The Horrifying COVID19 mRNA Data

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Abstract

This study will examine the data on the effectiveness and side effects of the COVID-19 mRNA vaccines. Previous to this time, there had been no approved mRNA vaccines on the market. Then when the COVID-19 pandemic was declared in 2020, mRNA coronavirus vaccines were produced with minimal testing, and released and even mandated throughout the whole world. This paper seeks to compile the effectiveness and safety data of this ill-advised medical intervention, through available medical studies that have been performed, and databases for vaccine injury.

Introduction

It all started on October 15, 2019 in Geneva, Switzerland. Johns Hopkins, The World Economic Forum and the Bill and Melinda Gates Foundation held event 201, a simulation of a pandemic featuring a new coronavirus. They simulated their response, how they would deal with vaccine development, how they would curtail movement of the people to slow the spread of the virus, how they would deal with the economic repercussions of travel restrictions. [6][7] And then, by a huge “coincidence” COVID-19 appeared in Wuhan China. It spread around the world. The governments of the world restricted travel, and even locked people in the homes. They quickly developed a vaccine. World economies tanked from the restrictions. It all went down amazingly like the simulation.

Background Information

What is COVID-19?

Information on the question of what is COVID-19 was surprisingly sparse on the website for the Centers for Disease Control. This is what the NIH, National Cancer Institute had to say, "A highly contagious respiratory disease caused by the SARS-CoV-2 virus. SARS-CoV-2 is thought to spread from person to person through droplets released when an infected person coughs, sneezes, or talks. It may also be spread by touching a surface with the virus on it and then touching one's mouth, nose, or eyes, but this is less common. The most common signs and symptoms of COVID-19 are fever, cough, and trouble breathing. Fatigue, muscle pain, chills, headache, sore throat, runny nose, nausea or vomiting, diarrhea, and a loss of taste or smell may also occur. The signs and symptoms may be mild or severe and usually appear 2 to 14 days after exposure to the SARS-CoV-2 virus. Some people may not have any symptoms but are still able to spread the virus. Most people with COVID-19 recover without needing special treatment. But other people are at higher risk of serious illness. Those at higher risk include older adults and people with serious medical problems, such as heart, lung, or kidney disease, diabetes, cancer, or a weak immune system. Serious illness may include life-threatening pneumonia and organ failure. " [1]

There were many theories at the time on how the virus came into being. There was the lab leak theory, since testing on bioweapons was done at Wuhan, China where the virus first appeared. There was a theory that it originated in pangolins. [9] Then there was the bat theory, that it came out of a wet market where people ate bats in China. [8] People debated

whether it was released on us purposefully or whether it got out accidentally. They questioned whether it was manmade or not. In any case, people were dying and were in a panic for a cure.

What is an mRNA Vaccine and How Does it Differ from Conventional Vaccines

In a cell normally, an mRNA molecule is created from the information from the cell's DNA, and then the mRNA produces proteins which are used by the body for virtually everything: making new cells, proteins are necessary to make more proteins, make up the structure of the body, they are essential for your immune system. The chemical reactions in your body need proteins to make the reaction possible. [10] An mRNA vaccine inserts foreign mRNA into the cell, and the cell makes the protein(s) the mRNA codes for. The vaccine makers utilize lipid nanoparticles in order to get the mRNA into the cells. In the example of the COVID-19 mRNA vaccine, the mRNA coded for the spike protein from the COVID-19 virus. The spike protein was said to be a small part of the virus that our immune system would come to identify and attack, wiping out any of the live virus we came in contact with.

History

Emergency Use Authorization and Alternative Treatments

The mRNA vaccines for COVID-19 were developed much more quickly than any vaccines in the past. Normal testing took 10-15 years, but many safety tests were bypassed for the COVID-19 vaccine, due to the said urgency of the pandemic. [11][22] Safety testing for the COVID vaccines took 2-3 months. Several alternative treatments were found for COVID-19, but these were suppressed. The mRNA vaccines were to receive Emergency Use Authorization from the FDA, but this authorization would be disqualified if there were any alternatives available.

One such alternative was plain old hydrogen peroxide. A study done in Africa found that a peroxide mouth wash, gargle and nasal irrigation prevented COVID-19. [13] In this study, "over 4,000 patients and 89 healthcare staff of a hospital in Ghana used hydrogen peroxide on a daily basis during the peak season of Covid-19 season (April 2021 - Dec 2021). None of the 4,000+ patients got Covid-19. None of the 89 staff got Covid-19, except one who discontinued the use of hydrogen peroxide". [12]

Another alternative treatment was Ivermectin. Ivermectin was found to be effective against COVID-19 and had a long history of safe use. [14] But these, and other alternative treatments were subject to an intense propaganda campaign to dissuade their use, and the Emergency Use Authorization was approved.

Died of COVID, or with COVID: The Hospital Killing Fields

The official COVID protocol used in all the US hospitals caused the death of many. The protocol insisted that family of the patient was barred from the hospital, isolating the patient and denying them an advocate. The protocol relied heavily on the use of ventilators, which was found to be deadly for COVID patients. It used the drug Remdisivir, which was discontinued during its African trials on Ebola when it was found to be more deadly that the Ebola. [17] Remdisivir was not recommend by the WHO because of multiple organ failure. [18] The recommendation against Remdisivir by the WHO came in 2020, very early in the COVID era.

Hospitals were using the drug Fentanyl, the drug junkies OD on, being 50-100x more potent than morphine. Hospital patients were given the drug Precidex for days at a time, when the maximum time it can be used without killing the patient is 24 hours. The patients were often denied food and water. The people who died in hospital were said to have died of COVID. The US government was paying hospitals large sums for each COVID patient, more for each one that had to be ventilated, and even more for a COVID death. [15] It was found that 88% of the people who were put on ventilators died. [31] Hospital staff were instructed to set the oxygen pressure on the ventilators too high, which is toxic. [15][32]

Hospital staff were instructed not to record any adverse reactions to the vaccines in the VAERS system. The VAERS system is the US government database for recording adverse reactions to vaccines. Recording adverse events following vaccination is mandatory by law for health care professionals. But during COVID, if hospital staff made any reports in the database, they would be fired. The staff had gag orders on them. Hospital admissions

went from almost none to overflowing when the vaccines were introduced. Each patient record could only state that the person was unvaccinated or vaccination status unknown. There was no ability to say the patient was vaccinated. This helped sever any paper trail from the vaccines to the deadly side effects. [21]

A funeral director in the UK reported that he had no increases in deaths in 2020 over 2019. Then after the vaccine roll-out, he had spikes in deaths which correlated with the age group for which the vaccine had been released. With his long experience in the funeral field, he knew how many of what age group normally died, and knew that what he was seeing was abnormal. [54]

Suspect testing method

Testing was done using the PCR test. This test relies on the number of cycles the system was run. It was said the the test could give a positive any time with high numbers of cycles run. PCR tests can detect non infectious matter and skew the testing results. [22] Hospital workers testified they were instructed to run high numbers of cycles and to run many multiple cycles for each patient. These instructions would have the effect of getting the maximum number of positive tests for COVID. It would also obtain the maximum reimbursement from the government. [15]

Funeral director John O'Looney also encountered false positive COVID tests. He picked up a gentleman from the old folk's home and brought him to his funeral parlor, and knew that he was not tested for COVID, but that one positive test was done in that facility.

All the deaths out of that one facility were then attributed to COVID because of that one test. [54]

Suspect Clinical Trials

Brook Jackson, a whistle-blower who worked for Ventavia, was doing some of the clinical research for the Pfizer COVID-19 vaccine clinical trials. She has come out with information regarding the haphazard way the trials were conducted. Jackson was a trained clinical trial auditor, and had more than 15 years experience in clinical research management. She found sloppy laboratory management like used needles not being disposed of safely. But more concerning for the clinical trial was management of the double-blind aspect of the trials. Information was left in plain sight on whether the participant was in the placebo or the vaccine group, so both participants and those administering the shots would know to which group they belonged. Paperwork errors were voluminous.

Jackson wrote a letter to the FDA warning of the many problems: vaccines not kept at proper temperatures, specimens mislabeled, protocol deviations not being reported, slow follow up for participants who had adverse reactions to the vaccines, participants put out in hallways unmonitored by staff after injection, harassment of staff who reported problems such as these. Jackson herself was fired after she sent the letter to the FDA. Her warnings were not given due consideration by the agency, and the emergency use authorization was granted within a short time afterward. Other employees who worked with Jackson later confirmed her observations. [62]

Safe and Effective?

The narrative out of the mainstream media during COVID was that the vaccines were safe and effective. The safety data follows in the remainder of this study. But were the vaccines effective? A study done for 31 European countries on excess deaths vs. C-19 vaccination rates found that the higher the vaccination rate in a country, the higher the excess deaths. [23] A study of excess deaths in Norway that were not caused by COVID found significant amounts of excess deaths, especially from cardiac causes and from malignant cancers. Mortality was lower than expected for respiratory diseases. [24] One study looked at COVID-19 infection rates per country vs. the rate of vaccination for that country and found that the more vaccination the more COVID infection. [42]

Ronald Brown in *Outcome Reporting Bias in COVID-19 mRNA Vaccine Clinical Trials* discusses the bias found in the COVID-19 vaccine trials which made it appear the vaccine was more effective than in reality. The trials used relative efficacy data, that is comparing the vaccinated group against another group in a clinical situation. Absolute risk reduction data shows what actually happens when the vaccine is released in the general population. The efficacy on the Pfizer vaccine was reported as 95% effective, while the absolute risk reduction (which was never released) was a mere 0.84%. Moderna's numbers were 93.4% efficacy, but only 1.2% absolute risk reduction. The absolute risk reduction is known to be a more accurate picture of what a vaccine will do in the real world. [44]

When it became apparent to the general populace that these vaccines did not keep you from contracting COVID-19, the narrative in the media switched to "the vaccines will keep you from dying from COVID." My own opinion is that they tell a certain slant of truth with

these media statements. The vaccine is safe: for the manufacturers since they cannot be sued. The vaccine is effective: for the actual goal of them, which is depopulation. The vaccines keep you from dying from COVID, because you will die of cardiac events, or cancer, or any of the other many side-effects.

As of February 4, 2022, there were 23,615 deaths recorded in the VAERS system associated with the COVID-19 vaccines and 1,103,891 total adverse events. This number of adverse events exceeded all reports from any vaccine combined over the previous 30 years. Normal standards for vaccine safety said if there were 5 deaths associated with the vaccine, a warning would be issued. If there were 50, the vaccine would be pulled from the market. [48]

Researchers writing for Frontiers in Bioengineering and Biotechnology in 2021 wrote about the dangers of the mRNA technology. They stated, “However, mRNA vaccines also possess some inherent limitations. While side effects such as allergy, renal failure, heart failure, and infarction remain a risk, the vaccine mRNA may also be degraded quickly after administration or cause cytokine storms.” [64]

MRNA unstable

When the vaccine was first being released, there was a lot of hullabaloo about how it needed to be kept at extreme cold temps in order for the vaccines to be effective. Later this requirement was consigned to the memory hole. Data leaked through hackers revealed that regulatory agencies in Europe were concerned about the lack of intact mRNA strands in the vaccines. Partial strands could be producing partial spike proteins, which could have toxic

effects. Daan J.A. Crommelin, Professor of Biopharmaceutics stated, “Even a minor degradation reaction, anywhere along a mRNA strand, can severely slow or stop proper translation performance of that strand and thus result in the incomplete expression of the target antigen.” The extreme cold requirements were needed to keep the RNA intact. [61]

Information Release

In 2022 federal judge in Texas ordered the FDA to release the documents related to the approval of Pfizer’s COVID-19 vaccine in a timely manner. The plan from the FDA had been to release the documents over 75 years. The judge ordered them to release 55,000 documents a month. [57] Writer Naomi Wolf became interested in the Pfizer Papers after receiving many messages from women describing how the vaccines adversely effected their menstrual cycles. She pulled together a team of volunteers to read through 450,000 documents from Pfizer, detailing the adverse reactions to the vaccine. This information they put together in the book, The Pfizer Papers.

The team found “that Pfizer knew within three months after roll-out in December 2020, that the vaccines did not work to stop COVID. Pfizer’s language was “vaccine failure” and “failure of efficacy” One of the most common “adverse events” in the Pfizer documents is “COVID”.” Pfizer also knew that the vaccine did not remain at the injection site. Dr. Robert Chandler called the dispersal throughout the body to be “like a shotgun blast” It crossed all cell wall and crossed the blood brain barrier. Vaccine materials then accumulated in organs, like liver, brains, testes and ovaries.

The side effects known to Pfizer were, among others, death (1233 in the first three months), severe COVID-19, hearth damage, liver and/or kidney injury, autoimmune problems, facial paralysis, respiratory failure, blood clots, Parkinson's disease, epilepsy. "But what really emerged from the first forty-six reports, was the fact that though COVID is ostensibly a respiratory disease, the papers did not focus on lungs and mucus membranes, but rather they center, creepily and consistently, on disrupting human reproduction." [16]

The Data

Documents from the CDC prior to the release of the COVID-19 mRNA vaccines revealed that they already knew about the serious side effects of the use of these injections. The list of side effects were these: [19]

FDA Safety Surveillance of COVID-19 Vaccines :
DRAFT Working list of possible adverse event outcomes
Subject to change
□ Guillain-Barré syndrome
□ Acute disseminated encephalomyelitis
□ Transverse myelitis
□ Encephalitis/myelitis/encephalomyelitis/meningoencephalitis/meningitis/encepholapathy
□ Convulsions/seizures
□ Stroke
□ Narcolepsy and cataplexy
□ Anaphylaxis
□ Acute myocardial infarction
□ Myocarditis/pericarditis
□ Autoimmune disease
□ Deaths
□ Pregnancy and birth outcomes
□ Other acute demyelinating diseases
□ Non-anaphylactic allergic reactions
□ Thrombocytopenia
□ Disseminated intravascular coagulation
□ Venous thromboembolism
□ Arthritis and arthralgia/joint pain
□ Kawasaki disease
□ Multisystem Inflammatory Syndrome in Children
□ Vaccine enhanced disease

In the following sections, we will take a look at the numbers from some of these conditions, post COVID-19 vaccines.

Myocarditits/Pericarditis/Heart Attack

A study done for the British Journal of Pharmacology looked at the effect on the heart of the Pfizer and Moderna COVID vaccines. They injected rats with the vaccines, and followed their heart function for 72 hours afterward. At 24 hours they saw no problems. At 48 hours, they detected the mRNA in the heart tissue, and heart anomalies began to be evident. In the rats that received the Pfizer vaccine, they found arrhythmias, irregular contractions, and problems with cardiac ryanodine receptors. The rats receiving the Moderna vaccine had "increased cardiomyocyte contraction via significantly increased protein kinase A (PKA) activity at the cellular level." Their conclusion was that both of these vaccines would significantly increase the risk of sudden cardiac events. [35]

Another study concluded that the spike protein itself, whether from an infection with COVID-19 or from the vaccines, it alone could cause vascular problems. [36] Since the spike protein is being produced in the body post vaccine upwards of 200 days, the risk cardiac events would continue for quite some time after each vaccine. This is exactly what we are seeing in the real world.

A study followed 1.7 million children and compared the vaccinated vs unvaccinated. No unvaccinated child was found to have myocarditis or pericarditis. These deadly conditions were found only in the children vaccinated against COVID-19. [45]

Blood Clots

Dr. Charles Hoffe, a Canadian doctor, after he began giving the COVID-19 vaccines had his patients complaining of symptoms that sounded to him like blood clots. When tested for blood clots, he found that 62% of the patients who had the COVID-19 vaccination showed evidence of blood clots using the d-dimer test. [9] The shots soon came to be known as "clot shots."

Embalmers in mid 2021 started having difficulty removing blood from bodies. They began finding large fibrous clots in the deceased circulatory systems. [51] One funeral director in the UK, John O'Looney, who also previously worked as the coroner for his city, started having difficulty removing blood from bodies during embalming, and found long white clots filling the veins of the deceased. He stated that normal clots were small, "like jelly" and could easily be broken up, but these were not like any he had ever seen before. These were more "like rubber" or "calamari" and very tough. He contacted the coroner's office which had done the postmortem on the person about the clots and was told not to worry about it, that it was completely normal. His funeral home had been finding the strange clots in many bodies, with it being especially easy to locate them in bodies that had had the postmortem. After he contacted the coroner's about the clot, the bodies started coming back all cleaned out of these clots, but he still found them in the bodies which hadn't had the postmortem. He would ask the families of the deceased whether they had been vaccinated, and always they said that yes of course, their loved one had done their duty and gotten vaccinated. [54]

A survey was sent out to embalmers worldwide. They were asked about the white fibrous blood clots. 83% of those who responded said yes to the question, “Did you observe any large whitish “fibrous” structures/clots in the corpses that you embalmed in Year 2024?” To the question, “ What percentage of the corpses in the Year 2024 that you have embalmed have had the large whitish “fibrous” structures/clots?” a weighted average of the responses was 27.5%. When asked, “Do other embalmers that you talk to say that they are seeing the large whitish “fibrous” structures/clots?”, 185 said ‘yes’, 50 said ‘no’ and 66 said that they didn’t talk about it. [56]

Stroke

After the vaccine roll-out, young people started having strokes. It was so strange that the powers that be began a propaganda campaign about how it was normal for young people to have strokes. Billboards were placed on the sides of trains and busses and such saying, “Kids have strokes too.” [55] The daughter of my pastor was only in her mid-20s and had a stroke. She had been vaccinated.

Cancer

Cancer incidence has increased since the release of the COVID-19 vaccines. A study done in Seoul, South Korea looked at data from 8,407,849 people, who were categorized into two groups based on vaccination status. They followed them for one year and found a significant increase in cancers in the vaccinated group. The numbers and cancer type depended on which vaccine was used. Their finding were, “cDNA vaccines were associated

with the increased risks of thyroid, gastric, colorectal, lung, and prostate cancers; mRNA vaccines were linked to the increased risks of thyroid, colorectal, lung, and breast cancers; and heterologous vaccination was related to the increased risks of thyroid and breast cancers." [25]

The cancers following COVID-19 vaccination became so prevalent and aggressive that a new term for them was created, "turbo cancers." These cancers would appear in a late, terminal state. The victims would die very quickly. Cancers that were thought to be overcome came back with a vengeance. In a study of mRNA-induced turbo cancers, the authors found "According to the Vaccine Event Reporting System (VAERS), the highest reported cancer risks involve the appendix, followed by breast, colorectal, laryngeal, endometrial, and hepatic cancers." [26]

A pathologist out of Idaho, Dr. Ryan Cole, had his medical license threatened for speaking about the cancers he was seeing. He said that in his observations, and those that other doctors around the country were telling him, cancers that were previously easy to treat started spreading like wildfire. He was finding that the vaccines, specifically the spike protein the vaccines produced, interfered with the body's immune system, including cancer suppression pathways. [27]

VAED

VAED stands for vaccine associated enhanced disease. VAED is defined as "a more severe clinical presentation of a disease in a person vaccinated against that disease than would normally be seen in an unvaccinated person." Basically, a person would wind up more

vulnerable to contracting and having severe illness to the disease after a vaccine, rather than the vaccine protecting against a disease. Related is VAERD, which is Vaccine-associated Enhanced Respiratory Disease, a lower respiratory tract disease. Pfizer reported to the public that there were no cases which qualified as VAED or VAERD. The truth, which came out in the papers the FDA was forced to release on the Pfizer approval, was that they were aware of thousands of cases in the first three months. For 101 cases confirmed to be COVID-19 following vaccination, and 37 suspected cases, all 138 were labeled as "serious" by Pfizer, and 75 of the 101 cases were called severe, which meant leading to "hospitalization, disability, life-threatening consequences or death." [16] So Pfizer knew that ~75% of vaccinated people who then contracted COVID-19 had severe cases, which was the exact opposite of what the media was saying. First the media told us that if you get vaccinated, you can't get COVID. Then they told us, when that wasn't believed any more, that if you got a "breakthrough" case of COVID, it would be less severe and not require hospitalization!

Neurological Impairments

Researchers searched online databases for cases of "neuroinflammatory conditions involving the central nervous system." There has been a rise in these types of cases during the time that the COVID-19 vaccines have been available. They looked at vaccine adverse events in the VAERS system from January 1,1990 to November 2024 involving the CNS. They compared the COVID-19 vaccine against the influenza vaccine, and also against all vaccines. They found that in 7 of 9 areas, the COVID vaccines exceeded safety signals against the flu and against all other vaccines. Their conclusion was, "All safety signals

reported are concerning and support an immediate global ban on the COVID-19 vaccination program." [70]

Mad Cow Disease is fatal in humans. Researchers noted 26 new cases of Mad Cow being diagnosed in an average of about 11 days after vaccination with Pfizer, Moderna or AstraZeneca COVID-19 vaccination. In the past, death from this disease would come after decades. In these 26 cases however, 20 died in the first 4-5 months. The 26 cases were diagnosed in 2021 and by 2023, all but one had died. The researcher who discovered this, Nobel Prize winner Luc Montagnier, MD, died soon after completing the first draft of his discoveries. [37]

A study was performed in South Korea in people 65 and older comparing vaccinated and unvaccinated individuals, tracking development of Alzheimer's Disease. The vaccinated individuals received cDNA or mRNA vaccines for COVID-19. Their findings were a significant increase of Alzheimer's Disease in the vaccinated group only, especially the individuals who received mRNA vaccines. [47]

Changes to Genome

It has been long known and actively promoted that mRNA technology is gene therapy, that is, it changed the host genome. For example a 2015 article "mRNA: Fulfilling the Promise of Gene Therapy" sought to explore how mRNA can be superior to DNA therapies. [28] Gene therapy is defined by the US government as, "...a technique that modifies a person's genes to treat or cure disease." [29] Even as far back in 2009, the European Journal of Pharmaceutics and Biopharmaceutics called mRNA technology "gene therapy". [30]

Researchers in Sweden found that, in liver cells, “that BNT162b2 mRNA is reverse transcribed intracellularly into DNA in as fast as 6 h upon BNT162b2 exposure.” That means that the information coded for on the mRNA was found incorporated into the vaccine recipient’s own DNA within 6 hours. This study was published Published: 25 February 2022, but governments continued to promote the vaccine. [73]

Canadian physician Dr. Chris Shoemaker had this to say about changes to the genome from these vaccines, "Sadly, they found that in liver cells of patients and many other tissue cells of patients, both alive and deceased, they have found that the person's karyotype chromosome material is permanently changed. Their sperm cells, their ovary cells, their spleen cells, their immune cells, in the middle of their bone marrow, they are all permanently changed and have genetic material that is not human and it is certainly not their humanity.” He went on to say that the cells with non human DNA are then attacked by the person’s own immune system, hence the crazy inflammation all over the body. He added, "We must have a worldwide 3 year moratorium. And never return," citing the liver damage from the vaccines and permanent changes to the DNA of the vaccine recipient, with the transfection of non-human genetic material into our chromosomes. [43]

The Supreme Court ruled in Diamond v. Chakrabarty that genetically modified organisms can be patented. [46] Did this pave the way for genetically modified humans to be owned, like Monsanto owns GM seeds? It is possible when people took this vaccine, they were surrendering their lives and their freedom.

Reproductive Impairments

Male fertility was impacted significantly by the mRNA COVID-19 vaccines. From Pfizer's own documents which they were forced to release, they knew before the release that mRNA ingredients were found in multiple organs, including the testes, contrary to government assurances that the vaccine stayed at the injection site. Sperm counts and motility were markedly decreased, up to 5 months after the first shot, when they stopped the study. Antibodies were found to be attacking the sperm cells. It was known prior to COVID that the lipid nanoparticles used to get mRNA into cells itself was harmful to male fertility. We may rightly ask what one researcher has asked, "Is the decline in birth rates being seen in highly vaccinated countries at least in part due to how mRNA vaccines have conclusively affected male fertility?" [33]

The effects on female fertility have been found to be significant also. A retrospective study was done comparing VAERS reports from the influenza vaccine and COVID-19 vaccines. Influenza was chosen for comparison because it was approved for use for pregnant women. Safety testing was done on this vaccine for 60 years before the FDA would approve it for use during pregnancy. Long-term safety testing for pregnancy was not done on COVID-19 vaccines, and was recommended for use during pregnancy right away when the vaccine was released to the public. [38]

Pfizer documents the FDA was forced to release detailed harm to babies. "In one section of the documents, over 80% of the pregnancies followed resulted in miscarriage or spontaneous abortion. In another section of the documents, two newborn babies died, and Pfizer described the cause of death as 'maternal exposure' to the vaccine." [16]

"Pfizer knew that vaccine materials entered vaccinated moms' breast milk and poisoned babies. Four women's breast milk turned 'blue-green'. Pfizer produced a chart of sick babies, made ill from breastfeeding from vaccinated moms, with symptoms ranging from fever to edema (swollen flesh) to hives to vomiting. One poor baby had convulsions and was taken to the ER, where it died of multi-organ system failure." [16]

A study from the New England Journal of Medicine found that 40% of pregnancies ended in miscarriage when the COVID-19 vaccine was given during pregnancy. Additionally 2% ended in stillbirth or fetal death. 10% of the pregnancies experienced other serious complications. [39] Estimates are that in all pregnancies, 10-20% of them end in miscarriage. The shocking numbers post-vaccine should have ended the COVID-19 vaccines in pregnant women. Another study found Pfizer vaccine mRNA in sperm, seminal fluid and placenta tissues, up to 200 days after vaccination. [40]

Dr. James Thorp testified before the US Senate, and discussed the propaganda aimed at pregnant women, making them think the vaccine was safe for them and their babies. "This deception was institutionalized in the now-infamous Shimabukuro study, published on April 21, 2021, in the digital version of the New England Journal of Medicine. The authors claimed a miscarriage rate of 12.6%, but the raw data revealed an 82% miscarriage rate in women vaccinated during the first trimester. This is consistent with the 81% miscarriage rate noted in the Pfizer 5.3.6 post-market data and is discussed in detail below. These figures mirror the effects of chemical abortion drugs such as RU-486." In Pfizer's own report Dr. Thorpe found a 5X increase in stillbirth rates, an 8X increase in neonatal deaths, and a 13% increase in breastfeeding complications. [71][39][72]

In 2021 women began reporting major changes in their menstrual cycles. One drastic change was women having decidual cast shedding. “A decidual cast occurs when the uterine lining (endometrium) sheds all at once instead of breaking down gradually over several days during a menstrual period. When this happens, the tissue may leave the body in one solid piece and often takes on the shape of the uterus.”[49] This has been very rare in the past, with only 40 cases found in the literature over the last 100 years. A survey of 6042 women found they reported a total of 292 cases of decidual cast shedding. [50]

Vaccine Shedding

Unvaccinated people began noticing that they became sick around the recently vaccinated. The phenomenon was reproducible. Sensitive people can detect a vaccinated person, can react to touching the same objects as a vaccinated person, can taste the difference in food prepared by vaccinated individuals. Going into public, especially after a booster roll-out, is a painful experience for these people. Hundreds responded to a request for information about what they were experiencing. They described the smell of a vaccinated person as, “"mild sickly sweet," "rotting [or dying] flesh," "magnetic onion," "unpleasant," "distinctive," "the smell of death," "medicines plus latrines," "musty plus rancid," "dead animal," a "decomposing body," "road kill," "like ammonia but not as strong," "sweet," "sour stomach," "elderly person as their flesh breaks down with age," "a chemical flu smell," "of seaweed," "putrid," "sweet meat," "strange and metallic," "sharp, pungent and toxic," "horrible," "unique odor," "chemical," "vinegar," "subtle like a pheromone."” [58]

Pfizer documents revealed that their definition of exposure to the vaccine included (in addition to having the injection), skin to skin contact with a vaccinated person, having sexual relations with a vaccinated person, inhalation near a vaccinated person. [16] This demonstrates to me that something is being transmitted from vaccinated people to the unvaccinated. What it is is still under debate.

Behavioral/Mood Changes

A Korean study on vaccinated people looked at the available medical journals and databases to determine what psychiatric adverse events occurred following COVID-19 vaccination. The adverse events they found included insomnia, narcolepsy and anxiety. [59] Documents given to the FDA prior to vaccine release also stated they should look out for cataplexy, which is a kind of narcolepsy.

After hearing online about so many people saying that people had personalities changed after the vaccine, I searched the VAERS database for information on psychiatric disorders following COVID-19 vaccines. There were 1,675,590 adverse reactions recorded to COVID-19 vaccinations. At the time I searched, there 8860 reports classified as disturbances in attention, which was being fuzzy headed, or couldn't focus. There were 15 cases of disturbance in social behavior, 3 cases of hanging, 65 cases of head banging, 11 cases of hostility, 24 cases of hallucination, 11 cases of illness anxiety disorder, 491 cases of incoherence, 31 cases of indifference, 19,033 cases of insomnia, 58 cases of intentional self-injury, 180 cases of major depression, 149 cases of mania or manic symptom, 1126 cases of mood swings or mood altered, 55 cases of negativism or negative thoughts, 92 cases of

obsessive personality disorders, 3690 cases of panic disorders, 42 cases of personality disorders, 370 cases of psychotic disorder, 88 cases of sleep paralysis, 116 cases of sleep terror, 151 cases of social problems, 1167 cases of suicide or suicidal thoughts, 652 cases of abnormal behavior, 12 cases of agitated depression, 1518 cases of agitation, 465 cases of aggression. [60] I found the cases of sleep paralysis, sleep terror and aggression interesting because they suggest a demonic element to them.

Death

In the VAERS database, death is listed as a side effect in 20,060 reports, as of 4/20/26. [60] There was no warning about the dangers of this vaccine after 5 deaths, as was the norm prior to COVID. There was no pulling of the vaccine after 50 deaths, as was the norm prior to COVID. It was like the purpose of the vaccination program wasn't to keep people alive and healthy.

All cause mortality remains higher even after COVID deaths have dropped to nearly none (latest data from WHO said there were ~1400 reported deaths from COVID worldwide in the last month, with most of those coming from the United States).[2] Life insurance companies are now expecting high rates of excess mortality to continue for another decade. [4] Data from life insurance companies show that excess mortality is not caused mainly by COVID deaths, but by other maladies such as turbo cancers, heart problems, stroke: the exact list of side effects from the mRNA vaccines. Troubling trends are these:

"Cardiac and circulatory. Rates for many cardiac & circulatory linked causes up 8-36%+

Neurological and nervous system. Rates for many key neuro/nervous causes up 16-39%+ (Includes a shift younger for dementia e.g. +22% for 65-74 year-olds.)

Metabolic and digestive. Rates for many key metabolic & digestive causes up 10-137%+

Cancer. Rates for many key cancers have risen by 10-50%+ (Nearly all cancers rising except for lung, breast, and colon.)

External Causes. Rate of accidents, assaults, and overdoses up 11-30%+." [3]

The life expectancy in the United States has flatlined. In the United States, we tend to think we have the best health care but the US is ranked 62nd among the nations for life expectancy. [5] We'd be better off without health care.

Public Health England gathered numbers on the Delta variant. For 117,124 people with confirmed Delta, there were 460 deaths recorded, with most being from people who had 2 doses. For 151,054 unvaccinated people with confirmed Delta, there were 205 deaths. That would be .39% in the vaccinated group, and .13% in the unvaccinated group, so an approximately 3-fold increase in deaths from having the vaccine. [41] In a survey of embalmers worldwide, they reported up to an increase of 25% in infant deaths in 2023 compared to years prior to the pandemic. [56]

A sad example occurred during the writing of this report. A 15 year old tennis player who was deemed to be in perfect health died suddenly on the court. Luigi Santarelli, who was known as a tennis prodigy and played every day, suffered sudden cardiac arrest while playing and died, although a defibrillator was available at the location. [52] This basically never happened before the COVID vaccines, but now we read about it in our local papers on a

regular basis. In Italy, where this particular incident occurred, the population is 75% boosted with the COVID vaccine and 83% had the first vaccine. [53]

The Aftermath

COVID Control Polices: Mandates, Lockdowns and Masks

Robert Fellner of the Mises Institute examined the studies that have been done on the societal impact of COVID-19 policies, such as the lockdowns and business/school closures. He said, "Lockdowns were one of the "greatest peacetime policy disasters of all time," concludes Professor Douglas Allen in a paper just published by the International Journal of the Economics of Business." He also pointed out a study done by the National Bureau of Economic Research which found that the lockdowns did nothing to stop the transmission of COVID. He also found that 10% of people in Nevada who were employed before COVID, were then out of a job. [74]

John Stossel spoke about the "15 days to slow the spread" and other lockdown nonsense. He said in Sweden, they did nothing to slow the spread: no lockdowns, no school closures, no mask mandates, and they wound up having the lowest death rate in Europe. [75] Mises.org and Stossel seemed to think that closing the public schools was harmful, but I'm all for it. Close them all down.

Huge harm, though, came from vaccine mandates. People were forced to choose between their jobs and taking a dangerous, possibly life-threatening shot. Many took the chance and took the shot. Many paid the ultimate price. One pastor I know of made out hundreds of thousands of religious exemption letters for people. Who but God only knows how many lives and jobs he saved by doing so. A study done at Harvard estimated, "Compared with the January 2022 vaccination rates, we find that the mandates could have led

to 15 million additional vaccinated individuals, increasing the overall proportion of the fully vaccinated U.S. population from 64% to 68%." [76] US Senate estimates, "Using information gathered from the U.S. Census Bureau, the Centers for Disease Control, and the analysis in the OSHA ETS, the Biden Administration's vaccine mandate will put an estimated 44,966,434 American jobs at risk. Additionally, U.S. businesses will spend at least $1.29 billion in complying with the requirements of the mandate." [77]

Alternative Delivery Methods for Vaccine: Mosquitoes, Spray, Microneedle Array, Food

Bill Gates is funding research to deliver vaccines though a mosquito bite. This method is being used currently to deliver a malaria vaccine. A vaccine was developed that delivered genetically altered malaria parasites to mosquitoes. The parasites died, and the mosquitoes delivered dead parasite to the human test subjects, whose immune system was supposed to be trained by this. Heightened immunity only lasted months. [67]

Researchers at UC Riverside were given a grant to develop a method to produce vaccines in plants so that people could get vaccinated by eating the plants. The plant genome would be modified to produce high quantities of mRNA coding for a particular protein. For example, for a COVID-19 vaccine, it would produce large amounts mRNA for the spike protein. "Our idea is to repurpose naturally occurring nanoparticles, namely plant viruses, for gene delivery to plants," Steinmetz said. "Some engineering goes into this to make the nanoparticles go to the chloroplasts and also to render them non-infectious toward the plants." They want to make one plant equal to one vaccine. [66]

The main route that is being used to get mRNA vaccines into the cells of the vaccine recipient is through injection. Other possible routes are though IV, nasal inhalation and tracheal inhalation. The muscular injection of lipid nanoparticles has gotten the most mRNA into cells. [64]

Another route, one that can be self-adminstered, is the microneedle array. This is an array of dissolvable tiny needles on a patch. The patch is put on by the vaccine recipient and the vaccine is delivered, and the needles slowly dissolve away. A luciferase "dye" could be added to allow administrators to determine whether the recipient had actually administered the vaccine, or to act as an in-body immunization card that could be checked when traveling, for example. [65]

Mark of the Beast

"*And he causeth all, both small and great, rich and poor, free and bond, to receive a mark in their right hand, or in their foreheads:*

And that no man might buy or sell, save he that had the mark, or the name of the beast, or the number of his name."

Revelation 13:16-17 [69]

The microneedle array vaccine delivery method is a prime candidate for mark of the beast technology. When the end-times antichrist is revealed, and the mark of the beast is mandated, some type of technology is needed to actually place the mark into everyone, and to track that mark for the purpose to allowing or denying the ability to buy or sell. Since these types of vaccines can change your DNA, it makes sense that a person would not be able to

turn back from their decision to take the mark. The change would be irreversible. Those who take the mark of the beast have no hope. They are doomed to the lake of fire for eternity, for their final and permanent rejection of God.

Conclusion

Considering that government agencies knew about the side effects of the COVID-19 vaccines prior to their release, and the side effects of deadly drugs like Remdesivir were known and warned about by the WHO, that drugs like Fentaynl and Precidex had known effects when used as government protocols demanded, and that the government financially incentivized COVID deaths to the hospitals, what can be concluded other than the COVID-19 response was a deliberate attempt to kill large numbers of people? Bill Gates said in TED2010, “The world today has 6.8 billion people, that's headed up to about 9 billion. If we do a really great job on new vaccines, health-care, reproductive health-services, we could lower that by 10-15%". [20] So Bill Gates wants to lower the population through vaccines, health-care and reproductive health services, speaking casually about getting rid of 680 million to 1 billion people.

If the purpose of the vaccine was to stop COVID-19, that has happened naturally. Any sane person would now be banning the use of these deadly vaccines. If the purpose of the vaccines was to kill large numbers of people, then it would make sense for them to keep trying to inundate people with propaganda, and hide the truth as long as possible. This is what we are seeing today, suppression of truth and propaganda. So what was the purpose of the COVID-19 vaccines? Draw your own conclusion.

Communism killed millions, the Catholic Church killed million, wars kill millions, abortion kills 73 million per year [78] and how many has the “health-care” system killed? The true damage done by the COVID-19 vaccination may only be known when the damage

to the human genome and fertility takes its full toll, which will take generations, if there are future generations.

Perhaps there is some glimmer of hope that people are getting the message that these shots are dangerous. Pfizer was attempting belated safety testing on their updated COVID-19 vaccines, but recently had to abandon the trial due to lack of volunteers for the study. [34] There is some hope the tide is changing on COVID-vaccines also, as a Dutch court indicted Bill Gates and Pfizer CEO Albert Bourla regarding the vaccine injuries. [63] The glimmer of hope in this world seems rather marginal. But Jesus who is God came down to earth to live as a man, and die to pay the price for our sins. He rose from the dead on the third day. And now, if we place our trust in Him, making him our Lord and repenting of our sins, we can have eternal life. In this we have all hope.

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