

To: ALL UK & SCOTTISH POLITICAL AND MEDICAL AUTHORITIES

NOTICE OF CRITICAL INFORMATION & LIABILITY

CONCERNING

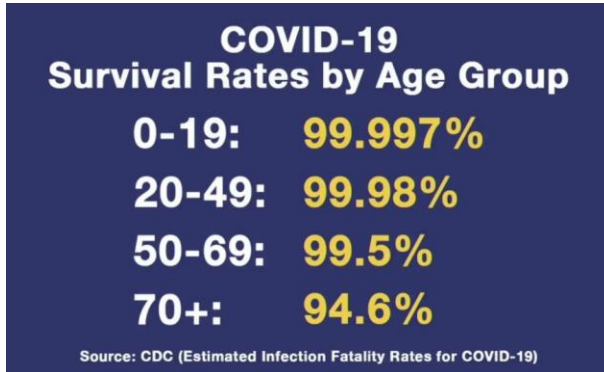
THE COVID-19 VACCINATION IN THE UK

UPDATE JANUARY 2021

- *As a matter of common-sense, the ones who act against the truth because they refuse to know it, will be found as liable as those who knew it.* -

We are in the middle of the greatest vaccination campaign in British history. Therefore, please allow us to start with a couple of questions that have not find a satisfying answer for us until now.

- If according to the WHO (November estimate of serological data) **10% of the global population has been infected by SARS-cov2, which implies that the general Infection Fatality Rate is 0.14%, thus in the range of yearly flu¹ and if according to the best estimate of CDC, IFR is less than 0.5% for the ones aged below 70 and 5.4% for the ones above 70²....**



¹ https://off-guardian.org/2020/10/08/who-accidentally-confirms-covid-is-no-more-dangerous-than-flu/?_cf_chl_jschl_tk_=9f4e045500ae4e4062d41f84f1bf49d4f7b4929d-1602442086-0-Aeu4umOETH4stqemIIA-Qk9uKfr8ZGG5JqPW6PjLNpjCvsHlCzjwiUuc3-gKjoBVnygh0e0qvTJPRu6QCsDyv5o_aYhCjJ-eYOh4wa51lq2ECayebYGh-3gdGyanaPGtDkM9_IYjQbCWXB3RB4IgcECF2LjnFFQJkgPyAm0M0CfV0VXzw-QEmsE6CpiqekbDZF11WXbq2qgvedXCJtFABx7kGDMBib1rjNLc4ZpDdyzvK7S-BkOQ7kt7CkjkSUEf_8vntWG-fmFAqmT2d5MEmEhwQ_h1_bmFb6WbCiiZEG3UrKWTAUF_CxLa-VEh7BP26zOmUHN7cl0IHQvdm9wAg8Z6lBctYUPJ3Uk9GTsS2exftG-zLmifHafMvCRqnK5jw

² Best estimate CDC Scenario: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>
See also, another assessment from prof. Ioannidis: "For people <70 years old, IFR for covi-19 across 40 location with available data ranged from 0.00 to 0.21% (median 0.05%) - Infection fatality rate of COVID-19 inferred from seroprevalence data" https://www.who.int/bulletin/online_first/BLT.20.265892.pdf

- If **the majority of the affected are asymptomatic**, therefore not even able to recognise that they have an issue and majority of the symptomatic have only mild symptoms not necessitating hospitalization and **they if they may not really spread the disease anyway**³...

- If **coronavirus immunity may last year even decades**⁴...

- If **there are already safe treatments for the severe cases of covid-19** that are endorsed by thousands of doctors & scientists worldwide and have already showed verifiable positive effects (see ANNEX B)...

³ Asymptomatic transmission of COVID-19 didn't occur at all, study of 10 million finds

https://www.livesitenews.com/mobile/news/asymptomatic-transmission-of-covid-19-didnt-occur-at-all-study-of-10-million-finds?twitter_impression=true&fbclid=IwAR1ZjgSU003_1Qsxhd5x3OOiu28bfh3mENsVrPy3LNp4L5oyIFzAGKJM6Ao

“WUHAN, China, December 23, 2020 (LifeSiteNews) – **A study of almost 10 million people in Wuhan, China, found that asymptomatic spread of COVID-19 did not occur at all, thus undermining the need for lockdowns, which are built on the premise of the virus being unwittingly spread by infectious, asymptomatic people.**

Published in November in the scientific journal Nature Communications, the paper was compiled by 19 scientists, mainly from the Huazhong University of Science and Technology in Wuhan, but also from scientific institutions across China as well as in the U.K. and Australia. It focused on the residents of Wuhan, ground zero for COVID-19,”

Has the Evidence of Asymptomatic Spread of COVID-19 been Significantly Overstated?

https://lockdownsceptics.org/has-the-evidence-of-asymptomatic-spread-of-covid-19-been-significantly-overstated-2/?fbclid=IwAR0pXSoMpGJUH9ZOeU2VnLfEo5L-wBjX2oI0yx8EnU2X06vM35nd_gDah7o

*“The existence of transmission of SARS-CoV-2 from asymptomatic individuals has become an accepted truth but the evidence for this phenomenon being anything other than mistaken interpretation of false positive test results is weak. **Examination of the underlying data from the most frequently-cited such meta-analyses reveals that the conclusions are based on a surprisingly small number of cases (six in total globally) and, moreover, the possibility that they are all coincidental contacts with false positive results cannot be ruled out.** Transmission which is pre-symptomatic is rare and represents a negligible risk to the population.”*

Asymptomatic spread of coronavirus is ‘very rare,’ WHO says (June 2020)

<https://www.cnbc.com/2020/06/08/asymptomatic-coronavirus-patients-arent-spreading-new-infections-who-says.html>

*“From the data we have, it still seems to be rare that an asymptomatic person actually transmits onward to a secondary individual,” Dr. Maria Van Kerkhove, head of WHO’s emerging diseases and zoonosis unit, said at a news briefing from the United Nations agency’s Geneva headquarters. **“It’s very rare.”***

CDC says asymptomatic people don't need testing, draws criticism from experts (Aug 2020)

https://thehill.com/policy/healthcare/513704-cdc-says-asymptomatic-people-dont-need-testing-draws-criticism-from-experts?fbclid=IwAR1gG0lqEqpxDI1dYTR3JbcX78-znxA3TqHN9_Q-6c0oqU8f2kPMjM_W6k

“The guidance now states: “If you have been in close contact (within 6 feet) of a person with a COVID-19 infection for at least 15 minutes but do not have symptoms: You do not necessarily need a test unless you are a vulnerable individual or your health care provider or State or local public health officials recommend you take one.”

⁴ Coronavirus Immunity may last year even decades, Study Suggests:

https://www.forbes.com/sites/tommybeer/2020/11/17/coronavirus-immunity-may-last-years-possibly-even-decades-study-suggests/?fbclid=IwAR2BCbs9o_6GMjs0Tulhs4Zzi1IWT8aCMel5LKdNmPTSLVDHugdZ92G9ecQ&sh=3aa81c864185

- **Why do we need to vaccinate the entire population, using an experimental technology that has never been before deemed safe enough to be used on humans, already caused numerous unpleasant side effects, which in some cases went as far as neurological damage and death and has unknown long term effects, unknown impact on reproduction and unknown interactions with other vaccines and medication and which anyway may give only around 3 months of immunity⁵ (see ANNEX A, point E)?**
- **Why do we need vaccines that were made to deal with Sars-cov2 infections, when we have numerous mutations already and especially one that is said to give rise to a dangerous new wave? Where can we find any studies proving that these vaccines can deal with ANY mutation of the virus (recent news suggest otherwise⁶)?**
- **Why do we need vaccines that may not prevent the infection and transmission- as affirmed by the same WHO⁷, by the England's deputy chief medical officer⁸, by dr. Fauci⁹ and even by Pfizer's chairman¹⁰ - but may even have the contrary effect, as suggested by the reality of outbreaks in care homes that occurred soon after vaccination (see ANNEX A, point E)?**
- **If according to both Reg. 174 for healthcare professionals and Reg. 174 for recipients, the Pfizer vaccine is contraindicated to persons with hypersensitivity to the active substance and all the other ingredients, why are not people tested for sensitivity to all the ingredients and especially to the active substance and PEG before having their first vaccine?**

In case you can answer to all these questions and to all the other critical issues we are presenting in this document, please give us your reply as soon as possible, in writing. This is the only way our actual perspective concerning the actual **Covid-19 vaccination program** can change and this notice can be withdrawn.

However, according to our present level of knowledge, we have to inform you that **WE HAVE DEEP CONCERNS REGARDING THE SAFETY, EFFICACY AND NECESSITY OF THIS VACCINATION AND THAT WE ARE OFFICIALLY HOLDING ALL THOSE**

⁵ "A **paper** published by the New and Emerging Respiratory Virus Threats Advisory Group said the duration of "natural or vaccine induced immunity is not yet fully understood". However, they added that **immunity after getting a Covid-19 jab may last 90 days.**" <https://www.mirror.co.uk/news/uk-news/coronavirus-vaccine-give-people-immunity-23118778>

⁶**Covid vaccines may need updating to protect against new variant, study suggests:**
<https://www.theguardian.com/society/2021/jan/20/covid-vaccines-may-need-updating-to-protect-against-new-variant-study-suggests>

⁷ <https://www.businessinsider.com/who-says-no-evidence-coronavirus-vaccine-prevent-transmissions-2020-12?r=US&IR=T&fbclid=IwAR29QUmxgStv0qsYGusqSjcLLEbiV9jT6fg2AujylZaeZn3CnrKdCjZhv5c>

⁸ https://www.bbc.com/news/uk-55784199?fbclid=IwAR3rA_9xCMfAWcvebqqrH7H2hjQn-ZMyPhL1piXh_DqX4Sb7iQcwYc9ullw

⁹ <https://thevaccinereaction.org/2021/01/no-evidence-covid-19-vaccines-will-block-spread-of-coronavirus/>

¹⁰ <https://thehill.com/news-by-subject/healthcare/528619-pfizer-chairman-were-not-sure-if-someone-can-transmit-virus-after?fbclid=IwAR3hxXfx9gjwlfRbQtpF4ldL-LkNxlMDhZnSoN1io5oPZjOBfmaFQkJbM>

INVOLVED AT ANY LEVEL IN THE PROCESS OF DECISION MAKING, PROMOTION AND EXECUTION OF THIS MASS VACCINATION LIABLE FOR THE HARM AND INJURY CAUSED TO THE PEOPLE OF GREAT BRITAIN, AS A RESULT OF IT.

This personal accountability and direct liability is necessary, as we do not consent to this vaccination and thus refuse to assume collective liability via the Vaccine Damage Scheme (that uses our tax payers money) for the damages done by the new covid-19 vaccines¹¹. We do not agree with the decision to discharge Pfizer and the other vaccine producers of any liability for the harmful consequences of their vaccines and place it on the already so weakened shoulders of the population. In fact, we find it outrageous that it is expected for us to pay for those among us who have been or will be harmed, while the ones responsible for this would still receive all their benefits. According to common law and common-sense, **THE ONES WHO CREATE LIABILITY, MUST PROVIDE REMEDY.**

We are aware that particularly **PFIZER, the company government trusts to deliver “SAFE AND EFFICIENT VACCINES”, is amongst all world’s corporations, THE WORST LEGAL OFFENDER, having to pay penalties (violations) valuing almost 5 BILLION dollars¹² and one of the biggest criminal fine in US history, 2.3 BILLION dollars “for mispromoting medicines and for paying kickbacks to compliant doctors”¹³**

We are also aware that **MHRA, which authorized the use of this unlicensed Pfizer vaccine (under Regulation 174 of the Human Medicine Regulations 2012) expects such a high volume of Covid-19 vaccine Adverse Drug Reactions that processing them requires an ARTIFICIAL INTELLIGENCE SOFTWARE¹⁴.**

Reports of damages inflicted by the new covid vaccines are already numerous on social media, but there is very little, if any declared concern on the part of our authorities. Another compelling proof of the official lack of transparency and democratic feedback in this matter is the fact that we do not have an open database for vaccine adverse reactions such as **VAERS¹⁵** in America, to be used and consulted by the public and to contribute in building up a truly **informed consent.**

¹¹ <https://www.reuters.com/article/uk-health-coronavirus-britain-vaccines-idUKKBN28D2VB?fbclid=IwAR2ZnFw60AyjDxCYjB157hl-sUGGeCzsSkIjBJHSWxFUDxn2N9XYDgWZzE>

¹² <https://violationtracker.goodjobsfirst.org/parent/pfizer>, <https://www.drugwatch.com/manufacturers/pfizer/>, <https://youtu.be/al-SZ7cii-g>

¹³ https://www.theguardian.com/business/2009/sep/02/pfizer-drugs-us-criminal-fine?fbclid=IwAR0yAMl1B1PAbn6duP6-bt_2SHYHGV9hXYe51Hks_zKw5Rz0Cp1azKKp0 (2009)

¹⁴ https://www.naturalhealth365.com/covid-19-artificial-intelligence-3634.html?fbclid=IwAR3qecVObvtXGx-u6HeBPrZxAMY3xF_VUuyizpNY0h64ehtuQWMNT8uBFM8

Note that the company has been sued for even higher compensation than the total amount it had to pay for all its violations, though it paid only a fraction. An example : (2007) Nigerian **Government sued Pfizer for \$7billion over illegal trials of anti-meningitis drug that killed 11 children and caused brain damage and paralysis in several hundreds in 1996**

<https://www.theguardian.com/world/2007/jun/05/health.healthandwellbeing1?fbclid=IwAR1P8qF9k3kXBnX9Va-JNCjtkCyPCK6tQ-2CNrue1rVMcPN6IShB2C16nQ>

And <https://nimedhealth.com.ng/2020/05/05/history-the-failed-trovan-drug-trial-by-pfizer-in-kano-that-killed-and-maimed-nigerians/>

¹⁵ <https://vaers.hhs.gov/index.html>

Nevertheless we still tried to do our research and are able to present here **some of the most critical and relevant information we were able to access in regards to the vaccination (ANNEX A - A summary of available data indicating THE RISKS AND DANGERS OF THE NEW EXPERIMENTAL COVID VACCINES)**, as also to the existing better alternatives (**ANNEX B - IMPORTANT REFERENCES TO CENSORED TREATMENTS FOR COVID-19**)

We feel there is a great urgency in delivering this information. Since the introduction of these covid-vaccines in December, in less than two months. more than 7 million people have been vaccinated in the UK (10.79 of 100), which at a global level is surpassed only by UAE (27.07) and Israel (47.9)¹⁶. The sharpest increase in covid deaths immediately followed: between 26 Nov 2020 and 26 Jan 2021 the number of covid deaths almost TRIPLED, which also amounts for THE GREATEST INCREASE IN BIWEEKLY DEATHS in the world¹⁷.

We now have by far THE GREATEST NUMBER OF NEW COVID DEATHS/ POPULATION in the world, almost twice than Mexico, the second on the list which has double the population, but vaccinated only 0.51 out of 100.¹⁸ Due to this major recent increase in deaths, we now also recorded THE THIRD GREATEST NUMBER OF DEATHS PER MILLION (1496) – after Slovenia and Belgium - since the whole pandemic began and THE HIGHEST NUMBER OF DAILY AVERAGE OF DEATHS (933)¹⁹.

Now looking at the situation of the elderly, who have been the most impacted by this pandemic, we found that **in England and Wales the number of deaths (from all causes) for the over 75 for the first two weeks of January 2021 has increased with 35%, respectively 21% in comparison to the number for the first corresponding weeks of 2020 and with a stunning 48% in comparison to the average of the previous 4 weeks of December 2020.**

The number of deaths for the over 80 for the first two weeks of January 2021 has increased with 39%, respectively 24% in comparison to the numbers for the first corresponding weeks of 2020 and with 54% in comparison to the average of the previous 4

¹⁶ <https://ourworldindata.org/grapher/covid-vaccination-doses-per-capita>

¹⁷ <https://coronavirus.data.gov.uk/details/deaths?areaType=nation&areaName=England>
<https://ourworldindata.org/grapher/biweekly-covid-deaths?tab=table&time=2020-11-26..latest>

<https://ourworldindata.org/grapher/covid-deaths-daily-vs-total-per-million?tab=table&stackMode=absolute&time=2020-11-10..2021-01-26&country=®ion=World>

¹⁸ <https://www.worldometers.info/coronavirus/>
<https://news.sky.com/story/covid-19-another-1-725-coronavirus-deaths-in-uk-as-7-1-million-people-have-now-received-first-jab-12200430>

¹⁹ <https://www.newstatesman.com/science-tech/coronavirus/2021/01/uk-has-highest-current-covid-19-death-rate-any-major-country>

weeks of December 2020! This appears to be one of the sharpest increase in deaths recorded since this pandemic began.²⁰

% 1st & 2nd week			
Jan 2021 / Average Dec 2020	% 1st week - Jan 2021 / Jan 2020	2nd week - Jan 2021 / Jan 2020	age (years)
148	135	121	age 75+
154	139	124	age 80+
	105	92	age 1-74

For Scotland, the increase in deaths recorded in the first 3 weeks of January in comparison to the average for the previous 4 weeks of December 2020 is for the over 75, 37% for the first week, 21% for the second and 24% for the third week of January 2021. In the case of the below 75, the similar increase in comparison to the average of December 2020 was 65% for the first week of January, 31% for the second and 24% for the third.²¹

% deaths rise Jan 2021 / Average 4 weeks Dec 2020			
	1st week 2021	2nd week 2021	3rd week 2021
	137	121	124
	165	131	124
			deaths over 75
			deaths 1-74
% Average 3w Jan 2021 / Aver Dec 2020		% Average 3w Jan 2021 / Aver 3w Jan 2020	
	128	116	deaths over 75
	133	124	deaths 1-74

One can see an important increase of deaths in January in comparison to December average, 28% for the over 75 and even more, 33% (one third up) for the below 75. These numbers are more significant than the ones showing the increases recorded as averages in the first three weeks of January 2021 in comparison to the averages of the first three weeks of January 2020.

²⁰<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenlandandwales>
<https://www.ons.gov.uk/file?uri=/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenlandandwales/2021/publishedweek022021.xlsx>
<https://www.ons.gov.uk/file?uri=/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenlandandwales/2020/publishedweek532020.xlsx>

²¹ https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/weekly-and-monthly-data-on-births-and-deaths/deaths-involving-coronavirus-covid-19-in-scotland/related-statistics?fbclid=IwAR1_MdgDhU2n1AwVBsNVqZQ49Ocg7x0tf9h3bfWTWiDidbHUH0vfoB-UhKk
<https://www.nrscotland.gov.uk/files//statistics/covid19/weekly-deaths-by-location-age-sex.xlsx>

The UK mainstream media does not tell us if the new deaths are among the vaccinated or not, but clearly suggests that they should be among the unvaccinated, therefore the rush to vaccinate all as fast as possible. But surely we cannot completely exclude the possibility of some of the deaths being due to vaccination, as such deaths (not to mention the almost unavoidable adverse events) immediately following vaccination have already been reported in various other parts of the world, such as Israel, Norway and America (see ANNEX A)

Clusters of deaths following vaccination in the last two months have been reported in the UK media, usually being explained as the effects of coincidental ‘covid outbreaks’, eventually due to again discharging people with covid from hospitals to care homes; consider that according to carehomes.co.uk 95% of English care homes have had all residents vaccinated²²:

On the other hand, we can observe, for example, that Spain which decided to give people calcifediol (vit. D) has got just 1.9 absolute change (rise) in deaths/million in the last two months, while UK has got 11.5. And ZERO new deaths in comparison to 1239 for the UK!²³

According to the already mentioned arguments and to the information provided in ANNEX A and ANNEX B, we cannot but acknowledge that THIS CAMPAIGN OF COVID VACCINATION STANDS AGAIN THE PRINCIPLES OF THE NUREMBERG CODE, THE MEDICAL ETHIC and THE PRECAUTIONARY PRINCIPLE²⁴, SUBJECTING THE BRITISH POPULATION TO GREAT AND UNNECESSARY HARM.

We cannot remain passive, accept the censorship and trust the official narrative, while many lives are shattered and lost around us, because of what, to the best of our abilities, we can identify as the suppression of truth and science²⁵ and their substitution with very dangerous medical and social measures imposed on the uninformed citizens.

Therefore, THIS NOTICE OF INFORMATION & LIABILITY IS A PUBLIC ACT IN DEFENSE OF THE BRITISH PEOPLE. It is most important to inform and warn every person end especially those endowed with the power of authority because, as one can easily acknowledge from the information provided in this document, the experimental covid vaccines have no clear benefits but already clear harmful effects, and we can very fast replace them with efficient and safe treatments that would really save lives..

²² <https://www.carehome.co.uk/news/article.cfm/id/1641654/95-per-cent-of-care-homes-have-had-whole-home-vaccination-for-residents-reveals-NCF-poll>

²³ <https://www.dailymail.co.uk/sciencetech/article-9148549/Conservative-MP-calls-nationwide-rollout-vitamin-D-tablets.html>

²⁷ January 2021 - <https://ourworldindata.org/grapher/covid-deaths-daily-vs-total-per-million?tab=table&stackMode=absolute&time=2020-11-25..2021-01-26&country=®ion=World>

²⁴ <http://www.precautionaryprinciple.eu/>

²⁵ https://www.bmj.com/content/371/bmj.m4425?utm_source=twitter&utm_medium=social&utm_term=hootsuite&utm_content=sme&utm_campaign=usage

Please consider that if simple people with common skills and means of investigations have managed to gather this data, the quoted experts and numerous other professionals and witnesses are already able to provide overwhelming evidence of danger and harm; therefore the day cannot be not far when a detailed exposure of truth will be unavoidable.

If you have no contribution to this operation, you may now be able to obtain some important knowledge, not shared by the establishment, that can help you make an informed choice, in your and your family's best interest, as also that of the people that you may have a responsibility towards. If you are already aware of such knowledge, please use it according to the commandments of your conscience.

If you are one of the people involved in supporting this operation, as a decision maker or executive party, you are now enabled to share our awareness and therefore, to make what we strongly consider to be the right choice before our people, humanity and God. You can desist from continuing to support this operation, in which case you will have the people's support and will not be judged for anything that you may have done before, as a contributor to this covid vaccination experiment. However, in case you will still continue to support this operation, you will be held completely responsible for the consequences, together with all the others who, by status or professional authority, knew or should have known the critical information we have been easily able to discover ourselves. The ones positioned at the highest levels of authority and having financial ties with the vaccination industry and its financial supporters will, of course, be in the highest degree responsible for the harm perpetrated on the British people as a result of this operation.

As it can easily be inferred from this document, we are not mentally unbalanced conspiracy theorists rejecting honest science together with the legitimate authority that serves the interests of the nation. Nor are we just a few isolated individuals. We are among the millions of people of the UK and among the hundreds of thousands of millions of people worldwide, who, despite all the propaganda, have done our research and decided we do not want these vaccines. We trust our people are far from being stupid, so even those who, unaware of the risks and trusting the authorities' arguments and fact-checkers censorship, decided in favour of the vaccines, will also soon realize what really harmed them, their dear ones or the people they have to care for. Very many have done it already, despite the official unsubstantiated claims blaming anything else but the vaccines for the deaths and suffering that followed shortly or even immediately after their administration. Be assured that the time is near when all those who brought any contribution to the use of these dangerous experimental vaccines on a population lacking informed consent, may be found liable for participation in genocide.

This outcome can be avoided only by facing the truth with courage, and, if in a position of authority, by contributing to the authentic work of saving lives by supporting the use of the true, safe and medically confirmed treatments for the disease and opposing this very risky mass experimentation, as also all the other unscientific measures that are greatly affecting people's health, livelihood and well-being.

Yours Sincerely,

Simona Panaitescu (on behalf of a group of Scottish Human Rights Activists)

Cumbernauld, UK; e-mail: psi_monel@yahoo.com; mob: 07749 428 227



With gratitude for the many experts, professionals and activists, whose work made this possible

ANNEX A

A summary of available data indicating THE RISKS AND DANGERS OF THE NEW EXPERIMENTAL COVID VACCINES

A. CRITICAL OBSERVATIONS, BASED ON THE DATA OFFERED BY THE GOVERNMENT IN REGARDS TO THE PFIZER VACCINE, PROOF OF THE COVID VACCINES BEING EXPERIMENTAL. NUREMBERG CODE. NHS CHARTER. MONTGOMERY JUDGMENT (UK SUPREME COURT 2015)

B. CRITICAL RESEARCH AND TESTIMONIES OF SCIENTISTS CONCERNING COVID-19/ CORONAVIRUS VACCINATION

C. OFFICIAL POSITIONS AGAINST THE RUSHED CREATION, TESTING AND DISTRIBUTION OF A COVID-19 VACCINE, DESPITE LOW EFFICACY AND RISK

D. THE SUBJECT OF VACCINATION SAFETY IS NOT A TABOO, BUT IS INCREASINGLY QUESTIONED BY DOCTORS, EXPERTS AND ALSO BY OFFICIALS

E. MAJOR ISSUES REGARDING THE SIDE EFFECTS OF COVID-19 VACCINATION . WIDESPREAD DISTRUST CONCERNING THE COVID-19 VACCINES, HIGH NUMBERS OF PEOPLE AND PROFESSIONALS WHO REFUSE TO HAVE THEM

A. CRITICAL OBSERVATIONS, BASED ON THE DATA OFFERED BY THE GOVERNMENT IN REGARDS TO THE PFIZER VACCINE . PROOF THAT THE COVID VACCINES ARE EXPERIMENTAL. NUREMBERG CODE. NHS CHARTER. MONTGOMERY JUDGMENT - UK SUPREME COURT, 2015¹

1. THE VACCINE MAY INTERACT WITH OTHER VACCINES AND MEDICATIONS. THERE MAY BE “POTENTIAL RISKS” FOR THE THE PREGNANT MOTHER, THE FOETUS AND BABY THAT IS BREAST FEEDING. WHO RECOMMENDS AGAINST MODERNA, PFIZER VACCINES FOR MOST PREGNANT WOMEN²⁶

REG 174 Information for Healthcare Professionals²⁷ informs us that “*No data are available about concomitant use of immunosuppressants*” (N.B.: that are commonly used to treat autoimmune diseases such as psoriasis, lupus, rheumatoid arthritis, Chron’s disease, multiple sclerosis atc)

“*No data are available on the use of COVID-19 mRNA Vaccine BNT162b2 in persons that have previously received a full or partial vaccine series with another COVID-19 vaccine.*”
“*No interaction studies have been performed. Concomitant administration of COVID-19 mRNA Vaccine BNT162b2 with other vaccines has not been studied* (see section 5.1).”

“*There is limited experience with use of the COVID-19 mRNA Vaccine BNT162b2 in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/foetal development, parturition or post-natal development (see section 5.3). Administration of the COVID-19 mRNA Vaccine BNT162b2 in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and foetus.*”

“*It is unknown whether the COVID-19 mRNA Vaccine BNT162b2 is excreted in human milk. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3)*

In COVID-19 vaccination: a guide for women of childbearing age, currently pregnant or breastfeeding²⁸, the government recommends the following:

- “*if you are pregnant you should not be vaccinated unless you are at high risk – you can be vaccinated after your pregnancy is over*

²⁶ Neither Moderna nor Pfizer enrolled pregnant women in their Covid-19 vaccine trials, and both say they plan future study

<https://www.wsj.com/articles/who-recommends-against-moderna-pfizer-vaccines-for-most-pregnant-women-11611775138?mod=e2tw&fbclid=IwAR3mSqiGtFLzG388P6wLJIGH6wGj7EkA1eOm8OuCOo0Fet0SAI8cFaT1KJM>

²⁷https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941452/Information_for_healthcare_professionals.pdf?fbclid=IwAR3G_0pnR4UBY4xMN5daXksQRa8756VN9SFom3JGv0alf03H0YzDc7bTOIY

²⁸ <https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding/covid-19-vaccination-a-guide-for-women-of-childbearing-age-pregnant-planning-a-pregnancy-or-breastfeeding>

- *if you have had the first dose and then become pregnant you should delay the second dose until after the pregnancy is over (unless you are at high risk)*

If you are breastfeeding, you may decide to wait until you have finished breastfeeding and then have the vaccination.”

In “Updated advice on COVID-19 vaccination in pregnancy and women who are breastfeeding”²⁹ in regards to the Pfizer and Astrazeneca vaccines, The Joint Committee on Vaccination and Immunisation (JCVI) *“confirms that although the available data do not indicate any safety concern or harm to pregnancy, there is insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy”*[...]

The benefits and risks of COVID-19 vaccination in pregnancy should be discussed on an individualised basis. This should include a discussion around the lack of safety data for these specific vaccinations for pregnant or breastfeeding women, and an acknowledgement that there is no known risk associated with giving other non-live vaccines to pregnant women.[...] We welcome the recognition of pregnant and breastfeeding women as a group where clinical guidance and further research is needed.”

The clinical guidance and further research unveils the reality of pregnant women officially taking part in an experiment with unknown effects.

Moreover, not only women may potentially be affected. Recently, the University of Miami started investigating the effect of covid-19, and also related vaccines even on male fertility (**Study investigates effects of COVID-19 vaccine on male fertility**³⁰, Dec. 2020) One of the scientists’ assertions sounds more as a warning than a recommendation: *“To protect fertility, some men may want to consider freezing their sperm prior to vaccination.”*

2. THE VACCINE’S SAFETY IN THE CASE OF IMMUNE-COMPROMISED PEOPLE OR PEOPLE WHO ALREADY HAD COVID-19 IS UNKNOWN. VACCINE IS CONTRAINDICATED IN CASES OF “HYPERSENSITIVITY TO THE ACTIVE SUBSTANCE OR TO ANY OF THE EXCIPIENTS LISTED IN SECTION 6.1”

Considering the claims of REG 174 (5.1), **the safety and efficacy of this vaccine on a long term are unknown..** The two trials for safety and efficacy organized by Pfizer involved 60 participants - the first and 44,000 - the second. In the second, which is in fact the one officially mentioned, less than half of them, 19,067 have been evaluated for safety and only 2 months after the second dose of the vaccine. The study *“excluded participants who were immunocompromised and those who had previous clinical or microbiological diagnosis of COVID-19 disease.”* However, what we are seeing is that **the most immune-compromised categories of population, the elderly, especially those in care homes, are to be the first recipients of it.** We can also observe that **very many people may have had Covid-19 without**

²⁹ <https://www.rcog.org.uk/en/news/updated-advice-on-covid-19-vaccination-in-pregnancy-and-women-who-are-breastfeeding/>

³⁰ <https://www.local10.com/news/local/2020/12/20/study-investigates-effects-of-covid-19-vaccine-on-male-fertility/>

being clinically or biologically diagnosed, especially in the first months of the pandemic, when testing was not common and even those who have been diagnosed previously with the disease, are encouraged to be immunized. In December 2020 the Office for National Statistics found **8.7 per cent of adults had Covid-19 antibodies in their blood by November³¹**. Thus, as trials excluded this category of population, **the impact of this new vaccine on them, even on a short term, is unknown.**

According to Reg. 174, the vaccine contains “ BNT162b2 (highly purified single-stranded, 5’-capped messenger RNA (mRNA) produced by cell-free in vitro transcription from the corresponding DNA templates, encoding the viral spike (S) protein of SARS-CoV-2) embedded in lipid nanoparticles as the active substance, and the following excipients (besides water for injections)”

“This vaccine contains polyethylene glycol/macrogol (PEG) as part of ALC-0159.

- ALC-0315 = (4-hydroxybutyl) azanediyl)bis (hexane-6,1-diyl)bis(2-hexyldecanoate)
- ALC-0159 = 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide
- 1,2-Distearoyl-sn-glycero-3-phosphocholine
- Cholesterol, potassium chloride, potassium dihydrogen phosphate
- sodium chloride, disodium hydrogen phosphate dehydrate, sucrose”

Reg. 174 par. 4.3 Contraindications, tells us that the persons who are hypersensitive to any of these substances should not take the vaccine. Consequently, the individual sensitivity of the potential recipient of the vaccine to each of these substances should be assessed in advance in order to be able to detect if the vaccine is contraindicated or not for that person.

This is reinforced in the parallel document Regulation 174 Information for UK recipients **“COVID-19 mRNA Vaccine BNT162b2 should not be given if you are allergic to the active substance or any of the other ingredients of this medicine, listed in section 6.”**

Consider that for a not yet vaccinated person, the sensitivity to the active substance (which is a totally new product), as also that to the potentially allergenic PEG-ylated nanoparticles (see ANNEX A) are unknown, therefore must with necessity be assessed prior to vaccination.

We find the fact that this has not happened yet and is not imposed in the practice of vaccination, to be an issue of the greatest medical and legal importance, that adds up to the major problem of administering to the population a vaccine which is still in its experimental phase (as it will be shown below).

³¹ <https://www.dailymail.co.uk/news/article-9050849/One-11-people-Covid-8-9-England-coronavirus-antibodies.html>

3. PROOFS THAT THE VACCINE IS STILL IN ITS EXPERIMENTAL PHASE THE NUREMBERG CODE APPLIES TO THE USE OF THESE VACCINES AND INVALIDATES THE JUSTIFICATION OF THEIR USE ON POPULATION. THE NHS CHARTER DECLARES THE RIGHT TO VOLUNTARY/ INFORMED CONSENT AND THE RIGHT TO REFUSE ANY TREATMENT, EXAMINATION, TEST, SCREENING OR TAKING PART IN RESEARCH. THE MONTGOMERY JUDGEMENT (UK SUPREME COURT, 2015) ASSERTS THAT IT IS “THE DOCTOR’S ROLE TO PROVIDE A PATIENT WITH ALL THE INFORMATION NECESSARY TO ALLOW THEM TO MAKE A BALANCED JUDGEMENT BETWEEN DIFFERENT OPTIONS.”

REG 174 states that *“Participants are planned to be followed for up to 24 months, for assessments of safety and efficacy against COVID-19 disease.”*³² As said before, the safety and efficacy of the vaccine have been studied for just a couple of months on less than 20,000 people, which clearly means that **this ‘rushed’ vaccine is, in fact, still in an EXPERIMENTAL PHASE.** This is also confirmed by the admission that its efficacy is not certain: *“The vaccine elicits both neutralizing antibody and cellular immune responses to the spike (S) antigen, which MAY contribute to protection against COVID-19 disease.”*

Official admissions from the US FDA concerning the need to continue its clinical trials in order to assess long term safety and efficacy show also that this vaccine is, in fact, in its experimental phase: *“FDA does not consider availability of a COVID-19 vaccine under EUA, in and of itself, as grounds for immediately stopping blinded follow-up in an ongoing clinical trial or grounds for offering vaccine to all placebo recipients. **To minimize the risk that use of an unapproved vaccine under EUA will interfere with long-term assessment of safety and efficacy in ongoing trials, it is critical to continue to gather data about the vaccine even after it is made available under EUA. An EUA request should therefore include strategies that will be implemented to ensure that ongoing clinical trials of the vaccine are able to assess long-term safety and efficacy (including evaluating for vaccine-associated enhanced respiratory disease and decreased effectiveness as immunity wanes over time) in sufficient numbers of participants to support vaccine licensure”***

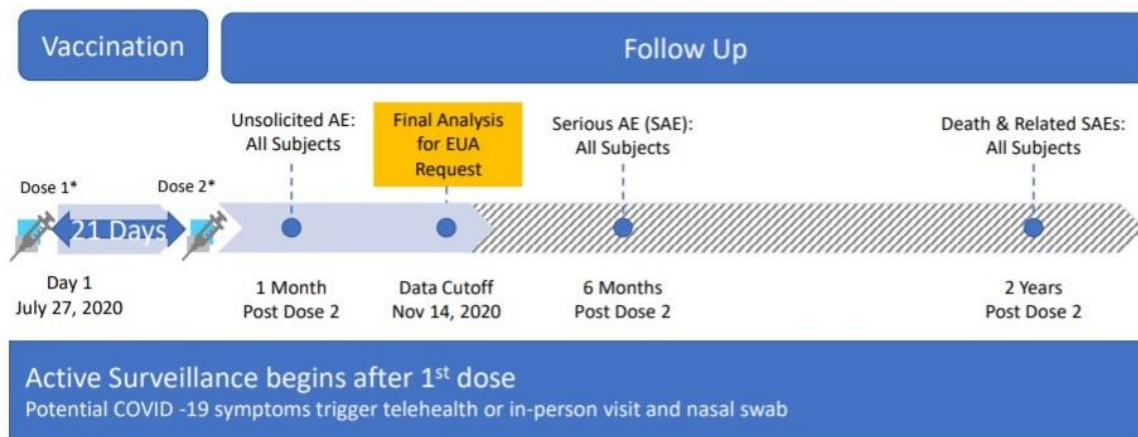
The design of Pfizer’s main trial³³ shows clearly the Serious Adverse Events (SAE) for all the subjects will begin to be investigated in February 2021, and the data on Death & Related SAE only in August 2023 (2 years post dose 2). With this they also admit DEATH to be one of the possible SAE and of course, clarify the fact that the vaccine is still in its experimental phase.

³² *“Pfizer says* it is making data available “upon request, and subject to review.” This stops far short of making data publicly available, but at least leaves the door open. How open is unclear, since the study protocol says Pfizer will only start making data available 24 months after study completion.” (Peter Doshi: Pfizer and Moderna’s ‘95% Effective’ Vaccines — We Need More Details and the Raw Data, 5.01.2021

https://childrenshealthdefense.org/defender/peter-doshi-pfizer-moderna-vaccines-need-more-details-raw-data/?fbclid=IwAR1Br8IbX6ueJLlfaAYKxMJ_bnF76ciiov9DirywgahO7n-zVlVfkt55Okk

³³ <https://www.fda.gov/media/144337/download>

C4591001 Study Design: Phase 2/3



*Reactogenicity subset: all phase 1, phase 2/3 (~6500 US, 500/per country: Argentina, Brazil, and S. Africa).
Solicited reactions collected for 7 days following each vaccination

11

The grounds for these vaccines to be considered as experimental are also explained in **America's Frontline Doctors White Paper On Experimental Vaccines For COVID-19**³⁴, page 2:

“All the vaccine candidates are categorized as experimental for the following four reasons:

- *the pharmaceutical companies have applied for investigational use status*
- *adverse events will be settled under the legal standard for experimental medications*
- *recipients are enrolled as subjects in a medical trial to gather data on side effects.*
- *persons are enrolled in a pharmaco-vigilance tracking system for at least two years*
- *many groups of persons have not been studied at all, including: prior COVID-19 patients, pregnant women, youths, elderly*
- *no published animal studies data”*

According to **THE NUREMBERG CODE**, *in all experiments using human subjects VOLUNTARY CONSENT is essential, they should be based on previous animal experimentation, they should not be conducted if it is believed that they may cause death or disability, they must be conducted by qualified scientists* etc.... Let's try to observe how the use of this still experimental vaccine answers to the previous criteria.

1. (Nuremberg Code) *“voluntary consent is essential”*

³⁴ <https://img1.wsimg.com/blobby/go/99d35b02-a5cb-41e6-ad80-a070f8a5ee17/SMDwhitepaper.pdf>

First, voluntary consent involves providing the possible participants with the necessary critical information that they are able to understand in order to make a choice about participating or not in the experiment. Voluntary consent is a free and informed consent.

PATIENTS CHARTER ENGLAND³⁵ claims that *“You have the right to: have any proposed treatment, including any risks involved in that treatment and any alternatives, clearly explained to you before you decide whether to agree to it”*

NHS CONSTITUTION ENGLAND³⁶, at page 8 shows that *“You have the right to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must be in your best interests”*

THE CHARTER OF PATIENT RIGHTS AND RESPONSIBILITIES from **NHS SCOTLAND**³⁷ affirms at page 3 *“your rights to have a say about your treatment or care and to have any concerns and complaints dealt with.”* and at page 13: *“ I have the right to accept or refuse any advice, care or treatment, examination, test or screening procedure that is offered to me, or to take part in research. To accept or refuse any of these, I must understand the information I have been given and I must be capable of making a decision for myself. If I refuse any care and treatment, this will not change the way I access or receive care and treatment from NHS staff in future”.*

Health professionals are also under **OBLIGATION** to comply with **the MONTGOMERY JUDGEMENT** passed back in 2015 in the **UK Supreme Court**³⁸. *“The argument in this appeal was that is not appropriate to use the accepted practice of a body of reasonable medical practitioners when consent is considered. It should be viewed differently from the process of diagnosis or treatment. The relevant guidance from the GMC was reviewed and this supported the argument that it was the doctor’s role to provide a patient with all the information to allow them to make a balanced judgment between different options.”*

Healthcare professionals are **LEGALLY** required to discuss the 'risks and benefits' of any medical intervention. The UK public are being asked to accept **COVID19 experimental synthetic pathogen technology**, so it’s very important that they understand the potential benefits and risks. While **nutrient and nutrient-drug therapies exist for those susceptible to severe COVID-19 disease** (see **ANNEX B**), many concerns coming from healthcare professionals and organizations have been publicly expressed also. If these are not presented to the person interested in receiving a covid vaccine, the medical ethics standard of patient comprehension for informed consent is not met.

If the person lacks capacity, as many of the residents living in care homes or in other healthcare settings do, the critical information should be provided to the legal guardian or person having the power of attorney and in case there is no such person, the medical staff involved should be able to prove conclusively that the medical procedure was

³⁵ <http://www.tgmeds.org.uk/patientscharter.html>

³⁶<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

³⁷ <https://www.nhsggc.org.uk/media/254912/sg-charter-patient-rights-responsibilities-revised-june-2019.pdf>

³⁸ <https://rcpsg.ac.uk/college/this-is-what-we-stand-for/policy/consent/the-montgomery-case?fbclid=IwAR2Jws4eL5clog7TSsagcGcm-W4DU8EJBG8p2BhoPiv9aGnIV3ZXnOb-luA>

in the patient's best interest. THE VACCINE TRANSPARENCY MANIFESTO³⁹ from the Alliance for Natural Health Intl is a very important document that clarifies the conditions for informed consent. One can also find a guideline for officially obtaining an informed consent from a doctor, before participating in a research/ experiment at: **Informed Consent: You Have the Right to Know⁴⁰** (ALLIANCE FROM HUMAN RESEARCH PROTECTION)

2. (Nuremberg Code)” *they should be based on previous animal experimentation*”

Reg. 174 mentions animal studies have been performed and describes them in one paragraph dealing to reproductive toxicity (5.3. Preclinical data). **These studies have not been published and they are just in the preclinical phase. The final stage necessary in any drug approval is the clinical one – “the goal of preclinical trials is to move into the clinical stage is key and the studies should be designed around that goal.”** (Trial Stages of Clinical Research⁴¹) **As clinical studies have not yet been performed on animals (or, at least, the data on such clinical studies has not been published), this stage of animal experimentation is not yet accomplished.** Consequently, there is no solid scientific proof that these vaccines can be safely used on humans. As long as the universally accepted clinical procedures are not followed, the guidance coming from Pfizer needs to be accepted as a matter of trust, which, considering its monumental previous legal violations, is out of the question. And speaking of the lack of reproductive toxicity as seemingly demonstrated by the animal studies, it should be mentioned that **miscarriages occurring shortly after vaccination have been already reported in the social media and some experts have already warned that the new mRNA Pfizer vaccine may cause reproductive issues** (as it can be seen in ANNEX A point E)

In the same 5.3 Preclinical safety data we find out that “NON-CLINICAL DATA REVEAL NO SPECIAL HAZARD FOR HUMANS BASED ON A “CONVENTIONAL STUDY OF REPEAT DOSE TOXICITY”. By definition, “*repeated dose toxicity comprises the adverse general toxicological effects occurring as a result of repeated daily exposure dose to a substance for a specified period up to the expected lifespan of the test species”⁴²*

A daily exposure cannot be applied to a vaccine. Nor could the female rats injected with “4 full human doses” and their offspring been observed throughout their expected lifespan which is 1.8 years in the wild and more than 3 years in safe conditions (lab included)⁴³. Therefore we find this unsubstantiated assertion of safety offered in Reg. 174 quite problematic.

3. (Nuremberg Code)” “*they should not be conducted if it is believed that they may cause death or disability*”

³⁹ <https://www.anhinternational.org/resources/documents/uk-vaccine-transparency-manifesto/>

⁴⁰ <https://ahrp.org/informed-consent-the-subjects-right-to-know/>

⁴¹ <https://www.profil.com/knowledge-center/trial-stages>

⁴² <https://www.sciencedirect.com/topics/pharmacology-toxicology-and-pharmaceutical-science/repeat-dose-toxicity-study> and similar at

https://www.chemsafetypro.com/Topics/CRA/Repeated_Dose_Toxicity.html

⁴³ <https://www.pantherpestcontrol.co.uk/rat-control/how-long-do-rats-live/>

Deaths, even cluster of deaths, miscarriages, as also severe neurological problems have already been reported soon after vaccination, even after the first dose of the vaccine in various parts of the world (see ANNEX A point E). Officials have been very prompt in immediately denying that they may be the effect of vaccination, although considering the novelty of these vaccines, such events should have demanded very serious medical investigations and not just simple official declarations. As the autopsies of people dying after vaccination are generally not performed, the claims that deaths were due to unrelated causes, sudden covid outbreaks or preexisting conditions are not medically and scientifically justified. With this situation, we see the application of a very dangerous double standard. According to the CDC, **only 6% of the people who died of covid in 2020 had no underlying conditions⁴⁴. However, their death has been certified as covid-related if it occurred in less than 2 months from the diagnosis. Now we have people dying in hours, days or a couple of weeks of severe sickness after vaccination and the official answers we get is that the cause lies in the underlying conditions or coincidentally occurring covid outbreaks. Never in the vaccines.**

Considering not only the belief, but the factual reality that people in a reasonable condition of health had such vaccines, immediately got sick and displayed neurological damage or ended up dead, we assert that the covid-vaccination experiment should be definitely terminated and subjected to a very serious investigation as demanded by prof. Dolores Cahill, world renown immunologist and microbiologist.⁴⁵

4. *“they must be conducted by qualified scientists”*

Finally, as this vaccine is still in its experimental stage, administration of it should also be conducted by qualified scientists. This automatically invalidates any justification for the mass administration of it to the people of this country. Experiments should be scientifically controllable, thus they should never be performed on a population or on certain large categories of population. **If the Joint Committee on Vaccination and Immunisation⁴⁶ who advises the UK health department in matters of immunization (including Covid-19 immunisation) is considered as a panel of qualified scientists, it is important to note that is easily verifiable that none of the scientists and doctors involved has been trained or has published any research in the area of mRNA vaccines or, more generally, synthetic biology.**

⁴⁴ <https://www.collective-evolution.com/2020/08/30/cdc-admits-that-94-percent-of-covid-19-deaths-had-other-causes-conditions/>

⁴⁵ <https://www.bitchute.com/video/XKkLs0IYIGWf/?fbclid=IwAR2qihRwmlxVE8xWj6EyukgMkLjA4WLGBrLderPpqq-q-YL-Ji-0UI5N5WI>

⁴⁶ <https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>

4. THE VACCINE APPEARS AS UNNECESSARY FOR ALL THE PEOPLE WHO HAD COVID-19 (ASYMPTOMATIC CARRIERS MAY NOT BE EVEN AWARE THAT THEY HAD IT)

A November 2020 study accomplished by scientists from a lead laboratory shows that **Coronavirus Immunity May Last Years, Possibly Even Decades,**⁴⁷ (Forbes) *“According to New York Times reporter Apoorva Mandavilli, the vast majority of individuals (more than 90%) who had been infected with the coronavirus will be “protected from reinfections for a very long time,” and vaccines (“which generally provide stronger, longer-lasting protection”) could produce an even longer duration of immunity. “We probably will not need to vaccinate people every year as we had feared,” writes Mandavilli.”*

B. CRITICAL STUDIES, RESEARCH AND TESTIMONIES OF SCIENTISTS CONCERNING COVID-19/ CORONAVIRUS VACCINATION

Besides our own common-sense observations that rule against the rushed introduction of this Pfizer Covid-19 vaccination, as said above, we are aware of **many reports coming from experts and eminent medical authorities and showing a great concern regarding the safety of these new mRNA vaccines and the reliability of their trials.**

We will present here just a modest number of such reports and testimonies, that we found extremely compelling. In case a public debate involving these scientists and doctors is organised and more compelling counter arguments are presented, we are ready to listen, analyse and eventually change our minds. However, the fact that these excellent specialists that gain nothing, but instead risk their careers, livelihoods and personal safety in order to convey their warnings to the people, are ignored and censored on social media and mainstream media, shows us only that the party supporting the powerful vaccines corporations and their sponsors may very well lack the necessary scientific arguments for an open, public debate, and that the main drive of all this endeavor is much rather financial, than medical.

A very good SUMMARY OF THE MAIN PROBLEMS RELATED TO THE PFIZER AND MODERNA NEW COVID VACCINES can be found in a letter of Robert F. KENNEDY JR addressed to PETER MARKS, director of the Center for Biologics

⁴⁷ <https://www.forbes.com/sites/tommybeer/2020/11/17/coronavirus-immunity-may-last-years-possibly-even-decades-study-suggests/?fbclid=IwAR2QTk4Ke7s-OdUOqE9o-Ey6f6Xr0nuxXQbt9Z4QwfZB9yo8PgyZNKMo-6l&sh=36d379bc4185>

Evaluation and Research, in which ‘RFK, Jr. Urges FDA to Slow Down COVID Vaccine Approval Process⁴⁸’ (August 2020). The concerns expressed in the letter concerning the composition of vaccines and their trials have definitely not been addressed up to now.

“Messenger RNA technology has previously faced significant safety hurdles; what evidence can the FDA share with the public supporting the short-term and long-term safety of mRNA vaccines?”

Until very recently, concerns about mRNA instability bedeviled efforts to develop mRNA vaccines. The apparent technological solutions for overcoming these challenges—including nanoparticle carrier systems and, in the case of the Pfizer vaccine, extreme freezing—remain unproven. To our knowledge, Pfizer has not provided detailed information about the reasons for its mRNA vaccine’s unprecedented minus-94-degree freezing requirements, which specify that the cool boxes may only be opened briefly twice a day, must have their dry ice replenished every five days, and that the vaccine can only be stored at refrigerator temperatures for 24 hours. Why are the Pfizer vaccine’s storage conditions so different from those of the Moderna mRNA vaccine, which apparently can be refrigerated for 30 days? Many members of the public and scientific community would like to know more about the two vaccines’ real-world stability and safety.

*Discussing Pfizer’s vaccine, **PROFESSOR ALLAN CHENG**, acting chief health officer in the Australian state of Victoria, describes safety as a “key unknown,” characterizing mRNA vaccines as “pretty reactogenic” and prone to “lots of side effects.” During the Phase II/III trials, 50% of Pfizer participants aged 18-55 experienced systemic adverse events within a month of their second dose of vaccine, as did 100% of those injected with two doses of Moderna’s vaccine.*

*Because mRNA vaccines rely on synthetic RNA, they represent a significant departure from other biologically based vaccine technologies. Virologist, **Dr. Luc Montagnier** (who won the 2008 Nobel Prize for his discovery of HIV) and other scientists even dispute the label of “vaccine,” arguing that these products represent a new form of gene therapy. It is debatable whether a fast-tracked approval schedule is appropriate for an entirely new vaccine technology that, essentially, is intended to turn the body’s cells into viral-protein-making factories. Professor Montagnier, who opposes the use of mRNA vaccines in humans, stated in an interview with Children’s Health Defense, “The human genome contains 7% to 9% of endogenous retrovirus sequences. Some of these sequences code for reverse transcription of RNA into DNA. Therefore, it is possible that the spike protein mRNA of the vaccine could be absorbed by human cells, reverse transcribed, and integrated as a human gene in these cells. This could be a beneficial event protecting the human host from further infection by coronavirus or it could induce a long-term deleterious effect such as cancer. Even if animal testing showed protection, nobody could predict long-term pathologic effects in a human population and the **PRECAUTIONARY PRINCIPLE** should apply.”*

Messenger RNA vaccines will not work without an in-built delivery mechanism that enables the mRNA to make its way into a cell’s cytoplasm. Moderna’s and Pfizer’s chosen solution is to use lipid nanoparticle (LNP) carrier systems. The two mRNA vaccine manufacturers are using LNPs to “encapsulate the mRNA constructs to protect them from degradation and promote

⁴⁸ <https://childrenshealthdefense.org/defender/rfk-jr-urges-fda-slow-down-covid-vaccine-approval-process/>

cellular uptake,” in addition to taking advantage of what vaccine scientists describe as LNPs’ “inherent adjuvant properties.” However, **the LNP formulations in both COVID-19 vaccines are PEGylated, meaning that the vaccine nanoparticles are coated with the synthetic, nondegradable and controversial polyethylene glycol (PEG) polymer. PEG is a potential allergen⁴⁹ as well as a suspected carcinogen.** Moderna’s 2018 corporate prospectus acknowledges that “there can be no assurance that our LNPs will not have undesired effects,” including reactions that “could lead to significant adverse events.”
How will the FDA evaluate possible risks of pathogenic priming and antibody-dependent enhancement?

Although Pfizer and Moderna have conducted some experimental animal trials alongside their clinical trials in humans, neither company has released any data addressing **the possibility of pathogenic priming. In individuals vaccinated against the SARS-CoV-2 virus, pathogenic priming could potentially trigger autoimmunity against critical human immune system proteins as a result of molecular similarities between SARS-CoV-2 protein components and human protein components (epitopes).** A 2020 paper on pathogenic priming discusses these risks, pointing out that “All SARS-CoV-2 immunogenic epitopes have similarity to human proteins except one.” The paper’s author cautions, “These epitopes should be excluded from vaccines under development to minimize autoimmunity due to risk of pathogenic priming.” Another issue, as yet undiscussed by Pfizer and Moderna, concerns **the potential for antibody-dependent enhancement (ADE), a phenomenon documented in humans, non-human primates, and ferrets in connection with the coronaviruses linked to SARS and MERS. In ADE, vaccines can cause idiopathic antibodies to act like a Trojan horse for wild viruses. In the case of individuals receiving COVID-19 vaccines, ADE could not only end up enhancing disease severity but could also lead to organ damage. Of concern, COVID-19 vaccine trials are not designed to detect ADE.** It is not known what proportion of the U.S. population might suffer pathogenic priming or ADE after receiving a COVID-19 vaccine, but the estimated 15 to 24 million Americans who already have an autoimmune disease could be particularly susceptible. The CDC has indicated that individuals with high-risk medical conditions—individuals excluded from the Phase I trials—are one of the proposed groups for early vaccination.”

Further on, let’s hear some more critical testimonies coming from experts.

1. DR. MIKE YEADON, ex-Pfizer head of respiratory research and DR. WOLFGANG WODARD, lung specialist and former head of the Public Health Department recently requested A STOP OF ALL CORONA VACCINATION and called for co-signing an associated petition⁵⁰ In their official address, they reveal very critical facts pertaining to the potential risk of death induced by the vaccines due to ADE (a hyper immune reaction), PEG (polyethylene glycol),

⁴⁹ Polyethylene Glycol-Induced Systemic Allergic Reactions (Anaphylaxis) (PubMed study)
<https://pubmed.ncbi.nlm.nih.gov/33011299/>

⁵⁰ https://2020news.de/en/dr-wodarg-and-dr-yeardon-request-a-stop-of-all-corona-vaccination-studies-and-call-for-co-signing-the-petition/?fbclid=IwAR0HvQgHRm2tDrOXM_21XA1TjmyAhkLz4LumQpFPggIjLX0K-8Tjdu1peE

as also the risk of infertility. Dr. Wolfgang Wodarg explains this last issue in the interview with Del Bigtree “Fertility Concerns Regarding the Covid-19 mRNA Vaccine”⁵¹

- ***“The formation of so-called “non-neutralizing antibodies” can lead to an exaggerated immune reaction, especially when the test person is confronted with the real, “wild” virus after vaccination. This so-called antibody-dependent amplification, ADE, has long been known from experiments with corona vaccines in cats, for example. In the course of these studies all cats that initially tolerated the vaccination well, died after catching the wild virus.***
- ***The vaccinations are expected to produce antibodies against spike proteins of SARS-CoV-2. However, spike proteins also contain syncytin-homologous proteins, which are essential for the formation of the placenta in mammals such as humans. It must be absolutely ruled out that a vaccine against SARS-CoV-2 could trigger an immune reaction against syncytin-1, as otherwise infertility of indefinite duration could result in vaccinated women.***
- ***The mRNA vaccines from BioNTech/Pfizer contain polyethylene glycol (PEG). 70% of people develop antibodies against this substance – this means that many people can develop allergic, potentially fatal reactions to the vaccination.***
- ***The much too short duration of the study does not allow a realistic estimation of the late effects. As in the narcolepsy cases after the swine flu vaccination⁵², millions of healthy people would be exposed to an unacceptable risk if an emergency approval were to be granted and the possibility of observing the late effects of the vaccination were to follow. Nevertheless, BioNTech/Pfizer apparently submitted an application for emergency approval on December 1, 2020.”***

Let’s note also that in an earlier **letter of dr. Yeadon for for the UK Health Minister Matt Hancock**⁵³ he writes the following devastating critic of the new vaccine:

“I was a VP at Pfizer & CEO of a biotech I founded (Ziarco – acquired by Novartis). I’m knowledgeable about new medicine R&D. I have read the consultation document. I’ve rarely been as shocked & upset. All vaccines against the SARS-COV-2 virus are by definition novel. No candidate vaccine has been in development for more than a few months. If any such vaccine is approved for use under any circumstances that are not EXPLICITLY experimental, I believe that recipients are being misled to a criminal extent. This is because there are precisely zero human volunteers for whom there could possibly be more than a few months past-dose safety information.”

⁵¹ <https://www.bitchute.com/video/Fzeu7W3ki5Ua/>

⁵² “Dozens of NHS workers are fighting for compensation after developing narcolepsy from a swine flu vaccine that was rushed into service without the usual testing when the disease spread across the globe in 2009. They say it has destroyed their careers and their health.” **These NHS Staff Were Told The Swine Flu Vaccine Was Safe, And Now They're Suffering The Consequences** - <https://www.buzzfeed.com/shaunintern/these-nhs-staff-were-told-the-swine-flu-vaccine-was-safe>

⁵³ <http://tapnewswire.com/2020/09/dr-mike-yeaton-former-cso-and-vp-allergy-and-respiratory-research-head-with-pfizer-global-rd-and-co-founder-of-ziarco-pharma-ltd-suspicious-of-the-new-vaccine/?fbclid=IwAR0FTSLhQXp8KK1gdKAZLDrz7KRrQxg62kKKDXHVEHi7cZluPsaB4dYnEgw>

As another confirmation of this scientific perspective, a PubMed study of October 2020 also warns that **“COVID-19 vaccines designed to elicit neutralising antibodies may sensitise vaccine recipients to more severe disease than if they were not vaccinated. Vaccines for SARS, MERS and RSV have never been approved, and the data generated in the development and testing of these vaccines suggest a serious mechanistic concern: that vaccines designed empirically using the traditional approach (consisting of the unmodified or minimally modified coronavirus viral spike to elicit neutralising antibodies), be they composed of protein, viral vector, DNA or RNA and irrespective of delivery method, may worsen COVID-19 disease via antibody-dependent enhancement (ADE). This risk is sufficiently obscured in clinical trial protocols and consent forms for ongoing COVID-19 vaccine trials that adequate patient comprehension of this risk is unlikely to occur, obviating truly informed consent by subjects in these trials.” (Informed consent disclosure to vaccine trial subjects of risk of COVID-19 vaccines worsening clinical disease - Timothy Cardozo , Ronald Veazey⁵⁴)**

2. In the article “Doctor demolishes Gates ‘Covid’ vaccine in devastating analysis”, Dr. Frank Shallenberger, MD, HMD ‘The Nevada Center of Alternative and Anti-Aging Medicine’ also writes about the dangers of PEGylated lipid nanoparticles which are used to hide the mRNA from our bodies:

“The mRNA molecule is vulnerable to destruction. So, in order to protect the fragile mRNA strands while they are being inserted into our DNA they are coated with PEGylated lipid nanoparticles. This coating hides the mRNA from our immune system which ordinarily would kill any foreign material injected into the body. PEGylated lipid nanoparticles have been used in several different drugs for years. Because of their effect on immune system balance, several studies have shown them to induce allergies and autoimmune diseases. Additionally, PEGylated lipid nanoparticles have been shown to trigger their own immune reactions, and to cause damage to the liver.”

More about the issue of using PEG in the vaccine in the article **FDA Investigates Allergic Reactions to Pfizer COVID Vaccine After More Healthcare Workers Hospitalized⁵⁵**

“The FDA is investigating allergic reactions in “multiple states.” The agency acknowledged the reactions may have been caused by PEG, a compound in the Pfizer vaccine that CHD previously told the FDA could put millions of people at risk”

“Robert F. Kennedy, Jr., CHD chairman and chief legal counsel, said: “As we told the FDA in September, studies show that one in seven Americans may unknowingly be at risk of experiencing an allergic reaction to PEG.”

“At the very least, everyone should be screened for anti-PEG antibodies before getting the Pfizer and Moderna vaccines,” Kennedy said. “It is unconscionable that instead, the FDA and CDC are encouraging people to go ahead and risk a life-threatening anaphylactic reaction and just assume that someone will be on hand to save them.”

⁵⁴ <https://pubmed.ncbi.nlm.nih.gov/33113270/>

⁵⁵ <https://childrenshealthdefense.org/defender/fda-investigates-reactions-pfizer-covid-vaccine-healthcare-workers-hospitalized/>

3. DR PETER HOTEZ, dean of the National School of Tropical Medicine at Baylor College of Medicine, who worked in the development of a SARS vaccine, warns about the possibility of a more severe reaction to the wild virus after vaccination⁵⁶:

*“I understand the importance of accelerating timelines for vaccines in general, but from everything I know, this is not the vaccine to be doing it with,” Dr Peter Hotez, dean of the National School of Tropical Medicine at Baylor College of Medicine, told Reuters. **Hotez worked on development of a vaccine for SARS (Severe Acute Respiratory Syndrome), the coronavirus behind a major 2003 outbreak, and found that some vaccinated animals developed more severe disease compared with unvaccinated animals when they were exposed to the virus.***

*“**There is a risk of immune enhancement,**” said Hotez. “The way you reduce that risk is first you show it does not occur in laboratory animals.[...] **The best-known example occurred in a U.S. trial in the 1960s of a vaccine created by the NIH and licensed to Pfizer Inc PFE.N to fight respiratory syncytial virus (RSV), which causes pneumonia in infants. The vast majority of babies who received the vaccine developed more severe disease, and two toddlers died.**”*

4. PROF. JAMES LYONS-WEILER PHD, founder of the "Institute for Pure and Applied Knowledge" and author of 57 peer-reviewed publications, expert in microbiology and genetics has got similar arguments⁵⁷. He cites three important studies proving immunization with SARS Coronavirus vaccines before an infection with a SARS – Coronavirus causes hypersensitivity to this virus or, in other words, increases the effects of the infection and causes severe pneumonia in experiment animals.

A confirmation coming from immunologist PROF. DOLORES CAHILL and from physician and surgeon DR. LEE MERRITT.

"Prior immunization with severe acute respiratory syndrome (SARS)-associated coronavirus (SARS-CoV) nucleocapsid protein causes severe pneumonia in mice infected with SARS-CoV."⁵⁸ J Immunol. 181:6337-48, 2008

This study is irrelevant in the perspective of the new vaccines as these targeting/ producing the S-spike protein and not the nucleocapsid protein of the virus

⁵⁶ <https://uk.reuters.com/article/uk-health-coronavirus-vaccines-insight/as-pressure-for-coronavirus-vaccine-mounts-scientists-debate-risks-of-accelerated-testing-idUKKBN20Y1I1?fbclid=IwAR3NMKVuZfshvo89QFEuCnQBT2QIYJTTm8BsU8XVaal81jsnWPanSn05ZR0>

⁵⁷ https://jameslyonsweiler.com/2020/01/30/on-the-origins-of-the-2019-ncov-virus-wuhan-china/?fbclid=IwAR3L5Na7uQ-C0j7PSGSZ_9FkCoBo6fRPK11w7VBPAlGQjib1XgPDd96wm94

⁵⁸ https://www.ncbi.nlm.nih.gov/pubmed/18941225?fbclid=IwAR0-Qsp7XsWZBjHvm48-3X1-X0UeAa_9wyLNlxvOaVj6m_hD_loSrelKDrM

“Double-Inactivated Severe Acute Respiratory Syndrome Coronavirus Vaccine Provides Incomplete Protection in Mice and Induces Increased Eosinophilic Proinflammatory Pulmonary Response Upon Challenge”⁵⁹ Bolles et al, 2011

This study is potentially relevant because they used a “*synthetically derived virus incorporates the spike protein of a human strain isolated in 2004, providing a human virus challenge that is nonetheless divergent from the vaccine strain*” In conclusion “*Our results demonstrate vaccine-induced enhancement of eosinophilia and inflammatory response following challenge, as well as failure to protect against heterologous challenge in an aged-animal model.*”

“Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus.”⁶⁰ PLoS One 7(4) Tseng et al., 2012

This study is relevant, because they used “*four candidate vaccines for humans including an rDNA-produced S protein. Conclusion was that “ These SARS-CoV vaccines all induced antibody and protection against infection with SARS-CoV. However, challenge of mice given any of the vaccines led to occurrence of Th2-type immunopathology suggesting hypersensitivity to SARS-CoV components was induced. Caution in proceeding to application of a SARS-CoV vaccine in humans is indicated.*”

Prof. Lyons-Weiler adds in the article that “*Dr. Dale Brown brought to my attention the studies that have reported serious immunopathology in animals – rats, ferrets, and monkeys – in which animals vaccinated against coronaviruses tended to have extremely high rates of respiratory failure upon subsequent exposure in the study when challenged with the wild-type coronavirus”*

In the interview “LAWYER DR. REINER FUELLMICH, PROF. DOLORES CAHILL, LAWYER VIVIANE FISCHER QUESTIONING MRNA VACCINE”⁶¹ (Jan 2021)

Prof. Dolores Cahill suggests **that after the initial anaphylactic, allergic reactions, the greatest danger consists in coping with wild viruses or in viral interference which may lead to an overwhelming autoimmune reaction, potentially leading to organ failure and death. She also presents the way the injected ARN will lead to genetic modifications, also transmittable to the next generations.** She advocates for these new vaccines administration to be immediately stopped and for the enabling of the investigation of their content as autopsies of the persons dying after vaccination.

According to Dr. Lee Merritt, physician and surgeon, past president of the Association of American Physicians and Surgeons.

⁵⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3209347/?fbclid=IwAR3Ss3kfVNtaq5q-h5wXOplGI7Ns5zBL8kgGzCHKZeQoUT8we1BjdJxgRds>

⁶⁰ <https://www.ncbi.nlm.nih.gov/pubmed/22536382?fbclid=IwAR3J1em3huQDnbGhTyHr8ab3Rlb5W1jg2vfgFmzvwBlhPjBC2FwylqNclF0>

⁶¹ <https://www.bitchute.com/video/XKkLs0IYIGWf/?fbclid=IwAR2qihRwmlxVE8xWj6EyukgMkLjA4WLGBrLderPpqq-q-YL-Ji-OUI5N5WI>

(Dr. Lee Merritt: In Animal Studies, After Being Injected With mRNA Technology, All Animals Died Upon Reinfection⁶² - 29 Jan 2021)

“What happened is all animals died... but they didn’t die of the “vaccine”. What they died from what used to be called “immune enhancement” and now they call it “antibody dependent enhancement” (ADE).

Here’s what happens:

They make the RNA and you get the “vaccine” and you do fine. Now, you challenge the animal with the virus that you are supposed to be immunizing against.

So when they challenged those cats with SARS [a.k.a. SARS-CoV-1, is a coronavirus species], instead of killing the virus or weakening it, the immune response that they built into your system when out and coddled the virus, so the virus came into the cat’s body like a Trojan Horse, unseen by the cat’s own immune system, and then it replicated without checking and killed the cat with overwhelming sepsis and cardiac failure. And that [also] happened in ferrets, that happened every time they tried this.

Let me just point out. We have never made it through an animal study successfully for this type of virus. We have never done this in humans before... We don’t really have a track record of success.”

5.DR. JOSEPH MERCOLA, renowned osteopathic physician and medical author, presents a review of major research warning about the same issue presented by the previous scientists: the antibody-dependent-enhancement (ADE) and the Th2 immunopathology, which may be triggered by the new vaccine as it happened, in fact, with all previous vaccines devised for coronaviruses in earlier experiments with animals and even with children. The article also documents the fact that the elderly are the most vulnerable to ADE – *How Covid-19 Vaccine can destroy your immunity*⁶³ (Nov 2020)

*“The study,¹ “**Informed Consent Disclosure to Vaccine Trial Subjects of Risk of COVID-19 Vaccine Worsening Clinical Disease,**” published in the International Journal of Clinical Practice, October 28, 2020, points out that “**COVID-19 vaccines designed to elicit neutralizing antibodies may sensitize vaccine recipients to more severe disease than if they were not vaccinated.**”*

*“**Vaccines for SARS, MERS and RSV have never been approved, and the data generated in the development and testing of these vaccines suggest a serious mechanistic concern: that vaccines designed empirically using the traditional approach (consisting of the unmodified or minimally modified coronavirus viral spike to elicit neutralizing antibodies), be they composed of protein, viral vector, DNA or RNA and irrespective of delivery method, may worsen COVID-19 disease via antibody-dependent enhancement (ADE),” the paper states.[...]***

⁶² https://humansarefree.com/2021/01/dr-lee-merritt-animal-studies-mrna-technology-all-animals-died.html?fbclid=IwAR1W3e3pZa1Veja1CkHYpGtb_TeKaNRkJWbpCQUiqkYWILEOH5OM5nJef5Q

⁶³ <https://articles.mercola.com/sites/articles/archive/2020/11/11/coronavirus-antibody-dependent-enhancement.aspx>

The 2003 review paper “Antibody-Dependent Enhancement of Virus Infection and Disease” explains it this way:³

“In general, virus-specific antibodies are considered antiviral and play an important role in the control of virus infections in a number of ways. However, in some instances, the presence of specific antibodies can be beneficial to the virus. This activity is known as antibody-dependent enhancement (ADE) of virus infection.[...] For some viruses, ADE of infection has become a great concern to disease control by vaccination.”

In my May 2020 interview above with Robert Kennedy Jr., he summarized the history of coronavirus vaccine development, which began in 2002, following three consecutive SARS outbreaks. By 2012, Chinese, American and European scientists were working on SARS vaccine development, and had about 30 promising candidates.

Of those, the four best vaccine candidates were then given to ferrets, which are the closest analogue to human lung infections. In the video below, which is a select outtake from my full interview, Kennedy explains what happened next. While the ferrets displayed robust antibody response, which is the metric used for vaccine licensing, once they were challenged with the wild virus, they all became severely ill and died.

The same thing happened when they tried to develop an RSV vaccine in the 1960s. RSV is an upper respiratory illness that is very similar to that caused by coronaviruses. At that time, they had decided to skip animal trials and go directly to human trials.

“They tested it on I think about 35 children, and the same thing happened,” Kennedy said. “The children developed a champion antibody response — robust, durable. It looked perfect [but when] the children were exposed to the wild virus, they all became sick. Two of them died. They abandoned the vaccine. It was a big embarrassment to FDA and NIH.”

More research pertaining to the issue of ADE and its dangers when post-vaccination, when the body has to cope with a wild virus for MERs, Dengue infection and Coronavirus Infections is given in the rest of the article. The following excerpt is essential as we know that it applies to these new Covid-19 vaccines that trigger exactly the production of Sars-CoV spike protein. This proves that all the research concerning all Coronaviruses vaccines, as said in the first study quoted in this section (“*Informed Consent Disclosure to Vaccine Trial Subjects of Risk of COVID-19 Vaccine Worsening Clinical Disease*,” published in the *International Journal of Clinical Practice*, October 28, 2020) are relevant for the issue of ADE :

“Another paper,¹⁰ “Antibody-Dependent SARS Coronavirus Infection Is Mediated by Antibodies Against Spike Proteins,” published in 2014, found that:
“[...] **Results from infectivity assays indicate that SARS-CoV ADE is primarily mediated by diluted antibodies against envelope spike proteins rather than nucleocapsid proteins. We also generated monoclonal antibodies against SARS-CoV spike proteins and observed that most of them promoted SARS-CoV infection. Combined, our results suggest that antibodies against SARS-CoV spike proteins may trigger ADE effects. The data raise new questions regarding a potential SARS-CoV vaccine ...”**

*On top of all of these concerns, there’s evidence showing **the elderly — who are most vulnerable to severe COVID-19 — are also the most vulnerable to ADE**. Preliminary research findings¹⁴ posted on the preprint server medRxiv at the end of March 2020 reported that middle-aged and elderly COVID-19 patients have far higher levels of anti-spike antibodies — which, again, increase infectivity — than younger patients.”*

Even more, it seems ADE is not the only and eventually the most critical problem triggered by Coronavirus vaccines. “*‘There is the potential for ADE, but the bigger problem is probably Th2 immunopathology,’ says RALPH BARIC, an epidemiologist and expert in coronaviruses ... at the University of North Carolina at Chapel Hill.*

In previous studies of SARS, aged mice were found to have particularly high risks of life-threatening Th2 immunopathology ... in which a faulty T cell response triggers allergic inflammation, and poorly functional antibodies that form immune complexes, activating the complement system and potentially damaging the airways.’

6. In an Open Letter From: UK MEDICAL FREEDOM ALLIANCE To: The Joint Committee on Vaccination and Immunization... for COVID-19 in the UK⁶⁴.”
[...] we find the testimony of dr. ARVIND JOSHI, a scientist that describes the severe side effects that may follow in case of immunisation with a covid vaccine and warns that the actual trials give no indication about the possibility of such not occurring months or years after vaccination:

“In a recent letter to the British Medical Journal (BMJ), physician Arvind Joshi warned against the disaster that could result from this misguided policy and outlined the serious risks involved to the public and other serious issues that are being taken if a Covid Vaccine is rushed out without thorough and adequate safety and efficacy testing:

“Adverse effects like Subacute Sclerosing Pan Encephalitis, Ascending Polyneuritis, Myopathies, Autoimmune Diseases, and rarer chance of triggering development of malignancies are most dreaded possibilities. ... “The rush for the Vaccines should not lead to disaster.” (Note: There is a more comprehensive list of potential ‘bad outcomes’ in the link to the article.)

Virus-vectored and genetically engineered vaccines could undergo recombination or hybridization with unpredictable outcomes. ...Previous attempts to develop coronavirus and other vaccines e.g., RSV and dengue, have been hampered by the problem of ‘antibody dependent enhanced immunity’(ADEI), which has led to severe illness and deaths in the animals and human subjects involved in the trials. This phenomenon only becomes apparent after vaccination, when the subject is exposed to wild virus at some point in the future. Worryingly, the Covid Vaccine trials have not been conducted in a way to exclude the possibility of this serious sequelae occurring months or years after vaccination...

Late onset adverse vaccine effects such as Subacute Sclerosing Pan Encephalitis (SSPE), Ascending Polyneuritis, Myopathies, Autoimmune Diseases, Infertility and Cancers cannot be ruled out with short duration trials.”

⁶⁴ <https://uploads->

[ssl.webflow.com/5fa5866942937a4d73918723/5fbd13488af2de09d68bd61c_UKMFA_Letter_to_MHRA_JCVI.pdf](https://www.webflow.com/5fa5866942937a4d73918723/5fbd13488af2de09d68bd61c_UKMFA_Letter_to_MHRA_JCVI.pdf)

7. PROFESSOR BEATE KAMPMANN, director of the Vaccine Centre at the London School of Hygiene and Tropical Medicine and DR. STUART BLUME, an expert in the history of vaccines at the University of Amsterdam warn about the great risk of rushed vaccines and unpredictable side effects, as related in in a September Telegraph article⁶⁵. In the same, ELEANOR RILEY, Professor of immunology and infectious disease at the University of Edinburgh shows that the actual low risk of dying from Covid-19 doesn't justify vaccination.

"This timeline is neither realistic, nor is it sensible to put this kind of pressure on the analysis of important trials. It is highly politicised, and I am not a fan of this approach." [...] "It is extremely unwise to proceed with licensing any vaccine without a proven track record for safety and efficacy, in any country," Professor Kampmann said. "If they are found to be useless or even dangerous, you might jeopardise the entire vaccine programme. The more this moves from science into politics, the more it becomes a little crazy."

"We have never seen anything like this, and the incentives to cut corners are greater than has ever been the case, and that's the trouble," Dr Stuart Blume, an expert in the history of vaccines at the University of Amsterdam, told The Telegraph. "We all want a vaccine but the fact that it is taking place under these political and economic circumstances is disastrous in my view," he said. History shows that things have gone wrong before when vaccines have been rushed through, including unleashing rare side effects on the general population."

Professor Eleanor Riley, Professor of immunology and infectious disease at the University of Edinburgh, explained: "There are precedents for rapid approval of experimental vaccines during epidemics." [...] "Arguably, these justifications do not, or no longer, pertain in the case of the Covid-19 pandemic. The individual risk of dying from Covid-19 is low, and in many countries it is falling, and we have effective public health measures to sustain this in the short to medium term."

8. DR. DOUG CORRIGAN, Ph.D. in Biochemistry and Molecular Biology, founder of a biotech company, shows that indeed, genetic modifications in our DNA are possible after the administration of an RNA material.⁶⁶

"In the case of an RNA vaccine, the delivered RNA instructions instruct our cells to build a near-perfect replica of a very specific protein that resides on the outside of the SARS-CoV-2 virus called the "Spike" protein. This Spike protein normally resides on the outside of the virus and functions as a tether that enables the virus to enter into a human cell. Because the Spike Protein resides on the outside of the virus, it's prime real estate for our immune system to target.

Therefore, when you are administered an RNA vaccine, this RNA will enter a small portion of your cells, and these cells will start churning out a replica of the viral Spike

⁶⁵ <https://www.telegraph.co.uk/global-health/science-and-disease/speed-coronavirus-vaccine-race-crazy-unsafe-scientists-warn/>

⁶⁶ https://sciencewithdoug.com/2020/11/27/will-an-rna-vaccine-permanently-alter-my-dna/?fbclid=IwAR0b_okKlbo-oQ0nf4QMhQ0_0o-5seKiXD80RjorHHAt0s3O6S9I5N-YimY

protein."[...] It is well known that RNA can be “reverse transcribed” into DNA. Residing in our cells are enzymes called “reverse transcriptases”. These enzymes convert RNA into DNA. Multiple sources for this class of enzymes exist within our cells. [...] With so many sources of reverse transcriptase, it is quite probable that the RNA introduced into our cells via the vaccine could be reverse transcribed into a segment of double-stranded DNA, and then integrated into our core genetic material in the nucleus of the cell. [...] What happens if this occurs? There are two possible outcomes that are not mutually exclusive. First, modification of somatic cells, and in particular, stem cells, could result in a segment of the population with an increasing percentage of their tissues being converted over to **genetically modified cells. These genetically modified cells will possess the genetic sequence to produce Spike Protein. Because Spike protein is a foreign protein to the human body, the immune systems of these individuals will attack the cells in their body which express this protein. These people will almost inevitably develop autoimmune conditions which are irreversible,** since this foreign protein antigen is now permanently hardwired into the instructions contained in their DNA. [...] In addition to the risks mentioned above, another risk becomes apparent: **If the cell is infected with either an external virus, or endogenous retrovirus, while the vaccine is active in the cell, this from the vaccine could be genetically spliced into the existing genome of another virus. This virus would then gain a functional Spike protein, which would then allow it to infect respiratory tissues and other organs of the body. This means that viruses that were normally isolated to certain tissues would suddenly gain the ability to infect a much wider range of tissues, making them more pathogenic or deadly.**”

9. DR. CLEMENS ARVAY, biologist, confirms the possibility of genetic interference in the case of DNA vaccines, a fact that can lead to the development of tumours; he also mentions the studies on animals vaccinated with RNA vaccines against SARS, leading to severe pulmonary inflammation⁶⁷

"Genetic vaccines could lead to an immune reaction against nucleic acids which could cause autoimmune reactions. Another possible reaction is the development of resistance to the antigen that could bear the risk that our immune system doesn't react appropriately anymore to similar viruses or similar antigens. Genetic vaccines have a low immunogenicity which means that means that the desired immunity may not develop efficiently or (not be) long lasting (therefore) the need to repeat vaccination." [...]

For DNA vaccines it is well-documented that there is a danger of an insertion of DNA into the genome of our cells which can happen unintendedly. The result could be an activation of oncogenes (cancer genes) or a deactivation of the anti-carcinogenic DNA sections which would both increase the cancer risk...." [...]

"In the past, pre-clinical trials with RNA vaccination against SARS which is a precursor of the new coronavirus, the risk of significant lteration of the lung tissue became evident. These pulmonary inflammations seemed to be the result of an overreaction of the T-helper cells type 2 [...] So once again we are talking about a potentially increased cancer risk and severe autoimmune reactions that could be caused by genetic vaccines..."

⁶⁷ <https://youtu.be/fLxbgkUp6YY>

10. PROF. CHRISTIAN PERRONNE, Professor of Infectious and Tropical Diseases at the Faculty of Medicine of Paris-Ile de France-Ouest, chief of a Department of Infectious Diseases at the Raymond Poincaré University Hospital, past vice-president of the European Advisory Group of Experts on Immunisation (WHO related) wrote an open letter discussing the entire course of the pandemic and claiming that there are no scientific grounds for mass vaccination since the risks appear to be much greater than the possible benefits. He confirmed the possibility of genetic interference in a similar manner to the previous two quoted scientists and called these new vaccines 'gene therapy'. Following text is a translated excerpt from his recent public letter:⁶⁸

"All these measures are taken to ensure that the French are demanding a vaccine. What's the point of a widespread vaccine for a disease with nearly 0,05 % mortality? None. This mass vaccination is pointless. Also, the risks of vaccination can be greater than the benefits.

The most disturbing part is that many countries, including France, are saying they are ready to vaccinate in the coming weeks, as the development and evaluation of these products went fast and no result of the effectiveness or the danger of these vaccines has been published to date. We only had the right to press releases from the industrial manufacturers, allowing their stock exchanges to flame.

*The worst part is that **the first " vaccines " we are offered are not vaccines, but gene therapy products. We're going to inject nucleic acids that will cause our own cells to make virus elements. The consequences of this injection are absolutely unknown because it is a first in humans. What if some " vaccinated " cells made too many viral elements, causing uncontrollable reactions in our bodies?***

The first gene therapies will be at RNA, but there are projects with DNA. Normally, in our cells, the message is from DNA to RNA, but the opposite is possible in certain circumstances, especially since our human cells have contained so-called " endogenes " retroviruses integrated in the DNA of our chromosomes.

These " domesticated " retroviruses that inhabit us are usually harmless (unlike HIV, AIDS retrovirus for example), but they can produce an enzyme, reverse transcriptase, capable of transcribing backwards, from RNA to DNA. Thus an RNA that is foreign to our body and administered by injection could code for equally foreign DNA that can fit into our chromosomes.

So there is a real risk of transforming our genes permanently. There is also the possibility, by modifying the nucleic acids of our ova or sperm, to pass these genetic modifications on to our children.

⁶⁸ <https://drive.google.com/file/d/1GVcQ1iR6->

[lwBpVr6F39gzJ4s4vuaS_3i/view?fbclid=IwAR0tbGcfyuEarEMhZPQ_4oDnDVsg0xLqKBYXDsG4TpLdSPKpq0tryBq_2yk](https://drive.google.com/file/d/1GVcQ1iR6-lwBpVr6F39gzJ4s4vuaS_3i/view?fbclid=IwAR0tbGcfyuEarEMhZPQ_4oDnDVsg0xLqKBYXDsG4TpLdSPKpq0tryBq_2yk)

People who promote these gene therapies, falsely called "vaccines" are wizard apprentices and take the French and more generally the world citizens, for guinea pigs."

11. DR. SUCHARIT BHAKDI, award-winning doctor and scientist, former head of the Institute of Medical Microbiology and Hygiene, the author of the best-seller "Corona, False Alarm"⁶⁹ and pro-vaccine professional warns in a recent interview with FOXNEWS that the covid-19 vaccines are unnecessary and so dangerous as to represent the doom of anybody receiving them (video)⁷⁰. An important intervention of Dr. Bhakdi can be seen in "THE BIGGEST EXPERIMENT EVER DONE"⁷¹

Many other notable doctors and specialists spoke out publicly against the use of any Covid-19 DNA or RNA vaccines on the same line as dr. Bhakdi; a compilation containing some short testimonies can be found in "DOCTORS SPEAK OUT AGAINST THE COVID VACCINE"⁷² - but each one of these professionals had many such interventions that can be found on Bitchute, YTube, Brighteon and various natural health websites. The expert who first spoke out publicly against these new vaccines is DR. CARRIE MADEJ, an internal medical specialist, who researched the potential DNA damage of these vaccines⁷³

INGRAHAM: Well, so you believe that the COVID vaccine is not necessary?

BHAKDI: "I think it's downright dangerous. And I warn you, if you go along these lines, you are going to go to your doom. And it's so, so unnecessary."

*In the interview with Dell Bigtree: BHAKDI: "The big danger about these vaccines: you are shooting the gene of this virus into the cells of the body. It's going to go through the body and entering cells that you don't know. These cells are gonna start to make not the whole virus, but virus protein and these cells are going to put the waste of that spike protein in front of their cells and the killer lymphocytes will see the waste and... anyone who doesn't understand that this is gonna be an utter attack, because the killer lymphocytes are already there. Excuse me... with this, I will say 'bye-bye', because you don't realize what you are going to do... **you are going to plant the seed of autoimmune reactions.**"*

Important points in dr. Carrie Madej's testimony:

⁶⁹ An important interview with prok. Bhakdi on this theme at: <https://www.bitchute.com/video/1zQHNYcgyeFW/>

⁷⁰ <https://www.georgewhitten.com/dr-sucharit-bhakdi-covid-vaccine-is-downright-dangerous-and-will-send-you-to-your-doom> / https://brandnewtube.com/watch/dr-sucharit-bhakdi-covid19-vaccines-are-zero-science_ycZkZrNQVoKHpif.html

⁷¹ <https://thehighwire.com/videos/the-biggest-experiment-ever-done/?fbclid=IwAR2B6r3xPj-aceDnswfYV5kPrbMdwdPkICQTPMB-I8vYAZDntzB6QjHnws>

⁷² <https://www.bitchute.com/video/MP2c4TvzSlOP/> ; <https://healthimpactnews.com/2020/doctors-around-the-world-issue-dire-warning-do-not-get-the-covid-vaccine/>

⁷³ <https://www.naturalhealth365.com/dna-damage-covid-vaccine-3505.html>

- **“Human DNA is not fixed: Our genes can be reprogrammed and turned “on” or “off” in order to effect changes in the body – all of which ultimately increases or decreases a person’s state of health, depending on what kind of reprogramming happens.**
- *Many things can “reprogram” our genes – including stress, toxins and diet. **Something else that can reprogram your genes are laboratory created genetically modified cell lines used in vaccine development.[...]***
- *This isn’t science fiction: **It’s a modern day technology called recombinant DNA, and it’s being proposed for the creation of COVID-19 vaccines. It’s never been used on humans before, however it’s backed by vaccine proponents including GlaxoSmithKline and the Bill and Melinda Gates Foundation.**”*

12. “The large-scale use of mRNA-based COVID-19 vaccines including those produced by Pfizer and Moderna may contain unknown risks, Chinese experts warned, and called for the cautious use of such vaccines following the death of a patient in the US.”

- Caution needed in using mRNA-based vaccines to prevent unknown risks including death⁷⁴ (25 Jan 2021)

“Unlike inactivated vaccines, the large-scale use of mRNA vaccines carries the risk of causing abnormal immune dysfunction, allergy or even death especially among the elderly and people with underlying diseases, the Chinese immunologist said, while some observers call for more investigation over the death before drawing a conclusion that mRNA vaccines are unsafe. [...]

*A Beijing-based immunologist, who requested anonymity, told the Global Times on Monday that some components in mRNA vaccines, such as polyethylene glycol (PEG), have not been used in vaccine production before, and it is no surprise to see allergic reactions in some people. **The liposome physical properties of the vaccine also carry the risk of causing abnormal immune function disorders.***

The mRNA vaccines teach human cells to make a protein to trigger an immune response, which can then protect people from getting infected if the real virus enters the body.

He called on suspension of the use of the mRNA COVID-19 vaccines on the elderly and people with underlying diseases, as this new technology has not proven to be safe in large-scale use.”

13. As a medical premiere in matters of vaccination, the new Pfizer vaccine contains NANOTECHNOLOGY. The risks of using nanotechnology for medical purposes have been already been highlighted in studies dating more than 10

⁷⁴ <https://www.globaltimes.cn/page/202101/1213842.shtml>

years ago and they comprise lung damage, cancer, reproduction and genotoxic effects:

In a July 2020 article, Nature publishes the study “*COVID-19 vaccine development and a potential nanomaterial path forward*”⁷⁵ in which we find out that “*Nanotechnology benefits modern vaccine design since nanomaterials are ideal for antigen delivery, as adjuvants, and as mimics of viral structures. In fact, the first vaccine candidate launched into clinical trials is an mRNA vaccine delivered via lipid nanoparticles.*” Indeed, this is the case of the new Pfizer vaccine. However, previous warnings regarding the use of nanotechnology in medicine are quite dire and conclude the need to avoid such materials:

- **Nanoparticles – known and unknown health risks**⁷⁶ (2004): “*Particles in the nano-size range can certainly enter the human body via the lungs and the intestines; penetration via the skin is less evident. [...] The increased risk of cardiopulmonary diseases requires specific measures to be taken for every newly produced nanoparticle. There is no universal “nanoparticle” to fit all the cases, each nanomaterial should be treated individually when health risks are expected. The tests currently used to test the safety of materials should be applicable to identify hazardous nanoparticles. Proven otherwise, it would be a challenge for industry, legislators and risk assessors to construct a set of high throughput and low cost tests for nanoparticles without reducing the efficiency and reliability of the risk assessment.*”

- **Nanoparticles designed for drug delivery or as food components need special attention.- Health Effects of Nanoparticles**⁷⁷ (2006):

“*The available studies have shown several effects in animals, depending on the type of nanoparticles. Nephrotoxicity, effects on reproduction and genotoxic effects have been identified so far. Some particles cause granulomas, fibrosis and tumoural reactions in the lungs.[...] Given the many unknowns related to nanoparticles, their potential health effects and the documented toxicity risks of ultrafine particles in humans, the establishment of strict prevention procedures is still the only way to prevent any risk of development of occupational diseases*”

- **Health Risks Of Nanotechnology: How Nanoparticles Can Cause Lung Damage, And How The Damage Can Be Blocked**⁷⁸ (2009):

“*In a study published online June 11 in the newly launched Journal of Molecular Cell Biology Chinese researchers discovered that a class of nanoparticles being widely developed in medicine - ployamidoamine dendrimers (PAMAMs) – cause lung damage by triggering a type of programmed cell death known as autophagic cell death. They also showed that using an autophagy inhibitor prevented the cell death and counteracted nanoparticle-induced lung damage in mice.*

“*This provides us with a promising lead for developing strategies to prevent lung damage caused by nanoparticles. Nanomedicine holds extraordinary promise, particularly for diseases*

⁷⁵ <https://www.nature.com/articles/s41565-020-0737-y/email/correspondent/c1/>

⁷⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC544578/>

⁷⁷ <http://www.nanoparticles.org/pdf/HealthEffects.pdf> (alternative: <https://dissidentvoice.org/2013/08/the-kiss-of-death/>)

⁷⁸ <https://www.sciencedaily.com/releases/2009/06/090610192431.htm>

such as cancer and viral infections, but safety concerns have recently attracted great attention and with the technology evolving rapidly, we need to start finding ways now to protect workers and consumers from any toxic effects that might come with it," said the study's leader, Dr. Chengyu Jiang, a molecular biologist at the Chinese Academy of Medical Sciences in Beijing, China[...] **Lung damage is the chief human toxicity concern surrounding nanotechnology, with studies showing that most nanoparticles migrate to the lungs. However, there are also worries over the potential for damage to other organs."**

A recent report adds up to the debate, in regards to the use of Peg-ylated nanoparticles in the Pfizer vaccine quoting various scientists' opinion, including some involved in the production of the vaccines :

- Suspicions grow that nanoparticles in Pfizer's COVID-19 vaccine trigger rare allergic reactions (21 Dec 2021)

The two vaccines both contain mRNA wrapped in lipid nanoparticles (LNPs) that help carry it to human cells but also act as an adjuvant, a vaccine ingredient that bolsters the immune response. The LNPs are "PEGylated"—chemically attached to PEG molecules that cover the outside of the particles and increase their stability and life span.[...] PEGs were long thought to be biologically inert, but a growing body of evidence suggests they are not. As much as 72% of people have at least some antibodies against PEGs, according to a 2016 study led by Samuel Lai, a pharmaco-engineer at the University of North Carolina, Chapel Hill, presumably as a result of exposure to cosmetics and pharmaceuticals. About 7% have a level that may be high enough to predispose them to anaphylactic reactions, he found. Other studies have also found antibodies against PEG, but at lower levels.

"Some companies have dropped PEGylated products from their pipeline as a result," Lai says

[...] "In 1999, while working at the Walter Reed Army Institute of Research, Szebeni described a new type of drug-induced reaction he dubbed complement activation-related pseudoallergy (CARPA), a nonspecific immune response to nanoparticle-based medicines, often PEGylated, that are mistakenly recognized by the immune system as viruses.

Szebeni believes CARPA explains the severe anaphylactoid reactions some PEGylated drugs are occasionally known to cause, including cancer blockbuster Doxil. A team assembled by Bruce Sullenger, a surgeon at Duke University, experienced similar issues with an experimental anticoagulant containing PEGylated RNA.

[...] Nevertheless, the companies were aware of the risk. In a stock market prospectus filed on 6 December 2018, Moderna acknowledged the possibility of "reactions to the PEG from some lipids or PEG otherwise associated with the LNP." And in a September paper, BioNTech researchers proposed an alternative to PEG for therapeutic mRNA delivery, noting: "The PEGylation of nanoparticles can also have substantial disadvantages concerning activity and safety.'" Katalin Karikó, a senior vice president at BioNTech who co-invented the mRNA technology underlying both vaccines, says she discussed with Szebeni whether PEG in the vaccine could be an issue. (The two know each other well; both are Hungarian and in the 1980s, Karikó taught Szebeni how to make liposomes in her lab.) They agreed that given the low amount of lipid and the intramuscular administration, the risk was negligible. Karikó emphasizes

that based on what we know so far, the risk is still low. “All vaccines carry some risk. But the benefit of the vaccine outweighs the risk,” she says.

Szebeni agrees, but says **he hopes that’s also true in the long run. He notes that both mRNA vaccines require two shots, and he worries anti-PEG antibodies triggered by the first shot could increase the risk of an allergic reaction to the second or to PEGylated drugs”**

14. A very comprehensive article based on critical science is published by the Bioregulatory Medicine Institute: - Covis-19 mRNA Vaccines –by James Odell, OMD, ND, L.Ac.

“With the recent licensing and roll out of COVID-19 vaccines in the U.K., Canada, the U.S. (Pfizer/ BioNTech and Moderna), and Russia (Sputnik) there are several serious safety concerns that have not been addressed or even mentioned in the medical media. In short, it is beyond reckless and totally unnecessary to administer these experimental vaccines to millions of people when there is only limited short term safety data.”

“Absolutely no long-term safety studies have been done to ensure that any of these vaccines do not cause cancer, seizures, heart disease, allergies, and autoimmune diseases, as seen with other vaccines and observed in earlier coronavirus vaccine animal studies. Because animal studies were bypassed for these vaccines due to ‘fast-tracking’, millions of humans are now the primary test animal. Additionally, these vaccines were developed using a completely new mRNA technology that has never been licensed for human use. In essence, we have absolutely no knowledge of what to expect from these new mRNA vaccines. Since viruses mutate frequently, the chance of any vaccine working for more than a year is unlikely.”

Beyond a detailed explanation of the Antibody-Dependent-Enhancement (ADE) mechanisms via coronavirus vaccines which has shown itself to be responsible for animal severe side effects and death in previous trials, the article gives a very clear perspective on the mRNA vaccines mechanisms.

*“Simply speaking, the new mRNA vaccines inject (transfects) molecules of synthetic genetic material from non-human sources (viral sequences) into our cells. Once in the cells, the genetic material interacts with our transfer RNA (tRNA) to make a foreign protein that supposedly teaches the body to destroy the virus being coded for. **These created proteins are not regulated by our own DNA and are thus completely foreign to our cells. What they are fully capable of doing is completely unknown.[...] Certainly, there are unique and unknown risks to messenger RNA vaccines, including local and systemic (ADE) inflammatory responses that could lead to autoimmune conditions.”***

Also we get here a confirmation of the risks of using PEGylated Lipid Nanoparticles: *“These mRNA vaccines are coated with PEGylated lipid nanoparticles (polyethylene glycol). This coating hides the mRNA from our immune system which ordinarily would attack and destroy kill any foreign material injected into the body. PEGylated lipid nanoparticles have been used in several different drugs for years. Unfortunately, **PEGylated lipid nanoparticles have***

been shown to imbalance certain immune responses and can induce allergies and even autoimmune diseases.”

*“According to researchers at the University of Pennsylvania and Duke University⁵⁰, mRNA vaccines have these **potential safety issues**:*

- **Local and systemic inflammation.**
 - *The biodistribution and persistence of expressed immunogen.*
 - *Stimulation of auto-reactive antibodies.*
 - *Induction of a potent type 1 interferon response, which has been associated with **inflammation and potential autoimmunity**. Thus, **identification of individuals at an increased risk of autoimmune reactions before mRNA vaccination should be undertaken**.*
 - *Presence of extracellular RNA, which may contribute to edema and pathogenic thrombus formation (blood clots). Extracellular naked RNA has been shown to increase the permeability of tightly packed endothelial cells and may thus contribute to edema.⁵¹ Another study showed that extracellular RNA promoted **blood coagulation and pathological thrombus formation**.⁵²*
 - *Potential toxic effects of any non-native nucleotides and delivery system components (particularly those that have not been disclosed by manufacturers).*
- There is also concern about potential mRNA modifications to the genetics of the body. **Once injected into the body mRNA vaccines take the RNA from the virus into the cell where it may create unwanted detrimental genetic modifications.**”*

15. The trials of these vaccines are also heavily criticized by Dr. PETER DOSHI, associate editor of BMJ and Assistant Professor of Pharmaceutical Health Services Research at the University of Maryland School of Pharmacy - “Pfizer and Moderna’s “95% effective” vaccines—we need more details and the raw data”⁷⁹:

*“First, a relative risk reduction is being reported, not absolute risk reduction, which appears to be less than 1%. Second, **these results refer to the trials’ primary endpoint of covid-19 of essentially any severity, and importantly not the vaccine’s ability to save lives, nor the ability to prevent infection, nor the efficacy in important subgroups (e.g. frail elderly). Those still remain unknown**. Third, these results reflect a time point relatively soon after vaccination, and **we know nothing about vaccine performance at 3, 6, or 12 months**, so cannot compare these efficacy numbers against other vaccines like influenza vaccines (which are judged over a season). Fourth, **children, adolescents, and immunocompromised individuals were largely excluded from the trials, so we still lack any data on these important populations”** I previously argued that **the trials are studying the wrong endpoint**, and for an urgent need to **correct course** and study more important endpoints like prevention of severe disease and transmission in high risk people.”*

Furthermore, in October 2020 BMJ article “**Will covid-19 vaccines save lives? Current trials aren’t designed to tell us**”⁸⁰, Peter Doshi writes: “*Peter Hotez, dean of the National*

⁷⁹ <https://blogs.bmj.com/bmj/2020/11/26/peter-doshi-pfizer-and-modernas-95-effective-vaccines-lets-be-cautious-and-first-see-the-full-data/?fbclid=IwAR2-Jy2xnuyVuJKETdFsK9LI5p2PXPet4vC8wJa2h--KUvheq44Zhl-X4s>

⁸⁰ <https://www.bmj.com/content/371/bmj.m4037>

School of Tropical Medicine at Baylor College of Medicine in Houston, said, “Ideally, you want an antiviral vaccine to do two things . . . first, reduce the likelihood you will get severely ill and go to the hospital, and two, prevent infection and therefore interrupt disease transmission.” Yet the current phase III trials are not actually set up to prove either. **None of the trials currently under way are designed to detect a reduction in any serious outcome such as hospital admissions, use of intensive care, or deaths. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus.”**

16. DR. JOSEPH MERCOLA reveals information leading to the conclusion that Covid-19 Vaccine Trials are rigged so to provide credible results⁸¹

“However, when it comes to the COVID-19 vaccine, shockingly, preventing infection is not a criterion for success in any of these trials. The only criterion for a successful COVID-19 vaccine is a reduction of COVID-19 symptoms, and even then, the reduction required is minimal.” “We all expect an effective vaccine to prevent serious illness if infected. Three of the vaccine protocols — Moderna, Pfizer, and AstraZeneca — do not require that their vaccine prevent serious disease only that they prevent moderate symptoms which may be as mild as cough, or headache,” Haseltine writes,² adding: “The pharmaceutical companies intend to do trials ranging from 30,000 to 60,000 participants. This scale of study would be sufficient for testing vaccine efficacy. **The first surprise found upon a closer reading of the protocols reveals that each study intends to complete interim and primary analyses that at most include 164 participants.** These companies likely intend to apply for an emergency use authorization (EUA) from the Food and Drug Administration (FDA) with just their limited preliminary results. [...] As if that’s not eyebrow-raising enough, **the minimum qualification for a “case of COVID-19” amounts to just one positive PCR test and one or two mild symptoms, such as headache, fever, cough or mild nausea.** As noted by Haseltine, “This is far from adequate.” **All they’re doing is testing to see if this COVID-19 vaccine will minimize common cold symptoms. They are not actually ensuring the vaccine will prevent serious COVID-19 complications.** Johnson & Johnson’s trial is the only one that requires at least five severe COVID-19 cases to be included in the interim analysis.”

17. A similar conclusion is exposed in the Forbes' article: Covid-19 Vaccine Protocols Reveal That Trials Are Designed To Succeed⁸² (Sept 2020) by dr. William A. Haseltine ex-professor at Harvard Medical School and Harvard School of Public Health:

“These vaccine trials are testing to prevent common cold symptoms. These trials certainly do not give assurance that the vaccine will protect from the serious consequences of Covid-19. [...] These trials all clearly focus on eliminating symptoms of Covid-19, and not infections themselves. [...] These protocols do not emphasize the most important ramifications of Covid-19 that people are most interested in preventing: overall infection, hospitalization, and death. It boggles the mind and defies common sense that the National Institute of Health, the

⁸¹ <https://www.technocracy.news/mercola-how-covid-19-vaccine-trials-are-rigged/>

⁸² <https://www.forbes.com/sites/williamhaseltine/2020/09/23/covid-19-vaccine-protocols-reveal-that-trials-are-designed-to-succeed/?sh=2a553b605247>

Center for Disease Control, the National Institute of Allergy and Infectious Disease, and the rest would consider the approval of a vaccine that would be distributed to hundreds of millions on such slender threads of success.”

18. Even WHO experts working for the WHO Solidarity Vaccines Trial Expert Group point at necessary criteria for the new vaccine trials that have not been fulfilled until now. ⁸³

“Reliable evidence is also needed about longer-term efficacy, vaccine safety, and protection against severe COVID-19. Trials of sufficient size and duration are needed to provide this, and to determine whether the vaccine can make COVID-19 more hazardous (so-called disease enhancement).[...] Trials that assess only immunological endpoints cannot provide this evidence, and human challenge studies in young, otherwise healthy, adult volunteers might not provide sufficient evidence of safety or efficacy in other populations. Assessments of safety in multivaccine trials can determine directly whether particular vaccines have adverse effects not shared by other vaccines.”

19. On November 25, 2020 dr. SING HANG LEE, pathologist and clinical microbiologist, director of the Milford Molecular Diagnostics Laboratory addressed a petition⁸⁴ to the US Food and Drug Administration in which we demanded that the Covid-vaccine trials (Pfizer particularly) should have the infection status confirmed not by the simple use of the unreliable PCR tests⁸⁵ (which with high cycle-thresholds can give many false positives), but by complementing them with Sanger Sequencing, which theoretically FDA agrees with. Dr. Lee proposed this method since March 2020, but his official demands

⁸³ Lancet article: “Covid-19 vaccine trials should seek worthwhile efficacy”:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31821-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31821-3/fulltext)

⁸⁴ <https://vaccineimpact.com/wp-content/uploads/sites/5/2020/11/Stay-Pfizer-vaccine-phase-3-trial.pdf>

⁸⁵ The PCR tests, as described in their FDA manual

(<https://www.fda.gov/media/134922/download?fbclid=IwAR2dpjGwxTHwFBkHEf5LqbEF6l3nidYJjpkOzRt->

[_FLekaCAiqQY13mbHvY](https://www.fda.gov/media/134922/download?fbclid=IwAR2dpjGwxTHwFBkHEf5LqbEF6l3nidYJjpkOzRt-_FLekaCAiqQY13mbHvY)), are not, in fact fit for purpose, because: • 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.

• THIS TEST CANNOT RULE OUT DISEASES CAUSED BY OTHER BACTERIAL OR VIRAL PATHOGENS."

More references: “**Though the whole world relies on RT-PCR to “diagnose” Sars-Cov-2 infection, the science is clear: they are not fit for purpose**” – Bulgarian Pathology Association (<https://bpa-pathology.com/covid19-pcr-tests-are-scientifically-meaningless/?fbclid=IwAR1A1FAwIwzHPaKrxVSC8Msw1ZmShY3EI9UoVY7VFSyudEZ6VnWzhvWyeTM> ; also

expanded in Off Guardian article: “**Covid-19 PCR Tests are Scientifically Meaningless**”: <https://off-guardian.org/2020/06/27/covid19-pcr-tests-are-scientifically-meaningless/>

remained unanswered. He points that, in the lack of a valid method of assessing the infection, the efficacy of the vaccines remains unknown.

“The current study designs for the Phase II/III trials of BNT162b (“the Pfizer Vaccine”) are inadequate to accurately assess efficacy. 5. Petitioner and the public will suffer irreparable harm if the actions requested herein are not granted, because once the FDA licenses this COVID-19 vaccine, both governments and employers may make this product mandatory (in general, or for airline or international travel) or may recommend it for widespread use. If the assignment of cases and non-cases during the course of the trial is not accurate, the vaccine will not have been properly tested. If the vaccine is not properly tested, important public policy decisions regarding its use will be based on misleading evidence. The medical and economic consequences to the nation could hardly be higher.” [...]

“To resolve the problems caused by these inherently inaccurate tests, the FDA’s position is that false results can be investigated using an additional EUA RT-qPCR assay, and/or Sanger sequencing. Since an additional EUA RT-qPCR test result may also generate a false result, Sanger sequencing is the de facto gold standard for confirmation of presumptive qualitative detection of nucleic acid from the SARS-CoV-2 and for excluding false-positive cases.”

20. The trials of these new vaccines (particularly the Pfizer vaccine, show that they do some harm to most of the people immediately after their reception – what is called ‘potentially unpleasant effects’. These ‘effects’ are not medically investigated at all, because they don’t require hospitalization and may disappear in a couple of days, but some doctors suggested people should be warned and eventually even be granted 1- 3 days of sick leave. Consider also that the Pfizer vaccine requires two doses to be administered in matter of a couple of weeks (more about the dire reality of these ‘side effects’ in ANNEX A point E)

- **“Covid-19 vaccines may have potentially unpleasant side effects”⁸⁶ (NBC News) Nov 12, 2020**

“Data from early trials of several Covid-19 vaccines suggest that consumers will need to be prepared for side effects that, while technically mild, could disrupt daily life. A senior Pfizer executive told the news outlet Stat that side effects from the company’s vaccine appear to be comparable to those of standard adult vaccines but worse than those of the company’s pneumonia vaccine, Prevnar, or typical flu shots.” [...]

“We are asking people to take a vaccine that is going to hurt,” said DR. WILLIAM SCHAFFNER, a professor of preventive medicine and health policy at Vanderbilt University Medical Center. “There are lots of sore arms and substantial numbers of people who feel crummy, with headaches and muscle pain, for a day or two.” Persuading people who experience those symptoms to return in three to four weeks for a second dose — and a second round of flu-like symptoms — could be a tough sell, Schaffner said. [...]

⁸⁶ https://www.nbcnews.com/health/health-news/covid-19-vaccines-may-have-potentially-unpleasant-side-effects-n1247485?fbclid=IwAR36D6h6vG9ZtiUG0t8CWHZvREsRo6m7A1YXlfBiWZv28OrQhgLMCII_LDO

*A Covid-19 vaccine is expected to be distributed first to health care staffers and other essential workers, who may not be able to work if they feel sick, said DR. ELI PERENCEVICH, a professor of internal medicine and epidemiology at University of Iowa Health Care. "A lot of folks don't have sick leave. A lot of our essential workers don't have health insurance," he said, **suggesting that essential workers should be granted three days of paid leave after they're vaccinated.***

- American doctors are also concerned about the common and notable side effects of these vaccines – **CNBC Nov 23, 2020 - Doctors say CDC should warn people the side effects from Covid vaccine shots won't be 'a walk in the park'**⁸⁷

*"Dr. SANDRA FRYHOFER of the American Medical Association said both Pfizer's and Moderna's Covid-19 vaccines require two doses at varying intervals. As a practicing physician, she said **she worries whether her patients will come back for a second dose because of the potentially unpleasant side effects they may experience after the first shot.** [...] Participants in Moderna and Pfizer's coronavirus vaccine trials **told CNBC in September that they were experiencing high fever, body aches, bad headaches, daylong exhaustion and other symptoms after receiving the shots.**"*

21. Italian experts present a clear critic of the Pfizer Vaccine, insisting on the risks for severe side effects and on the unreliability of the trials

Pfizer Vaccine as Russian Roulette: Inefficacy, Facial Palsy and Anaphylaxis' Risks. Italians Physicians' Uprising. German Vaccinated Nurses' Overdose⁸⁸ (30 Dec 2020)

*«**The duration of the observation on the subjects subjected to the experiment is unusually short. Both vaccinated and unvaccinated subjects are about 18 thousand. The overall observation of each group was approximately 2200 years / patient, equivalent to 803 thousand days / patient. Each patient was therefore observed on average for about 45 days after inoculation. It follows that any claims made about this vaccine (toxicity, adverse effects, duration of coverage) cannot exceed the time horizon of approximately 45 days. Toxicity has not been evaluated in humans (what is usually done in phase 1) but only in rats. Carcinogenicity, on the other hand, has not even been evaluated on rats**» concludes Festini.*

*«**No genotoxicity or carcinogenic potential studies have been conducted. It is believed that the components of the vaccine (lipids and mRNA) do not have any genotoxic potential**», in fact, reads the leaflet of the drug Comirnaty (N.B.: the Pfizer vaccine)»*

⁸⁷ <https://www.cnn.com/2020/11/23/covid-vaccine-cdc-should-warn-people-the-side-effects-from-shots-wont-be-walk-in-the-park-.html?fbclid=IwAR0Me6wVaxFP3K1mbmociG20MLrXBwbwQlePTdkgUGcXXNvZJWgT1av0ZmM>

⁸⁸ <https://www.gospanews.net/en/2020/12/30/pfizer-vaccine-as-russian-roulette-facial-palsy-and-anaphylaxis-risks-italians-physicians-uprising-german-vaccinated-nurses-overdose/>

C. OFFICIAL POSITIONS AGAINST THE RUSHED CREATION, TESTING AND DISTRIBUTION OF A COVID-19 VACCINE, DESPITE LOW EFFICACY AND RISKS

Official reactions of experts cautioning against the rushed introduction of a covid vaccine have appeared in the media as early as August 2020, suggesting that such a vaccine may not necessarily be safe or efficient. UK hasty approval of the Pfizer covid vaccine has been met with concern in both Europe and the US.

- On August 18, 2020, **The British Medical Journal** warns that **“The rush to create a covid-19 vaccine may do more harm than good”**⁸⁹ pointing at the their potential lack of efficacy

“The World Health Organization published a target product profile for covid-19 vaccines that specified minimum characteristics to guide developers—including 50% efficacy. These are only aspirational, however, and neither companies nor regulators are bound to follow them. Officials from both the US Food and Drug Administration (FDA) and the European Medicines Agency have already signalled that they would consider approving vaccines that only diminished severity of illness, rather than protected against infection.

Meanwhile, companies have suggested acceptable efficacy goals much lower than 50% and have forewarned that protection may be relatively short lived.[...]

Voices from the vaccine establishment are raising concerns. PHIL KRAUSE, deputy director for vaccines at the FDA and member of the WHO WORKING GROUP FOR COVID-19 VACCINES, warned during a recent conference that a “weakly effective vaccine can do more harm than good.”⁵ The chief executive of Merck, KEN FRAZER, has noted that “potential vaccines may not have the qualities needed to be rapidly deployed in large numbers” and that raising hopes for a vaccine before the end of the year are doing “a grave disservice to the public.”⁶

- On September 1, 2020, in **“Past vaccine disasters show why rushing a coronavirus vaccine now would be 'colossally stupid’”**⁹⁰ CNN conveys the message that **“Vaccine experts are warning the federal government against rushing out a coronavirus vaccine before testing has shown it's both safe and effective. Decades of history show why they're right.”**

Citing DR. HOWARD MARKEL, a pediatrician, distinguished professor, and director of the Center for the History of Medicine at the University of Michigan, DR. S. LOCHLANN JAIN medical anthropologist and DR. MICHAEL KINCH, a professor of radiation oncology in the school of medicine at Washington University in St. Louis, the article recalls catastrophic rushed vaccines side-such as in the case of 1. the anthrax vaccines that affected the military personnel in 2005; 2. the 1955 Cutter incident in which 40,000 out of 200,000 American children got

⁸⁹ <https://www.bmj.com/content/370/bmj.m3209>

⁹⁰ <https://edition.cnn.com/2020/09/01/health/eua-coronavirus-vaccine-history/index.html>

poliomyelitis, hundreds being left paralysed and 10 dead, due to a live virus vaccine; 3. the contamination of countless polio vaccines with possibly cancer causing Simian monkey virus SV40 from 1955 to 1963; 4. the 1966 vaccination for the false epidemic of **swine flu** that inflicted the Guillaume Barre syndrome in hundreds of people⁹¹.

*“Dr. Kinch, who is a patient in one of the vaccine trials himself, said the clinical trial process needs to be followed to the end. A **too-early EUA for a vaccine could cause a "nightmare scenario,"** for a few reasons. **One, the vaccine may not be safe. Two, if it is not safe, people will lose faith in vaccines. Three, if a vaccine doesn't offer complete protection, people will have a false sense of security and increase their risk. Four, if a substandard vaccine gets an EUA, a better vaccine may never get approval, because people would be reluctant to enroll in trials and risk getting a placebo instead of a vaccine.***

"People are going to die unnecessarily if we take chances with this," Kinch said. **"We've got to get this right."**

- On December 1, 2020, “Switzerland’s medical regulator, SWISSMEDIC says **it lacks the necessary information to sign off on three different coronavirus vaccines ordered by the government. (Pfizer/BioNTech, AstraZeneca, and Moderna) - Incomplete data stalls Swiss authorisation of Covid-19 vaccines** ⁹²

*“The regulator said **important data on safety, efficacy and quality are still missing. It has reached out to the manufacturers, who provided data from their studies. “We lack data on the effectiveness of the clinical trials and on the important subgroups that participated in these large studies,”** said Claus Bolte, head of the authorisation division at Swissmedic, at a press briefing on Tuesday organised by the Federal Office of Public Health.*

- **On December 2, 2020, EU (European Medical Agency) criticises 'hasty' UK approval of COVID-19 vaccine**⁹³

*“In an unusually blunt statement, the European Medicines Agency (EMA), which is in charge of approving COVID-19 vaccines for the EU, said **its longer approval procedure was more appropriate as it was based on more evidence and required more checks than the emergency procedure chosen by Britain.**”[...] **The EMA started a rolling review of preliminary data from Pfizer trials on Oct. 6 [...]**The UK regulator launched its own rolling review on Oct. 30, and analysed less data than made available to the EMA. **“The idea is not to be first but to have a safe and effective vaccine,”** Germany’s Health Minister Jens Spahn told a news conference.*

⁹¹ In the UK, the swine flu vaccine caused narcolepsy, a debilitating condition, in 60 people that have been compensated by the government with 1 million pounds (2014) https://www.ibtimes.co.uk/brain-damaged-uk-victims-swine-flu-vaccine-get-60-million-compensation-1438572?fbclid=IwAR2K2rDyizkN9pydP0OaI4BIOfkLginJqcAv23K22ZGOo-wwogLveU_ZXGs

⁹² <https://www.swissinfo.ch/eng/society/incomplete-data-stalls-swiss-authorisation-of-covid-19-vaccines/46196598?fbclid=IwAR2B7gNL3mkkFBAEfEaxuzXKZfnBL4vvN6fepePtxWWQpCV64tHMULPlrGk>

⁹³ https://uk.reuters.com/article/us-health-coronavirus-britain-eu/eu-criticises-hasty-uk-approval-of-covid-19-vaccine-idUKKBN28C1B9?fbclid=IwAR2RJND1S91KkZRXki4tWoqd_UFARGihIPM3DVyk3H7mwVa0BjFG7Naabvk

- **Dr. Fauci and the WHO show that there is no proof the the new covid-19 vaccines will be able to prevent the infection with the virus. This converges with previous observations of Dr. Joseph Mercola regarding the trials of vaccines not having infection prevention as a criterion for success and with a Forbes article on the same theme**

Dr Fauci warns that early COVID-19 vaccines will only prevent symptoms from arising - not block infection (Daily Mail 27th October 2020)

*“Dr **Anthony Fauci** has cautioned that early **COVID-19** vaccines will be focused on preventing symptoms of the virus, not blocking it altogether. [...]The primary thing you want to do is that if people get infected, prevent them from getting sick, and if you prevent them from getting sick, you will ultimately prevent them from getting seriously ill,’ Fauci said at Yahoo Finance’s All Markets Summit. **‘If the vaccine also allows you to prevent initial infection, that would be great. [But] what I would settle for, and all of my colleagues would settle for, is the primary endpoint to prevent clinically recognizable disease.’**”*

*WHO’s chief scientist, Dr. Soumya Swaminathan, noted on Monday that **the agency had not established whether the COVID-19 vaccines being administered across the US and in Europe prevented people from getting the virus and passing it to others.***

“At the moment I don’t believe we have the evidence of any of the vaccines to be confident that it’s going to prevent people from actually getting the infection and therefore being able to pass it on,” (Top WHO scientist says vaccinated travelers should still quarantine, citing lack of evidence that COVID-19 vaccines prevent transmission⁹⁴ - Dec 2020)

Let’s add to this the following critical confirmation the fact that the trials have not been designed to assess the capacity of the vaccines to prevent covid-19 infection.

Mercola: How COVID-19 Vaccine Trials Are Rigged⁹⁵ (Oct 2020) *“However, when it comes to the COVID-19 vaccine, shockingly, preventing infection is not a criterion for success in any of these trials. The only criterion for a successful COVID-19 vaccine is a reduction of COVID-19 symptoms, and even then, the reduction required is minimal. “We all expect an effective vaccine to prevent serious illness if infected. Three of the vaccine protocols — Moderna, Pfizer, and AstraZeneca — do not require that their vaccine prevent serious disease only that they prevent moderate symptoms which may be as mild as cough, or headache,” Haseltine writes,2 adding: “The pharmaceutical companies intend to do trials ranging from 30,000 to 60,000 participants. This scale of study would be sufficient for testing vaccine efficacy.The first surprise found upon a closer reading of the protocols reveals that each study intends to complete interim and primary analyses that at most include 164 participants. These companies likely intend to apply for an emergency use authorization (EUA) from the Food and Drug Administration (FDA) with just their limited preliminary results. [...] As if that’s not*

⁹⁴ <https://www.businessinsider.com/who-says-no-evidence-coronavirus-vaccine-prevent-transmissions-2020-12?r=US&IR=T&fbclid=IwAR29QUmxgStv0qsYGusqSjcLLEbiV9jT6fg2AujylZaeZn3CnrKdCjZhv5c>

⁹⁵ <https://articles.mercola.com/sites/articles/archive/2020/10/27/covid-vaccine-trials.aspx>

*eyebrow-raising enough, the minimum qualification for a “case of COVID-19” amounts to just one positive PCR test and one or two mild symptoms, such as headache, fever, cough or mild nausea. As noted by Haseltine, “This is far from adequate.” All they’re doing is testing to see if this COVID-19 vaccine will minimize common cold symptoms. They are not actually ensuring the vaccine will prevent serious COVID-19 complications. Johnson & Johnson’s trial is the only one that requires at least five severe COVID-19 cases to be included in the interim analysis.” See also the previous Forbes’ article: **Covid-19 Vaccine Protocols Reveal That Trials Are Designed To Succeed**⁹⁶ (Sept 2020)*

- **Outbreaks of Covid in people that had the vaccine (first or both doses) lead to worrying declarations from experts**

After an outbreak of Covid occurred soon after the first dose of the Pfizer vaccine has been given in December to a care home in Scotland⁹⁷, “Professor Hugh Pennington, emeritus professor of bacteriology at the University of Aberdeen, said: ***“I have never thought that a vaccine will act as a silver bullet to halt this pandemic in its tracks. While we hope it will protect us from serious illness and death, we will still see cases where vaccinated people get sick. “That is even more the case with new strains that are more transmittable.”***”

⁹⁶ <https://www.forbes.com/sites/williamhaseltine/2020/09/23/covid-19-vaccine-protocols-reveal-that-trials-are-designed-to-succeed/>

⁹⁷ https://www.dailyrecord.co.uk/news/scottish-news/first-care-home-receive-vaccine-23291707?utm_source=facebook.com&utm_medium=social&utm_campaign=sharebar&fbclid=IwAR0QiA4a-Gs2DqI1oQ6fWE7H3JY8PuTu0zEpcsmTtLySHg4Y614HTh3xPS4

D. THE SUBJECT OF VACCINATION SAFETY IS NOT A TABOO. THIS IS INCREASINGLY QUESTIONED BY DOCTORS, EXPERTS AND ALSO BY OFFICIALS

- The fact that **vaccines, in general, have caused deaths** and that in many countries **there are no good safety monitoring systems for the side effects of vaccination** is testified by SOUMYA SWAMINATHAN, MD and Chief Scientist at the World Health Organization, in a WHO Conference for Vaccine Safety held in December 2019⁹⁸:

*“I don’t think we can overemphasize the fact that **we really don’t have very good safety monitoring systems in many countries** and this adds to the miscommunication and the misapprehensions because **we’re not able to give clear cut answers when people ask questions about deaths that have occurred due to particular vaccines** ... One should be able to give a very factual account of what exactly is happening, what the cause of deaths are, but in most cases **there’s some obfuscation at that level and therefore there’s less and less trust then in the system.**”*

- In September 2020, the shocking news that **UN was Forced To Admit Gates-Funded Vaccine Is Causing Polio Outbreak In Africa**⁹⁹ has shaken the public trust in the safety of vaccines.
- In 2017, the Open Access Library Journal published an article titled, "**HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World.**" *This shows that WHO vaccines have already been deployed in order to test their capacity to cause infertility and thus control population*

*“In 1993, WHO announced a “birth-control vaccine” for “family planning”. Published research shows that by 1976 WHO researchers had conjugated tetanus toxoid (TT) with human chorionic gonadotropin (hCG) producing a “birth-control” vaccine. Conjugating TT with hCG causes pregnancy hormones to be attacked by the immune system. Expected results are abortions in females already pregnant and/or infertility in recipients not yet impregnated. Repeated inoculations prolong infertility. Currently WHO researchers are working on more potent anti-fertility vaccines using recombinant DNA. WHO publications show a long-range purpose to reduce population growth in unstable “less developed countries. . . By November 1993 Catholic publications appeared saying an abortifacient vaccine was being used as a tetanus prophylactic. In November 2014, the Catholic Church asserted that such a program was underway in Kenya. **Three independent Nairobi accredited biochemistry laboratories tested samples from vials of the WHO tetanus vaccine being used in March 2014 and found hCG where none should be present. In October 2014, 6 additional vials were obtained by Catholic doctors and were tested in 6 accredited laboratories. Again, hCG was found in half the samples**”*

- 2017 Italian studies using electron-microscopy investigation have detected "**micro- and nanosized particulate matter composed of inorganic elements in vaccines**’ samples

⁹⁸ <https://www.collective-evolution.com/2020/01/15/scientists-share-facts-about-vaccines-at-world-health-organization-conference-for-vaccine-safety/>

⁹⁹ https://www.naturalblaze.com/2020/09/un-forced-to-admit-gates-funded-vaccine-is-causing-polio-outbreak-in-africa.html?fbclid=IwAR3BRXppTxYBmJZGnWieVHR4hSQH8HZGa1hV1x6raberpmHt_wPDNTidyTc

which is not declared among the components and whose unduly presence is, for the time being, inexplicable. A considerable part of those particulate contaminants have already been verified in other matrices and reported in literature as *non biodegradable and non biocompatible*. " **All 44 examined vaccines had micro and nano-particles of heavy metals in them** and the obvious harmful effects on the body have not been officially investigated... **New Quality-Control Investigations on Vaccines: Microand Nanocontamination**¹⁰⁰ (reported also by **GreenMedinfo.com: Dirty Vaccines: Every Human Vaccine Tested Was Contaminated With Metals and Debris in New Study**)¹⁰¹

- In 2019 the **CORVELVA team of experts** (supported by the French associations Association Liberté Informations Santé (ALIS), Ligue nationale pour la liberté des vaccinations (LNPLV) and the Australian Association Australian Vaccination-risks Network (AVN)) **discovered genes engineered to cause cancer, toxic chemicals, undeclared human and animal DNA in a couple of commonly used vaccines**

-What did we find in the MMRV (Priorix Tetra) vaccine?¹⁰²

By analysing the genome of the HUMAN FETAL CELLS used in the PRIORIX TETRA (MMRV) vaccine the team discovered "important modifications of genes known to be associated with various tumour forms have been identified, for ALL the 560 verified genes; furthermore, there are variants whose consequences are not known, but which, however, affect genes involved in the induction of human cancer." They also discovered a great amount of animal viruses, chemical, protein and microbial contaminants

Total amount of DNA: 1.7-3.7 µg / dose, the 80% of which was human (Human fetal DNA / RNA from the MRC-5 cell line(N.B. aborted fetus cell lines)). Other amount of DNA: chicken Adventitious viruses - Human endogenous retrovirus K, Equine infectious anemia virus, Avian leukosis virus, HERV-H / env62 ("these viruses are known to be adventitious vaccine contaminants and are known to be potentially dangerous, which is why manufacturers are required to verify that they are completely absent from the vaccine.")

- What did we find in the 6-in-1 (Infanrix Hexa) vaccine?¹⁰³

In the INFANRIX-HEXA researchers have found: "CHEMICAL CONTAMINATION from the manufacturing process or from cross-contamination with different production lines, chemical toxins, bacterial peptide toxins, insoluble and indigestible macromolecule, reacting to the protein test but NOT RECOGNIZED BY THE PROTEIN DATABASES"

- APDB amphetamine report in Gardasil 9 sample¹⁰⁴

¹⁰⁰ http://medcraveonline.com/IJVV/IJVV-04-00072.pdf?fbclid=IwAR0iRbW7ZNkFA2Dg_Yg2qpC_gzWpjoBQ73h-Bx9JWmS2iaWBouwi_wsKWq8

¹⁰¹ <https://www.greenmedinfo.com/blog/dirty-vaccines-every-human-vaccine-tested-was-contaminated-metals-and-debris-new-?fbclid=IwAR3Ss3kfVNtaq5q-h5wXOplGI7Ns5zBL8kgGzCHKZeQoUT8we1BjdJxgRds>

¹⁰² https://www.corvelva.it/en/speciale-corvelva/vaccinegate-en/what-did-we-find-in-the-mmrp-priorix-tetra-vaccine.html?fbclid=IwAR20vOndQv5zoSfw_VG97RGU2kUkJZIX0Di-2N3epSS0kQ5frpSt0gTHTWc

¹⁰³ <https://www.corvelva.it/en/speciale-corvelva/vaccinegate-en/what-did-we-find-in-the-6-in-1-infanrix-hexa-vaccine.html?fbclid=IwAR1s8X5no7peYQqQmrSUzIpxrRZVXP64FrP-xGqHNz4VSe-LvoOH4PV6eeA>

¹⁰⁴ https://www.corvelva.it/en/speciale-corvelva/vaccinegate-en/apdb-amphetamine-report-in-gardasil-9-sample.html?fbclid=IwAR3_MoPmO_wlTuNbhXPfzqP3US-Ofx8RwwWCvCCYn6GmfZOsOGfS4Drz8s

In GARDASIL 9 they found unexpected genetic material such as "bacteria, human and mouse dna, adventitious viruses like phages and retroviruses and yeasts, 11 fragments of the genome of papillomavirus" (carcinogenic and able to cause severe reactions in combination with the ALUMINIUM adjuvant) plus with a great degree of probability, the drug AMPHETAMINE. However 75% OF COMPONENTS ARE NOT IDENTIFIABLE in the databases!

- Metagenomic analysis report on Hexyon¹⁰⁵

They also found in HEXYON "genetic material from the starting cultures, which should not be there" which "may pose a potential risk for autoimmunity, local and systemic inflammation, genetic mutations." SV40 is included.

- The book 'THE TRUTH WILL PREVAIL'¹⁰⁶ by dr. Alan Palmer presents **1200 critical studies** published in the Cochrane Database Systematic Review and prestigious international medical journals that prove that vaccines are definitely not safe, nor effective in the treatment of infectious diseases. There are also **1339 CRITICAL STUDIES ON VACCINATION (ABSTRACTS)**¹⁰⁷ on GreenMedInfo database
- **Famous specialists in immunology pointed in the last couple of years at vaccines as a significant contributor to the growing global epidemic of autoimmune diseases.** Top Doctors Reveal Vaccines Turn Our Immune System Against Us¹⁰⁸?...
- In September 2020, ROBERT F. KENNEDY JR. writes on **Children's Health Defense** website¹⁰⁹:

"I'm currently litigating against the four companies that make all 72 vaccines currently mandated for American children via CDC recommendations. All four of these companies are convicted felons who have paid \$35 billion since 2009 for lying to and defrauding regulators and doctors in order to promote their pharmaceutical products. Our trial team coalition includes the country's largest plaintiffs firms- all of them veterans of the Monsanto litigation. These firms have won the largest pharmaceutical cases in history. It's not surprising that we have uncovered proof that the four Vaccine makers' fraudulent and reckless conduct with their other pharmaceutical products pales in comparison to their crimes in testing, manufacturing, and marketing vaccines, since, in this arena alone, they are immune from liability. We can now show with scientific certainty that certain vaccines- DTap, DTP, Hep B- are killing and injuring far more children than were ever harmed by the diseases they are marketed to prevent. This information will soon be public.."

¹⁰⁵ https://www.corvelva.it/en/speciale-corvelva/vaccinegate-en/metagenomic-analysis-report-on-hexyon.html?fbclid=IwAR2wVw8_QmGzrcUJzarJvWCoL1AA8g0dqIA8SkV_RGh1acjYqny7AdNs4

¹⁰⁶ https://www.wellnessdoc.com/wp-content/uploads/2019/08/1200-studies-The-Truth-Will-Prevail-v2.4_08-15-19.pdf

¹⁰⁷ https://www.greenmedinfo.com/anti-therapeutic-action/vaccination-all?fbclid=IwAR3-FZ97jAP6qsgbhZlo4BVw4KTtzHrE_IT7kCn0rjuYTEoCKge27vTy-cU

¹⁰⁸ https://www.greenmedinfo.com/blog/attacking-ourselves-top-doctors-reveal-vaccines-turn-our-immune-system-against-us?fbclid=IwAR1z9YJdzGqCwLqhlFTL8h-vuouYLAf-oQrVX9FfCK_ZQclAOuxO-b_ogWc

¹⁰⁹ https://childrenshealthdefense.org/seeking-justice/righting-the-wrongs/?itm_term=home

D. SEVERE SIDE EFFECTS OF COVID-19 VACCINATION . WIDESPREAD DISTRUST CONCERNING THE COVID-19 VACCINES, HIGH NUMBERS OF PEOPLE AND PROFESSIONALS WHO REFUSE TO HAVE THEM



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

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

a) REPORTS OF INDIVIDUAL DEATHS AND INJURES

Two young woman end up with transverse myelitis after participating in Astrazeneca trials - Covid-19 Vaccine: Second AstraZeneca Volunteer Reportedly Suffers Rare Neurological Condition¹¹⁰ (Sept 2020)

“The first participant of the British trials – which are being conducted in conjunction with Oxford University – fell ill after receiving one dose of the experimental vaccine in July. The female volunteer was later diagnosed with transverse myelitis, a rare inflammatory disease that affects the spinal cord, causing weakness, sensory alterations, and autonomic nervous-system dysfunction. The company’s spokeswoman later told the media the volunteer had undiagnosed multiple sclerosis, and the trials resumed. The second female recipient of the vaccine suffered complications after the follow-up dose in September. AstraZeneca didn’t confirm her diagnosis, but a source told the New York Times it was also transverse myelitis”.

In October a young Brazilian doctor died during the trials for Astrazeneca vaccine. - Joao’s Mystery: AstraZeneca Covid-19 Vaccine’s Volunteer died at 28yo in Brazil¹¹¹
“«The newly graduated doctor, João Pedro R. Feitosa, 28, who volunteered to test the Oxford Coronavirus vaccine, died from complications of the disease. However, it was not disclosed whether he received the vaccine or the placebo”

AstraZeneca Under Scrutiny Again as Countries Spend Billions Purchasing Its Low-Cost Vaccine¹¹² (02 Dec 2020)

“On Nov. 21, a 40-year-old participant in AstraZeneca’s clinical trial, who lives in India, sent a legal notice to the Serum Institute of India alleging that the vaccine caused him to develop acute neuro encephalopathy”.

Another possible side effect recorded during the trials in the US was Bell’s palsy - Four trial volunteers who got Pfizer’s COVID-19 vaccine developed Bell’s palsy - but FDA denies that the temporary facial paralysis was caused by the shot¹¹³

*“Each of those three recovered from the facial paralysis in 10 to 21 days. [...]Overall Bell’s is unpredictable and common enough that it’s thus far doubtful that Pfizer’s COVID-19 causes it, but the FDA’s scientists hinted that, if the panel set to meet on Thursday green-light it - **Pfizer may be***

¹¹⁰ <https://www.gospanews.net/en/2020/09/20/covid-19-vaccine-second-astrazeneca-volunteer-reportedly-suffers-rare-neurological-condition/>

¹¹¹ <https://www.veteranstoday.com/2020/11/01/joaos-mystery-astrazeneca-covid-19-vaccines-volunteer-died-at-28yo-in-brazil/>

¹¹² https://childrenshealthdefense.org/defender/astrazeneca-under-scrutiny-again-covid-vaccine/?fbclid=IwAR0dRJU9D6Lz_JpYadqF8ooUYvVu4LqYVL7xyM_usFnmBNXOh8rZ2p5i188

¹¹³ https://www.dailymail.co.uk/health/article-9030943/Four-volunteers-got-Pfizers-vaccine-developed-Bells-palsy.html?ito=facebook_share_article_top&fbclid=IwAR1cAa0lv_IBkgG0nKxlzaA1E0WCKUpL1wDHOs4O4e8ifV28XzTaWGSpTcE

required to closely track data on whether more vaccine recipients develop the temporary facial paralysis.”

In the UK, the risks associated with this new vaccines became evident second day after they introduce them to the public: **“People with significant allergies told not to get vaccine after two NHS workers suffer reaction”** (December 9, 2020)¹¹⁴

“People who have a history of “significant” allergic reactions should not currently get the Pfizer-BioNTech coronavirus vaccine, the UK regulator has warned.

*It comes as two NHS staff members who had the jab on Tuesday had allergic reactions. Both are understood to be recovering.[...]The Medicines and Healthcare products Regulatory Agency (MHRA) gave precautionary advice to the NHS that **anyone with a history of “significant” allergic reactions to medicines, food or vaccines should not get it.**”*

Portuguese health worker, 41, dies two days after getting the Pfizer covid vaccine as her father says he “wants answers”¹¹⁵

“Sonia Acevedo suffered a 'sudden death' on New Year's Day 48 hours after jab; UPDATE: In a press release sent out on January 5th the Portuguese Ministry of Justice advised that the preliminary results of the autopsy 'did not establish a direct relationship with the vaccine against Covid-19'”

Mexican doctor hospitalized after receiving COVID-19 vaccine (2 Jan 2021)

“The doctor, whose name has not been released, was admitted to the intensive care unit of a public hospital in the northern state of Nuevo Leon after she experienced seizures, difficulty breathing and a skin rash.

*“The initial diagnosis is encephalomyelitis,” the Health Ministry said in a statement released on Friday night. **Encephalomyelitis is an inflammation of the brain and spinal cord.**”¹¹⁶*

88-year-old collapses and dies several hours after being vaccinated (29 Dec 2020)¹¹⁷

(Jerusalem) “Hospital confirms man was indeed vaccinated this afternoon, stressed 'he suffered from prolonged, complex, and severe background illnesses.’”

Miami doctor dies after taking Pfizer's coronavirus vaccine; CDC launches investigation (9 Jan 2020)¹¹⁸

¹¹⁴ <https://uk.news.yahoo.com/pfizer-vaccine-allergic-reaction-coronavirus-100124251.html>

¹¹⁵ <https://trib.al/eEWi66p>

¹¹⁶ <https://www.reuters.com/article/health-coronavirus-mexico-vaccines-idUSKBN2970H3>

¹¹⁷ <https://www.israelnationalnews.com/News/News.aspx/293952>

¹¹⁸ https://www.wionews.com/world/miami-doctor-dies-after-taking-pfizers-coronavirus-vaccine-cdc-launches-investigation-355619?fbclid=IwAR1RtYOUy88d-X6jK_5kTRUzz2M5dPnj4PuM9RjCWNng85EVAQMmgZ9I54ns see also: <https://www.nytimes.com/2021/01/12/health/covid-vaccine-death.html>

“A 56-year-old doctor from Florida died two weeks after he received the first dose of the coronavirus vaccine manufactured by Pfizer-BioNTech. The cause of his death was ruled to be a rare blood disorder. Dr. Gregory Michael, an obstetrician-gynaecologist, lost his life 16 days after getting the first dose of the Pfizer-BioNtech coronavirus vaccine, which was the first to be approved in the United States.”

Hospital worker with no prior allergies in intensive care with severe reaction after Pfizer Covid vaccine¹¹⁹ (16 Dec 2020)

“A hospital worker with no history of allergies was admitted to intensive care over a severe reaction she suffered 10 minutes after having Pfizer’s coronavirus vaccine. The unidentified female worker suffered an anaphylactic reaction shortly after receiving the injection at a hospital in Juneau, Alaska, on Tuesday. She had no prior history of allergies, and was not allergic to other vaccine.”

A Man and Woman in South Dakota Die a Day After Getting COVID-19 Vaccines¹²⁰(24 Jan 2021)

“South Dakota’s state epidemiologist has confirmed that two people died in the state within 24 hours of getting their first doses of a COVID-19 vaccine. State epidemiologist Joshua Clayton, MD, MPH reported that one of the deceased was a middle-aged man in his 50s from Pennington County and the other was an elderly woman in her 90s from Hutchinson County”

Healthcare Worker Dies 4 Days After Second Pfizer Vaccine, Death Under Investigation¹²¹

The wife of Tim Zook, a 60-year-old x-ray technician who became seriously ill hours after getting his second Pfizer vaccine and died four days later, says “we need to know the cause. “Tim Zook was “quite healthy” his wife said, though he took medication for high blood pressure and was slightly overweight. “He had never been hospitalized. He’d get a cold and be over it two days later. The flu, and be over it three days later.”

39-year-old nurse aide dies ‘within 48 hours’ of receiving mandated COVID-19 shot¹²² (27 Jan 2021)

‘She was coming home from work and as soon as she drove into her parking lot she passed away,’ Janet L. Moore’s brother Jacob Gregory told LifeSiteNews.

“HURON, Ohio, January 27, 2021 ([LifeSiteNews](https://www.livesitenews.com/news/39-year-old-nurse-aide-dies-within-48-hours-of-receiving-mandated-covid-19-shot)) — A 39-year-old woman with no known comorbidities died unexpectedly in northern Ohio within 48 hours of receiving a COVID-19 vaccine, which was reportedly required by her employer.”

¹¹⁹ <https://metro.co.uk/2020/12/16/hospital-worker-in-intensive-care-after-suffering-severe-allergic-reaction-to-covid-vaccine-13763695/>

¹²⁰ <https://thevaccinereaction.org/2021/01/a-man-and-woman-in-south-dakota-die-a-day-after-getting-covid-19-vaccines/>

¹²¹ <https://childrenshealthdefense.org/defender/healthcare-worker-dies-4-days-after-second-pfizer-shot/>

¹²² <https://www.livesitenews.com/news/39-year-old-nurse-aide-dies-within-48-hours-of-receiving-mandated-covid-19-shot?fbclid=IwAR2ntS6sidq3fZnKDCsM9vZE-oqswcBgpvDFVQ3MNhttG85vsgWqsdymlg>

b) REPORTS OF MULTIPLE DEATHS AND INJURIES (N>10) & OFFICIAL MEASURES (INTERNATIONAL)

CDC data shows that 3,150 people are now “unable to perform normal daily activities, unable to work” after vaccination. This is 2.7% of people who took it -CDC Issues New Guidelines, Launches Probe After 1000s Negatively-Affected Following COVID-19 Vaccination¹²³ (20 Dec 2020)

*“Thousands of people have been unable to work or perform daily activities, or required care from a healthcare professional, after getting the new **COVID-19** vaccine, according to new data from the Centers for Disease Control and Prevention (CDC).[...] As of Dec. 18, 3,150 people reported what the agency terms “Health Impact Events” after getting vaccinated. The definition of the term is: “unable to perform normal daily activities, unable to work, required care from doctor or health care professional.”*

Thousands negatively affected after getting Covid-19 vaccine¹²⁴ (20 Dec 2020)

“As of Dec. 18, 3,150 people reported what the agency terms “health impact events” after getting vaccinated. Those who are experiencing these “events” are “unable to perform normal daily activities, unable to work,” or “required care from [a] doctor or health care professional.”

Day after vaccination, seven hospitalised in Maharashtra's Amravati division¹²⁵ (17 Jan 2021) *“A day after receiving Covishield vaccine, seven persons were hospitalised in Akola and Buldana districts of Maharashtra on Sunday with complaints of pains and fever, a senior official said.”*

Seven residents at Montreal care home get COVID despite receiving first vaccine dose¹²⁶ (Jan 13, 2021)

*“Management at the Maimonides Geriatric Centre informed residents of the cases in a notice Tuesday, noting that residents were infected within 28 days of receiving the first of two vaccine doses[...] Mathieu Boivin, a spokesman for the health authority serving Quebec City, said that **an unspecified number of residents developed COVID-19 after receiving the vaccine, but he could not say if any of them died, citing confidentiality surrounding medical records.**[...] As of Tuesday, there were 73 active cases of COVID-19 at St-Antoine and 35 deaths linked to the virus”*

¹²³ <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-19/05-COVID-CLARK.pdf>

¹²⁴ https://m.theepochtimes.com/thousands-negatively-affected-after-getting-covid-19-vaccine_3625914.html

¹²⁵ <https://www.livemint.com/news/india/day-after-vaccination-seven-hospitalised-in-maharashtra-s-amravati-division-11610903799504.html>

¹²⁶ [https://www.thestar.com/politics/2021/01/13/seven-residents-at-montreal-care-home-get-covid-19-after-receiving-first-vaccine-dose.html?fbclid=IwAR1HZZMR1xOY8OgL_mAFzEUAEd-IkIO-
nnJu66qR4LwPvTc3w5JWHtM89A](https://www.thestar.com/politics/2021/01/13/seven-residents-at-montreal-care-home-get-covid-19-after-receiving-first-vaccine-dose.html?fbclid=IwAR1HZZMR1xOY8OgL_mAFzEUAEd-IkIO-
nnJu66qR4LwPvTc3w5JWHtM89A)

An unexpected official confirmation of the higher adverse event risks associated with the new Pfizer covid vaccines from the head of the vaccination program in the US...

- Pfizer COVID-19 vaccine is causing allergic reactions at a rate that is higher than 'what one could expect from' other shots, says the chief scientific adviser for Operation Warp Speed (24 Dec 2020)¹²⁷

“The study may look at vaccines made by Pfizer and Moderna, although the reactions have only been reported by people who got Pfizer’s shot.”

- Hundreds Sent to Emergency Room After Getting COVID-19 Vaccines (US) ¹²⁸ (5 Jan 2021)

US: "The CDC and FDA didn't respond to queries about the hundreds who, according to VAERS, have been sent to emergency rooms. The system has received reports of 1,156 total adverse events. Of those, 17 have been “life threatening” and two have led to a “permanent disability.”

CDC reveals at least 21 Americans have suffered life threatening allergic reactions to Pfizer’s COVID vaccine¹²⁹ (6 Jan 2021)

“Nearly two dozen Americans have experienced life-threatening allergic reactions after receiving Pfizer-BioNTech’s coronavirus vaccine, a new report finds.

Between December 14 and 23, a total of 21 people suffered anaphylaxis upon getting their first dose, the Centers for Disease Control and Prevention (CDC) revealed on Wednesday.

Of those patients, 17 people had a history of allergies or allergic reactions and 71 percent of cases occurred within 15 minutes of vaccination.”

55 People Have Died in US After Receiving COVID-19 Vaccines: Reporting System¹³⁰ (16 Jan 2021)

“Deaths have occurred among people receiving both the Moderna and the Pfizer-BioNTech vaccines, according to the Vaccine Adverse Event Reporting System (VAERS), a federal database.”

¹²⁷ https://www.dailymail.co.uk/news/article-9085941/Pfizer-COVID-19-vaccine-causing-allergic-reactions-rate-superior-shots.html?ito=native_share_article-masthead&fbclid=IwAR043RLE_eUJ0-ut8I4hvvilAjH4-lb-NQJXoAa1zl7ro0Jvgs2hZFWTCHA

¹²⁸ https://www.theepochtimes.com/hundreds-sent-to-emergency-room-after-getting-covid-19-vaccines_3644148.html

¹²⁹ www.dailymail.co.uk/health/article-9119029/amp/At-21-Americans-life-threatening-anaphylaxis-receiving-Pfizers-vaccine-CDC-reveals.html

¹³⁰ https://www.theepochtimes.com/55-people-died-in-us-after-receiving-covid-19-vaccines-reporting-system_3659152.html?utm_source=newsnoe&utm_medium=email&utm_campaign=breaking-2021-01-16-3&fbclid=IwAR1HZZMR1xOY8OgL_mAFzEzUANed-iklO-nnJu66qR4LwPvTc3w5JWHtM89A

>UPDATE: On the 15th of January 2021, VAERS database (US) shows already “181 cases where Vaccine targets COVID-19 (COVID19) and Patient Died”

From the 1/15/2021 release of VAERS data:

Found 181 cases where Vaccine targets COVID-19 (COVID19) and Patient Died

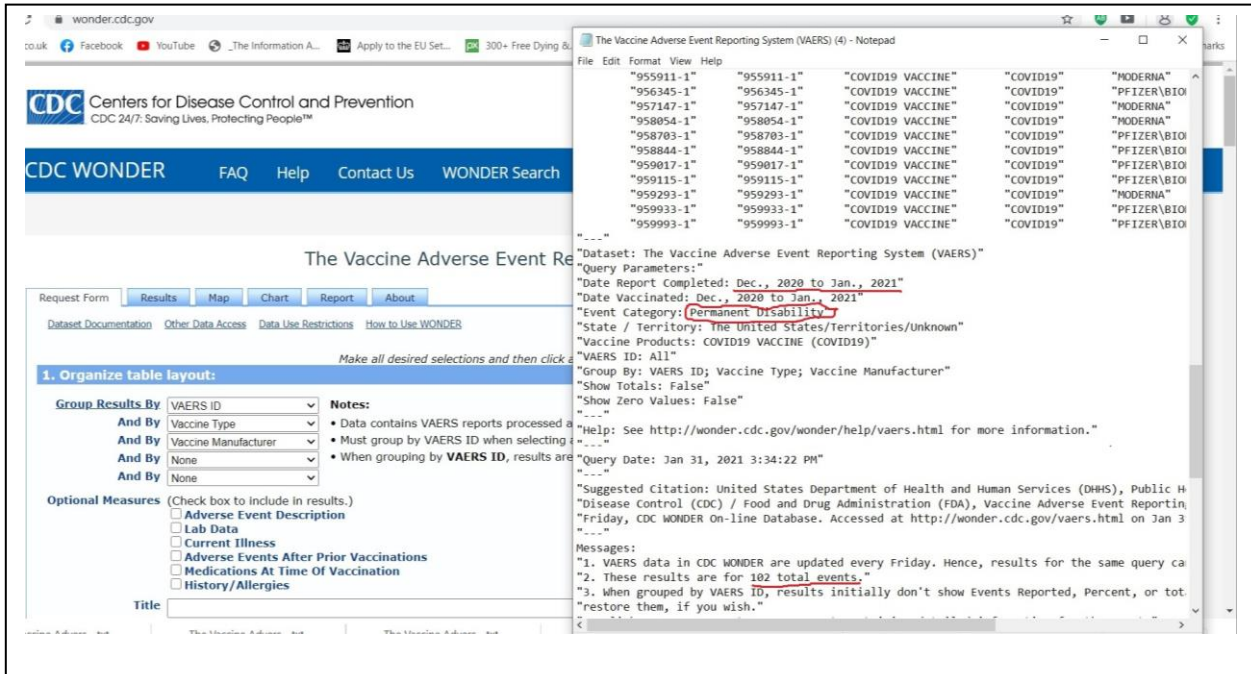
Table

Manufacturers	Vaccine Count	Age	Count	Percent
MODERNA	1	17-44 Years	3	1.66%
	1	44-65 Years	13	7.18%
	1	65-75 Years	10	5.52%
	1	75+ Years	38	20.99%
	1	total	64	35.36%
PFIZER/BIONTECH	1	17-44 Years	2	1.1%
	1	44-65 Years	15	8.29%
	1	65-75 Years	15	8.29%
	1	75+ Years	49	27.07%
	1	Unknown	35	19.34%
	1	total	116	64.09%
	2	44-65 Years	2	1.1%
2	total	2	1.1%	
TOTAL			† 182	† 100.55%

>UPDATE: 30 Jan 2021 – VAERS returns 272 deaths and 102 permanent disabilities after covid vaccination

The screenshot shows the CDC WONDER VAERS database interface. The search query is for COVID-19 vaccine adverse events. The results table shows the following columns: VAERS ID, Vaccine Type, Vaccine Manufacturer, and Adverse Event Category. The search results show 272 total events, with 102 permanent disabilities and 272 deaths reported.

VAERS ID	Vaccine Type	Vaccine Manufacturer	Adverse Event Category
"963163-1"	"COVID19 VACCINE"	"MODERNA"	"591"
"963167-1"	"COVID19 VACCINE"	"MODERNA"	"591"
"963235-1"	"COVID19 VACCINE"	"MODERNA"	"591"
"963269-1"	"COVID19 VACCINE"	"MODERNA"	"591"
"963388-1"	"COVID19 VACCINE"	"MODERNA"	"591"
"963610-1"	"COVID19 VACCINE"	"MODERNA"	"591"
"963902-1"	"COVID19 VACCINE"	"PFIZER\BIONTECH"	"590"
"964401-1"	"COVID19 VACCINE"	"MODERNA"	"591"
"964617-1"	"COVID19 VACCINE"	"PFIZER\BIONTECH"	"590"
"964629-1"	"COVID19 VACCINE"	"PFIZER\BIONTECH"	"590"
"964636-1"	"COVID19 VACCINE"	"PFIZER\BIONTECH"	"590"
"964653-1"	"COVID19 VACCINE"	"PFIZER\BIONTECH"	"590"
"964671-1"	"COVID19 VACCINE"	"PFIZER\BIONTECH"	"590"
"964724-1"	"COVID19 VACCINE"	"PFIZER\BIONTECH"	"590"



Consider however that, as reported by Children’s Health Defense, **VAERS may be giving just a fraction of the adverse events really occurring:**

“While the VAERS database numbers are sobering, according to a U.S. Department of Health and Human Services study, the actual number of adverse events is likely significantly higher. VAERS is a passive surveillance system that relies on the willingness of individuals and professionals to submit reports voluntarily.

In December, CHD and Kennedy wrote to former FDA director, Dr. David Kessler, co-chair of the COVID-19 Advisory Board and President Biden’s version of Operation Warp Speed. Kennedy told Kessler that VAERS has been an abject failure, with fewer than 1% of adverse events ever reported.” - 329 Deaths + 9,516 Other Injuries Reported Following COVID Vaccine, Latest CDC Data Show¹³¹

“The numbers reflect the latest data available as of Jan. 22 from the CDC’s Vaccine Adverse Event Reporting System website. Of the 329 reported deaths, 285 were from the U.S., and 44 were from other countries. The average age of those who died was 76.5.”

¹³¹ https://childrenshealthdefense.org/defender/329-deaths-9516-other-injuries-reported-following-covid-vaccine-cdc/?fbclid=IwAR3WrGnvBgG1qd5R6acEQd7xWki_KkkoRwG5nzkwnFITIKh2JfcixBxpo90

From the 1/22/2021 release of VAERS data:

Found 9,845 cases where Vaccine is COVID19

Table

↓	↑ ↓	
Event Outcome	Count	Percent
Death	329	3.34%
Permanent Disability	104	1.06%
Office Visit	1,219	12.38%
Emergency Room	18	0.18%
Emergency Doctor/Room	2,056	20.88%
Hospitalized	722	7.33%
Recovered	3,870	39.31%
Birth Defect	11	0.11%
Life Threatening	273	2.77%
Not Serious	3,717	37.76%
TOTAL	† 12,319	† 125.13%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 9845 (the number of cases found), and the Total Percentage is greater than 100.

In the US, a consultation of the CDC VAERS (Vaccine Adverse Events Recording System)¹³² shows that on the 22nd of December 2020, the rate of adverse events reported for the covid vaccines was about 50 times higher than that for the flu vaccines¹³³.

Hundreds of Israelis get infected with Covid-19 after receiving Pfizer/BioNTech vaccine¹³⁴ (1 Jan 2021) - 20 people dead after vaccination

“With the vaccine not providing immediate immunity to the coronavirus, over two hundred Israeli citizens have been diagnosed with the disease [...] Since vaccinations kicked off on December 20, at least four people in Israel died shortly after getting the jab, Kan public broadcaster reported. However, the Health Ministry said that three fatalities were unrelated to the vaccine, days after getting the Pfizer/BioNTech jabs, local media reported.”

**>UPDATE: 4,500 people diagnosed with COVID after getting 1st vaccine dose¹³⁵ (12 Jan 2021)
ISRAEL**

¹³² <https://vaers.hhs.gov/>

¹³³ https://www.zerohedge.com/covid-19/rate-adverse-reactions-covid-vaccines-already-50x-higher-flu-shot?fbclid=IwAR32RunnwXEHLMOJD7_0u4MXxfGT1aNQThR93OAgAY3LirM6w6WZy2H4mI

¹³⁴ https://www.rt.com/news/511332-israel-vaccination-coronavirus-pfizer/?fbclid=IwAR0aRvd-XisfERBzKQMbhjn0_IdWcRPcBsQzNtZvfvp1DlzvnLZPZxkk-VI

¹³⁵ https://www.israelnationalnews.com/News/News.aspx/294794?fbclid=IwAR2ly0nxj3dumRbm2x4tV3eW1QD9fS_ziNdB4M7gftwegFyZbhg4y6Jb7z0

“Dr. Elrai-Price noted that 17% of the severely ill patients who are currently hospitalized are patients who received a first dose of the vaccine before their hospitalization. The data show that to date, 4,500 people have been diagnosed with the coronavirus after having received the first vaccine dose, of whom 375 have been hospitalized due to the disease. Of those hospitalized, 244 were hospitalized in the first week after their vaccination. 124 in the second week and seven more than 15 days from when they received the vaccine. “The number of verified cases has reached a new high, we have passed the point of 9,000 positive tests. There has never been such a figure,” said Dr. Elrai-Price.”

>UPDATE: 12,400 People in Israel Tested Positive for Coronavirus AFTER Being Injected with the Experimental Pfizer COVID Shot¹³⁶ (21 Jan 2021)

“Over 12,400 Israeli residents have tested positive for COVID-19 after being vaccinated, among them 69 people who had already gotten the second dose, which began to be administered early last week, the Health Ministry reported. This amounts to 6.6 percent of the 189,000 vaccinated people who took coronavirus tests after being vaccinated.

In some groups of inoculated people during the different post-vaccine periods, the ratio of positive tests corresponds to the ratio of positive tests in the general population, the overwhelming majority of whom were not yet vaccinated.

According to the ministry’s data, 5,348 people were found infected up to a week after getting the vaccine, of the 100,000 people who were vaccinated and then tested a week later – an infection rate of 5.4 percent of those vaccinated during that time.

Another 5,585 people tested positive for the virus between the eighth and 14th day after getting the first vaccine – 8.3 percent of the 67,000 people who were vaccinated and tested during that post-vaccination period”

13 Israelis suffer FACIAL PARALYSIS after taking Pfizer Covid jab, but NO LINK to vaccination found (UPDATED)¹³⁷ (16 Jan 2021)

“ At least 13 people have reported mild facial paralysis after receiving the Pfizer/BioNTech jab, Israeli outlet Ynet reported, citing the Health Ministry, adding that officials believe the number of such cases could be high”

Israel’s Health Ministry has stated that it is safe to administer the second shot, provided the facial paralysis passes and there are no lingering, long-term effects from the first jab. But some Israeli medical experts have chosen to ignore this advisory.

Yet quoted Prof. Galia Rahav, director of the Infectious Diseases Unit at Sheba Medical Center, who said she did not feel “comfortable” with administering the second dose to someone who had received the first jab and subsequently suffered from paralysis.

“No one knows if this is connected to the vaccine or not. That’s why I would refrain from giving a second dose to someone who suffered from paralysis after the first dose,” she told the outlet. Last month the FDA disclosed that Bell’s palsy, a form of temporary facial paralysis, was reported by four participants during phase three trials of the Pfizer vaccine. All four cases involved individuals who had been given the actual jab.”

¹³⁶ <https://healthimpactnews.com/2021/12400-people-in-israel-tested-positive-for-coronavirus-after-being-injected-with-the-experimental-pfizer-covid-shot/>

¹³⁷ https://www.rt.com/news/512736-israel-facial-paralysis-13-covid-vaccine/?fbclid=IwAR3KBUq_NWtaMb3G4pW9xwcdHlHVXM6B67yUYgy8czUk50_Mzdlj7qyT280

US - 24 Dead And 137 Infected In Nursing Home After COVID-19 Vaccination – Previously, They Had ZERO Deaths From Covid!!!

- Covid-19 outbreak at Auburn nursing home infects 137 residents, kills 24¹³⁸ (9 Jan 2021)
“There had been no nursing home Covid-19 deaths in Cayuga County until the first three deaths at the Commons were reported Dec. 29. [...] The nursing home began vaccinating residents Dec. 22. So far 193 residents, or 80%, and 113 employees, or less than half the staff, have been vaccinated. The nursing home plans to do more vaccinations Jan. 12

>UPDATE 24 Jan 2021: 32 Nursing Home Residents Die in COVID-19 Outbreak During Mass Vaccination Drive¹³⁹

“Recently, the New York nursing home began administering the COVID-19 vaccine to staff and residents. **On Dec. 22, 193 residents and 113 staff members received their first COVID-19 vaccination, with the second dose given on Jan. 12.**⁴ As of Jan. 6, 80 percent of the residents had been vaccinated.⁵ The local news reported, “The outbreak started at the same time the facility started to administer the COVID-19 vaccine”)

23 Seniors Have Died in Norway After Receiving the Pfizer Experimental COVID mRNA Injection¹⁴⁰ (number rise to **30** on the 24th of January as seen below): *“The Norwegian Medicines Agency announced today that 23 people died after receiving the experimental Pfizer mRNA COVID injections. Norway’s health authorities have allegedly changed their recommendations for injecting the elderly, as all 23 deaths were among people older than 80 years old. “If you are very frail, you should probably not be vaccinated,” Steinar Madsen at the Norwegian Medicines Agency said at a webinar on corona vaccine for journalists on Thursday.*

>Australia seeking urgent advice from Norway after Pfizer vaccine deaths¹⁴¹ (17 Jan 2021)
“The Australian government is urgently seeking advice from Norway after reports up to 30 people have died after receiving the Pfizer coronavirus vaccine. The vaccine was rolled out to the Scandinavian nation's elderly and people in nursing homes with serious underlying diseases.”

>Chinese Health Experts Call to Suspend Pfizer's mRNA Vaccine for Elderly after Norwegian Deaths¹⁴² (15 Jan 2021)

¹³⁸ <https://www.syracuse.com/coronavirus/2021/01/covid-19-outbreak-at-auburn-nursing-home-infects-137-residents-kills-24.html>

¹³⁹ <https://thevaccinereaction.org/2021/01/32-nursing-home-residents-die-in-covid-19-outbreak-during-mass-vaccination-drive/>

¹⁴⁰ <https://healthimpactnews.com/2021/23-seniors-have-died-in-norway-after-receiving-the-pfizer-experimental-covid-mrna-injection/>

¹⁴¹ <https://www.msn.com/en-au/news/australia/australia-seeking-urgent-advice-from-norway-after-pfizer-vaccine-deaths/ar-BB1cPmFg>

“TEHRAN (Tasnim) - Chinese health experts called on Norway and other countries to suspend the use of mRNA-based COVID-19 vaccines produced by companies such as Pfizer, especially among elderly people, due to the vaccines' safety uncertainties.

The call came following the deaths of 23 elderly Norwegian people who received the vaccine.

The new mRNA vaccine was developed in haste and had never been used on a large scale for the prevention of infectious disease, and its safety had not been confirmed for large-scale use in humans, a Chinese immunologist said.

The death incidents in Norway also proved that the mRNA COVID-19 vaccines' efficacy was not as good as expected, experts said.”

California halts injections of Moderna Covid vaccine batch due to ‘higher-than-usual number of adverse events’¹⁴³(18 Jan 2021)

“A vaccination super station in San Diego was the site of an “unusually high number” of adverse reactions from Moderna’s RNA vaccine, Lot 041L20A, leading to an order by California state epidemiologist Dr. Erica Pan and the California Department of Public Health to stop using that specific lot. San Diego County reported that allergic reactions were detected in six vaccine recipients.”

Doses from Moderna Lot 041L20A are suspected of causing a “higher-than-usual number of adverse events” and should be shelved until a proper investigation can be conducted, the California Department of Public Health said on Sunday.

State epidemiologist Dr. Erica S. Pan said in a statement that “fewer than 10 individuals” suffered “a possible severe allergic reaction” and required medical attention over the past 24 hours after being injected with the specific batch of vaccine”

CDC Stops Reporting on Experimental COVID mRNA Injection Side Effects¹⁴⁴ (21 Jan 2021)

“California health officials are asking vaccine providers to stop administering a batch of Moderna’s Covid-19 jab, after an unusually high number of adverse reactions were linked to the drug.

Doses from Moderna Lot 041L20A are suspected of causing a “higher-than-usual number of adverse events” and should be shelved until a proper investigation can be conducted, the California Department of Public Health said on Sunday”

On Thursday, 10 people were pronounced dead in Germany after receiving Pfizer and BioNTech COVID-19 vaccines, according to the German News Agency (DPA). (15 Jan 2021)¹⁴⁵

¹⁴² <https://www.tasnimnews.com/en/news/2021/01/15/2433282/chinese-health-experts-call-to-suspend-pfizer-s-mrna-vaccine-for-elderly-after-norwegian-deaths>

¹⁴³ <http://republicbroadcasting.org/news/california-halts-use-of-moderna-covid-vaccine-batch-due-to-higher-than-usual-number-of-adverse-events/>

¹⁴⁴ <https://healthimpactnews.com/2021/cdc-stops-reporting-on-experimental-covid-mrna-injection-side-effects/?fbclid=IwAR1GbpvEOtO6o9QOPfNXe8bP-CmvfKcoa9zOriHTRTYoDwtDFUozc77sKKo>

*“The agency expressed that the dead suffered from serious diseases and **they passed away four days after being vaccinated.** According to medical sources, the complications of the diseases they had are the main reason for their death, not the vaccines.”*

53 Dead in Gibraltar in 10 Days After Experimental Pfizer mRNA COVID Injections Started¹⁴⁶ (24 Jan 2021)

*“I have been contacted by residents in Gibraltar stating that **53 people have died in 10 days immediately following the roll out of injections of the Pfizer mRNA COVID injections, and calling it a “massacre.”***

However, prior to the roll out of the injections, it is reported that only 16 people in total died “from COVID” since the beginning of the “pandemic” about a year ago.

*The first batch of the experimental Pfizer mRNA COVID injections were delivered by the military on January 9th, according to the UK Defense Journal:[...] The Government of Gibraltar reported that as of January 10th, just one day after the injections started, **4 people immediately died**[...]”*

Germany ‘won’t approve’ AstraZeneca vaccine for over-65s¹⁴⁷ (29 Jan 2021)

“Germany has recommended the AstraZeneca coronavirus vaccine should only be given to people under the age of 65.

The country’s vaccine committee has reportedly said the jab, developed alongside the University of Oxford, should only be offered to people aged between 18 and 64.

***It gave a lack of sufficient data on the effectiveness of the inoculation in older people as the reason for the decision in a draft recommendation.**”*

¹⁴⁵ <https://see.news/10-dead-in-germany-after-receiving-pfizer-covid-19-vaccine/>

¹⁴⁶ <https://vaccineimpact.com/2021/53-dead-in-gibraltar-in-10-days-after-experimental-pfizer-mrna-covid-injections-started/>

See also: **“Darkest Days in our History’ : Gibraltar Leader mourns six more Covid-19 deaths today”** (18 Jan 2021)
“The deaths brought the total number of pandemic casualties to 53, with this week’s high numbers being branded the biggest loss of life since the 1950’s.[...] These latest deaths come after a large outbreak at care homes in Gibraltar that surpassed the 100-mark.” <https://medicalxpress.com/news/2021-01-gibraltar-reels-covid-deaths-quadruple.html>

UPDATE: As it can also be seen from the worldometer chart, Gibraltar had ZERO deaths until Nov 1, 2020 and 6 deaths until Dec 30, 2020. Now. Feb 8 they had 78 (12 times more than in the entire 2020)
<https://www.worldometers.info/coronavirus/country/gibraltar/>

¹⁴⁷ <https://www.independent.co.uk/news/world/europe/astrazeneca-covid-vaccine-germany-elderly-b1794128.html?fbclid=IwAR0Gq4KJqrTGoa61yV4AAjtZ-FtMXXuo0mObOFRpnV0qwjZdbXsHHZQYTGy>

>France may eventually follow Germany's example: - **Fury at Emmanuel Macron for claiming AstraZeneca vaccine is 'almost ineffective' on over-65s despite EU just giving it the green light and Brussels calmmouring for supplies**¹⁴⁸ (30 Jan 2021)

Merck stops developing COVID vaccine: Better immunity found through 'natural infection'¹⁴⁹ (29 Jan 2021)

"U.S.-based vaccine company Merck announced it is stopping all further development on both of its COVID-19 vaccines since the results gave less protection than was gained from "natural infection.""

c) **MULTIPLE DEATHS UK: CARE HOMES DEATHS AND OUTBREAKS OF COVID OCCURING AFTER VACCINATION**

In dr. Mercola's article "How COVID-19 'Vaccines' May Destroy the Lives of Millions"¹⁵⁰ (02 Feb 2021) Dr. Judy Mikovits is quoted as saying" *Anyone with an inflammatory disease like rheumatoid arthritis, Parkinson's disease, chronic Lyme disease, anybody with an acquired immune deficiency from any pathogens and environmental toxins, those are the people who will be killed, murdered, by this vaccine.*

Obviously, most of the elderly and especially the frail ones residing in care homes may be suffering from such conditions.

- **Weekly Covid deaths in care homes nearly TRIPLED in a fortnight with 1,705 residents dying in England and Wales last week as pandemic total surges past 30,000**¹⁵¹

- *1,705 care home residents died from the virus in the week ending January 22*
- *That was up from 661 a fortnight ago and 1,292 in week ending January 15*

¹⁴⁸ <https://www.dailymail.co.uk/news/article-9203155/Emmanuel-Macron-claims-AstraZeneca-vaccine-ineffective-65s.html?fbclid=IwAR1UibSk9KJUMyNaUYesmUbD8K4uf5TyIDtaPBcdZBQaAkstGOXU9SiEwDQ>

¹⁴⁹ https://www.lifesitenews.com/news/merck-stops-developing-covid-vaccine-better-immunity-found-through-natural-infection?utm_source=LifeSiteNews.com&utm_campaign=30a4bb2448-Daily%2520Headlines%2520-%2520U.S.%20COPY%20962&utm_medium=email&utm_term=0_12387f0e3e-30a4bb2448-402281549&fbclid=IwAR1IBOcfAkXfjCSohph1yJL3VvaQK6QEmO0rc6S0po1OcxwV5Cp2mgsuJE

¹⁵⁰ https://articles.mercola.com/sites/articles/archive/2021/01/31/covid-19-vaccine-gene-therapy.aspx?ui=220523747c18d0a4abf26757b521d760bf5118a9aba06a63e096dd17105841f4&cid_source=dnl&cid_medium=email&cid_content=art1ReadMore&cid=20210131_HL2&mid=DM784143&rid=1072048327&fbclid=IwAR1T44COrZApw6Ly_PYeJOqrkxc8DU2aPRVC14XFiz4e6b_D4_VzKwvo7y8

¹⁵¹ <https://www.dailymail.co.uk/news/article-9188551/Coronavirus-UK-Weekly-care-home-death-toll-triples-fortnight.html>

- Care homes suffer coronavirus outbreaks and deaths in post Christmas peak¹⁵² (29 Jan 2021)

The deaths and outbreaks in South Gloucestershire care homes are occurring despite stringent testing regimes and the vaccine roll out

“Care home residents are continuing to die with Covid-19 in South Gloucestershire as dozens of outbreaks occur despite stringent testing regimes and the vaccine roll out.

Nine care home residents died with the virus in a single week this month, and 29 care homes and other care settings have had new or ongoing outbreaks in the last two weeks.”

In UK an unspecified number of elderly died after receiving their first Pfizer shot:

- Dozens of care home residents died with Covid before second jab¹⁵³(24 Jan 2021)

*“...social care chiefs are now warning that ‘dozens’ of care home residents are dying with the virus before they’re able to receive their second vaccine, Sunday People reports. The number of care home deaths linked to Covid in the last week was the highest recorded since May. **Some of the deaths had received the first Covid jab in December and were waiting on their second dose.**”*

- Coronavirus outbreak: 22 deaths at Pemberley House Care Home¹⁵⁴ (27 Jan 2021)

*“Within three weeks, 22 people had died - over one-third of the home's residents. [...]It is understood the outbreak started as residents began to have their first coronavirus vaccines. The Medicines and Healthcare Products Regulation Agency (MHRA) said **there was no suggestion the vaccine was responsible for the deaths.**”*

Covid outbreak at first care home to receive vaccine¹⁵⁵ (10 Jan 2021) - Scotland

Residents and staff are among those who tested positive for the virus at Abercorn Care Home in Hamilton.

“The first injection gives nine out of 10 people a level of protection against Covid-19. A follow-up jag was found to increase immunity to 94 per cent.

However, tests show the Pfizer drug's efficacy only kicked in up to three weeks after the initial treatment.”

15 residents die at care home after Covid outbreak¹⁵⁶ (22.01.2021) - Wales

33 members of staff have tested positive

¹⁵² <https://www.bristolpost.co.uk/news/bristol-news/care-homes-suffer-coronavirus-outbreaks-4945981>

¹⁵³ <https://metro.co.uk/2021/01/24/dozens-of-care-home-residents-died-with-covid-after-first-jab-13956611/?fbclid=IwAR24c9ndeGkzT1vLYG2dga-JpxmgAze-nebGXytIzHutF8GJ5ZPLfL0KLbQ?ito=cbshare>

¹⁵⁴ <https://www.basingstokegazette.co.uk/news/19043790.coronavirus-outbreak-22-deaths-pemberley-house-care-home/>

¹⁵⁵ <https://www.glasgowlive.co.uk/news/glasgow-news/covid-vaccine-scotland-care-homes-19596691>

¹⁵⁶ <https://www.walesonline.co.uk/news/uk-news/15-residents-die-care-home-19679437>

“More than half of the home’s staff have now also had the Covid-19 vaccine, as well as “all those residents who were well and have not returned a positive test”. ”

More than 50 residents now infected with Covid-19 at coronavirus outbreaks in three Highland care homes, NHS Highland confirms¹⁵⁷ (14 Jan 2021)

“Fodderty Care Home, near Dingwall, has now reported 13 cases among its residents, and a number of staff are self-isolating.[...]”

In the seven days to January 11, Invergordon had 61 confirmed infections, while neighbouring Alness had 66. The two towns were home to more than a quarter of all coronavirus infections diagnosed across the Highland Council area over that seven day period. Dingwall had 21 new cases over those seven days. ”

Cumbria facing significant care home Covid-19 outbreaks¹⁵⁸ (19 Jan 2021)

“As of January, 18, 43 of the county’s 152 care homes and nursing homes across Cumbria Care and the Independent sector have active outbreaks.

”This has resulted in a higher number of residents testing positive for Covid and there are significant numbers of staff who have tested positive or are self-isolating due to track and trace requirements or shielding.”

Ten residents die in care home coronavirus outbreak¹⁵⁹ (21 Jan 2021) - Scotland

The first death at Thorney Croft Care Home in Stranraer was reported earlier this month.

“On Thursday, Dumfries and Galloway health and social care partnership confirmed a further nine deaths have occurred, with four in the past week.

A total of 45 staff members and 45 residents have also tested positive for the virus. ”

15 residents die at care home after Covid outbreak¹⁶⁰ (22 Jan 2021)

33 members of staff have tested positive

“Fifteen care home residents have died after testing positive for Covid-19.

Bosses at Perry Manor nursing home in Worcester said they were “saddened by the losses” which came “in recent weeks”, after having managed to keep coronavirus out of the facility “until last month”. ”

- 16 deaths confirmed at two Invergordon care homes as 35 cases are linked to outbreak at Inverness facility¹⁶¹ (28 Jan 2021)

¹⁵⁷ <https://www.inverness-courier.co.uk/news/care-home-covid-outbreaks-infect-more-than-50-residents-224831/>

¹⁵⁸ <https://www.nwemail.co.uk/news/19020049.cumbria-county-council-respond-care-home-covid-outbreaks/>

¹⁵⁹ <https://news.stv.tv/west-central/ten-residents-die-in-care-home-coronavirus-outbreak?top>

¹⁶⁰ <https://www.walesonline.co.uk/news/uk-news/15-residents-die-care-home-19679437>

“A Crown Office spokesman added: “The investigation into the deaths, under the direction of the Covid-19 Deaths Investigation Team (CDIT), is ongoing and the families will be updated in relation to any significant developments.”

Covid-19: Laois nursing home emerges from outbreak that led to 17 deaths¹⁶²

Challenge of supporting facilities experiencing outbreaks ‘very significant’, HSE says

“A Co Laois nursing home hit by a “horrendous” Covid-19 outbreak that led to the deaths of 17 residents in just 20 days was “through it now”, the healthcare manager behind the home has said.

The surviving 48 residents at Droimnín Nursing Home in Stradbally, all of whom caught the virus during the post-Christmas outbreak, have emerged from post-Covid 14-day isolation.

[...]The HSE said at its weekly briefing that 282 people linked to Covid-19 outbreaks in nursing homes have died this month to date out of 830 total deaths from the disease in January. Some 181 nursing homes, or almost a third of all homes up, have an open outbreak and 54 are in the “red” category of intensive support from the HSE.

There are 1,500 staff unavailable to work across nursing homes due to illness or isolation.”

Care home on lockdown after huge coronavirus outbreak kills 12 residents¹⁶³ (29 Jan 2021)

-NHS Fife confirmed a cluster of cases have been reported at West Park Care Home in Glenrothes, Scotland with residents and staff testing positive for the virus

“30% week-on-week

“A total of 30 residents have tested positive for the virus. A further 21 staff have also tested positive for Covid-19. “Sadly, 12 people have died after contracting Covid-19 ...”

Covid in Scotland: Twelve die in Fife care home outbreak¹⁶⁴ (30 Jan 2021)

“Thirty residents at West Park Care Home in Leslie had tested positive for the virus, along with 21 members of staff.”

Covid: outbreaks in care homes cause rates to rise¹⁶⁵ (21 Jan 2021)

“According to Office for National Statistics data, 40 people living in care homes in the area have died with the coronavirus in 2021 – more than a quarter of the total since recording

¹⁶¹ <https://www.pressandjournal.co.uk/fp/news/highlands/2852836/16-deaths-confirmed-at-two-invergordon-care-homes-as-35-cases-are-linked-to-outbreak-at-inverness-facility/>

¹⁶² <https://www.irishtimes.com/news/health/covid-19-laois-nursing-home-emerges-from-outbreak-that-led-to-17-deaths-1.4470524>

¹⁶³ <https://www.mirror.co.uk/news/uk-news/care-home-lockdown-after-huge-23410781>

¹⁶⁴ <https://www.bbc.com/news/uk-scotland-edinburgh-east-fife-55863161>

¹⁶⁵ <https://www.bournemouthecho.co.uk/news/19026199.covid-outbreaks-care-homes-cause-rates-rise/>

started in April. But while the overall rate of infection is now falling it has continued to increase among over-60s.”

Covid outbreaks reported in 53 Suffolk care homes¹⁶⁶ (28 Jan 2021)

“According to data released by Suffolk County Council, 53 care homes across the county have outbreaks, while 34 more Covid-19 deaths have been reported. [...] Despite the fact that NHS chiefs say almost all homes have now received Covid vaccinations, homes without live outbreaks cannot be jabbed due to the risk of further spreading the outbreak.”

d) HEALTH CARE STAFF & NUMEROUS PEOPLE REFUSING THE VACCINE

In January, Major Covid Vaccine Glitch Emerges: Most Europeans, Including Hospital Staff, Refuse To Take It (ZeroHedge)¹⁶⁷ (27 Dec 2020)

"Surveys in Poland, where distrust in public institutions runs deep, show that fewer than 40% of people planning to get vaccinated. [...]

A Christian Orthodox bishop in Bulgaria, where 45% of people have said they would not get a shot and 40% plan to wait to see if any negative side effects appear - meaning only 15% of the population will actually volunteer for a vaccine in the near future - is in the tiny minority when it comes to taking the vaccine.[...]

An IPSOS survey of 15 countries published on Nov. 5 showed then that 54% of French would have a COVID vaccine if one were available. The figure was 64% in Italy and Spain, 79% in Britain and 87% in China.

Since then things have gone far worse, and a more recent IFOP poll showed that only 41% people in France would take the shot. This means that a vast majority will not."

“In Piedmont, a study by the national association Anaste revealed that 70% of Nursing Houses employees are against the vaccine, in Lazio only 10% have signed up as in the province of Brescia, tormented by death due to Covid-19 cases. last spring. And even in the province of Pavia only 20% of operators gave consent to the inoculation of the serum. In Friuli Venezia Giulia Region as many as 89 out of 100 doctors have expressed their intention not to adhere to the immunization plan.” (Pfizer Vaccine as Russian Roulette: Inefficacy, Facial Palsy and Anaphylaxis’ Risks. Italians Physicians’ Uprising. German Vaccinated Nurses’ Overdose¹⁶⁸ (30 Dec 2020))

¹⁶⁶ <https://www.ipswichstar.co.uk/news/coronavirus-outbreaks-in-suffolk-care-homes-7079420>

¹⁶⁷ https://www.zerohedge.com/medical/major-covid-vaccine-glitch-emerges-most-europeans-including-hospital-staff-refuse-take-it?fbclid=IwAR1UvUpMz8AmmBRsD39gZLfAxpLT3EbArBmSWnpZwv67_RYyCiC6IMk854I

¹⁶⁸ <https://www.gospanews.net/en/2020/12/30/pfizer-vaccine-as-russian-roulette-facial-palsy-and-anaphylaxis-risks-italians-physicians-uprising-german-vaccinated-nurses-overdose/>

Up to 60% of US health workers are refusing to get COVID-19 vaccines over fears of side effects (1 Jan 2021)

“In Ohio, about 60 percent of nursing home staff say they will not get a COVID-19 vaccine In Los Angeles, between 20 and 40% of health care workers are refusing the shot

About half of health workers in Riverside County, California, are saying 'no'

“Ohio Governor Mike DeWine said Thursday that roughly 60 percent of nurses there are refusing the shot.”

13,000 NY Nursing Home Residents And Nearly Half Of Staff Decline COVID-19 Vaccine¹⁶⁹ (Jan 18, 2021)

“New York will be reallocating unused COVID-19 vaccines after more than ten thousand nursing home residents and nearly half of staffers declined the jab, according to Gareth Rhodes, a member of Governor Andrew Cuomo’s COVID-19 Response Task Force. Rhodes said that out of 70,000 nursing home residents, 57,000 have been vaccinated, while 13,000 have declined. Meanwhile, out of 89,000 nursing home staff, 41,000 have declined.”

Netherlands: 87000 Healthcare Workers denied Covid-19 Vaccine¹⁷⁰ (30 Dec 2020)

“In the Netherlands, around 87k nurses refused to become part of an experiment. They said that they are not guinea pigs. This refusal came after the mixed reaction and side effects of the vaccine.”

All 4 nurses in a Kansas county's health department refused to give out COVID-19 vaccines¹⁷¹ (18 Jan 2021)

“My staff is not comfortable with that. It's a new technology we've never seen before,” Payer told the Board of Commissioners in the meeting, which is available on [YouTube](#).

Thousands of Michigan health workers are turning down COVID vaccine¹⁷² (4 Jan 2021)

“In Wayne County, just over half of first responders agreed to take a COVID vaccine, with roughly 600 of 1,600 declining, a county spokesperson told Bridge Michigan on Monday.

¹⁶⁹ https://www.naturalblaze.com/2021/01/13000-ny-nursing-home-residents-and-nearly-half-of-staff-decline-covid-19-vaccine.html?utm_source=Activist%20Post%20Subscribers&utm_medium=email&utm_campaign=3478da9ec8-RSS_EMAIL_CAMPAIGN&utm_term=0_b0c7fb76bd-3478da9ec8-388141989&fbclid=IwAR1Br8IbX6ueJLifaAYKxMJ_bnF76ciiov9DIrywgahO7n-zVlvfkt55Okk

¹⁷⁰ https://nursingnews.in/netherlands-87000-healthcare-workers-denied-covid-19-vaccine/?fbclid=IwAR2JglghMMPuSN_Xy_qanOGOKSv1h_IKjUPCw1fl1j7drsFrQNHVTxXddAo

¹⁷¹ <https://www.businessinsider.com/kansas-nurses-refuse-giving-covid-19-vaccine-misinformation-2021-1?r=US&IR=T>

¹⁷² <https://www.bridgemi.com/michigan-health-watch/thousands-michigan-health-workers-are-turning-down-covid-vaccines>

[...]it appears that more than 1 in 3 health workers are declining the coronavirus vaccine for now, according to Linda Vail, the county's health office”

COVID-19: Concerns grow over number of carers turning down vaccine

One care home owner said half of his staff had refused the jab and called on the government to do more to combat misinformation.¹⁷³ (West London – 23 Jan 2021)

France, Once a Vaccine Pioneer, Is Top Skeptic in Covid-19 Pandemic¹⁷⁴

“Covid-19 vaccination campaign off to a glacial start, as it meets some of the world’s highest skepticism rates. ‘I can’t be the guinea pig.’

An Ipsos poll conducted in December found that **France ranked at the bottom of 15 countries on willingness to take a Covid-19 vaccine, with only 40% of the public saying they wanted the shot.** Polls show that more than three-quarters of nursing home workers—who are among the government’s first target groups for the vaccine—don’t want to take it.”

Dr. Scott Gottlieb estimates only about 120 million people in U.S. really want Covid vaccine¹⁷⁵

“There’s going to be a lot of intense demand even in younger cohorts, but I think once we get to 100 million, maybe 120 million vaccines, the demand is going to get soft,” Gottlieb said, basing his forecast on the number of U.S. adults who received a flu shot this past year.”

e) PEOPLE’S TESTIMONIES ON SOCIAL MEDIA AND IN US VAERS DATABASE COVID-VACCINES SEVERE ADVERSE REACTIONS¹⁷⁶

Hypertension and tachycardia, high fever, headaches, strokes, aneurisms, anaphylaxis and other allergic reactions, nausea, dizziness, fainting, chills, vomiting, fatigue, insomnia, skin rashes, inflammations, flu symptoms, neurological symptoms varying from brain fog, muscle spasms, jerking, speech and sensorial issues, cognitive and memory problems to parhesthesia, paralysis, swollen lymph nodes, severe pain in the arms, joints, throat, abdomen and even in the entire body, breathing difficulties, miscarriages, PMS are among the commonly reported issues, besides DEATH. **Interesting is that these symptoms can occur not only in the first days after**

¹⁷³ https://news.sky.com/story/covid-19-concerns-grow-over-number-of-carers-turning-down-vaccine-12195852?fbclid=IwAR2K5zgkY5VtNAzevRF4jtxWol_nE4TVIICZvK4wJMv1frIPEk9ZydeZYfg

¹⁷⁴ <https://www.wsj.com/articles/france-once-a-vaccine-pioneer-is-top-skeptic-in-covid-19-pandemic-11610971051>

¹⁷⁵ <https://www.cnbc.com/2021/01/19/covid-vaccine-dr-scott-gottlieb-estimates-only-120-million-americans-really-want-it.html>

¹⁷⁶ https://prezi.com/i/gw4zv2c_cwr/anecdotal-experiences-cv/

the shot but even weeks after, following periods in which everything seemed to be normal, after the first and also the second dose of vaccine.

A summary of the main side effects can also be found in - **COVID-19 Vaccine Reactions and Side Effects**¹⁷⁷ (15 Jan 2021)

And now, finally, returning to the post-vaccination cluster of deaths occurring in care homes in the UK and in various other parts of the world... to expect that such very serious adverse effects affecting younger and healthier people, will not be happening with the frail elderly burdened by numerous underlying conditions, is absolutely ridiculous. It is obvious that what may seriously impact the young, may very well kill the old and this is something that may could have been really taken into consideration by countries such as Germany and France which challenged the vaccination of the over 65.

¹⁷⁷ https://circleofmamas.com/health-news/covid-19-vaccine-reactions-and-side-effects/?fbclid=IwAR28oms22opkdURdfq31IjweuoUGQ_HKs9CMQFt4nytLXi8yx7Mn0nkXOm4

ANNEX B

IMPORTANT REFERENCES TO CENSORED TREATMENTS FOR COVID-19

SUPPRESSION OF SCIENCE AND TRUTH IN MATTERS OF RELIABLE COVID-19 TREATMENTS

Let's start with observing that “one of the world's oldest and most respected medical journals has published a damning attack on the UK Government, -- **BMJ lashes out at 'state corruption' and 'suppression of science' in UK**¹⁷⁸ (Nov 2020)

Written by executive editor Kamran Abbasi the article concludes that “*politicisation of science was enthusiastically deployed by some of history's worst autocrats and dictators, and it is now regrettably commonplace in democracies. “The medical-political complex tends towards suppression of science to aggrandise and enrich those in power. And, as the powerful become more successful, richer, and further intoxicated with power, the inconvenient truths of science are suppressed. “When good science is suppressed, people die.”*

It is very easy to show that numerous natural and allopathic therapies that have been proved efficient in the treatment of Covid-19 in other countries have been totally ignored in the UK. Not even the most basic supplementation with common vitamins and minerals such as VITAMIN D, VITAMIN C and ZINC, which have been shown to promote survivability, has been recommended. Vitamin D has been finally recommended in October¹⁷⁹, but in insufficient doses, as will be seen below.

All cheap therapies with practically no side-effects, that could have saved a great number of lives have been dismissed, in order to exclusively promote these controversial, unlicensed, improperly tested new vaccines.

Here you can find some resources about such therapies that were promoted by doctors and scientists who have been heavily censored in the mainstream and social media. **This censorship that caused the majority of the population and many professionals also to be unaware of**

¹⁷⁸https://www.bmj.com/content/371/bmj.m4425?utm_source=twitter&utm_medium=social&utm_term=hootsuite&utm_content=sme&utm_campaign=usage

¹⁷⁹ [Now Matt Hancock says you SHOULD take vitamin D amid mounting evidence it protects against Covid-19 | Daily Mail Online](#)

the existence of such valuable alternatives is, in itself, a great crime, which will also inflict a great responsibility upon those who in any way contributed to it.

- **HCQ (Hydroxychloroquine) / AZI (azithromycin)**

C19study.com update: HCQ¹⁸⁰

195 HCQ studies

130 peer reviewed

Early treatment shows high efficacy

100% of studies report positive effects. 64% is the median improvement for early intervention

76% of studies report positive effects.

Summary on HCQ (UK Column News) - September 2020¹⁸¹

*“Doctors in New York found that hydroxychloroquine treatment increased survival rates; Brazilian doctors discovered that treating patients with hydroxychloroquine reduced their chances of requiring hospital treatment by nearly 300%, with no notable adverse events; Chinese doctors reduced fever duration and improved the clinical outcomes for patients treated with chloroquine; doctors in Spain used hydroxychloroquine to increase patient survival rates; researchers in the U.S. found that the addition of zinc further improved outcomes; doctors treating Chinese patients with hydroxychloroquine found no increase in adverse events for their patients; and a systemic review of the available evidence by Indian researchers concluded: **“There is theoretical, experimental, preclinical and clinical evidence of the effectiveness of chloroquine in patients affected with COVID-19. There is adequate evidence of drug safety from the long-time clinical use of chloroquine and hydroxychloroquine.”***

DR. SIMONE GOLD, MD, JD - WHITE PAPER ON HCQ¹⁸²

“This white paper is to draw the reader’s attention to the indisputable safety of HCQ, remarkable efficacy of HCQ against SARS-CoV-2, and the worldwide political storm that has resulted in its use being restricted. We speak in support of it being made available over the counter in the USA due to the inability of Americans to access it, whether they need it for treatment or to manage their fear.”

See more from dr. Simone Gold & Co: **Press conference in D.C. held by the group America’s Frontline Doctors PRESIDED BY DR. SIMONE GOLD: www.americasfrontlinedoctors.com**

Other early scientific studies pointing at the efficacy of HCQ in Covid-19 treatment:

Another summary on HCQ use by doctors in curing Covid:19 – **The Biggest Plunder Public Health Has Ever Made** (November 2020)¹⁸³

¹⁸⁰ <https://c19study.com/>

¹⁸¹ <https://www.ukcolumn.org/article/the-hydroxychloroquine-scandal>

¹⁸² https://drive.google.com/file/d/1-gsn_Ye2EYDDkV_79Ag1tgUqZLNCMSt-/view

“First, the best and most useful one is by Americas Front Line Doctors¹⁸⁴. You can find detailed information on what the protocols consist of and on what states have done to block use of HCQ. Even more useful is that you can find a doctor in your state that can help you get what you need for using a protocol. There is also a White Paper¹⁸⁵ by Dr. Simone Gold who some time ago concluded: "What we do know is that 70,000-100,000 excess American lives have been lost due to lack of access to HCQ."

Second, is the website by the American Association of Physicians and Surgeons. Here you can find the excellent "A Guide to Home-Based COVID Treatment"¹⁸⁶ embraces early use of a HCQ cocktail. It makes this key point: "Zinc is critical. It helps block the virus from multiplying. Hydroxychloroquine is the carrier taking zinc INTO the cells to do its job."

Third, is <https://covexit.com/> where you can access a number of presentations by the leading doctors using and promoting early home/outpatient treatment for covid.”

Indeed, at the end of April 2020, the entire **ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS** promoted the use of Hydroxychloroquine:

- US doctors claim that Trump's controversial hydroxychloroquine drug DOES help 91% of coronavirus patients and argue we should not wait for 'controlled trials'¹⁸⁷

" The Association of American Physicians and Surgeons (AAPS) presented data on 2,333 patients treated with hydroxychloroquine - including two supervised by Dr Oz - across the globe that shows 91.6 percent of those who got the drug fared better after treatment. ” .

Compare this to Johns Hopkins survival data for patients who were put on mechanical ventilators, about 85 percent of whom died. Nearly seven percent of patients overall had died worldwide.

A critical analysis of the three studies that have been used by authorities in order to justify the rejection of the HCQ treatment for Covid-19 can be found in the article: **Covid-19 Has Turned Public Health Into a Patient-Killing Experiment**¹⁸⁸

*“And now we have evidence of **three clinical trials which require patients to be given up to 4 times the normal dosage of hydroxychloroquine, with or without their consent. In one of these studies over 25% of patients died.**” [...]* Doses employed in all studies were way above normal therapeutic doses and could well have proved fatal, especially to the very frail and compromised people enrolled in the trial, many of whom were already on ventilators or other forms of assisted breathing. In fact to even be considered for the Remap trial a patient had to be "close to death,

¹⁸³ https://www.opednews.com/articles/1/The-Biggest-Blunder-Public-by-Joel-Hirschhorn-Coronavirus-Pandemic_Covid-19_Economic-Recovery-From-Coronavirus-Pandemic_Health-201113-761.html

¹⁸⁴ <https://www.americasfrontlinedoctors.com/>

¹⁸⁵ <https://www.americasfrontlinedoctors.com/wp-content/uploads/2020/09/White-Paper-on-HCQ-2020.2.pdf>

¹⁸⁶ <https://aapsonline.org/CovidPatientGuide-v10-28-2020.pdf>

¹⁸⁷ https://www.dailymail.co.uk/health/article-8266737/amp/Doctors-group-claims-hydroxychloroquine-helps-91-coronavirus-patients.html?_twitter_impression=true

¹⁸⁸ <https://www.sott.net/article/437009-Covid-19-Has-Turned-Public-Health-Into-a-Patient-Killing-Experiment>

either on a ventilator or in shock, on pressor medications." [...]
Neither was any allowance made in dosage for patients with poor kidney or liver function, who might have increased difficulty in processing the drug. Only actual liver failure was grounds for reducing the dose:

SOME OTHER SIGNIFICANT REFERENCES TO HCQ USE IN COVID TREATMENT::

Nature – Feb 2020: **REMDESIVIR and CHLOROQUINE effectively inhibit the recently emerged novel coronavirus (2019-nCoV) in vitro**¹⁸⁹

ScienceDirect article – April 2020: **Chloroquine and hydroxychloroquine as available weapons to fight COVID-19**¹⁹⁰:

'Beginning of the end': Renowned doctor sees 100% success with virus drug¹⁹¹ (April 2020)

“Calling it an "absolute game changer," renowned infectious disease specialist DR. STEPHEN SMITH said Wednesday he has seen 100% success in his treatment of 72 seriously ill COVID-19 patients with the drugs touted by the White House, hydroxchloroquine and azithromycin”

Testimony of the remarkable **DR. VLADIMIR ZELENKO** (*more than 800 patients with severe Covid-19, all cured except 2 with his similar protocol*): - **Dr VLADIMIR ZELENKO: HCQ DENIERS ARE “GUILTY OF MASS MURDER”**¹⁹²

Testimony of one of the first doctors implementing this revolutionary treatment, famous French physician and microbiologist **DR. DIDIER RAOULT**: - **Professor Didier Raoult Publishes Results of a Hydroxychloroquine Treatment Study on 1061 Patients**¹⁹³

“A good clinical outcome and virological cure was obtained in 973 (out of 1061) patients within 10 days (91.7%)...A poor outcome was observed for 46 patients (4.3 %); 10 were transferred to intensive care units, 5 patients died (0.47%) (74-95 years old) and 31 required 10 days of hospitalization or more...The HCQ-AZ combination, when started immediately after diagnosis, is a safe and efficient treatment for COVID-19, with a mortality rate of 0.5%, in elderly patients. It avoids worsening and clears virus persistence and contagiosity in most cases.”

¹⁸⁹ https://www.nature.com/articles/s41422-020-0282-0?fbclid=IwAR2qRtRZE5YfG7G4CbibApECvslMCmqbUTp7hCyb9gspZMifqfAVNigDm_4

¹⁹⁰ <https://www.sciencedirect.com/science/article/abs/pii/S0924857920300820?via%3Dihub>

¹⁹¹ <https://www.wnd.com/2020/04/beginning-end-renowned-doctor-sees-100-success-virus-drug/>

¹⁹² <https://www.bitchute.com/video/JwdHWhutzPZr/>

¹⁹³ <https://www.sgtreport.com/2020/04/professor-didier-raoult-publishes-results-of-a-hydroxychloroquine-treatment-study-on-1061-patients/?fbclid=IwAR3diFNH1eUWIVKRoVpTCSFVfRrDh45WCb-G396WHxOFiiYv8HdJudQc4k>

PR. PERRONNE discovers the same results of HYDROXYCHLOROQUINE as DIDIER RAOULT¹⁹⁴

*“Our results are consistent with a recent study conducted in the United States by Arshad et al. who concluded in a retrospective multicentre observational study that **treatment with HCQ alone and in combination with AZI was associated with a reduction in mortality associated with COVID-19 in hospitalized patients**. Another study plan published by Lagier et al. [18], partly composed of outpatients, revealed a favorable outcome and a decrease in virologic excretion using the combination HCQ with AZI in a large sample (n> 3000), in a majority of patients with mild lymphocytopenia ($\geq 1000 / \text{mm}^3$). Finally, Mahevas et al. observed 15/15 favorable results in a subgroup of patients receiving HCQ with AZI.”[...] . Indeed, **the potential antiviral activity of azithromycin is consistent with previous in vitro studies concerning SARS-CoV-2 or H1N1-pdm09 and a randomized clinical trial in the prevention of respiratory infections in children [21]. In addition, a recent publication highlighted the role of azithromycin against COVID-19 via the CD147 receptor in the stem cell [22]. Additionally, a study published in JAMA by Rosenberg et al. highlighted a potential trend towards decrease in mortality in patients receiving azithromycin compared to HCQ or standard of care , although not statistically significant”** (Prof. Christian Perronne)*

Expert Review of Clinical Immunology: Natural history and therapeutic options for COVID-19¹⁹⁵

“Treatment with an oral combination of hydroxychloroquine, azithromycin and zinc 63 may represent the best current therapeutic option in relation to its antiviral and 64 immunomodulatory effects.”

Even at the beginning of April the treatment with Hydroxychloroquine was very well known and endorsed by some American doctors and by more than 2000 doctors worldwide... *“of the 6,227 physicians surveyed in 30 countries, 37 percent rated hydroxychloroquine the “most effective therapy” for combating the potentially deadly illness, according to the results released Thursday”....*

- **Thousands of Doctors: Yes, Hydroxychloroquine Works Against Wuhan Coronavirus:**¹⁹⁶

- Doctors Tell The World That HCQ, Zinc & Zithromax Prevents & Cures COVID-19¹⁹⁷ (video + transcript):

"DR. STELLA EMMANUEL: (05:27)

“Hello, I’m Dr. Stella Emmanuel. I’m a primary care physician in Houston, Texas. I actually

¹⁹⁴ <https://www.palmerfoundation.com.au/pr-perronne-discovers-the-same-results-of-hydroxychloroquine-as-didier-raoult/>

¹⁹⁵ https://www.mediterranee-infection.com/wp-content/uploads/2020/09/ERM-2020-0073.R1_Proof_hi.pdf

¹⁹⁶ <https://townhall.com/tipsheet/katiepavlich/2020/04/06/here-are-five-doctors-whose-patients-have-seen-recovery-with-hydroxy-chloroquine-n2566409?fbclid=IwAR1k1lu3eQZ8KXXmyrhvrYXGQtVi6J6DDbpya1mmlIOB82eN8DXQnEsFe9HY>

¹⁹⁷ https://www.covid19refusers.com/doctors-tell-the-world-that-hcq-zinc-zithromax-prevents-cures-covid-19/?fbclid=IwAR3d5eSLdsykBoMCKOxyl_UM74akuwY-DpufuqnxYmG6mOD1U-sN9ZSvtl

went to medical school in West Africa, Nigeria, where I took care of malaria patients, treated them with hydroxychloroquine and stuff like that. So I'm actually used to these medications. I'm here because I have personally treated over 350 patients with COVID. Patients that have diabetes, patients that have high blood pressure, patients that have asthma, old people ... I think my oldest patient is 92 ... 87 year olds. And the result has been the same. I put them on hydroxychloroquine, I put them on zinc, I put them on Zithromax, and they're all well." (06:12) "For the past few months, after taking care of over 350 patients, we've not lost one. Not a diabetic, not a somebody with high blood pressure, not somebody who asthma, not an old person. We've not lost one patient. And on top of that, I've put myself, my staff, and many doctors that I know on hydroxychloroquine for prevention, because by the very mechanism of action, it works early and as a prophylaxis. We see patients, 10 to 15 COVID patients, everyday. We give them breathing treatments. We only wear surgical mask. None of us has gotten sick. It works."

See also the testimony of scientist and epidemiologist, Yale University Professor, **DR HARVEY RISCH: SENATE HEARING ON COVID-19 OUTPATIENT TREATMENT WITH HYDROXYCHLOROQUINE**¹⁹⁸

Professor Harvey Risch says that "all studies which study the effectiveness of hydroxychloroquine on high risk population groups show the drug is "uniformly beneficial" in treating COVID-19: Studies show hydroxychloroquine cuts 'virus mortality in half in high risk groups'¹⁹⁹

(this is also referred in dr. Mercola's article: **Journal of Medicine Says HCQ + Zinc Reduces COVID Deaths**²⁰⁰ (1 Feb 2021) – together with NEBULAZID PEROXIDE)

Some other known doctors, scientists and experts discussing the effects of the management of the epidemic, the verified therapies and the unavoidable dangers of expected vaccines are **dr. Dolores Cahill, dr. Rashid Buttar, dr. Dietrich Klinghardt, dr. Judy Mikovits, dr. Shiva Ayyadurai, dr. John Bergman, dr. Joseph Mercola, dr. Sherry Tempenny, dr. Suzanne Humphries, dr. Andrew Wakefield, dr. Richard Cheng, dr. Eric Berg, dr. Rath, dr. Ivette Lozano etc.** (please look on Bitchute and alternative channels as also the natural health websites for their research and testimonies)

¹⁹⁸ <https://www.bitchute.com/video/rGU7fgRjwZhs/>

¹⁹⁹ <https://www.facebook.com/watch/?v=254301515684627>

²⁰⁰ https://articles.mercola.com/sites/articles/archive/2021/02/01/hydroxychloroquine-and-zinc-for-coronavirus.aspx?ui=220523747c18d0a4abf26757b521d760bf5118a9aba06a63e096dd17105841f4&cid_source=dnl&cid_medium=email&cid_content=art1ReadMore&cid=20210201_HL2&mid=DM784149&rid=1072846587

SKY NEWS AUSTRALIA reporting the huge censorship of HCQ treatment in Australia - **COVID-19 has seen 'dangerous and unprecedented' violation of doctor-patient code²⁰¹: Or how doctors are getting fined and arrested if prescribing HCQ...**

"The extreme politicisation of the debate concerning Hydroxychloroquine has resulted in unprecedented government intrusion upon the doctor-patient relationship according to CONCERNED ONTARIO DOCTORS PRESIDENT DR KULVINDER KAUR GILL. Hydroxychloroquine has been criminalised in some Australian states despite being clearly listed on the World Health Organisation's page of essential medications. Dr Gill said following the medical atrocities committed by doctors during World War Two, the International Code of Medical Ethics was formed to protect the sanctity of the doctor-patient relationship from any future intrusion by government. "Now in 2020 we see a very dangerous and unprecedented violation of that very doctor-patient relationship," she said "It's absolutely appalling that we are seeing this unprecedented violation of the doctor-patient relationship where we have many of the developed nations around the world that are actually prohibiting doctors and sanctioning them if it is prescribed to their patients". "Such a violation has never occurred before for any medication ever" which points to how "extremely politicised" this discussion about Hydroxychloroquine has become."

OTHER SIGNIFICANT ALLOPATHIC TREATMENTS

- **CHLORINE DIOXIDE / MSM**

Dr. Alan Keys interviews the **DR. MANUEL APARICIO²⁰²** pediatric orthopedic and spinal surgeon representing **COMUSAV – World Health and Life Coalition²⁰³** (over 2400 doctors of 22 countries) about **the almost 100% effective treatment of Covid-19 with Chlorine Dioxide**. He affirms that HCQ is very effective in dealing with the mild cases of Covid-19, but not in the severe cases, while Chlorine Dioxide is efficient at any stage of the disease as also in prevention. **Bolivia officially uses Chlorine Dioxide since August; when it was introduced they had 100 deaths per day and at the end of November there were less than 10 deaths per day**. Chlorine Dioxide also has got a very good prophylactic effect and is extremely cheap: the treatment for a patient is below 5\$. There are very many diseases that can be treated with this medicine, including flu, malaria etc because it lowers the ph in the body and increases the oxygen levels in the blood. Dr. Aparicio affirms that **there are 20,000 patients treated with Chlorine Dioxide under his supervision and there were no reports of any side effects**. All the doctors of COMUSAV who deal with Covid-19 patients treat themselves preventively with Chlorine Dioxide and none of them died or got a severe form of Covid-19.

²⁰¹ <https://www.youtube.com/watch?v=IsVGO8SNloY>

²⁰² <https://www.bitchute.com/video/dbVhhh0SO6fA/>

²⁰³ <https://comusav.com/en/?fbclid=IwAR2r1v--s9gPLgzJTpArqKFpdoex30IG6sECBNKpgckU65L7Av1x9RAVSp0>

According to Dr. Ernesto Lammoglia²⁰⁴ from COMUSAV, Chlorine Dioxide has been used for many years “to sanitize milk that is packaged or put in tetra pack packages, water from purifiers and even blood from vascular packages, which are used in hospitals, to administer a blood transfusion”, therefore despite recent rumours, it is definitely a safe substance.

- **IVERMECTIN**

Ivermectin is effective for COVID-19: meta analysis of 23 studies²⁰⁵

The common anti-parasite medication Ivermectin is definitely effective for COVID-19.

100% of studies report positive effects. The probability that an ineffective treatment generated results as positive as the 23 studies to date is estimated to be 1 in 8 million ($p = 0.00000012$).

•*Early treatment is most successful, with an estimated reduction of 87% in the effect measured using a random effects meta-analysis, RR 0.13 [0.04-0.51].*

•*100% of the 10 Randomized Controlled Trials (RCTs) report positive effects, with an estimated reduction of 74% in the effect measured using a random effects meta-analysis, RR 0.26 [0.12-0.56].*

Ivermectin Studies Update²⁰⁶

Early studies: 100% of studies report positive effects. 86% is the median improvement.

All: 100% of studies report positive effects.

34 ivermectin studies

13 peer reviewed

Early and prophylactic use show high efficacy

AN extraordinary testimony in support of IVERMECTIN: - "I CAN'T KEEP DOING THIS": Doctor pleads for review of data during COVID-19 Senate hearing²⁰⁷

Antiparasitic drug Ivermectin kills coronavirus in 48 hours²⁰⁸ (April 2020) News Medical Life Sciences

“The drug, Ivermectin, an antiparasitic medicine, is an inhibitor of the virus SARS-CoV-2 in-vitro and can effectively cause a reduction in virus at 48 hours in cell cultures. The FDA-approved drug can be used for repurposing to treat patients affected by COVID-19, which has spread to 184 countries and territories.

²⁰⁴ <https://comusav.com/en/por-que-prohibe-cofepris-el-dioxido-de-cloro-el-uso-de-medicamentos-homeopaticos/>

²⁰⁵ <https://ivmmeta.com/>

²⁰⁶ <https://c19ivermectin.com/>

²⁰⁷ https://www.youtube.com/watch?v=Tq8SXOBy-4w&feature=youtu.be&fbclid=IwAR0p25cpSiT8UcuMmXxP6da9A3b_KHT7vhmxr1o0aMPBkzIlnKaAfmyU2kc

²⁰⁸ https://www.news-medical.net/news/20200406/Antiparasitic-drug-Ivermectin-kills-coronavirus-in-48-hours.aspx?fbclid=IwAR38NVg4TaY2P2GY-j_aku7U_QACV_ThzviUXAmBptUYasiDT2VycAQite8

The researchers at Monash University in Melbourne, Australia, have published their study in the journal Antiviral Research, showing how this already widely-used drug may help combat the current global pandemic rippling across continents.”

• **Can Ivermectin Help Prevent COVID-19 Deaths?²⁰⁹ (Analysis by Dr. Joseph Mercola) 25 Jan 2021**

“While preliminary evidence seems to suggest Ivermectin can be useful at all stages of SARS-CoV-2 infection, its real strength appears to be as a preventive approach

- Of 58 health care workers who took ivermectin once a month for four months, only four (6.96%) came down with mild COVID-19 symptoms during the May through August 2020 trial period, compared to 44 of 60 health care workers (73.3%) who declined the medication

- In August 2020, India’s largest state, Uttar Pradesh, added ivermectin to its recommendations and distributed the drug for home care free of charge. The state of Bihar also started recommending ivermectin, and by the end of 2020, Bihar and Uttar Pradesh had the lowest and second-lowest COVID-19 fatality rates in all of India

- A WHO-sponsored review suggests ivermectin can reduce COVID-19 mortality by as much as 83%

- In the U.S., the Frontline COVID-19 Critical Care Alliance is calling for widespread adoption of ivermectin, both as a prophylactic and for the treatment of all phases of COVID-19

Very late, even UK MSM reported about Ivermectin - **Cheap hair lice drug may cut the risk of hospitalized Covid patients dying by up to 80%, study finds²¹⁰** - Ivermectin - costing as little as £1.50 per treatment - may help Covid patients

Some compelling references about Ivermectine at: **New York Supreme Court Judge Saves 80-Year-Old Patient from Death by Ordering Hospital to Give Life-Saving Ivermectin²¹¹**

And the greatest news concerning the use of Ivermectin from the US - **‘Miraculous’ ivermectin approved for use in the US for the treatment of COVID-19 The National Institutes of Health (NIH) has upgraded their recommendation for ivermectin, making it an option for use in treating COVID-19²¹²**

²⁰⁹ <https://articles.mercola.com/sites/articles/archive/2021/01/25/ivermectin-for-coronavirus.aspx>

²¹⁰ https://www.dailymail.co.uk/news/article-9110301/Cheap-hair-lice-drug-cut-risk-hospitalised-Covid-patients-dying-80-study-finds.html?ito=native_share_article-masthead&fbclid=IwAR2GlvV8Omb-OYBk6Pu7eTHA5UAO1pXI7rSEJummSQ8FhukHC3GfCjSz3U

²¹¹ https://vaccineimpact.com/2021/new-york-supreme-court-judge-saves-80-year-old-patient-from-death-by-ordering-hospital-to-give-life-saving-ivermectin/?fbclid=IwAR1jA5HjRwgT-3Av3NyYxQ2Z5OGOC407NVvKx63s_1J33cjst4S_p3YGhVE

²¹² <https://www.lifesitenews.com/news/miraculous-ivermectin-approved-for-use-in-the-us-for-the-treatment-of-covid-19?fbclid=IwAR04ESbnPIKgyGsP-xB8XmaZLNxFV9mgIZaOmX9Wt09hx72Nvdri0kiXswU>

- **INHALED STEROID BUDESONIDE**

- **Dr. Bartlett Clinical Success: Inhaled Steroid Budesonide Prevents COVID-19 Death!:**

DR. RICHARD BARTLETT: *“We already have an answer. Let me tell you, you’re right, Taiwan, 24 million people. They don’t need to wait for a vaccine. They don’t have a problem that you should vaccinate 24 million people for. They only had seven die during the whole pandemic. We have some treatment plans and options that are already valid and working. [...]*

And I’m going to tell you why that’s the situation. It’s the situation also in Japan, 121 million people in Japan. They’ve had less than 1000 people die during the whole pandemic. Singapore, only 12 people have died in the whole country during the whole pandemic.[...]

They’re doing what I’m doing, which is not hydroxychloroquine, although that works. And so what they’re doing is an inhaled steroid. And so my silver bullet is inhaled budesonide. The brand name originally was Pulmicort. Now it’s generic. It’s super cheap. It’s about \$200 for the total treatment if you pay cash. With insurance, many of my patients are not even having to pay for it. And you use a nebulizer machine. It’s an asthma medicine. It’s a respiratory anti-inflammatory for COVID, which is a respiratory inflammatory disease. And it works. 100% of my patients are alive. I’ve been treating this since March.

And you use it for five minutes, so it takes five minutes to do a breathing treatment. You plug the machine in the wall. You put the medicine, it’s premixed, premeasured from the pharmacy, into the little reservoir, you push the on button, and you breathe it during five minutes during the commercials. [...]

Let’s talk about the vaccine for a second, Debbie. This is information people need to know. This is a rapidly mutating virus. In Iceland, they broke it down, the DNA of the virus, and they found 243 mutations already. And that was in April. But it’s all right. We have an answer for it.

There’s several ways to treat this. I’m not scared of COVID anymore. Nobody else should be scared of COVID either.”

See also - **Inhaled steroids to be trialled as Covid treatment**²¹³ (UK, 27 Nov 2021)

- **CORTISONE**

Cortisone Defeated Covid-19: Oxford confirmed Italian Neurologist’s Therapy Neglected. How many Deaths for WHO Faults?²¹⁴ (July 2020)

“The authoritative website specializing in Medicine www.medrxiv.org has just published the conclusion of the “Recovery Trial” tested by a research group of the Oxford University who has confirmed the effectiveness of an easy and cheap therapy with Cortisone to defeat Covid-19 (or SARS-CoV-2).

This method was initially tested by a brilliant Italian neurologist, but both the government of Rome and the World Health Organization neglected it because first, in March, the French

²¹³ <https://www.independent.co.uk/news/health/inhaled-steroids-to-be-trialled-as-covid-treatment-b1762382.html>

²¹⁴ <https://www.gospanews.net/en/2020/06/24/cortisone-defeated-sars-2-italian-neurologists-therapy-neglected-before-oxford-tests-8-thousand-deaths-in-italy-for-oms-fault/>

minister Olivier Veron and then the WHO itself had advised against the use of this drug for the treatment of infected patients.”

- **OXYGEN-OZONE THERAPY**

ScienceDirect – November 2020: “**Oxygen-ozone (O₂-O₃) immunoceutical therapy for patients with COVID-19. Preliminary evidence reported**”²¹⁵

“Our results show that O₂-O₃ treatment would be a promising therapy for COVID-19 patients. It leads patients to a fast recovery from ARDS via the improvement of major respiratory indexes and blood gas parameters, following a relatively short time of dispensed forced ventilation (about one to two weeks).”

- **OLUMIANT**

Arthritis drug 'cuts elderly Covid-19 deaths by two-thirds', say researchers - raising hopes that it will save the most vulnerable (14.11.2020)

Daily drug reduces deaths by 71 per cent in those with moderate or severe illness ; Drug baricitinib, marketed as Olumiant, has only been available for three years ; Medics hope the arthritis drug could help save most vulnerable to coronavirus

SUPPLEMENTS AND NATURAL MEDICINE

- **VITAMIN C**

"OMNS Chinese edition editor **DR. RICHARD CHENG** is reporting from China about the first approved study of 12,000 to 24,000 mg/day of vitamin C by IV. The doctor also specifically calls for immediate use of vitamin C for prevention of coronavirus (COVID-19). - **NCP(Novel Coronavirus Pneumonia) and Vitamin C**²¹⁶

Dr. Cheng, who is a US board-certified specialist in anti-aging medicine, adds: "***Vitamin C is very promising for prevention, and especially important to treat dying patients when there is no better treatment. Over 2,000 people have died of the COIV-19 outbreak and yet I have not seen or heard large dose intravenous vitamin C being used in any of the cases. The current sole focus on vaccine and specific antiviral drugs for epidemics is misplaced.***"

He adds that: "***Early and sufficiently large doses of intravenous vitamin C are critical. Vitamin***

²¹⁵ <https://www.sciencedirect.com/science/article/pii/S1567576920314946>

²¹⁶ <https://www.youtube.com/watch?v=TC0S09KDG7U&fbclid=IwAR3P9yMlmtPeM84CTt4J0fx6R2a26HoUGQWd49QEUDVZE36K4zQX8BLExEM>

C is not only a prototypical antioxidant, but also involved in virus killing and prevention of viral replication. The significance of large dose intravenous vitamin C is not just at antiviral level. It is acute respiratory distress syndrome (ARDS) that kills most people from coronaviral pandemics (SARS, MERS and now NCP). ARDS is a common final pathway leading to death. "We therefore call for a worldwide discussion and debate on this topic."

Orthomolecular Medicine News Service, Feb 21, 2020: **Three INTRAVENOUS VITAMIN C Research Studies Approved for Treating COVID-19**²¹⁷

- Much more on vitamin C and its use against this virus and essential importance for health on **DR. ANDREW SAUL's** page: <http://www.doctoryourself.com/>

PRESS RELEASE: Placebo-controlled clinical study documents that Vitamin C greatly reduces mortality in patients at life-threatening stage of COVID-19: Effective, safe, and readily available way to help control the global pandemic (Rath Foundation, 19 Oct 2020)²¹⁸

ScienceDirect June 2020 Study: Intravenous vitamin C for reduction of cytokines storm in acute respiratory distress syndrome²¹⁹

- Confirmed by testimonies of healthcare staff as seen in several videos²²⁰

- **VITAMIN D**

Vitamin D Studies: Update²²¹

Treatment: 89% of studies report positive effects. 80% is the median improvement.

Levels: 95% of studies report positive effects. 58% is the median improvement.

37 Vitamin D studies

27 peer reviewed

Levels studies analyze outcomes for D levels. Confounding factors may be significant.

Vitamin D Deficiency Is Associated with COVID-19 Severity and Mortality²²²

²¹⁷http://orthomolecular.org/resources/omns/v16n12.shtml?fbclid=IwAR0sMobBSChc92fz_2XSV8L1wIUUXx_3MOdcRMB0kL8HGARISjIUo35xtcY

²¹⁸ https://www.dr-rath-foundation.org/2020/10/press-release-placebo-controlled-clinical-study-documents-that-vitamin-c-greatly-reduces-mortality-in-patients-at-life-threatening-stage-of-covid-19-effective-safe-and-readily-available-way-to-he/?fbclid=IwAR2qpcxsBPiNLPTuMVkKLCnxVI-8QAen3gE_hZCS3q_D3A22U92tVjxO3eM

²¹⁹https://www.sciencedirect.com/science/article/abs/pii/S2213434420300153?fbclid=IwAR0yk3NQuOSX5nRpKzy70R1V8TES_4W0aWOGzrlQ16SRJauBE0CIVIsIg-E

²²⁰ **Stunning Success! Vitamin C Saves People Dying of Sepsis:**

https://www.youtube.com/watch?v=aJKRP8bCvOQ&fbclid=IwAR2S2Sb_jhWrRITLfhYc_AI_I_Kj9qLsmETI56EzxUMS_xk070pmX223nqfo

²²¹ <https://c19vitamind.com/>

(April 2020)

*“On April 9th, initial data from the Philippines on 212 confirmed COVID-19 patients showed that Vitamin D status was strongly associated with severity of COVID-19.[...] In the analysis, **85.5% of patients with sufficient (>30ng/ml) Vitamin D had mild cases while 72.8% of patients who were deficient in Vitamin D (<20ng/ml) had severe or critical cases.**”*

*[...]On April 26th, a second retrospective study came out of Indonesia. This larger study investigated Vitamin D status in 780 confirmed COVID-19 cases. [...] **“When compared to cases with normal Vitamin D status, death was approximately 10.12 times more likely for Vitamin D deficient cases.”***

*[...]A third small study out of Louisiana State University Health Sciences Center dated April 24th, examined Vitamin D insufficiency (VDI) in severe COVID-19 patients and discussed possible Vitamin D-related mechanisms for the coagulopathy and immune responses that are being seen. [...] **Strikingly, 100% of ICU patients less than 75 years old had VDI.**”*

As an interesting complementary of the above, we can note that in September 2020, even Dr. Fauci admitted that **“He’s Loading Up on Vitamins D and C”**²²³: **“If you’re deficient in vitamin D, that does have an impact on your susceptibility to infection. I would not mind recommending, and I do it myself, taking vitamin D supplements,”** he said. **“The other vitamin that people take is vitamin C because it’s a good antioxidant, so if people want to take a gram or so of vitamin C, that would be fine.”**

In December 2020, Gospa News Italia published an article referring to *“a document signed by 61 distinguished doctors from various Italian cities and published on the official website of the Academy of Medicine of Turin, a body of the University of Turin (Piedmont, Italy)”* and stating that **“COVID-19 can be Treated with Vitamin D”**. **Vital Study by Turin’s Medicine Academy & 61 Physicians Appeal**²²⁴ The article also mentions that *“In Great Britain, on the other hand, and even earlier in Scotland, with governmental provision, vitamin D supplementation was recently ordered to 2.7 million subjects at risk of COVID-19 (the elderly, the black population and residents of the RSA) with an operation that the House of Commons defined as “low-cost, zero-risk, potentially highly effective action”: a lively scientific debate followed, with some reservations expressed by NICE but with the support of the Royal Society of London who defines it as “... seems nothing to lose and potentially much to gain” ».*

- **CALCIFEDIOL (Vitamin D derivate, eventually used in addition to HCQ & Azythromicin)**

²²² https://childrenshealthdefense.org/news/vitamin-d-deficiency-is-associated-with-covid-19-severity-and-mortality/?utm_source=salsa&eType=EmailBlastContent&eld=9da857ee-6a88-4a93-8f69-5faae06efca4

²²³ https://prepforthat.com/dr-fauci-jennifer-garner-vitamin-d/?fbclid=IwAR3KBUq_NWtaMb3G4pW9xwcdHIHVXM6B67yUYgy8czUk50_Mzdlj7qyT280

²²⁴ <https://www.gospanews.net/en/2020/12/07/covid-19-may-be-treated-with-vitamin-d-vital-study-by-turins-medicine-academy-61-physicians-appeal/>

The Journal of Steroid Biochemistry and Molecular Biology – October 2020 - “**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**”²²⁵

In this pilot study Calcifediol (a prohormone that is produced in the liver by hydroxylation of vitamin D₃) has been added to the treatment with HCQ and Azithromycin, concluding that this seems to be able to reduce the severity of the disease

- Conservative MP calls for nationwide rollout of vitamin D tablets to people at-risk from Covid-19 after a Spanish region sees 82% drop in deaths following supplement programme

²²⁶

“Mr Davis says Britain should follow the lead of the Spanish region of Andalusia in the south of Spain, which distributed CALCIFEDIOL, a vitamin D supplement, to care home residents in November.

Since then, Andalusia's figure for deaths per million from Covid-19 has dropped from 187 in November to just 11 at the start of January, and is on track for just 33 for the month, an 82 per cent drop from November. Meanwhile, the UK's comparative toll has escalated from 175 in November to what will be more than 300 for January[...]

However, a UK Government review recently found there is 'not enough evidence' that taking vitamin D supplements can prevent or treat Covid-19.

Health Secretary Matt Hancock ordered a rapid review into the vitamin's effect on Covid in October, after coming under fire for previously writing it off without any evidence to back his claims.

A panel of experts across multiple Government agencies, including Public Health England, analysed 'the best' scientific studies from around the world, though they did not say which or how many papers they looked at.

But the team, led by NHS watchdog NICE, said 'it was not possible' to determine a direct relationship between vitamin D and Covid, citing a lack of high-quality trials.

A mountain of studies have found that an overwhelming amount of people who get Covid-19 do not have enough vitamin D in their bodies and the sickest of patients are often deficient.

'Sadly, with the Government's programme for the clinically extremely vulnerable, the supplementation falls far short of this.'

He explains the Government is supplying 100 international units of vitamin D. One microgram of vitamin D equates to 40 international units.

Mr Davis says the existing programme is a 'small step in the right direction' but is merely a 'drop in the ocean'.

'What is needed to provide adequate protection against Covid-19 is a significantly higher dose, up to 4,000 units a day. ’

The fact the Spanish option of treating people with a correct amount of vit. D led to deaths declining almost 6 times, while the British choice of vaccination concluded in a 1.7

²²⁵ <https://www.sciencedirect.com/science/article/pii/S0960076020302764>

²²⁶ <https://www.dailymail.co.uk/sciencetech/article-9148549/Conservative-MP-calls-nationwide-rollout-vitamin-D-tablets.html>

multiplication of the number of deaths in just a 2 months period (December and January) speaks volumes...

- **NATURAL THERAPIES**

GreenMedInfo database of research concerning **NATURAL TREATMENTS OF CORONA VIRUSES**²²⁷ (in humans or animals)

Three separate articles (based on research summaries) deal especially with human Corona viruses: "**Studies Find Natural Treatments for Coronavirus**"²²⁸ and "**Licorice Shown to Kill SARS and Other Lethal Viruses**"²²⁹

Herbal teas made with sage, perilla leaves suppress SARS-CoV-2 replication, German study finds²³⁰ (19.11.2020)

Short-term treatment with perilla and sage infusions was sufficient to significantly inhibit replication of SARS-CoV-2, the study by German researchers has claimed

In 2013 there was some promising research suggesting that the **indole alkaloids (plant derived) may block any virus from replication... - A Cure for Ebola, Rabies, & Other Virus Villains?**²³¹ (Indole alkaloid²³²)

September 2007- Science Direct study: Plant lectins are potent inhibitors of coronaviruses by interfering with two targets in the viral replication cycle²³³

-Professor Vincenzo Soresi, born in 1938, Primary emeritus of Pneumology at the Cà Granda hospital in Milan-Niguarda and academic professor of the University of Milan affirms that *“«The extract of Pelargonium Sidoides is an excellent stimulator of the macrophage cell and therefore can also be useful both in prevention and during COVID-19 infection too».[...] Although at the moment there is no scientific certainty of the efficacy against CoronaVirus of this herbal drug, which having almost non-existent contraindications costs nothing to take for*

²²⁷ https://www.greenmedinfo.com/disease/coronavirus-disease?fbclid=IwAR2KPYjUgnNqzYpQRj00GPNml_yDI2NIY5jdv--gQoYgph4B15cWe_RPNIs

²²⁸ <https://www.greenmedinfo.com/blog/studies-find-natural-treatments-coronavirus?fbclid=IwAR0E0May6UjnvVZyCIIUjdVvee1-4OFbQ86N86q7voNs0JB8fVxOLefL2pk>

²²⁹ https://www.greenmedinfo.com/blog/can-licorice-save-world-next-pandemic-infection?fbclid=IwAR14SKkg34t5sUFB80j23pQpm8y4k8LL8txekAk55M1yNk_0AUjFwOiaqFA

²³⁰ <https://theprint.in/health/herbal-teas-made-with-sage-perilla-leaves-suppress-sars-cov-2-replication-german-study-finds/547952/?fbclid=IwAR3vUNT9YfGIKAVL1o6QzgoHvFLQyombNU6UvzfUQ6IglfR77b6zpHT9-Jc>

²³¹ https://www.youtube.com/watch?v=Y1OTxDQNbZk&fbclid=IwAR03_Q72NCwOFaErVx0GyMINJX7MC3TBCm_043YLXyD561OApAL5bq3SEEO

²³² https://en.wikipedia.org/wiki/Indole_alkaloid?fbclid=IwAR3WlqCHIU1hQJ61pNILqwoxT7O5XR6flr6_V2pH94-di8FujEzVO225F4A#Applications

²³³ <https://www.sciencedirect.com/science/article/abs/pii/S0166354207002380>

prevention, *in China the therapies of traditional medicine have shown good results as reported by Libero Quotidiano a few weeks ago.*

*A Beijing health official, Li Yu, has in fact reported that a decoction called **Qingfei Paidutang** (mostly composed of herbs and flowers but also from pork dough) has been used in the treatment of 701 confirmed cases of contagion by Covid-19 in 10 different provinces of the country and led to the treatment and discharge of 130 patients.”*

- How One Doctor Successfully Treated COVID-19 Patients With Nutritional and Oxidative Therapies²³⁴ (22.07.2020)

*"During the COVID-19 crisis, dr. Brownstein (director the Center for Holistic Medicine in West Bloomfield, Michigan) and his team applied the methods they have used in the past to fight viruses, but tweaked the protocol to address their patients' needs. They began first with oral **vitamin therapy that included vitamins A, C, D and iodine**. Brownstein, author of "Iodine; Why You Need it and Can't Live Without it," says that as a nation, 97% of us are woefully deficient in this nutrient.*

*"If things didn't get better, or symptoms persisted, we used **nebulized hydrogen peroxide** next," he said, adding that one patient was released from the hospital and had difficulty breathing. He called Dr. Brownstein, who prescribed the nebulized hydrogen therapy — which help him feel better in a matter of hours.*

*If patients continued to get sick, Brownstein and his team gave them **intravenous treatments of vitamin c, hydrogen peroxide and intramuscular shots of ozone**.*

"They all felt better within seven days," he says. "And nobody die"

- **REDUCTION OF SUGAR INTAKE**

The simplest positive dietary changes, such as a necessary reduction in the sugar intake may have saved many lives, but was never incorporated in the frame of pandemic measures by the British authorities. On the contrary, some care home staff reported a sharp increase in the sugar intake of the residents, justified by a necessary rise in daily calories during the pandemic. The following studies and articles show that, on the contrary a reduction in the intake of sugar should have been absolutely necessary, especially for the people with diabetes and hyperglycemia and for the elderly having other underlying conditions.

DIABETES UK – April 2020: **COVID-19 death rates ‘four times higher’ among those with diabetes and hyperglycemia²³⁵**

*An American team from the Emory University School of Medicine in Georgia say death rates are **four times higher** among people with diabetes and hyperglycemia who are infected with COVID-19. They used health data taken from 1,122 people who were admitted to hospital with coronavirus between March 1 and April 6. **The researchers said 42% of all the participants in***

²³⁴ <https://www.newsmax.com/health/health-news/covid-19-immune-system-natural-health/2020/07/22/id/978426/?fbclid=IwAR1fl3-YcFFnNKhWHZllwixnY5ujdCsiv8L9RTJD2ZoZpnrGHZbqY172xLY>

²³⁵ <https://www.diabetes.co.uk/news/2020/apr/covid-19-death-rates-four-times-higher-among-those-with-diabetes-and-hyperglycemia.html>

the study had diabetes or hyperglycemia, which means their blood sugar levels greater than 6.5%.

They also found that those with diabetes and hyperglycemia had an in-hospital death rate of 29%, compared with just 6% of those who did not have either condition.”

COVID-19 Outcomes Worse With Diabetes, Hyperglycemia²³⁶

FRIDAY, April 24, 2020 -- **Diabetes** and/or uncontrolled hyperglycemia occur frequently among hospitalized patients with **COVID-19** and are associated with worse outcomes, according to a study accepted for publication in the *Journal of Diabetes Science and Technology*.

Hyperglycemia and the novel Covid-19 infection: Possible pathophysiologic mechanisms²³⁷

[1]. In preliminary reports, presenting clinical characteristics of patients with the novel Covid-19 infection, hyperglycemia was noted in 51% of cases [2]. [...]

Nevertheless, the issue of hyperglycemia should not be overlooked, since it may lead to additional immune suppression and further complications [6].

How Blood Sugar Can Trigger a Deadly Immune Response in the Flu and Possibly COVID-19²³⁸

Glucose metabolism plays a key role in the cytokine storm seen in influenza, and the link could have potential implications for novel coronavirus infections [...] Finally, the scientists analyzed blood collected from flu patients and healthy individuals in Wuhan, China, between 2018 and 2019. They found that **the flu-infected subjects’ blood had higher glucose levels—and correspondingly higher levels of immune system signaling molecules—than that of the healthy patients.** That result further supports the idea that glucose metabolism plays a role in flu infection.

Well-Controlled Blood Glucose May Improve COVID-19 Outcomes²³⁹

“Lihua Zhu, Ph.D., from the Renmin Hospital of Wuhan University in China, and colleagues performed a retrospective multicentered study of 7,337 patients with COVID-19 in Hubei Province, China, of whom 952 had preexisting T2D. The authors sought to examine the impact of BG control on the degree of required medical interventions and mortality.

The researchers found that compared with those without diabetes, patients with T2D required more medical interventions and had significantly higher mortality (7.8 versus 2.7 percent; adjusted hazard ratio, 1.49) and multiple organ injury. Well-controlled BG (glycemic variability within 3.9 to 10.0 mmol/L) correlated with lower mortality during hospitalization compared with poorly controlled BG (upper limit of glycemic variability exceeding 10.0 mmol/L; adjusted hazard ratio, 0.14).”

Coronavirus and type 2 diabetes: How to reduce the risk posed by COVID-19²⁴⁰

²³⁶ <https://www.drugs.com/news/covid-19-outcomes-worse-diabetes-hyperglycemia-89822.html>

²³⁷ <https://www.sciencedirect.com/science/article/pii/S0306987720303947?via%3Dihub>

²³⁸ https://www.scientificamerican.com/article/how-blood-sugar-can-trigger-a-deadly-immune-response-in-the-flu-and-possibly-covid-191/?fbclid=IwAR3FKzyMKkjbShbuCrHCa0dvWBrUFwFUDTheulrY_5txNZDBk5KRVfX7038

²³⁹ <https://www.drugs.com/news/well-controlled-blood-glucose-may-improve-covid-19-outcomes-90078.html>

²⁴⁰ <https://www.express.co.uk/life-style/health/1263497/coronavirus-update-news-type-2-diabetes-lower-blood-sugar>

So, if you have type 2 diabetes, what lifestyle adjustments can you make to minimise the risk posed by COVID-19?

According to Natasha Fernando – head of clinical excellence at Medicecks, the key is to keep your blood sugar levels under control.

Why? **"If these sugar levels in the blood are persistently high, the immune response to invading germs is reduced,"** explains Ms Fernando. **Viruses and bacteria also thrive better in high sugar environments.**

- **ALLERTING THE POPULATION ABOUT THE DANGERS OF DIMINISHING THE IMMUNE RESPONSE AND POTENTIALLY SEVERELY IMPACTING HEALTH, WHEN IN CONJUNCTION TO THE THREAT OF SARS-COV2, PEOPLE EXPOSE THEMSELVES TO OTHER MAJOR STRESSORS SUCH AS SMOKING, EMF (WIRELESS) RADIATION, INFLUENZA VACCINE, GLYPHOSATE AND ASPARTAME IN FOODS AND DRINKS.²⁴¹**

Each of these topics is an universe of research in itself, but the open data we could access, shows the great importance of recognizing the risks they pose for the health of people. However, with the exception of smoking (which though openly admitted as highly carcinogenic is not yet forbidden), despite the numerous signals of alarm coming from scientists, doctors and activists worldwide, there was never an open interest from the authorities in debating these issues, investing in their research, not to mention, warning the people about their considerable dangers.

In fact the exact reverse was allowed to happen, so the uninformed population is more than ever exposed to high levels of wireless radiation (now 5G included), the dangerous influenza vaccine is given even to the elderly, children and even pregnant women, the carcinogenic glyphosate is to be found in any foods containing cereals that is not gluten-free (due to the widespread agricultural use of Monsanto's herbicide, Roundup), and the neurotoxic aspartame is in almost all sugar-free drinks and foods, some vitamins and supplements included. As a consequence, the health of the British people, and in particular that of the younger generations, has only continuously deteriorated. By no means, have the authorities proved that they are seriously concerned about preserving and improving the health of the British population. The fact that this new virus, whose infection is detected by very disputable tests, is mentioned as the only cause of major concern for the leaders of this country, while all the other known causes of severe damage and death, including those inflicted by the dramatic consequences of lockdown are not deemed worthy of any consideration, does nothing but to prove again and again that not the people's health and lives are the major concern for our authorities, but rather a certain political agenda that people would not submit to, unless forced by the most dire circumstances.

However, we firmly believe that once enough people will realize the harm that has been inflicted upon the nation through the use of these experimental vaccines, all the other essential areas pertaining to health and well-being where their leaders and responsible professionals have utterly failed to provide them with the necessary support, will also become relevant to them.

²⁴¹ Ref: <https://communityawarescotland.info/wifi%2F-5g-issues;>
<https://communityawarescotland.info/glyphosate;>
<https://communityawarescotland.info/toxic-foods%2F-chemicals>