

About Side Effects of Corona Vaccinations

Excerpts from the 772nd contact from Friday, 30th July 2021

Billy To begin with, I have some articles here, which I received from Achim over the last few days for publication. If you want to look through them, please do.

Florena Gladly, let's have a look. ...

Bermunda ... As I see here, they are of different dates, but I think they are good and worthy for you to publish them in our conversation report.

Florena Yes, Bermunda is voicing what I think too.

Billy Then you think as I do, that it is of value if these newspaper reports are inserted into our conversation. Perhaps there are others that Achim will send. Probably there will be some more that have valuable information and that I would like to add to what is already here. What do you say to this?

Florena As for these articles, they are very informative, and so will future ones be; consequently it is appropriate if you still include them.

Bermunda I think so too.

Billy Well, so I will comply then and do it. So I will insert the first articles right here, which is not in order of the date though, because these are from different days.

HEALTH

VACCINATION FOR COMA PATIENTS AND THE DYING

“A real vaccination craze has broken out” – Intensive care nurses in exclusive interview

By Susanne Ausic, 28th July 2021; up-dated: 28th July 2021, 15:27

No vaccination – no training, no job. The pressure to have the new COVID vaccination technologies administered is growing. Those who refuse the politically desired prick are discriminated against and labelled as lacking solidarity. But that is only the tip of the iceberg.

Since the so-called Corona crisis, politics has increasingly dictated the mode in which diseases are dealt with. The discussion about the genetic COVID-19 vaccination is currently causing particular excitement. 85 percent of adults should be fully vaccinated by the time the mask requirement is dropped, the Intensive Care Physicians Association is demanding. 'Epoch Times' spoke with intensive care nurses Werner Möller and Christian Snurawa, initiators of the 'Caring about Clarification' network. Together, the two men look back on nearly 30 years of experience each in intensive care. While Möller, who is also a respiratory therapist, works in a clinic, Snurawa is active in out-of-hospital care. They can only shake their heads at the government's current 'stylistic blunders', as they say, and this is especially true around the conditions surrounding COVID vaccination.

Epoch Times: What do you see as the role of 'Caring about Clarification'?

Werner Möller: We care about the well-being of the patients. We want to educate the people about the seriousness of the disease and how to treat COVID-19, how to ventilate patients properly in the first place. For years we have been observing the disastrous hospital financing by the German government since the introduction of DRGs (Diagnosis-Related Groups, which include flat rates per case). This has led to hospitals becoming more and more like business enterprises, whose goal is more profit maximisation than a sensible personnel policy.

The experts are palmed off and not listened to; the profession of health care and nursing is being dismantled more and more. If the care is needed for political goals, then here and there also line-loyal colleagues may express controlled criticism once in a while during a Lanz show or a federal press conference, through which unfortunately many colleagues and journalists let themselves be deceived.

All this has led to the creation of 'Caring about Clarification'; Corona is only the trigger here. These conditions began long before Corona. We are the experts, we ventilate, we nurse, we wean people off from ventilation and so on. We carry out all the orders that those who order them mostly could not do themselves. We at 'Caring about Clarification' receive many reports every day about situations in clinics and facilities, which we are unable to verify 100 percent, if only because of our limited time. Once we have concrete information, however, we also make contact, for example with relatives of affected nursing home residents. In addition, as 'Caring about Clarification', we are in contact with very many nurses, doctors and many experts in other fields.

ET: How do they experience COVID-19 vaccinations in clinics and care facilities; that is, with both staff and patients?

Christian Snurawa: A real vaccination craze has broken out. Every day, I am witness to health authorities and doctors calling nursing homes and respiratory care groups to ask about the vaccination status. Health care facilities and nursing services are pressured on a daily basis; healthy employees are pressured, without proper education, to let themselves be treated with the new technologies. Persons who are on their last breaths are treated with them.

People are put under pressure already by the public media alone. Everyone is supposed to be treated out of solidarity under the seal of 'protection' of their fellow human beings. That is putting on the psychological pressure. Even in the field of education and training in the nursing sector, there are very few people who do not let themselves be pulled along by the vaccination madness.

It is now common for employers to make vaccination appointments. If the healthy employees do not want such therapy, they still have to come to the vaccination centre for the appointments and say in person in front of everyone that they do not want to be vaccinated. This increases the pressure immensely.

Some let themselves be vaccinated then, even though they had no intention of doing so. Those who still do not want to be vaccinated are then asked by their superiors to attend an interview. According to reports we have received, those who are unwilling to be vaccinated are portrayed as 'antisocial'. Of course, this does something to young people who are still in training. And Bob's your uncle, they are vaccinated.

Möller: Everything is vaccinated that comes in front of the needle and does not say 'no'; even agrypnocoma patients. Dementia patients are to be vaccinated twice so that they can participate in a therapy; dialysis patients are also advised to be vaccinated twice and otherwise threatened with suspension of treatment. The situations in the facilities are hair-raising. One nurse contacted us in despair and wrote, "Help. What should I do? We are vaccinating the dying!" We were also told of a case in which a resident of a facility was effectively quickly 'vaccinated' on the sly, without his consent and that of his relatives.

In some places there are exceptions for nursing staff to attend external training events. A letter I received states: "Fully vaccinated employees are allowed to participate in external training from 14 days after their second vaccination onwards."

ET: What do you do in such cases?

Möller: Educate. That which is to be administered to the people is not a conventional vaccine, but a gene therapy. This mRNA technology has already been researched in oncology for 30 years. But so far it has not been approved. Due to the declared pandemic emergency, that has now been changed. Even though we no longer have a pandemic, the pandemic emergency is still being maintained politically.

Even children are to be vaccinated, although the course of a COVID illness is mostly harmless with them. Vaccinating children is a crime/felony. From an expert point of view, the whole vaccination is a crime/felony.

Moderna is currently developing a combination vaccine for influenza (flu), COVID and RSV (respiratory syncytial virus) on mRNA technology and is conducting clinical trials on this. In the process, the mRNA technology will be continued. Expert circles are already discussing the possibility that we are heading for an influenza epidemic because the influenza vaccine is no longer effective. Perhaps only mRNA vaccines are to be administered in the future, and Corona is a welcome start.

ET: How do you view this situation in light of the fact that COVID vaccines are only conditionally licensed?

Möller: I have been working in the intensive care unit for almost 30 years. As nurses, we are not even allowed to give a patient something to eat if he/she refuses to eat. If I forced him/her, he/she could sue me for coercion. Now this vaccination therapy is being forced on humans.

This gene therapy is now being administered as a 'drive-through' at McDonald's, for example. It is a medical therapy and not a 'happening'. There has never been anything like this before! I have never seen such an uncritical approach to anything. The doctors don't look, the professors don't give a sh**.

More and more doctors are turning to our network. When a patient comes to the clinic with respiratory distress or lung problems, they are not even asked if they have been vaccinated. The vaccination status is usually not taken into account in the medical history and/or the therapy plan. The motto is, "It cannot be the vaccination" true to the adage, "It cannot be what it must not be."

However, if you ask the patient, "When did the complaints start?" And he/she says, "Last week," then you have to ask whether he/she has been vaccinated. In most cases, the answer is yes. And very often there is at least a temporal connection.

Many vaccinated individuals often collapse suddenly three days after vaccination or develop acute shortness of breath and pulmonary embolic symptoms, often accompanied by elevated D-dimers, with thrombosis and/or embolism. Often one also sees severe allergic reactions especially in patients with pre-existing disease, for example asthma patients or patients receiving cortisone therapy. Also, many neurological symptoms occur, such as paralysis and spasms and the like.

Many old patients die because they have pre-existing heart or lung conditions and have been vaccinated. But there are also young patients who have problems after vaccination – for example, we were told about a 30-year-old woman who was paralysed after vaccination. She will need many months of therapy to get back on her feet.

Colleagues collapse after vaccination and lie in bed for a week, even though they were healthy beforehand. It is no wonder that the vaccination knocks out people with pre-existing conditions. When the old persons are weakened by the immune response, they die of heart attack, pulmonary embolism or similar. It really is a phenomenon that doctors look the other way. One could almost suspect more than just professional incompetence here.

ET: Mr. Snurawa, what is your experience in the out-of-hospital setting?

Snurawa: In the ventilation facilities it was also the case that persons were vaccinated and then complained of massive respiratory problems after one or two weeks at the latest. The ventilators were no longer adjusted correctly because the patients produced an extremely large amount of mucus that had to be sucked out tracheally. This is a common thread running through all areas.

Female and male colleagues have massive complaints after the vaccinations. For example, massive vaginal bleeding occurred in the women. One colleague complained of bleeding from the urethra.

In the case of a colleague who experienced bleeding, the family doctor said that she must have had an allergic reaction to the vaccination and therefore she had to take an antihistamine one/two days before the next vaccination, in the hope that she would tolerate the second vaccination better. She followed the doctor's advice. Then, after the second vaccination, she had a high fever all weekend. She was completely out of action.

Möller: Many reports from female colleagues have told us of immense menstrual problems; vaginal bleeding is also an adverse effect of the therapy. Pulmonary embolisms are also among them. We have even been told about many cases of blindness because patients get thromboses in their eyes due to the vaccination. This happens in many clinics. Seriously ill cancer patients are vaccinated after their chemotherapy. How can someone who is so massively ill be subjected to such a new technology? I really don't know what doctors are thinking. Even in the information for prescribers of the gene products, a therapy in case of immune deficiency and cortisone therapy, for example, it not advised.

Snurawa: It is unbelievable. Asthma patients are also included in the priority groups for vaccination. I wonder who determines such a thing. Everyone is vaccinated on the back of solidarity, without doctors questioning the therapy. We have informed so many people about what is written in the package inserts of BioNTech/Pfizer, Moderna and AstraZeneca. But no one is listening. People are running after these vaccines.

ET: Why is that?

Möller: That is the psychological-effect. The narrative is: we want to protect the elderly. Everyone wants to protect the elderly, me too. But please not like this! Now the elderly are used as guinea pigs. With their pre-existing conditions they get severe complications from the vaccinations that a young, stable person would normally be able to cope with.

When a vaccination is tested in a clinical trial, there is always a group of persons who are vaccinated and a placebo group that is not given anything. Then they watch what happens. Through Corona, the methodology

of the professional trial is completely out of control. The question that comes to my mind: is there also a placebo group among those currently vaccinated? We do not know that at all, you would have to check the batches to see if there is an active ingredient in there. Do any of the professional methods that were previously used to develop sensible drugs still apply at all?

ET: How big is the pressure on employees who have not been vaccinated?

Möller: Tremendous. There was the situation of unvaccinated employees at Ludwigshafen Hospital ('Epoch Times' reported). We made sure that this got out to the public. The employees there are under immense pressure because, according to management, they pose a danger to patients. I know that many colleagues there who have been vaccinated have had severe vaccination reactions. However, these are not reported to the EMA (European Medicines Agency) at all. Such incidents are not documented! Even worse: at least a potential connection with the vaccination is completely ignored/faded out.

If you were a professional and really interested in people's health, you would document it properly, at least the temporal relationship with the vaccination.

People are forced to be vaccinated. Those who are not vaccinated are not even hired again. Employment contracts of unvaccinated ones are not extended, or they are dismissed during the probationary period. Employees are summoned for interviews and come back vaccinated because they no longer want to be discriminated against. Most of them are not afraid of Corona, but get vaccinated because they want to have their peace. 'Caring about Clarification' will report further on this soon.

Snurawa: I know this from equestrian sports. Riders want to compete, but they don't want to be tested all the time – because that would be the alternative to vaccination. Nobody feels like doing that.

I recently had an old lady who had me test her. The woman could hardly walk and was completely exhausted because everything is so tedious with the tests. This old lady also thought about getting vaccinated because she can't stand the test madness.

ET: The German Chancellor has advocated creative solutions to bring vaccinations closer to the people. What do you think of this?

Snurawa: Especially the new 'vaccination-on-the-go' I find bad. Here, vaccination is compared with a meal at McDonald's. You just have to imagine that someone drives to the vaccination on his/her scooter and then drives away immediately after the vaccination. That is completely irresponsible. Do they actually know how dangerous it is if this person collapses after 100 metres?

Möller: Medically this is irresponsible. A vaccination is a medical therapy. When I got my tetanus vaccination last year, I had to sit in the waiting room for another 15 minutes as a precaution – for safety reasons. This safety is now being swept under the carpet.

ET: How do you view the data collection about the deaths?

Snurawa: We do not claim that all persons who have died after the vaccination died because of vaccination, but at least the temporal relationship needs to be looked at and the cause of death researched. One would have to look at whether people died from vaccination or because of the body's reaction. If you really had people's health in mind, you would have to ask the vaccination status of all patients who come to a clinic. But hardly anyone does that.

Actually, the officially reported deaths already speak against the vaccine; the number of unreported cases is immensely high. I know of so many cases with severe complications that are not even included in the data collection.

Möller: The question is why immunocompromised people are vaccinated at all. How can a doctor who has sworn the Hippocratic oath go along with something like that? We have really tried everything to educate people. But hardly anyone is listening. This is a highly unprofessional way of dealing with a new therapy. Since the beginning of the pandemic I have been at the bedside of my COVID ICU patients. I know how Corona works. I ventilate COVID patients, I care for them and wean them off ventilation, and much more. Certainly, I am not a Corona denier, I see predominantly the severe courses [of the disease], even though the mortality rate is thankfully low worldwide.

The disease must be taken seriously and citizens must be properly educated, namely without spreading panic. Citizens must be able to deal competently with the disease. It does not help them if they are

conditioned to wear useless masks. Nor is it good if they allow themselves to be patronised like little children, which ultimately leads to a dangerous gene therapy (COVID vaccination).

This vaccination serves more the financial and geopolitical interests of the pharmaceutical industry and politics instead of the welfare of the citizens. I know where politics begins and where the disease ends. Many physicians are apparently brainwashed and only follow the political recommendations instead of looking deeper into the matter.

ET: That sounds very sweeping. Are there any exceptions?

Möller: Fortunately, there are also nursing homes, albeit few, that do not go along with this madness. There are facilities that do not test at all, at least not if people do not have symptoms. If a staff member or resident feels uncertain or has symptoms, of course they can be tested.

There are also two care facilities in Stuttgart where the manager, with whom we have also already cooperated, does not test the residents and does not let them wear masks. There was no corona outbreak there. However, the health department did not like this and wanted to close these facilities. But the court did not go along with that. In this respect, there is a ruling from the Stuttgart Administrative Court of the 16th of March 2021, according to which mandatory testing of asymptomatic employees in nursing is unconstitutional. Many people do not know that there is no compulsory testing at all; it's just a Corona testing recommendation.

But there are really only very, very few exceptions in healthcare. We have seen so much negativity – nursing homes, clinics, conversations with colleagues, we get so many letters every day.

ET: Do you have any insight into the staffing shortfall after vaccination?

Snurawa: Of course there are colleagues who were absent after the vaccination; some can no longer work at all. There are supervisors who give very clear instructions that staff may only be vaccinated on Fridays so that they are not absent during the week. When one of the employees had herself vaccinated beforehand, she fell ill and was absent. The boss was absolutely furious so that the employee almost received a written warning.

I know of many hospitals where there are hardly any patients on some wards at the moment because the team was sidelined after the vaccination. The downtime costs for the hospitals are significant. Wages continue to be paid, but patients have to be transferred to other hospitals; this means less revenue. The nursing homes and hospitals should compare the personnel losses due to the illness and after the vaccination. That should actually be in the sense of every clinic operator or the facilities to get a picture of this.

ET: How do you view the issue of liability for vaccine reactions and deaths?

Möller: How can anyone be liable for vaccine damage if it is not reported at all? No one is liable! There are healthy very old nursing home residents who are coerced into vaccination. I know of one case where the vaccinated person died shortly after a vaccination. The family was not even informed about it. So the relatives do not even cotton on that this person died because of the vaccination.

I would also like to comment on the controversial PCR test. When the first COVID patients came into the clinics, it quickly became clear that we cannot rely on the PCR test alone. A CT-value of 30 or more has no significance at all in terms of infectivity. In the meantime, it has also become official practice to de-isolate patients from a CT-value of 30, which means that we nurses only have to wear a mask, but no protective clothing, and the patient can also be placed with other patients, as it is assumed that the viral load is harmlessly low.

If the Robert Koch Institute [RKI] now tells us again that there are so and so many thousands of 'infected' persons who only tested positive, everyone should know which CT-value was used as a basis. The people who have been tested should definitely ask about this. With a CT-value of 30 or more without symptoms, quarantine is completely inappropriate. Otherwise, we isolate the healthy people. But many people don't know that. The people who do know often keep a low profile. Otherwise, they would be immediately put in a corner and slandered. But with us intensive care nurses, it is not just any opinion. It is not a conspiracy theory. We know this from decades of practice!

By the way, it will be interesting to see whether the RKI differentiates how many of those who tested positive are vaccinated when the numbers increase.

For years the care has suffered under the disastrous and incompetent guidance of the Federal Government. 'Caring about Clarification' wants to see nurses come out of the shadows again and actively report on conditions in hospitals and facilities. We are the experts – not the politicians.

ET: Many thanks for the interview.

The interview was conducted by Susanne Ausic.

This article first appeared in the Epoch Times weekly newspaper issue KW29

Registered Nurse Nicole talks about the Covid vaccine: “I have never seen that before”

uncut-news.ch, July 29, 2021

A video has appeared on the website C19VaxReactions.com, in which nurse Nicole from Baltimore in the US state of Maryland talks about her experience with the Covid vaccine. The website was founded by a growing group of persons who have been severely harmed by the Corona vaccine.

In the video, she says many patients are harmed. “I have really never seen that before,” she says. Since January of this year, she has seen six deaths after vaccination. She has also seen numerous cases of severe side effects. “I have stopped counting.”

“Here we are not talking about side effects like fever, chills or muscle pain, but blood clots, paresthesias, gastroparesis, respiratory arrest, cardiac arrest, stroke and diabetes. I have patients who can no longer walk. Patients who complain that their feet and hands burn. They forget where they are. I have never seen that before,” the nurse said.

Doctors and nurses ignore her or do not know what to do with her. Many patients suffer unbearably because health care workers have no idea what is wrong with them, Nicole said. “They are being harmed by experimental treatments, and there are no protocols for that.”

The nurse also said that it is extremely difficult to break through the cognitive dissonance and make physicians understand that these patients have been harmed by vaccination.

Where are the autopsies when people die after the vaccination?

Author hwludwig; published on the 23rd of July 2021

More and more people worldwide are dying in temporal connection with a vaccination against Covid-19. Since all vaccines have only a limited emergency approval due to the greatly shortened test phases, it is actually imperative to investigate whether there is also a causal connection. This can only be determined with the necessary certainty by an autopsy (post-mortem examination). However, there are still virtually no autopsies to verify a causal relationship with the vaccines. The national health authorities are stonewalling and asserting that the deaths were not caused by the Covid vaccines.

Already on 23.3.2021 this complex was pointed out here in an article. Already in February the national Paul Ehrlich institute (PEI), responsible for the inoculation security, and the national media played down the issue with 113 dead reported up to 31.1.2021 after a Corona inoculation, that there were no indications that it comes to increased deaths in connection with the inoculation. And the Attorney General in Stuttgart categorically rejected the general performance of autopsies on persons who died shortly after the Corona vaccination, primarily because no tangible evidence of a possible causality between vaccination and death of elderly people could be researched in reputable sources. Neither on the homepage of the RKI [Robert Koch Institute] nor of the Paul-Ehrlich-Institute could corresponding valid references be found. In the case of the deaths mentioned there, a causality with the vaccinations seems to be rather excluded.

He could not recognise an initial suspicion for a non-natural death or an external cause of death, which is required for a post-mortem examination according to the Code of Criminal Procedure. An inoculation that had taken place before the death was not sufficient for this. This opinion should apply to all public prosecutor's offices and police stations in his district. ¹

To date, this practice has obviously not changed. The PEI safety report of 4.3.2021 stated:

“The Paul Ehrlich Institute has been notified of 330 deaths among vaccinated individuals aged 33 to 101 years. ... The risk for a severe or even fatal course after a SARS coronavirus-2 (SARS-CoV-2) infection increases markedly with increasing age. The very elderly persons are most at risk of dying from COVID-19. In a context where SARS-CoV-2 is prevalent worldwide, it is important that the elderly persons are as protected as much as possible from infection. **When older persons or individuals with severe pre-**

existing conditions and an increased risk of death are vaccinated, there will be a certain number of deaths that occur shortly after vaccination, but without being causally associated with vaccination.”

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By 30/4/2021, vaccine adverse events reported to the PEI had risen to 49,961 cases and 524 deaths. And the PEI only succinctly noted in its safety report:

“In the vast majority of deceased individuals, there were multiple pre-existing conditions, such as carcinoma, renal insufficiency, cardiac disease, and arteriosclerotic changes, which were presumably (!) causative of death.” 3

Take note: ‘presumed to be the cause of death’! Therefore they do not know for sure, so the vaccination could also be the cause. But they do not get to the bottom of the matter by means of an autopsy. Why not?

The PEI’s most recent safety report dated 15/7/2021 4 now reports a total increase in vaccine adverse events to 106,835 cases by 6/30/2021. Regarding deaths after vaccination, it states on page 12:

“Serious adverse reactions were reported in 10,578 suspected cases. (...) In 1,028 of these suspected cases, individuals died at varying time intervals in relation to the vaccination.”

A brief note on causes of death follows in special sections, p. 14:

“Nine individuals (six men aged 90, 80, 71, 59, and 56 years and three women aged 84, 67, and 64 years) diagnosed with peri/myocarditis and other conditions died in varying temporal contexts from 1 day to 50 days after vaccination with Comirnaty. In one person, information on age and date of birth is missing, so that a possible double report could not be excluded with certainty. **The Paul Ehrlich Institute sees no connection with the vaccination, since in all nine persons already had cardiovascular diseases before the vaccination, which could be considered as cause of death. ...**”

“To be considered as a cause of death”! So they do not know for sure; the vaccination could also be the cause. In another place, p. 17, it says:

“The average age of the subjects was 49.5 years. Cerebral venous thrombosis was seen in more than half of the female and male patients with TTS (thrombosis-with-thrombocytopenia syndrome). Fatal courses were predominantly associated with cerebral venous thrombosis and cerebral haemorrhage as complications of cerebral venous thrombosis. The incidence of fatal courses in persons who developed cerebral venous/sinus vein thrombosis was 28.3%, higher than that reported in the literature for unvaccinated persons (3%).”

Nevertheless, no consequences are drawn. Autopsies suggest themselves as immediately necessary. However, there is obviously no connection seen between the Corona vaccinations and the undesirable side effects – apart from the immediate short-term harmless reactions – and the deaths.

At the same time, there are proven experts in Germany and abroad, such as Prof. Bhakdi, Prof. Hockertz or Dr. Charles Hoffe 5, who point out the connection between the gene vaccines and developing blood clots with fatal consequences.

“Where are the autopsies?”

It is no different in the USA. There, on the 7th of July 2021, the executive director of the Association of American Physicians and Surgeons (AAPS), Jane M. Orient, MD, addressed the public and sounded the alarm about the lack of an otherwise typical process for unexpected deaths. She writes:

“In this era of supposedly scientific medicine and a pandemic, we rely on death certificates for statistics on cause of death, even though they are known to be extremely unreliable.

Thousands of healthy human beings are dying unexpectedly, but our health officials assure us that their deaths were not caused by COVID vaccination. The number of deaths has reached nearly 7,000, according to the Vaccine Adverse Events Reporting System (VAERS). It is the best system we have, even if it missed 90% or more of the actual events.”

Update: by the 9th of July, 2021, deaths in the U.S. have already reached 10,991! (hl)

She [Jane M. Orient] goes on to say that she had only seen one autopsy report, however. That patient had received one dose of the Pfizer shot and died four weeks later. Although there had been no characteristic features of COVID-19, almost all tissues had tested positive for SARS-CoV-2 by means of PCR.

A 45-year-old mother had just died of heart problems and brain swelling shortly after receiving the COVID shot that was required for her to start her job at Johns Hopkins University (JHU). There will be tears and flowers, she [Jane M. Orient] said, but likely no autopsy – and no pause in the vaccinations required for mothers and potential mothers to work at JHU.

“My training in internal medicine was in the dark ages before CT (computed tomography) and MRI (magnetic resonance imaging), but we were still expected to make an accurate diagnosis. A patient who died without a history was an ‘ME case’. We had to call the medical examiner, who then decided whether an autopsy was indicated. Anything that might be associated with the death, such as pill bottles, was evidence. If an injection had been given, the vial would be recovered if possible. For vaccines, the lot number had been noted so that a sample could be checked for contamination.

If the patient died in the hospital, the physician had to obtain permission for an autopsy. Surviving relatives could be moved to consent to one by the possibility that their loved one might have had a hereditary disease or infection that could infect others. In either case, we assured them that their loved one would be treated with respect and that funeral arrangements would not be affected.

A chaplain would volunteer his/her services.

The most important reason was that the 'altar of truth' was the ultimate 'quality assurance mechanism'. Hospitals were required to perform autopsies on a certain proportion of the deceased to retain their accreditation. A classic study of 100 randomly selected autopsies from each of three years (1960, 1970, and 1980) found that in all three eras, important diagnoses were overlooked in about 22% of cases, despite the introduction of modern imaging techniques.

Unfortunately, autopsy rates have dropped from 25% to less than 5% over the last four decades. It has never been a revenue generator for anyone except malpractice lawyers."

She [Jane M. Orient] had always participated in the autopsy when she could. One of her most important teachers had been a patient in whom everyone had overlooked a condition that had become glaringly obvious when the skull was opened. They might not have been able to save him, but since they had not even thought of the diagnosis, he had no chance.

Tens of thousands of patients had died of COVID before a series of 12 autopsies in Germany showed that most of them had blood clots and could not have been saved by forcing air into their lungs with a ventilator. If a person dies after a COVID vaccination, she [Jane M. Orient] would like to know if there are spike proteins in the tissues and blood vessels and if there was an immunological response that would have damaged those tissues. If a mother loses a baby, she would like to see a thorough examination of the placenta and would like to know if the baby's oxygen and nutrient supply had been interrupted because of the damaged blood vessels.

"I find it shocking that the 'Centers for Disease Control and Prevention' (CDC), the 'Food and Drug Administration' (FDA), the 'Department of Health and Human Services' (HHS) and the 'Joint Commission' that accredits hospitals do not require autopsies or testing of vaccine samples. It is not possible to declare a product safe and effective without obtaining direct evidence from potential victims.

Manufacturers are protected from product liability – 'thanks' to Congress. But where is the accountability of the government agencies that are supposed to protect us, or the private entities that force employees or students to take an experimental, potentially dangerous or even deadly product?"

And Dr. Jane Orient addresses readers with the appeal:

"If someone you love dies unexpectedly, call the medical examiner and request a forensic autopsy." ⁶

Expert Advice

In the meantime, it is widely known from solid alternative media that the Corona vaccines, which are actually genetic experiments on the population, lead to blood clotting, which results in thrombosis, often with a fatal outcome. Early on, the former public health officer, pulmonologist, doctor of hygiene and environmental medicine, Dr. Wolfgang Wodarg, also warned the health authorities.

On the 7th of March 2021, as Dr. Wodarg announced on his website, the Austrian Federal Office for Safety in Health Care (BASG) had informed that it had received two reports that "in temporal connection with a vaccination from the same batch (ABV 5300) of the AstraZeneca vaccine ... a woman (49 y.) died as a result of severe coagulation disorders" and "another woman (35 y.) who developed a pulmonary embolism" was on the 'road to recovery'.

The Authority issued the following judgment in this regard:

"Currently, there is still no evidence of a causal relationship with the vaccination. Based on the known clinical data, a causal relationship cannot be established because thrombotic events in particular are not among the known or typical side effects of the vaccine in question."

Dr. Wodarg immediately wrote to the Austrian Federal Office and at the same time to the German Paul Ehrlich Institute (PEI):

"Dear Sir or Madam,

Contrary to your report, a strong tendency to thrombosis is a known side effect of spike proteins. And spike proteins are supposed to be formed in the body by all genetic 'vaccinations'. They are normally rendered harmless by the local immune response in the upper respiratory tract during a corona infection. In 'vaccination,' however, this protective barrier is bypassed. ..."⁷

On the 14th of March, 2021, Dr. Wodarg wrote again to PEI for another reason:

– in view of the apparently undisputed effects of spike proteins as cell fusion catalysts, even among you,
 – in view of the work on the effect of spike proteins as a thrombosis catalyst,
 – as well as in view of the expected 'long-term' damage indicated by the author of a notified study from Kafrelsheikh University near Cairo,

and in view of the so far officially not documented but nevertheless very probable connections with deaths after ‘vaccinations’, which are supposed to lead to an endogenous spike protein formation, **the urgent need of a statement from your house** arises not only with me.

A number of cases have been reported to me in which haemorrhages in the skin were documented shortly after these genetic interventions called ‘vaccination’. Cerebral haemorrhages are also reported to have occurred in direct temporal relation to the ‘vaccination’.

According to the mechanisms of action also observed by you, these would possibly be changes that, alone or in combination, may be triggered as a consequence of vascular wall damage by cell fusion and/or by bleeding after consumption coagulopathies.

Multiple thromboses have also been mentioned several times as a cause of death, which may also have been promoted by fusions and endothelial damage or even caused by platelets reacting directly with spike proteins (platelet ACE2 receptors) [mentioned] by Zhang et. al. ..."⁸

All these expert arguments should actually have led immediately to broad autopsies of those who died after Corona vaccination, in order to get to the bottom of the question of causality. But nothing has taken place. The stonewalling continues.

Do they absolutely want to prevent the truth from coming to light? Because this would of course immediately collapse the worldwide vaccination campaign – with corresponding personnel consequences for all those responsible and lost profits for the pharmaceutical industry.

It is gigantic what is happening here.

1 Façade scratcher: No reconnaissance desired ...

2 pei.de 4.3.2021

3 pei.de 7.5.2021

4 pei.de 15.7.2021

5 tkp.at 8.7.2021

6 uncutnews.ch 14.7.2021

7 <https://www.wodarg.com>

8 a.a.O.

Source:

<https://fassadenkratzer.wordpress.com/2021/07/23/wo-sind-die-autopsien-wenn-menschen-nach-der-impfung>

More than 20,595 deaths, 1.9 million injuries (50% serious) reported in European Union database of adverse drug reactions to COVID-19 vaccines

uncut-news.ch, 4th of August, 2021

The European Union database of suspected drug reactions is EudraVigilance, and now reports 20,595 deaths and 1,960,607 injuries following COVID-19 injections.

A Health Impact News subscriber from Europe reminded us that this database, managed by EudraVigilance, is only for countries in Europe that are part of the European Union (EU), which comprises 27 countries.

The total number of countries in Europe is much higher, almost twice as many, about 50. (There is some disagreement about which countries are technically part of Europe).

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

The EudraVigilance database reports that 20,595 deaths and 1,960,607 injuries have been reported through July 31, 2021, following injections of four experimental COVID-19 injectables:

COVID-19 MRNA VACCINE MODERNA (CX-024414)

COVID-19 MRNA VACCINE PFIZER-BIONTECH

COVID-19 VACCINE ASTRAZENECA (CHADOX1 NCOV-19)

COVID-19 VACCINE JANSSEN (AD26.COV2.S)

Of the total injuries recorded, half of them (968,870) are serious injuries.

“The severity gives some indication about the suspected adverse effect; it may be classified as ‘serious’ if it corresponds to a medical event that results in death, is life-threatening, requires inpatient hospitalisation, results in another medically important condition or prolongation of an existing hospitalisation, results in persistent or substantial disability or incapacity, or is a congenital anomaly/birth defect.”

A subscriber to Health Impact News in Europe has prepared the reports for each of the four COVID-19 vaccinations that we list here. This subscriber has agreed to do this, and it is a lot of work to tabulate each response with injuries and deaths as there is no place in the EudraVigilance system where all results are tabulated.

Since we published this, others from Europe have also calculated the numbers and confirmed the totals.* Here are the summary data through to 31st July, 2021.
 SOURCE: 20,595 DEAD 1.9 MILLION INJURED (50% SERIOUS) REPORTED IN EUROPEAN UNION'S DATABASE OF ADVERSE DRUG REACTIONS FOR COVID-19 SHOTS
 (Note: see <https://www.globalresearch.ca/20595-dead-1-9-million-injured-50-serious-reported-european-union-data-base-adverse-drug-reactions-covid-19-shots/5751904>)

It comes closer and closer

4/8/2021, 15:34 [Claudia56]

An urban elite sees itself as the good guys who always do everything right and therefore feel called upon to explain the world to others, thus how this world should look in their eyes. There is nothing, but absolutely nothing, about tolerance anymore. They have found the philosopher's stone and only their world is the right one and this view must be enforced, if necessary, with bans and with exclusion of those who do not want to participate. They feel morally good, because THEY and only THEY do the right thing. While of course inevitably all others are then wrong and thus must be fundamentally wrong. The movement is called 'Wokeness'. Whoever belongs to it feels superior to the others and thus sets a compulsion in motion, in which everyone who thinks something of himself, or who is in the public eye, must also submit.

The topics in which only these wokeists simply do everything right are manifold. That goes across the genderism, political correctness, LBGT, BLM, other minority protection across the climatic protection and right up to the Corona pandemic. And they have compliant helpers. Because the media gladly take part in it. But also the politicians see themselves forced to go along with it, if they do not want to be completely in disfavour. And they do not want to, because the urban wokeists are voters, too.

The politicians probably think it is more important to win over the urban wokeists. These are usually demanding, elitist, young and loud swing voters. The others, on the other hand, are mostly the old, who do not need to be taken into account, because they cannot vote for much longer, and they always vote for the same people they have always voted for anyway – they are loyal voters. Therefore one does not have to worry about them.

Thus, a woke society is formed that wants to – and in the meantime is allowed to – determine everything. Wokeism is spreading like an octopus.

It is well known that this wokeism has existed in the big cities for a long time. But it has now also arrived in the provinces. Recently I was in an office; there were 2 lists on the bulletin board, with all the names of the office staff, nicely separated into vaccinated and non-vaccinated. And that is not all. In that office the vaccinated are now bullying the unvaccinated. Those who bully the unvaccinated also see themselves in the right. These days with mobbing one belongs already to the good society.

Actually, very strange. The vaccinated bully the unvaccinated. But why? The vaccinated do not need to be afraid of the unvaccinated. It should be the other way around, with the unvaccinated not wanting to have anything to do with the vaccinated, because they are afraid of infection. But that is a bit strange. And I find it strange that the vaccinated ones have no tolerance for humans who think differently.

This is not only about vaccination; it is also about the fact that everyone has to subordinate themselves to the same. We should all have the same opinion, the same ideals. That is why everyone should be vaccinated. Nobody must be allowed to exclude himself/herself from this. Discussing it also brings nothing, because the Wokeists are no longer accessible, they have the good feeling that they do everything right. They have leased the MORALITY for themselves alone.

They also find support everywhere. Since one is literally asked by the media to pressure others. We have just heard that they do not want to introduce compulsory vaccination because it is not legally possible, but that they are now relying on the people to increase the pressure on the opponents of vaccination. That is certainly very good for peaceful coexistence in society when one stirs up hatred for people who do not want to go along with everything.

I also know yet another time when there was also some mass coercion, which, at that time, was exercised by the church. Anyone who did not want to live as the church prescribed, was on the outside. But we know today that the church has many skeletons in the closet and did not adhere to the guidelines that they expected from their flock.

That is one reason why I have not belonged to a religious community for 50 years. I am simply too much self-thinking, I question everything. Simply believing because someone says so, or because someone has written it down, is not for me.

It is also funny that the Greens thought exactly the same way as I did in the early days of their history. Tolerance was also their motto once. Everyone should live as he/she likes. Free and unconstrained. I had a lot in common with them, and today I have very little in common. And that is not because I have changed so

much. The Greens, but also the SPD [Social Democratic Party of Germany], have taken this woke path that I cannot follow and do not want to follow. Meanwhile the SPD has become so arrogant that they do not even want to be elected by people who are not woke enough, no matter if they fall below 10%. ;)

And something else that is peculiar keeps coming my way. Here in Germany, the Wokeists have a great deal of understanding for every criminal/felon, even for murderers, and all doors must be kept open for them, they must be re-socialised, and no harm must come to them. But humans who think differently must be demonised for all time. That means that even a murderer has more prestige in Germany than a completely irreproachable dissident.

Although a criminal/felon violates the sense of community. Because a criminal/felon is also not in solidarity with society. He/she behaves differently than the good would like. He/she is usually not woke either. But still all criminal acts do not seem to be as bad as thinking differently. Thus, thinking for oneself and thinking differently becomes the worst act that we humans know, which deserves the highest punishment, the exclusion from the whole society.

Jeez, I am lucky that I am not one of the good guys, even though I am vaccinated. Because it would be very difficult for me to exclude my fellow human beings if they do not want exactly the same thing as I do. Tolerance has always been very important to me. Also towards people who tick completely differently. And everyone should look for the morals first of all within themselves and demand them from themselves. One can demand much more from oneself than from others. One has that in one's own hands. And living by example is still the be-all and end-all in a society.

Therefore, you Wokeists, set an example of that which is close to your hearts, feel good about it, but understand that not everyone ticks like you. Live and let live. And with pressure, you do not create a lot of good people, but you get many people who have 'eaten humble pie', who just pretend to be as it is desired of them. People can also disguise themselves quite well. Do you prefer such people? Not for me! I want people who give themselves as they are; who say what they mean it; who wear their heart on their tongue. Just honest human beings.

Source: <https://www.fischundfleisch.com/claudia56/es-rueckt-immer-naeher-73139>

You still get sick – Thousands of Corona cases despite full vaccination

23rd of June 2021, 11:13 am

More than 17,000 double-vaccinated persons tested positive for the coronavirus after 'complete immune protection'. This was reported by the Federal Ministry of Health in response to an RT DE query. The Robert Koch Institute intends to note the figures on such 'vaccination failures' and their consequences in the management report in the future.

By Susan Bonath

Never before has the Paul Ehrlich Institute (PEI) received so many reports of suspected side effects for a drug as for the COVID-19 vaccines. In addition to the safety of the conditionally approved mRNA and vector vaccines, their efficacy remains questionable. On repeated inquiry now the Federal Ministry for Health (BMG) communicated to the author: Up to and including the 11th of June, the Robert Koch Institute (RKI) had recorded 17,409 people who had tested positive, had already been vaccinated twice, and had overcome the 14 days until the 'build-up of complete vaccine protection'.

'Vaccine failures' also among younger people

BMG spokesman Sebastian Gülde did not say how many of those who tested positive had contracted or died from COVID-19. In the near future the RKI intends to publish these figures once a week in its situation reports. It differentiated the positively tested double-vaccinated ones, however, according to years of life. Accordingly, of the 17,409 persons affected, 60 were younger than 18, 6,371 were between 18 and 59 years old, and 11,001 were older than 60.

The fact that more elderly persons entered the archives of the Robert Koch Institute (RKI) as COVID 19 cases despite complete immunisation is probably due to the fact that this group was vaccinated first. In any case, these figures do not confirm the assumption postulated by experts in some media that the vaccinations only have a weaker effect on older people with weak immune systems. More than one third were therefore younger than 60.

These persons, who tested positive despite complete vaccination, had thus received their second dose at least 14 days before the cut-off date, on the 28th of May, at the latest. On this date, the RKI had reported a

total of almost 13.68 million double-vaccinated persons. Accordingly, 0.13 percent of them later received a positive PCR result.

The first double vaccinations were recorded by the RKI in its situation report of the 18th of January, 2021, according to which the first positive cases with complete immune protection could have occurred for the first time 14 days later, on the 1st of February. From that day until the 11th of June, a total of 1.49 million new positive cases were added nationwide, according to the institute. Thus, just under 1.2 percent of those affected were fully vaccinated and had served their two-week 'grace period'.

A comparison with the total population shows the following: according to the RKI's method of counting, 1.8 percent of all inhabitants of Germany were infected with the virus during the period covered by the survey; in any case, they tested positive. This means that the proportion of positive cases in the total population (1.8 percent) was about 14 times higher than that in the group of fully immunised persons (0.13 percent).

Cases do not appear in the safety report

Already more than a month ago, on the 13th of May, journalist Boris Reitschuster had received an answer from the BMG on 'vaccination failures' after inquiring at the Federal Press Conference. According to this, the authorities recorded a total of 57,146 positively tested persons by an unknown cut-off date, presumably at the end of April. Of these, 44,059 had been vaccinated once and 13,087 twice. A total of 2707 of these individuals, 4.7 percent, died of or with COVID-19.

Almost with two-thirds of those who had been vaccinated once and 38 percent of those vaccinated twice, the onset of the disease was reported. According to the BMG, the mortality rate was 4.6 percent for the former and 5.1 percent for the latter group. At that time, however, the BMG was unable to say how many of those who had fallen ill or died had received their last dose two weeks or more earlier – i.e., who, according to today's experts, should have had 'complete vaccination protection'.

In mid-May, the author asked the Paul Ehrlich Institute (PEI) for the first time why the 2707 people who died after being vaccinated against or with Corona do not appear in its safety reports. There has been no response to date. By the 30th of April, the PEI had recorded 524 deaths after vaccination; by the 31st of May, it had already recorded 873 deaths, thus 349 more cases.

In addition, the report recorded a total of 79,106 reported suspected adverse events. Of these, 8134 cases concerned 'serious events' that occurred in temporal connection with the vaccination. The PEI itself assumes that there is an additional number of unreported cases. According to various studies, usually about one percent of drug side effects to ten percent at the most are reported.

RKI soon to regularly publish 'vaccination failures' and their consequences

The PEI denied responsibility. The spokeswoman explained that it was only possible to record cases that were transmitted to the institute and referred to the Federal Ministry of Health (BMG). At the time, BMG spokesman Hanno Kautz emphasised that his ministry had the figures from the RKI, and that it was necessary to inquire there. RKI spokeswoman Susanne Glasmacher, in turn, did not comment on the matter on the 18th of May. However, she asserted that her agency would soon, 'probably this week,' release a report on 'vaccination failures.'

The promised report is still not available, a good month later. When asked, Glasmacher said last week that the RKI could not yet give a date. The author should look daily in the (up to 25-page) situation reports. There they would then comment on it as well. But she will not transmit the report, if it appears, in any case. At least BMG spokesman Gülde promised:

"In the near future, data on vaccine failures will be routinely published once a week in the RKI situation report. In doing so, further analysis (such as hospitalisation, deaths) will also be made available for classification."

But why the 'vaccination failures' and the associated deaths have not yet found their way into the PEI safety reports is still not clear. If the vaccine did not work in a few thousand cases, this would actually be relevant for the weighing of benefit and risk.

Source: <https://de.rt.com/meinung/119571-immunisierung-fehlgeschlagen-tausende-corona-falle/>

After almost 75 million vaccinations: PEI reports 10,000 severe vaccination reactions and over 1000 deaths

20th of July 2021, 1:53 pm

Thromboses, heart inflammations, haemorrhages, and more: the Paul Ehrlich Institute reports 107,000 suspected cases of adverse reactions to COVID-19 vaccines for the first half of the year after nearly 75 million vaccinations. Every tenth reaction was severe, more than 1000 people died.

By Susan Bonath

Half a year after the first approval of COVID-19 vaccines, there is a questionable risk-benefit balance. On the one hand, there are increasing global and national reports of those affected who fall ill or die of COVID-19 despite having been vaccinated twice. In addition, more and more serious side effects are becoming apparent.

For Germany, the responsible Paul Ehrlich Institute (PEI) reported a total of 106,835 registered suspected side effects between the 27th of December 2020, and the end of June 2021, in its new safety report published at the end of last week. Of these, 10,578 persons who had been vaccinated showed reactions that were so severe that they were hospitalised to be treated, suffered permanent damage or even died.

In total, the PEI reported 1,028 deaths as a result of a vaccination in Germany for the first six months after the first conditional approval of a COVID-19 vaccine in the European Union (EU). During the period mentioned, a total of 74,871,502 vaccine doses were administered.

Reported cases at the PEI: scarcely investigated, difficult to interpret

Nevertheless, the figures are difficult to interpret. For example, the PEI does not proactively record vaccination reactions, even with the novel genetically engineered mRNA and vector vaccines. As with all medications, those affected are supposed to report their side effects themselves if necessary; in fact, physicians must do so in the event of a suspicion. In reality, possibly only one to ten percent of cases even reach the authorities in this way. At least, that is what studies have shown in the past.

On the other hand, the authorities, leading media and various "fact-checkers" confirm at every opportunity that these are only diseases with a temporal connection to the vaccination. They are right, but the problem remains: the PEI itself lists the reported cases, but does not order further, more detailed investigations, because this is 'not its task', as it repeatedly emphasised to the author.

Thus, on the one hand, it could be that some of the reported adverse health effects actually occurred merely by chance after vaccination. On the other hand, however, it must be assumed that the extent of suspected side effects is ten to perhaps a hundred times higher than was actually reported to the PEI.

More women affected, much permanent damage

The mRNA vaccine Comirnaty, manufactured and marketed by the pharmaceutical companies Pfizer and BioNTech, has been administered the most in Germany to date. According to the PEI, this amounted to 54.9 million vaccination units by the end of June. By then, 23.85 million persons had been vaccinated twice, i.e. completely. With regard to this vaccine, 49,735 suspected cases of adverse reactions were reported to the PEI, including 5781 serious ones. According to the report, 1.1 percent of all reported cases ended in the death of a patient, and 1.3 percent resulted in permanent damage. Women were affected in almost three out of four cases.

The vector vaccine 'Vaxzevria' from the Swedish-British pharmaceutical giant Astra-Zeneca also has a critical record. According to the PEI report, 11.57 million vaccine doses have been administered in Germany to date. By the end of June, 2.44 million people had been vaccinated twice. The PEI was notified of 39,398 suspected cases of vaccination complications in connection with this vaccine, including 3899 serious cases. Here, too, the majority of reports (almost 71 percent) concerned women. According to the PEI, 0.3 percent of all these cases ended in death and 1.1 percent in permanent damage for those affected.

By the end of June, doctors in Germany had administered 6.47 million doses of the recently named 'Spikevax' vaccine mRNA-1273 from the pharmaceutical company Moderna. By then, 2.77 million people had been vaccinated twice. The PEI has so far received 14,153 reports of adverse reactions, including 629 serious ones. Here, too, 76.1 percent of the adverse reactions involved women. In about one in 1000 reports, the person died, and in one in a hundred cases, permanent damage was caused.

Two vaccinated children treated in clinic

According to the PEI, 1.9 million people in Germany had been vaccinated by June 30 with the Janssen vector vaccine (Ad26.COV2.S) from the British Johnson & Johnson Group, which received conditional approval only a few weeks ago. Up to now, only one dose has been required for sufficient vaccination protection. Now the

reports on Janssen are also increasing. By the end of June, the PEI had received 3061 suspected cases of vaccination complications, 125 of which were serious. In scarcely 54 per cent of the reporting cases here women were concerned. Overall, according to the PEI, 0.1 percent of all reported cases in the Janssen case have so far ended in death and 0.6 percent in permanent damage. Because of the short period of use, however, the balance could still change.

Children are virtually unaffected by COVID-19. Nevertheless, the vaccine from the Pfizer and BioNTech groups has been conditionally approved for the 12 to 15 age group at the European level since the beginning of June. In Germany, however, the Standing Commission on Vaccination (STIKO) at the Robert Koch Institute (RKI) still only recommends it for children in this age group in the case of certain pre-existing conditions, because only these children and adolescents would have a higher risk of contracting severe corona.

This is reflected in the PEI's reporting figures. The federal institute reports 24 suspected cases of side effects in vaccinated 12 to 15 year-olds. Two children had to be treated with it in the hospital. Unfortunately, the report does not indicate how many children of this age were vaccinated in Germany by the end of June, which makes the case numbers practically worthless.

More and more TTS cases – 24 dead

The TTS syndrome associated with Vaxzevria from AstraZeneca has already been recognised as a serious side effect. This involves severe thromboses in the vessels of the brain, liver, intestine, spleen or legs and a simultaneous drop in the number of blood platelets. The latter, known as thrombocytopenia, is triggered by an autoimmune reaction and can lead to severe bleeding in the brain or other organs of the body.

By the end of June, the PEI had reported 157 TTS cases. Almost two-thirds of those affected were women. According to the Federal Institute, 24 people died from these vaccine complications, 14 of whom were younger than 60. The average age of the TTS cases, which – if not even fatal – often end with permanent damage, was 49.5 years, far below the average age of COVID-19 deaths. The latter corresponds roughly to the mean age at death of a good 80 years.

However, TTS cases have also occurred with vaccines other than just the one from AstraZeneca. For example, the PEI has now reported six cases following the Janssen vector vaccine – all individuals were younger than 50. One man between the ages of 30 and 39 died as a result. Twelve suspected cases of TTS involved Pfizer/BioNTech's Comirnaty and one involved Moderna's Spikevax vaccine.

Thromboses and bleeding: Hundreds deceased

Thromboses generally seem to play a particularly important role in vaccination complications. In the first half of the year, the Federal Institute reported 2,138 cases of thrombosis. 200 of those affected, or just under one in ten, succumbed to their condition.

1076 reported thrombosis cases with 143 deaths were related to the most frequently administered vaccine Comirnaty from Pfizer/BioNTech. 943 thromboses with 48 deaths were probably due to the vaccine Vaxzevria from AstraZeneca. 96 of these diseases with five deaths were reported after injection of the Moderna vaccine and 23 thromboses with four deaths occurred after vaccination with the Janssen vaccine. For the first time, PEI also reported heavy bleeding as suspected cases, including excessively heavy and prolonged menstruation, in some cases even in women who had already long passed menopause. Such incidents after COVID-19 vaccination have already been reported for months on various Internet platforms, and major media have also picked up on these cases.

The Paul Ehrlich Institute has so far received 1128 reports of severe bleeding in people who had recently been vaccinated, and 45 people had even died as a result by the end of June. 727 affected persons, including twelve deaths (1.65 percent), had been vaccinated with the vaccine from AstraZeneca. After vaccination with Pfizer/BioNTech's Comirnaty, 356 cases of bleeding occurred, and 31 persons (8.7 percent) died as a result. After an administration of Moderna vaccine, PEI recorded 43 cases with two deaths in the end (4.65 percent), and after a Janssen administration, two cases were received by the institute.

However, the PEI does not currently see any risk with regard to reports of bleeding. In its report, the institute literally writes: "Taking into account the vaccination rate, no risk is currently seen." In other words, it sees no abnormalities in view of the recorded case numbers.

Heart inflammation and autoimmune shocks

In Germany, but not only there, increased inflammations of the heart muscle or pericardium occurred after COVID-19 vaccination. A connection with the vaccine Comirnaty from Pfizer/BioNTech is considered probable. By the end of June, 173 such serious illnesses had been reported to the PEI. Younger people in particular, often men, are affected.

After Moderna vaccination, also mRNA-based, the agency recorded 31 cases of myocardial inflammation to date. According to the report, 21 heart inflammations occurred after AstraZeneca injections, and one

additional case occurred after Janssen vaccination. Of the total of 226 persons affected – four were under 18 and 102 between 18 and 59 years old – six men and three women died, according to PEI data. In addition, 362 anaphylactic shocks were reported by the end of June. These reactions usually occur very quickly after vaccination. Those affected must be treated immediately. The cause is an overreacting immune system.

Inflammation of the spinal cord with paralysis

Meanwhile, the PEI also sees a connection between the vaccinations and the so-called Guillain-Barré syndrome (GBS). After administration of Vaxzevria (AstraZeneca) this disease was reported more frequently “than would be expected by chance, based on the number of vaccinated persons, indicating a risk signal.” According to the report, the PEI registered 83 such cases. Six affected persons were treated in an intensive care unit and two died from it.

GBS is an inflammation of the spinal cord and the nerves originating from it. It is triggered by an auto-immune reaction. It leads to permanent severe pain and paralysis in various parts of the body, which can persist permanently.

Source: <https://then24.com/2021/07/20/after-almost-75-million-vaccinations-pei-reports-10000-severe-vaccination-reactions-and-over-1000-deaths/>

Translation by Vibka Wallder, except for the article, ‘After almost 75 million vaccinations: PEI reports 10,000 severe vaccination reactions and over 1000 deaths’. Corrections by Vivienne Legg and Christian Frehner