 to 15 in 2021 vs Other Years

Week 22 to Week 52 of each year

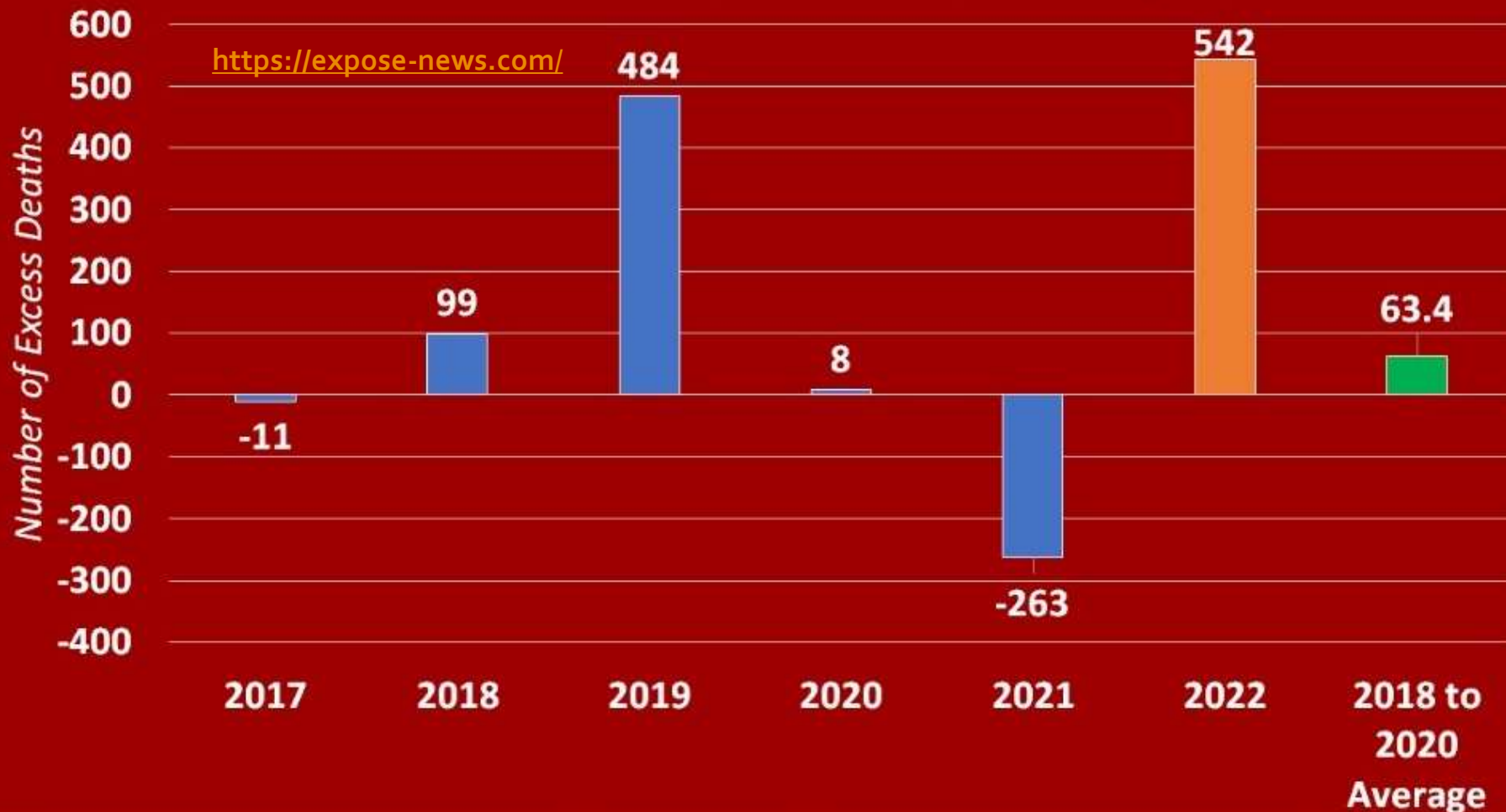
Source: (EuroMOMO.EU) European Mortality Monitoring Project



Excess Deaths among Children aged 0 to 14 across Europe

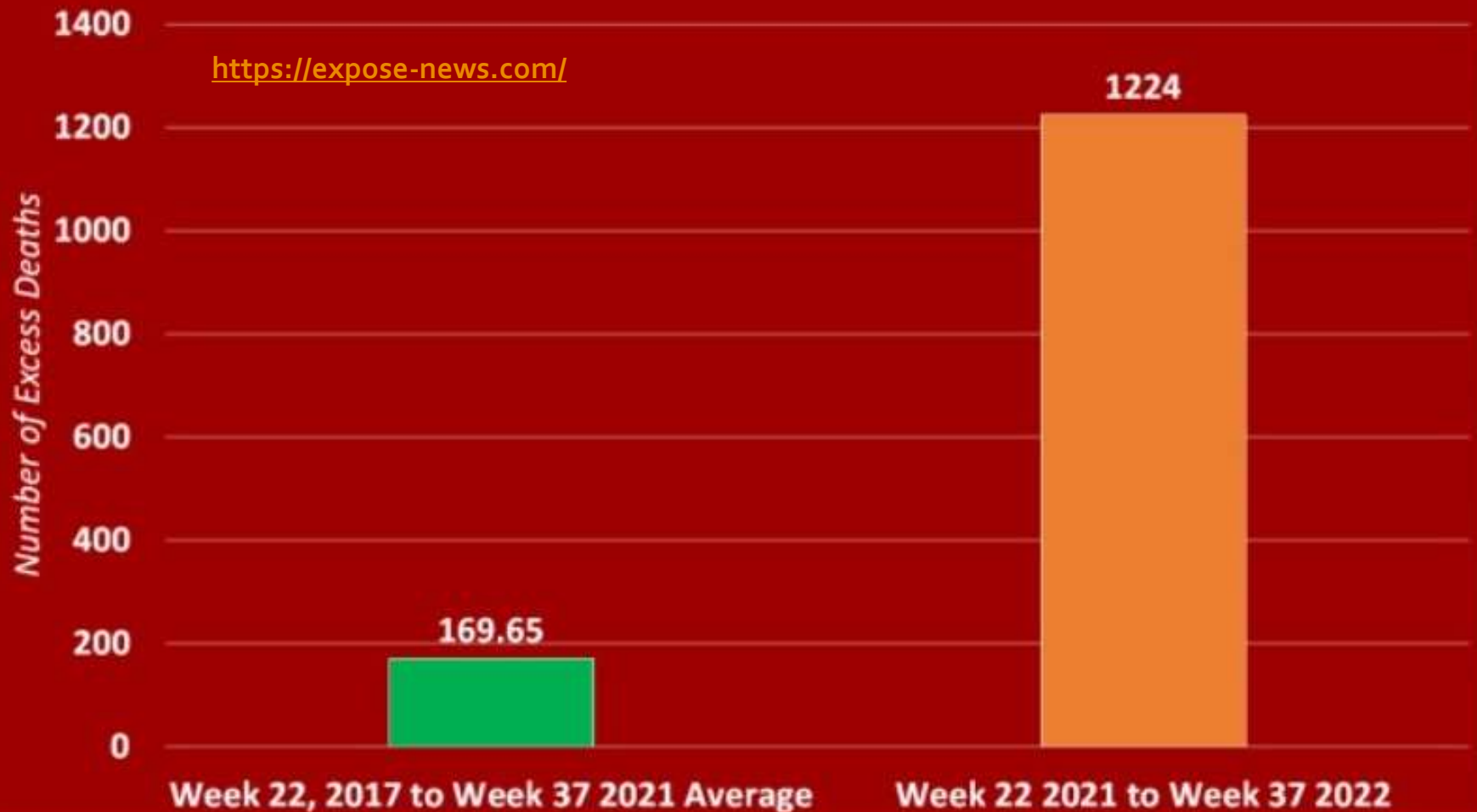
Week 0 to Week 33 of each Year

Source: (EuroMOMO.EU) European Mortality Monitoring Project



Excess Deaths among Children aged 0 to 14 across Europe FOLLOWING EMA approval of COVID Vaccine for Children aged 12 to 15 in 2021 vs Other Years *Week 22 of 2021 to Week 37 of 2022*

Source: (EuroMOMO.EU) European Mortality Monitoring Project



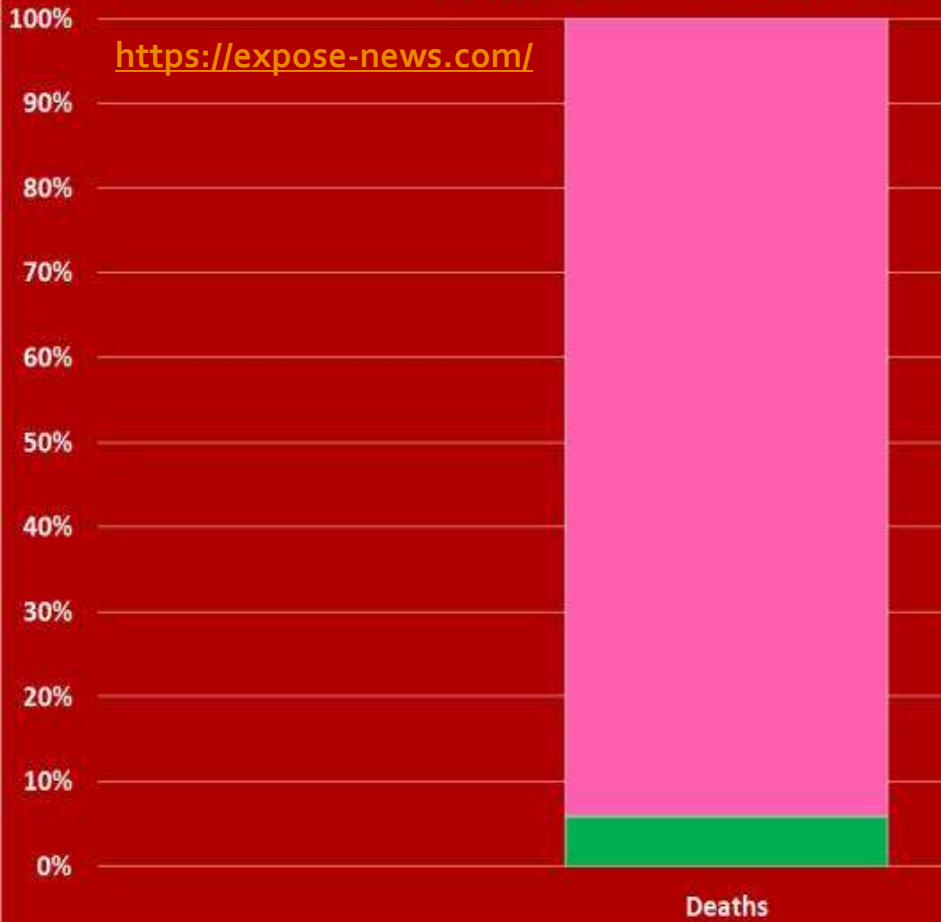
Percentage of Covid-19 Deaths by Vaccination Status in England

1st April 2022 to 31st May 2022

Source: (UK) Office for National Statistics

■ Unvaccinated ■ Vaccinated

<https://expose-news.com/>



UKCOLUMN

VAERS COVID VACCINE REPORTS IN CHILDREN 5-17 YRS	TOTAL JUNE 17th 2022
DEATHS	121
INJURIES REPORTED	50,159
HOSPITALISED	3,970
MYOCARDITIS	1,335
PERMANENTLY DISABLED	461
LIFE THREATENING	620
SEVERE ALLERGIC REACTIONS	1,500
THROMBOCYTOPENIA	183
BELL'S PALSY	208
CEREBRAL HAEMORRHAGE	25
GUILLAIN BARRÉ/PARALYSIS	75

CHILD COVID VACCINE INJURIES UK-TELEGRAM

Latest VAERS data of injuries and deaths children aged 5-17 as of JUNE 17th 2022



Dr. Simone Gold 
@drsimonegold

From January 2021 to present, 1101 athletes died from cardiac arrest.

Over a prior 38 years (1966-2004), 1101 athletes under the age of 35 died due to various heart conditions.

The same number of athletes died in the last TWO years as compared to a prior 38 years.

Received 19 November 2021 | Accepted 17 December 2021
DOI: 10.1111/imm.12941

LETTER TO THE EDITOR

WILEY **Immunology**



Rational harm-benefit assessments by age group are required for continued COVID-19 vaccination

Panagis Polykretis¹
Peter A. McCullough²

prevented. From January 2021 to the time of writing, 1598 athletes suffered cardiac arrest, 1101 of which with deadly outcome.⁹ Notably, in a 38-years timespan (1966-2004), 1101 athletes under the age of 35 died (~29/years) due to various heart-related conditions, 50% of whom infection, in a large population study.¹¹ Since the end of 2021 and throughout 2022, young age excess mortality has substantially increased in many European countries (Figure 1), in concert with the vaccine program.¹⁴

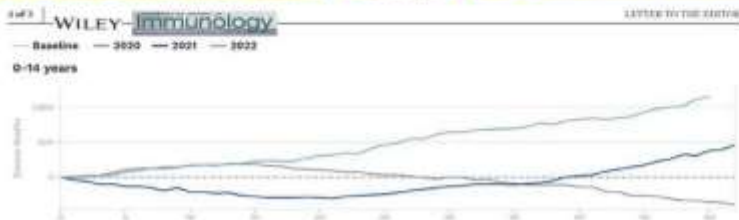


FIGURE 1 Graph showing the excess mortality in the age group 0-14 (red) week 2022-51, generated with data from 27 participating European countries (EuroMOMO 2022)

1:00



Tweet



Nick Veteran 8 m

Liska liked



Toby Rogers, Ph.D., M.P.P.
@uTobian

Government *could have* given away vitamins A, C, D, zinc, ivermectin and hydroxychloroquine at stadium drive thru sites & pop up clinics in churches nationwide. Life would have already returned to normal. But health was never the goal because there is no money & power in that.

23:25 · 25 Feb 21 · [Twitter Web App](#)

2,275 Retweets 148 Quote Tweets

Tweet your reply

















































































Reply to Nick...



6 Canadian Doctors DEAD

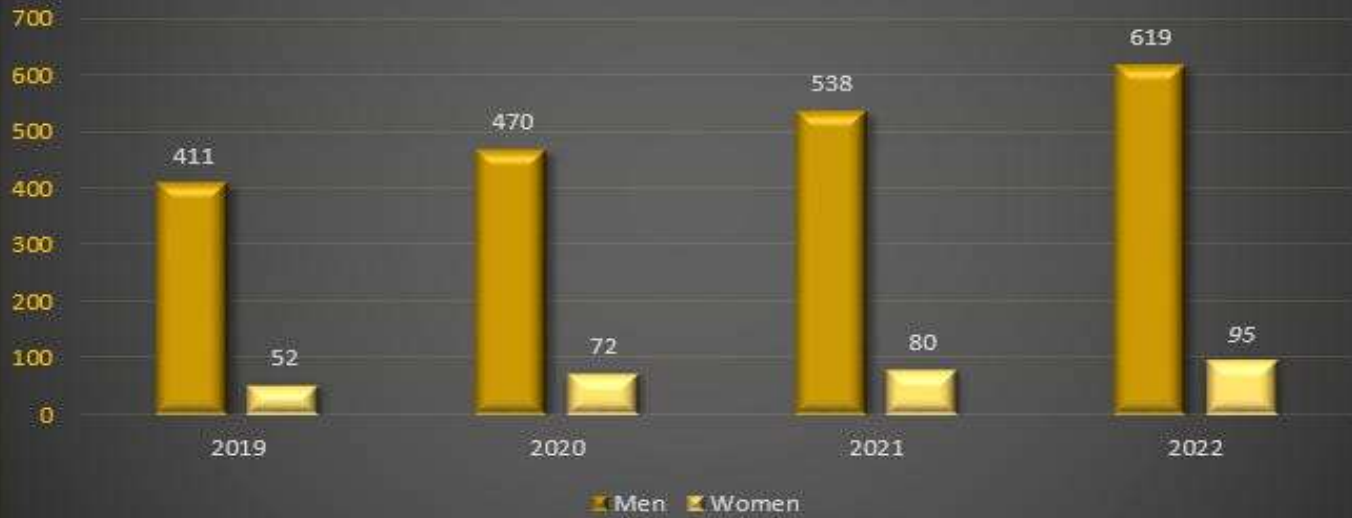


80 DEAD Doctors in Canada Following

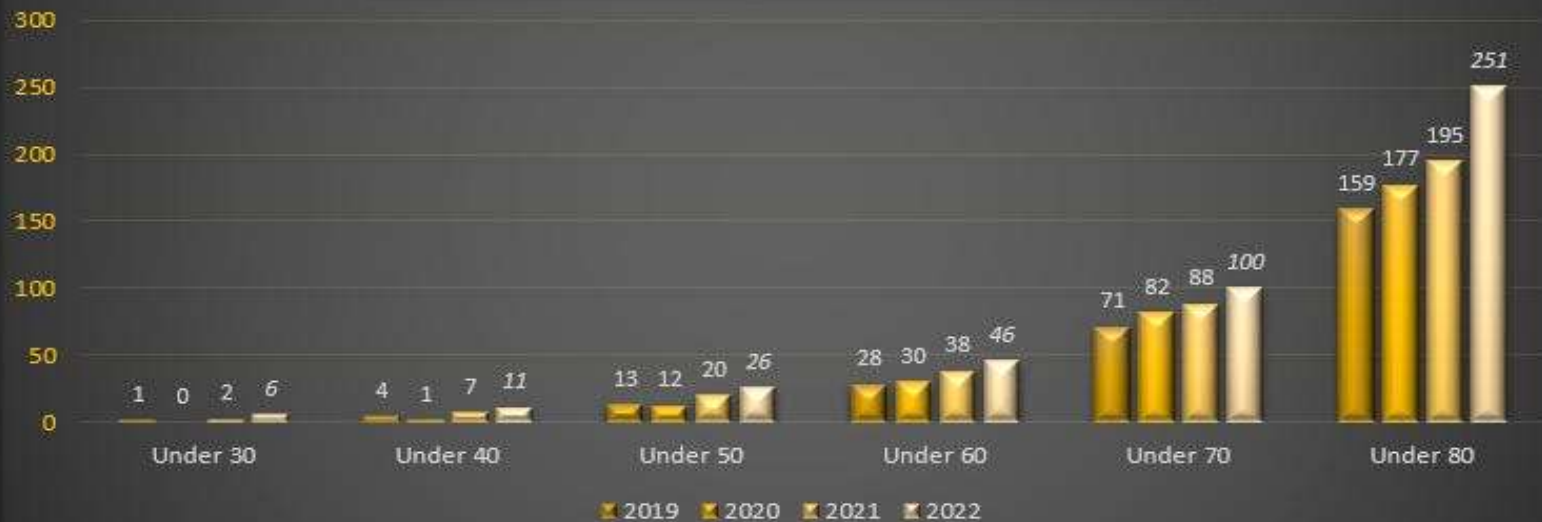
 Died July 21, 2022 Dr. Michael Marshall Age: 61 Edmonton, AB Psychiatrist Died unexpectedly	 Died July 21, 2022 Dr. Michelle Fain Age: 52 Hamilton, ON (Chatham-Kent) Anesthesiologist resident 1 st yr Died unexpectedly	 Died July 21, 2022 Dr. Carl-Fred Hoeged Age: 70 York, Ontario, ON Family physician Died during COVID-19 case report	 Died July 21, 2022 Dr. Maria Cheung Age: 60 York, Ontario, ON Family physician Died unexpectedly	 Died July 21, 2022 Dr. Luciane Nguyen Age: 37 Hamilton, ON (Chatham-Kent) Palliative resident, oncologist COVID-19, pneumonia, blood infection	 Died July 21, 2022 Dr. Ryan Beaufort Age: 35 Hamilton, ON (Chatham-Kent) Neurologist, MD (of Internal) Neurogeriatrics Died unexpectedly	 Died July 21, 2022 Dr. Michael Carter Age: 61 Hamilton, ON Family physician Died remaining in a park, post	 Died July 21, 2022 Dr. Paul Harrison Age: 60 York, Ontario, ON Palliative care physician Died unexpectedly (at 60 years)	 Died July 21, 2022 Dr. Richard L. Cowe Age: 57 Hamilton, ON Family physician Died in his sleep	 Died July 21, 2022 Dr. Christopher P. Cole Age: 51 Hamilton, ON Family physician Died in his sleep
 Died Aug 11, 2022 Dr. Patricia Hanley Age: 65 Hamilton, ON Family physician Died after "3 months bleed"	 Died Aug 11, 2022 Dr. Patricia Brown Age: 65 Toronto, ON Family physician Died after "3 months bleed"	 Died Aug 11, 2022 Dr. Vincent Chi Wai Mak Age: 63 Montreal, QC Anesthesiologist Died unexpectedly	 Died July 20, 2022 Dr. Michael Stewardson Age: 63 Toronto, ON Family physician Died remaining in a hotel	 Died July 20, 2022 Dr. John F. Tomasko Age: 59 Mississauga, ON (William) Family physician COVID-19, stroke, Stage 4, 4 x 1 pt	 Died July 20, 2022 Dr. Heather M. McManis Age: 60 Abbotsford, BC (William) FNP 1 year, stroke infection	 Died July 17, 2022 Dr. Loren E. Nagel Age: 60 Mississauga, ON (William) FNP Long-term, Stage 4, 4 x 1 year	 Died July 16, 2022 Dr. Robert L. Gough Age: 55 Hamilton, ON Anesthesiologist Died unexpectedly	 Died July 15, 2022 Dr. David P. Galt Age: 51 Hamilton, ON Family physician Died unexpectedly	 Died July 15, 2022 Dr. Charles P. Cole Age: 51 Hamilton, ON Family physician Died unexpectedly
 Died July 15, 2022 Dr. Neil Singh Chhab Age: 44 Toronto, ON Family physician, Adult Abuse Died in sleep, 8 days post, 1 st year	 Died July 15, 2022 Dr. Victoria Brennan Age: 64 North Bay, ON Psychiatrist Died in sleep, 4 years	 Died July 15, 2022 Dr. John A. Givens Age: 70 Prince George, BC Psychiatrist Machine stroke post, 1 st year	 Died July 14, 2022 Dr. Wang Jian Ma Age: 51 Vancouver, BC Family physician Died unexpectedly	 Died July 14, 2022 Dr. Pauline Taché Age: 51 Québec, QC Family physician Died unexpectedly	 Died July 14, 2022 Dr. James Peter O'Donnell Age: 43 Burlington, ON Family physician Died after "3rd stroke"	 Died July 14, 2022 Dr. Louise E. Nagel Age: 61 Cambridge, ON Family physician Died after "3rd stroke"	 Died July 8, 2022 Dr. Roger David Hamilton Age: 61 York, Ontario, ON Family physician Died after "3rd stroke"	 Died Aug 6, 2022 Dr. Norman Lockman Age: 57 Chatham, ON MD (oncology) supply substitute Died after "3rd stroke"	 Died Aug 11, 2022 Dr. Christopher P. Cole Age: 51 Hamilton, ON Family physician Died unexpectedly
 Died May 26, 2022 Dr. Robert L. Gough Age: 57 Hamilton, ON Anesthesiologist	 Died May 26, 2022 Dr. Victoria Brennan Age: 64 North Bay, ON Psychiatrist	 Died May 26, 2022 Dr. John A. Givens Age: 70 Prince George, BC Psychiatrist	 Died May 26, 2022 Dr. Wang Jian Ma Age: 51 Vancouver, BC Family physician	 Died May 26, 2022 Dr. Pauline Taché Age: 51 Québec, QC Family physician	 Died May 26, 2022 Dr. James Peter O'Donnell Age: 43 Burlington, ON Family physician	 Died May 26, 2022 Dr. Louise E. Nagel Age: 61 Cambridge, ON Family physician	 Died May 26, 2022 Dr. Roger David Hamilton Age: 61 York, Ontario, ON Family physician	 Died May 26, 2022 Dr. Norman Lockman Age: 57 Chatham, ON MD (oncology) supply substitute	 Died May 26, 2022 Dr. Christopher P. Cole Age: 51 Hamilton, ON Family physician
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Mandatory COVID Vaccines

Canadian Medical Doctor Deaths (Year & Gender | 2019 - 2022) as of 2022.12.31



Canadian Medical Doctor Deaths (Year & Cumulative Age Group | 2019 - 2022) as of 2022.12.31



Cost of Obeying COVID Vaccine Mandates



20-year-old Pre-med Student



45-year-old Mother



35-year-old Journalist



64-year-old Father

Bioweapon Shots Destroy Young Lives



13-years-old



17-years-old



20-years-old



Special Needs Teacher



Construction Worker



Educator and Mother

Casualties from COVID-19 Bioweapon Shots



Wife of Oregon Senator



19-Year-Old College Student



18-year-old Italian teen



63-year-old Oregon woman

Deadly COVID-19 Shots



68-years-old



Young Husband and Father



18-years-old



Curling Coach

COVID-19 Bioweapon Shot Casualties



28-year-old Italian Singer



54-year-old Australian filmmaker



50-year-old mother



49-year-old mother

COVID-19 Bioweapon Shots Continue to Kill and Maim



54-year-old Oracle APEX software developer



52-year-old News Anchor



44-year-old BBC Radio Voice



52-year-old widow and mother



50-year-old wife and mother



Toronto Actress

Children 5 to 11 DEAD or Disabled after COVID Vaccine



11 Years Old



6 Years Old



5 Years Old



6 Years Old

Young Lives Gone or Destroyed by COVID Shots



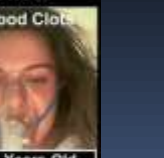
16-Years-Old



12-Years-Old



18-Years-Old



17-Years-Old



Heart Inflammation



Heart Inflammation



18-Years-Old



17-Years-Old

COVID Vaccine Worldwide Population Reduction



31-years-old Guyana



13-years-old boy



22-years-old Thailand



31-years-old India



31-years-old Greece



13-years-old Brazil



29-years-old actress - India



20-years-old South Korea



Why are so many footballers collapsing? There has been a worrying spike in cardiac arrests and stars retiring with heart-related issues, but leading sports cardiologist insists it is NOT to do with Covid vaccine

- Sergio Aguero was forced to retire from football on Wednesday due to ill health
- Aguero is the latest footballer who has had heart-related issues this year
- Denmark playmaker Christian Eriksen had a cardiac arrest during Euro 2020
- Charlie Wyke went into cardiac arrest during a Wigan training session last month
- **EXCLUSIVE:** The Premier League is going to 'crash' unless players are fully vaccinated, the UK's top sports cardiologist Professor Sanjay Sharma warns

Remember:

The Media has got the 'right' answers!

ood clots: The popular breakfast food that could enhance the risk of blood clotting



Death during sex isn't just something that happens to middle aged men, new study finds

By Neil David D. Goss, University of Mississippi

THE CONVERSATION



Home / Cities / Chandigarh / Harsh winter can increase heart-related complications: Experts warn in new study

Harsh winter can increase heart-related complications: Experts warn in new study

By: Express News Service | Chandigarh | Updated: December 6, 2021 5:04:06 am



Yes, even runners (and triathletes) get heart disease

Lifestyle and lifelong dietary patterns that can save your life



Now even sticking to medics' alcohol guidelines is bad for your health! Risk of heart problems could be increased even if you drink less than NHS weekly units, study suggests

By Victoria Allen for the Daily Mail
00:05 28 Jan 2022, updated 08:00 28 Jan 2022

Heart attack: Does skipping breakfast increase your risk?



Physical activity may increase heart attack risk, study suggests

New findings do not outweigh health benefits of exercise, researchers emphasise

© Mon, Sep 20, 2021, 23:30

Binge-Watching TV Linked to Higher Blood Clot Risk

By Ralph Ellis



Health > Wellbeing

IT'S THE SEASON The ways cold weather can affect your body – from winter vagina to blood clots

By: Ann Williams
03:00, 27 Nov 2021



So-called 'STEMI' attacks are up 25 per cent in the west of Scotland

Mystery rise in heart attacks from blocked arteries

By: Helen Patrick, Scottish Health Correspondent

Thursday September 30 2021, 12:31am BST, The Times

Science News from research.org.uk

Extreme heat events jeopardize cardiovascular health, experts warn

Date: November 18, 2021

NEWS IN YOUR AREA WHAT'S ON RUGBY FOOTBALL

Energy bill price rise may cause heart attacks and strokes, says TV GP

There could also be an increase in chest infections, mental health problems and ill-health in children

Again... how contagious and deadly was 'the virus' in Scotland?



HM General Register House
2 Princes Street
Edinburgh EH1 3YY

www.nrscotland.gov.uk

Our ref: Fol/20220032387

Dear

Request under the Freedom of Information (Scotland) Act 2002 (FOISA)

Thank you for your request of 07 October 2022 under the Freedom of Information (Scotland) Act 2002 (FOISA).

Your request

You asked for:

"Can you tell me the total amount of doctors and nurses that have died from COVID-19 in Scotland from 2020-2022 broken down by individual year and also month if possible ?."

Response to your request

There have been no deaths registered between 2020 and 2022 for doctors (SOC2010 code 2211) or nurses (SOC2010 code 2231). Note also that we have used the same criterion as in [our monthly COVID publication](#) (also includes non-

31 October 2022

WhatsApp 11:52 76%

← Tweet



This is a mindblowing thread.

● Rustler @TheRustler83 · 17h

Only 64 people have died from #COVID19 in all of Greater #Glasgow & Clyde Hospitals, according to a Freedom of Information Request

#NHSGGC confirmed that from 3,406 deaths listed as #COVID19 only 131 of them died solely from COVID19

The other 3,275 had underlying conditions

1/
[Show this thread](#)

7. Please provide the total number of deaths that occurred within NHS Greater Glasgow & Clyde Health Board facilities, where COVID-19 (SARS-CoV2 Coronavirus) was listed as

Tweet your reply





EudraVigilance - European database of suspected adverse drug reaction reports

The European Medicines Agency publishes these data so that its stakeholders, including the general public, can access information that European regulatory authorities use to review the safety of a medicine or active substance. **Transparency** is a key guiding principle of the Agency.

COVID-19 Vaccine Adverse Drug Reactions 48,817 DEAD

5,107,883 Injuries Through November 12, 2022

COVID-19 MRNA VACCINE MODERNA (CX-024414)

COVID-19 MRNA VACCINE PFIZER-BIONTECH

COVID-19 VACCINE ASTRAZENECA (CHADOX1 NCOV-19)

COVID-19 VACCINE JANSSEN (AD26.COVS)

COVID-19 VACCINE NOVAVAX (NVX-COV2373)



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EudraVigilance 



Last Update: February 25, 2023	Reported Cases	Fatalities	% fatalities to cases	All Multiple Symptoms	Serious injuries	% serious to ALL
PFIZER-BIONTECH (TOZINAMERAN)	1 203 897	23 886	1.98%	2 761 012	1 193 334	43.22%
PFIZER-BIONTECH OMICRON BA.1 (TOZINAMERAN, RILTOZINAMERAN)	5 951	120	2.02%	16 343	9 202	56.31%
PFIZER-BIONTECH OMICRON BA.4-5 (TOZINAMERAN, FAMTOZINAMERAN)	6 423	354	5.51%	14 263	8 536	59.85%
Pfizer-BioNTech - total	1 216 271	24 360	2.00%	2 791 618	1 211 072	43.38%
Moderna - ELASOMERAN	370 537	12 895	3.48%	908 644	362 187	39.86%
Moderna - OMICRON BA.1	7 358	134	1.82%	17 794	8 357	46.97%
Moderna - OMICRON BA.4-5	317	33	10.41%	749	663	88.52%
Moderna - total	378 212	13 062	3.45%	927 187	371 207	40.04%
Oxford/AstraZeneca	544 189	9 858	1.81%	1 411 144	673 283	47.71%
Janssen	70 987	3 382	4.76%	180 764	79 032	43.72%
Novavax	1 567	1	0.06%	4 288	1 221	28.47%
VALNEVA	27	0	0.00%	58	5	8.62%
VIDPREVTYN BETA	3	0	0.00%	4	0	0.00%
Total:	2 211 256	50 663	2.29%	5 315 063	2 335 820	43.95%




Search Results

From the 1/13/2023 release of VAERS data:

Found 35,702 cases where Patient Died and Vaccination Date on/after '1990-01-01'

Government Disclaimer on use of this data

Table

		
Vaccine/Manufacturer	Count	Percent
TOTAL	† 46,871	† 131.28%
COVID19 / PFIZER/BIONTECH	20,278	56.8%
COVID19 / MODERNA	10,270	28.77%
COVID19 / JANSSEN	1,504	4.21%
PNC / PFIZER/WYETH	875	2.45%
PNC13 / PFIZER/WYETH	816	2.29%
OPV / PFIZER/WYETH	742	2.08%
UNK / UNKNOWN MANUFACTURER	585	1.64%
HIBV / PFIZER/WYETH	583	1.63%
RV5 / MERCK & CO. INC.	495	1.39%
HEP / MERCK & CO. INC.	476	1.33%
HIBV / SANOFI PASTEUR	465	1.3%
DTAPHEPBIP / GLAXOSMITHKLINE BIOLOGICALS	421	1.18%
IPV / SANOFI PASTEUR	369	1.03%
FLU3 / SANOFI PASTEUR	323	0.9%
PPV / MERCK & CO. INC.	288	0.81%
HIBV / MERCK & CO. INC.	283	0.79%
DTP / LEDERLE LABORATORIES	279	0.78%

% Excess Deaths (Non-COVID-19) by Age Group, Sex & Month (that week ended in)

England

Weeks Ending 27Mar20 - 30Jun23

Source Data:- Office for Health Improvement and Disparities

Graphic:- @OutsideAllan

Year	Mont	0-24		25-49		50-64		65-74		75-84		85+		Total
		Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	
2020	3	-10.0%	-23.0%	-2.8%	2.1%	0.2%	-3.7%	-8.4%	-2.0%	-5.5%	-0.6%	-6.3%	-1.8%	-3.8%
2020	4	-5.8%	-20.5%	7.5%	0.2%	12.4%	16.1%	13.4%	18.2%	25.4%	25.9%	40.6%	36.1%	26.9%
2020	5	-15.8%	-12.0%	-1.6%	-2.3%	3.7%	4.9%	-1.8%	-4.2%	-0.5%	-1.8%	10.9%	0.2%	1.9%
2020	6	-23.9%	-21.7%	-8.0%	-7.3%	-6.0%	-2.4%	-3.3%	-8.0%	-8.6%	-10.6%	-11.3%	-13.2%	-9.4%
2020	7	-16.6%	-9.0%	0.7%	0.3%	-6.5%	2.6%	-3.1%	-4.8%	-7.1%	-7.4%	-9.2%	-13.9%	-7.2%
2020	8	1.4%	-1.3%	1.8%	5.9%	2.4%	4.1%	-5.2%	-2.5%	-0.7%	-1.2%	-2.7%	-5.4%	-1.8%
2020	9	-1.4%	-15.4%	5.6%	6.0%	1.6%	5.8%	0.2%	2.4%	0.4%	-0.1%	-2.2%	-1.9%	0.1%
2020	10	-24.0%	-11.4%	2.3%	7.4%	4.1%	4.0%	0.9%	-3.0%	-2.4%	-4.2%	-3.8%	-4.6%	-2.3%
2020	11	-11.3%	-6.1%	3.6%	5.1%	1.9%	5.9%	-7.5%	-2.9%	-8.1%	-7.0%	-7.3%	-10.7%	-5.8%
2020	12	-5.2%	-8.2%	5.5%	6.0%	-5.8%	3.1%	-10.2%	-10.9%	-14.9%	-16.1%	-14.9%	-17.7%	-12.6%
2021	1	-3.1%	-8.1%	0.3%	-11.0%	-10.4%	-6.3%	-17.0%	-16.4%	-19.9%	-23.1%	-22.8%	-26.7%	-20.1%
2021	2	2.0%	4.6%	2.9%	-1.2%	-8.2%	-3.7%	-12.6%	-15.1%	-18.2%	-17.4%	-19.3%	-24.9%	-16.7%
2021	3	16.4%	-1.2%	-4.0%	5.4%	-7.7%	-3.4%	-13.3%	-14.2%	-18.2%	-20.6%	-22.3%	-25.2%	-17.8%
2021	4	-12.5%	-13.8%	2.4%	-5.3%	-5.9%	0.6%	-9.0%	-11.4%	-13.5%	-14.3%	-16.3%	-19.3%	-13.1%
2021	5	-9.0%	7.9%	2.1%	1.2%	-5.6%	3.1%	-10.1%	-7.5%	-8.8%	-7.5%	-10.0%	-10.4%	-7.7%
2021	6	9.3%	3.5%	-2.4%	5.2%	-0.9%	6.6%	-4.6%	-5.0%	-5.1%	-3.3%	-5.6%	-7.2%	-3.9%
2021	7	-7.5%	0.7%	2.4%	3.8%	7.0%	7.2%	0.2%	2.2%	0.7%	1.7%	-0.3%	-2.0%	1.1%
2021	8	-9.0%	-5.6%	-0.5%	2.9%	5.8%	6.8%	5.3%	1.2%	2.7%	0.0%	3.9%	1.2%	2.6%
2021	9	-4.2%	-6.7%	6.2%	5.9%	8.3%	4.8%	7.7%	6.5%	6.0%	4.5%	4.1%	1.2%	4.6%
2021	10	1.0%	5.9%	1.0%	11.8%	9.9%	10.3%	3.5%	3.3%	0.1%	0.9%	1.2%	-0.1%	2.4%
2021	11	10.1%	9.9%	1.0%	3.4%	2.5%	9.0%	6.4%	6.5%	4.5%	0.6%	5.7%	0.1%	3.9%
2021	12	2.2%	5.3%	-4.2%	3.1%	6.8%	6.9%	1.9%	2.0%	0.8%	-3.8%	0.4%	-3.7%	0.0%
2022	1	-10.4%	-9.8%	-2.6%	-9.7%	-8.4%	-4.2%	-14.3%	-12.3%	-14.7%	-17.4%	-20.7%	-23.4%	-16.8%
2022	2	7.5%	16.2%	-2.7%	-4.6%	-3.8%	3.6%	-8.1%	-5.0%	-11.5%	-13.8%	-16.0%	-18.6%	-11.7%
2022	3	10.3%	8.7%	-6.1%	4.4%	-8.3%	3.4%	-7.5%	-6.3%	-9.2%	-12.0%	-14.7%	-15.2%	-10.3%
2022	4	-28.2%	-1.4%	-5.6%	-5.0%	-2.0%	-3.8%	-8.9%	-7.3%	-8.9%	-10.9%	-9.5%	-12.1%	-9.0%
2022	5	-12.3%	6.4%	4.9%	-5.0%	2.5%	8.9%	-0.1%	1.6%	1.7%	2.4%	3.2%	1.4%	2.3%
2022	6	17.9%	16.5%	14.8%	8.1%	18.4%	17.0%	8.9%	9.2%	10.4%	7.5%	8.8%	9.3%	10.0%
2022	7	12.2%	5.1%	6.0%	8.8%	4.6%	11.0%	4.7%	5.5%	7.1%	2.8%	8.3%	6.9%	6.5%
2022	8	10.5%	7.8%	-4.9%	10.2%	17.1%	12.5%	0.2%	7.2%	4.5%	5.6%	10.8%	4.1%	7.1%
2022	9	-0.6%	10.4%	9.5%	8.1%	13.7%	16.9%	7.9%	5.2%	5.8%	6.7%	7.6%	7.5%	7.8%
2022	10	3.3%	5.0%	16.7%	9.2%	11.8%	10.1%	7.5%	6.3%	6.3%	6.4%	9.0%	7.4%	7.9%
2022	11	11.7%	6.7%	7.9%	11.9%	10.5%	13.2%	9.9%	6.8%	2.5%	1.8%	6.6%	1.9%	5.5%
2022	12	26.3%	6.1%	6.3%	4.1%	13.4%	12.4%	6.4%	3.7%	9.6%	-0.5%	7.5%	3.6%	5.9%
2023	1	-4.3%	1.2%	18.4%	3.9%	13.1%	16.2%	7.6%	7.8%	10.4%	2.2%	10.2%	-0.2%	7.1%
2023	2	17.2%	16.7%	7.2%	11.0%	2.7%	11.4%	5.1%	2.7%	0.9%	-3.2%	-2.1%	-7.4%	-0.4%
2023	3	9.1%	13.2%	8.0%	9.1%	3.8%	9.6%	0.6%	-1.6%	-5.8%	-4.6%	-4.5%	-6.8%	-2.7%
2023	4	3.4%	14.5%	4.6%	3.4%	5.3%	11.6%	1.3%	1.5%	-0.1%	-2.1%	-1.9%	-2.0%	0.2%
2023	5	-2.1%	30.0%	16.5%	16.2%	8.1%	16.9%	2.0%	8.5%	5.8%	6.8%	8.0%	3.2%	7.4%
2023	6	20.9%	11.0%	4.3%	10.2%	10.8%	16.4%	2.9%	5.5%	3.9%	4.4%	2.8%	4.4%	5.2%



% Excess Deaths (All Causes) by Age Group, Sex & Month (that week ended in) England

Weeks Ending 27Mar20 - 30Jun23

Source Data:- Office for Health Improvement and Disparities

Graphic:- @OutsideAllan

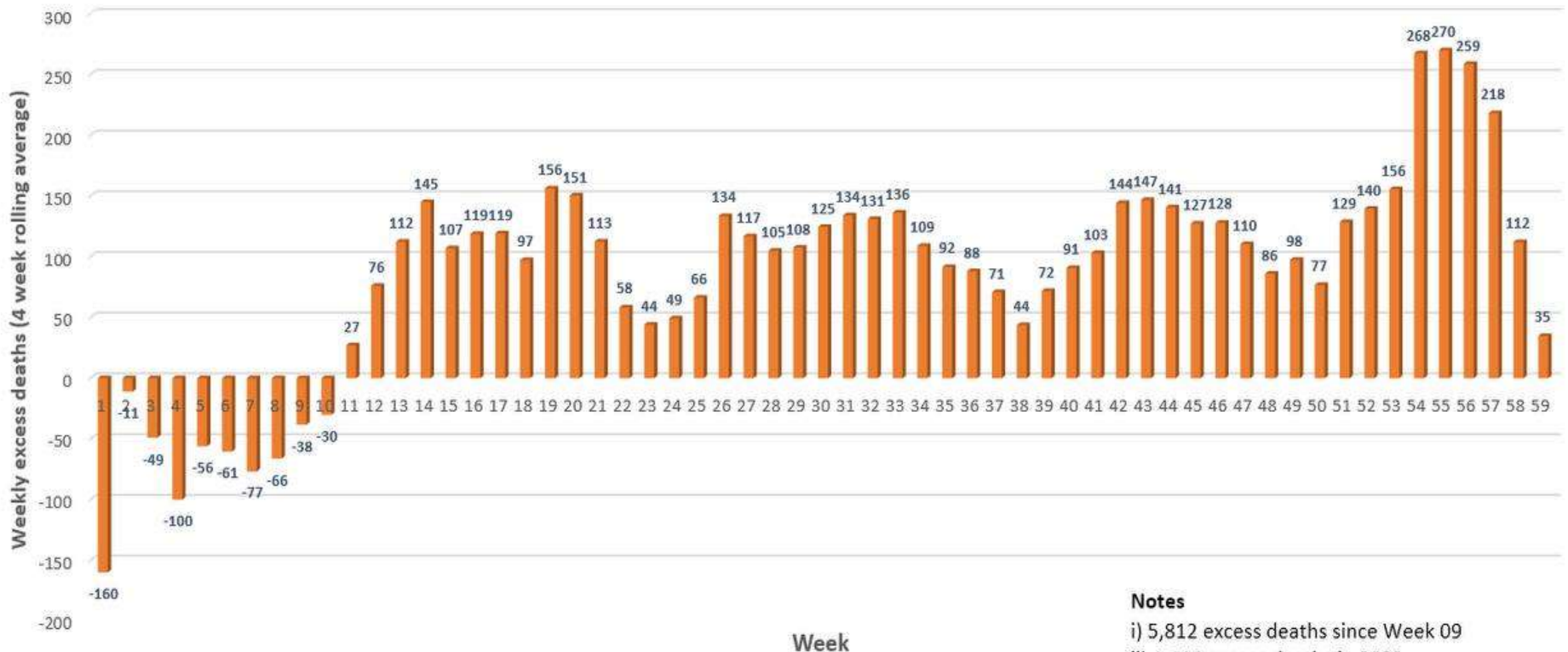
Year	Mont	0-24		25-49		50-64		65-74		75-84		85+		Total
		Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	
2020	3	-10.0%	-23.0%	1.4%	5.8%	5.0%	1.9%	-3.9%	4.9%	-1.0%	6.4%	-2.9%	4.2%	1.3%
2020	4	1.3%	-15.9%	43.3%	36.6%	66.1%	87.9%	65.9%	91.9%	89.2%	113.3%	92.8%	114.1%	92.4%
2020	5	-14.2%	-8.9%	14.6%	12.7%	24.5%	33.3%	23.3%	27.7%	39.2%	42.0%	57.0%	49.5%	40.6%
2020	6	-23.3%	-21.3%	-2.5%	-3.2%	1.0%	5.4%	4.6%	0.8%	2.9%	2.6%	1.4%	0.6%	1.6%
2020	7	-16.1%	-8.6%	3.1%	2.4%	-4.8%	5.8%	0.5%	-1.7%	-3.7%	-2.5%	-5.5%	-9.5%	-3.6%
2020	8	1.4%	-0.9%	3.1%	6.9%	3.4%	5.6%	-3.9%	-1.2%	0.9%	0.8%	-1.3%	-3.7%	-0.3%
2020	9	-1.4%	-15.4%	6.8%	7.2%	2.9%	7.4%	1.4%	4.3%	1.7%	2.1%	-0.8%	0.1%	1.7%
2020	10	-24.0%	-11.1%	6.0%	11.3%	8.7%	10.0%	7.4%	6.4%	5.7%	6.4%	2.5%	4.5%	5.4%
2020	11	-9.4%	-4.1%	14.0%	13.1%	17.7%	25.2%	11.8%	24.6%	16.8%	26.0%	14.8%	18.6%	18.6%
2020	12	-3.3%	-7.8%	17.1%	16.2%	13.5%	25.0%	12.2%	15.4%	11.5%	16.8%	10.0%	16.3%	14.0%
2021	1	1.0%	-5.4%	33.6%	22.8%	39.2%	48.8%	34.5%	39.5%	35.1%	38.2%	27.9%	33.4%	34.1%
2021	2	5.4%	8.8%	36.7%	26.2%	34.9%	49.9%	30.5%	34.2%	24.2%	29.8%	22.6%	22.0%	27.6%
2021	3	18.2%	0.0%	8.3%	15.8%	8.2%	17.4%	-1.4%	1.4%	-7.9%	-7.6%	-12.1%	-13.6%	-5.5%
2021	4	-10.4%	-12.8%	7.3%	-0.2%	-1.1%	6.6%	-5.8%	-7.3%	-10.6%	-10.6%	-13.7%	-15.9%	-9.6%
2021	5	-9.0%	7.9%	4.5%	3.8%	-3.9%	6.2%	-8.3%	-5.6%	-7.8%	-5.8%	-9.0%	-9.0%	-6.1%
2021	6	10.0%	3.5%	1.1%	7.2%	1.5%	8.8%	-3.6%	-3.2%	-4.0%	-1.8%	-4.8%	-5.8%	-2.5%
2021	7	-7.0%	4.1%	7.4%	10.1%	11.3%	12.1%	3.4%	5.4%	3.1%	5.0%	1.7%	0.8%	4.1%
2021	8	-5.6%	-3.0%	10.7%	16.2%	15.6%	18.6%	11.9%	9.0%	8.7%	7.5%	7.8%	7.2%	9.3%
2021	9	-0.7%	-3.1%	16.9%	18.6%	21.0%	17.0%	17.0%	17.4%	13.1%	15.4%	10.1%	9.7%	13.6%
2021	10	5.6%	8.6%	11.2%	19.8%	19.4%	20.7%	12.4%	12.7%	6.7%	9.9%	6.0%	7.5%	9.9%
2021	11	15.1%	11.5%	11.5%	11.8%	13.9%	22.4%	16.4%	20.4%	12.1%	11.1%	11.2%	8.6%	12.9%
2021	12	6.0%	8.1%	6.4%	17.5%	17.2%	19.9%	10.7%	11.1%	6.8%	3.4%	4.6%	2.5%	7.1%
2022	1	-6.7%	-4.7%	9.5%	0.7%	2.2%	9.3%	-5.9%	-1.4%	-6.3%	-7.1%	-12.9%	-12.4%	-7.2%
2022	2	11.0%	17.5%	4.0%	1.5%	3.8%	11.6%	-0.8%	2.6%	-3.7%	-4.2%	-8.2%	-7.1%	-3.2%
2022	3	13.5%	10.8%	-0.9%	7.9%	-3.3%	8.0%	-3.3%	-0.9%	-3.1%	-5.1%	-8.8%	-5.9%	-4.0%
2022	4	-26.1%	0.3%	0.6%	-1.4%	2.9%	1.1%	-1.4%	-0.2%	0.1%	0.2%	1.6%	1.6%	0.6%
2022	5	-9.0%	7.6%	7.8%	-1.3%	6.3%	12.6%	5.4%	7.1%	7.4%	9.1%	9.7%	10.4%	8.5%
2022	6	20.1%	17.5%	18.0%	10.2%	21.0%	19.7%	11.7%	12.3%	13.0%	11.1%	11.6%	13.9%	13.2%
2022	7	16.0%	6.8%	9.8%	11.6%	10.3%	15.4%	10.7%	11.3%	13.2%	9.3%	14.7%	15.9%	12.9%
2022	8	11.2%	8.7%	0.2%	13.3%	21.5%	15.8%	6.6%	14.0%	10.6%	12.0%	17.5%	13.2%	13.5%
2022	9	1.2%	11.1%	11.7%	10.9%	16.4%	18.9%	10.9%	8.7%	9.0%	10.3%	10.9%	13.2%	11.4%
2022	10	5.2%	6.7%	19.2%	11.6%	16.2%	13.4%	11.7%	11.4%	11.9%	12.7%	15.1%	16.5%	13.8%
2022	11	12.3%	9.2%	11.4%	14.2%	14.4%	16.8%	14.2%	11.2%	6.9%	7.3%	11.2%	8.5%	10.3%
2022	12	26.9%	7.2%	8.6%	5.7%	16.3%	14.6%	9.8%	6.1%	13.3%	3.5%	11.6%	8.6%	9.6%
2023	1	-3.7%	2.0%	22.3%	5.7%	17.7%	19.6%	11.9%	11.8%	15.5%	8.3%	16.1%	7.5%	12.6%
2023	2	17.2%	17.6%	11.1%	12.2%	5.4%	14.0%	8.1%	6.4%	4.7%	1.1%	2.0%	-2.4%	3.5%
2023	3	10.7%	14.9%	10.0%	11.2%	7.0%	12.3%	5.2%	2.6%	-0.3%	1.1%	1.4%	0.0%	2.5%
2023	4	4.8%	15.8%	6.2%	4.9%	8.3%	14.5%	5.4%	5.1%	4.8%	3.8%	3.1%	4.8%	5.1%
2023	5	-1.4%	30.4%	17.7%	17.4%	9.9%	19.1%	4.5%	11.2%	8.6%	10.7%	11.3%	8.2%	10.6%
2023	6	22.6%	11.4%	4.5%	10.9%	11.7%	17.6%	4.2%	7.1%	5.8%	6.7%	4.5%	6.8%	7.0%



So, how efficient were the covid vaccines in Scotland? (Hint: check all cause mortality)

Excess Death Data - Scotland Week 01 of 2022 to Week 07 of 2023 Source: National Records of Scotland

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/weekly-and-monthly-data-on-births-and-deaths-registered-in-scotland>



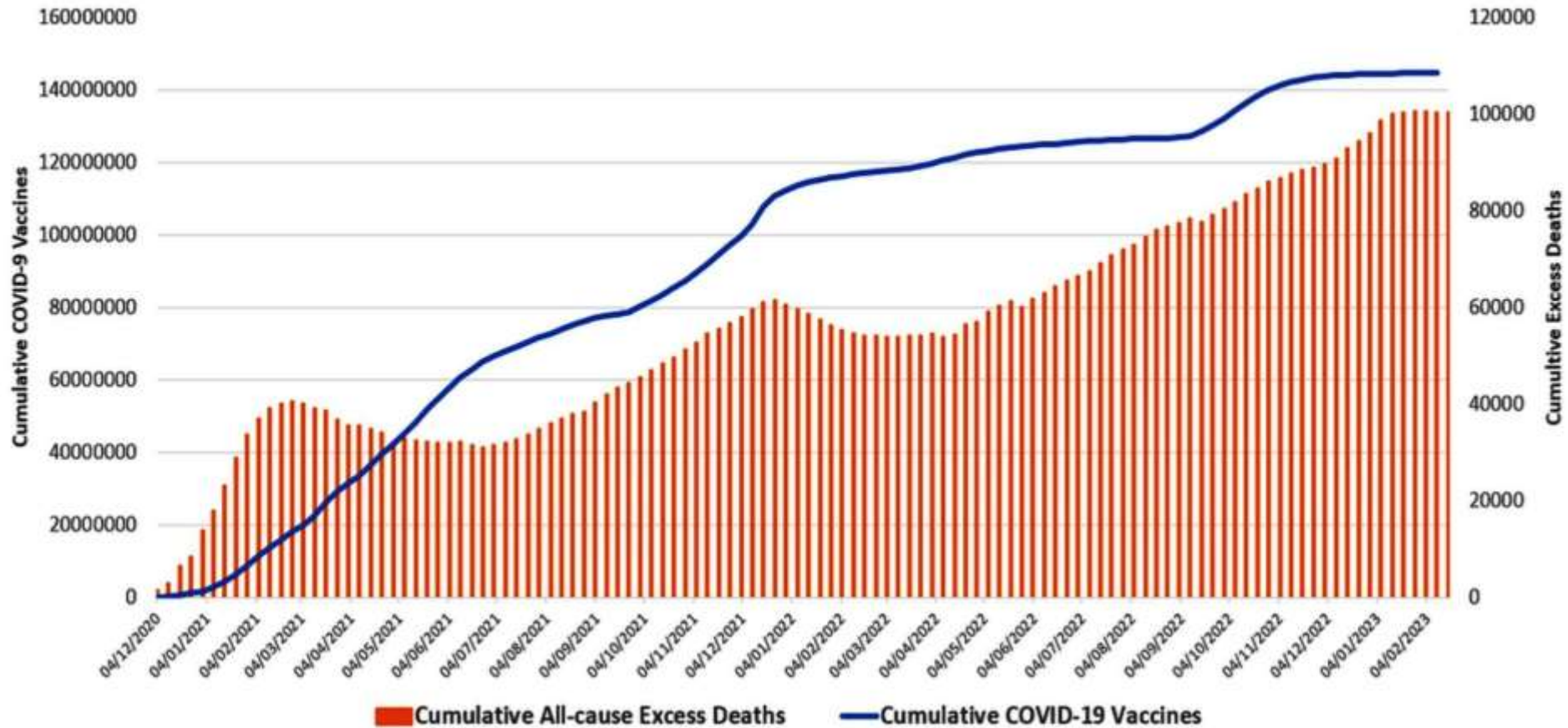
■ Weekly excess deaths (rolling 4 week average)

Notes

- i) 5,812 excess deaths since Week 09
- ii) 1,110 excess deaths in 2023
- iii) 51 consecutive weeks of excess death
- iv) Five year average based on ONS standard (2021,2019,2018,2017, 2016 for 2022)

CUMULATIVE EXCESS DEATH PLOTTED AGAINST CUMULATIVE COVID-19 VACCINATIONS ENGLAND 4/12/2020 - 17/2/2023

SOURCE: [HTTPS://CORONAVIRUS.DATA.GOV.UK/](https://coronavirus.data.gov.uk/)



Dr. John Campbell ✓

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Whilst you were distracted by Boris resigning, the UK Government quietly published a report confirming the Fully Vaccinated account for 94% of all COVID-19 Deaths since April, 90% of which were Triple/Quadruple

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The weekly stats uncovered

• This article is more than 1 month old

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David Spiegelhalter and Anthony Masters

Don't think of this as a bad sign, it's exactly what's expected from an effective but imperfect job

Sun, 27 Jun 2021 08:00 BST

Cumulative Excess Deaths UK 2019-2023 over the 5 year average

— Excess Deaths UK 2019-2023

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales>

