



THE TRUTH ABOUT COVID-19 AND THE VACCINE

EVERYTHING PRESENTED IN THIS ARTICLE CAN BE VERIFIED AS FACTUAL BY ANY PERSON WHO IS RESPONSIBLE ENOUGH TO LOOK FOR THE TRUTH. IF YOU TAKE THE LAZY ROUTE AND SIMPLY CHOOSE TO BELIEVE THE GOVERNMENT AND THE MAJOR MEDIA OUTLETS THAT SUPPORT IT, YOU MAY BE MAKING A BARGAIN YOU WILL LIVE TO REGRET.

COVID-19 has captured the world's attention. There can be no doubt that the emergence of COVID-19 is the defining moment of our generation. Short of the world wars we have suffered, there has never been anything so apparently dangerous to threaten the future of humanity. But is that true? Is the virus that dangerous, or is the real danger the political machinery that is being deployed against humanity in general, and American values in particular, because of it?

WHAT IS COVID-19?

COVID-19 is a close cousin of the family of viruses that cause the common cold. It is like the common cold in that it is more infectious than the typical flu. Also like the cold, if your immune system is healthy you may not get very ill when you have it. That means a person can spread the virus for up to 10 days before they even know they are ill.

HOW DANGEROUS IS COVID-19?

While COVID-19 can be deadly, the circumstances in which it kills are far rarer than you have been led to believe. As a person highly trained in biochemistry and naturopathic medicine, I have studied this disease carefully, and the evidence is clear. For most people, **all you need is a robust immune system to keep you safe and healthy.**

Analyzing the data gathered since the pandemic began demonstrates **the danger posed by COVID-19 has been greatly exaggerated.** In the beginning, Chinese data promulgated by the World Health Organization (WHO), the National Institute of Allergy and Infectious Diseases (NIAID) and its minions like Dr. Fauci, suggested that the infection mortality rate could be as high as 2 - 4% of the American population. That meant that 6 - 12 million Americans were at risk of dying from the disease – a scary prospect indeed! The truth is that this model, as with all their models, have turned out to be way off the mark.

Their incredible predictions and warnings are based on models full of obvious holes that made them quite suspect to professionals in the business. Many credible doctors and researchers both overseas and here in the United States pointed out substantial inconsistencies in how the models were constructed, and how the data used to construct those models was obtained, but they were completely ignored by a media that declined to give them a voice.

Now that we have some months of experience, what are the real numbers turning out to be? Sadly, that is not easy to know precisely, but they are not much different than the ordinary flu.

On May 20th, the Centers for Disease Control and Prevention (CDC) released their estimates based on the best actual data that is available. **While dramatically lower than the official models predicted, even this data is likely to be overstated for two reasons.**

1. The rate of infections as determined by antibody tests are not reliable because by the CDC's own admission, they can give false positives for people infected with nothing more than the common cold – also caused by another type of Corona virus. Nevertheless, some states base their reopening policies using these numbers, unnecessarily hurting our nation's economy and people who need to save their businesses as well as people who want to work for them.
2. Hospitals were given an incentive by Congress in an emergency act passed at the beginning of the pandemic to over-inflate deaths from COVID-19 because hospitals get 20% more money when COVID-19 is listed as a primary or secondary infection. <https://www.insidesources.com/are-hospitals-over-reporting-covid-19-cases-because-of-financial-incentive/>

In fact, many whistleblowers – some doctors and many nurses – in the medical community have reported cases of people dying of heart attacks or killed in car

wrecks being counted as COVID-19 victims because they were *suspected* of having COVID-19 as well.

In Colorado, when officials stopped reporting all deaths of infected people as COVID-19 fatalities and instead only included those who died from the virus's impact, [their death toll fell from 1,150 to 878](#)— a 24 percent decrease.

Now, health officials supported by the media are trying to convince us that a major rebound in cases is underway, particularly in places like Florida and Texas. Upon closer scrutiny, the data supporting this “rebound” is turning out to be just as inflated as the original data used to shut down our economy.

As of July 14th 2020 reporting from some [Florida](#) laboratories contained major errors on the [state's report on virus](#) positivity rates, according to a Fox 35 News report.

“Countless labs have reported a 100 percent positivity rate, which means every single person tested was positive,” Fox 35 News reported. *“Other labs had very high positivity rates.”*

Orlando Health, for example, reported a 98 percent positivity rate. Lee Memorial Hospital Lab, PanCare of Florida, Inc and Advance Medical of Naples all reported 100 percent positivity rates; no negative results were reported.

That led Fox 35 News to investigate the numbers by contacting every local location listed in the report. Orlando Health confirmed errors in the report, and **its positivity rate is said to be 9.4 percent, not 98 percent as listed.**

Similarly, a VA spokesperson told Fox 35 News that the **Orlando Veterans Affairs Medical Center's positivity rate is actually 6 percent, not 76 percent** as seen on the report.

This kind of misreporting by hospitals and laboratories around the country is widespread and consistent. One lab making a mistake can be attributed to a simple “coding” mistake. When such “mistakes” are made by most labs across the country, it is obvious that there is an agenda at work, and this agenda is political.

We will expose who is behind this agenda in another report.

Who uses this data? The governors of the individual states base their policies on reopening the economy on these statistics. Who benefits from shutting down the economy? People who want to make sure Trump loses the next election. Why is it so important for them to defeat Trump? Because Trump stands between them and their dream of creating a one-world socialistic government with central bankers and their billionaire minions at the top, and everybody else at the bottom. It is that simple.

Regardless of the political implications, widespread misreporting makes the raw data unreliable for determining health policy. Science cannot come to reliable conclusions when the data turns out to be propaganda and our leaders are pressured to close down the country because of such propaganda. **This is both irresponsible and dangerous. It disrupts people's businesses, incomes, and lives at every level. It is pure evil rooted in the arrogance of an elite whose agenda is far more important than individual lives.**

Nevertheless, even given these problems, the official CDC data along with other studies, shows the infection mortality rate of COVID-19 may range from 0.15% to 0.4%. Given that these estimates are likely to be inflated, this compares very favorably to a 0.1% infection mortality rate for the typical seasonal flu. **By comparison, other flu epidemics like the Spanish Flu of 1918, and the Asian Flu of 1957 were far more dangerous, yet the idea of shutting down the American economy never came up in those days.**

The answer to that last question is of vital importance to anyone who cherishes the gift of freedom. What we can know for sure is that COVID-19 has become highly politicized. Government has used the pandemic (or threat thereof) to restrict our freedoms in ways never contemplated by most Americans.

Consider this. There is nothing so uniquely American as the desire to run a small business. Running a small business has long been considered the epitome of freedom – if government stays out of the way with unnecessary regulations and taxes. Small business – which accounts for 99.9% of all businesses in the U.S., is our largest employer by far, accounting for nearly half of our nation's work force. As a direct result of government ordered shutdowns, small business has been decimated. Depending upon the region, fully 1/3 – 1/2 of all small businesses have permanently closed with another 1,000 shutting down every day. What is particularly interesting is that there is no way to really know how bad it is because the government is refusing to release those statistics. If you doubt that, just try to do a Google search for government statistics on how many small businesses have failed due to the pandemic. Even though the government has those statistics, you won't find them anywhere.

For those who don't run a small business, it can be easy to overlook the impact of this situation. Not only are tens of millions of people out of work, but they are finding it next to impossible to find a comparable job elsewhere. Think of servers at a restaurant. If that restaurant goes out of business due to government mandated lockdowns, where will that server find another job if all restaurants in their area are locked down? Once a small business has gone bankrupt, its owners are unlikely to find another source of capital to make starting a new business possible. Their employees are forced to rely on government subsidies in the

form of rent and mortgage payment moratoriums as well as cash payments from the stimulus programs. To make matters worse, those businesses that do manage to remain open can't find staff willing to work because it is easier to sit at home and collect unemployment than to go back to work.

This dynamic has major political ramifications that are not being talked about in the mainstream media, not the least of which is that large businesses like Amazon, Home Depot, Walmart, and similar operations are raking in the cash and absorbing market share once owned by these small businesses. Could this have something to do with why the government won't release those statistics?

Politics is the art of lying to achieve or preserve power. History teaches us that power and corruption always go hand-in-hand. Each side tends to use exaggeration, fearmongering, outright lies, bribery and blackmail to gain public support. While that has always been the case the current struggle to change America into a socialist state under the control of globalist billionaires represents a game changer. For the first time in human history, these people now own or control the world's international banking systems and businesses including the ports, rail lines and items critical to the supply chain, as well as our major media outlets. Through the funding of political campaigns by people like George Soros, local DA's and judges are not arresting violent protestors leading to chaos in the streets. Criminals are being arrested and released without bail for serious crimes like murder, rape, kidnapping and gun violence leaving places like Chicago, Baltimore, St. Louis, and many more American cities resembling war zones. In so doing, they have all but eliminated any ethical considerations for what is best for America and her citizens in their quest for economic and political domination of our world.

This pandemic is not taking place in a vacuum. The oft-stated goal of the progressive leftists throughout the world is to destroy traditional American values and replace the safeguards of the United States Constitution with a rules created by a global government run by these billionaires. Efforts to leave open our borders, turn a blind eye to voter fraud, defund the police, stoke the flames of racial hatred and install critical race theory in our schools are just a few modern-day dynamics that make asking how much of the COVID-19 pandemic is about public health, and how much is about gaining political power a necessary question. Is the public being told the truth, the whole truth, and nothing but the truth? An examination of the facts leaves those who are willing to ask that question with a lot of disturbing inconsistencies. Here is what you will want to consider as you attempt to make decisions regarding the health of yourself, your family, and your country.

IS COVID-19 A COMPLETELY UNIQUE PATHOGEN?

No. COVID-19 is only the latest version of 7 corona virus's to affect the human population?

IS THE SOURCE OF COVID-19 NATURAL, OR WAS IT CREATED IN A LAB?

The world's top virologists and epidemiologists (not dependent on government funding or contracts) agree that the COVID-19 genome has been manipulated in a way that simply does not occur in nature. It had to have been created in a lab.

Chinese whistleblowers who worked on the project have publicly stated that the project was the result of "gain-of-function" research in their Wuhan lab.

Newly uncovered emails now demonstrate that Dr. Fauci through his National Institute for Allergy and Infectious Diseases (NIAID) funding the research in Wuhan China lab because such research was banned in the U.S. because of its dangerous potential to create the kind of pandemic the world is now suffering.

A flood of information during the first half of 2021 now points to the conclusion that in fact, COVID-19 was the result of gain-of-function research partially funded by Dr. Fauci at the Wuhan lab. The story that it emerged from a "wet market" selling bats for food was a story intended to give cover to the Chinese Communist Party and those in the United States involved with this banned and illegal project.

DOES COVID-19 PRESENT A SERIOUS PUBLIC HEALTH EMERGENCY?

To put it simply, no. According to the government's own statistics provided by the CDC, COVID-19 has an overall survivability rate of 99.8% globally, which rises to 99.97% for persons under the age of 70. This is on a par with the seasonal flu.

Reports of the incidence of COVID-19 are deliberately inflated.

On March 24, 2020, DHHS changed the rules applicable to coroners and others responsible for producing death certificates and making "cause of death" determinations — exclusively for COVID-19. The rule change states: "COVID-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death." In fact, DHHS statistics show that 95% of deaths classed as "COVID-19 deaths" involve an average of four additional co-morbidities. The CDC knew "... the rules for coding and selection of the underlying cause of death are expected to result in COVID-19 being the underlying cause more often than not." Therefore, this rule change (which only applies to

COVID-19) deliberately overestimates the incidence of the disease-causing death by many times over, thus resulting in ridiculously skewed statistics being reported to the public on an ongoing basis.

There are significant problems with the PCR test.

DHHS authorized the emergency use of the polymerase chain reaction (“PCR”) test as a diagnostic tool for COVID-19. PCR test manufacturers use disclaimers like this in their product manuals: “[t]he FDA has not determined that the test is safe or effective for the detection of SARS-Co-V-2.” Manufacturer inserts furnished with PCR test products include disclaimers stating that the PCR tests should NOT be used to diagnose COVID-19. This is consistent with the warning issued by the Nobel Prize winning inventor of the PCR test that such tests are not appropriate for diagnosing disease. The way in which the PCR tests are administered guaranties an unacceptably high number of false positive results. Cycle Threshold Value (“CT value”) is essentially the number of times that a sample (usually from a nasal swab) is magnified or amplified before a fragment of viral RNA is detected. The CT Value is exponential, and so a 40-cycle threshold means that the sample is magnified around a trillion times. The higher the CT Value, the less likely the detected fragment of viral RNA is intact, alive and infectious. Virtually all scientists, including Dr. Fauci, agree that any PCR test run at a CT value of 35-cycles or greater is useless. Dr. Fauci has stated (emphasis below added):

“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.”

A study funded by the French government showed that even at 35-cycles, the false positivity rate is as high as 97%. Despite this, a majority of the PCR tests for COVID-19 deployed under EUAs in the United States are run at 35-45 cycles in accordance with manufacturer instructions. Under the EUAs issued by the FDA, there is no flexibility to depart from the manufacturer’s instructions and change the way in which the test is administered or interpreted. The chart below shows that all major PCR tests in use in the United States are run at cycles of up to 35 or higher.

Can COVID-19 be spread by asymptomatic people or animals?

There is no credible scientific evidence that demonstrates that the phenomenon of “asymptomatic spread” is real. 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 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.”

Researchers from Southern Medical University in Guangzhou, China, published a study in August 2020 concluding that asymptomatic transmission of COVID-19 is almost non-existent. “Asymptomatic cases were least likely to infect their close contacts,” the researchers found. A more recent study involving nearly 10 million residents of Wuhan, China found that there were no — zero — 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.

ISSUES INVOLVING THE VACCINE

The vaccines for COVID-19 are not effective.

Centers for Disease Control and Prevention (“CDC”) data shows that the Vaccines are not effective in treating or preventing SARS-CoV-2 or COVID-19. Deaths from COVID-19 in those who have received the recommended dosages of the Vaccines increased from 160 as of April 30, 2021 to 535 as of June 1, 2021. Further, a total of 10,262 SARS-CoV-2 “breakthrough infections” of those who have already received the full recommended dosage of the Vaccines. were reported to the CDC from 46 states and territories between January 1, 2021 and April 30, 2021.

In studying the effectiveness of a medical intervention in randomized controlled trials (often called the gold standard of study design), the most useful way to present results is in terms of Absolute Risk Reduction (“ARR”). ARR compares the impact of treatment by comparing the outcomes of the treated group and the untreated group. In other words, if 20 out of 100 untreated individuals had a negative outcome, and 10 out of 100 treated individuals had a

negative outcome, the ARR would be 10% ($20 - 10 = 10$). According to a study published by the NIH, the ARR for the Pfizer Vaccine is a mere 0.7%, and the ARR for the Moderna Vaccine is only 1.1%. From the ARR, one can calculate the Number Needed to Vaccinate (“NNV”), which signifies the number of people that must be injected before even one person benefits from the vaccine. The NNV for the Pfizer Vaccine is 119, meaning that 119 people must be injected in order to observe the reduction of a COVID-19 case in one person. The reputed journal the Lancet reports data indicating that the NNV may be as high as 217. There are several factors that reduce any purported benefit of the COVID-19 Vaccines. First, it is important to note that the Vaccines were only shown to reduce symptoms – not block transmission. For over a year now, these Defendants and state-level public health authorities have told the American public that SARS-CoV-2 can be spread by people who have none of the symptoms of COVID-19, therefore Americans must mask themselves, and submit to innumerable lockdowns and restrictions, even though they are not manifestly sick. If that is the case, and these officials were not lying to the public, and asymptomatic spread is real, then what is the benefit of a vaccine that merely reduces symptoms? There isn’t any.

Vaccine risks on human health are not well understood.

The typical vaccine development process takes between 10 and 15 years and consists of the following sequential stages: research and discovery (2 to 10 years), pre-clinical animal studies (1 to 5 years), clinical human trials in four phases (typically 5 years). Phase 1 of the clinical human trials consists of healthy individuals and is focused on safety. Phase 2 consists of additional safety and dose-ranging in healthy volunteers, with the addition of a control group. Phase 3 evaluates efficacy, safety and immune response in a larger volunteer group, and requires two sequential randomized controlled trials. Phase 4 is a larger scale investigation into longer-term safety. Vaccine developers must follow this process in order to be able to generate the data the FDA needs in order to assess the safety and effectiveness of a vaccine candidate. This 10-15 year testing process has been abandoned for purposes of the Vaccines. The first human-to-human transmission of the SARS-CoV-2 virus was not confirmed until January 20, 2020, and less than a year later both mRNA Vaccines had EUAs and for the first time in history this novel mRNA technology was being injected into millions of human beings. As of June 7, 2021, 138 million Americans, representing 42% of the population, have been fully vaccinated. All of the stages of testing were compressed in time, abbreviated in substance, and are overlapping, which dramatically increases the risks of the Vaccines. Research indicates that Moderna and Pfizer appear to have designed their Vaccines in only two days. It appears that pharmaceutical companies did not independently

verify the genome sequence that China released on January 11, 2020. It appears that the Vaccines were studied for only 56 days in macaques, and 28 days in mice, and then animal studies were halted. It appears that the pharmaceutical companies discarded their control groups receiving placebos, squandering the opportunity to learn about the rate of long-term complications, how long protection against the disease lasts and how well the Vaccines inhibit transmission. A number of studies were deemed unnecessary and not performed prior to administration in human subjects, including single dose toxicity, toxicokinetic, genotoxicity, carcinogenicity, prenatal and postnatal development, offspring, local tolerance, teratogenic and postnatal toxicity and fertility. What is clear is that the American public has not been properly informed of these dramatic departures from the standard testing process, and the risks they generate.

American Frontline Doctors are medical and legal researchers have analyzed the accumulated COVID-19 vaccine risk data and report as follows:

Migration of the SARS-CoV-2 “Spike Protein” in the Body

The SARS-CoV-2 has a spike protein on its surface. The spike protein is what allows the virus to infect other bodies. It is clear that the spike protein is not a simple, passive structure. The spike protein is a “pathogenic protein” and a toxin that causes damage. The spike protein is itself biologically active, even without the virus. It is “fusogenic” and consequently binds more tightly to our cells, causing harm. If the purified spike protein is injected into the blood of research animals, it causes profound damage to their cardiovascular system, and crosses the blood-brain barrier to cause neurological damage. 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 traveled in the body following vaccination, how long they remain active and what effect they have. A group of international scientists has recently obtained the “biodistribution study” for the mRNA Vaccines from Japanese regulators. The study reveals 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.

Statistics Prove There Is An Increased Risk Of Death From The Vaccine

The government operated VAERS database is intended to function as an “early warning” system for potential health risks caused by vaccines. As you read the following statistics, remember that due to wide-spread underreporting by health professionals, it is estimated that VAERS only captures 1% to at best 10% of all vaccine adverse events. As of July 2021 VAERS is broadcasting a red alert. Of the 262,000 total accumulated reports in VAERS, only 1772 are not related to COVID-19. The database indicates that the total reported vaccine deaths in the first quarter of 2021 represents a 12,000% to 25,000% increase in vaccine deaths, year-on-year. In ten years (2009-2019) there were 1529 vaccine deaths, whereas in the first quarter of 2021 there have been over 4,000. Further, 99% of all reported vaccine deaths in 2021 are caused by the COVID-19 Vaccines, only 1% being caused by the numerous other vaccines reported in the system.

The Vaccine Is Extremely Dangerous to Reproductive Health and Pregnant Women

The mRNA Vaccines induce our cells to manufacture (virus-free) “spike proteins.” The “spike proteins” are in the same family as the naturally occurring syncytin-1 and syncytin-2 reproductive proteins in sperm, ova and placenta. 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. Not enough is known to determine the risk of sterility, but it is beyond question that the risk is increased. A leaked Pfizer document (excerpted below) exposes that Pfizer Vaccine nanoparticles accumulate in the ovaries at an extraordinarily high rate, in concentrations orders of magnitude higher than in other tissues. 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.

SARS-CoV-2 mRNA Vaccine (BNT162, PF-07302048)
2.6.5 薬物動態試験の概要表

2.6.5.5B. PHARMACOKINETICS: ORGAN DISTRIBUTION CONTINUED

Test Article: [

Sample	Total Lipid concentration (µg lipid equivalent/g [or mL]) (males and females combined)							% 0.25 h
	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h	
Lymph node (mandibular)	0.064	0.189	0.290	0.408	0.534	0.554	0.727	--
Lymph node (mesenteric)	0.050	0.146	0.530	0.489	0.689	0.985	1.37	--
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192	--
Ovaries (females)	0.104	1.34	1.64	2.34	3.09	5.24	12.3	0.001
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599	0.003
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694	0.000
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170	0.001
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264	0.003
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253	--
Small intestine	0.030	0.221	0.476	0.879	1.28	1.30	1.47	0.024
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112	0.001
Spleen	0.334	2.47	7.73	10.3	22.1	20.1	23.4	0.013
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215	0.006
Testes (males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320	0.007
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331	0.004
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.00	0.000
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456	0.002
Whole blood	1.97	4.37	5.40	3.05	1.31	0.909	0.420	--
Plasma	3.97	8.13	8.90	6.50	2.36	1.78	0.805	--
Blood:Plasma ratio ^a	0.815	0.515	0.550	0.510	0.555	0.530	0.540	--

PFIZER CONFIDENTIAL

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Each baby girl is born with the total number of eggs she will ever have in her entire life. Those eggs are stored in the ovaries, and one egg is released each month of a normal menstrual cycle. When there are no more eggs, a woman stops menstruating.

The reproductive system is arguably the most delicate hormonal and organ balance of all our systems. The slightest deviation in any direction results in infertility. Even in 2021, doctors and scientists do not know all the variables that cause infertility.

There is evidence to support that the Vaccines could cause permanent autoimmune rejection of the placenta. Placental inflammation resulting in stillbirths' mid-pregnancy (second trimester) is seen with COVID-19 and with other similar coronaviruses. There is a case report of a woman with a normally developing pregnancy who lost the otherwise healthy baby at five months during acute COVID-19. The mother's side of the placenta was very inflamed. This "infection of the maternal side of the placenta inducing acute or chronic placental insufficiency resulting in miscarriage or fetal growth restriction was observed in 40% of pregnant women with similar coronaviruses."

The mRNA Vaccines may instigate a similar reaction as the SARS-CoV2 virus. There is a component in the vaccine that could cause the same autoimmune rejection of the placenta, but indefinitely. Getting COVID-19 has been associated with a high risk of midpregnancy miscarriage because the placenta fails. The mRNA Vaccines may have precisely the same effect, however, not for just the few weeks of being sick, but forever. Repeated pregnancies would keep failing in mid-pregnancy. On December 1, 2020, a former Pfizer Vice President and allergy and respiratory researcher, Dr. Michael Yeadon, filed an application with the European Medicines Agency, responsible for approving drugs in the European Union, seeking the immediate suspension of all SARS-CoV-2 Vaccines, citing inter alia the risk to pregnancies. As of April 26, 2021, the VAERS database contains over 3,000 reports of failed pregnancies associated with the Vaccines.

Evidence Indicates The Vaccine Causes Vascular Disease

Salk Institute for Biological Studies researchers in collaboration with the University of San Diego, published in the journal Circulation Research that the spike proteins themselves damage vascular cells, causing strokes and many other vascular problems. All of the Vaccines are causing clotting disorders (coagulopathy) in all ages. The spike proteins are known to cause clotting that the body cannot fix, such as brain thrombosis and thrombocytopenia. None of these risks has been adequately studied in trials, or properly disclosed to healthcare professionals or Vaccine subjects.

Evidence Indicates the Vaccine Can Cause Serious Long-Term Autoimmune Disease

The spike proteins contained in the vaccine 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 highly 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.

Evidence Indicates The Vaccine Causes Serious Neurological Damage

The brain is completely unique in structure and function, and therefore it requires an environment that is insulated against the rest of the body's functioning. The blood-brain-barrier exists so the brain can function without disruption from the rest of the body. This is a complex, multi-layered system, using several mechanisms that keep nearly all bodily functions away from the brain. Three such systems include: very tight junctions between the cells lining the blood vessels, very specific proteins that go between, and unique enzymes that alter substances that do go through the cells. Working together, 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 resulting damage begins in the arterial wall, extends to the supporting tissue outside the arteries in the brain, and from there to the actual brain nerve cells inside.

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. COVID-19 patients typically have neurological symptoms including headache and loss of smell and taste, as well as brain fog, impaired consciousness, and stroke.

Researchers have published a paper in the Journal of Neurological Sciences correlating the severity of the pulmonary distress in COVID-19 with viral spread to the brain stem, suggesting direct brain damage, not just a secondary cytokine effect. 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.

The latest research prove that the vaccine’s Spike proteins produce endothelial damage. There are an excessive number of brain hemorrhages 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.

Year	Dementia (reports following injection with Vaccine)	Brain Bleeding (reports following injection with Vaccine)
2000	4	7
2010	0	17
2015	0	17
2018	21	31
2019	11	17
2020	12 → (43)	4 → (11)
2021	17 → (251)	0 → (258)

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 hemorrhage, neurological damage, and brain damage as demonstrated by the increased instances of such reporting in the VAERS system.

The Vaccine Is More Deadly To The Young Than The Virus

The Vaccines are more deadly or harmful to the young than the virus, and that is excluding the unknown future effects on fertility, clotting, and autoimmune disease. Those under the age of 18 face statistically zero chance of death from SARS-CoV-2 according to data published by the CDC, but there are reports of heart inflammation — both myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) — in young men, and at least one documented fatal heart attack of a healthy 15-year old boy in Colorado two days after receiving the Pfizer Vaccine. The CDC has admitted that

“[s]ince April 2021, increased cases of myocarditis and pericarditis have been reported in the United States after the mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna), particularly in adolescents and young adults.”

The Vaccine induce the cells of the recipient to manufacture trillions of spike proteins with the pathology described above. Because immune responses in the young and healthy are more vigorous than those in the old, paradoxically, the vaccines may thereby induce, in the very people least in need of assistance, a very strong immune response, including those which can damage their own cells and tissues, including by stimulating blood coagulation.

The Vaccine Amplifies The Effects of Infection Rather Than Preventing Damage

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Antibody Dependent Enhancement (“ADE”) occurs when SARS-CoV-2 antibodies, created by a Vaccine, instead of protecting the vaccinated person, cause a more severe or lethal case of the COVID-19 disease when the person is later exposed to SARS-CoV-2 in the wild. The vaccine amplifies the infection rather than preventing damage. It may only be seen after months or years of use in populations around the world. This paradoxical reaction has been seen in other vaccines and animal trials. One well documented example is with the Dengue fever vaccine, which resulted in avoidable deaths. Dengue fever has caused 100-400 million infections, 500,000 hospitalizations, and a 2.5% fatality rate annually worldwide. It is a leading cause of death in children in Asian and Latin American countries. Despite over 50

years of active research, a Dengue vaccine still has not gained widespread approval in large part due to the phenomenon of ADE.

Vaccine manufacturer Sanofi Pharmaceutical spent 20 years and nearly \$2 billion to develop the Dengue vaccine and published their results in the New England Journal of Medicine, which was quickly endorsed by the World Health Organization. Vigilant scientists clearly warned about the danger from ADE, which the Philippines ignored when it administered the vaccine to hundreds of thousands of children in 2016. Later, when these children were exposed in the wild, many became severely ill and 600 children died. The former head of the Dengue department of the Research Institute for Tropical Medicine (RITM) was indicted in 2019 by the Philippines Department of Justice for “reckless imprudence resulting [in] homicide,” because he “facilitated, with undue haste,” Dengvaxia’s approval and its rollout among Philippine schoolchildren.¹⁰ ADE has been observed in the coronavirus setting.

The original SARS-CoV-1 caused an epidemic in 2003. This virus is a coronavirus that is reported to be 78% similar to the current SARS-CoV-2 virus that causes the disease COVID-19. Scientists attempted to create a vaccine. Of approximately 35 vaccine candidates, the best four were trialed in ferrets. The vaccines appeared to work in the ferrets. However, when those vaccinated ferrets were challenged by SARS-CoV-1 in the wild, they became very ill and died due to what we would term a sudden severe cytokine storm.

The reputed journals Science, Nature and Journal of Infectious Diseases have all documented ADE risks in relation to the development of experimental COVID-19 vaccines. The application filed by Dr. Yeadon with the European Medicines Agency on December 1, 2020 also mentioned the risk from ADE. ADE is discovered during long-term animal studies, to which the Vaccines have not been subjected.

The Vaccine Is Likely To Cause More Virulent Strains Of The COVID-19 Virus To Emerge

Scientists are concerned that universal inoculation may create more virulent strains. This has been observed with Marek’s Disease in chickens. A large number of chickens not at risk of death were vaccinated, and now all chickens must be vaccinated or they will die from a virus that was nonlethal prior to widespread vaccination. The current policy to pursue universal vaccination regardless of risk may exert the same evolutionary pressure toward more highly virulent strains.

Our Nation's Blood Supply Is Threatened

Presently, the vaccinated are permitted to donate their spike protein laden blood into the blood supply, which projects all of the risks discussed onto the general population of unvaccinated blood donees. Scientists and healthcare professionals all over the world are sounding the alarm and frantically appealing to the FDA to halt the Vaccines. They have made innumerable public statements. Fifty-seven top scientists and doctors from Central and South America are calling for an immediate end to all Vaccine COVID-19 programs. Other physician-scientist groups have made similar calls, among them: Canadian Physicians, Israeli People's Committee, Frontline COVID-19 Critical Care Alliance, World Doctors Alliance, Doctors 4 Covid Ethics, and Plaintiff America's Frontline Doctors. These are healthcare professionals in the field who are seeing the catastrophic and deadly results of the rushed Vaccines, and reputed professors of science and medicine, including the physician with the greatest number of COVID-19 scientific citations worldwide. They accuse the government of deviating from long-standing policy to protect the public. In the past, government has halted vaccine trials based on a tiny fraction — far less than 1% — of the number of unexplained deaths already recorded. The scientists all agree that the spike protein (produced by the Vaccines) causes disease even without the virus, which has motivated them to lend their imprimatur to, and risk their reputation and standing on, these public objections.

The Vaccine Is Completely Unnecessary

There are numerous alternative safe and effective treatments for COVID-19. These alternatives 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.

Globally and in the United States, treatments such as Ivermectin, Budesonide, Dexamethasone, convalescent plasma and monoclonal antibodies, Vitamin D, Zinc, Azithromycin, Hydroxychloroquine, Colchicine and Remdesivir are being used to great effect, and they are far safer than the COVID-19 Vaccines.

Doctors from the Smith Center for Infectious Diseases and Urban Health and the Saint Barnabas Medical Center have published an Observational Study on 255 Mechanically Ventilated COVID Patients at the Beginning of the USA Pandemic, which states: "Causal modeling establishes that weight-adjusted HCQ [Hydroxychloroquine] and AZM [Azithromycin] therapy improves survival by over 100%."

Observational studies in Delhi and Mexico City show dramatic reductions in COVID-19 case and death counts following the mass distribution of Ivermectin. These results align with those of a study in Argentina, in which 800 healthcare professionals received Ivermectin, while another 400 did not. Of the 800, not a single person contracted COVID-19, while more than half of the control group did contract it.

Dr. Pierre Kory, a lung specialist who has treated more COVID-19 patients than most doctors, representing a group of some of the most highly published physicians in the world, with over 2,000 peer reviewed publications among them, 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-CoV2 virus and is a powerful prophylactic (if you take it, you will not contract COVID-19). Four large randomized controlled trials totaling over 1500 patients demonstrate that Ivermectin is safe and effective as a prophylaxis. In early outpatient treatment, three randomized controlled trials and multiple observational studies show that Ivermectin reduces the need for hospitalization and death in statistically significant numbers. In inpatient treatment, four randomized controlled trials show that Ivermectin prevents death in a statistically significant, large magnitude.

Ivermectin won the Nobel Prize in Medicine in 2015 for its impacts on global health. Inexplicably, the Defendants never formed or assigned a task force to research and review existing alternatives for preventing and treating COVID-19. Instead, the Defendants and others set about censoring both concerns about the Vaccines, and information about safe and effective alternatives.

The Vaccines For COVID-19 Are Not Really Vaccines According To The CDC's Definition Of A Vaccine

The CDC defines a “vaccine” as: “A product that stimulates a person’s immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections but can also be administered by mouth or sprayed into the nose.” The CDC defines “immunity” as: “Protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected.” However, the “Pfizer-BioNTech COVID-19 Vaccine” and the “Moderna COVID-19 Vaccine” do not meet the CDC’s own definitions. They do not stimulate the body to produce immunity from a disease. They are a synthetic fragment of nucleic acid embedded in a fat carrier that is introduced into human cells, not for the purpose of inducing immunity from infection with the SARS-CoV-2 virus, and not to block further transmission of the virus, but in

order to lessen the symptoms of COVID-19. No published, peer-reviewed studies prove that the “PfizerBioNTech COVID-19 Vaccine” and the “Moderna COVID-19 Vaccine” confer immunity or stop transmission.

Why Is The Federal Government Blatantly Promoting The Censoring Of Legitimate Scientific Information About COVID-19 And The “Vaccine?”

The federal government is orchestrating a nationwide media campaign funded with \$1 billion — to promote the purported benefits of the vaccines. Simultaneously, the Associated Press, Agence France Press, British Broadcasting Corporation, CBC/Radio-Canada, European Broadcasting Union (EBU), Facebook, Financial Times, First Draft, Google/YouTube, The Hindu Times, Microsoft, Reuters, Reuters Institute for the Study of Journalism, Twitter, The Washington Post and The New York Times all participate in the “Trusted News Initiative” which has agreed to not allow any news critical of the Vaccines.

Individual physicians are being censored on social media platforms (e.g., Twitter, Facebook, Instagram, TikTok), the modern day “public square.” Frontline doctors and researchers have recorded innumerable instances of social media deleting scientific content posted by AFLDS members that runs counter to the prevailing Vaccine narrative, and then banning them from the platform altogether as users. Facebook has blocked the streaming of entire events at which AFLDS Founder Dr. Simone Gold has been an invited guest, prior to her uttering a word. Other doctors have been banned for posting or tweeting screenshots of government database VAERS.

The censorship also extends to medical journals. In an unprecedented move, the four founding topic editors for the *Frontiers in Pharmacology* journal all resigned together due to their collective inability to publish peer reviewed scientific data on various drugs for prophylaxis and treatment of COVID-19. Dr. Philippe Douste-Blazy, a cardiology physician, former France Health Minister, 2017 candidate for Director of the WHO and former Under-Secretary-General of the United Nations, described the censorship in chilling detail:

The Lancet boss said “Now we are not going to be able to, basically, if this continues, publish any more clinical research data, because the pharmaceutical companies are so financially powerful today and are able to use such methodologies, as to have us accept papers which are apparently, methodologically perfect but in reality, which manage to conclude what they want to conclude.” ... one of the greatest subjects never anyone could have believed ... I have been doing research for 20 years in my life. I never thought the

boss of The Lancet could say that. And the boss of the New England Journal of Medicine too. He even said it was “criminal” — the word was used by him. That is, if you will, when there is an outbreak like the COVID-19, in reality, there are people ... us, we see “mortality” when you are a doctor or yourself, you see “suffering.” And there are people who see “dollars” — that’s it.

In many instances, highly publicized attacks on early treatment alternatives are done in bad faith. For example, one study on Hydroxychloroquine overdosed study participants by administering a multiple of the standard prescribed dose, and then reported the resulting deaths as though they were not a result of the overdose, but from the medication itself administered in the proper dosages. The twenty-seven physician-scientist authors of the study were civilly indicted and criminally investigated, and still the Journal of the American Medical Association has not retracted the article.

After a year of sustained psychological manipulation, the population is now weakened, frightened, desperate for a return of their freedoms, prosperity and normal lives, and especially vulnerable to pressure to take the Vaccine. The lockdowns and shutdowns, the myriad rules and regulations, the confusing and self-contradictory controls, the enforced docility, and the consequent demoralization, anxiety and helplessness are typical of authoritarian and totalitarian conditions.

This degree of systemic and purposeful coercion means that Americans cannot give truly free and voluntary informed consent to the Vaccines. At the same time, the population is being subjected to an aggressive, coordinated media campaign promoting the Vaccines funded by the federal government with \$1 billion. The media campaign is reinforced by a system of coercive rewards and penalties designed to induce vaccination. The federal government is offering a range of its own incentives, including free childcare. The Ohio Governor rewarded those Ohio residents accepting the Vaccines by allowing them to enter into the “Vaxamillion” lottery with a total \$5 million prize and the chance to win a fully funded college education, while barring entry for residents who decline the Vaccines. In New York, metro stations offer free passes to those receiving the Vaccine in the station. West Virginia is running a lottery exclusively for the vaccinated with free custom guns, trucks and lifetime hunting and fishing licenses, a free college education, and cash payments of \$1.5 million and \$600,000 as the prizes. Previously, the state offered a \$100 savings bond for each injection with a Vaccine. New Mexican residents accepting the Vaccines will be entered into weekly drawings to take home a \$250,000 prize, and those fully vaccinated by early August could win the grand prize of \$5 million. In Oregon, the vaccinated can win \$1 million, or one

of 36 separate \$10,000 prizes through the state's "Take Your Shot" campaign. Other state and local governments are partnering with fast food chains to offer free pizza, ice cream, hamburgers and other foods to the vaccinated. Many people are desperate following the last year of economic destruction and deprivation of basic freedoms, and they are especially vulnerable to this coercion.

The penalties take many forms, among them:

- Using guilt and shame to make unvaccinated children and adults feel badly about themselves for refusing the Vaccines.
- Threatening the unvaccinated with false fears and anxieties about COVID-19, especially children who are at no risk statistically.
- Removing the rights of those who are unvaccinated, including:
 - ✓ Being prohibited from working
 - ✓ Being prohibited from attending school or college
 - ✓ Being limited in the ability to travel in buses, trains and planes
 - ✓ Being prohibited from traveling outside the United States
 - ✓ Being excluded from public and private events, such as performing arts venues.

Most recently, the President has announced an aggressive campaign to visit the homes of the unvaccinated, not for the purpose of ensuring that they have all of the information they might need in order to make fully informed, voluntary decisions about the Vaccines (the information required by § 360bbb-3(e)(1)(A)(i) and (ii)), but instead for the purpose of pressuring them to be injected with the vaccine so that the Administration can reach its goal of having 70% of the American population vaccinated. He said: "Now we need to go to community by community, neighborhood by neighborhood, and oftentimes, door to door — literally knocking on doors — to get help to the remaining people protected from the virus." The White House press secretary referred to the door-knockers who would enter our communities to pressure us to accept the Vaccines using the language of war, as "strike forces."

A study recently published in the International Journal of Clinical Practice, "Informed Consent Disclosure to Vaccine Trial Subjects of Risk of COVID-19 Vaccines Worsening Clinical Disease," concludes:

COVID-19 vaccines designed to elicit neutralizing antibodies may sensitize vaccine recipients to more severe disease than if they were not vaccinated. Vaccines for

SARS, MERS and RSV have never been approved, and the data generated in the development and testing of these vaccines suggest a serious mechanistic concern: that vaccines designed empirically using the traditional approach (consisting of the unmodified or minimally modified coronavirus viral spike to elicit neutralising antibodies), be they composed of protein, viral vector, DNA or RNA and irrespective of delivery method, may worsen COVID-19 disease via antibody-dependent enhancement (ADE). This risk is sufficiently obscured in clinical trial protocols and consent forms for ongoing COVID-19 vaccine trials that adequate patient comprehension of this risk is unlikely to occur, obviating truly informed consent by subjects in these trials.

The combined effect of:

- (i) the suppression and censorship of information regarding the risks of the Vaccines,
- (ii) the failure to inform the public regarding the novel and experimental nature of the mRNA Vaccines
- (iii) the suppression and censorship of information regarding alternative treatments,
- (iv) the failure to inform and properly educate the public that the Vaccines are not in fact “approved” by the FDA,
- (v) the failure to inform and properly educate the public that the DHHS Secretary has not determined that the Vaccines are “safe and effective” and on the contrary has merely determined that “it is reasonable to believe” that the Vaccines “may be effective” and that the benefits outweigh the risks,
- (vi) the sustained psychological manipulation of the public through official fear-based messaging regarding COVID-19, draconian countermeasures and a system of rewards and penalties,

is to remove any possibility that Vaccine recipients are giving voluntary informed consent to the Vaccines. People have no real option to accept or refuse the Vaccines. They are unwitting, unwilling participants in a large scale, ongoing non-consensual human experiment.

The Government Is Attempting To Use COVID-19 To Strip Parents Of Their Responsibility For Their Children’s Health

The Federal Government is pressuring local and state governments to hastily pass laws eliminating the requirement for parental consent, and even parental knowledge, of

medical treatments administered to children as young as 12. This is intended to pave the way for children to be vaccinated at school, without parental knowledge or consent.

Children in the 12-18 age group are not developmentally capable of giving voluntary, informed consent to the Vaccines. Their brains are rapidly changing and developing, and their actions are guided more by the emotional and reactive amygdala and less by the thoughtful, logical frontal cortex. Hormonal and body changes add to their emotional instability and erratic judgment. Children also have a well-known and scientifically studied vulnerability to pressure from peers and adults.

This age group is particularly susceptible to pressure to do what others see as the right thing to do — in this case, to be injected with the Vaccine “for the sake of other people and society.” Injecting this under-18 subpopulation with the Vaccines threatens them with immediate, potentially life-threatening harm. The documented risks of injecting this subpopulation with the Vaccines far outweigh the purported benefits.

What You Can Do To Protect Yourself

The fear porn surrounding this virus is extreme so it pays to remember that your body evolved living in a sea of virus, fungus, and other pathogenic microorganisms. Left in its natural state, it has developed the capacity to ward off any kind of normal infection. However, we no longer live in a natural state. Our food, water, and air, are all becoming increasingly polluted with chemicals your body was never designed to encounter. This is made much worse by artificial pathogens developed in labs as biological warfare agents.

Nevertheless, the best approach to protecting yourself and your family from infections caused by these organisms is to strengthen your own immune system using proven methods – especially when those methods are intelligently combined into a program like our ReVitaLight™ Protocol. ReVitaLight™ is one of the only proven ways to rebalance a person’s microbiome – which is responsible for over 70% of a person’s immune system. This explains why ReVitaLight™ is so effective – especially when dealing with people suffering from “long COVID” which can be extremely debilitating over months.