CITIZENS ACROSS INDIA WRITE TO THE PRIME MINISTER

The Hon'ble Prime Minister of India
Shri Narendra Modi
7, Lok Kalyan Marg
New Delhi
India

30 December 2021

THE TRUTH OF COVID-19
THE INDIA STATEMENT

Summary & Recommendations: Part I

Dear Prime Minister

We are citizens writing to you from every walk of life. We include: medical scientists, Doctors and epidemiologists, Civil Servants, Civil society organisations, and not least among us, deeply concerned mothers, fathers, husbands and wives.

At the outset, we appreciate your concern for the health and well-being of the people of India in these perilous times of the Covid Pandemic. We appreciate that it is this concern that prompted you to encourage the development of the first Indian Vaccine 'Covaxin' and also promote the production of Covaxin at the Serum Institute in India. However, as medical specialists in particular, we have recently been alerted to serious dangers of all current vaccines, which are also experimental, under Emergency Use Authorisation (EUA), including Covaxin, and feel duty bound to share this with you for appropriate action urgently.

We ask you to stop the vaccines. We quote the relevant literature to support every assertion we are making so that it will be easy for you to get it verified by experts advising the Government. The evidence of medical science supporting this 'Summary & Recommendations', is provided as Part II of this letter and is cross referenced.

We are furthermore, very happy to inform you, that eminent international medical experts have joined this effort, to halt the vaccine rollout, in the interest and necessity of corrective measures to a global vaccine response to deal with this pandemic, and end it. They support the medical science backing our recommendations to you and have provided testimonials along with their brief biodata (ref. Pg. 5; Encl. Appendix 1: a-f); they are Prof/Drs:

Mike Yeadon	Peter McCullough	Pierre Rory
Roger Hodkinson	Sucharit Bhakdi	Tess Lawrie

1. A corona virus vaccine has never before been used successfully. One problem has been the development of Antibody Disease Enhancement (ADE). The vaccine produces antibodies, but sometimes this does not prevent disease – it instead makes the disease more serious and ADE can extend into the future. This happened with the Dengue vaccine, which was given to children in Manila. In the next Dengue season it was found that many of the vaccinated died compared to unvaccinated. (Ref. US Front Line Drs. Legal Suit Pg. 12; Foot note 22).

2. All vaccines use the spike protein. It was thought to be a good idea at first, because the virus uses its spike protein (SP) to attach to the host cells. However, we now know this is a blunder and a major catastrophe. The spike protein is the toxic part of the virus that causes major (vascular) disease. It is confirmed that the synthetic spike protein of the vaccines is also toxic and is similarly causing clotting and bleeding disorders etc. Many thousands of people taking the vaccine have died. The data of adverse effects and deaths as a result of the vaccines is sending shock waves in the scientific community and recipient human population in all countries (Ref Table pg. 6: Pts. 3, 4,5,7).

Furthermore, and very worryingly, it is now conclusive that the vaccine leaves the injection site, which is the arm, and contrary to what was assumed, and unexpectedly, travels into the bloodstream, ie spreads all over the body including with concentrations, in the ovaries, in the bone marrow and lymph nodes. This data has only recently become available in the public domain from Japan's Regulators, consequent to a request for data under the equivalent of our RTI. Given what is known of the spike protein and its ability to cause major disease, this is very dangerous. The potential to cause diseases of the bone marrow and in the long term, to affect the reproductive ability of women is unknown.

Furthermore, mass roll-out of the vaccines is putting selection pressure on the virus to evolve into a strain that is resistant to the vaccine, like the Delta Variant, which emerged in India Now we have Omicron. This is well known science that follows the same pattern as for example, in anti-biotic resistance. Dr. Luc Montagnier, the Nobel Prize winner who discovered the AIDs virus raised an urgent warning about this phenomenon. Therefore, it is not surprising that the Delta variant, which is sweeping the world is not prevented by the existing vaccines. And this process of new variants will not stop as more and more people get vaccinated (Ref Pt 3 (Pg.10)); Pg 42).

4. The data/studies in Israel (where the vast majority are vaccinated), show an increase in hospitalisations and deaths among the vaccinated, as opposed to the

unvaccinated, with the Delta virus. This is a repeated pattern occurring in other countries, and predicted by Dr Luc M and other leading virologists: The graph of vaccinated, infection and deaths rise together. This also quite clearly means that it is not the unvaccinated that are a threat to society, who are spreading the virus. (Ref. Pt D (ii) Pg 38 – 41; E Pg 41 & 42).

5. The protective effect of the vaccines is waning rapidly and is now below the required regulatory efficacy of at least 50%. The US Health Agencies are already advising a booster 3rd dose. However, leading vaccine experts and immunologists and the vaccine manufacturers knew this all along. It was hidden though from the public.

6. Unlike vaccine immunity, (which is also narrow, variant-specific), people who recover from Covid-19 develop natural immunity, which is long lasting with antibodies that are effective against several viruses/variants. Such persons need not be vaccinated saving the exchequer crores of rupees. Indeed, it is potentially dangerous for such persons to be vaccinated. A large percentage of the Indian population, around 70%+, already have this natural immunity according to the ICMR. This is called 'Herd Immunity', which also means that infections will die down. Vaccines are not required (Ref Pt C, Pg. 29 -31).

7. There are several groups other than the above who cannot be properly discriminated or distinguished in a vaccine roll-out. These groups must not be given Covid Vaccines. One such group is pregnant women, who are particularly vulnerable. Quite apart from the urgent inadvisability of pregnant women being vaccinated, the product inserts specifically state that the vaccine should not be used (ref. Pt 6, (Pg. 13 to 16 /also Mike Yeadon Doc @Appendix 1: a Pg 5).

It has also been shown that the vaccines can produce antibodies to a protein **Syncytin,** which, in the future, may cause abortions in women. This means that women of child-bearing age (50 and below) should not be given the vaccines (ref. Pt 6 (Pg. 13).

8. Children have not had much problem with Covid. We are aware some doctors are suggesting that a third wave will affect children. This is not scientific. It is not possible for any person to predict how a virus will evolve and they cannot say what age group it will affect. Moreover, the long term impacts of these vaccines and in particular, the toxic spike protein are unknown. It would therefore, be quite unconscionable to risk the future of our children and it follows, the future of our Country. Given the data, we know the risks of Covid-19 vaccines far outweigh the benefits. (ref. Pt 9 (Pg. 19-21); Pt Ac (Pgs. 25-28)

9. For our country, compared to our major disease burden in communicable diseases, (TB, diarrhoeal and other diseases), where children are seriously impacted,

(over 2000 children die every day), the incidence and deaths due to COVID-19 are negligible. Children are not impacted by this disease. We also draw attention to the levels of serious malnutrition. It will be of great relief to you that stopping un-needed vaccinations will release the huge sum of Rs 35,000 crores for a public health system in dire need of resources to deal with killer childhood diseases and to improving the health of our population. ref Pt. 10 (Pgs. 50-52)

10. The US FDA is withdrawing the current RT-PCR because in its present form @ high Cts (cycle thresholds) and faulty assays, the Covid and Flu viruses are not distinguishable. It is widely acknowledged by experts that determination of Covid cases has been significantly faulty, giving rise to great numbers of false positives. The ramifications have been severe on India (and worldwide), including causing widespread panic (ref Pt 11. (Pg. 52 –55).

11. At the very heart of the problem of unsafe Vaccines is the endemic conflict of interest that engulfs the Institutions of health world-wide, particular the US (NIA/FDA/CDC/) and the UK's MHRA), as well as the WHO. (Pt 9 F: Pgs. 42-49)

It is for all these reasons that vaccine manufacturers demand to be indemnified from any harm their vaccines may cause, from the Government. Pfizer and Israel have made an Agreement to HIDE Covid-19 Vaccine Adverse Reactions for 10 YEARS. Yet, the adverse effects of vaccines are KEY to understanding vaccine science.

The way forward for India: two matters are clear:

First, routine RT-PCR testing as presently conducted, including on asymptomatic cases should be discontinued. They have fuelled a significantly wrong statistic of Covid infections, resulting in flawed policy-responses, have caused panic and great harm.

Second, given the facts, it is clear that the vaccines have failed to provide immunity. They also fail to stop transmission from those vaccinated. Thus, they have failed to perform as vaccines. Furthermore, there are large swathes of the Indian population who may not be vaccinated; and India has also acquired 'herd immunity' and does not need Covod-19 vaccines. Under these circumstances, medical science does not support the continued roll-out of these vaccines. We risk more variants, (ADE) a potential medical nightmare.

Moreover, the recent findings that the vaccine spike protein is biologically active means that it is very dangerous and we are endangering our population through the mass vaccination drive. This fact allows us no alternative. Prime Minister, India must stop vaccinations with immediate effect.

We are encouraged by similar requests to STOP VACCINES by our fraternity of doctors, viz. 'Doctors for Truth'[1] and the joint statements (to the Prime Minister) as early as in August 2020, by experts of the Indian Public Health Association (IPHA), the Indian Association of Preventive and Social Medicine (IAPSM) and the Indian Association of Epidemiologists (IAE), which said, *"Vaccines have no role in current ongoing pandemic control ---"*[2]

Finally, and not least, we would like to assure you that we are confident in the solutions to Covid -19, which is an entirely treatable disease. Preventive measures, early treatment and treatment protocols through all the stages of the disease with Ivermectin (Pg 58-60) and other off-label drugs are proven (Ref Pt. 12 (Pgs. 56- 60)). It is moot to bring to your attention that very early on, India took exemplary action with regard to the ICMR guideline on HCQ (hydroxychloroquine) and UP State with its public health measure of dispensing Ivermectin, which was an acknowledged success. We need to widen these measures across India. Both are 'repurposed' drugs, are medically proven and safe solutions, and there are others in our toolkit of medical products, along with vitamins (D, C and zinc). India can be a beacon of light to other nations, to show the way.

Prime Minister, we look forward to working with you to implement the above recommendations and the proven and safe treatments for India to implement at a fraction of the cost of vaccines, which are bankrupting India. The funds released will allow your government to meet expenditures for restoration: of our health infrastructure, our children in particular, the economy, our farmers & agriculture and our environment.

With our warm wishes for your health and well-being

Yours sincerely,
Citizen Signatories, 81 Doctors and 1557 Concerned Citizens

Enclosed: Appendix 1 (a-f): 6 Testimonials (International Experts):

At this Link: https://drive.google.com/drive/folders/1RGC4i2dfF-OM73ULJsYWvVu0qWgmUi8O?usp=sharing

[1] Doctors for Truth' (ref):Website of: Awaken India Movement

[2] August 2020: https://science.thewire.in/health/health-experts-to-pm-modi-vaccines-have-no-role-in-indias-covid-19-control/

CITIZENS ACROSS INDIA WRITE TO THE PRIME MINISTER
THE TRUTH OF COVID-19
THE INDIA STATEMENT

PART II: EVIDENCE OF MEDICAL SCIENCE
Underpinning our Summary and Recommendations to the Prime Minister

1. OVERVIEW & BACKGROUND

The important Q that arises Prime Minister, is why we are addressing you in a letter whose recommendations are very different from current Government policy?

This is a virus that is entirely treatable through many approved (off-label) drugs, including Ivermectin, which has an outstanding safety record (Section-Pt 12). It is clear by now, 20 months into the pandemic that the COVID inoculations are not safe. The evidence is provided in this Part II. Our 'Recommendations' in Section-Pt 13, as a logical conclusion of the scientific evidence we have presented, therefore, states:

<u>we request you to kindly stop COVID-19 vaccinations for multiple reasons of medical science.</u>

We have observed some serious problems during this COVID -19 pandemic, with a worrying emphasis on the calling of the pandemic itself, its data, its restrictions in 'lockdowns', (which we now know have caused unprecedented economic 'grief' in every country and especially in our country), followed by a rollout of Vaccines under EUA (Emergency Use Authorisation), whose adverse effects are greatly under-reported and even under-recorded. In India, there is a paucity of such data. Yet, accurate Data and public access to such data is absolutely essential and is at the heart of scientific enquiry and analyses. The scientific proof is in the data.

The subsequent vaccine enforcements are even more troubling. As doctors and medical scientists, any coercement runs counter to an inviolate bio-medical ethic and the Hippocratic Oath of *"do no harm",* both of which do not allow a doctor to <u>forcibly</u> administer a drug to, or into any person. As citizens of democratic India, we strongly oppose any medical procedure that is forced. We quote these profound codes of medical bio-ethics, which must be kept before us:

Nuremberg Code (1947): ''The consent of the human subject is absolutely essential. The International Covenant on Civil and Political Rights resumed this ban against unintentional experimentation, in its 1966 text, which states: no one may be subjected without his consent to medical or scientific experiment".

Geneva statement for doctors (1948): '' I will respect the autonomy and dignity of my patient. I will not use my medical knowledge to infringe human rights and civil liberties, even under force. I will keep absolute respect for human life, from conception. I will consider my patient's health as my first concern"

The question also arises why there should be any kind of coercement, especially of a medical procedure or experimental drug? Vaccines are unavoidably unsafe. These COVID 19 inoculations produced at 'warp' speed of less than 1 year, against the usual 10 years and more for traditional vaccines with which we are familiar, are in fact completely different from traditional vaccines.

The mass vaccination rollout, by definition is indiscriminate and imperils 'exclusion' groups within populations, which must not be vaccinated for their safety. These are the exclusion groups: (a) Pregnant women and women below menopausal age, say 50; (b) children; (c) young adults below 30-35; (d) people with allergies and other specific ailments, which do not allow them to be vaccinated even according to the Manufacturers' vaccine instructions; (e) where near herd Immunity (derived from Natural Immunity, **NI**) to the virus is achieved, as in India, which at the end of July was 68%[1]. The current forecast suggests that India's NI may be well over 80%. The medical scientific evidence is consistent: that rapid and efficient memory-type immune responses occur reliably in virtually all unvaccinated individuals who are exposed to SARS-CoV-2. The effectiveness of further boosting the immune response through vaccination is therefore highly doubtful. Vaccination may instead harm, aggravate disease through antibody-dependent enhancement (ADE).[2] Therefore, in respect of herd immunity (e) alone, vaccination of the Indian population is not required.

Given these important deliberations, we therefore, determined to spend quality academic time with our peers, nationally and internationally, to find answers in science based on qualitative and quantitative data, in order to provide our best possible advice as a duty to our Country and to you Sir. Our findings are based on the medical science that the data points to, including the collective medical experience and art of treating patients in clinical practice.

This document has not relied on any modelling studies; it followed the data as it signaled the next steps. In this process we are fortunate that we have more than 20 months of data at our disposal. What we have found is disturbing.

The first point to note is that India has virtually no data on Vaccine Adverse Effects (**AE)**. Other countries are also, most notably seriously deficient in such reporting. In the US/UK/EU **AEs** are reported (voluntarily) to 1%, maximum 10% (for EUDRA). Therefore, science cannot analyse the impacts of the Covid vaccines. The second point is we face a media 'block'-out & fake news of extraordinary proportions. Curiously, the news and data that is blocked is, -- any opposition to, or counter to, the '*official narrative'* of Govts and

[1] ICAR (Indian Council of Medical Research

[2] https://doctors4covidethics.org/letter-to-physicians-four-new-scientific-discoveries-crucial-to-the-safety-and-efficacy-of-covid-19-vaccines/

their health agencies (US –FDA/CDC/NIAID, NIH, UK MHRA etc) and the WHO. We find, that these health agencies serve the interests of the pharmaceutical manufactures because they depend on them for income and have thousands of vaccine patents, including the mRNA vaccine Moderna,[3] all of which contribute very significantly to their revenue streams. Gates through his Foundation and cross-holdings, is the largest funder of the WHO, and Gates also funds the media. It includes the BBC. This deeply egregious conflict of interest describes the collective '*official narrative'*. We, our people are in great danger as are citizens everywhere. It is appropriate for us to quote **Dr Robert W Malone[4],** vaccine expert and the inventor of the technology of mRNA[5].

"We're seeing obstructionism, across literature and the regulatory agencies."

> His LinkedIn account has been suspended twice. -- Malone revealed the alarming counts of censorship by scientific journals and the major conflicts of interest at play. He exposed "another way the pharmaceutical industry can exert influence by bending the law." Dr Malone spoke how Covid vaccine companies are being given special treatment by the FDA and that "the manipulation of the data is occurring on multiple levels." He spoke about the strong disincentives for doctors to report vaccine adverse events to VAERS and explained the term **"plausible deniability"** in the context of why the CDC denies that there are any vaccine-related deaths.

And this interview of 14 Oct 2021[6]

The game-changer is the **role of the spike protein** that the vaccines produce, release or have in their formulations. The relatively recent finding that the synthetic spike protein of the vaccines is mobile and active within the body, and is cytotoxic and pathogenic has come as an enormous jolt to medical Drs and scientists/virologists. It quite simply means that these vaccines are poisonous 'jabs' that may not be administered.

Eminent Internist, cardiologist, epidemiologist **Prof Dr Peter McCullough** MD, MPH, FACC, FAHA,FASN, FNKF, FNLA, FCRSA, provided the science on Vaccines in his PPP summary: 'COVID-19 Vaccine Safety and Efficacy and the Urgent Need for Early Ambulatory Therapy' (Ref Appendix b: Pg 5, Part I, and here[7]).

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[3] https://www.democracynow.org/2021/11/12/headlines/nih_and_moderna_in_legal_battle_over_covid_vaccine_patent_rights?utm_source=Democracy+Now%21&utm_campaign=ed3e859ead-Daily_Digest_COPY_01&utm_medium=email&utm_term=0_fa2346a853-ed3e859ead-192872598

[4] https://trialsitenews.com/part-3-are-the-scientific-journals-censoring-the-science-my-candid-conversation-with-dr-robert-malone/

[5] **Robert W Malone:** Significant expertise with federal contracting, grants, international NGO health related research and development coupled with professional relationships at CDC, DoD, HHS (BARDA, CDC, FDA and NIAID); DoD Secret Clearance authorized

[6] **Malone: The New American:** https://thenewamerican.com/mrna-inventor-on-covid-response-is-this-really-about-the-vaccine-or-is-it-about-something-else/

[7] **Peter McCullough**
https://www.dropbox.com/s/pejishe4a8lckms/McCullough%20AAPS%20Vaccine%20and%20Treatment%20Oct%2030%20Amarillo%20FINAL.pptx?dl=0

Finally, Prime Minister, we need to forge our own independent path in a public health policy that addresses India's health realities. We draw attention to the levels of serious malnutrition in India among children, which is depriving them of any kind of future. We draw attention to the scourge of TB that kills 1400 mostly young every day with a case fatality rate even with treatment, that may reach as much a 5% and for MDR TB, 20%. Yet, COVID 19 does not impact children (recovery rate of over 99.99%).

Given the new reality of the life-threatening synthetic spike protein, it will be a source of great relief to you to be able to redirect a current spending on Covid vaccine (which at Rs 35,000 crores is almost 50% of our health budget of just over Rs 71,000 crores), to instead, meeting the serious expenditure outlays required to mitigate India's own major killer childhood diseases.

1.1 Background
Vaccines in India

Covid-19 injections in India as elsewhere, are being rolled out under EUA (Emergency Use Authorisation). The factual and legal issue under EUA admits their status as 'experimental vaccines'; they are not approved because their safety data is still under investigation in incomplete human trials, which also must await peer review. It bears emphasising that under these circumstances, there is no long term. Some data will only be available sometime in 2022—23. The 'vaccines' in India under EUA are: Covishield, (Astra Zeneca) and Janssen (Johnson & Johnson), both ad vector (DNA) vaccines, Covaxin and Sputnik.

DNA Vaccine ZyCoV-D: The most recent vaccine to receive EUA approval is ZyCoV-D, developed indigenously by Zydus Cadila with help from the National Biopharma Mission, National Institute of Virology and Indian Council of Medical Research, the world's first DNA vaccine for use in humans. The innovation involves injecting a bit of the DNA of the virus – in this case, the genes to produce the spike protein. This enters the host cell nucleus and the inserted genes will direct the cell to make the antigen - spike protein. This spike protein will stimulate the body to produce antibodies to it and so protect from the viral infection. Unlike conventional vaccines made of a killed or attenuated virus or even the latest mRNA vaccine – with this DNA vaccine, the antibody levels will not wane with time, according to the press release by the manufacturers themselves. Not mentioned in the press statement is the fact that the DCGI (Drugs Controller General of India) granted this EUA without the company publishing data from any Phase III trials, which independent scientists can evaluate.

There are concerns about this technology, these risks for example; that the continued expression of a foreign antigen can result in unwanted immunopathological effects. Anti-DNA antibodies may precipitate diseases like SLE. Among the risks anticipated by the

WHO, the most alarming is that it may integrate with the host chromosome and change the person's genome. It can affect fertility, and also cause perinatal toxicity. All these risks will take years to evaluate. Furthermore, the spike protein produced by the vaccine can result in abnormal clotting of blood or even death, which is a major concern with synthetic spike proteins of vaccines.

Covaxin is India's first vaccine, ZyCoV-D is India's second indigenous vaccine. Covaxin was granted EUA by the DCGI on 3 January 2021, but once again the manufacturer is yet to publish its Phase III trials.

On 30 March 2021, the Brazilian drug regulator, Anvisa, conducted an onsite evaluation because the country had plans to place an order to buy the Indian vaccine. Anvisa noted serious problems with the manufacturing process--- they were not sure that the SARS-COV-2 virus was completely killed and that it was free of microbial contamination. The Brazil government decided to drop its plans to buy 20 million doses of Covaxin.

Says **Jacob M Puliyel MD MRCP MPhil,**[8] CRISPR technology and disease prevention with vaccines have made huge strides in recent years. A certain amount of pride in human progress is justified. But we have swung to the side of hubris. Processes and procedures have been compromised.
https://caravanmagazine.in/health/the-little-discussed-risks-of-dna-vaccines-against-covid19

We clarify the scientific findings with regard to these Covid 19 'injections' in the paras that follow (Ref. Section-points in the table following). However, we appeal to first principles, the recognition of patters in the history of hazardous technologies and products. Just as in the case of smoking, which could, and was predicted to cause lung cancer by medical scientists/doctors, so, on first principles, all gene-based vaccines can be expected to cause blood clotting and bleeding disorders[9] based on their molecular mechanisms of action. Consistent with this, diseases of this kind from the jabs or inoculations have been observed across age groups by our fraternity. The vaccines are not safe[10].

We are encouraged by similar requests to STOP VACCINES by our colleagues, viz. 'Doctors for Truth'[11] and the joint statement (to the Prime Minister) as early as in August 2020, by experts of the IPHA, IAPSM and the IAE, which said, *"Vaccines have no role in*

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[8] **Jacob Puliyel MD MRCP MPhil**: Paediatrician Delhi; Formerly Member of the National Technical Advisory Group on Immunization (NTAGI)

[9] Bhakdi, S. et al. (2021) Urgent Open Letter from Doctors and Scientists to the European Medicines Agency regarding COVID-19 Vaccine Safety Concerns.

[10] https://www.ukcolumn.org/video/frances-long-time-vaccine-policy-chief-covid-policy-is-completely-stupid-and-unethical

[11] Doctors for Truth' (ref: Awaken India Movement website)

current ongoing pandemic control ---"[12]. Internationally eminent medical experts have also expressed their support (ref @ Pg 5, Part I).

CONTENT: SECTION-POINTS

2 TRADITIONAL VS COVID VACCINES

It is important to clarify the difference between traditional vaccines and COVID 19 vaccines because of the implicit trust that people have in the former. Traditional vaccines are their only reference point and experience. It is unfortunate that Covid 19 vaccines are drawing undue advantage and are riding on this psychological trust. And governments have made use of this shamelessly. The public ignorance about Covid -19 is fed by a near,

[12] August 2020: https://science.thewire.in/health/health-experts-to-pm-modi-vaccines-have-no-role-in-indias-covid-19-control/

complete lack of data & information in the public domain that has led to everyone rushing to be vaccinated in order to survive the mistaken ravages of the virus.

The former have been in use for over 4 decades and they form the basis of the trust and acceptance in the general public of traditional vaccines (and it may be said, the medical profession too). On the other hand, Covid-19 vaccines are unlike any previous vaccine & have been inadequately studied. The mode of action of all COVID vaccines under EUA for the production of antigens involve the Spike Protein of the virus SARS-CoV-2/COVID19. We clarify as follows:

Traditional Vaccines were developed and tested for 10-12 years before being released to the Public and market commercialisation. Traditional vaccines comprise a small amount of the pathogen (disease-causing agent) mixed with a material called an adjuvant, which is a substance, which induces mild inflammation and thereby alerts the immune system to the presence of a foreign protein. The small amount of pathogen is traditionally 'killed' by heating or by chemical treatment so that it cannot cause the disease against which immunity is sought. Alternatively, 'attenuation' (the process by which lethality of the virus is reduced), or in some vaccines, so-called 'live attenuated' material is used to bring about immunisation. Vaccines of these basic designs cover almost every vaccine ever developed and in use in the population today. Traditional vaccines, like any product, can occasionally malfunction and recognising this, regulatory authorities around the world usually maintain a public record of adverse events (AE) noted after vaccination, without necessarily attributing causation to the noted adverse event. However, the collection of event types and their frequency, coupled with a description of the alleged injured party, taken together with the relationship in time after vaccination that the adverse event is alleged to have occurred, does permit linkages sometimes to be made. For example, the swine flu vaccine marketed in 2009-10 was eventually withdrawn because the Swedish regulatory authorities noted a striking incidence in young people of a neurological condition, narcolepsy, which was reported in almost 1000 citizens.

COVOD 19 Vaccines –These medicinal agents, which are being called vaccines against covid-19 all utilise new technology. They work in an entirely different way to conventional vaccines and therefore have a radically different set of potential safety concerns. Beyond this, it is noted that Regulatory oversight of COVID vaccines lacks scrutiny and rigour and is marked by significant gaps in biosafety, and have even so, been released under EUA. Furthermore, the conspicuous lack of sound data records in all countries and in India in particular, is also a cause of great concern. We grapple for clarity because it disallows rigorous follow-up and analyses, to adequately and responsibly inform the situation in the light of scientific findings, to guide sound and responsible public health policy. COVID vaccines were also developed at warp speed in 3-4 months and are being officially tested on the general public. This means that it is wholly inappropriate to treat them like other vaccines. However, that is exactly what has happened. As a result of the new-technology products called covid-19 vaccines, working quite differently from prior products, (ie traditional vaccines, which are appropriately termed vaccines), leading medical experts & scientists are of the considered opinion that

the regulatory standard has fallen woefully short of the tests required to adequately assess and assure safety. Recognising that there was an *"ongoing failure of the regulatory standard, given the technical novelty of the covid-19 vaccines*", a petition of concern was drawn up by Dr Mike Yeadon (former VP Pfizer Inc) and Dr Wodarg, and lodged with the European Medicines Regulator (EMA) on December 1, 2020.[13]

3. THE SYNTHETIC SPIKE PROTEIN OF THE VACCINES

The emerging evidence: it is cytotoxic, pathogenic and biologically active

It is known conclusively that the spike protein of SARS CoV-2 is the causative factor for serious vascular disease in the body and causes disease on its own ie without the presence of the virus (Salk Institute[14]). The covid-19 vaccines currently released and subject to Emergency Use Authorisation all share a common and novel feature; they cause the recipients cells to manufacture a portion of the SARS-CoV-2 virus called the spike protein and/ its subunit S1. It is almost entirely responsible for the damage to the cardiovascular system, if it gets into circulation. If the Vaccines were like traditional *bona fide* vaccines, and did not leave the immediate site of vaccination, typically the shoulder muscle, beyond the local draining lymph node, then the damage that the spike protein could cause might be limited.

However, the Vaccines were authorized without any studies demonstrating where the spike proteins travelled in the body following vaccination, how long they remain active and what effect they have. *Dr. Robert Malone[15],* creator of mRNA vaccine technology, said "*the COVID vaccine lipid nanoparticles, which tell the body to produce the spike protein — leave the injection site and accumulate in organs and tissues".* 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 /(DNA) COVID vaccines, stayed in the shoulder where it was injected and was not biologically active — even though regulators around the world had a copy of the study which showed otherwise.

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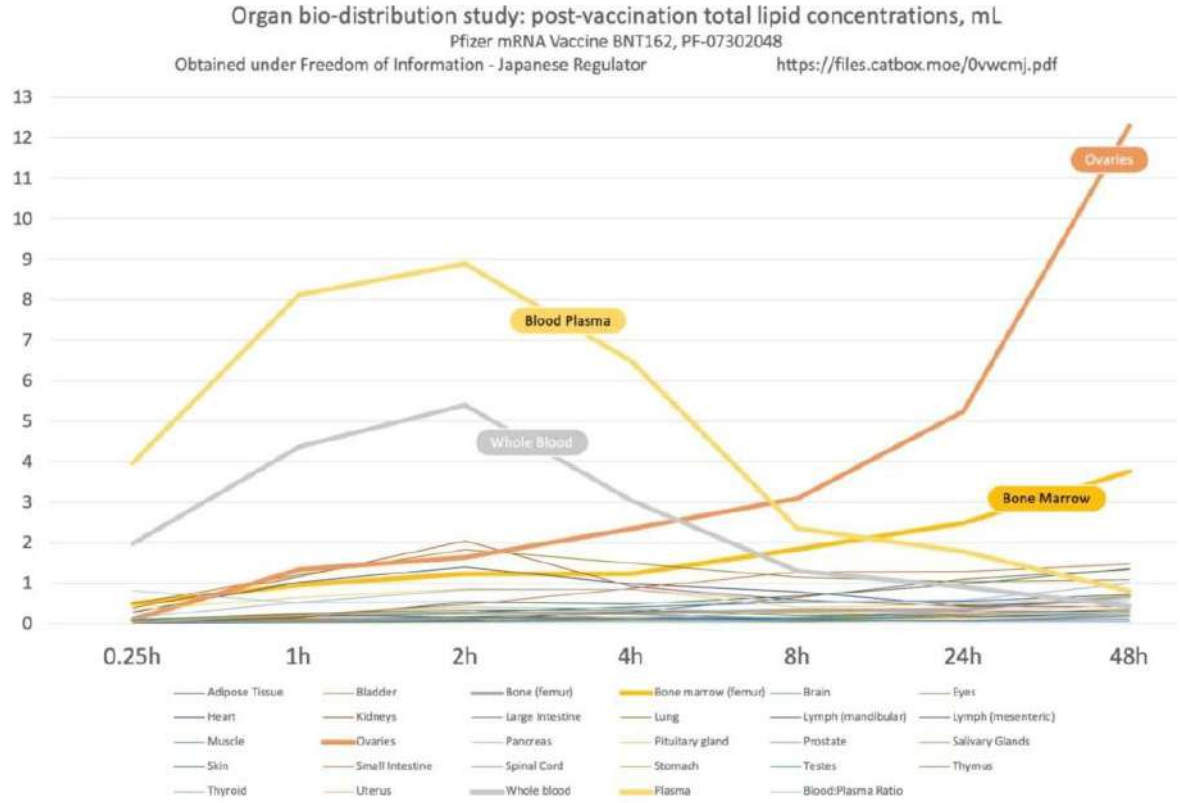
[13] https://dryburgh.com/wp-content/uploads/2020/12/Wodarg_Yeadon_EMA_Petition_Pfizer_Trial_FINAL_01DEC2020_signed_with_Exhibits_geschwarzt.pdf.

[14] Salk Institute Peer reviewed Study 30 April 2021: **https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/**
https://www.ahajournals.org/doi/10.1161/CIRCRESAHA.121.318902

[15] Robert Malone on the Dark Horse Podcast (**which was** taken down by YouTube): Children's Health Defense 17 June 2021:
https://www.google.com/search?q=%E2%80%A2+Inventor+of+mRNA+Technology%3A+Vaccine+Causes+Lipid+Nanoparticles+to+Accumulate+in+%E2%80%98High+Concentrations%E2%80%99+in+Ovaries&rlz=1C1MIMX_enIN920IN920&oq=%E2%80%A2%09Inventor+of+mRNA+Technology%3A+Vaccine+Causes+Lipid+Nanoparticles+to+Accumulate+in+%E2%80%98High+Concentrations%E2%80%99+in+Ovaries&aqs=chrome..69i57.3733j0j15&sourceid=chrome&ie=UTF-8 also: https://www.globalresearch.ca/inventor-mrna-technology-vaccine-causes-lipid-nanoparticles-accumulate-high-concentrations-ovaries/5748020)

The biodistribution study[16]&[17] 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.



Robert Malone confirmed the above graph data and made the following added observations: (a) monitoring was required of vaccine recipients for leukaemia 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; (b) there are **two adverse event** signals that are becoming apparent to the FDA. One of them is thrombocytopenia — not having enough platelets, which are manufactured in the bone marrow. The other is reactivation of latent viruses; (c) 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.

"Usually, signals like this are picked up in animal studies and long-term clinical trials, but this didn't happen with mRNA vaccines. The original data packages contained this biodistribution information. *"This data has been out there a long time"* within the

[16] Bridle Report: https://www.globalresearch.ca/vaccine-researcher-admits-big-mistake-says-spike-protein-dangerous-toxin/5746715
Pfizer Biodistribution study submitted to Japanese Medical Agency:
https://www.pmda.go.jp/drugs/2021/P20210212001/672212000_30300AMX00231_I100_1.pdf
[17] The Japanese Bio-Distribution Study represented graphically by Steve Krisch & endorsed by Malone

protected, non-disclosed, purview of the regulators across the world. (Malone was one of many scientists to warn the FDA about the dangers of the free spike protein). 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. **Vanden Bossche's** concern (immune escape) 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." *("Immune escape"* i.e. incomplete sterilization of the virus by the human immune system, even following vaccine administration).

Earlier this year, Vanden Bossche put out a call (to stop the mass vaccinations) to the World Health Organization, supported by a 12-page document that described the **"uncontrollable monster"**[18] that a global mass vaccination campaign could potentially unleash. His real worry though, or as he puts it, "beyond worried", is that humankind may severely damage its own, natural 'innate' immunity, because of the mass deployment of vaccination programs at this critical juncture. Our 'innate' immunity would be lost (a rich, variant-nonspecific form of natural immunity). It would also mean that vaccine-mediated protection would be lost.

4. MALONE[19]: BIOETHICS, WARNINGS AND MYTHS

The bioethics of the EUA granted to COVID-19 vaccines, their experimentation without proper informed consent violates the Nuremberg Code, which spells out a set of research ethics & principles for human experimentation. This set of principles was developed to ensure the medical horrors discovered during the Nuremberg trials at the end of World War II would never take place again, but in the current climate of extreme censorship, people are not being informed about the full risks of the vaccines — which are only beginning to be uncovered.

FDA Dismissed Malone's Vaccine Warning

Through his professional career, Malone has worked closely with the U.S. government for many years. As such, he has kept an open dialogue with colleagues at the U.S. Food and Drug Administration, with whom he discussed concerns about adverse events and the spike protein used in COVID-19 vaccines. In its native form in SARS-CoV-2, the spike protein is responsible for the pathologies of the viral infection, and in its wild form it's known to open the blood-brain barrier, cause cell damage (cytotoxicity) and, Malone said, "*is active in manipulating the biology of the cells that coat the inside of your blood*

[18] https://dryburgh.com/geert-vanden-bossche-open-letter-to-who-halt-all-covid-19-mass-vaccination/

[19] https://www.lewrockwell.com/2021/08/joseph-mercola/mrna-expert-speaks-out-on-the-covid-crisis/

vessels — vascular endothelial cells, in part through its interaction with ACE2, which controls contraction in the blood vessels, blood pressure and other things."

Malone is well aware of the actions of spike protein, as he worked to identify an effective drug that worked by blocking the action of the COX-2 enzyme, which is a key inflammatory enzyme. In one of his papers, he laid out how the spike protein and another protein in the virus directly turn on COX-2 promoter in infected cells.

This awareness of the spike protein as a biologically active protein made him alert the FDA about the associated risks last fall. His FDA colleagues transferred his concerns to the FDA's review branch, which dismissed his concerns, saying they did not believe the spike protein was biologically active and there wasn't enough documentation otherwise. As history now reveals, they proceeded with the EUA.

Malone tweeted: Pathologist's summary of Post-vaccination. (Considering how few pathology reports exist because of their active discouragement by our health agencies, this report is educative at the very least).
Ryan Cole MD, AFLDS PHYSICIAN: **a pathologist summary of what these jabs do to the brain and other organs**
"Why are we putting spike proteins into the human body. The spike is poisonous. ---And it is still circulating -- disease from the spike. This is not a vaccine".
https://www.bitchute.com/video/TsdTTHJteilw/

Another important point: Censorship prevents full comprehension of these risks. Malone, tweeted: I am told by an Israeli scientist, "Pfizer and Israel Made Agreement to HIDE Covid-19 Vaccine Adverse Reactions for 10 YEARS"[20]. "This is key to understanding -- "what the heck is going on".

> *"If you were wondering why Ivermectin was suppressed, it is because the agreement that countries had with Pfizer does not allow them to escape their contract, which states that even if a drug will be found to treat COVID-19, the contract cannot be voided."*

Information security expert on revealed Pfizer agreements: 'There's good reason Pfizer fought to hide the details of these contracts' - America's Frontline Doctors (americasfrontlinedoctors.org)

Disinformation and Lies: Malone outlined three main logic elements — each false — that are being propagated as part of the grander noble lie. Any discussion that challenges or goes against these three elements is censored:

[20] https://dailyexpose.co.uk/2021/08/10/dr-robert-malone-pfizer-and-israel-made-agreement-to-hide-covid-19-vaccine-adverse-reactions-for-10-years/

(a) **Mitigating death and disease from COVID requires herd immunity —** this is not true, as it's possible to reduce death and disease from COVID-19 using medications like Ivermectin and many others, including anti-inflammatories.

(b) **The only way to reach herd immunity is through universal vaccination —** this is another lie. As Malone says, "Herd immunity *is most often reached through natural infection."*

(c) **The vaccines are perfectly safe.** All three are false - as I have been saying for quite a while now.

Even the World Health Organization advises people who are vaccinated to continue wearing masks due to the delta variant because "vaccine alone won't stop community transmission." "Vaccines will not get us to herd immunity,"

Malone listed several adverse events that are already raising red flags.

- Cardiotoxicity
- Female reproductive health concerns
- Brain and nervous system disorders
- Coagulation problems
- Miscarriage in the first and second trimesters (this has not yet been confirmed), Thrombocytopenia (dropping blood platelets)
- Guillain-Barré syndrome (GBS)

Data Do Not Support Vaccination of Children

Malone believes that children and young adults up to age 30 or 35 should not be vaccinated, noting that the total number of COVID-19 deaths for birth- to 18-year-olds during the entire pandemic is 386. Children reap little benefit from this vaccine, not only because they're at very low risk from COVID-19.

In summary, the biodistribution study reveals that Coronavirus spike proteins are biologically active and they initiate the blood coagulation cascade among other properties. That unlike traditional vaccines, this spike protein enters the bloodstream and circulates throughout the body over several days post-vaccination. It accumulates in a number of tissues, such as the spleen, bone marrow, liver, adrenal glands and ovaries. It fuses with receptors on our blood platelets, and also with cells lining our blood vessels. It can cause platelets to clump leading to clotting, bleeding and heart inflammation. It can also cross the blood-brain barrier and cause brain damage. It can be transferred to infants through breast milk. The VAERS system includes reports of infants suckling from vaccinated mothers experiencing bleeding disorders in the gastrointestinal tract[21]. It is alleged that it is the induction of blood coagulation in various locations in the body, which is responsible for a high proportion of the serious adverse events including deaths, which are being reported to the Vaccine Adverse Event Reporting System (VAERS) in the USA, the Yellow Card System in the UK and EUDRA of the European Union. (These are woefully

[21] Case 2:21-cv-00702-CLM Document 15 Filed 07/19/21 Page 11 of 67: https://dockets.justia.com/docket/alabama/alndce/2:2021cv00702/177186

inadequate, suggesting approximations ranging from less than 1% to say 10%, with proven falsification/cover-up in several cases of data reporting. (Indian data is virtually non-existent).

5. THE SYNTHETIC SPIKE PROTEIN CIRCULATES SHORTLY AFTER VACCINATION

SARS-CoV-2 proteins were measured in longitudinal plasma samples collected from 13 participants who received two doses of Moderna mRNA-1273 vaccine. With 11 of the 13, the SARS-CoV-2 spike protein was detected in the blood within only one day after the first vaccine injection[22].

6. DR MIKE YEADON: REPRODUCTIVE HEALTH[23]

The rate of fatal outcomes following Covid-19 vaccination, usually from clotting or bleeding disorders, is extraordinary and exceeds that from any previous vaccine by a very large amount; estimates are of the order of 60-fold. This astonishingly high rate of adverse events after vaccination is a consequence of two factors: (i) (as Malone also states), the manufacturers were simply not required to study the way the product moves around the body after injection and (ii), they were not required to study the functional effects of the genetic code within the product after administration. There are no products on the mass market which operate in this way. *"It is my expert opinion that **this is the greatest failure of medicinal product regulation in relation to reproductive health since thalidomide** and is very much greater in terms of societal impact"*.

Reproductive Health: Pregnant women and WOCBA (women of child-bearing age) may not be vaccinated: Covid-19 vaccines have not been taken through reproductive toxicology tests**.** It is essential to lay-out the backdrop to the current position with clinical use of covid-19 vaccines, for one reason: we have NEVER, since thalidomide, exposed 'women of childbearing potential' **(WOCBP**) and ESPECIALLY NEVER pregnant women to ANY novel, experimental pharmaceutical product, without that product first having completed a full battery of reproductive toxicology tests. Even after this crucial step, pilot studies are always conducted in a small number of pregnant women to minimise risk to the developing foetus. Neither of these essential steps have been undertaken. Therefore, Yeadon states:

"There is no justification for taking risks with the health of unborn children"

> *"this expert reviewer is astonished at the current position. It is the height of recklessness to allow WOCBP to receive covid-19 vaccines, which are of an entirely novel, (including gene-based technology, mRA/DNA), for which there is no prior human safety experience in a large population. Worse, the active recommendation that these experimental agents*

[22] https://doctors4covidethics.org/letter-to-physicians-four-new-scientific-discoveries-crucial-to-the-safety-and-efficacy-of-covid-19-vaccines/

[23] **Dr Mike Yeadon**: Ref: PDF Appendix 1a Part I SUMMARY: 'Concerning information in relation to covid-19 vaccination and fertility'

should be administered to pregnant women is, in my opinion, ---- completely incomprehensible, criminally negligent".

It seems very likely that mRNA/DNA, which are formulated in lipid nanoparticles, accumulate in the ovaries of mammals including humans. I do not have an opinion about the covid-19 vaccines, which utilise a virus vector in relation to their distribution[24]. **The manufactures knew the risks to reproductive health as far back as 2012:** the problem of nanoparticle formulations for novel medicines like RNA is well known with the pharmaceutical formulation experts. In this paper (Schadliuch, A, et al 2012)[25], say: ***…… Nanocarrier accumulation in the ovaries in different mouse species and Wistar rats may also comprise an important toxicity issue in humans…."*** It is impossible to evade the conclusion that covid-19 vaccine manufacturers MUST have known this, yet they did nothing to explore it in humans. (Regulators, including the Japanese Regulator though, knew LNP accumulate in the ovaries – Malone). This deduction is inescapable and a major liability issue.

Any experienced reviewer would call for a halt of use of this vaccine in non-menopausal women:

(a) Syncytin: Women administered the Pfizer/BioNTech vaccine rapidly develop antibodies to their placenta:

Two outstanding findings are: **first**, spike proteins are able to initiate blood platelet aggregation and this to trigger blood coagulation, which calls into serious doubt the wisdom of having selected spike protein in all the vaccines to date. **Second,** there is a weak, but obvious (to expert reviewers) similarity of the coronavirus spike protein and a family of human proteins called syncytins. It is wrong to decide the level of similarity solely by reference to the primary amino acid sequence of two proteins and important also to consider the similarity of their 3-dimensional structure.

The Syncytin family of proteins are considered critical for the formation and successful maintenance of the placenta. Therefore, no matter how weak the homology between spike protein and syncytins, the concern arose that, upon making a strong immune response to spike protein, some women might generate an immune response to their own placental proteins. This concern would, in this reviewer's experience of over 30 years in the pharmaceutical industry, be met technically with a small series of studies to examine, hopefully to rule out, this concern. Such a study has just been reported as a pre-print: https://www.medrxiv.org/content/10.1101/2021.05.23.21257686v1.full.pdf)

It is unaccountable that the authors state that there was "no humoral response to syncytin-1". It is scientifically invalid to claim that the clear-cut increase in binding to

[24] Added Note (by doctors signing-on): The latter would include Covaxin and Sputnik, which also have the spike protein. Both manufacturers state in the vaccine literature that they are contraindicated for pregnant women. There is no statement with regard to WOCBA.

[25] Schadlich, A, et al (2012). Accumulation of nanocarriers in the ovary: a neglected toxicity risk? J. Controlled Release, **160**, 105-112. : https://www.sciencedirect.com/science/article/abs/pii/S0168365912000892?via%3Dihub

syncytin-1 on days 1-4 is functionally irrelevant. The authors of this paper have no basis to claim that the amount of antibodies to syncytin-1 is too small to matter. They appear to be unaware of the thalidomide lessons, which show that periods of exquisite sensitivity exist during early development where the presence of a toxin for periods of as little as two days can terminate development processes which are then never repaired.

It is sobering to recall again the lessons from thalidomide. It turns out that if the mother, early in pregnancy, took her first dose of thalidomide on day 20 after conception, their baby was likely to be born with brain damage; If on day 21, blind; if on day 24, limbs were often shortened or missing; no damage occurred if taken after day 42 since conception.

This new data, which shows that women do raise antibodies to a component of their placenta after vaccination with the Pfizer/BioTech product, raises serious concerns for foetal safety. It is not safe to assume that this will not have adverse consequences on successful pregnancy. It is not safe to assume that the other vaccines will not have similar effects. Again, as with the biodistribution study, a presumption of risk, potentially severe, arises from these clinical observations, and there isn't an aware person who wouldn't call a halt at this point.

Added Note from Law Suit filed by frontline doctors (ref. pg. 12 Foot N. 21): Antibodies raised against the spike protein might interact with the naturally occurring Syncytin proteins, adversely affecting multiple steps in human reproduction. The manufacturers did not provide data on this subject despite knowing about the spike protein's similarity to Syncytin proteins for more than one year. There are now a very high number of pregnancy losses in VAERS. A study recently published in the New England Journal of Medicine, 'Preliminary Findings of mRNA COVID-19 Vaccine Safety in Pregnant Persons,' exposes that pregnant women receiving Vaccines during their first or second trimesters suffer an 82% spontaneous abortion rate, killing 4 out of 5 unborn babies. There are worldwide reports of irregular vaginal bleeding without clear explanation. Scientists are concerned that the Vaccines pose a substantial risk to a woman's reproductive system. This increased risk of sterility stems from an increased concentration of the spike proteins in various parts of the reproductive system after vaccination (ref. NLP graph on pg. 6). Not enough is known to determine the risk of sterility, but it is beyond question that the risk is increased. Billions of aggressive spike proteins are accumulating in very delicate ovarian tissues, the one place in the human body where females carry a finite number of fertile eggs.

7. DR PETER MCCULLOUGH AND DATA OF ADVERSE EFFECTS (AE)[26]

[26] 23 July 2021 https://www.lewrockwell.com/2021/07/no_author/dr-peter-mccullough-urgent-warning-about-poisonous-jabs/

"*I think if we had had a data and safety monitoring board, they would have shut down the vaccine in February of 2021."* (**Dr Peter McCullough). --** The CDC is now acknowledging 12,000 deaths".

However, 'Whistle-blower Testimony' states 45,000 deaths have been caused by the Vaccines. Jane Doe queried data from CMS medical claims, and has determined that the number of deaths occurring with 3 days of injection with the Vaccines exceeds those reported by VAERS by a factor of at least 5, indicating that **the true number of deaths caused by the Vaccines is at least 45,000.** She notes that in the 1976 Swine Flu vaccine campaign (in which 25% of the U.S. population at that time, 55 million Americans, were vaccinated), the Swine Flu vaccine was deemed dangerous and unsafe, and removed from the market, even though the vaccine resulted in only **53 deaths**).[27]

McCullough continues: The threshold of concern is about 150 [deaths] for all the vaccines combined; 500 million shots per year, across 70 vaccines but for a single vaccine --- (?) "Initially, we didn't know. As these deaths continued to mount; on two occasions, in March and then later on, in June, the CDC put on their website that CDC and FDA reviewers had looked at the deaths and none of them were related to the vaccine and so doctors in my circles were questioning this, because patients were immediately dying after the vaccine at the vaccine centers or then shortly thereafter, we'd be called about some kind of fatal event that's happened, whether it's at home or patients come to the hospital with some type of fatal event.

"And so two important analyses came forward, one from McLaughlin in London and one by Rose, using the VAERS data and they basically concluded this: that 50% of the deaths occur between 48 hours of the injection and 80% of the deaths occur within a week. 86% of the deaths have no other explanation. They're well enough to walk into an ambulatory and actually have the COVID-19 vaccine and within two days, they've died. So, it's my judgement – and I've done a lot of work on data and safety monitoring boards and clinical review boards – it's my judgement, at this point in time that the vaccine is the cause of death**"**

> **"The proposition, now of coming in or of even being pressured or forced or coerced into a vaccine, which, for some people, it looks like it will be fatal, is an agonizing situation. I've never seen it in my career."**

Dr McCullough says that in a report published by the American Journal of Science and Law, it looks like the non-fatal events that occur go along 4 organ systems: the brain, the heart, the immune system and the hematologic system.

"My analysis of this, for instance, the cardiac myocarditis – there's now an official FDA warning on this – that appears to be relatively immediate, in the data that the CDC and

[27] **Jane Doe**: Ref See Ft, Note 21FN US Front Line Drs et al Legal Suit Pg 44

the NIH reviewed – and the FDA reviewed – it was in about two days of the second shot…I've seen these cases in my clinic and they're frightening".

"The CDC has now certified 2,000 of these cases. They tended to hit younger individuals…I'm becoming very worried that the messenger RNA or the adenoviral DNA is taken up and it's not disposed-of and that the spike protein is continuing to be produced locally in the tissues and causing damage.

The emergence of the neurologic symptoms -- we know – the lipid nanoparticles are taken up into the brain, the messenger RNA and the adenoviral DNA is taken up into the brain and it probably depends on how much and where the seeding occurs"…

"But I've chaired over two dozen data and safety monitoring boards, with committee work – we always work in teams – I have been a part of major programs where we've had to shut it down because of safety. I've done this before. I've done this type of work, I've chaired the data and safety monitoring boards for the National Institutes of Health – in fact, I'm doing so, right now. So I can tell you, as a doctor and **this is my book of business**. I'm in my fourth decade of doing this, I can tell you, this program should have been shut down in February, based on safety… it's going to go down as the most dangerous biologic medicinal product roll-out in human history… The mechanism of action is clearly poisonous and then we know that the generation of the spike protein, itself, it damages local tissues. It's not natural for a human cell to produce this foreign spike protein. We've never asked the human body to produce a foreign protein, ever. This is so radically new to do this and to do it on a mass scale and to, let alone express on the cell surface and have the body start to attack its own cells and then, let it circulate in the bloodstream, where we know it damages blood cells and causes blood clotting".

Q. Ever recommend the vaccine for a child? -- and he responds, "Under no circumstances…at this point in time, I really can't recommend it to anybody…I think, at this point in time, it's fair to warn against it…I'd say, take the risks with a natural infection right now and let's treat early. We have EUA on monoclonal antibodies. They have just as good of an approval as the vaccines. We should give monoclonal antibody infusions…The vaccine, once it's in the body, we can't get it out and we don't know how to manage these complications, some of which are fatal."

8. MORE EXAMPLES OF INJURIES (AE) CAUSED BY SPIKE PROTEINS (FN-21)

Neurological damage : the blood-brain-barrier prevents almost everything from getting in. Breaching it is generally incompatible with life. Most unfortunately, the COVID-19 Vaccines — unlike any other vaccine ever deployed — are able to breach this barrier through various routes, including through the nerve structure in the nasal passages and through the blood vessel walls. The Vaccines are programmed to produce the S1 subunit of the spike protein in every cell in every Vaccine recipient, but it is this subunit that causes the brain damage and neurologic symptoms. Elderly persons are at increased risk for this brain damage.

- It has been shown recently by Dr. William Banks, professor of Internal Medicine at University of Washington School of Medicine, that the S1 subunit of the spike protein — the part of the SARS-CoV-2 virus that produces the COVID-19 disease and is in the Vaccines — can cross the blood brain barrier. This is even more concerning, given the high number of ACE2 receptors in the brain (the ACE2 receptor is that portion of the cell that allows the spike protein to connect to human tissue). Mice injected with the S1 subunit of the spike protein developed direct damage to the perivascular tissue. In humans, viral spike protein was detected in the brain tissues of COVID-19 patients, but not in the brain tissues of the controls. Spike protein produces endothelial damage.
  There are an excessive number of brain haemorrhages associated with COVID-19, and the mechanism suggests that it is the spike protein that is responsible. The federal government's VAERS database shows a dramatic increase in adverse event reporting of neurological damage following injection with the Vaccine. While the full impact of these Vaccines crossing the blood-brain barrier is unknown, they clearly put vaccinated individuals at a substantially increased risk of haemorrhage, neurological damage, and brain damage.

- **Autoimmune Disease**: The spike proteins are perceived to be foreign by the human immune system, initiating an immune response to fight them. While that is the intended therapeutic principle, it is also the case that any cell expressing spike proteins becomes a target for destruction by our own immune system. This is an autoimmune disorder and can affect virtually any organ in the body. It is likely that some proportion of spike protein will become permanently fused to long-lived human proteins and this will prime the body for prolonged autoimmune diseases. Autoimmune diseases can take years to show symptoms and many scientists are alarmed at giving young people such a trigger for possible autoimmune disease.

Chronic Disease: Healthy children whose birth-right is decades of healthy life will instead face premature death or decades of chronic disease. We cannot say what percentage will be affected with antibody dependent enhancement, neurological disorders, autoimmune disease and reproductive problems, but it is a virtual certainty that this will occur.

While the full impact of these Vaccines crossing the blood-brain barrier is unknown, they clearly put vaccinated individuals at a substantially increased risk of haemorrhage, neurological damage, and brain damage

None of these risks has been adequately studied in trials, or properly disclosed to healthcare professionals or Vaccine subjects.

9. SARS CoV-2/COVID 19: DATA POINTS

A. OVERALL IFR (INFECTION FATALITY RATE)

Assuming the accuracy of US CDC COVID-19 death data, SARS-CoV-2 has an overall survivability rate of 99.8% globally, which increases to 99.97% for persons under the age of 70, on a par with the seasonal flu.

These data have been fleshed out below, which show that children are not impacted by this disease. Through age 19, children and adolescents have a 99.9973% COVID-19 survival rate. This information, which has been a constant throughout the reported pandemic, is reiterated in the most recent (pre-print) analyses by the eminent Stanford physician, epidemiologist and statistician John Ioannidis, who has been a steadfast critic of COVID alarmism from the very beginning. John Ioannidis data shows that survival rates do not stop with the 19-and-unders. Until people hit their seventies, all age groups have survival rate is well over 99%. The majority of deaths are coming from the 0.62% of the population who are in nursing home facilities.

- **0-19: 99.9973%**
- 20-29: 99.986%
- 30-39: 99.969%
- 40-49: 99.918%
- 50-59: 99.73%
- 60-69: 99.41%
- 70+: 97.6% (non-institutionalized)
- 70+: 94.5% (institutionalized and non-institutionalized)

https://childrenshealthdefense.org/defender/covid-health-data-mainstream-media-vaccine-risks/

These data do not support the global, including Indian policy of mass vaccination. For children vaccination is completely unacceptable[28] [29].

Aa. ADVERSE EFFECTS (AE) IN CHILDREN: The authors of a just-published study[30] (Aug 2021) in Elsevier 'Toxicology Reports' openly ask;

> "Why are we vaccinating children against COVID-19? "--- the clinical trials did not address changes in biomarkers that could serve as early warning indicators of elevated predisposition to serious diseases. Most importantly, the clinical trials did not address long-term effects". They warn that younger age groups could experience longer-term effects (such as myocarditis) "that, if serious, would be borne by children/adolescents for potentially decades."

MIS-C: Multi-System Inflammatory Syndrome in Children: This disease was unknown before October 2020 and is caused by the synthetic Spike protein produced by the

[28] **Drs For Truth write to the PM**: https://awakenindiamovement.com/letter-to-honble-prime-minister-2-0/
[29] **Paul Elias Alexander:** Vaccines for kids ae unnecessary and may kill them https://www.lifesitenews.com/opinion/covid-19-vaccines-may-potentially-kill-our-children/
[30] **Elsevier:** https://www.sciencedirect.com/science/article/pii/S221475002100161X

vaccines. Its diagnostic code since Oct 2020 is registered on the FDA slide No 16. VAERS hardly reports it; but on the website of the CDC (@CDC.Gov), there are over 4200 cases and 40 deaths. THE FDA KNEW ABOUT THIS ADVERSE EFFECT of MIS-C. MIS-C is a debilitating, inflammation of multiple organs, agonising, lifelong and deadly. Is this what we want for our children?

Dr. Bryan Ardis, Dr. Reiner Fuellmich , & Dr. Wolfgang Wodarg – Depopulation by Any Means! - LewRockwell LewRockwell.com @44:18

The Elsevier Study (above & ref Foot Note 2) also reports on **MIS-C.** It is an important and fairly long account, dealt with briefly here.

MIS-C has emerged in VAERS with modest frequency so far, and it also occurred about a month after COVID-19 infection [65]. In both cases, the presence of the spike protein was a common feature. Many of its characteristic symptoms are those listed from VAERS. MIS-C has similarities with known disease entities like Kawasaki Disease (KD), toxic shock syndrome (TSS), and macrophage activation syndrome, (MAS)/secondary hemophagocytic lymphohistiocytosis (HLH). One presentation of MIS-C is in adolescents with a high disease burden as evidenced by more organ systems involved, almost universally including cardiac and gastrointestinal systems, and with a higher incidence of shock, lymphopenia, and elevated cardiac biomarkers indicating myocarditis.

These are the further comments from this peer reviewed study:

- Bulk of COVID-19 per capita deaths occur in elderly with high comorbidities;
- Per capita COVID-19 deaths are negligible in children.
- Clinical trials for these inoculations were very short-term.
- Clinical trials did not address long-term effects most relevant to children.
- High post-inoculation deaths reported in VAERS (very short-term).

> "A vaccine is legally defined as any substance designed to be administered to a human being for the prevention of one or more diseases [5]. For example, a January 2000 patent application that defined vaccines as "compositions or mixtures that when introduced into the circulatory system of an animal will evoke a protective response to a pathogen." was rejected by the U.S. Patent Office because "The immune response produced by a vaccine must be more than merely some immune response but must be protective. As noted in the previous Office Action, the art recognizes the term "vaccine" to be a compound which prevents infection" [6]. In the remainder of this article, we use the term *'inoculated'* rather than vaccinated, because the injected material in the present COVID-19 inoculations prevents neither viral infection nor transmission. Since its main function in practice appears to be symptom suppression, it is operationally a "treatment".

Ab. THE SPIKE PROTEIN OF THE VIRUS COVID- 19 & OF THE INNOCULANTS: (to be read with Pt. 3, 4, & 5):

I. Elsevier Toxicology, peer-reviewed study:

https://www.sciencedirect.com/science/article/pii/S221475002100161X

mRNA-based inoculants (Pfizer and Moderna) and **viral vector-based inoculants** (**like Janssen of Johnson & Johnson and Astra Zeneca)** contain the genetic information needed for the production of the viral protein S (spike), which stimulates the development of a protective immune response against COVID-19. These vaccines use an adenovirus (DNA virus) to transport a gene from the coronavirus into human cells, which then produce the coronavirus spike protein. This spike protein primes the immune system to fight off potential coronavirus infection (emphasis added).

Children are unique relative to COVID-19. They have negligible risks of serious effects from the disease. Given that the COVID-19 inoculants were only tested for a few months, any mid- or long-term adverse events (which are unknown) and that emerge, could impact children adversely for decades. The recent emergence of evidence supports the probability of mid-and long-term adverse effects from the COVID-19 **inoculants,** such as:

- The spike protein itself can be a toxin/pathogenic protein
- S protein alone can damage vascular endothelial cells (ECs) by downregulating ACE2 and consequently inhibiting mitochondrial function
- it is concluded that ACE2 and endothelial damage is a central part of SARS-CoV2 pathology and may be induced by the spike protein alone.
- the spike protein of SARS-CoV-1 (without the rest of the virus) reduces ACE2 expression, increases angiotensin II levels, exacerbates lung injury, and triggers cell signaling events that may promote pulmonary vascular remodelling and Pulmonary Arterial Hypertension (PAH) as well as possibly other cardiovascular complications
- **the recombinant S protein alone** elicits functional alterations in cardiac vascular pericytes (PCs). This was documented as:
  - increased migration
  - reduced ability to support EC network formation on Matrigel
  - secretion of pro-inflammatory molecules typically involved in the cytokine storm
  - production of pro-apoptotic factors responsible for EC death. Furthermore, the S protein stimulates the phosphorylation/activation of the extracellular signal-regulated kinase 1/2 (ERK1/2) through the CD147 receptor, but not ACE2, in cardiac PCs, the S protein may elicit vascular cell dysfunction, potentially amplifying, or perpetuating, the damage caused by the whole coronavirus
  - "even in the absence of the angiotensin-converting enzyme 2 receptors, the S1 subunit from SARS-CoV-2 spike protein binding to neutral phospholipid membranes leads to their mechanical destabilization and permeabilization. A similar cytotoxic effect of the protein was seen in human lung epithelial cells." 125
  - The LNP layer encapsulating the mRNA of the inoculant is highly inflammatory in both intradermal and intranasal inoculation and "Polyethylene glycol (PEG) is a cause of anaphylaxis to the Pfizer/BioNTech mRNA COVID-19 vaccine" [42]. "Humans are likely developing PEG antibodies because of exposure to everyday products containing PEG. Therefore, some of the immediate allergic responses observed with the first shot of mRNA-LNP vaccines might be related to pre-existing PEG antibodies. Since these vaccines often require a booster shot,

anti-PEG antibody formation is expected after the first shot. Thus, the allergic events are likely to increase upon re-vaccination".

- The spike protein has been found in the plasma of post-inoculation individuals, implying that it could circulate to, and impact adversely, any part of the body.
- The spike protein of SARS-CoV-2 crosses the blood-brain barrier in mice [47], and "the SARS-CoV-2 spike proteins trigger a pro-inflammatory response on brain endothelial cells that may contribute to an altered state of BBB function".
- The spike proteins manufactured in vivo by the present COVID-19 inoculations could potentially "precipitate the onset of autoimmunity in susceptible subgroups, and potentially exacerbate autoimmunity in subjects that have pre-existing autoimmune diseases", based on the finding that anti-SARS-CoV-2 protein antibodies cross-reacted with 28 of 55 diverse human tissue antigens.
- **"The biodistribution of ChaAdOx1 [Astra Zeneca's recombinant adenovirus vaccine** candidate against SARS-CoV-2] in mice confirmed the delivery of vaccine into the brain tissues [50]. The vaccine may therefore spur the brain cells to produce CoViD spike proteins that may lead to an immune response against brain cells, or it may spark a spike protein-induced thrombosis. This may explain the peculiar incidences of the fatal cerebral venous sinus thrombosis (CVST) observed with viral vector-based CoViD-19 vaccines".
- A complementary perspective to explain adenovirus-based vaccine-induced thrombocytopenia is that "transcription of wildtype and codon-optimized Spike open reading frames enables alternative splice events that lead to C-terminal truncated, soluble Spike protein variants. These soluble Spike variants may initiate severe side effects when binding to ACE2-expressing endothelial cells in blood vessels." [100].

- (Also Ref Pt. 3 pg. 7, 8) A Pfizer Confidential study performed in Japan showed that "modRNA encoding luciferase formulated in LNP comparable to BNT162b2" injected intramuscularly concentrated in many organs/tissues in addition to the injection site [53]. The main organs/sites identified were adrenal glands, liver, spleen, bone marrow, and ovaries. While damage to any of these organs/sites could be serious (if real for humans), adverse effects on the ovaries could be potentially catastrophic for women of childbearing or pre-childbearing age (also see **II** below).

- "The SARS-CoV-2 spike protein is cytotoxic. That is a fact. Who says so? Multiple peer reviewed references. The Salk Institute. It is the responsibility of the vaccine developers to demonstrate that their expressed version is not toxic. Show us". https://twitter.com/RWMaloneMD/status/1406777926855671811

II. Dr. Byram Bridle, Spike P: Who filed a request under the FoIA (akin to India's RTI), with Japan's regulator for the Pfizer Biodistribution study. Text of the audio (London Times, Aug 10 2021):
https://www.australiannationalreview.com/health/doctor-on-covid-vax-we-screwed-up-we-didnt-realize-the-spike-protein-is-a-toxin-does-this-mean-everyone-vaxinated-is-manufacturing-their-own-spike-protein-toxins-in-their/?fbclid=IwAR3nGXqH2B_PHBoQ3CXO4sGqctot6iuGcwwE2YiNivMFJoYYiX2uDUJqAHg

Bridle, citing a new, peer-reviewed research study out of Japan says**: "They made a mistake – they thought the spike protein was a great target antigen, only to discover it is a toxin that can travel to many organs of the body, causing severe damage."** WORSE -- the spike proteins generated by mRNA vaccines don't stay in the shoulder muscle, but spread to the brain, heart, ovaries, etc. They also know that **the spike protein is what causes the damage with COVID-19** — and now, it is causing serious damage in the vaccinated.

- Spike protein, on its own is the cause of the vascular, neurodegenerative, problems, not the virus. In the original theory it stays in the deltoid muscle, goes to the local draining lymph node, and activates the immune system.
- But a new bio-distribution study from Japan tracked the vax and spike proteins. It gets into the blood within days of vax, accumulates in spleen, brain, bone marrow, liver, adrenal glands, with high concentrations in the ovaries.
- Spike protein is a pathogenic toxin that causes damage if in circulation, binds to platelets, epithelial cells of blood vessels, causing clotting, bleeding, heart problems, and brain blood clotting.

Conclusion is --*"We made a big mistake, and didn't realize it till now." "We thought the spike protein was a great target antigen but never knew the spike protein itself was a pathogenic toxin protein." "By vaccinating people we are inadvertently inoculating them with a toxin".*

III. Clotting and Covid Vaccine "Science" 2nd May 2021: Dr Mike Williams: Excerpts: https://www.ukcolumn.org/article/clotting-and-covid-science

The problem of clots after Covid vaccination was taken more seriously when a preprint paper appeared in Research Square investigating reports "of some vaccine recipients developing unusual thrombotic events and thrombocytopenia". The researchers "investigated whether such patients could have a prothrombotic disorder caused by platelet-activating antibodies directed against platelet factor 4 (PF4), as is known to be caused by heparin and sometimes other environmental triggers".

- Some of the patients were positive for antibodies to PF4 and the authors concluded that "The AZD1222 [AstraZeneca] vaccine is associated with development of a prothrombotic disorder that clinically resembles heparin-induced thrombocytopenia, but which shows a different serological profile". --- Effectively we have two opposing problems here: thrombosis forming a clot that can block a vessel supplying blood to an organ; and thrombocytopenia reducing the number of platelets that are needed to form a clot, causing bleeding, aka haemorrhage. Either of these problems can be very difficult to manage and extremely dangerous, even lethal for the patient -- but to have both at the same time!
- The combined thrombosis and thrombocytopenia linked to Covid vaccination is being considered as something new and very rare, and if clotting happens in a

vital organ … well, we're seeing the results: young people that should **not** be dying, are.

Considering that adverse events are generally accepted to be massively underreported, that is very concerning.

Clotting following vaccination — A surprise?

"If we were to rely on mainstream news and government reports, we might be led to believe that clotting problems with Covid vaccines were entirely unexpected and rare. Yet":

- the first warnings about the Astrazeneca clotting disorder came before the preprint (above) was published: and long before they even started making the current Covid 'vaccines'. Well over a decade before, to be precise.
- Adenoviral viral vector delivery systems that are being employed by Astrazeneca, Sputnik and Johnson & Johnson, for example, were known to be problematic in the past. In 2007 a **research paper** laid it out very clearly:
- In September 2020, another paper, **SARS-CoV-2 binds platelet ACE2 to enhance thrombosis in COVID-19**, also outlined a problem with SARS-CoV-2:

But what has that got to do with the vaccine?

This paper identified a spike protein as causal factor in clotting. And, of course, a spike protein is what is being produced by most of the Covid vaccines. Yet the regulators did nothing. It should also be noted that **platelet-leukocyte aggregation** was mentioned in both the 2007 and 2020 papers. How did the authorities and drug manufacturers miss that?

Magro et al, in a paper available as early as October 2020, entitled **Severe COVID-19: A multifaceted viral vasculopathy syndrome,** demonstrated that in small blood vessels the spike protein, all by itself, can induce clotting by docking in various tissues.

- The key point to this paper in relation to Covid vaccines is that the spike protein, devoid of viral RNA travels to the brain and causes clotting. Once again, to reiterate, **Covid vaccines produce such a spike protein.** ---- Not only can the spike protein cause clots all by itself, that may well be resistant to being broken up, it also looks like it also may alter the blood-brain barrier, causing neurological damage.

In Conclusion

- *"there is overwhelming evidence that the SARS-CoV-2 spike protein (that is also synthetically produced by the Covid vaccines) is a central part of the mechanisms of morbidity and mortality of SARS-CoV-2, and therefore is also a risk of the vaccine. In regard to clotting, that risk is greater if you receive a vaccine.*

- *The data clearly demonstrate that the last thing you would ever want to do is make a vaccine that produces a spike protein. As the literature clearly showed, it would cause significant damage, including brain clots and death. And that literature, for the most part, was available before the release of Covid vaccines to the public".*

IV. m RNA COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning (Steven R Gundry Nov 2021).

The American Heart Association Journal, *Circulation*, just published an abstract of this study. It includes this expression of concern:

> **"***We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination"*

Ac. CHILDREN: OTHER ADVERSE EFFECTS – INCLUDING MYOCARDITIS

UK Government Covid-19 Injection for Children. Does it look safe? https://johnplatinumgoss.com/covid-19-vaccination-statistics/ **(also see Pr D (i) below)**

Pfizer - UK Govts Injection of Choice for Children. UK Disclosed Adverse Reactions & Injuries (Pfizer Only)			
29th September 2021	Total	Fatal	% of Total
Blood disorders	11,342	3	3%
Cardiac disorders	5,734	98	2%
Ear disorders	4,602	-	1%
Endocrine disorders	223	-	0%
Eye disorders	5,562	-	2%
Gastrointestinal disorders	31,083	16	9%
General disorders	83,606	187	25%
Hepatic disorders	156	1	0%
Immune system disorders	1,697	2	1%
Infections	7,902	88	2%
Injuries	5,216	1	2%
Investigations	4,181	3	1%
Metabolic disorders	1,850	2	1%
Muscle & tissue disorders	40,047	-	12%
Neoplasms	239	5	0%
Nervous system disorders	57,975	55	17%
Psychiatric disorders	6,970	1	2%
Renal & urinary disorders	915	7	0%
Reproductive & breast disorders	21,797	1	6%
Respiratory disorders	14,352	51	4%
Skin disorders	23,303	1	7%
Pregnancy/ null/ Congenital/Social	863	15	0%
Surgical & medical procedures	369	1	0%
Vascular disorders	5,360	14	2%
Total Per MHRA	335,344	552	100%

Only 1% of Adverse Effects are estimated to be reported. There is also evidence of active under-recording (in UK MHRA)

- **MALONE: 14 Oct 2021 (interview on LifeSite News)**
  Risk of Heart Inflammation in Adolescents

  The potential side effects of the Pfizer shot — which include two types of heart inflammation, myocarditis and pericarditis — were known a year ago, Malone stated. Still, the CDC ignored them. While the U.S. has databases, such as VAERS and VSafe, to track adverse reactions to vaccines, there is an unspoken agreement in the CDC that the Israeli capability in analysing such data is "far more superior" than that of America. Therefore, the CDC mostly relies on reports from Israel.
  Still, it was neither Israeli nor American scientists at the federal bodies that discovered an obvious link between the COVID jabs and increased risk of heart inflammation in adolescents, who generally don't suffer from cardiac conditions. It was private data company Oracle, whose findings prompted the CDC and other governments, including Israel's, to review their own data.
  No healthy young man should receive a COVID vaccine. https://thenewamerican.com/mrna-inventor-on-covid-response-is-this-really-about-the-vaccine-or-is-it-about-something-else/

- **Elsevier Toxicology: Adverse inoculant effects on children (0-17) @ 3.1.3.2 & 3.1.3.2.1**:

  The main reasons (that) the spike protein could be harmful to children even though they don't seem to get sick from exposure to SARS-CoV-2 are 1) the bypassing of the innate immune system by inoculation, 2) the larger volume of spike protein that enters the bloodstream, and 3) the additional toxic effects of the encapsulating LNP layer. (emphasis added)

  https://www.sciencedirect.com/science/article/pii/S221475002100161X

- **Jessica Rose and Peter McCullough: Elsevier Toxicology Study; 1 October 2021: A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products**[31]

  We used VAERS data to examine cardiac AEs, primarily myocarditis, reported following injection of the first or second dose of the COVID-19 injectable products. Myocarditis rates reported in VAERS were significantly higher in youths between the ages of 13 to 23 ($p<0.0001$) with ~80% occurring in males. Within 8 weeks of the public offering of COVID-19 products to the 12-15-year-old age group, we found 19 times the expected number of myocarditis cases in the vaccination volunteers over background myocarditis rates for this age group. In addition, a 5-fold increase in myocarditis rate was observed subsequent to dose 2 as opposed to dose 1 in 15-year-old males. A total of 67% of all cases occurred with BNT162b2. Of the total myocarditis AE reports, 6 individuals died (1.1%) and of these, 2 were under 20 years of age - 1 was 13. These findings suggest a markedly higher risk for myocarditis subsequent to COVID-19 injectable product use than for other known vaccines, and this is well above known background rates for myocarditis. COVID-19 injectable products are novel and have a genetic, pathogenic mechanism of action causing uncontrolled expression of SARS-CoV-2 spike protein within human cells. When you combine this fact with the temporal relationship of AE occurrence and reporting, biological plausibility of cause and effect, and the fact that these data are internally and externally consistent with emerging sources of clinical data, it supports a conclusion that the COVID-19 biological products are deterministic for the myocarditis cases observed after injection.

[31] Peer-reviewed- Elsevier: withdrawn without notice to the authors

https://www.sciencedirect.com/science/article/pii/S0146280621002267

- **Sept 12 2021: Brian Shilhavy --Editor, Health Impact News**
  https://vaccineimpact.com/2021/teens-50x-more-likely-to-have-heart-disease-after-covid-shots-than-all-other-fda-approved-vaccines-in-2021-combined-cdc-admits-true-but-still-recommends-it/

  12 through 19 (12 is the youngest age that the COVID injections are currently authorized to be injected with), there have been 31 deaths, 181 permanent disabilities, 3,679 ER visits, 1,655 hospitalizations, 331 life threatening events, and 748 reports of heart inflammation (all forms of "carditis").

- **Steve Kirch (Tech Entrepreneur): Inconvenient truth: vaccine-induced myocarditis is neither rare or mild**

  When we apply the proper URF (under reporting factor) to the myocarditis data, we find that myocarditis goes from a "rare" event to a common event. Using data from the CDC and applying the correct URF, for 16 year-old boys, the rate of myocarditis is 1 in 317 as we can see from this slide from our All you need to know deck. That's not rare. That's a train wreck.

RISKS TO CHILDREN: UK (to 25 August 2021)

What the govt will do to children	
On currently reported UK rates	490 Children Dead
If only 1% reported	49,000 Children Dead
If only 10% reported	4,900 Children Dead
On currently reported UK rates	108,000 Children Injured
If only 1% reported	10,800,000 Children Injured
If only 10% reported	1,080,000 Children Injured
Long Term Damage: Impact on future fertility and the growth and development of a child is currently UNKNOWN	

B. THE ABSOLUTE RISK REDUCTION (ABS) & RELATIVE RISK REDUCTION (RRR).

The ABS is the true impact that the injection itself was shown to have at reducing a person's chances of getting sick with Covid-19: 0.84% for Pfizer and 1.28% for Astra Zeneca (Lancet study @ link below)

The ABS is actually right around 1% for all currently available COVID shots.

https://www.globalresearch.ca/microbiologist-explains-covid-jab-effects-dr-sucharit-bhakdi/5754956 [32]

Absolute Risk *= probability = incidence.*

- **Pfizer/BioNTech** — Relative risk reduction: 95%. Absolute risk reduction: **0.84%**
- **Moderna —** Relative risk reduction: 94%. Absolute risk reduction: **1.2%**
- **Gamaleya (Sputnik V)** — Relative risk reduction: 91%. Absolute risk reduction: **0.93%**
- **Johnson & Johnson** — Relative risk reduction: 67%. Absolute risk reduction: **1.2%**
- **AstraZeneca/Oxford** — Relative risk reduction: 67%. Absolute risk reduction: **1.3%**

These data showed zero benefit in the clinical trials.

C. NATURAL IMMUNITY (NI) ie ARISING FROM A PREVIOUS COVID-19 INFECTION

It is settled medical science that natural immunity is robust and long lasting and leads to herd immunity. We cannot vaccinate ourselves out of the 'pandemic', (vaccines will not lead to herd immunity). The scientific literature for a SARS-type virus confirms this and that natural immunity is also 'broadly' effective even in the case of mutations, ie against variants. A paper[33] out of Japan demonstrated that only four relatively small mutations on Sars-CoV-2 can lead to a failure of vaccine-generated immunity, but people who become naturally infected remain protected from these small mutations.
All this makes it a threat to mass vaccination.

15 studies compiled by Daniel Horowitz: that indicate that natural immunity from prior infection is more robust than the COVID vaccines. Reviewed by the CCCA (Canadian Covid care Alliance), Scientific and Medical Advisory Committee, 8 Oct 2021. Natural-Immunity-vs.-Vaccine-Induced-Immunity-FINAL-Oct-8-2021.pdf (canadiancovidcarealliance.org)

> **Excerpt:** "The data suggest that repeat infections are rare — they occurred in less than 1% of about 6,600 participants who had already been ill with COVID-19."7 In the original paper published by Hall et al. in the Lancet,8 the authors interpreted their findings as follows, "A previous history of SARS-CoV-2 infection was associated with an 84% lower risk of infection, with median protective effect observed 7 months following primary infection. This study shows that previous infection with SARS-CoV-2 induces effective immunity to future infections in most individuals." Further, a May 2021 paper published in the Lancet's EClinicalMedicine elaborates that, "based on current evidence, we hypothesize that antibodies to both S and N-proteins after natural infection may persist for longer than previously thought, thereby providing Immunity Following Natural Infection with SARS-CoV-2 vs Vaccine-Induced Immunity Page 5 of 14 evidence of sustainability that may influence post-pandemic planning."9 Their hypothesis was indeed correct since the authors, "demonstrated a sustained positivity rate of antibodies against the SARS-CoV-2 spike protein past ten months post-PCR confirmed COVID-19 infection using data from over 39,000 patients, with linear trends indicating a substantial population half-life."
>
> --- Cumulatively, these studies indicate that there is no need of further vaccination or advantage of vaccinating those previously infected with SARS-CoV-2. Although vaccination

[32] **ABS & RRR Ref** in the Sucharit Bhakdi doc taken from a July 1, 2021, commentary in The Lancet Microbe

[33] Berenson NYT: https://childrenshealthdefense.org/defender/joe-rogan-alex-berenson-covid-vaccines-mandates-big-pharma/?utm_source=salsa&eType=EmailBlastContent&eId=e185acac-7d14-45ba-897b-ccbf886fa055

following natural infection may increase antibody titers to the spike protein, this is not required for further protection. Additionally, as discussed above the responses induced by the vaccine are distinct from that of natural infection and much less durable. Further, amplification of naturally induced antibody responses by vaccination cannot be recommended in the absence of long-term safety studies. This is important because overly robust antibody responses can predispose people to unwanted autoimmune sequelae. **(*** see below)

Horowitz[34]: * studies have shown those with prior infection are associated with 4.4x increased odds of clinically significant side effects following mRNA vaccination.

The scientific literature collected here (81 studies), https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/ establishes unequivocally that protective immunity following natural infection with SARS-CoV-2 is robust, durable and long-lasting. The underlying immunology is clear with repeated examples of recovered persons producing durable antibodies, memory B cells, and durable polyfunctional CD4+ and CD8+ T cells, as well as bone-marrow plasma cells that produce antibodies as needed with re-exposure, targeting multiple targets on the COVID-19 virus. In total, the evidence is clear that immunity persists in persons who have cleared the virus and recovered.

An excerpt: "Bone marrow plasma cells (BMPCs) are a persistent and essential source of protective antibodies… durable serum antibody titres are maintained by long-lived plasma cells—non-replicating, antigen-specific plasma cells that are detected in the bone marrow long after the clearance of the antigen … S-binding BMPCs are quiescent, which suggests that they are part of a stable compartment. Consistently, circulating resting memory B cells directed against SARS-CoV-2 S were detected in the convalescent individuals. Overall, our results indicate that mild infection with SARS-CoV-2 induces robust antigen-specific, long-lived humoral immune memory in humans…overall, our data provide strong evidence that SARS-CoV-2 infection in humans robustly establishes the two arms of humoral immune memory: long-lived bone marrow plasma cells". [35]

Vaccinating those with NI is not advised as serious harm may occur

"Not only is a Vaccine unnecessary in this subpopulation, it is more likely to cause harm. Scientists have observed vaccine-driven disease enhancement in the previously infected. The FDA admits that many people receiving a Vaccine either are or were previously infected with SARS-CoV-2, or have or previously had COVID-19 upon injection with the Vaccines, this population has reported serious medical harm, including death--- A study published in the New England Journal of Medicine noted antibody titers 10-45 times higher in those with pre-existing COVID-19

[34] **Horowitz**: 15 studies that indicate natural immunity from prior infection is more robust than the COVID vaccines | Duty To America News

[35] **SARS-CoV-2** infection induces long-lived bone marrow plasma cells in humans, Turner, 2021)

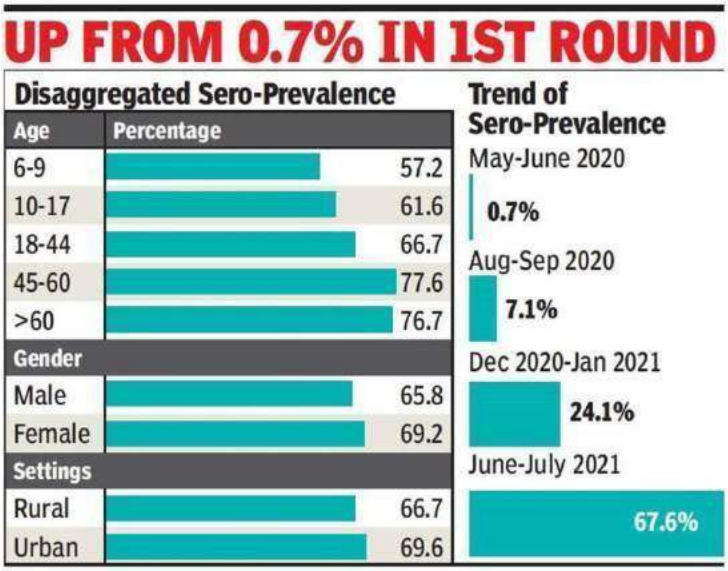
immunity after the first Vaccine injection, **with 89% of those seropositive reporting adverse side-effects.**" (Ref. America's Frontline Drs in their Civil Action Suit[36] [37].

NI also at these references:

Dr Sanjay K Rai[38]: https://www.youtube.com/watch?v=-btDk0eSi5U

Dr. Peter McCullough 'Therapeutic Nihilism And Untested Novel Therapies' | AAPS (bitchute.com) **@49:10**

India has an average Sero-prevalence of around 68 % as of July 2021. By October the figure is expected to be even higher clearly establishing that India has reached herd immunity. The medical science therefore is clear, that the vaccine roll out is not only unnecessary, but potentially harmful. Given the scale of Adverse Effects reported (see below and Para – pg --), the risk to specific subgroups, ie children, and pregnant women and women of child-bearing age, (who by definition are also within the population with herd immunity/NI), would be even greater. Exposing them to such risk is unacceptable. Any injuries sustained leave alone deaths would invite charges of criminality. There can be no justification therefore, for a vaccine rollout.



ICMR: https://blog.forumias.com/explained-icmrs-fourth-serosurvey-and-its-findings/

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[36] **@ Pg 38:** Illinois Leaks | America's Frontline Doctors Files For Preliminary Injunction Against Secretary of the U.S. Department of Health and Human Services (edgarcountywatchdogs.com)

[37] Peter McCullough: also long Covid and treatment https://articles.mercola.com/sites/articles/archive/2021/11/20/treating-long-haul-syndrome.aspx?ui=922aeb461774128786bc38a26b6a65691535e29b780bce2f5795eb010c7c2bb2&sd=20201124&cid_source=dnl&cid_medium=email&cid_content=art1ReadMore&cid=20211120&mid=DM1037015&rid=1327282189

[38] **Dr Sanjay Rai:** Professor, Centre for Community Medicine; The All India Institute of Medical Sciences, (AIMS) New Delhi, India

D. DATA POINT: ADVERSE EFFECTS (AE) (EXCLUDING (in the main) CHILDREN); VACCINATED VS UNVACCINATED (V-XED VS UNV-XED); 'BREAKOUT' CASES

This list of 22 adverse effects were known to the FDA before the 'emergency use (approval) authorisation' (EUA):
https://www.lewrockwell.com/2021/09/gary-g-kohls/we-for-humanitys-urgent-plea-to-stop-the-new-holocaust/

- **(a)** Guillain-Barré syndrome
- **(b)** Acute disseminated encephalomyelitis
- **(c)** Transverse myelitis
- **(d)** Encephalitis/encephalomyelitis/meningoencephalitis/meningitis/encepholapathy
- **(e)** Convulsions/seizures
- **(f)** Stroke
- **(g)** Narcolepsy and cataplexy
- **(h)** Anaphylaxis
- **(i)** Acute myocardial infraction
- **(j)** Myocarditis/pericarditis
- **(k)** Autoimmune disease
- **(l)** Death
- **(m)** Pregnancy and birth outcomes
- **(n)** Other acute demyelinating diseases
- **(o)** Non-anaphylactic allergic reactions
- **(p)** Thrombocytopenia
- **(q)** Disseminated Intravascular Coagulation (DIC)
- **(r)** Venous thromboembolism
- **(s)** Arthritis and arthralgia/joint pain
- **(t)** Kawasaki disease
- **(u)** Multisystem inflammatory syndrome in CHILDREN (MIS-C)
- **(v)** Vaccine enhanced disease/

(Highlighted -- AE specifically mentioned in this document).

In just four months, the COVID-19 vaccines have killed more people than all available vaccines combined from mid-1997 until the end of 2013 —a period of 15.5 years.

D (I) ADVERSE EFFECTS -- Source of this data: https://johnplatinumgoss.com/covid-19-vaccination-statistics/

All The Goss will continue to display the latest casualties in summary form as new updates become available. These are official statistics and those who produce them, **MHRA, EMA and VAERS,** concede that they are much higher, (10 to 100 times higher, ie 1% to 10%) than the figures they have released. In the US and UK, there is also active

'mis-reporting of data. In some of the tables on this page a more realistic picture is illustrated.

Covid-19 Injection Damage: EU, UK AND US SUMMARY		Estimated Numbers if those reported were just:	
		1%	10%
Region and data entry cut off date	Total Reported	Total	Total
UK Fatalities - 29th September 2021	1,698	169,800	16,980
EUdra Fatalities- 9th October 2021	27,242	2,724,200	272,420
US Fatalities -1st October 2021	16,310	1,631,000	163,100
Total Fatalities	**45,250**	**4,525,000**	**452,500**
UK Injuries -29th September 2021	1,222,566	122,256,600	12,225,660
EUdra Injuries -9th October 2021	2,536,526	253,652,600	25,365,260
US Injuries -1st October 2021	3,659,888	365,988,800	36,598,880
Total Injuries	**7,418,980**	**741,898,000**	**74,189,800**
UK Reports -29th September 2021	370,574	37,057,400	3,705,740
EUdra Reports -9th October 2021	1,038,776	103,877,600	10,387,760
US Reports -1st October 2021	778,221	77,822,100	7,782,210
Total Number of Reports	***2,187,571***	***218,757,100***	***21,875,710***

Janssen injection is being distributed in the UK, within private clinics, and no adverse events are being recorded by the MHRA.

--MHRA= UK Medicines and Healthcare products Regulatory Agency; EMA= European Medicines Agency; **--US VAERS = Vaccine Adverse Event Reporting System**

Added data / Comment Notes:

(a) Nicanor Perlas: **Scientists Sound Alarm: Vaccines Will Kill Millions | Covid Call To Humanity** Their concern about these data:

- **These pro-vaccine scientists are shocked at the many irregularities plaguing the development and performance of Covid vaccines.**
- **Current vaccine deaths have surpassed ALL vaccine deaths recorded at the US VAERS or the Vaccine Adverse Events Reporting System for the last 30 years if we count the latest death figures for the US cited above.[4]**
- **Why is there no display of concern from authorities, regulatory or otherwise?**
- **Normally, 50 deaths would cause vaccines to be taken out of the market.[6] We now have tens of thousands of deaths and the Covid vaccines continue to be aggressively promoted. Why are these hazardous vaccines not taken out of the market?**
- **They are scandalized when regulatory agencies and pharmaceutical companies all deny any link between vaccination and deaths. They know that 57% of those who died were killed within 48 hours after taking the vaccines.[7]**
- **They are puzzled. Why did they collapse the normally long-term development period for most vaccines, ranging from 7 to 29 years, to one year.[8] Why is there the rush?**

(b) Evidence, various: https://academic.oup.com/aje/article/175/11/1129/140385) (https://edition.cnn.com/2009/HEALTH/04/30/swine.flu.1976/index.html).

- **A whistle blower has gone on record in the US stating that thousands of Covid-19 injection deaths in the US have been concealed and that numbers reported are understated by a factor of 5.** Court papers that have just been filed: (page 41 for the Whistleblower's statement).
  https://fossaorg.files.wordpress.com/2021/07/m-for-pi-file-stamped.pdf
- In addition, further injuries/fatalities for the Americas lie behind Vigibase (a WHO sponsored adverse reaction website) only accessible by health professionals and on the payment of a fee.
  https://www.who-umc.org/vigibase/vigibase/know-more-about-vigibase/
  Also, evidence of cases being deleted is being uncovered:
- In addition because these injections are still in a trial period we are told that many US adverse reactions are reported directly to the pharmaceutical companies
- **US ADR Data:**
  https://www.openvaers.com/covid-data
  More data on reports from VAERS:
  https://ammtwitter.wordpress.com/

These high numbers and deaths are just usual?

- Billions of doses of the Tetanus jab have been administered since its introduction in 1968, 36 deaths and less than 15k adverse events recorded since then from this jab. Tess Lawrie comments about 45 mins into - https://ebmcsquared.s3.eu-west-2.amazonaws.com/Yellow+Card+Report_June+21.mp4
  Swine flu vaccine killed somewhere between 25 and 53 people and injured 4000 in the US, after 45 million injections were administered before this vaccination programme was pulled with many suing the government for compensation from injuries caused.

VACCINE RELATED DEATHS REPORTED TO US VAERS OVER LAST THREE DECADES TO 1st October 2021		
1990's (10 years of reported deaths)	1778	7.0%
2000's (10 years of reported deaths)	2464	9.7%
2010's (10 years of reported deaths)	4084	16.1%
2020 and 2021 to date non Covid injections	711	2.8%
TOTAL circa 32 years of reported vaccine deaths	**9037**	**35.7%**
Covid-19 Injections Only to 1st October 2021 (2020 and 2021)	16310	64.3%
Last circa 32 Years (1990 - 1st Oct 2021)	**25347**	**100.0%**

(c) Steve Kirsch: Tech Entrepreneur: 15 Oct 2021: the VAERS data shows we killed over 150,000 Americans from the vaccine so far. The CDC lying about COVID V safety https://trialsitenews.com/proof-that-the-cdc-is-lying-to-the-world-about-covid-vaccine-safety/

- If we use the same methodology as used by the CDC in their paper to determine the actual underreporting factor (URF) for this year, but we use a much more accurate reference, we find that the best estimate for the minimum URF is 41. For less serious events you'd use a higher number since healthcare workers and consumers are far less likely to report less serious events. So using 41 is always "safe" in that it will not overestimate any event.
- This means that we've killed well over 150,000 Americans so far, and all of those deaths had to be caused by the vaccine because there is simply no other explanation that fits all the facts. See this paper for the details. The paper also details **7 other ways** that the number was validated and none of those methods used the VAERS data at all. This makes it impossible for anyone to credibly attack the analysis. Nobody wants to debate us on this.

- And Pfizer's own Phase 3 study showed that we **save only 1 COVID death for every 22,000 people we vaccinate** (you have to see Table S4 in the supplement to learn that 2 people died from COVID who were unvaccinated and 1 person died from COVID who got the vaccine, so a net savings of 1 life).

➢ Therefore: with fully vaccinated 220M Americans, we may save an estimated **10,000 lives from COVID per the Pfizer study** which is the most definitive data we have. Yet the VAERS data shows we killed over 150,000 Americans from the vaccine to achieve that goal. **In other words, we killed 15 people for every COVID life we might save.**
But it's worse than that because the Pfizer study was done pre-Delta. The Pfizer vaccine was developed for Alpha variant and is less effective against Delta. So our numbers are even more extreme.

(d) Independent statisticians estimate the injections are linked to roughly 470 deaths per million doses administered. (By way of comparison, CDC researchers once conceded that smallpox vaccination was responsible for one death per mi

Source: All that Goss https://johnplatinumgoss.com/covid-19-vaccination-statistics/

Latest UK Deaths and Injuries Following the Covid-19 Injections - as input by the MHRA to 6th October 2021					
	AstraZeneca	Pfizer	Moderna	Unknown	Total
Total Deaths /Injuries	832,283	339,672	53,584	3,452	1,228,991
Fatalities	1,106	562	20	31	1,719
Number of cases	234,410	120,578	16,754	1,136	372,878
Average no. of injuries per report	3.6	2.8	3.2	3.0	3.3

Note: Cardiac Disorders to 6 Oct.2021:
Astra Zeneca 9,520 related Cardiac disorders and **171** AstraZeneca deaths
Pfizer: 5,840 Pfizer related Cardiac disorders and **100** Pfizer cardiac disorder deaths

More Data from tables show:

UK: Blood Disorders (AstraZeneca) (disclosed by the MHRA to 6th October 2021).

Astra Zeneca: 7,489 injuries; 10 deaths

UK: Blood Disorders (Pfizer) (disclosed by the MHRA to 6th October 2021).

Pfizer: 11,538 injuries; 3 deaths

Loss of Baby (following injections) : **615** (disclosed by the MHRA to 6th October 2021).
If just 1% of the true figure is reported then there may have been as many as 61.5k miscarriages after the injections; if 10% were reported there could still be over 6k miscarriages after the injections.
Only 1-10% of adverse reactions get reported

https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions

ALL BRANDS -Adverse Reactions and Deaths 6th October 21		
Following Covid-19 Injections (PER MHRA)	TOTAL	FATAL
Blood Disorders	20,055	16
Cardiac Disorders	16,092	276
Ear Disorders	15,218	-
Endocrine Disorders	651	-
Eye Disorders	20,413	-
Gastrointestinal Disorders	115,269	31
General Disorders	351,353	577
Hepatic Disorders	646	9
Immune Disorders	5,096	7
Infections	27,654	193
Injuries	15,069	3
Investigations	15,805	4
Metabolic Disorders	10,920	5
Muscle and Tissue Disorders	147,036	1
Cancers / Tumours (Neoplasm)	717	14
Nervous System Disorders	244,649	255
Pregnancy / null/Congenital/ Social	1,941	30
Psychiatric disorders	25,668	8
Renal & urinary disorders	3,664	12
Reproductive & breast disorders	43,969	1
Respiratory disorders	44,193	190
Skin disorders	82,509	3
Surgical & medical procedures	1,222	1
Vascular disorders	19,182	83
Total Adverse Reactions and deaths	1,228,991	1,719

UK: Source: https://johnplatinumgoss.com/covid-19-vaccination-statistics/

Guillian-Barre Syndrome Reported Following the Covid-19 injections -US (8th Oct) +UK (6th Oct)

Guillain-Barre Syndrome cases reported post Covid-19 Injections (UK Yellow Card) 6th October 2021			
Manufacturer	Cases	If just 1%	If just 10%
Astra Zeneca	428	42,800	4,280
Pfizer	55	5,500	550
Unknown	5	500	50
Moderna	3	300	30
Sub total UK Yellow Card	491	49,100	4,910

Covid-19: Regulators warn that rare Guillain-Barré cases may link to J&J and AstraZeneca vaccines

BMJ: Cite this as: BMJ 2021;374:n1786 https://www.bmj.com/content/374/bmj.n1786

Analysis of Adverse Reactions for Experimental Covid-19 Injection per Eudra

Summary @ input date 9th October 2021	Moderna	Pfizer	AstraZeneca	Janssen	Total	
Fatal	7,320	12,835	5,630	1,457	27,242	
Non Fatal	321,274	1,111,237	1,021,502	82,513	2,536,526	
Total Adverse Reactions	328,594	1,124,072	1,027,132	83,970	2,563,768	
Total Individual Reports	132,122	485,823	390,119	30,712	1,038,776	
Average injuries per report	*2.49*	*2.31*	*2.63*	*2.73*	*2.47*	
Number Women Reporting	91,516	349,908	278,852	18,123	738,399	71%
Number of Men Reporting	39,470	128,715	101,928	12,210	282,323	27%
Number where gender not specified	1,136	7,200	9,339	379	18,054	2%
Number Healthcare Workers Reporting	61,641	211,351	99,032	8,544	380,568	37%
Number Non- Healthcare Workers Reporting	70,481	274,472	291,087	22,168	658,208	63%
Age of Reportee Not specified	4,733	29,974	28,532	2,698	65,937	6%
0-1 month'	*35*	*153*	*229*	*3*	*420*	0.04%
2 mths to 2 yrs	*70*	*276*	*297*	*4*	*647*	0.06%
3-11 yrs	*12*	*94*	*245*	*3*	*354*	0.03%
12-17 yrs	*608*	*7,536*	*223*	*50*	*8,417*	0.81%
18-64 yrs	100,079	359,342	304,036	25,649	789,106	76%
65-85 yrs	22,860	71,296	54,108	2,086	150,350	14%
Over 85 yrs	3,725	17,152	2,449	219	23,545	2%

EU to 9th October 2021 – 27,242 Covid-19 injection deaths and over 2.5 million injuries, reported by over 1 million people per EudraVigilance Database :
https://johnplatinumgoss.com/covid-19-vaccination-statistics/

Note: Of the total injuries reported, 48% are classified as serious
84% of all immune related issues are serious
94% of all pregnancy issues are serious
72% of all cardiac issues are serious

D (ii) COVID BREAKOUT CASES/VAXED / UNVAXED

The data (from mid -August onwards, the most recent being early Oct. 2021), is showing a consistent pattern across countries: (a) as vaccinations increase, COVID cases are rising, (including serious disease), termed breakout cases; (b) the proportion of Covid cases among the V-ted is higher than the unvaxed; (c) the Vs are neither protective, nor stop infections; (d) Boosters are being given demonstrating that vaccine effectiveness is declining; (e)CDC hides breakthrough cases to prop-up V effectiveness by various means including manipulating the CT value to skew results in favour of the vaxed as well as ceasing to report breakout cases unless hospitalised.

This is a policy designed to continuously inflate one number, and systematically minimize the other. What is that if not an obvious and deliberate act of deception?"-- Off-Guardian May 18, 2021[39]

[39] https://off-guardian.org/2021/05/18/how-the-cdc-is-manipulating-data-to-prop-up-vaccine-effectiveness/

❖ **Public Health England (PHE)**

Delta cases England (PHE Data) 1st Feb '21 to 12th Sept '21	Positive Tests	Deaths	% of Deaths
Unvaccinated	257,357	722	28%
Vaccinated	278,212	1,779	70%
Unknown	58,003	41	2%
Total	593,572	2,542	100%
Those 14+ days post 2nd Dose	157,400	1,613	63%

- 70% of all deaths with the Delta variant have now been in those with one or both injections.
- 63% of all deaths with the Delta variant have now been in the "fully vaccinated" i.e. 14 days post the second dose
- the latest Public Health data shows that Covid-19 vaccinated people have accounted for 81% of Covid-19 deaths this summer -- UK Daily expose 5th Oct. https://theexpose.uk/2021/10/05/uk-has-fallen-81-percent-covid-deaths-vaccinated-teen-deaths-63-percent-higher/

❖ **ISRAEL: Covid Cases Explode In Heavily Pfizer Vaccinated Israel** [40] [41]

Israel is the crucible of testing for the Pfizer vaccine (the only one authorised), with one of the highest vaccine uptakes. The data coming out of Israel is considered by many to be the best robust public health infrastructure, a population wholly enrolled in HMOs (health Maintenance Organisations) that track them closely, allowing it to produce high-quality, real-world data on how well vaccines are working.

Despite one of the highest rates of vaccination of all countries, Israel has the world's largest number of Covid cases per capita. It is two times larger than the US per capita rate. Those who have received the COVID jab are **6.72** times more likely to get infected than people with natural immunity. By mid-August, **59%** of serious cases in Israel were also among those who had received two COVID injections, mirroring U.K. data. The Jab is also failing the over-50s both in the UK and Israel, (trends in these two countries appear to be tracking each other, see **Delépine** below)

Malone Twitter Comments on data below
https://twitter.com/search?q=RWMaloneMD%20more%20on%20israel&src=typed_query&f=top

[40] Mercola: 60% of Those Older Than 50 Who Die From COVID Are Double Vaxxed (document taken down by google)

[41] https://www.lewrockwell.com/2021/09/paul-craig-roberts/covid-cases-explode-in-heavily-pfizer-vaccinated-israel/

Not really consistent with the story line pushed by legacy media in USA. Not a pandemic of the unvaccinated in **Israel**.
are you really a doctor? i thought **israel** was one of the most vaccinated places on earth. and you think having more people vaccinated faster would have fixed it? You sure you're in the right profession?

MaloneTable:

ISRAEL CONFIRMED CASES, JULY 4 TO JULY 31

Age Group	Cases Fully Vaccinated	Cases Unvaccinated	Percent of Cases Fully Vaccinated	Percentage of Population Fully Vaccinated
20–29	2689	795	77.2%	71.9%
30–39	3176	881	78.3%	77.4%
40–49	3303	635	83.9%	80.9%
50–59	2200	359	86.0%	84.4%
60–69	2200	187	92.2%	86.9%
70–79	1384	100	93.3%	92.8%
80–89	540	61	89.9%	91.2%
90+	142	20	87.7%	89.7%
TOTAL	TOTAL	TOTAL	AVERAGE	AVERAGE
20-90+	15634	3038	86.0%	84.4%

Source 1: https://data.gov.il/dataset/covid-19/resource/9b623a64-f7df-4d0c-9f57-09bd99a88880
Source 2: https://datadashboard.health.gov.il/COVID-19/general

❖ **Gérard Delépine[42]: High Recorded Mortality in Countries Categorized as "Covid-19 Vaccine Champions". The Vaccinated Suffer from Increased Risk of Mortality compared to the Non-vaccinated (8-country data; examples below)**

The data show (WHO data *and the curves of OurWorldinData (From Vaccine outset in December 2020 to September 15, 2021))*

- **Record mortality in Gibraltar, champion of Astra Zeneca injections** (achieving 115% V coverage (vaccination was extended to many Spanish visitors), new infections increased **fivefold** (to 5314) and the number of deaths increased **19fold** i.e. **2853 deaths per million inhabitants, which is one of the European mortality records**. But those responsible for the vaccination deny any causal link without proposing any other plausible etiology. And after a few months of calm, the epidemic resumed, confirming that **115% vaccination coverage does not protect against the disease**.
- **Malta: 84% vaccine coverage, but just as ineffective**

[42] **Delepine** *oncologist and statistician* **22 Oct 2021**: https://www.globalresearch.ca/high-recorded-mortality-in-countries-categorized-as-covid-19-vaccine-champions-increased-hospitalization/5757173

- **Singapore abandons the hope of "Zero Covid" through vaccines**
- **In the UK: a worrying rise in infections:** The United Kingdom is the European champion of Astra Zeneca vaccination, with more than 70% of the population vaccinated for the first time, and 59% with a complete vaccination schedule. This high "vaccination" rate did not prevent an explosion of cases at the beginning of the summer, with up to 60,000 new cases per day by mid-July.
  Faced with this significant resumption of the epidemic despite vaccination, Andrew Pollard, representative of the Oxford Vaccine Group, acknowledged before Parliament: "**collective immunity through vaccination is a myth**".
  This resumption of infections has been accompanied by a resumption of hospitalizations, severe cases and deaths. According to the official report of August,[2] **deaths were more frequent among fully vaccinated patients (679) than among non-vaccinated patients (390), thus cruelly denying the hopes of a protective effect of the vaccine on mortality. After the last sanitary restrictions were lifted**, the epidemic decreased to a level of less than 30,000 cases per day, whereas at the beginning of July, simulations by Covid specialists were predicting up to 100,000 new cases per day if the sanitary measures were removed.
- **Israel (also see previous Pr): End of July: 71% of the 118 seriously ill Israelis (serious, critical) were fully vaccinated! obvious post-vaccination disaster denied by officials**

Delépine: "The current pseudo vaccines are not effective enough. They do not prevent the recurrence of the epidemic, nor hospitalizations, nor severe forms, nor death. In Israel and Great Britain, which specify the vaccination status of the victims, **the vaccinated suffer from an increased risk of mortality compared to the non-vaccinated"**.

❖ **Viral Load in symptomatic Vaccinated at level with Unvaccinated: CDC study:**
Shedding of Infectious SARS-CoV-2 Despite Vaccination, reviewed swab specimens in 36 (US) Wisconsin Counties.
https://aaronsiri.substack.com/p/study-destroys-justification-for
There are two conclusions: First, there is effectively no difference between the symptomatic vaccinated and unvaccinated in terms of who was carrying, and therefore spreading, the virus; second, 82% of asymptomatic vaccinated individuals, had a high viral load (against 29% of unvaccinated). This reflects that the unvaccinated that catch the virus are more likely to be at home in bed with symptoms, while the vaccinated that catch the virus are more likely to have no symptoms and hence continue their daily routine unknowingly spreading the virus.
Malone calls them *'super-spreaders'.*

➢ **These findings highlight the illegitimacy and pernicious societal implications of making civil and individual rights contingent on a medical procedure.**

E. LEADING MEDICAL EXPERTS/SCIENTISTS COMMENT

Dr Peter McCullough:
https://rumble.com/vnc5yk-dr.-peter-mccullough-therapeutic-nihilism-and-untested-novel-therapies-aaps.html

Dr Robert Malone:

https://thenewamerican.com/mrna-inventor-on-covid-response-is-this-really-about-the-vaccine-or-is-it-about-something-else/

Dr Geert Vanden Bossche

https://www.geertvandenbossche.org/post/why-are-the-current-covid-19-mass-vaccinations-to-be-considered-a-public-health-experiment

Prof. Luc A Montagnier:

New evidence, including sworn affidavits from leading experts such as Professor Luc A. Montagnier, has been submitted to the International Criminal Court by lawyers in several countries alleging Government's across the world and their advisors are complicit in genocide, crimes against humanity and breaches of the Nuremberg Code. Sworn affidavits have been received from leading experts research scientist and nuclear cardiologist Dr Richard M. Fleming, the Nobel Laureate virologist Professor Luc A. Montagnier and Dr Kevin W. McCairn, a neuroscientist and expert on neurological disease.

https://cairnsnews.org/2021/08/31/new-evidence-including-a-sworn-affidavit-from-prof-luc-a-montagnier-has-been-submitted-to-the-international-criminal-court-alleging-world-governments-are-complicit-in-genocide-and-crimes-against-h/

Dr. Anthony Fauci

https://www.lewrockwell.com/2021/11/vasko-kohlmayer/fauci-finally-admits-vaccines-dont-protect-against-serious-covid-or-death/

For months Fauci and the US health Agencies censored unfavourable data while claiming that the injections protected against serious Covid and death. However, In a November 12 podcast session with the *New York Times*, Fauci was forced to admit the fact that the vaccines do not reliably protect their recipients from serious Covid or death. Called upon to explain the data coming from Israel – a country with one of the highest vaccination rates in the world – Fauci said the following:

> "They are seeing a waning of immunity not only against infection but against **hospitalization** and to some extent **death**, which is starting to now involve **all age groups**. It isn't just the elderly" [emphasis added].

In other words, the vaccines' protective efficacy wanes not only with regard to the threat of infection, but also in regard to severe Covid and death. Speaking about the effectiveness of the vaccines in countries with high vaccination rates, Fauci admitted:

> "It's waning to the point that you're seeing more and more people getting breakthrough infections, and more and more of those people who are getting breakthrough infections are winding up in the hospital."

Neither do they prevent transmission (CDC Director Rochelle Walensky confessed on CNN). The focus is on Fauci's game-changing admission that the vaccines fail to protect against hospitalization and/or death. The disturbing part of this is that the vaccinators have known about the vaccine failure at least from the early summer. Covid has been

primarily a disease of the elderly. In almost all places and regions, the median age of Covid-related deaths tends to be higher than the average life expectancy. Younger individuals who were healthy were generally safe from the most severe forms of the disease. But now in countries with high vaccination rates we are seeing younger vaccinated individuals coming down with serious Covid and even dying. (ADE – Anti-body Dependent Enhancement?).

To reiterate, some of the world's best scientists in the field have warned precisely against ADE. (Included among them are Dr. Robert Malone (co-inventor of the mRNA technology that is used in the vaccines) and one of the world's leading virologists, the Noble Prize winner Luc Montagnier. As shown and referenced in the preceding paras, this is what the Data from Israel and other highly vaccinated countries has indicated for some time. In the UK for example, between February and September of this year, 72 percent of all Covid-related deaths were among the vaccinated. In Scotland the situation was even worse: 80 percent of Covid deaths occurred among those who had been injected with the vaccines.

F. CONFLICT OF INTEREST

BILL GATES[43] [44]**Corpus** (for investment) **of $ 33 Billion** routed through his various investment 'arms', such as B&MGF (Bill & Melinda Gates Foundation), financial partnerships with Big Ag, Big Chemical, and Big Food, and his control of international agencies — including the United Nations' subsidiary, **GAVI,** (founded by the Gates Foundation in partnership with the WHO, the World Bank and various vaccine manufacturers), a faux governmental agency of which he is the creator and largest donor, the conduit for his chemical, medical and food concoctions, and vaccine experiments on Africans and Indians. Since 2014, The Food and Agriculture Organization of the United Nations, funded by the Gates Foundation in the amount of almost $850K has aggressively pushed, with a focus on the poor, the use of insect protein wasps, beetles, crickets and other insects as "underutilized" food sources.

In 2000, Gates met Fauci asked to partner him NIH in an agreement to vaccinate the entire population of the world with a battery of new vaccines. In 2009, this agreement was rebranded as "The Decade of Vaccines," the objective of which was to implement mandatory vaccinations for every adult and child on the planet by the year 2020.

Bill Gates is the pivotal master puppeteer. The funding data shows we have the criminalisation of global health policy, and specifically 'pandemic' policy of COVID 19/SARS COV 2, steered by Bill Gates, Fauci with the WHO as the 'front'. The funding network via Gates, vaccines/manufacturers and the pharmaceutical industry all

[43] **https://www.lewrockwell.com/2021/11/no_author/tucker-carlson-robert-f-kennedy-jr-11-15-21-youtube/**
[44] Bill Gates and Neo-Feudalism: A Closer Look at Farmer Bill • Children's Health Defense (childrenshealthdefense.org)

interlinked, extends to the FDA/CDC the influential US Institutes that influence global health policy. This is the evidence of the data below:

I. The WHO[45] [46]: Bill Gates is the No 1 funder through his multiple funding 'arms' contributing to $ US 1 billion of its 4.84 billion biennial budget. 70% of its budget is tied to specific projects, countries or regions, which are dictated by the funders. Therefore, Gates' priorities become relevant for the WHO.

- The WHO endorsed the flawed Drosten COVID- 19 RT-PCR at 45 Cts. For Covid -19 in Jan 2020, ensuring a great number of false positives that drove the 'numbers' exaggerating the infectiousness of the virus. That RT PCR protocol contained no virus genetic sequence and its hurried 2 day peer review by Eurosurveillance was without scientific weight; (Ref Pt 11).
- **WHO Changed the official Definition of 'pandemic' in 2009**: (just before the Swine flu H1N1 pandemic). **Dr. Wolfgang Wodarg**, former head of health at the Council of Europe, explains that a pandemic used to be associated with widespread severe illness and death, but by changing the definition, removing the severity and high mortality criteria, WHO can now make a pandemic whenever it wants (emphasis added). With COVID-19, the WHO did just that. Based on a flawed RT-PCR at Cts in excess of 35 that would register significant nos. of false positives, these tests were extensively, and routinely deployed to provide 'case counts'.
- **The 2009 H1N1 (swine flu) pandemic:** This switch in definition allowed WHO to declare swine flu a pandemic after only 144 people had died from the infection worldwide. In 2010, Dr. Wolfgang Wodarg was head of health at the Council of Europe. He accused pharmaceutical companies of influencing the WHO's pandemic declaration, calling swine flu a "false pandemic" that was driven by Big Pharma, which cashed in on the health scare. According to Wodarg, the swine flu pandemic was "one of the greatest medicine scandals of the century." In the investigation into WHO and Big Pharma's falsification of a pandemic, an inquiry stated:

  > *"… in order to promote their patented drugs and vaccines against flu, pharmaceutical companies influenced scientists and official agencies responsible for public health standards to alarm governments worldwide and make them squander tight health resources for inefficient vaccines strategies, and needlessly expose millions of healthy people to the risk of an unknown amount of side effects of insufficiently tested vaccines."*

[45] https://www.lifesitenews.com/opinion/new-documentary-on-who-exposes-widespread-corruption-massive-funding-by-bill-gates/

[46] **Dr Wolfgang Wodarg**: former head of health at the Council of Europe and past member of the German Parliament:
https://media.mercola.com/ImageServer/Public/2021/November/PDF/who-institution-of-corruption-pdf.

While governments ended up with stockpiles of vaccines they would never use, many of those who received the H1N1 swine flu vaccine suffered from adverse effects including Guillain-Barre syndrome, narcolepsy, cataplexy and other forms of brain damage.

- WHO has a strong allegiance with China, which took the No.1 Country contributor spot when the US under Trump suspended its funding (now restored under Biden). This became abundantly apparent when WHO's investigation into COVID-19's origin was also a "fake" investigation from the start. China was allowed to hand pick the members of the WHO's investigative team, which included Peter Daszak, Ph.D., who has close professional ties to the WIV. WHO cleared the institute and two other biosafety level 4 laboratories in Wuhan, China, of wrongdoing, saying these labs had nothing to do with the COVID-19 outbreak. Only after backlash, including an open letter signed by 26 scientists demanding a full and unrestricted forensic investigation into the pandemic's origins, did WHO enter damage control mode, with Director General Tedros Adhanom Ghebreyesus and 13 other world leaders joining the U.S. government in expressing "frustration with the level of access China granted an international mission to Wuhan."
- "The WHO leadership prioritized China's economic interests over halting the spread of the virus when Covid-19 first emerged.
- **WHO's guideline on digital immunization passes ID2020:**[47] On 27 August, the WHO published a guideline addressed to member governments on the implementation and technical specifications of digital immunization certificates, titled "Digital Documentation of COVID-19 Certificates: Vaccination Status: Technical Specification and Implementation Guidelines." The effort was funded not from the WHO budget, but by the Bill & Melinda Gates Foundation, the Rockefeller Foundation, Estonia, Kuwait, GAVI and another foundation.

II. REGULATORY CAPTURE: US FDA/CDC/MHRA (UK Medicine & Healthcare products Regulatory Agency) (Ref FN 15)/PHFI (Public Health Foundation of India)

https://www.lewrockwell.com/2021/11/no_author/tucker-carlson-robert-f-kennedy-jr-11-15-21-youtube/
https://phfi.org/about/financial-information/ and
https://awakenindiamovement.com/indias-covid-19-task-force-experts-exposed-conflicts-of-interest-in-our-public-health-system/

- **US FDA: 45% of the revenue of the US FDA** (Federal Drug Administration) is derived from Vaccines/pharma Cos. (See FN 15.). And several of its members of the vaccine advisory committee, which approved Pfizer vaccines for children as young as 5 years, have financial ties to Pfizer, eg, recent FDA Commissioner Scott Gottlieb, now sits on the Board of Directors at Pfizer [48].

[47] **ID 2020: 3 Sept 2021: https://norberthaering.de/en/power-control/id2020-immunization-passes/**
[48] https://www.globalresearch.ca/multiple-fda-committee-members-green-lighted-pfizer-vaccines-children-have-financial-ties-pfizer/5760481

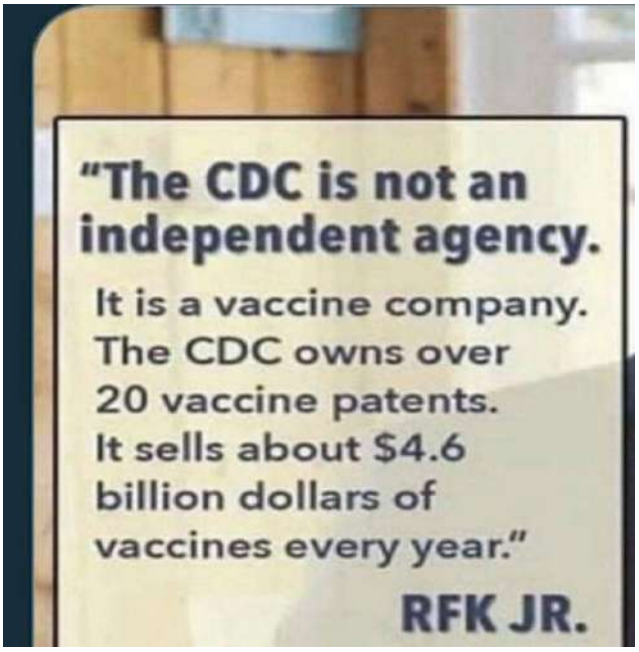
- **The NIH/NIAID** Fauci and top aides own thousands of V and drug patents. Their mandate for public health has been subsumed by a mercantile business operation. For example, Dr. Fauci and (his) NIAID own the patent on a vaccine for dengue fever known as Dengvaxia, marketed by Sanofi-Pasteur and promoted as an "essential" vaccine by Tedros' WHO since 2016. Fauci and NIAID *"knew from the clinical trials that there was a problem with paradoxical immune response,"* but they gave it to several hundred thousand Filipino kids anyway. It was estimated that as many as 600 vaccinated children died before the government stopped the vaccinations.
  William Engdahl Oct. 17 2021: https://www.globalresearch.ca/what-not-said-pfizer-coronavirus-vaccine/5729461 (also referenced @ FN 21)

  In 2015, the US Govt. signed a 'confidentiality agreement' with Moderna with regard to mRNA vaccine. The Agreement of 153 pgs. also includes at pg. 106, The Material Transfer Agreement' by the NIH to Dr Baric (who had co-authored a paper with Dr Shi on corona virus in 2015 a full 5 years before the COVID- 19 Pandemic). The mRNA vaccine is jointly owned by the US Govt (NIAID) and Moderna and it is the US govt that has mandated its own vaccine.
  https://www.bitchute.com/video/mV9G9fsY2A6Z/

- **UK MHRA:** An investigation has revealed that the Bill & Melinda Gates Foundation are the primary funders of the UK's Medicine & Healthcare products Regulatory Agency, and that the Foundation also owns major shares in both Pfizer and BioNtech. A Freedom of Information request, which the MHRA responded to in May 2021 revealed that the current level of grant funding received from the Gates Foundation amounts to $3 million and covers *"a number of projects".*[49]

- **CDC:** US 4.9 billion or + 40% of the CDC budget is from Vaccines/royalties.

[49] **Bill Gates** https://theexpose.uk/2021/08/20/investigation-bill-gates-has-major-shares-in-both-pfizer-biontech-and-an-foi-has-revealed-he-is-the-primary-funder-of-the-mhra/



- **PHFI:** The PPP has received funding over the years from the **Bill & Melinda Gates Foundation, Pfizer, Johnson & Johnson, Rockefeller Foundation, World Bank, PATH, Diamond Jubilee Trust of the Queen of England, USAID, Wellcome Trust, Abbott, Mckinsey, Eli Lily, Glaxosmithkline, Bayer, NIH, & Google**

III. VACCINE FUNDING -- MORE DATA:

Gates through his foundation & cross investments in several institutions (GAVI/CEPI /others), has funded virtually every vaccine currently released by govts. internationally, under EUA. The Vs include both of India vaccines, COVISHIELD (Astra Zeneca) and Bharat Biotech COVAXIN

- **Pfizer and BioNtech[50] also ref FN 20:** Pfizer received funds from the Trump administration to deliver 100 million doses to the US government. The Gates Foundation also owns major shares in both Pfizer and BioNTech. Pfizer has partnered with BioNTech, a small Mainz, German company, newly founded (2008), which has developed the mRNA technique used to produce the new corona vaccine. BioNTech signed an agreement with the BMGF in September 2019, just before announcement in Wuhan China of the Novel Coronavirus and just before BioNTech made its stock market debut. BioNTech also has an agreement with one of the largest drug producers in China, Shanghai Fosun Pharmaceutical Co., Ltd ("Fosun Pharma") to develop a version of its mRNA vaccine for novel coronavirus for the Chinese market. This means that the same German biotech company is behind the COVID vaccines being rushed out in China, as well as the USA and EU.

[50] **William Engdahl Oct. 17 2021:**
https://www.globalresearch.ca/what-not-said-pfizer-coronavirus-vaccine/5729461

- **Covaxin, of Bharat Biotech[51] [52]: Bill Gates created Bharat Biotech:** Indian COVID-19 vaccine COVAXIN maker Bharat Biotech was backed since its inception by Bill Gates and the international pharma lobby. Its funding 'partnership' with the BMGF began with ROTOVAC, ($ 65 million funding), the vaccine against the Rotavirus.

  Bharat Biotech was the first Indian company to receive massive grants from the BMGF for Rotavac. The vaccine was given a green light by the authorities even before its trials were complete and its efficacy is mired in controversy till today with cases pending in the Supreme Court. The Rotavac vaccine showed only 56% efficacy in phase III clinical trial and yet it was approved. Jacob Puliyel, head of the Department of Pediatrics, St. Stephen's Hospital, Tis Hazari, Delhi raised serious concerns over the Rotavac controversy.

  GAVI: The PPP Global Alliance for Vaccine Initiative (GAVI) is founded and led largely by the British Govt and the Gates Foundation, and is involved in India's healthcare policy-making. Covaxin is a collaboration between **Indian Council of Medical Research (ICMR) and Bharat Biotech.**

- **AstraZeneca, The Serum Institute of India (SII) [53] [54] : BMGF** provided at-risk funding, $150 million (around Rs 1,125 crore) to the Pune-based SII for the manufacture of its potential vaccine candidates — 'Covishield' by Oxford University and AstraZeneca, and NVX-CoV2373 by Novavax. SII has also tied up with Gavi, the Vaccine Alliance.

  AstraZeneca Oxford[55]: A lack of transparency hinders the information on funding despite it being sought under the FOIA. Between 2000 and 2019, the U.S. National Institute of Health (NIH) funded over $17.2 billion in published research on development of vaccine technologies, providing the foundation for the COVID-19 vaccines currently entering the market. But, it remains largely unknown, which funding bodies have contributed to the ChAdOx vaccine technology. However, as of 26/10/2020 under the FOIA, these other funders (excluding Govts, the UK's Medical research Council etc), contributed to the for the development of the ChAdOx1 nCoV-19 -- Welcome Trust, BMGF, Coalition for Epidemic Preparedness Innovations (CEPI), and World Report, the latter of which includes all grants administered by the U.S. National Institutes of Health.

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[51] https://greatgameindia.com/bill-gates-bharat-biotech/

[52] https://greatgameindia.com/british-gavi-india/

[53] https://theprint.in/india/serum-institute-ties-up-with-gates-foundation-for-10-crore-doses-of-covid-vaccine/477133/

[54] https://www.youtube.com/watch?v=UsD2kw4C1mo **@ 6:15 (3 jan. 2021)**

[55] 91856291 (medrxiv.org)

Note: Therefore, it can be seen that the same PPPs via Bill Gates infiltrate the funding of vaccines in every country

IV. MEDIA AND BILL GATES

Never-before-seen, is the kind of massive censoring by mainstream media/ social media networks including YouTube, Facebook, and Twitter of anything that contradicts the Govt. the WHO – this is the official narrative, which the media are guarding with a vengeance. WHY? Anything opposing this, the science, the V adverse events are actively falsified, 'fact' checked or not reported. For example, when people in the Facebook vaccine side effects group started pointing out that the drug companies made it difficult-to-impossible to report adverse events in the Phase 3 clinical trials, Facebook removed the groups so that all evidence of clinical trial fraud would be covered up and so that vaccine victims would never discover that hundreds of thousands of other people had been disabled by the vaccines.[56]

This is the polarisation. Scientists are 'cancelled', a new word that has gained currency, resignations forced and professorships withdrawn, jobs lost. Leading scientific journals have been caught in this curious web. A close look at the funding of media by Gates is a revelation. Mint Press (15 Nov 2021) reveals that though the full extent to which Gate's cash has underwritten the modern media landscape is not well known, it is estimated at over $300 million. Recipients include many of America's most important news outlets, including *CNN*, *NBC, NPR*, *PBS* and *The Atlantic*. Gates also sponsors a myriad of influential foreign organizations, including the *BBC*, *The Guardian*, *The Financial Times* and *The Daily Telegraph* in the United Kingdom; prominent European newspapers such as *Le Monde* (France), *Der Spiegel* (Germany) and *El País* (Spain); as well as big global broadcasters like *Al-Jazeera*.[57]. Some pointers:

- $63 million to charities closely aligned with big media outlets, including nearly $53 million to BBC Media Action, over $9 million to *MTV*'s Staying Alive Foundation,
- A wide network of investigative journalism Centres totalling just over $38 million, more than half of which has gone to the D.C.-based International Center for Journalists to expand and develop African media.
- **Gates Foundation grants pertaining to the instruction of journalists include:**
  - Johns Hopkins University – $1,866,408
  - Teachers College, Columbia University – $1,462,500
  - University of California Berkeley – $767,800
  - Tsinghua University (China) – $450,000
  - Seattle University – $414,524

[56] Aug 23 2021 https://trialsitenews.com/a-new-low-for-the-fda/

[57] https://www.globalresearch.ca/revealed-documents-show-bill-gates-given-319-million-media-outlets/5761976

- Institute for Advanced Journalism Studies – $254,500
- Rhodes University (South Africa) – $189,000
- Montclair State University – $160,538
- Pan-Atlantic University Foundation – $130,718
- World Health Organization – $38,403
- The Aftermath Project – $15,435

These Gates-sponsored media projects total $319.4 million. However, there are clear shortcomings with this non-exhaustive list, meaning the true figure is undoubtedly far higher.

CONCLUSIONS

The data show:

1. **The 'official narrative' of the Covid 19 pandemic is sourced in institutions entrenched in a massive Conflict of Interest, whose revenue streams accrue from 000s of vaccine patents held by them. They include the official health agencies of the US and other countries. Funding by Bill Gates via multiple cross holdings, include the WHO (No 1 benefactor), vaccine manufacturers and the Media. Gates is involved in virtually every vaccine currently released under EUA.**
2. **The COVID 19 Vaccines Adverse Events including deaths have never been encountered at this level, surpassing the cumulative 30 year nos. of all vaccines put together.**
3. **Covid -19 vaccines have failed to fulfil the traditional definition of a vaccine. As of end Sept. 2021, the CDC changed the definition of a V to better suit the reality of what is happening. It would appear that this is a 'handy' exercise, because the WHO similarly also changed the definition of a Pandemic, which gives it flexibility to 'call' a pandemic any time.**

> **After covid-19 vaccines were introduced, and it was discovered that they do not necessarily "prevent disease" or "provide immunity", the CDC altered the definition of vaccines again to say that they simply "produce protection"."**

4. **The data show that Vaccines are not required. There are also too many exclusion groups that may not be given these Vaccines. A roll-out as currently executed does not allow for these exclusions. They include persons with (a) NI, (Natural Immunity), around 68% of the population (end July), (b) children, (c) pregnant women and women of child-bearing age (up to say 50).**
   BUT, the discovery in the last few months (2021) that the synthetic spike protein of the Vaccines in cytotoxic and pathogenic is a game-changer. It calls for an immediate stoppage of the V-roll-out.

10. COVID POLICY FROM THE VITAL PERSPECTIVE OF INDIA'S COMMUNICABLE DISEASES ON CHILDREN'S HEALTH

Dr Amitav Banerjee[58] looking at the hard data of infections from COVID-19 (see IFR Table Pt 9A) and vaccine public policy through a massive rollout (of experimental vaccines under EUA), in India and the West as a solution to containing the virus, says, with regard to India, our response to the Virus is akin to 'treating a wart in a patient with disease of the heart'. This brutal truth is staggering and calls for a sober and urgent reassessment of public health policy in India. As he says in this article dated Nov. 11 2021, *"in the present pandemic such blunders are being committed with impunity"*.
https://www.counterview.net/2021/11/indian-strategy-on-covid-19-is-like.html

- Referencing the hard data in Table Pt. 9A, he shows "how compared to our major disease burden, incidence and deaths due to COVID-19 is **negligible"**. Children are not impacted by this disease. Through age 19, children and adolescents have a 99.9973% COVID-19 survival rate. This information, which has been a constant throughout the reported pandemic, is reiterated in the most recent (pre-print) analyses by the eminent Stanford physician, epidemiologist and statistician John Ioannidis. (a critic of Covid alarmism from the beginning.) John Ioannidis data shows that survival rates do not stop with the 19-and-unders. Until people hit their seventies, all age groups have survival rate well over 99%. Yet, basic public health principle demands that resources should be used to control diseases with high death rates and morbidity. For this proper monitoring and surveillance to generate good data is essential, which is lacking for India's major killer childhood diseases. The resources we are spending on COVID 19 are an extravagant waste for a disease that has virtually no impact on mortality for children up to age 19 and thereafter, continues to show limited impact up to age 70; and is entirely treatable. He provides this data of India's disease burden in communicable diseases:

[58] **Amitav Banerjee**: Professor & Head, Community Medicine, Clinical Epidemiologist, Editor in Chief, Medical Journal Dr DY Patil Vidyapeeth, Pune. Website: **https://amitavb.wixsite.com/amitav-banerjee**

Table 1: Overview of our disease burden. [Community Diagnosis – the threat to young people & children]

Road Traffic Accidents	Indian roads witness 415 deaths per day & three times crippled 70% in young people.	Source: According to Union Minister Nitin Gadkari much serious than Covid-19 Pandemic, https://economictimes.indiatimes.com/news/politics-and-nation/road-accident-scenario-more-serious-in-india-than-covid-19-with-415-deaths-daily-nitin-gadkari/articleshow/80771875.cms
Typhoid	Fatality is 1-4% even after treatment. Untreated fatality 10-30%. No proper data updated estimated more than one lakhs deaths in young children annually. Vaccine available but coverage poor.	Sources: https://www.who.int/immunization/monitoring_surveillance/burden/vpd/WHO_SurveillanceVaccinePreventable_21_Typhoid_R2.pdf?ua=1 https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC4833325/
Dengue	70% of global burden from Asian countries in India. With treatment mortality 1% but can be as high as 20% in absence of proper diagnosis. Presently large areas of the country facing surge with deaths of children. Very few samples are tested, miniscule compared to number of Rt-PCR for Covid where even without treatment survival is 99.99% in the young.	Sources: https://www.who.int/news-room/fact-sheets/detail/dengue-and-severe-dengue https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3617850/ https://www.nationalheraldindia.com/health/mysterious-fever-a-bigger-challenge-than-covid
Japanese Encephalitis	Case fatality ranges from 10% - 60%. 50% of those who recover may be left with paralysis. Vaccine available in spite of which children are dying in Uttar Pradesh and monitoring and surveillance is inadequate.	Sources https://pubmed.ncbi.nlm.nih.gov/10771844/#:~:text=Case%20fatality%20rate%20has%20ranged,occurred%20equally%20in%20both%20sexes. https://www.nationalheraldindia.com/health/mysterious-fever-a-bigger-challenge-than-covid
Scrub Typhus	Fatality ranges from 1.3% to 33.5% depending on early diagnosis and treatment. Presently suspected cause of deaths of children in UP	Sources: https://www.nationalheraldindia.com/health/mysterious-fever-a-bigger-challenge-than-covid (Recently 11 districts in UP reported deaths in children due to "mysterious fever" suspected to be either dengue, scrub typhus, leptospirosis. Only 185 samples tested in peak of this outbreak of mysterious fever compared to lakhs of tests done for Covid-19 which has almost zero fatality for children). Just in one district, Firozabad in UP, around September, thousands of people were bedridden. Over the month there were 208 deaths, out of which 178 were children. The investigation to cause of deaths was sloppy.
Tuberculosis	TB in India Kills about 480,000 every year or 1400 mostly young every day. The case fatality rate even with treatment can be over 5% and for MDR TB 20%	Source: https://pubmed.ncbi.nlm.nih.gov/31813430/
Child Deaths	Daily more than 2000 children die in India from from diarrhea, other respiratory infections against a background of malnutrition(among highest in world).	Sources: https://data.unicef.org/country/ind/ NFHS-5 (http://rchiips.org/nfhs/factsheet_NFHS-5.shtml)

- The 4th serosurvey conducted in June 2021 by the Indian Council for Medical Research (ICMR) found 67% seropositivity. From this we can estimate that over 90 crores of Indians have encountered the corona virus. At that time only 3 crores cumulative cases were reported, indicating that hardly 3-4% of cases of Covid-19 could be detected by 'contact and trace', 'test and isolate', a resource intensive strategy which was a waste of scarce resources in India, and of little value once a virus is in circulation.
- The biggest public health blunder is spending Rs **35,000 crores** for mass vaccination for a disease, which has more than 99% survival across all age groups, the lowest among all our endemic diseases, while only **20,000 crores** have been earmarked for hygiene and sanitation/water supply, the lack of which kills over 2000 children every day in India due to diarrhoeal and other diseases.
- Against this background, it very imprudent to have allocated **Rs 35,000 crores** for covid-19 vaccination, which is almost 50% of India's health budget of **Rs 71,269 crore** allocated to the DHFW (Department of Health and Family Welfare -- (here).

The science does not justify our children being vaccinated, particularly when the data demonstrates their collective failure as vaccines, --- the significant numbers of serious AE (adverse effects, including deaths; not reported in India). India must forge her own public health policy that is absolutely in touch with, and consonant with our own condition and health realities as a Nation. We draw attention to the levels of serious malnutrition in India among children, which is depriving our children of any kind of future.

Finally "Public Health practice keeps encountering difficult choices. It challenges us to be fair and also accountable when making rational decisions. We need reliable data about our own endemic diseases to make such choices. The current model of real-time monitoring of cases and deaths of the novel coronavirus can be more efficiently used for our own major killer childhood diseases. These data would enable rational allocation of health resources to improve the health of our population".

11. COVID RT-PCR TEST: HIGH CYCLE THRESHOLDS (Cts) ENSURED FALSE-POSITIVES FROM ITS INCEPTION IN JAN. 2020.

11a. CDC WITHDRAWS ITS EUA WITH THE FDA

It is very widely held by independent experts that the PCR tests grossly over-estimated the prevalence of truly infected 'cases'. In testing worldwide, high Cts (Cycle thresholds) ensured false positive rates with some experts' estimates of these of up to 97%. Virtually all scientists, including Dr. Fauci, agree that any PCR test run at a CT value of 35-cycles or greater is useless. Yet, these are Cts in: the UK @ 45; the US @ 35-45; Germany @45; India @ approx. 35.
This statement of Dr Fauchi remains unaltered (thus far):

> ***"What is now evolving into a bit of a standard is that if you get a cycle threshold of 35 or more that the chances of it being replication competent are miniscule****…We have patients, and it is very frustrating for the patients as well as for the physicians…somebody comes in and they repeat their PCR and it's like 37 cycle threshold…you can almost never culture virus from a 37 threshold cycle. So I think if somebody does come in with 37, 38, even 36, you gotta say, you know, it's dead nucleotides, period. In other words, it is not a COVID-19 infection".*

FDA Lab alert changes, July 2021: It is therefore, noteworthy, though belatedly surely, that the FDA has just announced that it is withdrawing approval from all RT-PCR tests for detection of SARS-CoV-2 infection.
https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html
In preparation for this change, CDC recommends clinical laboratories and testing sites that have been using the CDC 2019-nCoV RT-PCR assay select and begin their transition

to another FDA-authorized COVID-19 test effective after 1st December 2021. CDC encourages laboratories to consider adoption of a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and influenza viruses. Such assays can facilitate continued testing for both influenza and SARS-CoV-2 and can save both time and resources as we head into influenza season.

Asymptomatic Spread: Integral to the call for a pandemic is the new category of 'asymptomatic' cases, the false positives of the 'Drosten' RT-PCR, the notion that fundamentally healthy people could cause COVID-19 in others. 'Asymptomatic spread' for which there is no credible scientific evidence, is the artifice to justify the numbers for a purported emergency. On the contrary, on June 7, 2020, Dr. Maria Von Kerkhov, head of the WHO's Emerging Diseases and Zoonosis Unit, told a press conference that from the known research, asymptomatic spread was *"very rare."* "From the data we have, it still seems to be rare that an asymptomatic person actually transmits onward to a secondary individual." She added for emphasis: "it's very rare." A recent study involving nearly 10 million residents of Wuhan, China found that there were NO positive COVID-19 tests amongst 1,174 *close contacts* of asymptomatic cases, *indicating the complete absence of asymptomatic transmission*.

> On September 9, 2020, Dr. Fauci was forced to admit in an official press conference: *"[E]ven if there is some asymptomatic transmission, in all the history of respiratory borne viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person, even if there is a rare asymptomatic person that might transmit, an epidemic is not driven by asymptomatic carriers"*

11. B WHO ENDORSED DROSTEN COVID RT-PCR IN JAN.2020 @45 Cts

The genesis of the flawed COVID -19 RT- PCR rests with the WHO. It agreed the DROSTEN RT-PCR @45Cts on 13 Jan 2020, (ref. in pg. 3 of the report), even before the detection of the SARS CoV2 virus. THIS RT-PCR TEST DOES NOT IDENTIFY THE VIRUS
Protocol 13 Jan (who.int)

The entire case for WHO-mandated emergency lockdown of businesses, schools, places of worship and other social arenas worldwide is based on the Drosten test endorsed this early (as shown above), in the Wuhan, China coronavirus saga. It was introduced world-wide shortly after as this report (Engdahl) below outlines. The main points:

- **On January 23, 2020,** in the scientific journal **Eurosurveillance,** of the EU Center for Disease Prevention and Control, **Dr. Christian Drosten**, along with several colleagues from the Berlin Virology Institute at Charite Hospital, along with the head of a small Berlin biotech company, TIB Molbiol Syntheselabor GmbH, published a study claiming to have developed the first effective test for detecting whether someone is infected with the novel coronavirus identified first only days before in Wuhan. The Drosten article was titled, **"Detection of 2019 novel**

coronavirus (2019-nCoV) by real-time RT-PCR" (Eurosurveillance 25(8) 2020). It was immediate endorsed the Director General of WHO, **Tedros Adhanom**, the first non-medical doctor to head WHO. Thereafter, the Drosten-backed test for the virus, called a real-time or RT-PCR test, spread via the WHO worldwide. It was used routinely; and is the most used test protocol to diagnose the Covid 19 infection.

Nov.27 2020 -- **the Pieter Borger Review**: On November 27 a highly-respected group of 23 international virologists, microbiologists and related scientists, who have patents related to PCR, DNA Isolation and Sequencing, and a former Pfizer Chief Scientist, gave a devastating critique and published **a call for Eurosurveillance to retract the January 23, 2020 Drosten article.** Their genuine peer review is damning. They accuse Drosten and cohorts of *"fatal"* scientific incompetence and flaws in promoting their test.

(a) T**he paper that established the Drosten PCR test for the Wuhan strain of coronavirus,** and was subsequently adopted with indecent haste by the Merkel government along with WHO for worldwide use, resulting in severe lockdowns globally and an economic and social catastrophe, was never peer-reviewed before its publication by the journal Eurosurveillance

(b) The Scientists point out that, *"the Corman-Drosten paper was submitted to Eurosurveillance on January 21st 2020 and accepted for publication on January 22nd 2020. On January 23rd 2020 the paper was online."* Incredibly, (and as shown above the Drosten test protocol, which he had already sent to the WHO in Geneva on 13 January), was **officially recommended by the WHO as the worldwide test to determine presence of Wuhan coronavirus, even before the paper had been published.**

(c) As the critical authors point out, for a subject so complex and important to world health and security, a serious 24-hour "peer review" from at least two experts in the field is not possible. The critics point out that Drosten and his co-author **Dr. Chantal Reusken**, did not disclose a glaring conflict of interest. Both were also members of the editorial board of Eurosurveillance. Further, as reported by BBC and Google Statistics, on January 21, there were a world total of 6 deaths being attributed to the Wuhan virus. They ask, "Why did the authors assume a challenge for public health laboratories while there was no substantial evidence at that time to indicate that the outbreak was more widespread than initially thought?" Another co-author of the Drosten paper that gave a cover of apparent scientific credibility to the Drosten PCR procedure was head of the company who developed the test being marketed today, with the blessing of WHO, in the hundreds of millions, Olfert Landt, of Tib-Molbiol in Berlin, but Landt did not disclose that pertinent fact in the Drosten paper either.

(d) The Borger report identifies what they call "ten fatal problems" in the Drosten paper including the significant mistake that the Corman-Drosten paper does not mention

the maximum Ct value at which a sample can be unambiguously considered as a positive or a negative test-result. This important cycle threshold limit is also not specified in any follow-up submissions to date." They note, "an analytical result with a Ct value of 45 is **scientifically and diagnostically absolutely meaningless (a reasonable Ct-value should not exceed 30).** All this should be communicated very clearly.

> "The fact that these PCR products have not been validated at molecular level is another striking error of the protocol, making **any test based upon it useless as a specific diagnostic tool to identify the SARS-CoV-2 virus.**" (emphasis added).

https://www.globalresearch.ca/coronavirus-scandal-breaking-merkel-germany/5731891

20 Jan. 2021: A year after the WHO endorsed the Drosten protocol, it publishes a sort of retraction *on January 20th, 2021,* (excerpts)

> *Users of RT-PCR reagents should read the IFU carefully to determine if manual adjustment of the PCR positivity threshold is necessary to account for any background noise which **may lead to a specimen with a high cycle threshold (Ct) value result being interpreted as a positive result.***
>
> **that careful interpretation of weak positive** results is needed (*1*). **The cycle threshold (Ct)** needed to detect virus is inversely proportional to the patient's viral load. Where test results do not correspond with the clinical presentation, **a new specimen should be taken and retested** using the same or different NAT technology".
>
> WHO Information Notice for Users 2020/05

Of course, a new specimen is not possible!

12. PROPHYLAXSIS & TREATMENT: COVID-19 IS AN ENTIRELY TREATABLE DISEASE
&
13. RECOMMENDATIONS

SARS CoV-2/Covid 19 is not the deadly disease it has been projected as, by a combination of the WHO/Government Agencies worldwide, which has caused uncalled-for widespread panic, which could have been avoided. The panic has not been dispelled.

Nevertheless, India has shown remarkable agility, innovation and foresight in the face of this pandemic, in adopting repurposed drugs to fight the scourge. For this, we have to thank the PM for his vision and the scientific community for yeomen service, independent thinking and dedication to serve the people.

Some data is required to put matters into perspective. The data shows that:

- in the **vast majority of people (~99.8% globally), SARS-CoV-2 is non-lethal.** It is typically a mild to moderately severe illness. Therefore, the overwhelming majority of people are not at risk from COVID-19 and do not require vaccination for their own protection. In those susceptible to severe infection, **Covid-19 is a treatable infection**. A convergence of evidence indicates that EARLY TREATMENT with existing drugs reduces hospitalisation and mortality by ~85% and 75%, respectively. These drugs include many tried, repurposed drugs and true anti-inflammatory, antiviral, and anticoagulant medications, as well as monoclonal antibodies, zinc, and vitamins C and D. (ref [59]).

India was very quick off the blocks, with two exemplary interventions: first: amidst rising cases, the ICMR constituted a national task force that recommended Hydroxychloroquine (HCQ ref[60]); and second; a first in India, the UP government's formal large-scale introduction for public distribution, of Ivermectin with doxycycline in prophylaxis and treatment, through an Order dated 6 august 2020[ref[61]]. This followed the successful experiment in May/June 2020 when Ivermectin was administered to health workers (and patients). It was observed that none of the health staff developed Covid-19 despite being in daily contact with patients. A year later, the State health department has stated that the drug helped the State to maintain a *"lower fatality and positivity rate as compared to other States"* and will conduct a suitable study of the findings.

The treatment regimens that have been widely used the world over like the FLCCC protocol (https://covid19criticalcare.com/covid-19-protocols/i-mask-plus-protocol/) use a multipronged approach, which includes immune fortification and treating Zinc and Vitamin D deficiency (which increases susceptibility to disease) and employs drugs like Ivermectin for their antiviral and anti-inflammatory effects. Peter McCullough (ref.[62],[63]) stresses early treatment is crucial. At 53:40 in the video https://rumble.com/vlqdpo-dr-peter-mccullough-lecture-on-the-state-of-covid-treatment..html The treatment progresses to include anti-infectives like HCQ or ivermectin, antibiotics, steroids and blood thinners.

Physicians with thousands of real life cases are reporting very few COVID hospitalizations and a near 100% record in preventing death from COVID and **zero deaths**

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[59] **Risks Vs Benefits**: Drs 4Covid Ethics (removed from the internet) PDF available on request.

[60] **HDQ**: **Delhi, May 23 2020:**
https://economictimes.indiatimes.com/industry/healthcare/biotech/pharmaceuticals/indias-covid-task-force-recommends-hydroxychloroquine-for-high-risk-patients-with-strict-riders/articleshow/74774540.cms?from=mdr

[61] **Ivermectin**: https://indianexpress.com/article/cities/lucknow/uttar-pradesh-government-says-ivermectin-helped-to-keep-deaths-low-7311786/

[62] McCullough: "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 Infection published: American Journal of Medicine January 2021; 134(1): 16-22

[63] "Multifaceted Highly Targeted Sequential Multidrug Treatment of Early Ambulatory High-Risk SARS-CoV-2 Infection (COVID-19)"published: Reviews in Cardiovascular Medicine 2020; 21(4): 517-530

or disabilities from the treatment itself. Patients treated early do not end up with long-haul COVID symptoms. These treatments are supported by over 300 studies, including randomized controlled studies. Tens of thousands of physicians have publicly attested, and many have testified under oath, as to the safety and efficacy of the alternatives.

- A recent poll of more than 6,000 doctors from 30 countries found that 37 percent rated hydroxychloroquine (HCQ) as the best treatment for novel coronavirus disease (COVID-19) (Malone)
- Doctors Fareed and Tyson have now treated over 6,000 patients with only a few hospitalizations. (the few patients who died were those who followed the NIH advice to stay home and avoid early treatments)
- Dr. Shankara Chetty has treated over 4,000 patients in South Africa without a single death. There is no evidence that disputes any of these claims.
- Dr. Harvey Risch, Professor of Epidemiology in the Department of Epidemiology and Public Health at the Yale School of Public Health and Yale School of Medicine, has reported over 130,000 patients treated in the US using early treatment protocols with "almost no deaths."
- Professor Christian Perronne (France's Long-time vaccine policy chief) High Council on Public Health (French acronym: HCSP), which advises the government on public health policy and vaccination policy. [64] He wrote the vaccination policy for France for a great many years. *"But the problem is that the products they call "vaccines" for Covid-19 are not really vaccines".* "**It has never happened that a state or politicians recommend systematic vaccinations for billions of people on the planet for a disease whose rate of mortality now is 0.05%**. That's a very low rate of mortality! And they're making everybody afraid that there's a new so-called "Delta variant" coming from India, but in fact **all these variants are less and less virulent**, and we now know that [with] this so-called "vaccine", in the population that is inoculated at large, it is in these people that the variants emerge. **if you treat early, you can succeed and the epidemic will be over very rapidly**. In all countries with massive inoculation of these products (I don't like the term "vaccination"), we see that you have a recurrence of the epidemic, with new cases of death".

IVERMECTIN

Ivermectin won the Nobel Prize in Medicine in 2015 for its impacts on global health.[65]

[64] **Christian Perronne: High Council on Public Health** (French acronym: HCSP). https://prepareforchange.net/2021/08/25/frances-long-time-vaccine-policy-chief-covid-policy-is-completely-stupid-and-unethical/

[65] Ref. Americas Frontline Doctors et al Case 2:21-cv-00702-CLM Document 15 Filed 07/19/21
(5) § 360bbb–3(c)(3): There Are Adequate, Approved and Available Alternatives to the Vaccines

This drug has reduced morbidity and mortality drastically. **Dr. Pierre Kory (ref[66])** testified before the U.S. Senate in December 2020. He testified that based on 9 months of review of scientific data from 30 studies, Ivermectin obliterates transmission of the SARS-CoV-2 virus and is a powerful prophylactic.

A meta-analysis by the WHO of Ivermectin was based on 7 studies with 1,419 patients shows that 80% of deaths may be reduced by the use of Ivermectin (mortality odds ratio of 0.19 [0.09-0.36]).

There are now 63 studies including 31 randomised controlled trials (RCTs). There are 5 meta-analyses done independently, showing the risk of death is reduced by 62% - 83% and these meta-analyses show that the results are consistently positive, in spite of different selection criteria, various rules used for data extraction etc. https://ivmmeta.com/#fig_metam.

Despite all this overwhelming evidence, the COVID -19 Treatment Guidelines Panel of the National Institute of Health (NIH) USA says the evidence is insufficient to recommend for or against the use of Ivermectin for treatment of COVID-19 https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy/ivermectin/. This group however, recommends the use of Remdesivir with Dexamethasone (Dexamethasone a drug known to be useful, with a drug of doubtful utility Remdesivir) based on one study from Denmark that used historical controls. The mortality rate in the initial phase of the pandemic was phenomenally high due to excessive use of invasive ventilation. Later it was found that mortality could be reduced greatly using non-invasive ventilation --- https://jamanetwork.com/journals/jama/fullarticle/2778089. Remdesivir was also introduced coincidentally, at the time lifesaving non-invasive ventilation came into vogue. By using historical controls all the benefits in terms of reduced mortality accruing from correction of the ventilation strategy can be claimed as benefit of Remdesivir using this historical control. This is plainly unscientific but the NIH that did not find the evidence from 31 RCT and 5 meta-analyses with Ivermectin convincing, were convinced by the evidence in favour of Remdesivir! This is the study quoted by the NIH in recommending Remdesivir. https://pubmed.ncbi.nlm.nih.gov/34111274/

India Going Forward

The PM must know that these international agencies do not have the best interest of our country at heart and are only looking to make a fast buck. They cannot continue emergency use authorisation of their expensive vaccines if there is an effective treatment available https://www.fda.gov/regulatory-information/search-fda-guidance-documents/emergency-use-authorization-

[66] **https://www.youtube.com/watch?v=3UTuT9TSRFQ;** Dr. Pierre Kory Talks About Human Rights and The Big Science Disinformation - YouTube

medical-products-and-related-authorities#declaration. This could be what is motivating their irrational stance on Ivermectin. We have collusion on a gigantic scale. We have reputed medical journals like the Lancet publishing fraudulent studies, which they have had to retract (ref [67] Perronne).

Israel, which has vaccinated its population is now having problems with increasing COVID cases that they are mandating (recommending) the 3rd dose of vaccine (https://www.reuters.com/world/middle-east/israel-offers-covid-19-booster-shots-all-vaccinated-people-2021-08-29/) and even a 4th dose (https://www.timesofisrael.com/virus-czar-calls-to-begin-readying-for-eventual-4th-vaccine-dose/).

We must see the writing on the wall. Under the guidance of the PM, the Min of Health must officially recommend Ivermectin. As a sovereign nation, the country needs to stand up and advise therapeutics that will save the country. Ivermectin has a huge safety margin and by providing it for India we can become the world leader to lead our economy and country out of this dark period.

Viewpoint supported by world-renowned experts

Among the people who support this viewpoint are the most eminent scientists of the world, including the scientist who gave Ivermectin to the world and so earned his Nobel Prize, Dr Pierre Kory who has speer-headed the Ivermectin solution, Dr Robert Malone, the person who invented the mRNA vaccine technology and others as follows:

Dr. Paul Marik states that in all 3.7 billion people have been treated with Ivermectin, an approved drug with an impeccable safety record of 40 years. https://www.youtube.com/watch?v=Bkcp04z8pE4

On March 10, 2021, Dr McCullough testified before a Senate HHS Committee in Texas.

"A very large study from McKinney, Texas, (and) another one from New York City, show that when doctors treat patients early, who are over age 50 with medical problems, with a sequence multi-drug approach with the available drugs, … (there is) an 85% reduction in hospitalizations and death. 85%. 85%. I want you to remember that number. 85%. …. We have over 500,000 deaths in the United States. The preventable fraction could have been as high as 85%.' In short, early treatment could have saved the lives of 425,000 people in the US alone!(ref.[68] [69])

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[67] **Christian Perronne:** fraudulent study was published in *The Lancet:*,

[68] **Peter McCullough:** [68] **nicanor-perlas**: **https://covidcalltohumanity.org/2021/06/07/nicanor-perlas-scientists-sound-alarm-vaccines-will-kill-millions/ Quoting Peter McCullough "Pathophysiologic Basis And Rationale For Early Ambulatory Treatment": August 8, 2020 issue of the *American Journal of Medicine*, a top ranking scientific publication. It became the most cited paper in all medical fields at that time".**

[69] https://rumble.com/vlqdpo-dr-peter-mccullough-lecture-on-the-state-of-covid-treatment..html

We have listed and referenced the scientific evidence that an expert committee set up by you could use to recommend Ivermectin and the other lifesaving regimens.

13. RECOMMENDATIONS

In conclusion, we are confident that we can together, a medical and citizens' response, working with your government Prime minister, get India back into harness; get rid of the panic and treat this virus, along with variants, or any other virus sensibly and with a full commitment to what is required. However, the Covid vaccines must be stopped, for reasons amply enumerated. We reiterate, the role of the Spike Protein in the vaccines, which has come to light only recently in the last 5 months or so, that it is mobile and biologically active, makes it very dangerous and it is a game changer. The spike protein is in every vaccine. From the evidence, we now know that the spike protein is cytotoxic and pathogenic. The vaccine is therefore, confirmed to be a poison that we are injecting into every citizen's arm.

We have no choice Prime Minister, but to stop the vaccines; and we must also evaluate what is happening in countries like Israel that have experimented with mass vaccination and have very robust follow-through of Adverse Effects (AE). The Vaccines have failed as 'vaccines', do not provide protection or stop infections and in a mass vaccination roll-out during a prevailing pandemic, variants are emerging from the vaccinated population (immune escape). There is increasing evidence of the risk of Antibody-dependent Enhancement 13 https://www.science.org/news/2019/04/dengue-vaccine-fiasco-leads-criminal-charges-researcher-philippines. This prospect is a potential medical and human nightmare.

With the expectation that you will heed us, Prime Minister, including the endorsement of Ivermectin among other repurposed drugs in treatment protocols, we look forward to working with you for the implementation of these solutions for the well-being of India, the health of her people, their lives and their livelihoods.

Thank you, Sir

We remain
Yours sincerely,
Citizen Signatories, 81 Doctors and 1557 Concerned Citizens

30 Dec. 2021

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