THE Covid Cures Coverup

It was never about Covid-19. The agenda has always been to mandate world-wide 'vaccines'. Proven preventions and cures were in the way and were suppressed.

They still are.

Bill Gates is on record threatening the world with another virus, one that would be more lethal than COVID-19. Learn about his background HERE: https://www.youtube.com/watch?v=LCZop-BwTIQ

IN THIS ISSUE:

- Are Covid Vaccines Safe for Kids?
- Suppressed Therapies for Covid-19
- How To Survive the Two Shot Vaccine
- Are Covid Vaccines Spreading Variants?
- Covid Vaccines: Safe for Pregnancy and Breastfeeding?
- 15,472 Dead, 1.5 Million Injured in Europe - Why Are These Vaccines Still on the Market?

MUCH MORE INSIDE
**When we launched The Real News we aimed to bring to the attention of people in NZ three facts:**

1) That successful treatments had been developed for Covid-19 - and what these are ... and

2) That the Covid vaccines that the NZ government had ordered for use in NZ had been manufactured using technology that had never before been used for vaccines used in mass vaccination campaigns ... and

3) That the Covid-19 vaccines had not yet completed their phase 3 clinical trials - so their medium and long term safety profile was unknown.

By early this year it was apparent that the Covid-19 vaccines were the most dangerous vaccines in the world based on data from the United States VAERS system that showed that deaths following Covid vaccination in the first few months of the mass vaccination campaign there had exceeded deaths following all other vaccinations given over the past decade.

Moreover, of those who had died after receiving Covid jabs, about 40% had become ill in the first 48 hours after their injections.

These tragedies notwithstanding, the US is continuing with its Covid vaccination programme with US citizens being threatened with the prospect of vaccination teams coming door to door if they do not take the opportunity to be vaccinated in clinics or pharmacies offering the jabs.

As we go to press with issue 3 of The Real News, Covid Response Minister Chris Hipkins has also gone on record stating that the government may “go out and look for” people in NZ who have not been vaccinated.

As of this writing, according to Medsafe, there have been fourteen deaths reported after Covid vaccination in NZ. (Medsafe claims that most of these could not be linked to the vaccination but we only have Medsafe’s word for this as there are no details available that could allow scrutiny of this claim by appropriately qualified people who do NOT have any sort of vested interest in supporting the government’s unsubstantiable claim that the vaccine is “safe”.)

However, it is clear from reports coming into our office that the number of deaths after Covid vaccination here in NZ far exceeds the fourteen deaths officially reported. Among the dead and injured are border workers, health professionals (including a nurse who collapsed and died at work the day after a Covid jab) and retired New Zealanders. The government’s bullying tactics with regard to Covid vaccination (such as the “no jab no job” stance Ardern’s “be kind” government has taken with border workers) are putting people’s health and lives at risk.

Some health professionals are under pressure from their own professional organisations, too, with the NZ Medical and Dental Councils publishing a joint statement expressing the “expectation” that doctors and dentists will get a Covid shot. Some medical professionals, aware of others who have suffered significant medical events after vaccination, including serious strokes, have rallied in the defence of their own human rights to decline this vaccine as well as their professional obligation to ensure their patients can make an informed decision about Covid vaccination. These doctors have started a new website that is well worth reading for the sober and evidence-based approach it takes to discussing Covid treatments and vaccines. https://nzdsos.com/

We hope that you will share this issue of The Real News with family, friends, colleagues and neighbours. This issue will also join Issues 1 and 2 as a PDF download available for FREE from https://therealnews.nz

If you value your ability to choose your own medical treatment based on what you think it is right for you, your best defence may be to ensure that you help inform as many people as possible about the successful treatments that are available to treat Covid-19 – and that the vaccines that the NZ government has been touting as “safe” have serious risks. – Ed.
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BUSTED: CDC Caught Manipulating Data to Hide New COVID Cases Among those Who Were Already Vaccinated

By Jim Hoft
May 23, 2021

Chile has one of the world’s most ambitious and successful coronavirus vaccination schemes. One-third of the population has received either one or both jabs.

But for some strange reason, Chile is experiencing a surge in Coronavirus cases. Just like India and Seychelles!

Two weeks ago, Seychelles announced a new surge in COVID cases despite being the most vaccinated country on Earth. 35% of the new COVID cases were those who were already vaccinated. This appears to be a trend.

Now the CDC is manipulating data to hide new COVID cases among those who were already vaccinated.

This is a crime. They are willfully lying to the American public. And they got caught.

New policies will artificially deflate “breakthrough infections” in the vaccinated, while the old rules continue to inflate case numbers in the unvaccinated.

The Off-Guardian (off-guardian.org) reported: “The US Center for Disease Control (CDC) is altering its practices of data logging and testing for “Covid19” in order to make it seem the experimental gene-therapy ‘vaccines’ are effective at preventing the alleged disease.

“They made no secret of this, announcing the policy changes on their website in late April/early May, (though naturally without admitting the fairly obvious motivation behind the change).

“The trick is in their reporting of what they call “breakthrough infections” – that is people who are fully “vaccinated” against Sars-Cov-2 infection, but get infected anyway.

“Essentially, Covid19 has long been shown – to those willing to pay attention – to be an entirely created pandemic narrative built on two key factors:

• False-positive tests. The unreliable PCR test can be manipulated into reporting a high number of false-positives by altering the cycle threshold (CT value)

• Inflated Case-count. The incredibly broad definition of “Covid case”, used all over the world, lists anyone who receives a positive test as a “Covid19 case”, even if they never experienced any symptoms.

Without these two policies, there would never have been an appreciable pandemic at all, and now the CDC has enacted two policy changes which means they no longer apply to vaccinated people.

SOURCE: https://humansarefree.com/2021/05/busted-cdc-caught-manipulating-data-to-hide-new-covid-cases-among-those-who-were-already-vaxxed.html

Sweden Drops PCR Tests: RNA From Viruses Can Be Detected For Months After Infection

By Miska Simpson via Streetloc May 20, 2021

Technocrat medical policymakers have used fraudulent PCR tests from the start of the Great Panic of 2020, but critics were censored, shamed and silenced. Sweden suddenly discovers that the PCR test is not capable of determining infection. – TN

The following is translated from the Swedish Public Health Agency. Guidance on criteria for assessment of freedom from infection in Covid-19

“The Swedish Public Health Agency has developed national criteria for assessing freedom from infection in covid-19.

“The PCR technology used in tests to detect viruses cannot distinguish between viruses capable of infecting cells and viruses that have been neutralized by the immune system and therefore these tests cannot be used to determine whether someone is contagious or not.

“RNA from viruses can often be detected for weeks (sometimes months) after the illness but does not mean that you are still contagious. There are also several scientific studies that suggest that the infectivity of covid-19 is greatest at the beginning of the disease period.

“The recommended criteria for assessing freedom from infection are therefore based on stable clinical improvement with freedom from fever for at least two days and that at least seven days have passed since the onset of symptoms.

“For those who have had more pronounced symptoms, at least 14 days after the illness and for the very sickest, individual assessment by the treating doctor.

“The criteria have been developed in collaboration with representatives of the specialty associations in infectious disease medicine, clinical microbiology, hygiene and infection control.

“These have most recently been discussed in the group at a meeting on 19 April 2021 due to the new virus variants. The assessment was then that no update was needed. The recommendations will be updated as new knowledge about Covid-19 infectivity is added.”

SOURCE:
https://www.technocracy.news/sweden-drops-pcr-tests-rna-from-viruses-can-be-detected-for-months-after-infection/
Nobel Prize winner says
Covid vaccination is an
“unacceptable mistake”
that’s spreading
“variants”

By Ethan Huff
May 21, 2021

(Natural News) There is no legitimate excuse for the medical police state to have unleashed “vaccines” for the SARS-COV-2 virus that causes Covid-19 when the jabs are known to help create and spread “variants” of the disease, warns French virologist and Nobel Prize winner Luc Montagnier.

Calling the injections an “enormous” and “unacceptable mistake,” Montagnier is sounding the alarm about how the jabs are causing variants of the SARS-COV-2 virus among both the vaccinated and the unvaccinated, which is going to lead to disaster.

“It’s an enormous mistake, isn’t it? A scientific error as well as a medical error. It is an unacceptable mistake,” he stated during a recent interview. “The history books will show that because it is the vaccination that is creating the variants.”

At least he is talking about it, though. Many other epidemiologists and virologists are choosing to remain “silent” about the “antibody-dependent enhancement” that can occur after people are injected with these chemical cocktails.

“It is the antibodies produced by the virus that enable an infection to become stronger,” he told Pierre Barnérias of Hold-Up Media in an interview earlier this month.

While it is certainly possible that some variants are occurring without the help of vaccines, the mass vaccination drive, he says, is clearly causing a bulk of the problem.

“What does the virus do? Does it die or find another solution?” he asked. “It is clear that the new variants are created by antibody-mediated selection due to the vaccination.”

Vaccinating during a pandemic is
“unthinkable,” Montagnier says

There should not even be vaccinations being administered during a pandemic, Montagnier added, calling the notion “unthinkable” — and yet here we are with medical “experts” everywhere telling us that this is a good thing.

Injecting people with chemicals directly associated with a circulating virus will only make the problem worse, he implied, noting that we are now seeing the same trends all over the world post-injection.

“The new variants are a production and result from the vaccination. You see it in each country, it’s the same: in every country, deaths follow vaccination.”

Montagnier spoke out last spring as well, warning that the SARS-CoV-2 virus was clearly lab-created and did not just come from some bats at a “wet market.”

He also warned the world that the genetically modified (GMO) virus had been spliced to contain the DNA of HIV, which just so happens to be what Anthony Fauci was focused on during the early days of his decades-long federal government career as an infectious disease “authority.”

Ever since Covid-19 injections were introduced, the disease and death rate has only continued to skyrocket, the latest data shows. Especially among young people, the death count has “exploded” in every county where the jabs are now being widely administered.

The fake news media is calling each of these cases “breakthrough,” the sentiment being that they are abnormal. The truth, however, is that vaccine-caused variants are the norm, and more people would realize that if only they would take the time to look at the science for themselves.

More of the latest news about Covid-19 injections can be found at ChemicalViolence.com.

Sources for this article include:


SOURCE: https://www.afinalwarning.com/520843.html

“It is the vaccination that is creating the variants.” –
Dr Luc Montagnier, discoverer of the AIDS virus.
University of Florida Lab Finds Dangerous Pathogens on Children’s Face Masks
By Meiling Lee
June 19, 2021

A laboratory at the University of Florida that recently analyzed a small sample of protective masks detected the presence of eleven dangerous pathogens on the coverings, including bacteria that cause diphtheria, pneumonia, and meningitis.

Parents in Gainesville, Florida, who had concerns about the harm caused to their children wearing masks throughout the school day in 90-degree-Fahrenheit weather had sent six masks – five that were worn by children aged 6 to 11 for five to eight hours at school, and one worn by an adult – to be analyzed for contaminants at the University of Florida’s Mass Spectrometry Research and Education Center.

Of the six coverings, three were surgical, two were cotton, and one was a polyester gaiter. Masks that hadn’t been worn and a t-shirt worn at school acted as the control samples for the analysis.

Five of the masks were found to be contaminated with parasites, fungi, and bacteria, according to Rational Ground. One was found to contain a virus that can cause a fatal systemic disease in cattle and deer. Other, less harmful pathogens that can cause ulcers, acne, and strep throat were also detected on the face coverings.

None of the controls were contaminated with pathogens, while “samples from the front top and bottom of the t-shirt found proteins that are commonly found in skin and hair, along with some commonly found in soil.”

Amanda Donoho, a mother of three elementary school children, teamed up with other parents to send the masks to the lab because her sons broke out in rashes, which she believes were caused by prolonged mask-wearing.

“Our kids have been in masks all day, seven hours a day in school,” Donoho told Fox & Friends on June 17. “The only break that they get is to eat or drink.”

Donoho said that while students haven’t had to wear a mask outside at school since April 2021, masks were still required when they were within six to eight feet of each other. Masks must also be worn on school buses.

Further research is needed to better understand what is being put on children’s faces, Donoho said.

Superintendent Carlee Simon at the Alachua County Public Schools (ACPS) in Gainesville, Florida, didn’t respond to a request for comment by press time. The director of the Centers for Disease Control and Prevention (CDC) said that kids should continue to wear masks and social distance until they’re able to get vaccinated, despite data showing that children are minimally affected by COVID-19 and aren’t super-spreaders of the virus.

Florida Gov. Ron DeSantis, a Republican, signed an executive order on May 3, suspending all COVID-19 emergency restrictions, including mask-wearing. However, certain school districts like ACPS kept their mask policy in place for the remainder of the school year, while masks were optional within the community.

Ed note: The NZ Ministry of Health website states that children under the age of 12 and children and teenagers on public transport travelling to and from school do not need to wear masks. Additional information about mask exemptions for teenagers (and adults) may be accessed via this link: https://voicesforfreedom.co.nz/face-mask-exemption/ - Ed.


Three Countries on Earth Declined the COVID Vaccine; All Three of their Presidents are now DEAD
World NewsDesk
July 10, 2021

Sometimes, an ugly truth is staring us in the face, we need only to see it and speak it for the reality to become clear.

There are only three (3) countries on this planet whose government officials refused to accept the COVID-19 vaccine from the World Health Organization: Burundi, Tanzania, and Haiti.

The officials in those countries who declined the vaccine were Presidents in each of those countries.

In Burundi, it was President Pierre Nkurunziza (UNCONFIRMED)

In Tanzania, it was President John Magufuli (CONFIRMED)

In Haiti, it was President Jovenel Moïse (CONFIRMED)

All three of those Presidents are now DEAD. Coincidence?

What are the odds of these three particular men, all dying in office . . . and the only thing they have in common is that they refused to accept the vaccine for their countries?

To many people, their deaths look like murder; although the one in Haiti was straight up murder, he was assassinated by men with guns.

DEPOPULATION

Many people have speculated that the entire COVID-19 pandemic was a staged, intentionally deadly attack on humanity
There are people on this planet who believe that humanity itself is like a virus against the planet. They believe humanity is destroying the planet and so, they continue, humanity must be culled. Many of those people are in positions of great power and wealth.

It is thought by a large number of people that the so-called “vaccine” for COVID-19 is the method by which these people have decided to cul people.

So, the theory goes, they hyped a “novel coronavirus” which is shown to have a 99.6% SURVIVAL RATE, as a reason to get a new, untested, unproven “vaccine.” The trouble is, this vaccine does not use active or even attenuated virus in it, but instead uses mRNA technology, which has never been used as a “vaccine” anywhere on the planet, ever before.

Many, many people have already DIED after getting this “vaccine” and hundreds-of-thousands are severely injured, some permanently disabled, after getting it.

If this theory about using a vaccine to cull humanity is true, would the people perpetrating it even hesitate to murder three Presidents?


Amazon CENSORS America's Frontline Doctors
By Christin Maas
June 22, 2021

America’s Frontline Doctors scrambled for new host after WebFlow pulled support due to Amazon’s “misinformation” rule

The doctors have faced much censorship over the last year. Amazon could have forced America’s Frontline Doctors (AFLDS) offline had the organization not acted quickly to look for an alternative. The Big Tech company seems to have taken issue with the organization for claiming that the risks of COVID-19 vaccines may not be worth it in children.

America's Frontline Doctors had its website built with WebFlow, which is ultimately hosted on Amazon Web Services (AWS).

Amazon, like other Big Tech, deemed the organization’s content to be “misinformation” and issued a notice last month that it should be removed from AWS.

“We wanted to reach out to you about your project, americasfrontlinedoctors.org. This project is hosting misinformation about vaccines and was reported as objectionable content to AWS,” the notice from WebFlow stated. “AWS is the service we use at WebFlow to host our websites so we can no longer host americasfrontlinedoctors.org.”

Amazon gave the organization until May 31 to switch to a different host.

The notice forced AFLDS to rebuild its website (https://americasfrontlinedoctors.org/) from scratch using servers located around the globe.

“We were forced to take immediate action because we will never allow Jeff Bezos and Amazon to censor us from speaking freely about medical treatments, medical studies and individual liberty, or from challenging the government narrative surrounding COVID-19 vaccines,” the AFLDS said in a statement.

“Jeff Bezos and Amazon cannot argue with our scientific data and facts, so they would rather delete us entirely,” the statement added.

“We have already been blacklisted on social media, and cannot host videos on YouTube. We must build our own internet servers that cannot be silenced by Big Tech, Big Pharma or Big Government.”

AFLDS first became popular when it held a censored press conference where some of its members promoted hydroxychloroquine, an FDA-approved medication that the WHO and CDC at the time insisted was not effective against COVID.

Amazon’s notice came a few days after AFLDS filed a motion seeking a temporary restraining order (TRO) at a federal court against the vaccination of children under the age of 16. The organization argued that the emergency use authorization (EUA) allowing the vaccination of kids should not have been granted.

Two Facebook insiders have come forward with internal company documents detailing a plan to curb “vaccine hesitancy” (VH) on a global scale.

The stated goal of this feature is to “drastically reduce user exposure” to VH comments. Another aim of the program is to force a “decrease in other engagement of VH comments including create, likes, reports [and] replies.”

It was such a shocking revelation, that it moved not just one – but two whistleblowers to come forward to Project Veritas (https://www.projectveritas.com/), so the public could be made aware of this plan to stifle free speech. One Facebook whistleblower said the company uses a tier system to determine how a comment should be censored or buried.

Comments that include “shocking stories” describing “potentially or actually true events, or facts that can raise safety concerns” – are demoted.

“I have to do something” about this outrageous censorship, one of the Facebook insiders said. “They’re trying to control this content before it even makes it onto your page, before you even see it,” the other Facebook insider added. “If I lose my job, it’s like, what do I do? But that’s less of a concern to me.”

Project Veritas reached out to a top Facebook Spokesperson about these documents and received only a brief and broad statement in reply, that failed to address our biggest questions regarding transparency.

The company has set up a tier system to rank comments on various scales, based on how much the statement questions or cautions against the Covid-19 vaccination. Tier 2, for instance, represents “Indirect Discouragement” of getting vaccinated and according to PV’s sources, user comments such as these would be heavily “suppressed.” It doesn’t matter if the comments are true, factual or represent reality. The comment is demoted, buried and hidden from view of the public if it clashes with this system.

“It doesn’t match the narrative,” one insider explained. “The narrative being, get the vaccine, the vaccine is good for you. Everyone should get it. And if you don’t, you will be singled out.”

One of the insiders, a Data Center Technician, leaked multiple internal documents detailing an algorithm test being run on 1.5 percent of Facebook and Instagram’s nearly 3.8 billion users worldwide. The goal? To “drastically reduce user exposure to vaccine hesitancy (VH) in comments.”

“They’re trying to control this content before it even makes it onto your page before you even see it,” one insider said.


Dr. Anthony Fauci, the head of the U.S. National Institute of Allergy and Infectious Diseases (NIAID), said that about 40 percent of his agency’s employees have not received the COVID-19 vaccine, while a deputy at the U.S. Food and Drug Administration (FDA) said the agency is reporting similar numbers.

During a Senate hearing, Sen. Richard Burr (R-N.C.) asked Fauci, the FDA’s Director of the Center for Biologics Evaluation and Research Peter Marks, and Centers for Disease Control and Prevention (CDC) Director Rochelle Walensky about the percentage of their employees that were vaccinated against COVID-19.

“I’m not 100 percent sure, senator,” Fauci said in response, “but I think it’s probably a little bit more than half. Probably 60 percent.”

Marks then told Burr that he could not say the exact number, but “it’s probably in the same range” as what Fauci reported. He added that some FDA employees were vaccinated at their facility and others were vaccinated outside their facility.

Walensky said that CDC staff has “the option to report their vaccination status” and said the agency is encouraging federal employees to get vaccinated.

“The federal government is not requiring it, so we do not know” the vaccination percentage, Walensky said.

The Office of Management and Budget (OMB), in response to an inquiry about inconsistent access to vaccines, said that only “a small number of agencies” such as the Department of Defense or Department of Veterans Affairs distribute vaccines directly to their employees, according to the Federal News Network.

“For the vast majority of agencies, their employees receive vaccinations through states and localities, pursuant to the prioritizations established by those jurisdictions,” said the OMB.

Meanwhile, within the military, the Marine Corps said that as of April 23, approximately 93,800 Marines had received the COVID-19 vaccine while 52,900 Marines have declined a shot, or about 36 percent. An additional 92,300 Marines have yet to be offered one.

In comments to the “Today” show on April 30, President Joe Biden said he might force the military to get the vaccine.

“I don’t know. I’m going to leave that to the military,” Biden said in response to a question about mandatory vaccines. “I’m not saying I won’t. I think you’re going to see more and more of them getting it. And I think it’s going to be a tough call as to whether or not they should be required to have to get it in the military, because you’re in such close proximity with other military personnel.” SOURCE: https://www.theepochtimes.com/fauci-40-to-50-percent-of-his-agencys-employees-are-not-vaccinated_3816287.html

The Real News #3

www.therealnews.nz
Israel Scraps Vaccine Pass Proving It Was a Pointless, Wasteful and Oppressive Idea - Not to Mention Idiotic

By Marko Marjanovi
June 12, 2021

Israel has scrapped its “green pass” system. The pass was scrapped as a formality that bowed down to the reality that the vaccine passport system had on the ground already been abolished by society, which in fact did not abide by it:

In particular, venues were effectively banned from admitting children, who aren’t eligible for vaccination – fine for bars, terrible for cinemas and ice cream parlours.

In reality, though, cafes were full of kids as the “green pass” was widely ignored. In the last three months, I was only asked to show my pass twice. A few times I was asked if I had one, but taken at my word without needing to show the “paperwork”.

Most often, I wasn’t challenged at all. Enforcement of the green pass rules was close to non-existent; as long as coronavirus cases kept falling, nobody was very bothered.

So what does that mean?

If the vaccine passport system was not in fact adhered to, but an illness outbreak dissipated rapidly anyway, it means the scheme had always been unnecessary.

If the vaccine passport system was decreed by the state, but not in practice adhered to by the society, this by definition means the society found it oppressive. Forget about poll data. What people say and what people do are two different things. They are such because they are governed by two distinct parts of the brain. The speaking brain, and the acting brain. It is the job of the speaking brain to say whatever works best for inter-tribal politics, and it is the job of the much older acting brain to know better.

The Israelis in favor of the vaccine passport were absolutely free to only patronize those shops that diligently checked the passport. Had they done so their weight would have forced the majority of the shops to do so. Yet they did not do so. They may say what they want, but their actions prove that when it came to practicalities of life they found the danger of mixing with those without the pass tolerable enough and the state’s imposition not to, oppressive. It also goes to show that without a constant stream of hysteria and fear totalitarianism faces a high hurdle indeed.

That said it’s unlikely that Israelis, or anyone else, will be getting all of their old freedoms back. The most oppressive aspects of the Great COVID Tyranny may not survive for long, but we will remain for decades, perhaps centuries, under a “public health” Sword of Damocles, with bureaucrats constantly pouring over data for any excuse to plunge us back into lockdowns and demonstrate their importance and status.

SOURCE: https://anti-empire.com/israel-scrapes-vaccine-pass-proving-it-was-a-pointless-wasteful-and-oppressive-idea/

Not a Shred of Doubt: Sweden Was Right

"The true excess mortality in Sweden was less than 1% (about 700 deaths)"

By Eyal Shahar
June 10, 2021

The most counted country is probably Sweden, a stubborn dissenter that refused lockdowns, mask mandates and contact tracing. By the time of this writing, 14,349 Swedes have reportedly died from the coronavirus. Has the Swedish model failed? Were the lockdowns justified? Were the economic and social upheavals in most of the world an unavoidable necessity?

The answer to all is a resounding no.

To remind us, the hysterical response to the pandemic was not due to fear of an excess annual mortality of 4% or even 10%. The apocalyptic forecasts, which caused the world to shut down, predicted about 90,000 deaths from the coronavirus in Sweden by the summer of 2020: 100% excess mortality! No wonder policy makers around the world prefer to forget those predictions. (Ed note: The approximately 1% excess mortality rate in Sweden could have been reduced still further had elderly people in nursing homes who contracted Covid actually been given anti-viral treatments. Instead these vulnerable patients were often given midazolam and morphine - a combination of medications that can cause a lethal outcome in anyone who already has breathing difficulties. See: https://mercatornet.com/did-covid-19-open-the-door-to-euthanasia-in-sweden/63962/)

SOURCE: https://anti-empire.com/not-a-shred-of-doubt-sweden-was-right/
VACCINE SHOCK: Vaccinated Suffering ~9.09x Death Rate of Un-Vaccinated from COVID

June 12, 2021

A stunning and horrifying pattern is emerging in the United Kingdom (UK) concerning those who got vaccination shots against COVID versus those who did not get any. People who got vaccine shots are dying from COVID at a rate approximately nine times higher than the unvaccinated!

Here is the official chart from Public Health England, the UK National Health Service: For the UNVACCINATED – people who did NOT get any Covid jabs - there have been 19,573 cases and only 23 deaths.

For the people who got Covid jabs there have only been 1,785 cases but seven deaths among those who had one jab and twelve more deaths among those who had two Covid jabs – a total of nineteen deaths among the vaccinated.

Doing that maths:

19,573 Unvaccinated, 23 Dead ... 23/19573 = 0.00117 Death Rate

1,785 Vaccinated with 1 dose, 7 dead or 2 doses, 12 dead = 19 dead 19/1785= 0.01064 Death Rate

That means the people who got the jab, when they actually catch COVID, are dying at a HIGHER rate than those who got no vaccine at all.

When they catch it, COVID is hitting the vaccinated much harder, and killing more of them.

The vaccine appears to have made people MORE LIKELY TO DIE if they actually catch the disease.

It suggests the virus is attacking vaccinated people much harder and maybe a major sign of something troubling happening behind the scenes: Antibody Dependent Enhancement (ADE).

If it is ADE it’s gonna get worse with every booster.

You probably want to avoid boosters.


US Govt and Pentagon Funneled $162M to EcoHealth Alliance, the Group That Funded Coronavirus Research in Wuhan

By Jim Hoft
June 5, 2021

The Daily Mail reported on Friday night that the Pentagon funneled almost $39 million to EcoHealth Alliance, a group led by controversial researcher Dr. Peter Daszak.

As The Gateway Pundit reported back in May, Devin Nunes alleged Dr. Peter Daszak and EcoHealth Alliance had taken around $100 million from federal agencies.

And we discovered earlier this week that Dr. Daszak thanked Dr. Tony Fauci in an email in 2020 for insisting the coronavirus was naturally occurring when both men knew it was a product of their research funding.

President Trump cut funding to EcoHealth Alliance in April 2020 that was linked to the gain of function lab testing at the Wuhan Institute of Virology.

The fake news mainstream media at the time called this a Trump conspiracy theory. They were wrong again.

The Daily Mail reported:

“The Pentagon gave $39 million to a charity that funded controversial coronavirus research at a Chinese lab accused of being the source for Covid-19, federal data reveals.

“The news comes as the charity's chief, British-born scientist Dr. Peter Daszak, was exposed in an alleged conflict of interest and back-room campaign to discredit lab leak theories.

“The charity, EcoHealth Alliance (EHA), has come under intense scrutiny after it emerged that it had been using federal grants to fund research into coronaviruses at the Wuhan Institute of Virology in China.

“The U.S. nonprofit, set up to research new diseases, has also partly funded deeply controversial 'gain of function' experiments, where dangerous viruses are made more infectious to study their effect on human cells.

“A political storm broke when former President Donald Trump canceled a $3.7 million grant to the charity last year amid claims that Covid-19 was created in, or leaked from, the Wuhan lab funded by EHA.

“But federal grant data assembled by independent researchers shows that the charity has received more than $123 million from the government – from 2017 to 2020 – and that one of its biggest funders is the Department of Defense, funneling almost $39 million to the organization since 2013.”

NB: Dr Tony Fauci not only helped to fund the research into coronaviruses in the lab at Wuhan but the agency for which he works (NIH) also has an interest in a patent on one of the Covid vaccines, namely the Moderna mRNA Covid vaccine - Ed.

Covid vaccines kill two for every three lives saved - Study

By Will Jones
June 26, 2021

A REVIEW of efficacy and safety data for the Covid-19 vaccines comes to the disturbing conclusion that for every three deaths the vaccines prevent, two people die from an adverse reaction, while another four suffer serious side effects. The authors conclude: ‘This lack of clear benefit should cause governments to rethink their vaccination policy.’

Here is the abstract of the peer-reviewed article by three scientists published in the journal Vaccines:

Background: Covid-19 vaccines have had expedited reviews without sufficient safety data. We wanted to compare risks and benefits.

Method: We calculated the number needed to vaccinate (NNTV) from a large Israeli field study to prevent one death. We accessed the Adverse Drug Reactions (ADR) database of the European Medicines Agency and of the Dutch National Register (lareb.nl) to extract the number of cases reporting severe side effects and the number of cases with fatal side effects.

Result: The NNTV is between 200–700 to prevent one case of COVID-19 for the mRNA vaccine marketed by Pfizer, while the NNTV to prevent one death is between 9,000 and 50,000 (95% confidence interval), with 16,000 as a point estimate. The number of cases experiencing adverse reactions has been reported to be 700 per 100,000 vaccinations. Currently, we see 16 serious side effects per 100,000 vaccinations, and the number of fatal side effects is at 4.11 per 100,000 vaccinations. For three deaths prevented by vaccination, we have to accept two inflicted by vaccination.

Conclusions: This lack of clear benefit should cause governments to rethink their vaccination policy.

The authors note that this conclusion is based on the reported adverse reactions, whereas the true number of adverse reactions may be considerably more:

‘Finally, we note that from experience with reporting side effects from other drugs, only a small fraction of side effects is reported to adverse events databases. The median underreporting can be as high as 95 per cent. Given this fact and the high number of serious side effects already reported, the current political trend to vaccinate children who are at very low risk of suffering from Covid-19 in the first place must be reconsidered.’

They note that the ‘risks and benefits’ of the vaccines are ‘on the same order of magnitude’ and suggest: ‘Perhaps it might be necessary to dampen the enthusiasm by sober facts?’

‘The present assessment raises the question whether it would be necessary to rethink policies and use Covid-19 vaccines more sparingly and with some discretion only in those that are willing to accept the risk because they feel more at risk from the true infection than the mock infection. Perhaps it might be necessary to dampen the enthusiasm by sober facts?’

In our view, the EMA [European Medicines Agency] and national authorities should instigate a safety review into the safety database of Covid-19 vaccines and governments should carefully consider their policies in light of these data. Ideally, independent scientists should carry out thorough case reviews of the very severe cases, so that there can be evidence-based recommendations on who is likely to benefit from a SARS-CoV-2 vaccination and who is in danger of suffering from side effects.

Currently, our estimates show that we have to accept four fatal and 16 serious side effects per 100,000 vaccinations in order to save the lives of 2–11 individuals per 100,000 vaccinations, placing risks and benefits on the same order of magnitude.’

The full study can be found here: https://www.mdpi.com/2076-393X/9/7/693/htm

This article first appeared in Lockdown Sceptics https://lockdownsceptics.org/ on June 24, 2021, updated on June 25, and is republished by kind permission.

SOURCE: https://www.conservativewoman.co.uk/the-vaccines-kill-two-people-for-every-three-lives-they-save-says-peer-reviewed-vaccine-study/
By Brian Shilhavy
Health Impact News, June 21, 2021

The European database of suspected drug reaction reports is EudraVigilance, which also tracks reports of injuries and deaths following the experimental COVID-19 “vaccines.”

A subscriber from Europe recently emailed us and reminded us that this database maintained at EudraVigilance is only for countries in Europe who are part of the European Union (EU), which comprises 27 countries.

The total number of countries in Europe is much higher, almost twice as many, numbering around 50, although there are some differences of opinion as to which countries are technically part of Europe.

So as high as these numbers are, they do NOT reflect all of Europe. The actual number in Europe who are reported dead or injured due to COVID-19 shots would be much higher than what we are reporting here.

In the EudraVigilance database through until June 19, 2021 there are 15,472 deaths and 1,509,266 injuries reported following injections of four experimental COVID-19 shots:

- COVID-19 mRNA VACCINE MODERNA (CX-024414)
- COVID-19 mRNA VACCINE PFIZER-BIONTECH
- COVID-19 VACCINE AZTRENZECNA (CHADOX1 NCOV-19)
- COVID-19 VACCINE JANSSEN (AD26.COV2.S)

From the total of injuries recorded, half of them (753,657) are serious injuries.

“Seriousness provides information on the suspected undesirable effect; it can be classified as ‘serious’ if it corresponds to a medical occurrence that results in death, is life-threatening, requires inpatient hospitalisation, results in another medically important condition, or prolongation of existing hospitalisation, results in persistent or significant disability or incapacity, or is a congenital anomaly/birth defect.”

A HealthImpactNews.com subscriber in Europe ran the reports for each of the four COVID-19 shots we are including here. This subscriber has volunteered to do this, and it is a lot of work to tabulate each reaction with injuries and fatalities, since there is no place on the EudraVigilance system we have found that tabulates all the results.

Since we have started publishing this, others from Europe have also calculated the numbers and confirmed the totals.[1]

Here is the summary data through June 19, 2021.

**Total reactions for the experimental mRNA vaccine mRNA-1273 (CX-024414) from Moderna: 4,147 deaths and 122,643 injuries to 19/06/2021**

2,239 Blood and lymphatic system disorders incl. 29 deaths
3,315 Cardiac disorders incl. 446 deaths
39 Congenital, familial and genetic disorders incl. 3 deaths
1,454 Ear and labyrinth disorders
82 Endocrine disorders incl. 1 death
1,883 Eye disorders incl. 7 deaths
10,655 Gastrointestinal disorders incl. 142 deaths
33,936 General disorders and administration site conditions incl. 1,759 deaths
209 Hepatobiliary disorders incl. 11 deaths
1,117 Immune system disorders incl. 5 deaths
3,835 Infections and infestations incl. 234 deaths
2,480 Injury, poisoning and procedural complications incl. 77 deaths
2,670 Investigations incl. 89 deaths
1,297 Metabolism and nutrition disorders incl. 85 deaths

By Brian Shilhavy
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3,835 Infections and infestations incl. 234 deaths
2,480 Injury, poisoning and procedural complications incl. 77 deaths
2,670 Investigations incl. 89 deaths
1,297 Metabolism and nutrition disorders incl. 85 deaths
Total reactions for the experimental vaccine AZD1222/VAXZEVRIA (CHADOX1 NCOV-19) from Oxford/ AstraZeneca: 3,364 deaths and 793,036 injuries to 19/06/2021

9,136 Blood and lymphatic system disorders incl. 132 deaths
12,135 Cardiac disorders incl. 396 deaths
95 Congenital, familial and genetic disorders incl. 2 deaths
8,797 Ear and labyrinth disorders
309 Endocrine disorders incl. 2 deaths
13,459 Eye disorders incl. 12 deaths
81,806 Gastrointestinal disorders incl. 161 deaths
212,663 General disorders and administration site conditions incl. 891 deaths
525 Hepatobiliary disorders incl. 25 deaths
3,065 Immune system disorders incl. 11 deaths
17,791 Infections and infestations incl. 217 deaths
7,854 Injury, poisoning and procedural complications incl. 77 deaths
16,731 Investigations incl. 79 deaths
9,765 Metabolism and nutrition disorders incl. 50 deaths
123,637 Musculoskeletal and connective tissue disorders incl. 45 deaths
332 Neoplasms benign, malignant and unspecified (incl. cysts and polyps) incl. 8 deaths
169,286 Nervous system disorders incl. 532 deaths
223 Pregnancy, puerperium and perinatal conditions incl. 4 deaths
103 Product issues
14,931 Psychiatric disorders incl. 27 deaths
2,809 Renal and urinary disorders incl. 29 deaths
5,967 Reproductive system and breast disorders
26,631 Respiratory, thoracic and mediastinal disorders incl. 387 deaths
36,457 Skin and subcutaneous tissue disorders incl. 22 deaths
772 Social circumstances incl. 4 deaths
671 Surgical and medical procedures incl. 16 deaths
17,066 Vascular disorders incl. 235 deaths

Total reactions for the experimental COVID-19 vaccine JANSSEN (AD26.COV2.S) from Johnson & Johnson: 541 deaths and 33,311 injuries to 19/06/2021

(Notes)

[1] These totals are estimates based on reports submitted to EudraVigilance. Totals may be much higher based on percentage of adverse reactions that are reported. Some of these reports may also be reported to the individual country’s adverse reaction databases, such as the U.S. VAERS database and the UK Yellow Card system. The fatalities are grouped by symptoms, and some fatalities may have resulted from multiple symptoms.


Total reactions for the experimental COVID-19 vaccine JANSSEN (AD26.COV2.S) from Johnson & Johnson: 541 deaths and 33,311 injuries to 19/06/2021

(This vaccine now has provisional consent for use in NZ - Ed.)

306 Blood and lymphatic system disorders incl. 16 deaths
496 Cardiac disorders incl. 56 deaths
14 Congenital, familial and genetic disorders
177 Ear and labyrinth disorders

8 Endocrine disorders incl. 1 death
383 Eye disorders incl. 3 deaths
3,086 Gastrointestinal disorders incl. 23 deaths
8,761 General disorders and administration site conditions incl. 137 deaths
52 Hepatobiliary disorders incl. 4 deaths
85 Immune system disorders
392 Infections and infestations incl. 13 deaths
320 Injury, poisoning and procedural complications incl. 8 deaths
2,003 Investigations incl. 37 deaths
184 Metabolism and nutrition disorders incl. 10 deaths
5,718 Musculoskeletal and connective tissue disorders incl. 17 deaths
16 Neoplasms benign, malignant and unspecified (incl. cysts and polyps)
7,093 Nervous system disorders incl. 68 deaths
9 Pregnancy, puerperium and perinatal conditions incl. 1 death
9 Product issues
355 Psychiatric disorders incl. 5 deaths
119 Renal and urinary disorders incl. 8 deaths
114 Reproductive system and breast disorders
1,130 Respiratory, thoracic and mediastinal disorders incl. 43 deaths
804 Skin and subcutaneous tissue disorders incl. 2 deaths
72 Social circumstances incl. 3 deaths
336 Surgical and medical procedures incl. 26 deaths
1,289 Vascular disorders incl. 60 deaths

Notes
The Covid Pandemic is the Result of Public Health Authorities Blocking Effective Treatment

By Paul Craig Roberts
February 18, 2021

Why are all the countries in the world following the same unsuccessful and irresponsible response to Covid? The masks and six feet “social distancing” are ineffective, and so are the vaccines. Unless the mask is a N95, the mask does not prevent transmission of the virus. As the virus is airborne or aerosol spread, six feet between persons dies not prevent spread. The lockdowns are more damaging to people and economies than Covid.

Why are authorities enforcing ineffective measures while ignoring proven successful measures that greatly reduce the Covid threat and perhaps eliminate it altogether? Is it because the proven measures are inexpensive and offer no opportunity for large profits from vaccines? Is it because the “Covid pandemic” is useful for mandating control measures that curtail civil liberties? Is it because the lockdowns decimate family businesses and enable further economic concentration? The answer is “yes” to all three questions.

The Regius Professor of Medicine at Oxford University, Sir John Bell, has revealed that Covid vaccination causes more mutations of the virus, requiring new vaccines in an endless chase. [link]

I asked a distinguished virologist if the Oxford professor was correct, and was told: “Yes, Covid vaccination does and will cause more mutations.” There already are a number of variants, and the South African government has reported that the vaccine it has purchased is not effective against the Covid strain in South Africa.

Moreover, the vaccines themselves have not undergone long-run testing, and many serious reactions and more than 1,000 [as of February 2021 - Ed] deaths are associated with the vaccinations. Some scientists are concerned that the untested technology in some of the vaccines will have adverse effects on the immune system and result in a jump in the overall death rate. However, we look at it, we are flying at least partly blind. Why as there is a far superior way to proceed?

First, begin with prevention. Vitamin D, vitamin C, zinc, and NAC are effective and inexpensive immune boosters that ward off infection and reduce the severity of infection. Jonathan Cook gives a report on the latest research here: [link]

Then turn to cures. Both the hydroxychloroquine (HCQ)/zinc/antibiotic treatment and the Ivermectin/zinc/antibiotic treatment are proven, safe, and inexpensive. Yet the evidence has been kept from the public. Even the most knowledgeable experts are deplatformed when they say anything that is in conflict with the vaccination/lockdown agenda. The media are complicit in keeping the public uninformed. Why is this? How does information suppression help deal with an alleged world pandemic? Clearly, it does not help.

I have reported many times on the effectiveness of HCQ/zinc. You can use the search feature on this website to locate my reports. Ivermectin has proven to be even more effective than HCQ. Dr. Marc Wathelet, a leading virologist, has brought the evidence for Ivermectin before the government of Belgium. [link]

There is no justifiable reason for not using these cures, and there is no justifiable reason for not initiating a prevention program based on supplements, diet, and a more healthy life style. The failure of governments and health authorities to employ these proven means amounts to premeditated mass murder. The reason people have died from Covid is the refusal to treat and to prevent with known effective means. Instead, governments and health authorities have interfered with doctors and prevented treatment with HCQ and Ivermectin, while using the prestitutes to brainwash the public that these effective and safe treatments are dangerous.

The massive disinformation campaign waged against effective prevention and treatment does not come from ignorance and incompetence of public authorities. It comes from the agendas that Covid is being used to advance, agendas whose toll in human life and suffering is unimportant to those whose agendas are being served.

What reason is there for people in any country to have confidence in their government and public health authorities?

SOURCE: [link]
Dr. Peter McCullough:
COVID Vaccines Have Already Killed 50,000 Americans

June 19, 2021

“We have now a whistleblower inside the CMS, and we have two whistleblowers in the CDC,” the doctor revealed. “We think we have 50,000 dead Americans. Fifty thousand deaths. So we actually have more deaths due to the vaccine per day than certainly the viral illness by far. It’s basically propagandized bioterrorism by injection.”

By Debra Heine

In an extraordinary interview last week, Dr. Peter McCullough, an American professor of Medicine and Vice Chief of Internal Medicine at Baylor University, declared that the world has been subjected to a form of bioterrorism, and that the suppression of early treatments for COVID-19 – such as hydroxychloroquine – “was tightly linked to the development of a vaccine.”

McCullough explained that both the coronavirus and the vaccines deliver “to the human body, the spike protein, [which is] the gain of function target of this bioterrorism research.”

He acknowledged that he couldn’t come out and say all that on national television because the medical establishment has done such a thorough job of propagandizing the issue.

“What we have learned over time is that we could no longer communicate with government agencies. We actually couldn’t communicate with our propagated colleagues in major medical centers, all of which appear to be under a spell, almost as if they’ve been hypnotized.”

“Good doctors are doing unthinkable things like injecting biologically active messenger RNA that produces this pathogenic spike protein into pregnant women. I think when these doctors wake up from their trance, they’re going to be shocked to think what they’ve done to people,” he said, echoing what he, and Dr. Harvey Risch, professor at the Yale School of Public Health, told Fox News host Laura Ingraham during an interview last month.

McCullough told Fuellmich that last summer, he started an early treatment initiative to keep COVID patients out of the hospital, which involved organizing multiple groups of medical doctors in the United States and abroad. The doctor noted that some governments tried to block these doctors from providing the treatments, but with the help of the Association of Physicians and Surgeons, they were able to put out a home patient guide, and in the U.S., organized four different tele-medical services, and fifteen regional tele-medical services.
This way, people who were stricken with COVID-19, were able to call in to these services and get the medications they needed prescribed to local pharmacies, or mail order distribution pharmacies, he explained.

“Without the government really even understanding what was going on, we crushed the epidemic curve of the United States,” McCullough claimed. “Toward the end of December and January, we basically took care of the pandemic with about 500 doctors and telemedicine services, and to this day, we treat about 25 percent of the U.S. COVID-19 population that are actually at high risk, over age 50 with medical problems that present with severe symptoms.”

The doctor said that his belief that the suppression of early treatment was “tightly linked” to the vaccines, is what that led him to focus his attention on warning the public about the vaccines.

“We know that this is phase two of bioterrorism, we don’t know who’s behind it, but we know that they want a needle in every arm to inject messenger RNA, or adenoviral DNA into every human being,” he said. “They want every human being.”

The doctor later warned that the experimental vaccines could ultimately lead to cancers, and sterilize young women.[1]

Dr. McCullough said his goal is to set apart a large group of people that the system cannot get to, which would include those who have already had the virus, those with immunity, children, pregnant women, and child-bearing age women.

The cardiologist went on to say that because there is no clinical benefit in young people whatsoever to get the vaccine, even one case of myocarditis or pericarditis following the shots “is too many,” yet even though the CDC is aware of hundreds of alarming reports of cases of heart swelling in teenagers and young adults, they’re only going to reevaluate the matter later on in June. He accused the medical establishment of neglecting to do anything to reduce the risks of the vaccines.

As someone who has chaired over two dozen vaccine safety monitoring boards for the FDA, and National Institute for Health, McCullough had room to criticize how the vaccines have been rolled out.

“With this program, there is no critical event committee, there is no data-safety monitoring board, and there’s no human ethics committee. Those structures are mandatory for all large clinical investigations, and so the word that’s really used for what’s going on is malfeasance, that’s wrongdoing of people in authority,” the doctor explained.

“Without any safety measures in place, you can see what’s going on,” he continued.

“Basically it’s the largest application of a biological product with the greatest amount of morbidity and mortality in the history of our country.”

“We are at over 5,000 deaths so far, as you know, and I think about 15,000 hospitalizations. In the EU it’s over 10,000 deaths. We are working with the Center for Medicaid (CMS) data, and we have a pretty good lead that the real number is tenfold.”

McCullough explained that because the Vaccine Adverse Event Reporting System (VAERS) database only amounts to about 10 percent of the bad reactions to the vaccines, his team has had to go to other sources for information.

“We have now a whistleblower inside the CMS, and we have two whistleblowers in the CDC,” the doctor revealed. “We think we have 50,000 dead Americans. Fifty thousand deaths. So we actually have more deaths due to the vaccine per day than certainly the viral illness by far. It’s basically propagandized bioterrorism by injection.”

Dr. McCullough said he’s seen people in his office with cases of portal vein thrombosis, myocarditis, and serious memory problems post-vaccination. “It’s so disconcerting,” he said. He said he was recently viciously attacked in the media by a woman from Singapore who is linked to the Gates Foundation.

Dr. McCullough went on to express a chilling theory that the vaccines could have been designed to reduce the world’s population.

“If you said this is all a Gates Foundation program to reduce the population, it’s fitting very well with that hypothesis, right? The first wave was to kill the old people by the respiratory in-

**“We have now a whistleblower inside the CMS, and we have two whistleblowers in the CDC,” the doctor revealed. “We think we have 50,000 dead Americans. Fifty thousand deaths. So we actually have more deaths due to the vaccine per day than certainly the viral illness by far. It’s basically propagandized bioterrorism by injection.”**

[1] Information on the potential for fertility-damaging effects following Covid vaccination is included in Issue 2 of The Real News which is available as a FREE PDF download from therealnews.nz. Some businesses are already planning for the results of anti-fertility action from Covid vaccines – for example: “Chairman Leng Youbin, told a forum that sales [of infant milk] will drop sharply in the coming one and two years since many women cannot bear children within six months of coronavirus vaccination, mainland media reported.” https://www.thestandard.com.hk/breaking-news/section/2/174200/China-Feihe-to-buy-back-shares - Ed.

**SOURCE:**
https://tapnewswire.com/2021/06/dr-peter-mccullough-covid-vaccines-have-already-killed-50000-americans/
**mRNA Inventor Dr. Robert Malone:**

**“I Have Grave Concerns” About mRNA “Vaccines”**

“Robert W. Malone, M.D., M.S. Dr. Malone is the discoverer of in-vitro and in-vivo RNA transfection and the inventor of mRNA vaccines, while he was at the Salk Institute in 1988. His research was continued at Vical in 1989, where the first in-vivo mammalian experiments were designed by him. The mRNA, constructs, reagents were developed at the Salk institute and Vical by Dr. Malone. The initial patent disclosures were written by Dr. Malone in 1988-1989. Dr. Malone was also an inventor of DNA vaccines in 1988 and 1989. This work results in over 10 patents and numerous publications, yielding about 7000 citations for this work. Dr. Malone was also an inventor of DNA vaccines in 1988 and 1989.” – About Us – RW Malone MD, LLC

So when this gentleman expresses “grave concerns” about the COVID mRNA/DNA vaccines, one should pay very close attention.

**Story at-a-glance**

- Dr. Robert Malone invented the mRNA and DNA vaccine core platform technology. He has grave concerns about the lack of transparency of side effects, censoring of discussion and the lack of informed consent that these bring.

- Free SARS-CoV-2 spike protein is biologically active – contrary to initial assumptions – and causes severe problems. It is responsible for the most severe effects seen in COVID-19, such as bleeding disorders, blood clots throughout the body and heart problems. These are the same problems we now see in a staggering number of people who have received the COVID-19 “vaccine”.

- The spike protein also has reproductive toxicity, and Pfizer’s biodistribution data show it accumulates in women’s ovaries. Data suggests the miscarriage rate among women who get the COVID “vaccine” within the first 20 weeks of pregnancy is 82%. (See page 25 of this issue - Ed)

- Israeli data show boys and men between the ages of 16 and 24 who have been vaccinated have 25 times the rate of myocarditis (heart inflammation) than normal. (Medsafe has finally put out an alert on this issue and is asking for cases of myocarditis after Covid vaccination in NZ to be reported. See this link for information on how to report adverse reactions: https://therealnews.nz/2021/03/21/reporting-adverse-reactions-to-covid-19-vaccines-in-new-zealand/ - Ed)

- In the United States, the COVID-19 injections have emergency use authorization only, which can only be granted if there are no safe and effective remedies available. Such remedies do exist, but have been actively censored and suppressed.

**FULL ARTICLE AND VIDEO HERE:** https://articles.mercola.com/sites/articles/archive/2021/06/21/mrna-inventor-interviewed-about-injection-dangers.aspx

See also: Scandal of the rushed rollout: Censored vaccine expert speaks out

HERE: https://www.conservativewoman.co.uk/scandal-of-the-rushed-rollout-censored-vaccine-expert-speaks-out/
Inventor of mRNA Technology: Vaccine Causes Lipid Nanoparticles to Accumulate in "High Concentrations" in Ovaries

By Megan Redshaw
June 17, 2021

On the “Dark Horse Podcast,” Dr. Robert Malone, creator of mRNA vaccine technology, said the COVID vaccine lipid nanoparticles—which coat the synthetic mRNA that tells the body to produce the spike protein—leave the injection site and accumulate in organs and tissues.

On June 10, Dr. Robert Malone, creator of mRNA vaccine technology, joined evolutionary biologist Bret Weinstein, Ph.D., for a 3-hour conversation on the “Dark Horse Podcast” to discuss multiple safety concerns related to the Pfizer and Moderna vaccines. (The video is available here: https://odysee.com/@tsundoku:8/How-to-save-the-world—in-three-easy-steps—Bret-Weinstein,-Robert-Malone,—Steve-Kirsch:d)

Malone, Weinstein and tech entrepreneur Steve Kirsch touch on the implications of the controversial Japanese Pfizer biodistribution study. The study was made public earlier this month by Dr. Byram Bridle, a viral immunologist.

They also discuss the lack of proper animal studies for the new mRNA vaccines, and the theory, espoused by virologist Geert Vanden Bossche, Ph.D., that mass vaccination with the mRNA vaccines could produce ever more transmissible and potentially deadly variants.

As The Defender reported June 3, Bridle received a copy of a Japanese biodistribution study—which had been kept from the public—as a result of a freedom of information request made to the Japanese government for Pfizer data.

Prior to the study’s disclosure, the public was led to believe by regulators and vaccine developers that the spike protein produced by mRNA COVID vaccines stayed in the shoulder muscle where it was injected and was not biologically active—even though regulators around the world had a copy of the study which showed otherwise.

The biodistribution study obtained by Bridle showed lipid nanoparticles from the vaccine did not stay in the deltoid muscle where they were injected as the vaccine’s developers claimed would happen, but circulated throughout the body and accumulated in large concentrations in organs and tissues, including the spleen, bone marrow, liver, adrenal glands and—in “quite high concentrations”—in the ovaries.

According to the data in the Japanese study, lipid nanoparticles were found in the whole blood circulating throughout the body within four hours, and then settled in large concentrations in the ovaries, bone marrow and lymph nodes.

Malone said there needed to be monitoring of vaccine recipients for leukemia and lymphomas as there were concentrations of lipid nanoparticles in the bone marrow and lymph nodes. But those signals often don’t show up for six months to three or nine years down the road, he said.

Usually, signals like this are picked up in animal studies and long-term clinical trials, but this didn’t happen with mRNA vaccines, Malone said.

Malone said there are two adverse event signals that are becoming apparent to the U.S. Food and Drug Administration (FDA). One of them is thrombocytopenia—not having enough platelets, which are manufactured in the bone marrow. The other is reactivation of latent viruses.

Malone found the ovarian signal perplexing because there is no accumulation in the testes.

Malone said the original data packages contained this biodistribution information. “This data has been out there a long time” within the protected, non-disclosed, purview of the regulators across the world, he said.

According to Malone, the FDA knew the COVID spike protein was biologically active and could travel from the injection site and cause adverse events, and that the spike protein, if biologically active, is very dangerous.

Malone suggested autoimmune issues may be related to free-circulating spike protein which developers assured would not happen. To pick up autoimmune issues, a 2- to 3-year follow-up period in phase 3 patients would be required to monitor for potential autoimmune consequences from vaccines—but that monitoring didn’t happen with the Pfizer and Moderna vaccines.

Pfizer and Moderna also didn’t conduct proper animal studies, Weinstein said. What the animal models give us is a signal that alerts us to what we need to follow up on in humans.

Weinstein said: “We’ve got very alarming short-term stuff. We’ve got short-term stuff that is alarming on the basis of where we find these lipids, where we find the spike proteins—those things are reasons for concern because it wasn’t supposed to be this way. We’ve also got an alarming signal in terms of the hazards and deaths or the harms and the deaths that are reported in the system and there are reasons to think they are dramatic under-reports.”

One of the potential harms from the vaccines, Weinstein said, was made famous by Vanden Bossche, a vaccinologist who worked with GSK Biologicals, Novartis Vaccines, Solvay Biologicals, Bill & Melinda Gates Foundation’s Global Health Discovery team in Seattle, and Global Alliance for Vaccines and Immunization in Geneva.

Earlier this year, Vanden Bossche put out a call to the World Health Organization, supported by a 12-page document, that described the “uncontrollable monster” that a global mass vaccination campaign could potentially unleash.

Vanden Bossche said a combination of lockdowns, and extreme selection pressure on the virus induced by the intense global mass vaccination program, might diminish the number of cases, hospitalizations and deaths in the short-term, but ultimately, will induce the creation of more mutants of concern. This is what Vanden Bossche calls “immune escape” (i.e. incomplete sterilization of the virus by the human immune system, even following vaccine administration).

Immune escape will in turn trigger vaccine companies to further refine vaccines that will add, not reduce, the selection pressure, producing ever more transmissible and potentially deadly variants.

The selection pressure will cause greater convergence in mutations that affect the critical spike protein of the virus that is responsible for breaking through the mucosal surfaces of our airways, the route used by the virus to enter the human body.

The virus will effectively outsmart the highly specific antigen-based vaccines being used and tweaked, depending on the circulating variants. All of this could lead to a hockey stick-like increase in serious and potentially lethal cases—in effect, an out-of-control pandemic.

Malone said: “Vanden Bossche’s concern is not theoretical. It is real and we have the data. We’re stuck with this virus or its downstream variants pretty much for the rest of our lives and it’s going to become more like the flu. We will have continuing evolution and circulation of variants, and that is an escape.”

SOURCE: https://childrenshealthdefense.org/defender/mrna-technology-covid-vaccine-lipid-nanoparticles-accumulate-ovaries/
FAUCI KNEW: SARS-CoV-2 WAS A BIOWEAPON.
HE ALSO KNEW HOW TO MAKE IT.
SEE EMAIL HERE >>>
SOURCE: www.halturnerradioshow.com

With the publication of thousands of Fauci’s emails, his future is now in serious doubt. SEE:
https://www.mediafire.com/file/e7wi0kjd-1d5lcz/Combined_Fauci_Emails_in_Chron_Order_OCRd_FINAL.pdf/file

The Vaccine is a Bioweapon

https://rumble.com/vj45cz-the-vaccine-is-a-bioweapon-dr-richard-m-fleming-phd-md-jd..html

The Virus and the Pfizer and Moderna Vaccines are BIOWEAPONS

Dr. Richard M Fleming PhD, MD, JD
Nuclear Cardiologist, Doctor of Law, Researcher, Inventor, Author
HEAD OF AUSTRALIAN TGA, BRENDAN MURPHY, TELLS PARLIAMENT TO KEEP QUIET ABOUT VACCINE EFFECTS

June 28, 2021

In a secret video of senate meeting with the head of the TGA (Therapeutic Goods Administration), Brendan Murphy, telling Parliament to not tell the public of their own vaccine effects coverup and that the vaccine kills people – and they have no recourse from it because the government granted Big Pharma immunity from prosecution and compensation payouts!

(The NZ government has given Pfizer indemnity for its Covid vaccine, too. - Ed.)


Evil Hidden in Plain Sight

June 21, 2021

By Dr. Mark Sircus AC., OMD, DM (P)

The COVID pandemic is ending up being the most important topic of our lifetime. It is not just about a gain of function created virus and the incredible human hubris that made it. It is about lies, deceit, political madness, an authoritarian takedown of populations worldwide. It is about human suffering and vaccine deaths and injury on a scale never seen before. It is also about economic destruction and a criminal mindset so horrible our minds can barely conceive of such evil.

An evil so profound that doctors worldwide were actively discouraged from helping and even prevented from saving their patients. Esteemed doctors and medical facilities have developed effective treatment protocols for COVID-19, including Harvard, Johns Hopkins, and Emory. Yet, all have been suppressed and censored in an apparent effort to cause as much suffering and death as possible. It is also about economic destruction and a criminal mindset so horrible our minds can barely conceive of such evil.

Evil is the right word, but I have been calling out this pharmaceutical terrorism for almost two decades. Dr. Peter McCullough, one of the most eminent physicians and scientists in the US and one of the most published cardiologists in history, calls it bioterrorism. “I believe that we’re under the application of a form of bioterrorism that’s worldwide, that appears to have been many years in the planning.”

Dr. McCullough, along with other doctors, devised a treatment protocol for Covid-19, which was shown to be effective in preventing up to 85% of deaths. Evil is not interested in saving lives, only in selling vaccines. Vaccine devils are running the COVID pandemic.

The Great Reset is very much a part of this evil. Part of its implementation depends on a segregation system based on vaccination requirements. Fortunately, in the U.S., 14 states have implemented laws banning the requirement of vaccine passports to prevent a two-tier society from forming. However, in Europe, they are getting away with it. If the United States president decides to call a national emergency canceling States’ rights, it could go as far as a civil war in America.

I listened to the video featuring Dr. Robert Malone, the creator of mRNA vaccine technology. According to a Japanese Pfizer biodistribution study, which highlights where the lipid nanoparticles were going after vaccination, the study found that the particles were in the whole blood circulating throughout the body within four hours and then settled in large concentrations into the ovaries, bone marrow, and lymph nodes. See the graphic in the video showing the distribution of the lipid nanoparticles over the first 48 hours.

Dr. Malone said, “There needs to be monitoring of vaccine recipients for leukemia and lymphomas as there were concentrations of lipid nanoparticles in the bone marrow and lymph nodes. But those signals often don’t show up for six months to three or nine years down the road.” Do not forget that the common denominator between the virus and the vaccine is the spike proteins, which are more deadly than the virus itself.

Evil Does Not Listen

The great hope we have today is that the COVID vaccines are so bad, so harmful, and are killing so many that they will soon be banned, proponents disgraced, and certain people put behind bars.

15 Minute Video with Dr. Mallone, Inventor of mRNA vaccine technology
We can see who is evil by looking at the people and organizations that do not care for the thousands of reported dead from the official vaccine reporting systems in America, England, and the European Union. Not a care in the world for those blinded by the vaccines.

The evil ones cannot and will not listen for then they would have to admit that they are wrong. Public health officials like Dr. Anthony Fauci will not accept he is wrong nor a liar, nor that his support of gain of function research makes him more responsible than anyone for the calamity of the COVID pandemic.

His fate is tied to the future of the world. If he goes Scott-free, it means evil has conquered, and we and our children and future generations will suffer greatly for it, and uncountable millions will die for it. Fauci is on record in 2012 as saying that the value of knowledge gained from creating a pandemic virus is worth the risk.

It is truly amazing how some people can play with and risk the rest of our lives with such ease.

That vaccination against SARS-CoV-2 is critical to control the pandemic is the biggest lie too many have told themselves. The end game to gain of function research was developing vaccines, and we can see the truth in that in how fast the vaccines were developed and released without complete safety tests, which they would never have passed.

Though the picture of the dangers since their release has been building, even pro-vaccine scientists are sounding the alarm. Many are afraid that the vaccines will be more deadly than the virus itself, with even babies and fetuses being harmed and killed.

Fortunately, evil does not have it too easy. Good forces are fighting back, but at least half of modern populations have been suckered in enough to make a religion out of vaccines. So it is pertinent to ask how many have to die or be permanently hurt by COVID vaccines before society finds the courage and mental acuity to see and understand what is going on?

Hundreds of Medical Professionals Speak Out on Medscape Forum Warning about Dangers of COVID Injections

Meanwhile, the Group of Seven leaders are promising to vaccinate the world against coronavirus in their desire to prove a better friend to poorer nations than rivals such as China. How can dumping experimental vaccines to genetically modify people can be considered friendly?

Of the 700 physicians responding to an internet survey by the Association of American Physicians and Surgeons (AAPS), nearly 60 percent said they were not “fully vaccinated” against COVID.

A 21-year-old New Jersey student suffered severe heart inflammation after receiving his second dose of Moderna’s COVID vaccine. Justin Harrington, whose school required him to get the vaccine to attend classes in the fall, experienced flu-like symptoms followed by heart pain within eight to 12 hours of receiving the vaccine.

Mixing Politics, Medicine, and Censorship is Extremely Dangerous...

So far, vaccine fanatics have won the day. A diverse group of crazy people with a cause prevailed, but with their vaccines killing more people in six months (in the USA - Ed) than all other vaccines did over 20 years, it is hard to imagine them getting their way much longer. “When people catch on, the fires of vengeance will burn very hot,” writes Jeffrey Tucker.

Stop The Madness Now

The Times of Israel reports that a 22-year-old woman has died from myocarditis, inflammation of the heart muscle two weeks after receiving her second dose of the experimental mRNA Pfizer injection.

Modern Medicine is Brutal

The entire vaccine industry is based on the principle of sacrifice. Human sacrifice. It is perfectly all right and acceptable that one child is sacrificed to the vaccine God of death as long as we save a million others protecting them from suffering and death by disease. That is precisely what you will hear out of vaccinationists mouths. Though in the case of COVID vaccines given to Americans, Dr. Peter McCullough thinks there have been as high as 50,000 deaths. The official vaccine reporting system shows “only” about 6,000 deaths, but the consensus has always been that only 1 to 10% of adverse vaccine reactions are reported into the VAERS system. In Europe, their vaccine reporting system is officially reporting 15,000 deaths.

Unfortunately, it does not stop at one death, nor does it stop at a tide of suffering from vaccine damages that torment mothers, fathers, and their families for the rest of their lives.

We also have a report about the first manifestation of multiple sclerosis after immunization with the Pfizer-BioNTech COVID-19 vaccine. And we have three cases of reactivation or new-onset demyelinating disease that were reported after vaccination with Oxford-AstraZeneca COVID-19 recombinant adenovirus.

Imagine that you are creating a fabric of human destiny with the object of making men happy in the end, giving them peace and rest at last, but that it was essential and inevitable to torture to death only one tiny creature and to found that edifice on its un-avenged tears, would you consent to be the architect under those conditions?

Tell me, and tell the truth. – Fyodor Dostoyevsky

In September of 2020, CNN reported that vaccine experts warned the federal government against rushing out a coronavirus vaccine before testing has shown it’s both safe and effective. They presented decades of painful vaccine history showing why they were right. Of course, they were ignored. If you want to see evil for what it is, know that evil does not listen, so it ignores everyone and anything that gets in its path. Censorship is evil in action.

It is appropriate to repeat that in the United States, there are more reported vaccine deaths in the last six months than previ-
ous 20 years. In Cambodia, several decades ago, we had what was called the killing fields. Now we have what will be remembered as the vaccine-killing fields. After all, what could be more evil than Big Pharma putting profits over people’s lives in a pandemic?

Want one more example of medical evil? Even as they acknowledge the horrifying development where children who are perfectly healthy one-second end up being stricken with heart palpitations, shortness of breath, electrocardiogram (EKG) changes, and elevated cardiac biomarkers soon after being vaccinated, the CDC and the FDA continue to encourage parents to get their children injected with experimental “vaccines.”

Is it all for Nothing?

In Britain, a study shows 29% of the 42 people who have died after catching the new strain of COVID had BOTH vaccinations as cases soar another 40%.

The BBC reports that if you include those with only one vaccination, the death rate increases to 50%. French virologist and Nobel Prize winner Luc Montagnier called mass vaccination against the coronavirus during the pandemic “unthinkable” and a historical blunder that is “creating the variants” and leading to deaths from the disease.

“It’s an enormous mistake, isn’t it? A scientific error as well as a medical error. It is an unacceptable mistake,” Montagnier said in an interview translated and published by the RAIR Foundation USA yesterday. “The history books will show that because it is the vaccination that is creating the variants,” said Montagnier.

Many epidemiologists know it and are “silent” about the problem known as “antibody-dependent enhancement,” Montagnier said.

Conclusion

Of course, to the brutes who run the world, we are not supposed to report on any of this. I could not resist including this line.

“World leaders such as Joe Biden, Boris Johnson, Angela Merkel, Justin Trudeau, and others met in the UK last weekend to discuss how to further destroy humanity’s future or something along those lines.”

CJ Hopkins has some wise words for us. “This is the crucial period for the totalitarian movement. It needs to negate the old “reality” in order to implement the new one, and it cannot do that with reason and facts, so it has to do it with fear and brute force. It needs to terrorize the majority of society into a state of mindless mass hysteria that can be turned against those resisting the new “reality.” It is not a matter of persuading or convincing people to accept the new “reality.” It’s more like how you drive a herd of cattle. You scare them enough to get them moving, and then you steer them wherever you want them to go. The cattle do not know or understand where they are going. They are simply reacting to a physical stimulus. Facts and reason have nothing to do with it.”

“There is one truth only, and it consists of facemasks, lockdowns, and very poorly tested vaccines, and anyone questioning that is a danger to the entirety of humanity. The reality is we can’t afford not to ask questions, and we can’t afford to stifle questions and dissent. We need every voice. “The efficacy of masks and lockdowns is shaky at best; look around you, and so is the efficacy of the vaccines, while the latter raises many new questions about blood clots, heart inflammation, spike proteins accumulating in ovaries and testes, etc. We’d be crazy not to ask questions,” writes the Automatic Earth.

Coherent medical thinking is interested in what works, what is safe. Incoherent medical thinking is a world of inconsistent theories, beliefs, and ideas and rooted in false premises that certain people make a lot of money from.

“So can anybody answer why on earth a government, there to serve the people who elect it, want to make unlicensed, experimental treatments mandatory that have so far caused 249,287 adverse reactions and 1,332 deaths in England according to the 20th update on adverse reactions to the Covid vaccines reported to the MHRA Yellow Card scheme?”

I can answer that question. Most politicians in the first world and many doctors have taken part in the astonishing amount of money the large pharmaceutical companies pay out to bribe the recipients into being whores for vaccines.

A pilot details how he nearly blacked out while flying while suffering severe adverse event after COVID vaccination. Imagine being in the hands of a pilot, riding near a massive tractor-trailer, being on a bus driven by someone who has recently been vaccinated, and you can begin to fathom the trouble we are causing and what the consequences could be.

“The folly is inescapable. The ultimate catastrophe is inevitable. And the final devastation is inescapable.” MN Gordon talks about the economy, death spirals, inflation, and making it through alive with what is coming. We were vulnerable before the pandemic, but now that vulnerability is complete.

References are at the website link - below.

About the Author:

Dr. Mark Sircus AC., OMD, DM (P) is a Doctor of Oriental and Pastoral Medicine, Founder of Natural Allopathic Medicine and Professor of Natural Oncology, Da Vinci Institute of Holistic Medicine.

Huge Red Flag: Medical Researchers Bury Data Showing 82% Miscarriage Rate in Vaccinated Women

By Dorothy Cummings McLean  
June 30, 2021

“The evidence is actually there in the NEJM study, but completely misrepresented in the way the data was presented in general.” - Dr. Carmen Wheatley shared with LifeSiteNews.com.

Data presented in a medical journal suggests that 82% of women who took an mRNA vaccine in the first 20 weeks of pregnancy had a miscarriage.

In mid-June the New England Journal of Medicine published a study called “Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons” by Tom T. Shimabukuro and others from the Center of Disease Control’s “v-safe COVID-10 Pregnancy Registry Team.” The team wrote that there were “no obvious safety signals among pregnant [women] who received Covid-19 vaccines” even though it published a table which showed that 82% of women in the study who were injected with either the Pfizer or the Moderna vaccine during early pregnancy lost their babies. More prominent in their study was a claim that only 13.9% of all “completed pregnancies” had ended in miscarriage – but this figure included the women who were not vaccinated until they were in the second half of their pregnancies.

The significance of the buried information was not lost on British researcher Dr. Carmen Wheatley, who shared her information with LifeSiteNews.com. Having, at first, found the conclusions of the study’s abstract “reassuring,” Wheatley went on to discover “Table 4” and the fine print under it.

“The researchers inexplicably subsumed the first trimester spontaneous abortions – before, and including, 20 weeks – into the completed pregnancy/losses as a whole – 104 [miscarriages] out of 827 pregnancies,” she wrote to two leading British doctors, Dr. Peter Rabey, the medical director of the UK’s Channel Island of Guernsey, and Dr. Nicola Brink, Guernsey’s director of Public Health.

Wheatley pointed out that the “real rate” of spontaneous miscarriages among women vaccinated in the first 20 weeks of their pregnancy was not 12.6% but 82% because 104 of these 127 pregnancies were lost. She highlighted the “small print” in the study that stated that a “total of 700 participants (84.6%) received their first eligible dose in the third trimester” and that a “total of 96 of 104 spontaneous abortions (92.3%) occurred before 13 weeks of gestation”...


See also: https://impf-info.de/pdfs/Coronoia/Shimabukuro_LE_MacLeod.pdf
Is the 100% Cure Rate of Hydroxychloroquine a Threat to Fast-Tracking the COVID Vaccines?

By Brian Shilhavy, Editor, Health Impact News
August 8, 2020

(This story is from 2020 but provides valuable insight into the current situation. – Ed.)

Medical journalist Del Bigtree of the weekly broadcast Highwire discussed on his show this week (https://www.bitchute.com/video/wD06Byl437mw/) what he believes may be the primary reason why Fauci and the other political medical tyrants are so desperately trying to censor the positive results of Hydroxychloroquine (HCQ), a drug that has been around for over 65 years and is already FDA approved.

The reason is probably because they want to force a COVID vaccine upon the public, and to do so, they need to fast-track the development of these vaccines, and then the FDA has to issue an Emergency Use Authorization (EUA) to approve it.

According to the “Qualifying Criteria” that allows the FDA to issue an EUA, there must be “No adequate, approved, and available alternative.”

HCQ is an “adequate, approved, and available” alternative, which should then disqualify any EUAs issued for a vaccine to treat COVID.

The problem, of course, is that the Trump Administration has already given over $8 BILLION to Big Pharma to develop the vaccine in “Project Warp Speed,” fast-tracking the vaccine’s development.

In fact, this has already happened with Gilead’s anti-viral drug Remdesivir, which was fast-tracked as a treatment for COVID and then issued an EUA.

While the cost for the older HCQ medication is only about $20, Remdesivir’s cost is about $3200.00. And there is such a demand for it now, being the only “approved” medication for COVID, that other pharmaceutical companies are now stepping forward and offering to make it available as well, as Attorney Generals in 34 states this week sent a letter to the Federal Government requesting they “sidestep” Gilead’s patent.

There are people who call themselves “doctors” and claim absolute authority on medical issues but they do not treat patients themselves; they control the FDA, the CDC, the NIH, and pretty much the entire US Government.

In New Zealand medications with a good safety record (such as HCQ) are being ignored by the government which instead has chosen to promote the still experimental Covid vaccines. Issue 2 (which may be downloaded for free as a PDF from therealnews.nz) includes an article on a successful treatment protocol for Covid based on HCQ - Ed.

Intravenous vitamin C, ivermectin, hydroxychloroquine (HCQ), nebulised H2O2 and preventatives like vitamin D are all effective remedies and preventatives for Covid, yet all are disparaged by “health authorities” - without any evidence. (Issue 1 covers IV vitamin C; Issue 2 covers HCQ and vitamin D - both available as free PDF downloads from therealnews.nz - Ed.)

Thousands of scientists and physicians have been censored, censured and “deplatformed” for telling the truth about their successes in treating Covid-19. Medical journals such as The Lancet are induced to run fake stories about hydroxychloroquine and then, subsequently retract them – but only after the damage has been done and thousands of lives needlessly lost.

What we are seeing is the near total corruption of the so-called “health care” establishment, having sold itself to the highest bidder – in the case Big Pharma – about a century ago. For this establishment power, control and ridiculous amounts of money are at the center of their universe, and nothing and no one is allowed to get in their way.

One of those banned treatments is chlorine dioxide, sold internationally as “MMS”. It is a potent oxidiser with a phenomenally good success rate against Covid-19 and a host of other illnesses, including malaria.

It has been banned in many countries, as world authorities lean increasingly heavily on the vaccine solution, which is turning out to be no solution at all. Here is what Dr. Thomas Levy MD in his book Rapid Virus Recovery (FREE DOWNLOAD HERE: https://rvr.medfoxpub.com/) has to say about chlorine dioxide:

“Chlorine dioxide has long been recognized as a powerful antimicrobial agent. It has been around for over 100 years, and it is used both to purify water and to purify blood to be used for transfusion. As a therapeutic agent for infectious diseases, it has been given both orally and intravenously with great effect, and it has been shown to be very effective against COVID-19 as well. Dr. Andreas Kalcker directed a clinical study with doctors in Ecuador on COVID-19 patients using oral and intravenous chlorine dioxide. 97% of over 100 COVID-19 patients were vastly improved with clear remission of the severest symptoms after a four-day treatment regimen with chlorine dioxide.

“No deaths were reported.

“Oftentimes a dramatic clinical response was seen after only 24 hours. A clinical study on the effects of oral chlorine dioxide on COVID-19 patients in Colombia was initiated in April of this year.”

Dr. Manuel Aparicio Claims High Success Rate Treating COVID with Chlorine Dioxide Solution


Over 100 Recovered from Covid-19 with CDS (Chlorine Dioxide Solution) by Physicians of the AEMEMI

https://lbry.tv/@Kalcker:7/100-Recovered-Aememi-1:7

https://www.academia.edu/42320746/Chlorine_Dioxide_for_Coronavirus_a_revolutionary_simple_and_effective_approach

Ed note: Chlorine Dioxide Solution (CDS) is a strong oxidising agent and an inappropriate dose could be harmful. We recommend that anyone considering the use of CDS for any health problem consult a health professional rather than self-medicating.
Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19

Kory, Pierre MD1, *; Meduri, Gianfranco Umberto MD2; Varon, Joseph MD3; Iglesias, Jose DO4; Marik, Paul E. MD5

American Journal of Therapeutics: May/June 2021 - Volume 28 - Issue 3 - p e299-e318
doi: 10.1097/MJT.0000000000001377

Abstract

Background: After COVID-19 emerged on U.S. shores, providers began reviewing the emerging basic science, translational, and clinical data to identify potentially effective treatment options. In addition, a multitude of both novel and repurposed therapeutic agents were used empirically and studied within clinical trials.

Areas of Uncertainty: The majority of trialed agents have failed to provide reproducible, definitive proof of efficacy in reducing the mortality of COVID-19 with the exception of corticosteroids in moderate to severe disease. Recently, evidence has emerged that the oral antiparasitic agent ivermectin exhibits numerous antiviral and anti-inflammatory mechanisms with trial results reporting significant outcome benefits. Given some have not passed peer review, several expert groups including Unitaid/World Health Organization have undertaken a systematic global effort to contact all active trial investigators to rapidly gather the data needed to grade and perform meta-analyses.

Data Sources: Data were sourced from published peer-reviewed studies, manuscripts posted to preprint servers, expert meta-analyses, and numerous epidemiological analyses of regions with ivermectin distribution campaigns.

Therapeutic Advances: A large majority of randomised and observational controlled trials of ivermectin are reporting repeated, large magnitude improvements in clinical outcomes. Numerous prophylaxis trials demonstrate that regular ivermectin use leads to large reductions in transmission. Multiple, large “natural experiments” occurred in regions that initiated “ivermectin distribution” campaigns followed by tight, reproducible, temporally associated decreases in case counts and case fatality rates compared with nearby regions without such campaigns.

Conclusions: Meta-analyses based on 18 randomized controlled treatment trials of ivermectin in COVID-19 have found large, statistically significant reductions in mortality, time to clinical recovery, and time to viral clearance. Furthermore, results from numerous controlled prophylaxis trials report significantly reduced risks of contracting COVID-19 with the regular use of ivermectin. Finally, the many examples of ivermectin distribution campaigns leading to rapid population-wide decreases in morbidity and mortality indicate that an oral agent effective in all phases of COVID-19 has been identified.

FULL STORY HERE: https://journals.lww.com/americantherapeutics/Full-text/2021/06000/Review_of_the_Emerging_Evidence_Demonstrating_the.4.aspx https://journals.lww.com/
The use of the antiparasitic drug ivermectin could lead to "large reductions" in COVID-19 deaths and may have a "significant impact" on the pandemic globally, according to a recent pre-print review based on peer-reviewed studies.

For the study (see previous page - Ed), published June 17 in the American Journal of Therapeutics, a group of scientists reviewed the clinical trial use of ivermectin, which has antiviral and anti-inflammatory properties, in 24 randomized controlled trials involving just more than 3,400 participants. The researchers sought to assess the efficacy of ivermectin in reducing infection or mortality in people with COVID-19 or at high risk of getting it.

Using multiple methods of sequential analysis, the researchers concluded with a moderate level of confidence that the drug reduced the risk of death in COVID-19 patients by an average of 62 percent, at a 95 percent confidence interval of 0.19–0.79, in a sample of 2,438 patients.

Among hospitalized COVID-19 patients, the risk of death was found to be 2.3 percent among those treated with the drug, compared to 7.8 percent for those who weren’t, according to the review.

"Moderate-certainty evidence finds that large reductions in COVID-19 deaths are possible using ivermectin. Using ivermectin early in the clinical course may reduce numbers progressing to severe disease," the authors wrote.

Since the start of the pandemic, both observational and randomized studies have evaluated ivermectin as a treatment for, and as prevention against, COVID-19 infection.

"A review by the Front Line COVID-19 Critical Care Alliance summarized findings from 27 studies on the effects of ivermectin for the prevention and treatment of COVID-19 infection, concluding that ivermectin 'demonstrates a strong signal of therapeutic efficacy' against COVID-19," the researchers wrote, referring to one recent review, which was based on data from both peer-reviewed studies and pre-print manuscripts.

They cited another recent review that concluded that ivermectin reduced deaths by as much as 75 percent, while noting that neither the National Institutes of Health in the United States nor the World Health Organization (WHO) has recommended the use of ivermectin outside clinical trials for use against COVID-19.

The Food and Drug Administration (FDA), in a note on "Why You Should Not Use Ivermectin to Treat or Prevent COVID-19," warns that it has received "multiple reports of patients who have required medical support and been hospitalized after self-medicating with ivermectin intended for horses." (Ivermectin is a prescription medicine in NZ so no one should have to resort to dosing themselves with formulations intended for animals. Protocols for the use of ivermectin in the prevention and treatment of Covid-19 may be found on this website: https://covid19criticalcare.com/ - Ed.)

"Using any treatment for COVID-19 that's not approved or authorized by the FDA, unless part of a clinical trial, can cause serious harm," the FDA said in the note, adding that it hasn’t reviewed data to support the use of ivermectin in COVID-19 patients.

The WHO said in March that "the current evidence on the use of ivermectin to treat COVID-19 patients is inconclusive" and that, until more data becomes available, the agency recommends that "the drug only be used within clinical trials."

The authors of the efficacy study argued, however, that the drug has an "established safety profile through decades of use" and "could play a critical role in suppressing or even ending the SARS-CoV-2 pandemic."

"The apparent safety and low cost suggest that ivermectin is likely to have a significant impact on the SARS-CoV-2 pandemic globally," they wrote in the study abstract.

The authors noted in their publication that all the studies on which they based their conclusions have been peer-reviewed.


https://c19ivermectin.com/
FDA Bans NAC – A Potent Protection from COVID Spike Protein Damage

WHY????

May 25, 2021

There is good research showing that spike protein damages the body, including the lungs. Here is the study: https://www.ahajournals.org/doi/10.1161/CIRCRESAHA.121.318902

One “rescue” for the spike protein damage (keeping in mind that that vaccine literally tells your body to make spike protein, amidst the research that it spike protein damages the body). – is NAC (N-Acetyl-L-cystein) The above study references NAC.

"...[L]ung damage was apparent in animals receiving Pseu-Spike...thickening of the alveolar septa....impaired gNOS activity...Pseu-Spike which was rescued by treatment with N-acetyl-L-cysteine, a reactive oxygen species inhibitor..."

The study was published in March 2021. In May, 2021, the US FDA took NAC off of the shelves. Why would they inject people with something that they know is harmful, and then take the “remedy” for the damage off of the shelves?

We already know the answer.

SARS-CoV-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2

"...S protein alone can damage vascular endothelial cells (ECs) by downregulating ACE2 and consequently inhibiting mitochondrial function."

Yuyang Lei, Jiao Zhang, Cara R. Schiavon, Ming He, Lili Chen, Hui Shen, Yichi Zhang, Qian Yin, Yoshitake Cho, Leonardo Andrade, Gerald S. Shadel, Mark Hepokoski, Ting Lei, Hongliang Wang, Jin Zhang, Jason X.-J. Yuan, Atul Malhotra, Uri Manor, Shengpeng Wang, Zu-Yi Yuan, John Y.-J. Shyy

CIRCRESAHA.121.318902 Source: AHA Journals

Effective Against COVID-19: FDA Wants to Ban Dietary Supplement NAC

https://uncoverdc.com/2021/05/17/effective-against-covid-19-fda-wants-to-ban-dietary-supplement-nac/

Conclusion: The Dark Winter is upon us. The FDA, one of the most corrupt agencies of the United States Government, has banned NAC, a potential treatment for millions if not billions of vaccinated people who could die due to the spike protein. The CDC/FDA banned HQC (Hydroxychloroquine), a safe and effective treatment for COVID. Now you know the real reason FDA banned NAC.

What is NAC?

NAC-N-Acetyl-L-Cysteine (a.k.a. NAC) is an easily-absorbed nutrient with robust benefits for bronchial, respiratory, liver and immune health.

NAC is the precursor to glutathione. Glutathione is what detoxes your body from virus, bacteria and toxins. Almost 40% of the population has a gene mutation (MTHFR) that doesn’t allow the body to produce glutathione. Therefore people supplement with NAC daily to help detoxify.

The FDA has now banned the public sale of N-acetylcysteine (NAC), and classifies it as a medication that requires prescription.

Sources: https://covidvaccinereactions.com/portfolio/2190/

STOP PRESS ...

NZ Govt Threat: We will 'look for' people who have not been vaccinated.

Chris Hipkins, NZ Minister for Covid Response, announced in July that the NZ Government will “go out and look for” people who have not been vaccinated.

“Early next year, we’ll be in the phase of chasing out people who haven’t come forward to get their vaccination or missed their bookings… and I want every New Zealander to come forward, but human behavior suggests that there will be some people who we have to really go out and look for and some of that may spill into next year. But our commitment is everyone will have the opportunity to get the vaccine by the end of the year. Everyone will. But I can’t say – you know – that we’re not going to have some hesitant people or some people who just haven’t come forward that we don’t have to go out and find next year.”

Forced vaccination is illegal. It flies in the face of NZ and international human rights legislation, the enshrined principles of Informed Consent, The Nuremberg Tribunal and the sacred right to bodily integrity.

The NZ government initially stated that the vaccine would be “free” and a matter of individual choice. However, the the bullying “no jab no job” policy foisted on border workers suggests a less than benign agenda. When the roll out of the Pfizer/BioNTech mRNA Covid vaccine was found to be illegal, the NZ government’s response was to change the law the next day. Hipkins’ latest pronouncement shows the government’s true colours. In the context of hints that the Covid tracer app could be made mandatory, that a “vaccine passport” is in the works and the use of solitary confinement as a punishment for declining the invasive nasopharyngeal PCR test in MIQ, Hipkin’s pronouncements are ominous. The NZ government has yet to concede that the Covid "vaccines" have caused more deaths and injuries than ALL vaccines COMBINED in the last 20 years.

THIS IS TOO MUCH. ENOUGH IS ENOUGH.
CDC admits more than 9,000 Americans contracted the coronavirus - even after taking Covid vaccines

By Ramon Tomey
May 7, 2021

The United States Centers for Disease Control and Prevention (CDC) revealed that more than 9,000 Americans contracted COVID-19 after getting vaccinated. It registered a total of 9,245 so-called breakthrough COVID-19 cases as of April 26. However, this official number from the CDC might be larger due to actual figures being under-reported.

A breakthrough COVID-19 case happens when a person becomes infected with the SARS-CoV-2 coronavirus two or more weeks after they get the final vaccine dose. Still, the CDC reiterates that vaccines are effective and the breakthrough cases only represent a small percentage of the immunized population.

The federal agency said that such vaccine breakthrough cases are “expected.” It elaborated: “COVID-19 vaccines are effective and are critical tools to bring the pandemic under control. However, no vaccines are 100 percent effective at preventing illness. There will be a small percentage of people who are fully vaccinated who still get sick, are hospitalized or die from COVID-19.”

About nine percent of the 9,245 breakthrough cases – amounting to 835 patients – required hospitalization. Of the 835 hospitalized breakthrough patients, 241 of them were reportedly asymptomatic or having an illness unrelated to COVID-19. Meanwhile, the CDC recorded 152 deaths from the more than 9,000 breakthrough infections.

The CDC collated the breakthrough cases from data submitted by 46 U.S. states and territories. Four areas did not turn in figures to the public health agency. However, no vaccines are 100 percent effective at preventing illness. There will be a small percentage of people who are fully vaccinated who still get sick, are hospitalized or die from COVID-19.”

The messenger RNA (mRNA) vaccines from Pfizer and Moderna require two doses. Clinical trials showed the Pfizer vaccine having a 98 percent effectiveness rate against symptoms of infection, while the Moderna vaccine reported 94 percent. J&J’s adenoviral vector vaccine was tested when different SARS-CoV-2 coronavirus variants were already circulating. This single-dose shot reported a 66.9 percent effectiveness rate.

The state of Israel predominantly used the Pfizer mRNA vaccine for its immunization drive, alongside a small supply of Moderna vaccine doses. However, a study by Israeli researchers found that those inoculated with the two-dose Pfizer vaccine could still contract two particular Wuhan coronavirus strains. (NB: The Pfizer vaccine, also known as the Pfizer/BioNTech vaccine is the one being used in NZ. The J&J [Janssen] adenoviral vector Covid vaccine now has approval for use in NZ but as of this writing has not been used in NZ. Information about J&J [Janssen] vaccine which contains a genetically modified virus designed to force body cells to manufacture the spike protein from the SARS-CoV-2 virus, is available on our website - Ed.)

Researchers from Tel Aviv University and Israeli health care provider Clalit Health Services looked at COVID-19 test results from 800 Israelis. Half of these results came from vaccinated Israelis while the other half were from unvaccinated citizens, the Times of Israel reported. The aim of the study was to see vaccinated people are more likely to be infected with coronavirus variants compared to the unvaccinated people. The researchers found that the people who completed the two-dose Pfizer vaccine regimen are eight times more likely to contract the South African B1351 variant. They also discovered that the B117 strain from the U.K. is more prevalent in people who got at least one Pfizer vaccine dose. The so-called British variant had the same prevalence rate as its South African counterpart in those who completed two doses.

Lead researcher Adi Stern remarked: “We found a disproportionately higher rate of the South African variant among people vaccinated with a second dose, compared to the unvaccinated group. This means that the South African variant is able, to some extent, to break through the vaccine’s protection.”

Despite the higher prevalence of the B1351 strain in the samples they observed, the variant only comprises one percent of cases in the entire country. A major wave of infections in Israel early this year was attributed to the B117 variant.

However, Stern surmised that the British strain may have kept the spread of the South African variant at bay. “It is possible that the extensive spread of the British variant is blocking the spread of the South African variant. Because it spread so effectively, it basically didn’t allow the South African [strain] to spread,” Stern said.

Visit VaccineDamage.news to read more articles about breakthrough Wuhan coronavirus infections.

Sources include:
- TheEpochTimes.com
- CDC.gov
- TimesOfIsrael.com


NB: People who have been vaccinated against Covid-19 should not assume that they are protected or will get a milder illness if they are exposed to the SARS-CoV-2 virus.

If you have been vaccinated, please read the article on page 39 that discusses strategies for mitigating the potential health risks that may occur after Covid vaccination.

One of these risks, ADE, may mean that some people who have been vaccinated may experience a more severe illness when exposed to SARS-CoV-2 than someone with otherwise similar risk factors who has not received a Covid vaccine.

Health professionals may find the autopsy report at the following link to be of interest: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8051011/- Ed
### Chart of Coercion

| **Isolation** | • Deprives individual of social support of his ability to resist  
• Makes individual dependent upon the captor  
• Individual develops an intense concern with self. |
|---------------|---------------------------------------------------------------------|
| **Monopolization of Perception** | • Fixes all attention upon immediate predicament;  
• Frustrates all actions not consistent with compliance  
• Eliminates stimuli competing with those controlled by the captor |
| **Induced Debility and Exhaustion** | • Weakens mental and physical ability to resist  
• People ...become worn out by tension and fear |
| **Threats** | • Cultivates anxiety and despair  
• Gives demands and consequences for non compliance |
| **Occasional Indulgences** | • Provides motivation for compliance  
• Hinders adjustment to deprivation.  
• Creates hope for change, reduces resistance  
• This keeps people unsure of what is happening. |
| **Demonstrate Omnipotence** | • Demonstrates futility of resistance  
• Shows who is in charge  
• Provides positive motivation for compliance |
| **Degradation** | • Makes resistance seem worse than compliance  
• Creates feelings of helplessness.  
• Creates fear of freedom, dependence upon captors |
| **Enforcing trivial demands** | • Develops habit of compliance  
• Demands made are illogical and contradictory  
• Rules on compliance may change  
• Reinforces who is in control |

### COVID-19

| **Isolation** | • Social distancing  
• Isolation from loved ones, massive job loss  
• Solitary confinement semi-isolation  
• Quarantines, containment camps |
| **Monopolization of perception** | • Restrict movement  
• Create monotony, boredom  
• Prevent gathering, meetings, concerts, sports  
• Dominate all media the 24/7, censor information |
| **Induced debility** | • Forced to stay at home, all media is negative  
• not permitted to exercise or socialize |
| **Threats and Intimidation** | • Threaten to close business, levy fines  
• Predict extension of quarantine, force vaccines  
• Create containment camps |
| **Occasional Indulgences** | • Allow reopening of some stores, services  
• Let restaurants open but only at a certain capacity  
• Increase more people allowed to gather  
• Follow concessions with tougher rules |
| **Demonstrate Omnipotence** | • Shut down entire economies across the world  
• Create money out of nowhere, force dependency  
• Develop total surveillance with nanochips and 5G |
| **Humiliation or Degradation techniques** | • Shame people who refuse masks, don’t distance  
• Make people stand on circles and between lines  
• Make people stand outside and wait in queues  
• Sanitation stations in every shop |
| **Enforcing trivial demands** | • Family members must stand apart  
• Masks in home and even when having sex  
• Random limits on people allowed to be together  
• Sanitizers to be used over and over in a day |

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The Chart of Coercion above is drawn from the [Biderman Report](https://www.beingfree.ca) on communist brainwashing techniques used by the Chinese and North Koreans on captured American servicemen to make them psychological as well as physical prisoners. Dr. Alfred D. Biderman M.A. and presented his Report at the New York Academy of Medicine Nov 13, 1956. Compare right column with your experience this year.

* [Biderman Report](https://consensualexplavement.com/bidermanreport.html)

Covid Vaccination: A Health Hazard for Pregnant and Breastfeeding Mothers and Their Babies?

By Katherine Smith, Editor for-pregnant-women/

The sole Covid-19 vaccine that has been in use in NZ since late February 2021 is the Pfizer/BioNTech mRNA vaccine known as “Comirnaty”.

Below news releases on Pfizer’s website, under the heading “IMPORTANT SAFETY INFORMATION FROM U.S. FDA EMERGENCY USE AUTHORIZATION PRESCRIBING INFORMATION” the company provides information about some of the “adverse reactions” that affected people who participated in the clinical trials of the vaccine as well as some adverse effects reported after the vaccine began to be used in the general population.

Pfizer’s website makes the following statements in relation to the use of the vaccine during pregnancy and by breastfeeding mothers:

“Available data on Pfizer-BioNTech COVID-19 Vaccine administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy”. [1]

The likely reason for the inclusion of the above statement is that pregnant women were excluded from the major trial of the Pfizer-BioNTech COVID-19 vaccine (NCT04368728) [2] and while a trial of the vaccine in healthy pregnant women has since been initiated, it is not due for completion until June 27, 2022. Pregnant women who participate in this clinical trial will be given the vaccine (or a saline solution as a placebo injection) when they are between 24 and 34 weeks pregnant. [3]

In relation to the use of the vaccine by breastfeeding mothers the Pfizer website states:

“Data are not available to assess the effects of Pfizer-BioNTech COVID-19 Vaccine on the breastfed infant or on milk production/excretion”. [1]

Despite the statement on Pfizer’s website that the data are “insufficient to inform vaccine-associated risks in pregnancy” the NZ Ministry of Health is promoting Covid vaccination for pregnant women “at any stage of your pregnancy”. [4]

The NZ Ministry of Health is also promoting Covid vaccination to breastfeeding women even though the Pfizer’s website states: “(d)ata are not available to assess the effects [of the vaccine] on the breastfed infant or on milk production/excretion”. [1]

Promotion of a vaccine to pregnant and breastfeeding women by the Ministry of Health would not be a concern if there was compelling evidence that the vaccine is both safe and effective. However the Pfizer-BioNTech Covid-19 vaccine uses mRNA technology that has never before been used in a mass vaccination campaign prior to the development of the Pfizer/BioNTech (and Moderna) Covid-19 vaccines and Pfizer admits data in relation to the Pfizer/BioNTech vaccine data about “vaccine-associated risks” during pregnancy is “insufficient”.

In the real world, where pregnant women have been injected with Covid vaccines at varying stages of pregnancy, there have been concern-...
this report that the mother had related that “her son doesn’t usually get vaccine reactions, her daughter does”. The twins’ mother did not experience any adverse reaction herself.

There are also some very concerning reports:

**VAERS ID 1124474**

“MOTHER OF 12 MONTH OLD BOY RECEIVED FIRST DOSE OF COVID 19 VACCINE AT 9:15 AM SHE BREASTFED HER 12 MONTH OLD SON 3 HOURS LATER AND WHILE BREASTFEEDING THE CHILD DEVELOPED ACUTE ANAPHYLAXIS. TO BE CLEAR: MOTHER HAD THE VACCINE AND THE CHILD HAD THE REACTION.” [Capital letters used in original]

Fortunately the other details provided with this case show that the child had “recovered”. Acute anaphylaxis (a life threatening allergic reaction) can usually be treated successfully but it can occasionally be fatal even with prompt treatment.

**VAERS ID 1313912**

“I received the Pfizer COVID-19 vaccination, and experience injection site soreness. My nursing toddler (22 months old) experienced the following adverse side effects: loose stool (days 2-4 post vaccine), vomiting (72hrs post vaccine), 102-103 degree fever for several days/nights (beginning 72hrs post vaccine), wet cough (beginning 24-48hrs post vaccine, and ongoing), extreme congestion (immediately after first nursing session post vaccine and ongoing), exhaustion (72hrs post vaccine and ongoing), sensitivity to lights/brightness (24hrs post vaccine and ongoing), and irritability (beginning 24hrs post vaccine and ongoing).”

This baby had not recovered at the time the report was made on May 13, 2021.

In relation to the baby’s light sensitivity, the person (presumably a health professional) who made the report obviously suspects some sort of (hopefully temporary) adverse impact on the toddler’s brain as among the terms used to categorise the child’s symptoms are “Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad)” which relate to inflammation of the brain.

The VAERS database includes one report of a fatal outcome in a breastfeeding baby of a mother who had received the Pfizer-BioNTech mRNA Covid-19 vaccine. The write up for this case (VAERS ID 1166062) is as follows:

“Patient received second dose of Pfizer vaccine on March 17, 2020 while at work. March 18, 2020 her 5 month old breastfed infant developed a rash and within 24 hours was inconsolable, refusing to eat, and developed a fever. Patient brought baby to local ER where assessments were performed, blood analysis revealed elevated liver enzymes. Infant was hospitalized but continued to decline and passed away. Diagnosis of TTP. No known allergies. No new exposures aside from the mother’s vaccination the previous day.”

The baby boy died on March 20, 2021. His diagnosis “TTP” refers to a condition known as “Thrombotic Thrombocytopenic Purpura ”. TTP is characterised by a tendency of the blood to form clots in small blood vessels in the body as well as problems with bleeding (due to a low platelet count, known as thrombocytopenia). The “purpura” in the name of the illness refers to a purplish rash caused by bleeding beneath the skin. Another condition known as TTS (thrombosis with thrombocytopenia syndrome) that involves a dangerous combination of unusual blood clots plus bleeding due to a low platelet count has been linked to the Oxford-AstraZeneca and Janssen (Johnson & Johnson) Covid-19 vaccines. [5]

References and Notes

A fully referenced version of this article is on our website therealnews.nz.

NB: The decision by the NZ Ministry of Health to promote the Pfizer/BioNTech mRNA Covid-19 vaccine to pregnant women regardless of the stage of pregnancy, meaning that some women might receive the vaccine in the first trimester of their pregnancies when their babies’ organs are still forming. The decision to allow the use of the vaccine at this critical time in pregnancy seems particularly irresponsible given that Medsafe has asked Pfizer to supply information relating to the control of possible genotoxic contaminants that may be present in materials used to manufacture the lipids (known as ALC-0315 and ALC-0159) used in the vaccine formulation. The deadline for a response to these questions was July 2021. [1]

**End note:** It is possible to use the search tool developed by the National Vaccine Information Center at the link below to search the VAERS database for specific conditions of interest: https://medalerts.org/vaersdb/index.php

Image courtesy of patrisyu at freedigitalphotos.net
"I won't be part of these crimes against humanity."

By Melissa Lane
June 13, 2021

Editor’s note: This letter has been slightly edited to improve clarity without changing the meaning. You can find a video of the original, unedited version of it at the link at the end.

Dear Ms Sutcliffe and all Executive Directors,

I write to you today as a highly experienced nurse with 27 years of service, to inform you that when my registration expires on 31.05.2021, I will not be renewing it and therefore I am resigning my registration and leaving the profession.

The reasons for this are many but to summarise I am utterly dismayed and disheartened by my profession and with you as our governing body at the complete lack of integrity that has been displayed since the beginning of the ‘Covid19 Crisis’.

The facts about the reality and truth of this alleged crisis are readily available for anyone to find and investigate for themselves, not least you, a body that should have been doing just this, seeking the truth and advocating for both your members and our patients, past, present, and future. We are patient advocates, not government puppets.

Under the guise of ‘Covid19’, a massive injustice has been served to the people of this country and globally. It was and remains our duty as healthcare professionals to learn the truth and to be the voice of these people, yet there has been a deafening silence and a sickening desire by you to simply comply and so many of my colleagues that I can not and will not condone.

Sadly, in these times, for me to speak out about these injustices and to be a true advocate for my patients has meant me being bullied and ostracised by my colleagues, removed from clinical practice by hospital management who state they are unable to consider any evidence presented to them that questions the official narrative and state that they must simply comply with government ‘guidance’ regardless of any harm they may cause.

When did our profession cease to be based on evidence? When did we become order followers uninterested in the facts readily available for anyone to find and investigate for themselves, to inform you that when my registration expires on 31.05.2021, I will not be renewing it and therefore I am resigning my registration and leaving the profession.

The devastating isolation of residents in care homes was, in my opinion, inhumane. It is equally unforgivable and unthinkable that such treatment could ever have been perpetrated by staff who allege to care for these people. The emotional trauma they and their families must have suffered is irreparable and I am ashamed to be associated with a profession that claimed this was to protect them. Holistic care now seems to be a thing of the past as does an individual’s right to choose.

Mask-exempt patients have been denied treatment in A&E and spoken to in such a manner that any healthcare professional found to be conducting themselves like this should be investigated and disciplined. Yet they are not, despite so much evidence in the public arena. Why are you seemingly supporting the actions of these health care professionals by the omission of action, by your silent acquiescence?

Do you condone the behavior of the nurses on your register that are bullying and coercing patients into wearing masks and taking the test?

I refer below to the first part of our code of conduct.

“You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs recognized, assessed, and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged”.

NMC Code of Conduct

This no longer seems to be at the forefront, of too many of my nursing and medical colleagues’, minds and motives. I have witnessed personally and professionally many examples of the above ethos being completely disregarded and have been informed by patients and friends of their own experiences where their holistic needs have been disrespected and disregarded because ‘Covid19’ is a priority over, it seems, every other illness, and, a priority over the emotional, psychological and spiritual well being of both our patients and their families. Any nurse who can deny a child their family being with them when they are sick or dying totally contradicts the entire foundations of our profession: care. As does any nurse who denies end-of-life patients spending precious time with their loved ones, denying them entry into hospices for fear of ‘Covid’ transmission. Enforcing these restrictions rigidly and brutally, making families say their last goodbyes via the internet or knowing that families have slept in hospital/hospice carpark just so that they can feel close to their loved one at the time of death because we have removed their right to hold their hands and be with them as they pass. The trauma that this must have caused people is unforgivable and not something I will ever condone and nor should you or anyone in our profession.

The reasons for this are many but to summarise I am utterly dismayed and disheartened by my profession and with you as our governing body at the complete lack of integrity that has been displayed since the beginning of the ‘Covid19 Crisis’.

The facts about the reality and truth of this alleged crisis are readily available for anyone to find and investigate for themselves, not least you, a body that should have been doing just this, seeking the truth and advocating for both your members and our patients, past, present, and future. We are patient advocates, not government puppets.

Under the guise of ‘Covid19’, a massive injustice has been served to the people of this country and globally. It was and remains our duty as healthcare professionals to learn the truth and to be the voice of these people, yet there has been a deafening silence and a sickening desire by you to simply comply and so many of my colleagues that I can not and will not condone.

Sadly, in these times, for me to speak out about these injustices and to be a true advocate for my patients has meant me being bullied and ostracised by my colleagues, removed from clinical practice by hospital management who state they are unable to consider any evidence presented to them that questions the official narrative and state that they must simply comply with government ‘guidance’ regardless of any harm they may cause.

When did our profession cease to be based on evidence? When did we become order followers uninterested in the facts readily available for anyone to find and investigate for themselves, to inform you that when my registration expires on 31.05.2021, I will not be renewing it and therefore I am resigning my registration and leaving the profession.

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Mask-exempt patients have been denied treatment in A&E and spoken to in such a manner that any healthcare professional found to be conducting themselves like this should be investigated and disciplined. Yet they are not, despite so much evidence in the public arena. Why are you seemingly supporting the actions of these health care professionals by the omission of action, by your silent acquiescence?

Do you condone the behavior of the nurses on your register that are bullying and coercing patients into wearing masks and taking the test?

I refer below to the first part of our code of conduct.

“Prioritise People”
What has happened to informed consent?

Where is the informed consent for masks?

Mask do not work and are potentially harmful. You should know this. Yet you remain silent and allow the people of this country to have this imposed on them despite the absence of any scientific supporting evidence. You remain silent while masks are imposed on children. Surely you have considered the devastating effect this will and has already had on their mental health and consequently their physical health?

The shaming of people who are mask-exempt is actively encouraged

Many of those who are mask-exempt are too afraid to leave their homes for fear of judgment and abuse. As a nurse I have been told by too many mask-exempt patients of the distress they have suffered at the hands of others, healthcare professionals included. They have been bullied, shamed, and coerced into feeling they must wear a mask even if this would be detrimental to them. Emotionally blackmailed, “Wearing is Caring”. Disgraceful marketing campaigns displayed everywhere insisting that masks must be worn otherwise entry/service will be denied. Yet these masks are useless.

Bullies in all types of establishments, once again, healthcare settings included, insisting on proof/disclosure of exemption and denial of the existence or validity of the ‘Equality Act 2010’. There are people that are simply not mentally robust enough to withstand the discrimination, judgements, and verbal assaults, so they either stay home (meaning further social isolation/exclusion) or succumb to the bullying and wear masks despite it causing them physical or mental distress/harm. This is totally unacceptable. Yet you remain silent.

Where is the informed consent for tests?

The tests are unforgivably inaccurate. The PCR test was never designed as a diagnostic tool, clearly stated by its inventor Kary Mullis. Surely you are aware of this too? If not why not? It is your responsibility to be aware of the facts. And if you are aware, why are you silent? Why are you not challenging the Government policy in order to protect and do no harm?

These inaccurate tests have been used to justify injustices on the people on a scale that is nothing short of criminal.

They have been used to fabricate a health threat and bring this country to its knees through fear.

These tests have been used to label healthy, asymptomatic individuals as a potential threat to the lives of others and to facilitate world governments in rolling out Draconian measures/restrictions on their people, the people they were elected to serve.

So-called asymptomatic cases have never been the driver for the spread of infection in the history of respiratory disease. Rather it is symptomatic people who spread respiratory infections – not asymptomatic people.

Why have you not challenged this?

The measures imposed on us all are responsible for the destruction of lives, livelihoods, mental health, and the very essence of what makes us human, our connections to one another, making people, and sickeningly, children, fearful of each other. Dehumanization.

It has all been ‘marketed’ as protecting the vulnerable.

What about all the other vulnerable members of our society? I am sure I don’t need to list them.

Are their needs no longer important?

The fact that healthcare professionals across the UK are refusing patients treatment and investigations if they are mask-exempt and if they refuse a test and/or being told that they will be removed from treatment and investigation lists if they refuse the test is unethical medical tyranny.

I have personally been a party in my professional capacity to my colleagues proudly stating how they have informed patients that they will be removed from the waiting list if they refuse a test. I asked a senior colleague to show me where we asked patients for their informed consent for mask-wearing in the admission process. I was told, that patients are told they must wear a mask and know if they do not, they will not be admitted to the hospital and therefore they will not get treatment, so they wear a mask. I witnessed all surgical patients being expected to wear surgical masks post-surgery and even some Consultant Anaesthetists insisting patients requiring oxygen therapy must wear surgical masks beneath their oxygen delivery masks, without any evidence of efficacy or potential harm this may cause. I saw my own colleagues enforcing this, without any evidence to back up this new practice.

Do you condone this?

Again, if you do not then why are you silent?

Where is the informed consent for the experimental vaccines?

Do you have the supporting evidence that the vaccines are safe and do not cause harm?

In the absence of this evidence why are you not challenging the Government roll out of the vaccine?

Why are you not speaking out about the Government proposals to make it a requirement for healthcare professionals to have the vaccine? Surely consultation is necessary? Why are you not in consultation with the Government on this matter?

I called your helpline and was told that you were not in consultation and would simply follow the guidance of the Government.

Why are you not advocating for your members and the people of the UK?

Are you aware of the many devastating adverse reactions that are being experienced by people who are having this experimental vaccine? Are you aware of the deaths caused by this experimental vaccine?

Why have you not challenged this?

To be a healthcare professional who asks questions now is to be labeled ‘uncaring’ a ‘firebrand’ or a ‘conspiracy theorist’.

This is wrong. We have a duty to question.

We have a duty to be informed, inform, and provide care that does no harm and is consented to via informed consent. I assume you agree.

Yet part of our radicalization training now includes those who question the official government narrative on ‘Covid 19’ as having been potentially radicalized into extreme views.

This is wrong. Do you support this?
Are your members supporting the vaccine rollout and are administering these vaccines fully aware of all the facts of each vaccine?

Are they providing patients with all these facts? If not why not?

I would suggest that any party is in the very least negligent to be not appropriately informed and not appropriately inform.

Are you aware that Dr. Reiner Fuellmich has initiated legal proceedings against the CDC, WHO, and the Davos Group for crimes against humanity and violations of the Nuremberg Code?

“Fuellmich and his team present the incorrect PCR test and the order for doctors to describe any comorbidity death as a Covid death – as fraud.

In addition to the incorrect tests and fraudulent death certificates, the “experimental” vaccine itself violates Article 32 of the Geneva Convention…

Under Article 32 of the 1949 Geneva Convention, “mutilation and medical or scientific experiments not required for the medical treatment of a protected person” are prohibited.

According to Article 147, conducting biological experiments on protected persons is a serious breach of the Convention. The “experimental” vaccine violates all 10 Nuremberg codes – which carry the death penalty for those who try to break these international laws”.

You will of course be aware that a ‘Covid’ death, is death from any cause within 28 days of a positive test.

A test that is inaccurate and deaths whose primary (actual) cause could have been anything, yet the people of the UK have had their businesses, lives and health destroyed based on these figures.

And still you remain silent.

I ask you, are you aware of Ivermectin and the work of Dr Tess Lawrie? If not why not?

Why are you not pressuring the Government to at the very least consider this?

Why are you not questioning government policy and demanding their evidence to support their policies?

Instead through your silence you have and continue to allow them to aggressively enforce social distancing, social isolation, closure of businesses and places of spiritual practice, ineffective and harmful masks, hand sanitizer, and the rollout on an uninformed public of experimental vaccines?

They trust us and you are failing them through your silence and unquestioning complicity.

Dr. Mike Yeadon and Dr. Tess Lawrie are not alone in questioning what is happening yet all and anyone that does question are aggressively censored, their work removed and labeled dangerous misinformation. All debate and reasonable discussion immediately quashed.

Do you not stop to wonder why? You should. You have a moral and professional responsibility to do so.

In my opinion anyone now that knows that something is very wrong with what we are being told, even merely suspects something is very wrong and does nothing, remains silent, condoning these injustices and encourages the vilification or actively vilifies or attempts to silence those speaking for truth and justice are morally bankrupt.

So, do what you will or won’t with this letter, but now you have it and if you choose to ignore the issues presented, you can no longer claim nescience but are being willfully ignorant.

It is with immense sadness that I end my nursing career but I will not be a part of these crimes against humanity and against the patients, I/we should be protecting and I do not consent or wish to be governed by a body that silently complies with the Government tyranny and bases their judgment as to whether I am fit to practice as a nurse on my levels of compliance or in my case non-compliance with tyranny.

I echo Dr. Mike Yeadon in saying I will fight for truth, freedom, medical freedom, and health, rights, and freedoms so long as I have breath in my body.

Yours sincerely,

Emma

Original unedited audio version of the letter

NB: YouTube deleted the video after three hours, claiming that it violates their policy. (The video was posted a new video link: https://youtu.be/YXTZyAFoTK4)


Also read: COVID Hospitalizations, Deaths for the Vaccinated More Than Triple in One Month – CDC

HERE: https://survivaldan101.com/cdc-reports-covid-hospitalizations-deaths-for-the-vaccinated-more-than-triple-in-one-month/
What is in these ‘vaccines’ – really?

Many Vaccinated People Are Becoming MAGNETISED!

One of the weirdest aspects of the entire Covid-19 vaccination campaign has been the revelation that many of the “vaccine” recipients have become magnetised – or magnets can stick to their bodies as if their bodies are iron. Occasionally non-magnetic items such as cellphones or cutlery will stick to their skin, as well.

There are many theories as to why this is occurring, but all attempts to debunk the phenomenon have been easily refuted. SEE: https://www.bitchute.com/video/9CBrg35p4S2F/

Best magnet videos:

The Highwire Magnet Challenge  
https://www.bitchute.com/video/FApEqfMvbOYw/

Magnet Challenge  
https://www.notonthebeeb.co.uk/magnet-challenge


And that’s not all:

Covid Vaccinated people are being TRACKED in real time (video)

https://steverotter.com/vaccinated-people-are-being-tracked-in-real-time/
How to survive the two shot vaccine

Ed note: Given the shocking safety record of Covid vaccines to date, we know of no precautions can reduce all risk from these injections; however we hope the following article will be of assistance to those who have been vaccinated.

July 4, 2021

Evidence suggests people who have received the COVID “vaccine” may have a reduced lifespan as a result of the acute, subacute and long-term effects from the COVID injection.

If you’ve gotten the COVID shot, consider yourself high risk for COVID and implement a daily prophylaxis protocol. This means optimizing your metabolic flexibility, vitamin D, and taking vitamin C, zinc and a zinc ionophore on a daily basis, at least throughout cold and flu season.

Evidence shows NAC may be used to prevent blood clots and break up any that might already have formed.

If you’re low risk for COVID and have not been vaccinated, make sure you have these items on hand and begin treating at the very first signs of cold or flu symptoms.

Also buy yourself a tabletop jet nebulizer, some saline solution and food grade hydrogen peroxide. Nebulized peroxide is an excellent go-to for prevention and treatment, regardless of the stage the respiratory infection is in. For prevention, nebulize every other day. For treatment, use at first signs of respiratory infection.

In this interview, return guest Dr. Vladimir Zelenko discusses an incredibly serious concern, one shared with at least two other highly credible experts — Michael Yeadon, Ph.D., a life science researcher and former vice-president and chief scientist of allergy and respiratory research at Pfizer, and professor Luc Montagnier, a world-renowned virologist who won the Nobel prize for his discovery of HIV.

Yeadon, Montagnier and Zelenko all believe the COVID-19 shots could reduce life expectancy by several decades, depending on several factors, including whether you’re required to get booster shots. In fact, there may be reason to suspect that many who get the jabs and subsequent boosters could lose their lives within two to three years, as a result of pathogenic priming (aka “ADE”).

It would seem prudent to have a good protocol in your hands in anticipation of a worst-case scenario.

So, on that note, Zelenko and I take a deep dive into what can be done to prevent such a fate. Zelenko categorizes the risks of COVID-19 “vaccines” into three categories: acute, subacute and long-term, so let’s begin by reviewing the primary risks found in each of these categories.

Risk Category No. 1 – Acute Risks

The acute phase of harm begins at the moment of injection and likely lasts for about three months or so. Based on reports filed with the U.S. Vaccine Adverse Event Reporting System (VAERS), it’s clear that many cannot survive past the acute phase.

About 6,000 deaths have been reported so far, and these deaths have commonly occurred within 48 hours of injection.

Many serious disabling events also occur rather rapidly, typically within a few days or weeks. However, Zelenko has a very dismal perspective on the accuracy of the VAERS database. He explains:

“According to a paper published by the Salk Institute in San Diego, they’ve discovered that the spike protein that’s generated through the vaccination itself has negative health effects. It’s toxic … on its own …

“There’s plenty of evidence that shows that it spreads from the injection site and goes to the bloodstream, and basically comes into every single cell in the body.”

“mRNA has a half-life of around one to two weeks, depending on the mRNA, and during that interim, each mRNA molecule makes around 2,000 to 5,000 spike proteins. So, we’re talking about trillions and trillions of spike proteins.”

“Your entire body becomes a spike protein factory. Several orders of magnitude more than if you were to get COVID, because COVID infects the upper and lower airways primarily. Those are the cells that get infected and begin to produce spike proteins. But here we’re injecting the vaccine and it actually travels to every single cell in your body and converts every single cell in your body into a factory for spike proteins.”

As the mRNA disseminates through your vascular system, the cells lining your blood vessels begin producing spike protein. This is why we’re seeing such a staggering number of reports of people experiencing blood clots from these injections.

According to Zelenko, 40% of these events occur within the first two days after injection. The risk then diminishes, but vascular events such as heart attacks, strokes, renal infarcts and pulmonary infarcts don’t completely peter out until about three months after the last injection. (NB: In the UK, the interval between the two doses of the Pfizer/BioNTech mRNA Covid vaccine has been increased from the 21 day minimum recommended by Pfizer to up to 12 weeks. The potential for adverse effects if the second shot is given when the recipient may still have residual spike protein in their body following the first injection would be a plausible reason for increasing the interval between doses. See this link: https://doctors4covidethics.org/doctors-and-scientists-write-to-the-european-medicines-agency-warning-of-covid-19-vaccine-danger-for-a-third-time/ - Ed)

But these events of the past three months are not being reported to VAERS. It is, of course, possible that people simply aren’t connecting them to the COVID shot they got several months earlier.

How Many Have Actually Died From the COVID Shots?

As noted by Zelenko, underreporting is part of the problem we’re facing. The real number of side effects is impossible to determine, given the fact that the Food and Drug Administration didn’t insist on a robust post-vaccination data collection system, but it’s most certainly higher than what VAERS is listing.

“If you look at the VAERS [vaccine adverse event reporting system], which in my opinion is a piece of garbage … as of today, let’s say there’s 6,000 deaths associated with taking the vaccine. Well, we need to understand what that actually means,” Zelenko says.

“If you look at the 2009 Harvard study on the VAERS system, they said only 1% of events are actually reported. So, OK … whatever the number is, it’s not 6,000. Maybe only 10% are being reported. I don’t know. But definitely it’s being underreported.

“And then there’s two [additional] big problems. There’s evidence coming out that VAERS reports that have been filed are being erased off the server. No. 1. No. 2, I personally know of 2,000 cases of deaths associated with the vaccine, and the doctor and/or family members that tried to file a VAERS report, their reports were rejected due to some technicality.

“The fact that they all couldn’t make a report, that raises my eyebrows. What percentage of the information are we actually seeing? The answer is, I estimate, there are already around 200,000 dead Americans, directly related to the vaccinations.”

To get to that number, Zelenko assumes only 10% of adverse effects are reported. Studies have indicated it could be as low as 1%. That gives us a death toll of about 60,000, to which he adds another 140,000 given the fact that reports are be-
ing scrubbed and refused.

“The point is that it should definitely raise eyebrows and have the public start screaming and saying, ‘We want to know the truth. We want to know the accurate numbers. Stop suppressing the truth ... I want to be able to make an informed choice whether or not I want to take this injection.’ And that’s not being given to the people.

“My problem is not with the vaccine. My problem is with the government, governing bodies and certain people that are obstructing the flow of life saving information and suppressing the truth from people, and then using coercion to force people to take this vaccine. That’s the nefarious part.

“The suppression is so blatant and so overt that doctors with impeccable credentials are being deplatformed for just voicing an opinion. And then you couple that together with proven prehospital treatment approaches and protocols that have been proven to reduce hospitalization and death by 88%, and that information is being suppressed.

“So here you have a dual censorship where the positive, hopeful, life-saving information is being suppressed and the dangerous outcomes of the vaccination approach is being suppressed. It’s a perfect setup for genocide.”

Risk Category No. 2 – Subacute Risks

The subacute risk phase, which begins around three months’ post-injection, is exceedingly difficult to quantify. At bare minimum, it’s likely to last several months to a couple of years. The primary concern now is antibody-dependent enhancement (ADE), also referred to as pathogenic priming and/or paradoxical immune enhancement (PIE) as it more accurately describes the disease mechanism.

Zelenko believes the mRNA will have degraded by this time, and your cells will hopefully no longer produce spike protein. I believe he may be overly optimistic here, as the synthetic mRNA has been genetically modified to be less perishable, plus it’s encased in a nanolipid to resist breakdown.

I suspect this modified mRNA may remain viable far longer than anyone suspects, thanks to its synthetic nature. What’s more, there’s a mechanism by which the mRNA can be reverse transcribed into your DNA, which would make the spike protein production permanent – and probably intergenerational. I describe this process in “The Many Ways in Which COVID Vaccines May Harm Your Health.”

If Zelenko is correct in the subacute risk phase, the primary disease agent now switches from the spike protein to the antibodies produced in response to the spike protein. We don’t know how long these antibodies will last, but chances are they’ll stick around for a number of months or years.

While antibody production is the primary purpose of these shots, and the response said to provide you an immune benefit, they can actually be the source of problems.

Animal trials in which conventional coronavirus vaccines were tested have shown coronavirus vaccines routinely cause ADE8,9,10,11,12 so when the animals are challenged with the real virus they’ve been immunized against, they can get seriously ill and even die. If hospitals start filling up with vaccinated individuals this fall, you’ll know why. They’re suffering the effects of ADE.

“In other words, those antibodies that were produced with the vaccination were pathologic,” Zelenko says. “They were lethal and they led to an exaggerated immune response. That’s what it means, antibody-dependent enhancement. It’s an enhancement of your immune response in a way that it will kill you ...

“The question is, how safe is it long-term, or in the subacute [phase] from three months to three years? That is a big question mark. Based on animal models – and this is what Dr. Mike Yeadon is saying – it could be absolutely genocidal. It’s the biggest gamble on the survival of humanity in the history of humanity.”

Why Is Humanity’s Survival Being Risked?

The questions on many people’s mind right now are, “Why are lifesaving early treatment approaches suppressed?”

“Why are the toxic side effects and death rates of the vaccines being suppressed?” and “Why are entire continents being coerced into taking a vaccine that is both medically unnecessary and unproven in terms of safety and effectiveness?”

Taken together, none of it makes any sense, which is why people like Yeadon, Montagnier, Zelenko and others are raising concerns about global genocide. Is that what this is all about? Is there an alternative interpretation of what’s happening? When you consider the actual data, mass vaccination simply isn’t necessary, so why the frantic push to get a needle in every arm?

Risk Category No. 3 – Long-Term Risks

Beyond the two-to-three-year mark are the long-term risks, which are even more difficult to predict. One particularly difficult risk to predict or quantify is infertility. It’ll take decades before we have the data on reproductive effects. Women in their 20s who get the jab might not get serious about trying to get pregnant until they’re in their 30s.

Teens and young children will have to wait decades before fertility can be ascertained. Of course, by then, it’ll be too late. The damage will be done, and hundreds of millions will be in the same boat.

Zelenko cites research published in The New England Journal of Medicine, which concluded COVID vaccination during pregnancy had no increased risk of miscarriage. However, a closer look at the data set revealed that this was only true for women who got vaccinated during their third trimester. Women who get the COVID jab in their first and second trimester have a 24-fold higher risk of miscarriage.

There are also reports of declining sperm counts and testicular swelling in men, and menstrual cycle disruptions in women of all ages. “There is an absolute effect on fertility,” Zelenko says. We just don’t know to what degree yet.

Overall life expectancy is likely to be affected across the board but, again, it’s very difficult to predict just how many years or decades will be lost. Zelenko, like many other doctors, suspect autoimmune diseases and cancer rates will go up as a result of the jabs:

“Whether you look at the acute spike protein-induced death, the miscarriages, or the myocarditis in young adults, or you look at the subacute pathogenic priming issue, or you look at the potential long-term effects of infertility, autoimmune disease and cancer, you have an absolute setup for a genocide. And that’s why these world-leading thought leaders, scientists, are cautioning people ...

“Let’s do a thought experiment. If COVID-19 were to infect every single human being on this planet and was not to be treated, what would be the overall global death rate? The answer is less than 1%, and I’m not advocating for that, by the way. That’s a lot of people still.

“Now, what is going to be the death rate from global vaccination? That is going to be several orders of magnitude greater. And it actually depends how far out you look. Because if someone’s meant to live 80 years and they live 60 years, how do you quantify that? ...

“We’re talking about 1.5 to 2 billion people [dying] for no reason, except the agendas of a few psychopaths or sociopaths. Why do I say that? It’s because there have been people advocating for population reduction for decades. I just saw a video from [U.K. prime minister] Boris Johnson’s father ... advocating for the reduction of England’s population to 15 million ...

“There’s a small group of sociopaths that believe ... they’ve evolved into a super-human enlightened [state] that entitles
them the right to dictate the course of history.

“For example, Bill Gates in 2015 said the world population needs to be reduced by a certain percentage... He’s one of the main supporters and profiteers of global vaccination. Why would I take a vaccine for my health from someone is advocating for the reduction of the world population?

“Another scary individual is Klaus Schwab, the founder of the World Economic Forum. He’s very influential. He wrote the book ‘COVID-19 The Great Reset.’ In 2016, in a French interview ... Schwab made an announcement that within 10 years, all of humanity will be tagged with an identifier. If you look at the UN 2050 plan, which was crafted by the World Economic Forum, it says ‘America will no longer be a superpower.’

“That’s a stated agenda. Then, my favorite is, ‘You’ll own nothing and you’ll be happy. You won’t eat any meat. Fossil fuels will be prohibited. There’ll be a billion refugees, which will have to be integrated into your societies.’ So, my question is, what sociopath feels entitled to make a statement like ‘You will own nothing and you will be happy’?

“What entitles this type of individual, or group of individuals, to think that way? Well, they believe that they’re enlightened far beyond the average human or subhuman.”

War Against God

Zelenko, a devout Jew, believes the root of this global takeover is really a war against God. The implication is that life has sanctity, and if life has sanctity, we have human rights, “earned” by our birth alone. This is the source of natural law. And, if we have human rights, handed down by God, then no one has the right to decide how long any one of us should live, or how many people there should be on the planet.

“That’s God’s prerogative,” Zelenko says. “However, if you take that out and view people as no different than an animal, a Darwinist perspective or eugenics perspective, and basically survival of the fittest is the yardstick that you measure the dominance hierarchy of humanity, in that case, these people feel that they are on top of the pyramid, and that entitles them to decide if you and me should live.

How to Protect Your Health Post-Jab

If you or someone you know or love got the COVID jab and now have serious regrets, there are definite strategies you can use to protect your health. It appears if you made it through the first three months OK, then your risk for blood clots is likely radically diminished. To counteract excessive clotting, an anticoagulant may be appropriate. A natural alternative with great promise is n-acetyl cysteine (NAC), as it has both anticoagulant and thrombolytic effects, “meaning it may both prevent clots and break up clots that have already formed. Obviously, do not get any more booster shots.

In the subacute phase, your No. 1 goal will be to avoid ADE. The key to this is to avoid triggering a pathogenic immune reaction, and the only way to do that is to implement some sort of prophylactic protocol, i.e., a COVID, common cold and influenza prevention protocol.

This is especially important for anyone that has received the COVID jab as they are at a high risk of having complications and are under the false impression that they are “protected” when actually they may be at increased risk now that they got the jab and need to take extra precautions.

Any symptoms of upper respiratory infection should also be treated immediately, not later. COVID is a multi-phase disease. The first phase is the viral phase, which lasts five to seven days. This is when it’s most easily treated. After Day 7, the disease typically progresses into the inflammatory phase, which requires different treatment.

Zinc supplementation is an important component for prevention and early treatment in the viral stage, as it impairs viral replication. You need to take it with a zinc ionophore, however, such as quercetin, EGCG (green tea extract), hydroxychloroquine or ivermectin.

“The majority of the COVID protocols focus on inhibition of our RNA virus replication. That means the RNA virus to make copies of itself, it needs to enter the human cell. In the case of RNA viruses, all the COVID, coronaviruses and even the influenza viruses, they use a common pathway called RNA dependent RNA polymerase. That’s a very important enzyme.

“That enzyme is what makes copies of the viral genetic material, which then enables for new viruses to be formed and spread. So, if you inhibit the viral RNA replication process, you’ll eliminate viral spreading, viral growth. The beautiful thing about what we found with zinc is that zinc inhibits this enzyme extremely well, if there’s another zinc [molecule] inside the cell.”

“If you want to use either hydroxychloroquine or ivermectin and live in a state that restricts their use, look for online telehealth options. The American Frontline Doctors’ website is one resource. They only charge $90 for a consultation and you will be able to get the prescription that you need.

Do not use Ivermectin from veterinary sources as it may be contaminated and is not designed for human use.

If you’ve gotten the jab, consider yourself high risk for COVID and implement a daily prophylaxis protocol. This means optimizing your vitamin D, and taking vitamin C, zinc and a zinc ionophore on a daily basis, at least throughout cold and flu season.

In addition to zinc and a zinc ionophore, you also need to optimize your vitamin D level. The range you’re looking for is 60 ng/mL to 80 ng/mL year-round. The appropriate dose of oral vitamin D3 is the

Strategies to Lower Risk in Those Who Received COVID Jab

• Nebulized hydrogen peroxide 0.1% (DAILY or more frequently if needed)
• NAC (N-acetyl Cysteine) 500 mg once a day
• Zinc (15 mg once a day)
• Vitamin C (500 mg once a day or 250 mg twice a day)
• Eliminate ALL vegetable (seed) oils (Goal is zero)
• Vitamin D (Most adults need 8000 IU per day but it is imperative to check blood levels 60-80 ng/mL or 100-150 nmol/l)
• Daily sauna (20 minutes at 170 degrees Fahrenheit will help destroy spike proteins)
• Time restricted eating (Helps remove spike proteins through autophagy)
• Seek to eat organic only foods, especially avoid the dirty dozen. (This will help limit glyphosate intake.)

Please note that these general recommendations may not be suitable for everyone – consultation with a health professional is essential to ensure that any dietary changes, new supplements or health practices, such as taking saunas, are safe for an individual - Ed.

The sad story of Maddie de Garay

Maddie de Garay was a happy, intelligent, active 12 year old girl who had “lots of friends” and was enjoying life until earlier this year.

She is now in a wheelchair and dependent on a feeding tube.

What transformed this child’s health for the worse? Sadly, it was a public-spirited decision to participate in a clinical trial for a Covid-19 vaccine.

Maddie de Garay is the daughter of a mother who has a degree in electrical engineering and a father who works in the medical field. Her mother describes herself as someone who is “pro-vaccine” and believes in science. Youn Maddie was apparently excited about joining the clinical trial in which the Pfizer/BioNTech mRNA Covid-19 vaccine would be administered to approximately 1200 children aged 12 – 15 years (another approximately 1200 children would receive a placebo).

(Covid-19 poses an extremely low risk to children but this fact was probably not disclosed to Maddie’s parents, who also allowed Maddie’s two older brothers to participate in the trial.)

Initially, Maddie’s experience in the trial was unremarkable. She was still a healthy child after her first shot. It was after her second injection with the Pfizer/BioNTech mRNA Covid-19 vaccine (on January 20, 2021) that things went horribly and dramatically wrong. She “immediately felt pain at the injection site” after the second dose of the Pfizer/BioNTech jab but this was just the beginning as “over the next few months” she developed severe abdominal pain, gastroparesis (slowed digestive system function) nausea and vomiting and “erratic blood pressure and heart rate” as well as “memory loss”, “brain fog”, headaches and dizziness. Maddie also fainted, causing her to fall and hit her head and she has also suffered seizures and developed verbal and motor tics. She has “loss of feeling from the waist down” and suffers from urinary retention and loss of control over her bladder.

In addition, Maddie’s menstrual cycles have become severely irregular.

A video of Maddie’s mother tearfully recounting the litany of symptoms her daughter developed (and that are still present at the time the video was filmed) may be viewed at the following link: https://t.me/cbknews/5705

A video of Maddie and her mother is also available at this link https://www.c19vaxreactions.com/real-video-stories.html of a new website that has been started by Americans who have experienced adverse outcomes after participating in Covid-19 vaccine trials – or after receiving Covid vaccinations after these have made available to the public.

With even one adverse reaction of this sort of severity among the only 1200 or so children who received the vaccine (rather than the placebo) in the Pfizer/BioNTech mRNA vaccine trial, you might hope that Pfizer might think better than to market this product to children, given their extremely low risk of an adverse outcome if they were to be exposed to the SARS-CoV-2 virus that causes Covid-19. Unfortunately, Pfizer is pushing ahead with marketing the vaccine for children regardless (and has even initiated trials in younger children). [1]

Worse, government regulators, such as New Zealand’s Medsafe, which are supposed to look out for the interests of the NZ public appear to be more interested in Pfizer’s bottom line. Earlier this year, Medsafe refused to answer a request made under the Official Information Act that asked very reasonable questions about Covid-19 vaccines. Medsafe’s reason for refusing to answer the questions? The replies might prejudice the “commercial position” [2] of the person who supplied the information. (Pfizer has been projected to earn 15 billion dollars from Covid vaccine sales in 2021 alone.)

Now, Medsafe has given provisional consent for Pfizer to market the Pfizer/BioNTech mRNA Covid-19 vaccine (under the brand name “Comirnaty”) to 12 - 15 year olds in NZ.

You might wonder whether there is any mention of the awful outcome that Maddie has experienced in materials that Medsafe makes publicly available…?

(This would certainly seem to be important information that parents need to know in order to make an informed decision about Covid vaccination on behalf of their minor children.)

Quoting from the datasheet for Comirnaty on Medsafe’s website:

“The most frequent adverse reactions in adolescents 12 to 15 years of age were injection site pain (> 90%), fatigue and headache (> 70%), myalgia and chills (> 40%), arthralgia and fever (> 20%).”

The text above is the sole section of the datasheet specifically relating to side
effects experienced by children/teenagers in this age group. (This was a revised version of the Comirnaty datasheet that was last updated on 24 May 2021.)

Nor does Maddie’s awful post-vaccination health problems appear to be the worst possible outcome following Covid-19 vaccination that a child can experience. To date, nine deaths following vaccination with Comirnaty in children aged 12 to 17 have been reported to the United States Vaccine Adverse Events Reporting System (VAERS). Four of these were cardiac-related. [4]

Deaths and substantial injuries have occurred in older teenagers, too, such as the case of 18 year old American David Mallozzi who developed myocarditis that caused “profuse heart damage” after the Pfizer Covid shot. His mother has stated that her son, is now “like an 80-year-old heart patient and he can’t walk. He cannot walk and exert himself because his heart can’t pump enough blood. It cannot keep up with any type of exercise, including walking.” [5]

Simone Scott, a 19 year old college student recently died after she developed what was believed to be myocarditis following the Moderna mRNA Covid-19 shot. Her heart function deteriorated rapidly to the point where a heart transplant was necessary – but unfortunately even this major surgery did not save her life. [6]

In the US, the FDA has added a warning about myocarditis to the fact sheets for mRNA Covid vaccines. In NZ, Medsafe says that it is monitoring this issue but it’s clear that there is a lot that Medsafe is not sharing with the NZ public about Covid vaccines.

The NZ government is now planning a vaccination campaign using the Pfizer/BioNTech mRNA Covid-19 vaccine “Comirnaty” in schools. In NZ, parents of children who are 15 years or younger can consent (or refuse consent) for their children to be given the Pfizer/BioNTech mRNA Covid-19 vaccine “Comirnaty”. Teenagers who are 16 years or older can legally give consent for vaccination without parental permission (even though parents are still financially responsible for teenagers until they turn eighteen).

The links below may be useful to read as part of making a decision about Covid vaccination for children/teenagers:


If you have a teenage child (or children) and would not want them to be injected with Pfizer/BioNTech mRNA Covid-19 vaccine (or any of the other Covid vaccines that have not yet completed their clinical trials) you may want to give some thought as to what information you may want to share with them.

The cartoon at this link provides an engaging introduction to some of the issues with Covid vaccines and may be worth considering: https://www.bitchute.com/video/AiBKUM3IAm6a/
The video at the following link may be a good one to view with an eye to assessing whether it may be suitable to watch with an older teenager, especially as it covers potential fertility issues from Covid vaccines. https://www.youtube.com/watch?v=Rxdxf-ZHU8

REFERENCES

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Vitamin C is another important component, especially if you’re taking quercetin, as they have synergistic effects. To effectively act as a zinc ionophore, the quercetin needs vitamin C.

In an effort to make it easier for patients, Dr. Zelenko has developed an oral supplement that contains all four: vitamin C, quercetin, vitamin D3 and zinc. It’s called Z-Stack and can be purchased on zstacklife.com. For a downloadable “cheat sheet” of Zelenko’s protocol for COVID-19, visit VladimirZelenkoMD.com

The take-home message here is that if you’ve gotten the jab, consider yourself high risk for COVID and implement a daily prophylaxis protocol. This means optimizing your vitamin D, and taking vitamin C, zinc and a zinc ionophore on a daily basis, at least throughout cold and flu season.

It would also be useful to do a daily sauna. Ideally one that can heat up to 170 degrees Fahrenheit. The best saunas are far-infrared and have low EMFs. Sadly, I don’t know any that go to 170 degrees and are low EMF.

I use one that goes to 170 and then I turn it off and turn on the SaunaSpace four near IR bulb system in the sauna and go in for 20 minutes. This practice activates heat shock proteins which will help remove the spike proteins and improve other damaged proteins in your body.

If you’re low risk for COVID and have not been vaccinated, make sure you have these items on hand and begin treating at the very first signs of cold or flu.

The ‘New Normal’ Lexicon

By Ian Jenkins – May 30, 2021

Extracts from ‘The New Normal Lexicon’ by Greta Reset, Professor of Neology at Schwabgate University.

**Mask eye:** the nasty beady-eyed glare, a mix of hatred and fear, given by a ‘maskaholic’ to someone not wearing a ‘face covering’.

**Maskaholic:** Someone who wears their mask regardless of the surroundings e.g. alone in a car, on the top of a mountain or under water.

**Face covering:** Absolutely anything used to cover the lower half of the face in order to comply with regulations and gain access to a restricted zone – anything will do as efficacy in preventing disease transmission is not a requirement: underpants, a chiffon scarf, a hairnet.

There is also no requirement for face coverings to be disposed of safely after use, so these can be thrown on the street or over the landscape for children to play with and animals to choke on.

**Vaccine hesitancy:** Selfishly declining, or considering declining, a ‘vaccine’, especially an experimental one, usually based on a personal risk/benefit analysis, a deficit of fear and a belief in right wing nonsense like informed consent and bodily integrity.

Vaccine hesitancy causes the perpetuation of ‘lockdown’, masks and ‘social distancing’ by governments, who really don’t want to do these things, but you know…blame them. (See also: Antivaxxer).

**Antivaxxer:** Anyone who declines or criticises any of the Covid-19 vaccines, regardless of their reasons and general attitude towards vaccination – even if they are a well-regarded medical scientist who has been involved in the development of vaccines for many years. Any evidence produced by the antivaxxer is irrelevant because proof denies faith and without faith ‘The Science’ is nothing.

**Age standardised mortality rate:** The gold standard measure of all-cause mortality in a nation for the purposes of comparisons with other years. Consequently, it is never used by government or media, who prefer instead an open-ended tally of people who died within 28 (or even 60) days of a PCR test.

**PCR Test**: The Polymerase chain reaction test was invented by American biochemist Kary Mullis who won the Nobel Prize for his discovery. PCR is able to magnify DNA samples to identify even minute quantities of a virus and is used on a rising scale of magnification called “cycles”.

Mullis, who died in 2019, was emphatic that his invention could not identify and diagnose infectious disease and consequently it has been used throughout the past year to do just that.

Head of the AIAID Anthony Fauci is on the record as saying that use of PCR of 35 cycles or more mean that the test is essentially meaningless in terms of determining infectious disease and would result in ‘false positives’ – but the protocol produced by German scientist Christian Drosten, which was based on a computer model rather than an isolated and sequenced sample of the virus and was peer-reviewed in 48 hours, recommended a cycle of 45.

This was then picked up by the WHO and used practically
everywhere until the WHO told everyone to stop in January because it was meaningless. (See also: ‘The Science’).

**The Science:** A subset of scientific knowledge which cannot be challenged on the basis of empirical data or repeatable experiment because it has been ‘settled’ by the consensus between the subset of ‘experts’ who adhere to it.

**Social distancing:** Dystopian name given to the arbitrary physical distance recommended or by ‘experts’ or imposed by government to prevent ‘asymptomatic spread’. Should really be called ‘physical distancing’, but isn’t.

**Asymptomatic spread:** The curious idea that disease is spread in any significant way by people who are physically well, regardless of all previous (and most current) scientific evidence. The reason for ‘lockdown’.

**Lockdown:** A phrase borrowed from the penal system to denote protecting the health of the nation by inflicting isolation, missed education, stress and fear, limited healthcare and economic devastation on the whole of society, regardless of actual risk to individuals or proof of efficacy, to prevent ‘asymptomatic spread’.

**Three weeks:** Perpetuity (see ‘Lockdown’).

**Nursing homes:** Sssshhh! We don’t talk about that anymore. Look here comes another variant!

**Case:** Someone otherwise perfectly healthy who has unaccountably presented themselves for testing with a PCR test conducted so that it would find viral strands on Howard Hughes’s gloves.

**R Number:** a metric in epidemiology denoting the ability of a virus to spread. Once of vital importance and obsessively tracked and announced by the government and media on a daily basis it is now just sooooo 2020, darling – it’s all about variants this year don’cha know.

**Infection fatality rate (IFR):** Probably the most important metric in assessing the lethality of a pathogen, IFR is the percentage of infected people who die. For SARS-CoV-2 the current estimate is between 0.24% and 0.15% – for comparison bad flu is between 0.1 and 0.2% and rabies is 100%. Due to its vital importance, IFR is never mentioned by the mainstream media and most people have no idea what it means.

**Variant:** something 99.7% identical to an original thing, but with a scary name and good PR e.g. “the quadrupal super-deadly [insert random geographical location] superspreader variant”

**Superspreader event:** Politically inconvenient gathering or event with a large number of people behaving normally, that subsequently does not spread anything except love, unity and information.

**‘Expert’:** Someone occupying an eminent position in academia who says the right things.

**Source of misinformation:** Someone occupying an eminent position in academia who says the wrong things (cf. ‘Expert’)

**Influencers:** Celebrities, Vloggers or social media figures with many followers who use their reach and popularity to persuade people of the wisdom of government policy about which they know less than nothing, usually in return for payments from the public purse.

Also includes brave heroes like those at the 77 Brigade, who fight the dangerous war against dis/misinformation from the doughnut and coffee-infested virtual trenches of an MOD computer suite (see also SPI-B)

**SPI-B:** The Scientific Pandemic Insights Group on Behaviours – a group of psychologists, government officers and law enforcement ‘experts’ tasked with the vital role of making sure that the public are suitably terrified during a time of public health crisis – particularly by making them aware of said crisis and making it super-scary through ominous messaging in the media.

SPI-B work on the thoroughly ethical concept of using fear to elicit compliance, which has never yet been misused in human history and which has never damaged the mental and physical health of a populace or affected democracy, social harmony or freedom in any way.

**Vaccine:** Traditionally a preparation of dead viral matter introduced to stimulate immune response and prevent infection – but now not so much that.

**Vaxtrovert:** Someone who gleefully tells anyone and everyone all about their vaccine experience without any prompting or particular desire to hear about the subject on the part of their interlocutors.

**Public health policy:** Focus on a single potential cause of death or illness to the exclusion of all others.

**Herd immunity:** Literally a fascist concept/policy…unless brought about by mass vaccination.

**Adverse reaction:** Totally coincidental illness or death following vaccination.

**Health Passport:** see: ‘Dompass’ and ‘kennkarte’.

**Great Reset:** Collosal resource grab and imposition of centralised technocratic control system – but with nice words like ‘equity’, ‘sustainability and ‘diversity’ thrown in to make it feel all warm and cuddly (see: ‘Build back better’, ‘Agenda 21/2030’ and ‘dystopian nightmare’)

**Build back better:** For oligarchs, not for you peasants.

**Freedom:** Slavery

**Ignorance:** Strength

**The Nuremberg Code:**…is that a Dan Brown novel?

**Freedom of speech:** Just watch what you say...

**Rule of Law/civil rights:** Sorry, what?

**SOURCE:** [https://off-guardian.org/2021/05/30/the-new-normal-lexicon/](https://off-guardian.org/2021/05/30/the-new-normal-lexicon/)
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Cancer Statistics (USA)

Data from the American Cancer Society shows that the incidence of cancer from 2013 to 2018 increased by 4.5% while the death rate increased by 5%.

This clearly indicates that the current mainstream approach to cancer is faulty. We are not winning the war against cancer. The current dogma - that cancer is a genetic disease - is incorrect.

Investigating the Cause of Cancer

Scientists at Tulane University, in Louisiana, replaced the nuclei of healthy fertilized frog eggs with the nuclei of frog cancer cells. Of the frogs that grew none of them developed cancer.

If cancer were a genetic disease, ruled by the oncogenes in the nuclei, then the frogs that grew should have developed cancer.

Next, scientists at the US Institute of Cancer Research obtained healthy mice from the nucleus of a tumour cell and thereby concluded that it was not possible that genetic mutations are driving cancer.

Later studies by different scientists support the same conclusion, that cancer is NOT a genetic disease.

What is the Role of Mitochondria?

The answer becomes clear when we consider the results of another group of scientists at the Baylor College of Medicine in Texas. They placed healthy mitochondria into cancerous cells and found this reversed the cancer in the cell. (Note: Mitochondria are the organelles of your cells in which the processes of respiration and energy production occur.)

Another group of scientists at UAM University in Madrid, found healthy mitochondria can suppress cancer despite the presence of a genetically damaged cell nucleus that would normally generate cancer.

All this clearly indicates that cancer is caused by damage to the mitochondria in cells and that healthy mitochondria can reverse cancer. However, cancer is also a manifestation of malfunctions in immunity, as malignant cells manage to escape recognition and elimination by the immune system.

How to Support the Health of Your Mitochondria & Your Immune System

Imuno® is a game changing line of products that supports mitochondrial functions, biogenesis, and a strong and balanced immune system. They are designed to work synergistically with Bravo Probiotic®.

Imuno® and Bravo Probiotic® were formulated by Molecular Biologist Dr. Marco Ruggiero, M.D. Ph.D., author of peer-reviewed scientific papers on immunotherapy and quantum biology.

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