

Consequences of the Corona Vaccination Insanity Excerpt from the 775th contact of Thursday, 26th of August 2021

Billy ... Here, as a continuation from this morning, I have two clippings from the 'Tages-Anzeiger' for you. They just cannot leave it alone, because they have to mention FIGU and me all the time in their newspaper, without that it just does not work. ...

Ptaah ... But let me see what you have in your hands. ...
(reads) ...

Tages-Anzeiger, Tuesday, 17th August 2021



Tages-Anzeiger, Saturday, 21st August 2021

Die Ecke

Schmidrüti denkt um

Im ufologischen Zentrum in Schmidrüti im Tösstal rechnete man lange Zeit mit der Ankunft der extraterrestrischen Plejaren. Es bleibt zu hoffen, dass man sich im impfunwilligen und ansteckungsgefährdeten Dorf mittlerweile auf die irdischen Coronianer eingestellt hat. (dsa)

The Corner

Schmidrüti Rethinks

In the ufological centre in Schmidrüti in the Tösstal, the arrival of the extraterrestrial Plejaren was expected for a long time. It is to be hoped that the village, which is unwilling to be vaccinated and is at risk of infection, has meanwhile adjusted to the earthly Coronians. (*dsa*)

They have to mention FIGU immediately in the first place. It is interesting, it just cannot happen without it, because it seems that the FIGU does not give journalists a moment's peace. One way or another, they always have to refer to you and to us. Quite obviously FIGU and we do not give them a moment's peace. ...

Billy In addition to the Taliban-chaps and the IS henchmen, there are also the female and male idiots of the governors of all the countries of the world who, in their countries, are dividing the peoples into two camps due to their Corona anxiety policy and their vaccination mania with regard to halfway unsuitable vaccines. This is in addition to the fact ... that they start to justify themselves with stupid sayings like 'unfortunately we were deluded', or 'we made errors' or 'we did not think far enough and acted too late' and so forth. And it will be proclaimed or, or and again or, or, or – and precisely the non-self-thinking people of low intelligentum will believe them and be lenient towards them. This is precisely so because those in government are only human and cannot think and see into the future. But there the question arises, why are such people in government who have no ability whatsoever to calculate the future in order to avoid terribleness that could bring harm to the people? ...

The governors, in their inability to govern, do not realise that they are dividing the people with their insane vaccination policy and fear policy and dividing them into GOOD and EVIL, namely in the present case of the Corona era, in which the vaccinated and unvaccinated are divided into 1st and 2nd class humans and thereby divide the people, practically into GOOD and EVIL. This is so, because they are not given the free opinion and free will to be vaccinated or to leave it. It is already the case that differences are made between the vaccinated and the non-vaccinated ones, thus allowing something to some but not to others. This is decreed by those in government, who imperiously make decisions and have them implemented by their henchmen, instead of striving for the normal, for example, that every human being in his/her own responsibility makes it their personal duty to wear a respiratory protection mask and to keep a distance from one human being to the next, thus protecting themselves and their next ones from a possible infection by Corona.

They, the governors, are of such bean-straw-like low intelligentum that they do not realise that they are creating unpeace in the peoples with their fear-governance – which is also bordering on fanaticism – and that they are disintegrating them and throwing them into turmoil against each other. They are creating unpeace and turmoil in the peoples with their fear-vaccination policy and turning them into 1st and 2nd class human beings, which must inevitably lead to differences. This is the case, and instead of using their brains to think and decide the right thing and urging the people to use their intellect and rationality and to do the right thing, they dictate how the intellect and rationality should be approached. That which should be forbidden when a rampantly spreading disease breaks out, such as travelling in every respect and in every form, that is not done, although this is a necessary measure that cannot be avoided if the rampantly spreading disease is to be contained and made to disappear. This is precisely because travelling around by any means spreads a rampantly spreading disease further, which is obvious to any rational human and he/she consequently follows this measure, which unfortunately is not the case with contrarians and negators, who correspondingly have to be brought to their intellect and rationality in a different form.

Instead of doing this, however, the governors want to rule, which means, dictate – and also do –, which in reality is that which human beings do not want, because their will is not "to-be-willing" due to a command, but the ability to decide for themselves and to act according to their own will and decision. And this refers to everything and anything in life, even to the regulation, to laws, to the rules of decency and to all behaviour, to the generally correct intellect-rationality behaviour and dealings with fellow human beings, the nature, its fauna and flora, the entire ecosystems, the planet, the atmosphere, the climate and life in general. If the human being, who is suffused with intellect and rationality, is approached in an intellectual-rational form, then he/she considers everything and also acts in an intellectual-rational form, thus he/she is not to be ordered; rather whatever is necessary to be done and carried out can be achieved with correct argumentation – precisely without dictating and demanding it in this form. And whoever contravenes this, disregards this, acts contrary to that which life demands in every respect in terms of intellect and rationality, with regard to regulation as well as the rightness

of the behaviour, whoever is rowdy and violates the regulation – and this also concerns those who govern – is indeed not worthy of life and should therefore never be conceived and never be born.

...

... But the fear of those in government is just as bad, because they do not know what they are doing with their vaccination delusion. They do not consider that they are provoking a division of the peoples, so to speak, into humans of the 1st and 2nd class. And they do this in all countries, including Switzerland. It is...

Excerpt from the 776th contact of Saturday, 28th of August 2021

Billy ... A legal ordinance to be made – which absolutely addresses the voluntariness of the population, namely in such a form that, in times when there is no rampantly spreading disease, no epidemic and no pandemic prevalent – by means of a ballot in the form of a general election of rationality, which determines any necessary safety measures in the event of an outbreak of a rampantly spreading disease.

It would have to be decided firstly that for such a rampantly spreading disease period, a general travel ban would have to be determined **under all circumstances**, so that an emerging rampantly spreading disease could not be spread through travel activities.

It should be decided secondly that every person should bind himself/herself personally and both towards his/her next ones and his/her fellow human beings to wear a suitable respiratory mask during the time when a rampantly spreading epidemic is rampant, as well as to keep the appropriate distance to the next human being.

These are absolutely essential security measures that those in government should automatically take into account and continuously keep in mind as a compulsory task and from time to time remind the populations of them. This is in order to keep the peoples continuously vigilant and to know that they are prepared at all times in order to be ready to act rightly in a critical situation of a rampantly spreading disease. But since the emergence of a terrible rampantly spreading disease sometimes takes decades or centuries, as a rule, those in government do not think of the possibility of an emerging epidemic or pandemic, nor of any other disease or occurrence that could bring harm to the peoples. This is how it has been since time immemorial, and this is how it continues, because in this respect, people only think about the present at the moment, but not about the future. This in particular not in the form that everything will become much worse in the future as a result of the overpopulation, which will unstopably increase and go overboard to such an extent that the human beings of the Earth will accurse, hate and massacre one another. Already today, individuals are increasingly getting very badly out of the control of the good human nature, evermore murdering their next ones and other fellow human beings due to hatred, greed for money and freaking out. And increasingly life is no longer coped with and ends in suicide, because no longer anyone perceives how the next human being suffers psychically and he/she dies within himself/herself. This happens while selfishness and disinterest as well as hatred and revenge are raging all around, dominating the human beings of the Earth increasingly, namely, the greater the number of overpopulation and the smaller the living space, that is to say, range of movement of the individual becomes. ...

... But as far as the US secret services are concerned, which also play along, these have, according to Florena's statement, been crampfully striving for some time to supposedly find out the origin of the rampantly spreading corona disease and to hold the Chinese liable for it. This happens while the WHO is also working in this form, which, however, the Chinese will not stand for and will defend themselves against. And they will be right to do so, because in fact it is not their fault, nor do they know anything about the deal and the origin of the whole thing between Mao and the hate-filled American, both of whom ensured that the rampantly spreading disease could come about – even if the effect was not brought forth until many years later and long after their deaths, namely in a different way than was intended, precisely that not only America would be concerned, but the whole world. Presumably, the US intelligence agencies have read in the conversation reports that an American together with Mao was responsible for the emergence of the rampantly spreading disease back in the mid-1970s. Probably with all conceivably possible lies, the truth is now to be hushed up and the whole thing is to be maliciously blamed on a natural origin or the Chinese, although these – neither those in government nor the people – know anything about the deal between the American and Mao. To my knowledge, all 3 labs have been destroyed and the lab workers are all dead, eventually including those who contracted the rampantly spreading disease and brought it outside in its final form, thus allowing it to spread.

So all this is to be kept secret and kept a lid on, because the knowledge would bring US-America as much harm as the truth that the Truman Doctrine of the time was the true reason for wanting to make US-America the world dominator through NATO. Harry Truman's disingenuous lie that a military alliance was directed against the USSR for protection was, at the time when World War 3 was over in 1945, the world's fear formula because the Soviet Union had invaded Europe, which the victorious powers USA, Great Britain and France in no form agreed with.

...

Billy Then I have the question – as it has become common practice lately because of the rampantly spreading corona disease – whether I, when I retrieve and write down the conversation, should then attach the e-mails that Achim beams to me each time? These are always interesting articles that he picks out of newspapers and for which he asks permission so that we may publish them in the contact reports. Of course, we maintain a low profile and as a general rule publish them without any comment, because we remain neutral and do not say whether we approve or refuse to accept a vaccination. We think that this is and should remain an absolutely private matter, so each human being must decide for him or herself what he/she can/may or wants to put his/her body through.

Ptaah That is indeed correct, because the whole thing concerns one's own personality, and it is the human being in question, whom it belongs to, alone who decides on this.

Billy That is the case, therefore it is not rightful for anyone to be asked whether he/she has been vaccinated against the corona virus. If companies or corporations, bakeries, restaurants, hairdressers, grocery stores, that is to say, their proprietors and others, demand information or even an identification card about whether a person has been vaccinated or not, then this is not rightful. If it were rightful, then a popular decision would first have to be passed for it, through which in such a case the immunity and thus the inviolability of the personal rights would have to be abrogated and nullified. On the one hand, this would be the solution, but on the other hand, the solution may be that, on a case-by-case basis, the human being decides **voluntarily** whether or not he/she wants to provide information **on whether or not he/she has been vaccinated against the rampantly spreading corona disease with a questionable vaccine**. It is not at all acceptable that a vaccination or a non-vaccination must be compulsorily declared, because this violates the rights of the personality somehow or other and reveals something that the human being wants to keep private for himself/herself as a personal matter.

Ptaah If I may add my personal opinion?

Billy Of course, it is even desired, because your opinion is certainly asked for and counts more than the word I speak out as an Earthling. You know, it is just like the old saying goes, "The prophet has no honour in his own country."

Ptaah That is a word of low intelligentum. – But what I want to say is: it is not right that all around the duty of wearing respiratory protection masks is abolished, as well as the keeping of distance from the next fellow human being with whom one is not in constant contact. It is careless, inconsiderate and therefore of low intelligentum, and indeed completely irresponsible, to abolish this necessary regulation and thus continue to promote the rampantly spreading corona disease. Furthermore, we cannot and must not make any recommendations from our side as to whether or not to vaccinate, because our directives forbid this throughout, and furthermore, this is down to the personal decision of each individual. However, what we know very well according to our observations and research relates to the fact that the currently administered vaccines against the rampantly spreading corona disease are not sufficiently tested and not efficacious enough to seriously bringing a halt to the rampantly spreading disease and to avoid the many deaths. Humanity is being deceived and lulled into a false sense of security for the sake of profit. So one's own intellect and rationality and decision are called for, and for the time being these in no form go any further than the rational consideration of prudence and the use of respiratory protection masks and keeping one's distance from one's fellow human beings. Anything else is irresponsible and window dressing, because it imparts a false sense of security.

Billy That is actually what I wanted to hear from you. That is a clear answer for once. It clearly states exactly what it means to be taking off the respiratory protection masks and not keeping the distance, namely a consciencelessness towards oneself and towards one's fellow human beings. And anyone who nevertheless orders that the wearing of masks and the keeping of distance is no longer necessary because the rampantly

spreading disease has calmed down and has subsided somewhat, is irresponsible and is thus going to any lengths to ensure that the rampantly spreading disease can start all over again.

Ptaah That is indeed the case.

Pharmaceutical companies in a gold rush

Already Moderna & Co. are propagating a third vaccination, but refuse to accept any liability

The manufacturers of the corona vaccines are making huge profits. Shareholders have become billionaires within a very short time – although it is still unclear how well the vaccines protect and what side effects are to be expected.

The vaccines against the coronavirus were developed by Moderna and Biontech/Pfizer in record time. Many media are rashly celebrating this as a scientific revolution.

The vaccines are based on the mRNA technique, which was used for the first time. Unlike previous vaccines, the pathogen itself is not administered in a very small dose. What is being injected is a genetically engineered construction manual for a part of the pathogen – simply put: information on how the body can fight the new coronavirus.

Orders for 800 million Swiss francs

The sale of the two mRNA vaccines administered in Switzerland is a business with huge profits for the US corporations Moderna and Pfizer as well as for the small German company Biontech.

Biontech's headquarters are located in Mainz (D) at the address An der Goldgrube 12. Switzerland ordered 6 million vaccine doses from Biontech/Pfizer and 13.5 million from Moderna. Other suppliers are the manufacturers Astra Zeneca, Curevac and Novavax. A total of 34 million doses have been ordered. According to the Federal Office of Public Health, 800 million Swiss francs are on hand for this.

Fabulous profits

The contracts with the state purchasers are extremely lucrative for the pharmaceutical companies: Biontech chalked up a net profit of 1.1 thousand-million euros in the first quarter of 2021, and 2.8 thousand-million in the second quarter. By comparison: in the whole of the last year, the company's net profit amounted to 15.2 million euros.

The rate for Biontech shares was still around 50 euros at the Frankfurt Stock Exchange in autumn 2020 – today it is around 400 euros. This is due to the unique rate of return: in the first quarter of 2021, 80 percent of the revenues were net profit.

Moderna reported a profit of 1.2 thousand-million dollars in the first quarter of 2021 – in the second quarter it rose to 2.8 thousand-million dollars. In the previous year, the company had still closed with a minus of 747 million dollars. The value of a share has increased tenfold since the beginning of 2021 on the New York Stock Exchange, from just over 50 to almost 500 dollars.

The fabulous profits of the shareholders will probably not be a flash in the pan. According to the German physician, epidemiologist and former SPD member of parliament, Wolfgang Wodarg, the flu vaccine serves as a model for the vaccine manufacturers. "Most of the human beings don't know that the flu vaccine doesn't protect against all viruses, but – if you are lucky – only against some influenza subtypes." Namely against such, which had been found and analysed by the manufacturers. Because of the mutation of the flu viruses, the pharmaceutical corporations can produce and sell new vaccines year after year.

This will probably also be the case with the new coronaviruses. When Moderna launched its vaccine, the company spoke of 94.5 per cent protection against Covid-19, Biontech/Pfizer of 95 per cent. No one knows yet whether these figures are accurate. Doubts arise from the fact that a third vaccination is propagated in largely vaccinated countries like Israel. According to current figures from Moderna, the protective effect of their vaccination should still be 93 percent after six months.

Dan Staner, European head of Moderna, is already raving about a third vaccination for everyone in the 'Blick' of 19th of August. These 'booster' vaccinations would 'probably provide better protection against new virus variants, including delta'. Moderna expects an approval in the fourth quarter of this year. However, an application for approval has not yet been submitted. Nevertheless, the federal government has already secured 7 million doses of the vaccine.

Nine new billionaires

So for the producers, the gold rush continues. So far, it has made at least nine people billionaires, as calculated by the international development aid organisation Oxfam. The CEO of Biontech, Ugur Sahin, now has a fortune of 4 thousand-million dollars, the head of Moderna, Stephane Bancel, 4.3 thousand-million dollars. Also, the three co-founders of the Chinese vaccine company CanSino Biologics are now billionaires. Together they have net assets of 19.3 thousand-million dollars.

A further eight persons with extensive shareholdings in Covid-19 vaccine companies have built up total assets of \$32.2 thousand-million. Among them are the German twins Andreas and Thomas Struengmann. They invested the amount of 150 million euros when they founded Biontech in 2008. Today, they are the largest individual shareholders with a share of 50 per cent.

Moderna wants to boost its vaccination business even more with a new business model: countries that contribute to the construction costs for a factory in their own country are allowed to purchase vaccine doses first. Moderna came to an arrangement with the government of Canada in August that the country – that is to say, the taxpayers – would contribute to the construction of a vaccine factory of Moderna. Federal Councillor Berset confirmed at a media conference that talks between Moderna and Switzerland are also underway regarding this matter.

Federal Office as a Promotional Messenger

The strongest spokesmodels for the vaccine manufacturers are the health authorities of numerous countries – in Switzerland, it is the Federal Office of Public Health. It always emphasises that the benefits are greater than the possible side effects. But possible long-term damage is yet not even known. Because according to the Swiss expert platform Infovac, it normally takes 10 to 20 years before a new vaccine comes onto the market, having been thoroughly tested – in the case of the corona vaccination, it has been a few months. In Switzerland, the approval was granted in an accelerated procedure.

In addition, vaccine manufacturers such as Biontech and Moderna only provide the data of their studies to the authorities of the buyer countries, but not to independent researchers. This would be all the more important as the manufacturers conduct almost all studies on side effects and the benefits themselves.

The approval and regulatory authority Swissmedic had received 5304 reports of side effects by the 10th of August, 1838 of which were classified as serious. 133 patients died, although it is unclear whether the vaccination was the cause. If necessary, Swissmedic advises an autopsy of deceased patients. However, it cannot order this. This is a matter for the doctors, the cantons and the bereaved.

But these kinds of autopsies would be pivotal, says Peter Schirmacher, chief pathologist at the University of Heidelberg. In addition to corona deaths, the corpses of those human beings who die shortly after a vaccination would also have to be examined more frequently. He warns of a high number of unreported vaccination deaths and complains, "Pathologists don't even notice how many of the patients die after and possibly from a vaccination".

For the manufacturers, the consequences of the vaccinations do not pose a problem. In the contracts they reject any liability. This becomes evident in a draft contract between Pfizer/Biontech and Albania, which Transparency International uploaded on the internet. The purchasers of the vaccines would even have to pay the legal costs if patients filed lawsuits against the companies.

Max Fischer

Source: K-Tipp 13/2021, 24.08.2021

Romania Stops Vaccine Imports, Shuttters Vaccination Centers and Transfers Vaccine Stocks to Denmark, Vietnam, Ireland, S. Korea, Etc.

30th August, 2021, Anti-Empire,

Romania Stops Vaccine Imports, Shuttters Vaccination Centers, Transfers Vaccine Stocks to Denmark, Vietnam, Ireland, S. Korea, Etc. The people don't want them. Rather than try and force them, the government respects their will. An overview of the situation based on headlines:

Romania closes 117 Covid vaccination centres — 7th July, Associated Press:

Declining demand for coronavirus vaccinations in Romania has prompted authorities to close 117 vaccination centers and to reduce the schedule at 371 others, health officials said Tuesday.

"In the previous week we re-evaluated the efficiency of fixed vaccination centers. About 80% of fixed vaccination centers vaccinate less than 25% of the vaccination capacity allocated to each stream," national vaccination committee chief Valeriu Gheorghita said at a press conference Tuesday.

Romania halts most Covid-19 vaccine imports as people shun jobs –

«The Irish Times», 1st of July, 2021

Romania has halted the import of most Covid-19 vaccines after a slowdown in its inoculation drive prompted the government to sell more than a million doses to Denmark and seek an extension to the validity of tens of thousands of expired shots.

Romania to start destroying expired COVID-19 vaccines as vaccination numbers drop — Romania Insider, 25th June:

Romania could start destroying some of the COVID-19 vaccines received earlier this year as they are set to expire while the population's interest in vaccination has dropped significantly. (Or, more likely, those who wanted it got it).

As a result, Romania now holds a surplus of vaccines and will start to destroy some of the unused doses received earlier this year as they will expire soon. About a week ago, the authorities asked the suppliers to send fewer COVID-19 vaccines than planned for the same reason.

Denmark buys 1.1 million Pfizer doses from Romania — The Local, 30th June

Denmark has bought 1.1m doses of the Pfizer vaccine from the Romanian government, potentially bringing forward vaccinations by two to three weeks.

In a press release on Tuesday evening, Denmark's health minister Magnus Heunicke said that the slow pace of vaccination in Romania had left the country with doses that it could not use.

Romanian PM doesn't want different rules for vaccinated, unvaccinated — Universulnet.com, 28th August

Prime Minister Florin Citu on Saturday said he wasn't in favor of introducing different rules for people in public places depending on whether they had had a Covid vaccine or not.

"I am not a fan of the vaccinated, the unvaccinated going separately to the mall," he said.

"The malls were open last year when we didn't have a vaccine. It would be hilarious and absurd to close them now, when we have this solution: the vaccine," he said during a visit to a vaccine center in the northern city of Botosani.

SOURCE: ROMANIA STOPS VACCINE IMPORTS, SHUTTERS VACCINATION CENTERS, TRANSFERS VACCINE STOCKS TO DENMARK, VIETNAM, IRELAND, S. KOREA, ETC.

TRANSLATION: RUMANIA DEȚINE LAS IMPORTACIONES DE VACUNAS, CIERRA LOS CENTROS DE VACUNACIÓN Y TRANSFIERE LAS EXISTENCIAS DE VACUNAS A OTROS PAÍSES

Source : <https://www.globalresearch.ca/romania-stops-vaccine-imports-shutters-vaccination-centers-transfers-vaccine-stocks-denmark-vietnam-ireland-s-korea/5754489>

Vaccination insanity poem

We need to vaccinate, vaccinate, vaccinate!

This is the only way to achieve the immunity of human herds.

This is how it is being propagated on all channels,
in order to escape responsibility.

The brains are being governmentally and medially washed.

Meanwhile, the pharmaceutical bosses quickly line their pockets.

Clean, quickly developed and totally free from side effects,
that's how they are lying about the vaccines, to the people it is all the same.

Already the vaccinated are separated from those who still think for themselves,
This way the people with low intelligentum can be divided and much better led.

For many, vaccination already brings illness and even death,
But this is kept secret, which, damn it, stinks to high heaven.

And whoever dares to tell the truth about it,
those the vaccine believers no longer want to go along with.

He/she is insulted as a conspiracy bod and a peril,
And even disgracefully disparaged as an enemy of society.

Where will we end up with all this?

In which direction will the doors open?

In the end, civil war and dictatorship loom,
Freedom and democracy remain hollow words.

Achim Wolf, 30th August 2021

(the translation does not rhyme, of course)

2G and Human Dignity

31st Aug. 2021 05:01 p.m.

The pressure from politics is growing stronger and stronger to enforce a rule under private law that only allows vaccinated and recovered people to live a halfway normal life. In this way, all the progress made in recent decades in the fight against discrimination is being chucked in the dustbin.

Source: www.globallookpress.com © Axel Heimken

Hamburg, 28.08.2021 by Dagmar Henn

Since corona, life has been a steeplechase, and the hurdles are regularly set differently so that the whole thing doesn't become too easy. The latest invention in this context is being called '2G' [vaccinated or recovered] and is the progression of the already deeply illogical '3G' [vaccinated, recovered or tested] from spring. Illogical because the assumption that recovered persons had less protection than vaccinated persons contradicted all experience with other diseases and has meanwhile also been refuted by studies on corona.

But studies that do not originate from the RKI or are contradictory to the assumptions of German politics face problems in getting noticed. This has also been the case for quite some time, no matter whether it is about the reasonableness of masks, the transmissibility of respiratory pathogens in the open air or the illnesses of vaccinated individuals.

So 2G is now supposed to be the new solution. Then, so the promise goes, restaurants and even clubs will be allowed to open without having to comply with the restrictions called 'hygiene rules'. According to politicians, this is both possible and legal. This implies the exclusion of non-vaccinated persons, even though the test result is negative. The core of this new model is that the state and politics wash their hands of it; they only encourage that one may exercise his/her domiciliary rights.

A female operator of a café in Hamburg told the press: "In winter, without a terrace, I have to opt for the 2G regulation – whether I want to or not, otherwise I can't survive. This is probably how many people feel who run such businesses. It is therefore only an apparent wanting; in reality, there are politically determined compulsions that lead to the realisation of this rule.

This is of course convenient for those politically responsible. After all, the background to these attempts to push through 2G through the back door is by no means the protection against infection, but rather the attempt to force the hitherto unvaccinated to be vaccinated through not-so-named punitive measures by barring them from life as far as possible in any form.

At the same time, it is pretended that this is not at all a problem and that it is completely compatible with human rights. This becomes problematic at the latest at the moment when shops that cover daily, essential needs also adopt this rule. It is not expressed in this form, but the material incentive is strong, especially for the discounters, hence those shops where the poorer sections of the population get their supplies – with 2G, the restrictions on the number of customers present would be dropped and thus sales would increase. It will only be a matter of time before the first Aldi or Lidl bars unvaccinated persons from shopping.

This is, after all, a question of domiciliary rights, they say, and there is freedom of arrangement. At the same time, it is ignored that there was a long and arduous political debate about whether domiciliary rights and freedom of contract actually are above human dignity. This controversy ended up in the establishment of the General Equal Treatment Act (AGG), which largely positioned human dignity above private law.

In which case, the entire handling of corona has already triggered a flood of de facto discrimination, which has not been dealt with anywhere so far. For example, the hygiene rules for medical practices not only led to the fact that (also and especially in winter) patients no longer gathered in the waiting room but in the queue outside, which by the way deprived those patients of access to medical care who were unable to stand in the queue for a long time. Which was only further exacerbated by the fact that many physicians then discovered that vaccinating was more profitable than running a regular business.

Shaping the conditions such that basically only healthy persons can go to the doctor contradicts not only the guidelines of the AGG, but also those of simple rationality. But even then, we are still a long way from the end of the road – there are already some doctors who refuse to treat non-vaccinated persons. We can indeed easily talk about a failure to render assistance.

But let us go back to the insidious introduction of 2G. The Tagesschau commented on the topic as follows: "The restrictions on the fundamental rights of entrepreneurs would furthermore only be legally permissible if they were necessary to protect the lives and health of others. There the card is put on the table, the "Black Peter".

Of course, 'protection of life and health' is meanwhile defined in a highly irrational form. This becomes clear as soon as one translates the incidence figures into the actual proportions. A current incidence of 75 means

no more than that out of 1000 human beings tested, not even one of them tested positive, which does not by a long shot mean that he/she is ill or infectious. And this applies to the unvaccinated as well as the vaccinated (although recent studies suggest that the vaccinated may be far more contagious than the unvaccinated).

Because one in 1000 might be contagious, 999 are massively restricted in their circumstances of life? And barred from contact-making with others who are presumably protected by their vaccination? This simply means attributing a non-existent characteristic to those 999 on the basis of a false blanket statement. But that is exactly what discrimination is.

Let's take another set of facts for comparison, where the 'protection of life and health' is also affected. According to a study by the German Youth Institute from 2019, the incidence of violent crimes among male young persons between the ages of 14 and 18 is somewhere between 900 and 1000. This means that about every 100th young person became conspicuous through an act of Gewalt¹. If the same standard were applied here as with corona, discotheques would only have female audiences. Why doesn't that happen? Because this is a matter of discrimination; in this case of the other 99 out of 100 who are not tending to a behaviour with acts of Gewalt.

Required is the word that needs to be looked at more closely here. Namely, this again belongs to the standards of proportionality and implies that there is no milder means to achieve the targeted goal. The reason for the trick of shifting off the decision for 2G into the realm of the private law is precisely because of this point. It is not the mildest means. The executors, precisely those making decisions under private law, are being deliberately deceived by the authorities by being persuaded that this is all right as it is. It is not. Because the AGG prohibits arbitrary discrimination, but the requirement of 2G cannot be proven.

Of course, at the moment the courts of this republic rubber-stamp everything, no matter how much it transgresses the given right. This has become evident in the judgements on the bans on demonstrations. However, even if the courts ignore it, it does not change the political effect. Through the propagation of 2G, barriers against discrimination are being torn down that were arduously erected in long disputes.

The 'protection of life and health' must not be a boundless argument. There must be a balancing with human dignity, also in the field of private law. If a discotheque decided not to admit, for example, all Syrians and Afghans under 30, this would rightly cause a wave of indignation, even though the incidence of Gewalt crime in this case is at least ten times higher than the corona incidence among the unvaccinated.

It is simply the rights of the others that must not be curtailed. Even if one wants to pretend at all costs that the danger of infection emanates exclusively from the unvaccinated (which is demonstrably false), even here, with a tenfold increase in the current incidence, at least 99 out of 100 would still be left who pose no threat whatsoever to life and health.

But if the rights of a comparatively large group of the population are allowed to be curtailed so massively on such a weak basis, and this is even being called upon to do so ever more loudly by official authorities, what argument can be used to prevent discrimination against other groups of persons on the basis of a similar argument?

What is happening here is a rollback towards complete arbitrariness. It is simply not possible to break through legal principles on such a broad scale without causing permanent harm. This would be true even if the argumentation were conclusive. The fact that it is not only makes it worse.

For many years, there have been continuous efforts to privatise risks, especially in the healthcare sector. For example, charging smokers or overweight people higher health insurance contributions while completely disregarding the fact that stress, the poverty-induced compulsion to eat cheaply and many other factors that are far beyond the individual control of the ones concerned play a major role in this (for example, the stress level of mothers during pregnancy). The planned treatment of the unvaccinated ones is also a door opener in this respect. If this is being swallowed by society uncontradicted, other justifications for other discriminations will follow.

Half-discriminated is just as impossible as half-pregnant. Even if you light up some stadiums in rainbow colours hundreds of times.

Source: <https://de.rt.com/meinung/123324-2g-und-die-menschenwuerde/>

¹ "There is no English word that conveys the true meaning of the German word 'Gewalt'. 'Gewalt' is the brutal execution of elemental might and force, but it is far above all might and all force. 'Gewalt' exists in different and relative forms, one example being a 'gewalttätige Gesinnung' – expression from the character, personality, thoughts, feelings and emotions that shows the inclination to act with Gewalt. When human beings possess or carry out acts of Gewalt and it is not based in logic, then this usually involves violence, brutality, degradation and is terribly destructive." (Meier, BEA 2010, *The Goblet of Truth*, page XIII, footnote)

Army doctor: "More soldiers have died from the syringe than from Covid."

uncut-news.ch, 29th August, 2021

Corona vaccination will become mandatory for the 1.3 million US soldiers and the mandatory vaccination will be enacted in mid-September. Army physician Lee Merritt told at a meeting of 'America's Frontline Doctors' at the end of July that only 20 soldiers had died from Covid in 2020.

"We are now vaccinating everyone," Merritt said. "We are already seeing tumours and have detected 80 cases of myocarditis." The military doctor emphasised that 66 per cent of the human beings diagnosed with this heart disease die within five years.

"The vaccination programme has killed more young soldiers than corona," Merritt said.

We are in the middle of a war

In the past 31 years, 317 cases of myocarditis have been reported to VAERS. "This year: 1113," she said. "The question that needs to be asked is why we don't stop vaccinating," Merritt said. "We discontinued the respiratory syncytial virus vaccine after 22 deaths in children. We discontinued H1N1 after 53 serious adverse reactions. Why is that not being done in this case?"

The military doctor's answer: "We are in the middle of a war and we have to find out who the enemy is."

Frightening if true... pic.twitter.com/SU6GXBSzqC — Osler (@osler78) 26th August, 2021

Source: <https://uncutnews.ch/armeearzt-es-sind-mehr-soldaten-an-der-spritze-gestorben-als-an-covid/>

The unbelievable "COVID Stupidity" of the Medical Establishment, Governments, and Corporate Executives

By Dr. Paul Craig Roberts, Global Research, 26th of August, 2021

I find it unbelievable that doctors, governments, and corporate executives cannot comprehend the concept of Antibody Dependent Enhancement (ADE) and that ADE is a consequence of the mRNA vaccines. It is the vaccine that is producing the wave of new infections in heavily vaccinated countries. **The vaccine is the problem, not the solution.**

Yet the incompetent authorities in Israel, US, Iceland and elsewhere think the solution is more vaccination and booster shots.

How is it possible that Ed Bastian, the CEO of Delta Airlines, is so stupid that he cannot comprehend ADE? 75% of Delta's work force is vaccinated, but Bastian says the spread of infection requires "more work to be done." So he is imposing a special \$200 monthly surcharge on unvaccinated employees in the company health plan.

It has been established that it is mainly vaccinated people who comprise the newly infected and that it is vaccinated people who "shedding" the virus are spreading it among the unvaccinated. It is the vaccinated people who are a threat to others, not the unvaccinated. **Vaccination with mRNA experimental technology spreads the virus and makes it uncontrollable.**

As Dr. Luc Montagnier, a Nobel Lauréate in Medicine says, "You see it in each country, it's the same: the curve of vaccination is followed by the curve of deaths."

As Dr. Vanden Bssche, a developer of vaccines and Senior Ebola Program Manager says,

"Given the huge amount of immune escape that will be provoked by mass vaccination campaigns and flanking containment measures, it is difficult to imagine how human interventions would not cause the COVID-19 pandemic to turn into an incredible disaster for global and individual health."

My conclusion is that the human race is too stupid to survive. Those doing the vaccinations are driven by profit and greed, and perhaps by darker motives, and those submitting to vaccination are driven by blind fear. This does not have a promising outcome.

Source: <https://www.globalresearch.ca/unbelievable-covid-stupidity-medical-establishment-governments-corporate-executives/5754096>

More deaths after Covid vaccination in 8 months than from the virus itself in 18 months

uncut-news.ch, 26th August, 2021

There can no longer be any doubt that the Covid-19 vaccination is more deadly than the alleged Covid-19 virus itself, as a number of official data from the public healthcare system and from the government are available, confirming that more human beings have died from the Covid-19 vaccination within 8 months than from Covid-19 in 18 months.

NHS data for England shows that since March 2020 up to 12th August 2021, a total of 3743 human beings have died from Covid-19 who did not have other pre-existing conditions such as dementia, chronic kidney diseases, chronic pulmonary diseases, chronic neurological diseases and cardiac diseases.

Official data from the National Records of Scotland (NRS) shows that between March 2020 and the 31st of July 2021, only 704 human beings died from Covid-19 in the whole of Scotland who had no other pre-existing conditions.

However, the data published by Public Health Scotland shows that between 8th December 2020 and 11th June 2021, a total of 5522 human beings died within 28 days of a Covid 19 injection, with 1827 deaths attributable to Pfizer's vaccination, 3643 deaths attributable to the vaccination from AstraZeneca and 2 deaths attributable to Moderna's vaccination.

This means that in just six months, almost eight times as many human beings died within 28 days of a Covid-19 vaccination as human beings died of Covid-19 in 18 months in Scotland (704 deaths). In Scotland, 1.5 times as many human beings died within 28 days of a Covid-19 vaccination as died of Covid-19 in England in 18 months (3743 deaths).

Even if you add up the number of human beings who died from Covid-19 in England and Scotland (4447 deaths in 18 months), there were still 1075 more deaths within 28 days following a Covid-19 vaccination in Scotland.

Public Health England has so far refused to publish the number of deaths within 28 days of a Covid 19 vaccination in England, on the grounds that they are not in possession of this data, although their colleagues in Scotland are able to provide it.

However, based on the number of deaths in Scotland and the adjustment to the population number in England, we estimate that the number of deaths in England might have been as high as 57,470 by 11th June 2021.

Of course, some will argue that the number of deaths within 28 days after a Covid 19 vaccination does not mean that the person died due to the Covid 19 vaccination. Of course, they are right, but these are the same people who believe that a death that occurred within 28 days of a positive Covid 19 test definitely is a Covid 19 death.

That is why we would like to draw these people's attention to the MHRA Yellow Card data which indicates that more human beings have died from the consequences of the Covid-19 vaccination within 8 months than have died in the whole of Scotland in 18 months.

Up to 11th August, 293,779 adverse events and 501 deaths related to Pfizer's mRNA injection had been reported to the MHRA.

As well as 813,622 adverse events and 1053 deaths reported to the MHRA related to AstraZeneca's viral vector injection.

The Moderna mRNA injection has caused at least 41,274 adverse events and 14 deaths by 11th August 2021. This vaccine was given primarily to younger adults, who are least likely to be at risk of severe disease if infected with Covid-19. About 1.4 million human beings have received the Moderna vaccination, which means that at least one in 33 people has suffered an adverse reaction and at least one in 100,000 persons has unfortunately died.

The total number of deaths caused by all three vaccinations by now amounts to 1596, if one includes the 28 reported deaths where the brand of the vaccine was not given.

With this, 892 more human beings have died from the consequences of the Covid-19 vaccine in the United Kingdom within 8 months than have died from Covid-19 in Scotland within 18 months.

However, it should also be kept in mind that, according to the MHRA, only 10% of serious adverse reactions are being reported under the MHRA Yellow Card system.

Therefore, the official figure might be 15,960, which means that thousands more have died from the Covid-19 vaccine than have died from Covid-19 in the whole of the United Kingdom.

It does not matter which way you look at it, the official data is now unambiguous.

The Covid 19 vaccines are more deadly than the alleged Covid 19 virus itself, and this is precisely why Public Health England refuses to publish the number of deaths that occurred within 28 days of a Covid 19 vaccination.

SOURCE: MORE POST COVID VAX DEATHS IN 8 MONTHS THAN FROM VIRUS ITSELF IN 18 MONTHS

Source (in German): <https://uncutnews.ch/mehr-todesfaelle-nach-covid-impfungen-in-8-monaten-als-durch-das-virus-selbst-in-18-monaten/>

Compulsory vaccination: the greater evil for society

Written on 24th August 2021 by Barucker

uncut-news.ch, August 26th, 2021

By Abir Ballan, Master of Public Health

The epidemiological reality of COVID-19 is suited for a focused vaccination approach: a safe and efficacious COVID-19 poses a high risk of severe diseases with possible lethal consequence for a few, while the risk for the majority of the population is neglectable. The average age at death for COVID-19 is within the range of natural mortality in most countries. 95% of deaths occur in persons with one or more pre-existing conditions. 99.95% of persons under the age of 70 survive. In healthy persons, the survival rate is even higher. In children and young persons, the risk of dying from COVID is almost zero.

A vaccine is offered to high-risk individuals (mostly people over 50 with additional health problems) when the benefit of the treatment clearly outweighs the risk. By following this strategy, the best outcome for all is being achieved.

There is no room for compulsory vaccination in a free society. The public healthcare policy should never involve compulsion, but should be based on participation as a basic principle. Decisions must be made by those who have a say, not by bureaucrats or a questionable elite who will never face any consequences of their actions. The task of the healthcare authorities is to provide the public with accurate information and to respect that individuals and communities come to their own decisions.

Seven ethical principles of the public healthcare system should be central to any public healthcare measure: Non-maleficence, beneficence, respect for autonomy, health maximisation, efficiency, justice and proportionality. Human rights, scientific facts and sound human intellect should also apply.

Ten reasons why the COVID-19 vaccination should never be mandatory:

1. Non-maleficence! – the Hippocratic duty to 'first do no harm'. There is growing evidence of serious side effects after COVID-19 vaccination, especially myocarditis in young human beings. Reporting systems for side effects of vaccination act as early warning systems so that immediate measures can be taken in order to prevent greater harm. The available reports have long been sufficient to justify an investigation. Vaccines are also contraindicated for individuals with certain health conditions. The vaccination of pregnant/breastfeeding women must be done with the utmost caution – pregnant women were excluded from the vaccine trials; the COVID risk is low in healthy women of childbearing age, while the risks of the vaccine for the foetus/child cannot yet be surveyed.

2. Beneficence – the imperative to achieve a benefit for the individual. Interventions in health should be based on individual needs. A vaccination is only indicated if the benefit of the measure is clearly greater than the risk to the individual. This criterion is not met in children and young persons, persons under 60 years of age without pre-existing medical conditions, and persons with previous SARS-CoV-2 infection (including asymptomatic infections).

3. Respect for autonomy – the individual is free to shape his/her own well-being as he/she thinks best. "Every human being is of great value and must not be reduced to being a means to an end for the well-being of others." This implies that the informed consent of the individual must be obtained before any medical intervention, that is to say, he/she must be comprehensively informed of the risks and benefits of the intervention and give his/her voluntary consent 'without any element of Gewalt, cheating, deception, pressure, overreaching or any other form of compulsion or forcing'. Currently, individuals cannot be comprehensively informed about the side effects of vaccines because long-term data are not yet available. The outcomes of vaccine trials should be reviewed by independent scientists before the vaccine is introduced for the high-risk group. All data on efficacy and safety must be made available to the public.

4. Health maximisation – the maximisation of the health of all members of the community requires a holistic and multi-faceted approach: informing the public about a healthy lifestyle for improving their chronic diseases, the importance of vitamin D in combating respiratory infections, the importance of early ambulatory treatment, the availability of life-saving treatment options, safe and efficacious pharmaceutical drugs (such as Ivermectin), and vaccines for the high-risk group. If people are being vaccinated for whom the risk from the vaccine is greater than the benefit, the overall harm increases.

5. Efficiency – the obligation to benefit as many human beings as possible with limited resources. By vaccinating persons who do not benefit from the measure, valuable resources are diverted from the most vulnerable and from far more devastating global health problems such as tuberculosis, HIV, diabetes, cancer and coronary diseases.

6. Justice – all human beings are equally valuable and no one should be discriminated against because of their health choices. Unfair practices such as denial of benefits, conditions on employment, travel restrictions, or higher insurance premiums for the unvaccinated create a two-class society. They are harmful to solidarity and cohesion in society.

7. Proportionality – the reasonable weighing of the benefits and costs of a measure in terms of individual well-being and collective benefit. Vaccines are intended to provide protection to the vaccinated. It is unethical for a person to take a risk for the benefit of others or to lose personal liberties by being vaccinated.

8. The transmission of SARS-CoV-2 can originate from both vaccinated and unvaccinated persons. The virus can also be transmitted among animals. Even if all human beings were vaccinated, transmission will continue and variants will evolve. A zero-COVID strategy is unrealistic and unachievable.

9. Herd immunity can be achieved through a combination of natural infection and vaccination. Natural immunity to SARS-CoV-2 is comprehensive, robust and enduring – stronger than vaccine-generated immunity, especially when fighting variants. Recovery from infection prevents severe disease in the event of re-infection. It is not necessary to vaccinate the entire planet for the 'good' of society.

10. Inalienable rights, as defined in Article 58 of the Siracusa Principles on Limitations and Exceptions to the International Covenant on Civil and Political Rights (1958), apply in all circumstances, including threats to 'national security':

"No state party shall, even in times of emergency threatening the life of the nation, derogate from the Covenant's guarantees of the right to life, freedom from torture, cruel, inhuman or degrading treatment or punishment and from medical or scientific experimentation without free consent, ... and freedom of thought, conscience and religion. These rights must not be derogated from under any circumstances, even under the ostensible purpose of preserving the life of the nation."

There are two possibilities: Either the vaccines work and offer protection to the vaccinated, so that the claim that everyone needs to be vaccinated is no longer true. Or the vaccines do not work and therefore no one should get vaccinated. In both cases, mandatory vaccination and immunisation passports are senseless instruments of healthcare policy that undermine trust in the medical profession and vaccination programmes. They seem to serve economic, financial, political and ideological purposes. But above all, they are unethical. They open the door wide for totalitarian domination through a digital system of social rewards.

Vaccination passports are the epitome of the greater evil for society. At this point, we must not give in even one centimetre.

About the author:

Abir Ballan has a Master's degree in Public Health and a background in the fields of psychology and education. She is a member of the Executive Committee of PANDA (Pandemic Data & Analytics). She is passionate about the inclusion of students with learning difficulties in schools. Furthermore, she has published 27 children's books in Arabic language.

Twitter-Handles

Source: @abirballan, @pandata19

<https://blog.bastian-barucker.de/impfpflicht-das-groessere-uebel-fuer-die-gesellschaft/>

Source (in German): <https://uncutnews.ch/impfpflicht>

Why did Canada, with a population of 37 million, just order 293 million Covid vaccine doses?

Saturday, 28th August, 2021 by: Ethan Huff, Natural News (except for the first paragraph, the source of which is uncut-news.ch, 30th August, 2021)

Switzerland has also secured more than 33 million vaccine doses until 2023 and plans to purchase more. Switzerland currently has about 8 million inhabitants. Everyone can work out for himself/herself where it will end up.

In a strange turn of events, the Canadian government just placed an order for 293 million additional doses of Wuhan coronavirus vaccine, despite the entire country having a population of just 37 million people. What is Justin Trudeau up to, you might be asking? Good question. We would like to know the same as it appears that he is gearing up to inject every Canadian citizen and resident with at least *eight* additional "booster" shots. According to reports, Moderna, one of the two manufacturers of messenger RNA (mRNA)

injections, has signed a contract with Canada to supply 20 million doses of its experimental jab annually for the years 2022, 2023 and 2024. This amounts to 60 million doses over the next several years with the option to throw in an additional 15 million doses if needed. “Not a bad deal for your first product ever to market – and a drug that’s still in clinical trials to boot,” writes Celeste McGovern, reporter for LifeSite News, linking to the clinical trials website with more details.

“Especially since Moderna has some problems with the safety of its novel platform mRNA vaccine.” A mere three months after its initial launch, the Moderna injection has received more than 300,000 reports of side effects, many of them serious. This figure is far higher than what has been officially reported to the government in accordance with the law. All in all, Canada will have eventually received 105 million doses of Moderna’s Chinese Virus injection by 2024, suggesting that covid booster shots will become a seasonal thing much like annual flu shots.

As you may recall from a few months back, the U.S. Food and Drug Administration (FDA) pushed back against a suggestion from Pfizer that “fully vaccinated” people get booster shots. Just a few weeks later, the FDA changed its mind and rushed out an emergency use authorization (EUA) contract allowing Pfizer to dole out boosters starting in September.

FDA pretends to not support covid “booster” shots only to rush them through at warp speed.

It turns out that the FDA’s initial refusal was just for show. As far back as April, Canada had already secured some 35 million Pfizer booster shots for the years 2022 and 2023, which came with the option to add another 60 million doses in 2024. “That’s 188 million Pfizer shots,” McGovern writes. “Added to Moderna’s supply that’s 293 million vaccine doses – enough injections to shoot every Canadian nearly eight times over in just three years. Do you think they might have a few booster shots a year in mind? Or are the extras for Canadian cats, perhaps?”

Canada’s chief public health officer Theresa Tam pulled a similar stunt as the FDA, pretending to oppose booster shots for covid only to change her tune just two weeks later, perfectly on schedule. Now, boosters are becoming part of the *plandemic* lexicon, and will likely become a routine part of staying “fully vaccinated” against the Fauci Flu. Is anyone really surprised about this? “No one seems to be asking why the miracle vaccine needs a booster dose or why, since every vaccination bar ever presented and then raised again – has been passed in Canada – and 99% of long-term care residents are vaccinated, why are heavily vaccinated Canadians – and Israelis and Brits and others –locked down in a ‘4th wave’ of COVID cases?” McGovern asks. “Why is the wonder vaccine failing?” The answer, of course, is that it was never a wonder vaccine to begin with – it was *always* a scam to fuel the spread of disease with new vaccine-spawned variants. The so-called “vaccines,” in other words, are the real pandemic.

SOURCE: WHY DID CANADA, POPULATION 37 MILLION, JUST ORDER 293 MILLION COVID VACCINE DOSES?

Source: <https://www.naturalnews.com/2021-08-28-canada-just-ordered-293-million-covid-vaccine-doses.html>

Now it is really happening: the division of society; the classification of the people into first and second class by the following article

More division is not possible

uncut-news.ch, 30th August, 2021

Switzerland

A newspaper mobilises against the unvaccinated. And this in a new 'quality'. The division of society is lamented – and at the same time promoted by all means. Why is the 'SonntagsBlick' doing this?

'The anti-vaccinationists are joining forces with the virus'.

That is the title of the editorial of the current issue of 'SonntagsBlick'. It was written by the chief editor Gieri Cavelti. It is both an outrageous accusation and a kind of indirect calling for lynch law. Vaccinated people are being told that there are currently two enemies: the virus and the human beings who do not get vaccinated. According to this, they are threatening the health of society as a whole and are preventing a return to normality. The virus itself would only be half as bad by now thanks to vaccination, it is being suggested; what is now engulfing all of us in misery are people who do not get themselves vaccinated. Whoever writes this either does not know what he is doing, which would be bad. Or he knows exactly what he is doing, which would be even worse.

The heading is the prelude to a cascade of assertions and misleading terms. Completely unrestrained, for example, is the talk of 'anti-vaccinationists'. As if everyone who decides against the vaccine on the basis of his or her personal starting situation is an opponent of any form of vaccination. According to this, people who do not like coffee are coffee opponents, and those who do not like exercising are fitness opponents.

This is how you make some kind of mission out of an individual's personal decision. Humans are being allocated to an active group of rebellious misanthropists. And at the same time, the 'SonntagsBlick' claims that this mission is directed against all the 'good guys', that is to say, the vaccinated.

'Vaccinated people are losing patience' is the headline of another article in the immediate vicinity of the chief editor's editorial. The text that follows is basically nothing but a lengthy hint at the fact that the vaccinated quite rightly lose their patience. Both articles in combination form a perfect template for all those who – due to ignorance or false information – really believe that unvaccinated human beings pose a danger to society and have forfeited the right to their own bodies.

What the 'SonntagsBlick' is doing is pure incitement. It does not arbitrate between groups, it does not help to overcome the division, it journalistically arms one of the groups so that it develops anger that will eventually erupt.

It is one thing to market the vaccination with an expensive advertising campaign via an area-wide billboard campaign, it is another to publicly declare as a newspaper that unvaccinated people are in bed with the virus. The only thing missing is the claim that 'anti-vaccinationists' have brought the virus into the world.

The Ringier papers have been consistently putting themselves at the service of the Confederation for a year and a half, that's nothing new. But more and more, they are playing the role of the agitator who says what a Federal Councillor of course is not allowed to say, but plays right into his/her hands. Currently, for him/her, it is a matter of derailing the second referendum against the Covid law of November. By putting the vaccinated majority of the population into a latent state of aggression towards the rest, this can certainly be achieved.

"However, too much respect for the feelings of the vaccination opponents might sooner or later be stretched to the capacity limits of our hospitals again," writes the chief editor in his foreword. Respect for feelings? Which feelings? The integrity of one's own body is a human right. Anyone who concludes that they are not at significant risk from the virus has the right not to be administered a vaccine. This is not a 'feeling', it is a right. And trying to lever it out by once again inventing a looming overload of intensive care beds on the basis of statistics that have long been fudged is extremely unethical and wrong.

It is equally wrong to maintain the long refuted claim that vaccinated people are in a sense 'harmless'. We know that this is not the case, and vaccinated people have absolutely no reason to 'lose patience'. They have done what they wanted to do, they have exercised their right to their own bodies, and what others do is literally none of their concern. Neither the neighbour nor the colleague at work nor the father-in-law has to give account to them.

No, 'anti-vaccinationists' are not joining forces with the virus. They just don't confuse a desire to travel and to go to concerts with 'solidarity' and refuse to bow to the pressure that is being generated through new panic scenarios. This is their right. And anyone who accuses them of siding with the virus is guilty of any escalation of the situation that may yet come.

Source: <https://uncutnews.ch/mehr-spaltung-geht-nicht-mehr/>

Drawing the right conclusions!

uncut-news.ch, 30th August, 2021

The question of the benefits of Covid vaccines has always been a hot potato. Now a plain text article has caused quite a stir. The Multipolar magazine has taken up a hint after which official data from the British health authority Public Health showed that the vaccination might even lead to more severe courses of the disease and to more deaths. Literally, it had read in plain language:

In fact, according to UK government data, the delta variant is even more dangerous for vaccinated people!

After several letters from readers in response to his article, Multipolar conceded that this conclusion could not be drawn after all:

"Contrary to what is illustrated by the article, the statement that vaccinated people die more often than unvaccinated people cannot be proven from the data used."

Justification: "A summary view of the mortality rate of the two age groups given leads to a misleading impression, as the groups are of different sizes: If you look at the data correctly, there are 32,828 cases and 652 deaths among the twice-vaccinated over 50, thus a rate of 1.99%, and 4891 cases and 318 deaths

among the unvaccinated over 50, therefore a rate of 6.5%. In this age group, therefore, not more vaccinated people die than unvaccinated people, but considerably fewer. If you then take into account that the unvaccinated are more likely to be tested, which means that the estimated number of unreported cases is lower, then the difference becomes even clearer. In the age group below 50 years, the rate is slightly higher among the vaccinated, but at a rather low level (0.07% compared to 0.04%) and again, the same effect can be expected to occur when properly broken down by age: The deaths are seen mainly in the upper age range of this group, which has a high vaccination coverage. Without more data, however, it is impossible to say for sure." Ultimately, the reader points out, it may well be that if in each age group the mortality is lower among the dually vaccinated, it still appears higher in the summary: "This is called the Simpson paradox. In fact, this effect was unknown to me."

However, after careful examination of the argument and the data, the Multipolar backtrack seems premature - and also probably wrong. Namely, for the following reasons:

For the general estimation of the benefit of a Covid vaccination, it is still basically true that, according to the data from Public Health England, vaccinated persons run a higher risk of dying when infected with the delta variant. In this respect, the data are clear: A delta infection has been detected in 183,133 unvaccinated persons and in 163,329 vaccinated persons in the period between 1st February and 15th August, namely by sequencing or genotyping (not by a PCR test unsuitable for this). Within 28 days of confirmed delta infection, 390 unvaccinated and 783 vaccinated persons died. The probability of dying WITH a delta 'infection' is thus 0.21% for unvaccinated persons and about twice as high for vaccinated persons, at 0.47%. This risk is even less favourable for the 73,372 people whose delta infection was detected more than 14 days after the second vaccination: of these, 679 people, or 0.93%, died.

Whether 'the unvaccinated are more likely to have themselves tested' may remain undecided. But certainly, the unvaccinated are not more likely to be screened for possible variants by genetic sequencing. At best, they submit to a senseless dictate to present rapid tests or PCR tests in order to participate in social life. This does not allow any conclusions to be drawn about the statements of the PHE data.

What does that mean? The testing capacity in Great Britain is just over half a million tests per day. Since February 2021, between three and four million human beings have been tested per week. Here we are talking about the famously inglorious RT-PCR tests with their limited significance. These tests are NOT able to differentiate by variants of the virus. This requires full sequencing of the genetic material from test swabs. The corresponding procedure is called Whole Genome Sequencing and is much more complex than an inaccurate PCR test that can only detect individual partial sequences by means of amplification. As of 16th August 2021, Public Health England reports a total of 223,564 confirmed and a further 163,288 suspected (phenotyped) cases since observation of the variants of concern. Hence, this is a significantly lower figure than the number of Covid cases. Not every test undergoes sequencing, but mainly symptomatic cases are sequenced, as these significantly increase the probability of a complete isolation of virus particles. In so far, the argument that unvaccinated individuals had themselves tested more frequently is of no significance for the interpretation of the available data from PHE. About the same number of confirmed cases of delta variants have been examined here, with a negative tendency for fatal outcomes in vaccinated persons.

In fact, it is NOT senseful to consider separate age groups from the PHE data. The data only allows for a very rough division into under and over 50s. Although it is true that, according to the PHE data, more unvaccinated people over 50 die than vaccinated ones. However, no conclusion can be drawn from this fact to which the Simpson effect could be applied as a justification, suggesting per se a positive effect of the vaccine. The data density is not clear enough for this. After all, the data are evaluations among hospitalised patients. However, these did not necessarily come to the hospital and to the emergency room due to Covid-19. Part of these persons - both over and under 50 years of age - have only been routinely tested for Covid, which suggests that some have also died WITH but not FROM the delta variant. In any case, the PHE statistics break down the data accordingly to minimise distortions. In fact, even within the age group of unvaccinated over-50s, a significant share of 740 people (around 15 per cent) were admitted via the emergency room the same day their test smear was taken. This suggests, at least partially, a cause other than Covid, since accidents, strokes or heart attacks are also admitted via the emergency room, which frequently lead to death in this age group, which could not have been averted by vaccination.

Eventually, there is growing evidence that the Covid vaccination promotes antibody-enhanced infection (ADE) with the delta variant. The vaccines lead to a reduction in neutralising antibodies with increasing duration and age. Neutralising antibodies are the weapon to fight the virus that the novel vaccines make the body produce. A decrease in this immune defence makes the vaccinated more susceptible to infection with variants that can then more easily infect human cells by means of binding antibodies and thus harm the organism. This has recently been confirmed by Dr. David Bauer of the Francis Crick Institute.

What Dr Bauer is saying is a confirmation of the calculation of risk presented above for vaccinated people whose infection with delta occurred more than 14 days after the second vaccination. This group of people has a continuously decreasing amount of neutralising antibodies (NAB) and thus a higher risk of a severe course due to so-called ADE, the infection of cells by the delta variant of the virus, amplified by subsequently increased binding antibodies, which the vaccine not only no longer responds to, but the dangerousness of which is even being increased by the vaccination!

In plain terms, the PHE England data actually suggest, with some probability, what scientists had long feared, and what was shown by animal studies in attempts to develop a vaccine for the first SARS coronavirus: Antibody-enhanced exacerbation is a danger to vaccinated people.

It remains particularly charged and scandalous that these findings are not new even to the regulatory authorities. On the contrary: the umbrella authority NIH, which includes Tony Fauci's NIAID Institute, even funded a study, but obviously let it vanish from the scene, which had drawn the right conclusions: COVID vaccines harbour significant risks of exacerbation – and should therefore not be administered to those willing to be vaccinated on a voluntary factual basis without appropriate detailed information. Mandatory vaccination or vaccination campaigns for children are obscene and immoral in view of these!

Source: <https://alschner-klartext.de/2021/08/27/die-richtigen-schluesse-ziehen/>

COVID Vaccine Injury Reports Jump by 27,000 in One Week, FDA Pulls 'Bait and Switch' With Pfizer Vaccine Approval

08/27/21 By Megan Redshaw

VAERS data released Friday by the CDC showed a total of 623,343 reports of adverse events from all age groups following COVID vaccines, including 13,627 deaths and 84,466 serious injuries between Dec. 14, 2020 and Aug. 20, 2021.

Data released today by the Centers for Disease Control and Prevention (CDC) showed that between Dec. 14, 2020 and Aug. 20, 2021, a total of 623,343 total adverse events were reported to VAERS, including 13,627 deaths — an increase of 559 over the data released last week.

There were 84,466 reports of serious injuries, including deaths, during the same time period — up 3,416 compared with the previous week.

Excluding “foreign reports” filed in VAERS, 488,318 adverse events, including 6,128 deaths and 38,765 serious injuries, were reported in the U.S. between Dec. 14, 2020 and Aug. 20, 2021.

Of the 6,128 U.S. deaths reported as of Aug. 20, 13% occurred within 24 hours of vaccination, 18% occurred within 48 hours of vaccination and 32% occurred in people who experienced an onset of symptoms within 48 hours of being vaccinated.

In the U.S., 360.3 million COVID vaccine doses had been administered as of Aug. 20. This includes: 203 million doses of Pfizer, 143 million doses of Moderna and 14 million doses of the Johnson & Johnson (J&J).

The data come directly from reports submitted to the Vaccine Adverse Event Reporting System (VAERS), the primary government-funded system for reporting adverse vaccine reactions in the U.S.

Every Friday, VAERS makes public all vaccine injury reports received as of a specified date, usually about a week prior to the release date. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed.

This week's U.S. data for 12- to 17-year-olds show:

17,518 total adverse events, including 1,047 rated as serious and 18 reported deaths. Two of the 18 deaths were suicides.

The most recent reported deaths include a 15-year-old boy (VAERS I.D. 1498080) who previously had COVID, was diagnosed with cardiomyopathy in May 2021 and died four days after receiving his second dose of Pfizer's vaccine on June 18, when he collapsed on the soccer field and went into ventricular tachycardia; and a 13-year-old girl (VAERS I.D. 1505250) who died after suffering a heart condition after receiving her first dose of Pfizer.

Other deaths include two 13-year-old boys (VAERS I.D. 1406840 and 1431289) who died two days after receiving a Pfizer vaccine, a 13-year-old boy who died after receiving Moderna (VAERS I.D. 1463061), three 15-year-olds (VAERS I.D. 1187918, 1382906 and 1242573), five 16-year-olds (VAERS I.D. 1420630, 1466009, 1225942, 1475434, and 1386841) and three 17-year-olds (VAERS I.D. 1199455, 1388042 and 1420762).

2,609 reports of anaphylaxis among 12- to 17-year-olds with 99% of cases attributed to Pfizer's vaccine.

444 reports of myocarditis and pericarditis (heart inflammation) with 438 cases attributed to Pfizer's vaccine.

89 reports of blood clotting disorders, with all cases attributed to Pfizer.

This week's total U.S. VAERS data, from Dec. 14, 2020 to Aug. 20, 2021, for all age groups combined, show: 21% of deaths were related to cardiac disorders.

54% of those who died were male, 43% were female and the remaining death reports did not include gender of the deceased.

The average age of death was 73.1.

As of Aug 20, 3,190 pregnant women reported adverse events related to COVID vaccines, including 982 reports of miscarriage or premature birth.

Of the 2,640 cases of Bell's Palsy reported, 50% were attributed to Pfizer vaccinations, 43% to Moderna and 7% to J&J.

530 reports of Guillain-Barré Syndrome, with 39% of cases attributed to Pfizer, 34% to Moderna and 26% to J&J.

132,694 reports of anaphylaxis with 43% of cases attributed to Pfizer's vaccine, 49% to Moderna and 8% to J&J.

8,528 reports of blood clotting disorders. Of those, 3,633 reports were attributed to Pfizer, 3,101 reports to Moderna and 1,746 reports to J&J.

2,162 cases of myocarditis and pericarditis with 1,364 cases attributed to Pfizer, 714 cases to Moderna and 78 cases to J&J's COVID vaccine.

BBC radio host died of COVID vaccine complications, coroner confirms

An award-winning BBC radio host died as a result of complications from her first dose of AstraZeneca's COVID vaccine, coroner Karen Dilks concluded.

Lisa Shaw, 44, received her first dose of AstraZeneca on April 29. On May 13, she was taken by ambulance to University Hospital of North Durham after having a headache for several days. She was transferred to the Royal Victoria Infirmary in Newcastle, where she received a number of treatments, which included cutting away part of her skull to relieve the pressure on her brain. She died May 21.

According to the BBC, Tuomo Polvikoski, a pathologist, told the coroner Shaw was fit and healthy before receiving the vaccine. When asked about the underlying cause of the fatal clotting on her brain, Polvikoski said the clinical evidence "strongly supports the idea that it was, indeed, vaccine-induced."

FDA grants full approval of Pfizer vaccine, critics blast agency for lack of data, scientific debate

The U.S. Food and Drug Administration (FDA) Aug. 23 granted full approval to Pfizer's "Comirnaty" COVID vaccine for people 16 years and older — without allowing public discussion or holding a formal advisory committee meeting to discuss data.

This is the first COVID vaccine approved by the FDA, and is expected to open the door to more vaccine mandates by employers and universities.

According to The Washington Post, Pfizer's vaccine approval was the fastest in the agency's history, coming less than four months after Pfizer/BioNTech filed for licensing on May 7.

According to an article published Aug. 20 in the BMJ, transparency advocates criticized the FDA decision not to hold a formal advisory committee meeting to discuss Pfizer's application for full approval — an important mechanism used to scrutinize data.

Last year the FDA said it was "committed to use an advisory committee composed of independent experts to ensure deliberations about authorisation or licensure are transparent for the public."

But in a statement to The BMJ, the FDA said it did not believe a meeting was necessary ahead of the expected full FDA approval.

Kim Witczak, a drug safety advocate who serves as a consumer representative on the FDA's Psychopharmacologic Drugs Advisory Committee, said it's concerning that full approval is based on only six months' worth of data — despite clinical trials designed for two years — and there's no control group after Pfizer offered the product to placebo participants before the trials were completed.

FDA approval letter causes confusion, raises questions

Buried in the fine print of Monday's approval of the Pfizer Comirnaty vaccine are two critical facts that affect whether the vaccine can be mandated, and whether Pfizer can be held liable for injuries, according to Children's Health Defense Chairman Robert F. Kennedy, Jr. and Dr. Meryl Nass.

Kennedy and Nass, who accused the FDA of pulling a "bait and switch" on the public, said the FDA acknowledged that while Pfizer has "insufficient stocks" of the newly licensed Comirnaty vaccine available,

there is “a significant amount” of the Pfizer-BioNTech COVID vaccine — produced under Emergency Use Authorization (EUA) — still available for use.

The FDA decreed that the Pfizer-BioNTech vaccine under the EUA should remain unlicensed — but that it can be used “interchangeably” (page 2, footnote 8) with the newly licensed Comirnaty product.

Second, the FDA said the licensed Pfizer Comirnaty vaccine and the existing EUA Pfizer vaccine are “legally distinct,” but said their differences do not “impact safety or effectiveness.”

Kennedy and Nass said EUA products are experimental under U.S. law. Both the Nuremberg Code and federal regulations provide that no one can force a human being to participate in this experiment.

Under 21 U.S. Code Sec.360bbb-3(e)(1)(A)(ii)(III), “authorization for medical products for use in emergencies,” it is unlawful to deny someone a job or an education because they refuse to be an experimental subject, they wrote.

At least for the moment, the Pfizer Comirnaty vaccine has no liability shield. Vials of the branded product, which say “Comirnaty” on the label, are subject to the same product liability laws as other U.S. products, Kennedy and Nass said, adding that “Pfizer is therefore unlikely to allow any American to take a Comirnaty vaccine until it can somehow arrange immunity for this product.”

On Thursday, Sen. Ron Johnson (R-Wis.) wrote the FDA raising similar concerns and questions about the agency’s approval of the Pfizer Comirnaty vaccine.

In his letter, Johnson asked FDA Acting Commissioner Dr. Janet Woodruff why the FDA didn’t grant full licensure for the Pfizer-BioNTech vaccine that is already in use and available in the U.S., and how the agency will ensure that those being vaccinated under mandates will receive the FDA-approved version.

As COVID surges among fully vaccinated, CDC fails to properly track breakthrough cases

As The Defender reported Aug. 24, the most recent data from the CDC shows 9,716 breakthrough cases resulting in hospitalization or death as of Aug. 16. However, the agency states those numbers are underreported.

On May 1, the CDC made a decision to stop tracking all breakthrough cases and instead only track cases in the fully vaccinated that resulted in hospitalization or death. That leaves public health officials without the full data that can answer questions as the new Delta variant spreads.

In an interview with PBS News Hour, Jessica Malaty Rivera, an infectious disease epidemiologist and research fellow at Boston Children’s Hospital and former science communications lead at the COVID Tracking Project, said not tracking breakthrough data with as much granularity as we would hope is “basically creating blind spots in our understanding of the true impact of the virus, especially the variants that are circulating so widely in the United States.”

The New York Times recently published data from seven states — California, Colorado, Massachusetts, Oregon, Utah, Vermont and Virginia — that keeps particularly detailed records on breakthrough cases.

Analysis showed that in six of the states, breakthrough infections made up 18% to 28% of all newly diagnosed cases of COVID in the past several weeks, and 12% to 24% of all COVID-related hospitalizations, with reported deaths higher than the CDC’s original estimate of .5%.

Pfizer scheme to churn out ‘variant-specific’ vaccines will lead to more variants, experts warn

Pfizer CEO Albert Bourla on Tuesday told Fox News the company has a system in place to turn around a variant-specific jab within 95 days in the likelihood a vaccine-resistant COVID strain emerges, but experts warn that strategy will backfire.

Bourla said Pfizer hasn’t identified any variants that could escape the vaccine yet. However, that statement contradicts the findings of numerous studies by the Centers for Disease Control and Prevention (CDC) which show waning immunity against the Delta variant.

Dr. Peter McCullough, board certified in internal medicine, cardiovascular diseases and clinical lipidology, said in a recent podcast: “There are clearly sources of information to suggest that once we start vaccination and we get more than 25% of the population vaccinated, we will allow one of the variants that’s in the background to emerge because it’s resistant to the vaccine.”

“That [theory] makes sense,” McCullough said. “Just like an antibiotic, once we get to a certain percentage of coverage with an antibiotic, we’ll allow a resistant bacteria to move forward.”

According to Dr. Robert Malone, inventor of mRNA and DNA vaccines, worldwide expert in RNA technologies and Harvard-trained physician, continued mass vaccination campaigns will enable new, more infectious viral variants.

Even if we had complete uptake in vaccines and complete masking, Malone said, CDC data makes it clear that at best we can slow the spread of Delta but we can’t stop it.

New CDC studies show waning vaccine immunity to Delta variant

Two studies released Aug. 24 by the CDC showed fully vaccinated Americans' immunity to COVID is waning as the Delta variant now makes up 98.8% of U.S. COVID cases.

One study found vaccine effectiveness among frontline healthcare workers declined by nearly 30 percentage points since the Delta variant became the dominant strain in the U.S.

The analysis also concluded COVID vaccines were only 80% effective in preventing infection among the frontline healthcare workers.

The second study examined 43,000 Los Angeles residents 16 and older. Between May 1 and July 25, 25.3% of COVID infections occurred in fully vaccinated persons and 3.3% were in partially vaccinated persons.

The CDC cautioned in its report that vaccine effectiveness "might also be declining as time since vaccination increases and because of poor precision in estimates due to limited number of weeks of observation."

The publication of the new studies followed a week after the CDC released its first three reports on vaccine efficacy — which also showed waning vaccine protection against the Delta variant.

172 days and counting, CDC ignores The Defender's inquiries

According to the CDC website, "the CDC follows up on any report of death to request additional information and learn more about what occurred and to determine whether the death was a result of the vaccine or unrelated."

On March 8, The Defender contacted the CDC with a written list of questions about reported deaths and injuries related to COVID vaccines. We have made repeated attempts, by phone and email, to obtain a response to our questions.

Despite multiple phone and email communications with many people at the CDC, and despite being told that our request was in the system and that someone would respond, we have not yet received answers to any of the questions we submitted. It has been 172 days since we sent our first email to the CDC requesting information.

WITH SOURCE: PFIZER VACCINE: COVID APPROVAL VACCINE INJURY REPORTS JUMP BY 27,000 IN ONE WEEK, FDA PULLS 'BAIT AND SWITCH'

<https://childrenshealthdefense.org/defender/vaers-cdc-covid-vaccine-injury-reports-jump-27000-one-week/>

mRNA Vaccines: The Silent Weapon – Dr. Igor Shepherd

August 28th, 2021 by Dr. Igor Shepherd

My seven-year medical studies in the Soviet Army under the Strategic Rocket Force sector included large WMD-oriented military field exercises. I learned tactics of global warfare, including weapons of mass destruction and their effects on populations and enemy forces. The Soviet Army had a powerful biological defense system, and to be a successful military medical doctor I was required to know more than traditional medicine—I had to stay abrupt on the combat of "silent weaponry," because this type of covert biowarfare was crucial in extermination of enemies (peoples of western free nations) and globalizing communism.

Under Soviet rule, biowarfare was set up to be carried out through either tactical or strategic methods. In a tactical event, the military aggressor would use bio-agents during ground battlefield against enemy troops. With strategic warfare, the civilian population would be the main focus for destruction. Bio-agents, as bomblets, would be dropped onto large populated areas using cruise missiles or through aerosol dispersal off aircraft. This type of silent warfare allowed the enemy to quickly take over a country's infrastructure and economy, and incapacitate the population without a messy drawn-out military invasion. Americans should be concerned about silent warfare, because most nations, including the US, no longer follow the very Bioweapon Treaty that was put in place to protect the world and whole populations against maniacal bio-genocide.

Worldwide Bioweapons Treaty Violations

After WWII, Americans ramped up their bio-research in order to counter the Soviet threat, and weaponized both incapacitating and lethal biological agents. In 1969, President Nixon stalled the biological research program, allowing the Soviet Union to roll forward as the running wheel of WMD in the world. This caused the US to backpedal, and redirect billions to fund bio-defense efforts and projects related to biological weapons. As bio-production escalated worldwide, the threat to humanity once again caused a stir.

That global threat is what brought about the 1975 Bioweapons Treaty under the *Convention*. It was established to prohibit the development, production and stockpiling of biological and toxin weapons. One hundred and eighty-three nations signed on, including Russia and China.

Compromise started prior to the finalization of the treaty when Russia refused to sign unless the verification provisions were removed. The verification process was crucial because it would compel

nations to identify the number of civilian facilities and allow regular inspections. Russia had no intention of sanctioning inspections inside their research labs or displaying their enormous bio-stash. The US and UK caved in to Russia's ridiculous ultimatum, and allowed the treaty to remove the verification process. This move opened the door to lack of transparency and constant violations of the treaty, putting entire nations under constant threat. This is why it is important to understand that under this treaty gene-splicing and DNA manipulation used in the recent CRISPR technology and Covid-19 mRNA vaccines is illegal. All mRNA vaccine makers are in violation of this Biological Weapons Treaty, and getting away with it, thus allowing bioweapon development and production to move forward at the pace of a high-speed rail.

mRNA Technology is Not New

Messenger RNA technology in Covid vaccines is not new, even though our leaders have been spinning this mistruth since day one. The Soviets began developing mRNA sequencing almost four decades ago. They were the first to develop "designer" bio-agents under a classified program called *Project Factor*, one of many classified programs using recombinant DNA (rDNA) technology, known as DNA genetic engineering. Their gene-sequencing included messenger RNA (mRNA), and microRNA (miRNA), and carried the capability of creating horrific epidemics against enemy populations, even severe and debilitating multiple sclerosis.

DNA is the molecule that contains the genetic code of organisms like plants, animals, and bacteria, and is the hereditary material in humans and almost all other organisms. DNA is in each cell in the organism and directs the cells on what proteins to make. Messenger RNA is naturally located within all of our cells and is in charge of carrying out messages from the DNA that lies inside the nucleus of the cell. In the nucleus, the proteins are made from the mRNA sequence in a process known as translation. Both DNA and mRNA are molecules within a cell that are known as nucleic acids. MicroRNA regulates many mRNAs, and equally, a mRNA is regulated by several miRNAs in the production of bioweapons.

The molecules within the cells make up specific genetic codes for each individual's life, and is the "instruction manual" in keeping the human body functioning properly. Our human genome is what makes the human species human, and gives each one of us our own unique and specific genetic code, which is truly an amazing wonder because everything from eye color to why we have thin or thick lips is locked up inside that code. If our code was modified in any way and genetically changed from its original version, then the chances of losing our humanness becomes a certainty. This is why bioweapons in the wrong hands can dramatically alter human life as we know it.

Through lab-created modified pathogens, using rDNA and mRNA, Soviet scientists decided to rival God. By plugging genes and combining segments of DNA from one type of organism with the gene of another organism, they created more deadly, contagious, environmentally stable and pathogenic novel strains of the various microorganisms. These included multi-drug-resistant anthrax, genetically modified super plague, chimeric variations of smallpox, and German measles. They also found the way to effectively hijack the body's natural immune processes by producing overstimulation of the immune system through the "reprogramming" of the human immune system responses to those manmade-modified external pathogens. The over stimulation of the body's immune system was purposed to cause serious immunological reactions and remove the body's responsibility to release antibodies when the body decided to do so. Once the immune system was continuously in overdrive and self-exhausted (similar example of self-exhaust would be like a cancer patient whose immune system gets depleted from chemo-therapy), the body weakened and became susceptible to mild infections, like a cold, and could no longer fight off infections. For the Soviets, this breakthrough became important "silent warfare" for mass destruction.

Does this "reprogramming" of the immune system sound familiar? It should. The Covid-19 vaccines utilize the same mRNA technology of reprogramming the body's immune system as Russia used in producing bioweapons for silent warfare against civilians. Unlike traditional vaccines, mRNA vaccines do not carry real pathogens, and works by "tricking" the body into thinking it is under attack with a real virus. The body becomes like a computer, and is instructed to develop the pathogenic proteins itself, "reprogramming" the human body to produce its own antibodies. The proteins become independent and do not gather to form a virus like traditional vaccines. The immune system then detects these viral proteins and starts to produce a defensive response to them. The final result, though, has altered the body's natural responses, and dangerous pathological immune reactions are induced, including systemic inflammation and stimulation of auto-reactive antibodies, resulting in a cytokine storm or death. Worse, these harmful outcomes might not show up for months or years. This is why the initial side effects of many Covid vaccinated individuals were severe, and developed in days and weeks after the injection. The overstimulated immune system caused by the mRNA Covid-19 vaccines certainly blueprints Russia's silent weapons of warfare.

Silent Warfare

The Covid vaccine companies insist mRNA does not alter DNA, but I do not buy it. They have their reasons for bypassing the traditional vaccine method and going with the bioweapon technology, and I do not think it has anything to do with ensuring the health of populations, otherwise they would have taken the time to follow proper testing protocols for their “new” vaccines at the onset, and not been rash in ignoring the abundant reports of injuries and deaths caused so far with the vaccinated. And so, should we blindly trust them after knowing mRNA technology was initially developed and used by the Soviets to harm and destroy whole populations? Should we trust them knowing there is no known proper gauge for short or long-term side effects and what fatalities might occur up ahead? Do we ignore the fact Covid vaccine ingredients use aborted fetal cells which could potentially initiate cancer and autoimmune system shifts within the vaccinated? Do we close our eyes to the toxic and non-biodegradable synthetic materials, such as polyethylene glycol (PEG), used to make the vaccines, knowing PEG’s cause disruption to cellular function and provoke severe neuropsychiatric symptoms in offspring?

Should we believe our leaders when they insist these “secretly-patented” mRNA vaccines are safe, even after knowingly receiving reports that the Covid-19 vaccinations resulted in injuries and deaths caused by blood coagulation, pathological thrombus formation, Bell’s Palsy, cardiac disorders, heart inflammation, neurological mayhem, paralysis, Guillain-Barre’s Syndrome, and numerous miscarriages? The creators of the Covid-19 vaccines expect numerous injuries and fatalities ahead. You cannot mess with this type of biotechnology and be “clueless” regarding end results. This is why the pharmaceutical giants made sure they would be free of legal ramifications for harmful effects and deaths.

The evidence of global warfare is everywhere—from the dictatorial global alliances being formed between nations, to the violations of civil rights, to the imprisonment of citizens inside their own homes, to the destruction of private businesses, to the extreme rules of mask wearing, to the cruel new laws denying unvaccinated Americans the right to work, eat at restaurants, or attend theaters—these are not normal responses to a pandemic, especially one with a 0.1% to 0.5% fatality rate. These are the responses of a communist despotism. By mandating these bio-vaccines, they are forcing us to play Russian Roulette, but instead of one bullet in the six-chamber shooter, there are five.

The communist-patterned pandemic responses forced on free Americans is inconceivable, and I find it worrisome that our own American government and the US Department of Defense is knee-deep in partnerships with China regarding Covid-19 vaccine research and development. DOD’s bioweapon research and expert sectors, BARDA, DARPA, and DTRA, have all been heavily involved with the vaccine conglomerates, as well as China’s military, the People’s Liberation Army. To trust the health of our nation’s citizens to a country who is an active enemy of American ideals, and who cannot adequately secure their own bioweapon laboratories is treasonable.

Messenger RNA technology, because it involves genetic engineering, can be used in any Covid or flu vaccine today for rapid global depopulation through sterility measures or immunological complications, for racial extermination, to modify human sexual composition and create non-genders, for behavioral modifications, or to undergo chromosomal integration or insertional mutagenesis, leading to random insertions of genetic codes into the host of cellular genomes (inducing tumors). The idea of vaccines as a dispersal method to annihilate or debilitate millions of people unknowingly, with their consent, is a brilliant strategy of warfare. The very means with which should help eliminate a pandemic and save lives is instead used as a “kill” device.

Because the masses have accepted vaccinations as preventive medicine for decades, most would reject the possibility that a vaccine could be used as a bioweapon against them. Nonetheless, strong evidence of a global “coup” is piling up as more and more citizens become alarmed that this pandemic is less about health and safety, and more about the restructuring and destruction of our laws, economy, civil rights, and freedoms—everything that occurs during an enemy takeover, and not during a pandemic. And with no enforced treaty to protect civilians against biological weapons of mass destruction, silent warfare against all of humanity becomes today’s reality.

SOURCE: MRNA VACCINES: THE SILENT WEAPON

Source: https://www.lewrockwell.com/2021/08/no_author/mrna-vaccines-the-silent-weapon/

**Israel: Now that the 'booster vaccination' is available to all,
the 'green passport' is to be withdrawn from those who have been
vaccinated 'only twice'.**

David Rosenberg, 29th Aug. 2021, 4:26 PM | updated: 4:33 PM

Initially, access was only granted to those who had been fully vaccinated and had a green passport. Now the first voices are being raised demanding that the passport be withdrawn from those who do not want a booster vaccination. What will follow after the third vaccination?

The Israeli website israelnationalnews.com writes:

Israel to offer booster shots to all ages and cuts Green Pass duration.

Health Ministry announces booster shots will be available to all age groups eligible for first two shots. Green Pass duration to be cut.

All vaccinated Israelis will be eligible to receive a third booster shot of the COVID vaccine, Israel's Health Ministry announced Sunday afternoon.

In a press conference Sunday, Health Ministry director-general Nachman Ash announced that effective immediately, the age limit on COVID booster shots has been dropped, enabling anyone over the age of 12 who has received the first two doses of the vaccine to get a third shot.

The announcement comes just days after the Health Ministry expanded the booster shot program to all vaccinated Israelis over the age of 30.

Health Minister Nitzan Horowitz (Meretz) said at Sunday's press conference that it remains too early to tell whether the ongoing booster shot campaign has effectively halted the latest wave of the COVID pandemic, Israel's fourth since early 2020.

Along with the expansion of the booster shot program, Health Ministry officials also announced Sunday that the validity of green passes issued following full vaccination will now be limited to six months after the second dose.

Last week, Interior Minister Ayelet Shaked (Yamina) called on the government to cancel green passes for Israelis who have yet to receive the booster shot.

"I believe that the moment the third dose is available to everyone, the green pass should be taken away from anyone who has got vaccinated only twice."

Further changes to vaccination policy announced Sunday include the reduction of isolation for travelers returning from abroad from seven days to 24 hours, if they have received three doses of the vaccine.

SOURCE: ISRAEL TO OFFER BOOSTER SHOTS TO ALL AGES, CUTS GREEN PASS DURATION

Source: <https://www.israelnationalnews.com/News/News.aspx/312641>

**New data from Israel and the United Kingdom:
Is the vaccination an appalling faulty design?**

60% of Those Older Than 50 Who Die From COVID Are Double Vaxxed

Analysis by Dr. Joseph Mercola

As of August 15, 2021, 68% of COVID patients admitted to hospitals in the U.K. who were over the age of 50 had received one or two doses of COVID injections. By mid-August, 59% of serious cases in Israel were also among those who had received two COVID injections, mirroring U.K. data

Only in the 50 and younger category were a majority, 74%, of British COVID patients unvaccinated. Those claiming we're in a pandemic of the unvaccinated fail to differentiate between age groups.

The same applies to COVID deaths in the U.K. Unvaccinated make up the majority of deaths only in the under-50 age group. In the over-50 group, the clear majority, 70%, are either partially or fully "vaccinated". We cannot rely on U.S. data to get a clear idea of how the COVID shots are working, as the CDC has chosen to only track breakthrough cases that result in hospitalization and/or death.

Reanalysis of Pfizer's, Moderna's, and Janssen's COVID trial data using the proper endpoint show the shots are hurting the health of the population, and if mass vaccination continues we face "a looming vaccine-induced public health catastrophe".

A new study shows that vaccinated individuals are up to 13 times more likely to get infected with the new Delta variant than unvaccinated individuals who have had a natural COVID infection.

The oft-repeated refrain right now is that we're in a "pandemic of the unvaccinated," meaning those who have not received the COVID jab make up the bulk of those hospitalized and dying from the Delta variant. For example, on August 20, 2021, England's chief medical officer professor Chris Whitty tweeted: ^{1,2}

"Four weeks working on a COVID ward makes stark the reality that the majority of our hospitalized COVID patients are unvaccinated and regret delaying. Some are very sick including young adults. Please don't delay your vaccine."

Curiously, if you take the time to actually look at the data, you'll find that this blanket statement is rather deceptive. Here's a graphic published in the Evening Standard, sourced from Public Health England: ³

As you can see, as of August 15, 2021, 58% of COVID patients admitted to hospital who were over the age of 50 had actually received two doses of COVID injections and 10% had received one dose. So, partially or fully "vaccinated" individuals made up 68% of hospitalizations.

Only in the 50 and younger category were a majority, 74%, of hospitalizations among the unvaccinated. Whitty, however, completely neglected to differentiate between the age groups. The same applies to deaths. Unvaccinated only make up the majority of COVID deaths in the under-50 age group. In the over-50 group, the clear majority, 70%, are either partially or fully "vaccinated."

It's also unclear whether hospitals in the U.K. (and elsewhere) are still designating anyone who is admitted and tests positive with a PCR test as a "COVID patient." If so, people with broken bones or any number of other health problems who have no symptoms of COVID-19 at all might be unfairly lumped into the "unvaccinated COVID patient" total.

Israeli Data Show COVID Jab Is Failing in Over-50s

In Israel, where vaccine uptake has been very high due to restrictions on freedom for those who don't comply,⁴ data show those who have received the COVID jab are 6.72 times more likely to get infected than people with natural immunity.^{5,6,7}

The fully "vaccinated" also made up the bulk of serious cases and COVID-related deaths in July 2021, as illustrated in the graphs below.⁸ The red is unvaccinated, yellow refers to partially "vaccinated" and green fully "vaccinated" with two doses. By mid-August, 59% of serious cases were among those who had received two COVID injections,⁹ mirroring the data coming out of the U.K.

In an August 16, 2021, Science article,¹⁰ Israeli Minister of Health Nitzan Horowitz is quoted saying the nation has entered a "critical time" in the race against the pandemic. 10 Horowitz allegedly was given a third booster shot August 13, 2021, the day they began offering a third dose to people over the age of 50.

From Public Health England's data, it seems clear that the COVID shots are failing to protect people over the age of 50 in the U.K. as well, so it's probably only a matter of time before booster shots are rolled out there too. And, provided the COVID injections are the same irrespective of country, there's every reason to assume the same trends will emerge in other countries, including the U.S.

This is precisely what Ran Balicer, chief innovation officer at Clalit Health Services, Israel's largest health maintenance organization (HMO), told Science: "If it can happen here, it can probably happen everywhere."

11

Israeli Data Considered the Best Around

The data coming out of Israel is considered by many to be the best we have, and can give us a glimpse of what to expect elsewhere. As explained by Science magazine: ¹²

"Israel is being closely watched now because it was one of the first countries out of the gate with vaccinations in December 2020 and quickly achieved a degree of population coverage that was the envy of other nations — for a time

The nation of 9.3 million also has a robust public health infrastructure and a population wholly enrolled in HMOs that track them closely, allowing it to produce high-quality, real-world data on how well vaccines are working.

'I watch [Israeli data] very, very closely because it is some of the absolutely best data coming out anywhere in the world,' says David O'Connor, a viral sequencing expert at the University of Wisconsin, Madison.

'Israel is the model,' agrees Eric Topol, a physician-scientist at Scripps Research. 'It's pure mRNA vaccines. It's out there early. It's got a very high level population [uptake]. It's a working experimental lab for us to learn from.'

Israel's HMOs ... track demographics, comorbidities, and a trove of coronavirus metrics on infections, illnesses, and deaths. 'We have rich individual-level data that allows us to provide real-world evidence in near-real time,' Balicer says ...

Now, the effects of waning immunity may be beginning to show in Israelis vaccinated in early winter; a preprint ¹³ published last month ... found that protection from COVID-19 infection during June and July dropped in proportion to the length of time since an individual was vaccinated. People vaccinated in January had a 2.26 times greater risk for a breakthrough infection than those vaccinated in April."

Where Will It End?

According to Science magazine, breakthrough cases are now multiplying at breakneck speed. "There are so many breakthrough infections that they dominate and most of the hospitalized patients are actually vaccinated," Uri Shalit, a bioinformatician at the Israel Institute of Technology told Science.¹⁴

Nearly 1 million Israelis over the age of 50 have now received a third booster of Pfizer's mRNA shot. Time will tell whether this will worsen the rate of breakthrough cases or tame it.

Dvir Aran, a biomedical data scientist at the Israel Institute of Technology doesn't seem very hopeful, telling Science the surge is already so steep, "even if you get two-thirds of those 60-plus [boosted], it's just gonna give us another week, maybe two weeks until our hospitals are flooded" again.¹⁵

The obvious question is, what then?! Will the answer be a fourth injection before the year is over? Will we be looking at quarterly injections? Monthly injections? Biweekly? Weekly? Where and when does it end? It is fairly easy to predict that this can only end very badly.

US Tracks Only Fraction of Breakthrough Infections

Unfortunately, we cannot rely on U.S. data to get a clear idea of how the COVID shots are working, as the U.S. Centers for Disease Control and Prevention has chosen not to track all breakthrough cases. As reported by ProPublica,¹⁶ May 1, 2021, the CDC stopped tracking and reporting all breakthrough cases, opting to log only those that result in hospitalization and/or death.

As noted in the article, this irrational decision has "left the nation with a muddled understanding of COVID-19's impact on the vaccinated." It also prevents us from understanding how variants are spreading and whether those who have received the jab can still develop so-called "long-haul syndrome."

Individual states are also setting their own criteria for how they collect data on breakthrough cases, and this patchwork muddies the waters even further. Despite these limitations, what little data we do have is starting to mirror that of Israel and the U.K.

August 18, 2021, the CDC released three reports,^{17, 18, 19} which show the protection you get from the COVID shot is rapidly waning.

"Among nursing home residents, one of the studies showed vaccine effectiveness dropped from 74.7% in the spring to just 53.1% by midsummer," ProPublica writes.²⁰ "Similarly, another report found that the overall effectiveness among vaccinated New York adults dropped from 91.7% to just under 80% between May and July

The new findings prompted the Biden administration to announce on Wednesday that people who got a Moderna or Pfizer vaccine will be offered a booster shot eight months after their second dose. The program is scheduled to begin the week of Sept. 20 but needs approval from the Food and Drug Administration and a CDC advisory committee.

This latest development is seen by some as another example of shifting public health messaging and backpedaling that has accompanied every phase of the pandemic for 19 months through two administrations. A little more than a month ago, the CDC and the FDA released a joint statement saying that those who have been fully vaccinated 'do not need a booster shot at this time' ...

The CDC tracked all breakthrough cases until the end of April, then abruptly stopped without making a formal announcement. A reference to the policy switch appeared on the agency's website in May about halfway down the homepage.

'I was shocked,' said Dr. Leana Wen, a physician and visiting professor of health policy and management at George Washington University. 'I have yet to hear a coherent explanation of why they stopped tracking this information' ...

Sen. Edward Markey, D-Mass., became alarmed after the Provincetown outbreak and wrote to CDC director Dr. Rochelle Walensky on July 22, questioning the decision to limit investigation of breakthrough cases. He asked what type of data was being compiled and how it would be shared publicly²¹ ... Markey asked the agency to respond by Aug. 12. So far the senator has received no reply ..."

Vaxxed Are Up to 13 Times More Likely to Get Delta Variant

While the U.S. is lax about recording breakthrough infections, researchers in Israel have some breaking news: They have been keeping track, and their studies²² show that vaccinated individuals are up to 13 times more likely to get the Delta variant of COVID19 than those who were not vaccinated, but had recovered from a COVID infection.

As explained by ScienceMag:²³ The study "found in two analyses that people who were vaccinated in January and February were, in June, July and the first half of August, six to 13 times more likely to get infected than unvaccinated people who were previously infected with the coronavirus. In one analysis, comparing more than 32,000 people in the health system, the risk of developing symptomatic COVID-19 was 27 times higher among the vaccinated, and the risk of hospitalization eight times higher."

The study also said that, while vaccinated persons who also had natural infection did appear to have additional protection against the Delta variant, the vaccinated were still at a greater risk for COVID-19-related-hospitalizations compared to those without the vaccine, but who were previously infected. Vaccinees who hadn't had a natural infection also had a 5.96-fold increased risk for breakthrough infection and a 7.13-fold increased risk for symptomatic disease.

One thing to note here is that the wording of this is important: The study does not say that getting a vaccine helps protect you if you've had a natural infection; rather, it says that natural protection helps boost the vaccine. Either way, even if you do have natural infection in combination with the vaccination, vaccinees are still at an increased risk for a breakthrough infection.

"This study demonstrated that natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity," the study authors concluded.

Fully Vaxxed Speak Out

Back America, in an August 24, 2021, article,²⁴ The Defender cites data from seven states (California, Colorado, Massachusetts, Oregon, Utah, Vermont and Virginia) that keep more detailed records than most. In six of these states, breakthrough infections accounted for 18% to 28% of all new COVID diagnoses in the past several weeks, as well as 12% to 24% of all COVID-related hospitalizations.

In Los Angeles, breakthrough cases have risen from 5% in April and 13% in July to a current of 30%. Fully vaxxed celebrities and elected officials have now started speaking out after getting COVID. As reported by The Defender:²⁵

"Melissa Joan Hart, the former 'Sabrina the Teenage Witch' star is 'really mad' she has a breakthrough case. Hart shared on Instagram Aug. 19 ... 'I got COVID. I am vaccinated. And I got COVID. And it's bad. It's weighing on my chest, it's hard to breathe' ...

Celebrity Hilary Duff, revealed she had COVID on Instagram Aug. 20. Duff said she was experiencing a bad headache, brain fog, sinus pressure and a loss of taste and smell despite being vaccinated ...

Slipknot singer Corey Taylor, 47, was devastated after testing positive for COVID and was forced to call off his upcoming appearance at a Michigan pop culture convention this weekend, Rolling Stone reported. 'I wish I had better news,' said Taylor in a recorded video message last week on Facebook. 'I woke up today and tested positive and I'm very, very sick' ...

Rev. Jesse Jackson, and his wife, Jacqueline, remained under doctors' observation Monday [August 23, 2021] at a Chicago hospital after getting COVID ... Jackson, a Chicago civil rights leader, was fully vaccinated and received his first dose in January during a publicized event where he urged others to receive the vaccine as soon as possible ...

Three U.S. senators — John Hickenlooper (D-Colo.), Angus King (I-Maine) and Roger Wicker (R-Miss.) — announced Aug. 19 they tested positive for COVID despite being fully vaccinated, CBS News reported ...

The news came days after Texas Gov. Greg Abbott, who also was fully vaccinated, tested positive for COVID. Illinois state Sen. Dan McConchie announced Aug. 21 he had a 'breakthrough' case of COVID."

CDC Has Also Hidden Breakthrough Cases in Other Ways

The CDC also cooked the books on COVID breakthrough cases in other ways. Originally, the CDC recommended labs use a CT of 40²⁶ when testing for SARS-CoV-2 infection. This, despite using a CT above 35 was known to create a false positive rate of 97%.²⁷ By using an exaggerated CT, healthy people were deemed stricken with COVID-19.

In May 2021, the CDC lowered the CT from 40 to 28 or lower — but only when doing PCR testing on individuals who have received the COVID jab.²⁸ Unvaccinated were still tested using a CT of 40. The end result is obvious: "Vaccinated" individuals became far less likely to test positive for SARS-CoV-2 infection while unvaccinated were still exceedingly getting false positives. As noted by Off-Guardian:²⁹

"This is a policy designed to continuously inflate one number, and systematically minimize the other. What is that if not an obvious and deliberate act of deception?"

How the CDC Invented the 'Pandemic of Unvaxxed' Narrative

The CDC also played fast and loose with the data when it invented the "pandemic of the unvaccinated" narrative³⁰ that we're now being indoctrinated with. In a July 16, 2021, White House press briefing,³¹ CDC director Dr. Rochelle Walensky claimed "over 97% of people who are entering the hospital right now are unvaccinated."

"Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general. Scientific principles dictate that the mass immunization with COVID-19 vaccines must be halted immediately because we face a looming vaccine induced public health catastrophe. ~ Dr. Bart Classen, Trends in Internal Medicine."

As it turns out, that statistic is based on hospitalization data from January through June 2021, when the majority of Americans had not yet gotten the COVID jab. January 1, 2021, only 0.5% of the U.S. population had received a COVID shot. By mid-April, an estimated 31% had received one or more shots,³² and as of June 30, just 46.9% were "fully vaccinated."³³

COVID Shots 'Proven to Cause More Harm Than Good'

While the official narrative is that the COVID shots may be "less than perfect" but are still better than the alternative (i.e., getting the infection when you're unvaccinated), Dr. Bart Classen published a study³⁴ in the August 2021 issue of *Trends in Internal Medicine*, disputing this claim.

The study,³⁵ "U.S. COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, 'All Cause Severe Morbidity,'" details a core problem with Pfizer's, Moderna's and Janssen's (Johnson & Johnson) trials.

All three employ a surrogate primary endpoint for health, namely "severe infections with COVID-19." This, Classen says, "has been proven dangerously misleading," and many fields of medicine have stopped using disease-specific endpoints in clinical trials and have adopted "all-cause mortality and morbidity" instead. The reason for this is because if a person dies from the treatment or is severely injured by it, even if the treatment helped block the progression of the disease they're being treated for, the end result is still a negative one.

To offer an extreme example of what you can do with a disease-specific endpoint, you could make the claim that shooting people in the head is a cure for cancer, because no one who got the treatment — who got shot in the head — died from cancer.

When reanalyzing the clinical trial data from these COVID shots using "all-cause severe morbidity" as the primary endpoint, the data reveal they actually cause far more harm than good.

The proper endpoint was calculated by adding together all severe events reported in the trials, not just COVID-19 but also all other serious adverse events. By doing this, severe COVID-19 infection gets the same weight as other adverse events of equivalent severity. According to Classen:³⁶

"Results prove that none of the vaccines provide a health benefit and all pivotal trials show a statistically significant increase in 'all cause severe morbidity' in the vaccinated group compared to the placebo group. The Moderna immunized group suffered 3,042 more severe events than the control group. The Pfizer data was grossly incomplete but data provided showed the vaccination group suffered 90 more severe events than the control group, when only including 'unsolicited' adverse events.

The Janssen immunized group suffered 264 more severe events than the control group. These findings contrast the manufacturers' inappropriate surrogate endpoints:

Janssen claims that their vaccine prevents 6 cases of severe COVID-19 requiring medical attention out of 19,630 immunized; Pfizer claims their vaccine prevents 8 cases of severe COVID-19 out of 21,720 immunized; Moderna claims its vaccine prevents 30 cases of severe COVID-19 out of 15,210 immunized.

Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general. Scientific principles dictate that the mass immunization with COVID-19 vaccines must be halted immediately because we face a looming vaccine induced public health catastrophe."

To make the above numbers more clear and obvious, here are the prevention stats in percentages:

Pfizer 0,00036%
 Moderna 0,00125%
 Janssen 0,00030%

Where Do We Go From Here?

If you've already gotten one or two shots, there's nothing you can do about that. It seems pretty obvious, though, if you objectively analyze the data, that your best bet is to say no to any and all future boosters, as each additional shot can magnify the damage and increase your risk of serious side effects.

If you develop symptoms of SARS-CoV-2 infection, there are several treatment protocols available that have been shown to be effective. Options include the Zelenko protocol,³⁷ the MATH+ protocols³⁸ and nebulized hydrogen peroxide, as detailed in Dr. David Brownstein's case paper³⁹ and Dr. Thomas Levy's free e-book, "Rapid Virus Recovery."

Whichever treatment protocol you use, make sure you begin treatment as soon as possible, ideally at first onset of symptoms. Also, realize that if you've gotten one or more COVID shots, your risk of severe infection may actually be greater, not lesser, than had you not gotten the injections. This appears particularly true if you're over the age of 50. So, do not delay treatment if you develop symptoms.

Sources and References:

1 *Twitter August 20,2021*

2, 3 *Evening Standard* August 20, 2021
 4 *Our World in Data, Data for Israel*
 5 David Rosenberg 7 July 13, 2021
 6 *Sharylattkisson.com* August 8, 2021
 7 *Sharylattkisson.com* August 6, 2021
 8 Twitter Alex Berenson July 18, 2021
 9, 10, 11, 12, 14, 15 *Science* August 16, 2021
 13 *medRxiv* July 31, 2021 DOI: 10.1101/2021.07.29.21261317 (PDF)
 16, 20 *ProPublica* August 20, 2021
 17 CDC MMWR August 18, 2021; 70 *New COVID Cases and Hospitalizations Among Adults by Vaccination Status*
 18 CDC MMWR August 18, 2021; 70 *Sustained Effectiveness of Pfizer and Moderna Vaccines Against COVID Associated Hospitalizations Among Adults*
 19 CDC MMWR August 18, 2021; 70 *Effectiveness of Pfizer and Moderna Vaccines Among Nursing Home Residents*
 21 Ed Markey Press Release July 22, 2021
 22 *MedRxiv* August 25, 2021
 23 *ScienceMag* August 26, 2021
 24, 25 *The Defender* August 24, 2021
 26 *FDA.gov* CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel Instructions, July 13, 2020 (PDF) Page 35
 27 *Clinical Infectious Diseases* September 28, 2020; ciaa1491
 28, 29 *Off-Guardian* May 18, 2021
 30 *The New York Times* July 16, 2021
 31 *WH.gov* Press Briefing July 16, 2021
 32 *Bloomberg COVID Vaccine Tracker*
 33 *Mayo Clinic COVID Vaccine Tracker*
 34, 35, 36 *Trends in Internal Medicine* August 2021; 1(1): 1-6
 37 Zelenko protocol
 38 *Covid19criticalcare.com*
 39 *Science, Public Health Policy and The Law* July 2020; 1: 4-22 (PDF)
 SOURCE: 60% OF THOSE OLDER THAN 50 WHO DIE FROM COVID ARE DOUBLE VAXXED
 Source: <https://media.mercola.com/ImageServer/Public/2021/August/PDF/fully-vaccinated-covid-deaths-pdf.pdf>

The last bastion of freedom

An open letter from scientists encourages the unvaccinated and corroborates the human right to physical self-determination.

by Rubikons Weltredaktion

The researcher Dr. Denis Rancourt and several other Canadian scientists have written an open letter in support of those who have decided against a COVID-19 vaccination. The group emphasises the voluntary nature of this medical treatment as well as the need for informed consent and an individual risk-benefit assessment. They reject the pressure exerted on the unvaccinated by healthcare authorities, the media and social media as well as fellow citizens. Maintaining control over our physical integrity means defending the last frontier that still protects our civil liberties.

by Angela Durante

Ontarios Civil Liberties Association (OCLA)

Open letter to the unvaccinated

You are not alone! As of the 28th of July 2021, 29 per cent of Canadians have not received a COVID-19 vaccination, and another 14 per cent have received only one dose to date. In the USA and in the European Union, less than half of the population is fully vaccinated, and even in Israel, the 'world laboratory' according to Pfizer, one third of the human beings are completely unvaccinated. Politicians and the media have taken an equal point of view and made the unvaccinated the scapegoat for the problems that have arisen after eighteen months of fearmongering and lockdowns. It is time to set the record straight.

It is perfectly rational and legitimate to speak out against insufficiently tested vaccines for which there is no reliable scientific basis. You have the right to control your body and to refuse medical treatments if you deem this right. You have the right to say "no" when your dignity, integrity and physical autonomy are harmed. It is your body and you have the right to decide freely. You have the right to fight against the mass vaccination of your children at school.

You are right to wonder whether a free and informed consent is even possible under the given circumstances. Long-term effects are unknown. Possible heritable effects are unknown. Deregulation of

natural immunity caused through vaccination is unknown. Potential damages are unknown as reporting of adverse effects is delayed, incomplete and inconsistent from country to country.

You are being targeted by the mainstream media, the social engineering campaigns of the government, unjust regulations and policies, collaborating employers and the social media mob. You are being told that now you are the problem and that the world cannot be mended unless you have yourself vaccinated.

You are scapegoated by the propaganda and pressurised by those in your environment. Remember: there is nothing wrong with you.

You are erroneously accused of being a factory for new SARS-CoV-2 variants, whereas your natural immune system actually generates immunity to several components of the virus, according to leading scientists. This promotes your protection against a wide range of viral variants and prevents further spread to other individuals.

They are right to demand independent, peer-reviewed trials that are not funded by multinational pharmaceutical companies. All peer-reviewed studies on short-term safety and efficacy have been funded, organised, coordinated and supported by these profit-oriented companies; and none of the trial data has been published or made available to researchers who do not work for these companies.

You are right to question the preliminary results of the vaccine trials. The claimed high values of relative efficacy are based on a small number of 'infections' that were only very vaguely determined. The trials were also not blinded, meaning that the persons administering the injections knew or could infer whether they were injecting the experimental vaccine or the placebo. This is not an acceptable scientific methodology for vaccine trials.

You are right in demanding a diversity of scientific opinions. Like in nature, we need a polyculture of information and its interpretations. And we do not have that at the moment. The decision not to have the vaccine creates space for rationality, transparency and responsibility. You are right to ask: "What comes next when we give up sovereignty over our own body?"

Do not be intimidated. You are demonstrating resilience, integrity and determination. You come together with like-minded people, make plans to help each other, and take a stand for the scientific accountability and for the freedom of speech that are essential for the thriving of society. We are among the many who stand by your side.

Angela Durante, PhD

Denis Rancourt, PhD

Claus Rinner, PhD

Laurent Leduc, PhD

Donald Welsh, PhD

John Zwaagstra, PhD

Jan Vrbik, PhD

Valentina Capurri, PhD

Editorial note: This text first appeared under the title 'Letter to the unvaccinated'. It was translated [into German] by Max Stadler from the Rubicon honorary translation team and revised by the Rubicon honorary proofreading team.

Source: <https://ocla.ca/a-letter-to-the-unvaccinated/>

And he was right! Nobel Prize Winner Warns Vaccines Facilitate Development of Deadlier COVID Variants, Urges Public to Reject Jabs

by Veronika Kyrylenko 20th May, 2021

Luc Montagnier, a French virologist and recipient of the 2008 Nobel Prize in Medicine for his discovery of the human immunodeficiency virus (HIV), has recently exposed the dangers of the COVID-19 vaccines. Montagnier discussed the issue in an interview with Pierre Barnérias of Hold-Up Media earlier this month, which was exclusively translated from French into English for RAIR Foundation USA.

The vaccines don't stop the virus, argues the prominent virologist, they do the opposite — they "feed the virus," and facilitate its development into stronger and more transmittable variants. These new virus variants will be more resistant to vaccination and may cause more health implications than their "original" versions.

During the interview, professor Montagnier referred to the vaccine program for the coronavirus as an "unacceptable mistake." Mass vaccinations are a "scientific error as well as a medical error," he said. "The history books will show that, because it is the vaccination that is creating the variants." Montagnier

explained that “there are antibodies, created by the vaccine,” forcing the virus to “find another solution” or die. This is where the variants are created. It is the variants that “are a production and result from the vaccination.”

Montagnier details that the mutation and strengthening of the virus occurs owing to the phenomenon known as Antibody Dependent Enhancement (ADE). ADE is a mechanism that increases the ability of a virus to enter cells and cause a worsening of the disease. ADE occurs when the antibodies generated during an immune response recognize and bind to a pathogen, but they are unable to prevent infection. Instead, these antibodies act as a “Trojan horse,” allowing the pathogen to get into cells and exacerbate the immune response.

In America, routinely recommended vaccines do not cause ADE. If they did, they would be removed from circulation. Phase III clinical trials of new vaccines are designed to uncover frequent or severe side effects before the vaccine is approved for use. Typically, it takes 2-4 years to assess whether a vaccine is safe, but with COVID-19 vaccines, manufacturers are spending around six months or less for testing.

According to the Cambridge University, ADE occurs in SARS-CoV-1, MERS, HIV, Zika, and Dengue virus infection and vaccination.

Data from around the world confirms ADE occurs in SARS-CoV-2, which causes COVID-19, says Montagnier. “You see it in each country, it’s the same: the curve of vaccination is followed by the curve of deaths. I’m following this closely and I am doing experiments at the Institute with patients who became sick with Corona after being vaccinated.”

In a medical documentary *Hold Up: Return of the Chaos*, released in France on November 11, 2020, Montagnier rejected the then-upcoming vaccine against COVID, saying he will not be vaccinated. “My conscience tells me not to,” he said. Montagnier also addressed his French colleagues, urging them “to uphold their [medical] titles as doctors, not as the sheep.”

The movie discusses the origins of the virus, criticizes harmful and irrational mask mandates as well as lockdowns, quarantines, abuses of government overreach, and explores effective COVID treatments such as hydroxychloroquine. The video was banned on YouTube, possibly because the creators imply the World Economic Forum used the pandemic to establish world dominance as a part of a global plan that is known as the Great Reset.

Montagnier has been a vocal critic of the mass vaccination campaign. In a letter to the President and Judges of the Supreme Court of the State of Israel, which unrolled the world’s speediest and the most massive vaccination campaign, Montagnier urged for its suspension:

**“I would like to summarize the potential dangers of these vaccines
in a mass vaccination policy.”**

1. **Short-term side effects:** these are not the normal local reactions found for any vaccination, but serious reactions involve the life of the recipient such as anaphylactic shock linked to a component of the vaccine mixture, or severe allergies or an autoimmune reaction up to cell aplasia.

2. **Lack of vaccine protection:**

2.1 **Induction of facilitating antibodies** – the induced antibodies do not neutralize a viral infection, but on the contrary facilitate it depending on the recipient. The latter may have already been exposed to the virus asymptotically. A low level of naturally induced antibodies may compete with the antibodies induced by the vaccine.

2.2 The production of antibodies induced by vaccination in a population highly exposed to the virus will lead to the selection of variants resistant to these antibodies. **These variants can be more virulent or more transmissible.** This is what we are seeing now. An endless virus-vaccine race that will always turn to the advantage for the virus.

3. **Long-term effects:** Contrary to the claims of the manufacturers of messenger RNA vaccines, there is a risk of integration of viral RNA into the human genome. Indeed, each of our cells has endogenous retroviruses with the ability to reverse transcriptase from RNA into DNA. Although this is a rare event, its passage through the DNA of germ cells and its transmission to future generations cannot be excluded.

“Faced with an unpredictable future, it is better to abstain.”

Earlier last year, Montagnier presented a powerful case proving that SARS-CoV2 could only be a genetically engineered coronavirus, therefore the vaccine strategy should be based on that fact.

As reported by French Soir, in his television interview of April 17, 2020, Montagnier drew attention to the presence of at least half a dozen mini-sequences of the HIV virus grouped together in a short segment of the SARS-Cov2 genome. This observation was published by the mathematician Jean-Claude Perez in February 2020 under the title “Synthetic origin of Covid-19 and Evolution.” These mini-sequences, researchers believe, could be exogenous information elements (EIA), that is, they can have genetic

significance. They assert that this unmistakable presence of concentrated EIAs, in relation to HIV but also with the Yoeli Plasmodium parasite, the agent responsible for malaria, would not be natural and therefore would require an adequate strategy to develop a safe and effective vaccine. Montagnier and Perez explain the scientific challenges and complexity to develop vaccines against HIV and malaria, both of which still have no vaccines to combat infection.

Montagnier argues the coronavirus had escaped in an "industrial accident," while Chinese scientists at the Wuhan city laboratory were trying to develop a vaccine against HIV.

Back in April 2020, Montagnier urged people to refuse vaccines against COVID-19 when they become available, because "instead of preventing the infection, they [would] accelerate infection." Today, the newly occurring variants of SARS-CoV-2 that affect vaccinated people prove his thesis. In this case, mass vaccination may cause a new, more deadly wave of pandemic.

The same thesis is shared by the Belgium virologist Vanden Bossche, who is also calling for a halt to the mass-vaccination programs. He believes that if the jabs are not halted, they could lead to the evolution of stronger and stronger variants of the virus until a "supervirus" takes hold and wipes out huge numbers of people.

SOURCE: NOBEL PRIZE WINNER WARNS VACCINES FACILITATE DEVELOPMENT OF DEADLIER COVID VARIANTS, URGES PUBLIC TO REJECT JABS

Source: <https://thenewamerican.com/french-nobel-prize-winner-warns-vaccines-facilitate-development-of-deadlier-covid-variants-urges-the-public-to-reject-jabs/>

Doctor in Israel: The medical staff and the nurses do not know how to treat the patients! Despite vaccination, the numbers are rising

uncut-news.ch, 2nd September, 2021 (headline and first paragraph)

AND after this:

Israel National News

by Arutz Sheva Staff, Sep 02, 2021 10:32 AM

They are already vaccinating the third dose and still the numbers are increasing daily. Now human beings are dying from the treatment. It can be assumed that these will then be referred to as Covid deaths.

Doctors: 'Medical staff are collapsing and patients pay with their lives'

Senior doctors warn: 'Large number of hospitalized coronavirus patients forcing drop in quality of care.' Several senior doctors have warned that the level of care in the coronavirus wards is dropping, and some of the hospitals are already insufficiency levels, Israel Hayom reported.

According to the report, the insufficiency in public hospitals is caused by a lack of medical and nursing staff who are skilled at treating coronavirus patients.

According to the Health Ministry, 700 severely ill coronavirus patients are hospitalized around the country, including 211 who are in critical condition and 145 who are intubated. Earlier this week, a State Comptroller report warned that there is a shortage of medical and nursing staff trained in ICU care and intubation, and that Israel lacks a large number of ICU beds.

A department director in one of the large government hospitals in Israel told Israel Hayom, "There are nurses and doctors who are not skilled who do not know how to treat severely ill patients, and some of them have no idea what to do at night with the patients. For this, patients pay with their lives, and the doctors as well are extremely worn out. Some of the staffs, some of them are not capable of managing the serious situations, and don't know how to manage intubated patients. That's also a threat to patients' lives, and doctors finish their shifts broken and completely shattered."

"This week a doctor told me that he froze at night when he was on duty, when he saw how the medical staff and nurses don't know how to treat patients."

He emphasized, "There are doctors who are left with post trauma because they had to face the deaths of so many patients in one night. On one night there were almost ten patients who died, and this left them with trauma, like that after a bloody war."

"The overload in the coronavirus wards is enormous, and when the hospitals' management places doctors and nurses who don't know how to treat severely ill patients, the consequences are catastrophic. All of this is happening when the public doesn't even know about it, and the hospital directors are acting as if everything as usual and everything is okay."

SOURCE: DOCTORS: 'MEDICAL STAFF ARE COLLAPSING AND PATIENTS PAY WITH THEIR LIVES'

Source: <https://uncutnews.ch/arzt-in-israel-das-medizinische-personal-und-die-krankenschwestern-wissen-nicht-wie-sie-die-patienten-behandeln-sollen-trotz-impfung-steigen-die-zahlen/>
and
<https://www.israelnationalnews.com/News/News.aspx/312904>

AP Breaks With Mainstream Media Narrative: Time to Retire 'Pandemic of the Unvaccinated' Sound Bite

09/01/21

by Children's Health Defense Team

childrenshealthdefense.org: The Associated Press today said it may be time to retire the "pandemic of the unvaccinated" sound bite because it "doesn't tell the whole story."

In an article outlining the flaws and potential consequences of perpetuating the narrative, AP quoted Dr. Eric Topol, professor of molecular medicine at Scripps Research in La Jolla, California, who said:

"It is true that the unvaccinated are the biggest driver, but we mustn't forget that the vaccinated are part of it as well, in part because of the Delta variant. The pandemic clearly involves all people, not just the unvaccinated."

Branding it "a pandemic of the unvaccinated" could have the unintended consequence of stigmatizing the unvaccinated, Topol said. "We should not partition them as the exclusive problem."

Dr. Leana Wen, former Baltimore health commissioner and commentator on public health issues, told AP: "We don't live in communities where the vaccinated can separate themselves from the unvaccinated, because we are dealing with a highly contagious virus and there is a spillover effect. "That gets lost when we are just saying it's a 'pandemic of the unvaccinated.'"

Republican pollster Bill McInturff, told AP, "Calling it a 'pandemic of the unvaccinated' is certainly not going to increase the compliance among the unvaccinated."

According to AP, a poll from the AP-NORC Center for Public Affairs Research in July found that 45% of adults who had not yet received a vaccine said they definitely would not get it, and 35% probably would not.

Nearly 2 in 3 (64%) unvaccinated adults said they had little to no confidence the shots are effective against mutations like the Delta variant. Just 3% of unvaccinated adults said they would definitely get vaccinated.

Facts don't support 'pandemic of the unvaccinated' sound bite

To support her assertion the unvaccinated are to blame for new Delta cases, the CDC's Walensky in a July 16 White House press briefing claimed "over 97% of people who are entering the hospital right now are unvaccinated."

But as reported by Fox News anchor Laura Ingraham on "The Ingraham Angle," that statistic is "grossly misleading." Ingraham referred to an Aug. 5 video statement, in which Walensky inadvertently revealed how that 95% to 99% statistic was created.

As it turns out, to achieve those statistics, the CDC included hospitalization and mortality data from January through June 2021, when the vast majority of the U.S. population was unvaccinated.

The statistics did not include more recent data, or data related to the Delta variant, which is now the most prevalent strain in circulation.

Studies show COVID vaccines don't fully protect people from becoming infected with Delta, and those fully vaccinated individuals who do get the virus are spreading it to others, including both vaccinated and unvaccinated individuals.

One study found people fully vaccinated with Pfizer's vaccine were 6 to 13 times more likely to get Delta than someone with natural immunity.

Some scientists argue a mass vaccination campaign using vaccines that don't prevent infection or transmission can prolong the pandemic, by creating the perfect conditions for more, and more transmissible, variants to evolve.

QUELLE: AP BREAKS WITH MAINSTREAM MEDIA NARRATIVE: TIME TO RETIRE 'PANDEMIC OF THE UNVACCINATED' SOUND BITE

Source <https://childrenshealthdefense.org/defender/ap-breaks-mainstream-media-narrative-pandemic-of-unvaccinated/>

Sweden has banned travellers from Israel, one of the most vaccinated countries in the world

Thelma Binder

Sweden has reintroduced travel restrictions for travelers from the United States and five countries, but will consider more lenient rules for vaccines.

The Swedish government today officially extended the ban on Swedish entry for citizens of non-EU / EEA countries until October 31. Local Last week.

There are a number of exceptions to the ban, including persons traveling for specific reasons, and from certain countries, but on Thursday, six countries were removed from the list of "safe countries": Since September 6, the entry ban applies to the following countries due to the increase in COVID-19 infections in these countries: Kosovo, Lebanon, Montenegro, Northern Macedonia, USA and Israel.

The case of Israel is particularly noteworthy because this country has long been one of the most vaccinated countries in the world and has the highest percentage of the population receiving the third booster vaccine (25%), which is also the country's most recent vaccine. The wave of Govt-19 infection has now reached an all-time high.

This does not mean that all travel from these countries will be prohibited, as travelers may fall into a different category of exemption, for example if they are traveling for urgent family reasons or have European citizenship or Swedish residence permit. The decision to reintroduce restrictions in these six countries is the result of the EU's recommendation.

Currently, Sweden does not distinguish between vaccinated and unvaccinated travelers when traveling outside the European Union, but the government has indicated that new exemptions for vaccinated travelers "living in some third party" may be considered.

„Sweden has many countries with close ties. There, the government will now explore the possibility of fully exempting vaccinated people in some third countries“, Interior Minister Michael Tamberg told the news agency DT Thursday.

„I think mainly the United Kingdom, but think of the United States, however this country is very complex and many countries have completely different rules.“

He and the government statement released on Thursday gave no indication as to when such exemptions would be introduced.

SOURCE: SWEDEN BANS TRAVELERS FROM ISRAEL, ONE OF THE MOST VACCINATED COUNTRIES IN THE WORLD

Source: <https://dodofinance.com/sweden-has-banned-travelers-from-israel-one-of-the-most-vaccinated-countries-in-the-world/>

Cyclist suffers from disorders of the immune system due to Pfizer injection: My best form is gone

uncut-news.ch, 3rd September, 2021

The Belgian cyclist Greg Van Avermaet finished 104th in the time trial of the Tour of Benelux. He attributes this disappointing performance to the impaired immune system after his corona vaccination. He went the whole hog but, according to his own statement, did not reach his normal level.

"The data are evidence that there is something wrong with my immune system. My body is fighting an unknown enemy and it is likely to be the vaccine," Van Avermaet said in an interview with Het Nieuwsblad. "I will consult some doctors in the next few days and follow their advice. If that means we don't race anymore, so be it. In this way, the world championship does not make sense."

Before the Tour de France, the cyclist took the vaccine from Pfizer. "Obviously it entailed some problems. I am sleeping well, training well and feeling good, but I am three per cent short of my best form. In normal form I will be in the top 20 in this time trial," he said.

"It's sad that this had to happen to a great athlete like Greg van Avermaet," says programme-maker and former cyclist Flavio Pasquino.

"As long as the government refuses to provide correct, scrutinised figures on side effects, the contrary anecdotal evidence with human beings affected by Covid and human beings affected by side effects undermines the credibility of the policy," says lawyer Michael Verstraeten.

The Member of Parliament Gideon van Meijeren (FVD) says: "Another healthy person who was susceptible to propaganda and fell into the trap. He has been presented the illusion that it would be a good idea to be injected with an experimental gene therapy."

"He is now also suffering from an impaired immune system and regrets having been vaccinated," Van Meijeren adds.

SOURCE: GREG VAN AVERMAET (104DE) GOOIT HANDDOEK VOOR WK DOOR VERSTOORD IMMUUNSYSTEEM NA VACCIN: "ZO HEEFT HET WK GEEN ZIN"

Physician about side effects of Covid vaccinations: "We are heading for a crisis"

uncut-news.ch, 3rd September, 2021

The Covid vaccine is not a magic bullet, contrary to media reports, says internist and cardiologist Peter McCullough. In Great Britain, for example, more than 65% of recent deaths from corona were fully vaccinated.

Dr. McCullough pointed out that 50 per cent of deaths occur within 48 hours after the vaccination and 80 per cent within a week. So there seems to be a direct connection between the vaccines and the deaths, he told One America News.

"There are currently major concerns about the safety of vaccines," the professor stressed. The US Food and Drug Administration (FDA) has already added several warnings to the patient information leaflet of the corona vaccines, including a warning about blood clots, myocarditis, paralysis and neurological disorders. There is no reason to force a vaccination passport on human beings, Dr McCullough said. "This is a form of coercion and transgresses the principles of medical ethics."

The human beings are not being informed about the risks. "I think we are heading for a crisis. An unnecessary crisis. We don't need the vaccine. It would be a great relief if the vaccination programme ended prematurely."

Dr McCullough and other physicians say the biggest threat is not corona, but the vaccines. "The crisis right now is the vaccine," the internist said. "I am receiving panicked calls from people who do not want the vaccine, saying it is not safe and not efficacious."

Source: <https://uncutnews.ch/arzt-ueber-nebenwirkungen-von-covid-impfungen-wir-steuern-auf-eine-krise-zu/>

Dear Mister von Burg, what does 'every conceivable pressure' mean?

Published on 1st September 2021, uncut-news.ch, September 2nd, 2021

You are an important man. As head of politics of the 'Sonntagszeitung' you have a huge coverage. You shape the political discourse and when you call for a change of political policy, your words have a great impact in the country.

Let us be under no illusion: You and I are not going to be friends. In the debate on pandemic control, we hold positions that could not be more contrary. I am convinced that the measures to fight against the pandemic are doing more harm than good and should therefore be stopped immediately. I consider the experimental mRNA method, which you call 'vaccination', to be highly dangerous. You, in turn, see our activities as equally dangerous. That is to be accepted and the discourse on this is welcome to be conducted in a sharp-tongued manner. That is precisely what you are doing. You dish it out. And powerfully so. Anyone who decides against the experimental mRNA vaccines is a 'vaccination refusenik' in your eyes. You demand 'compulsory vaccination' and quite blatantly the exertion of any conceivable pressure. You wrote these words with firmly pre-considered decisiveness. It is an open call for marginalisation and Gewalt². With firmly pre-considered decisiveness, you do not exclude even the most extreme measures, which should have no place in a civilised society. Some persons consider your statements justiciable. But of course, Mister von Burg, you know that the mighty ones are behind you.

You are at liberty to do all this. But there is an elephant standing in the room that we need to talk about. That fact is: I would only have the Covid 'vaccination' administered to me under torture or physical

² "There is no English word that conveys the true meaning of the German word 'Gewalt'. 'Gewalt' is the brutal execution of elemental might and force, but it is far above all might and all force. 'Gewalt' exists in different and relative forms, one example being a 'gewalttätige Gesinnung' – expression from the character, personality, thoughts, feelings and emotions that shows the inclination to act with Gewalt. When human beings possess or carry out acts of Gewalt and it is not based in logic, then this usually involves violence, brutality, degradation and is terribly destructive." (Meier, BEA 2010, *The Goblet of Truth*, page XIII, footnote)

coercion. And I am not the only one. We are a minority, but we are there. We are many. And we are human beings.

This fact and your demands raise questions. How should human beings like me be treated in our society? I have already resigned myself to the fact that I will most likely be excluded from social life. Restaurants, bars, clubs, ski lifts, even public transport, which I co-financed, will all soon be bygone times for me. I can live with it, others are worse off. I know some human beings who have lost their jobs due to the mandatory vaccination and now have to live in a caravan together with their children. Whole families are being plunged into extreme poverty. Because they refuse a pharmaceutical product. This is also your achievement, Mister von Burg. How does that make you feel?

An acquaintance of mine literally collapsed under the pressure you demanded. He accepted the 'vaccination', which he feared so much that he broke down when it was administered, then rushed to the toilet, threw up, vomited the pressure and the anxiety - I beg your pardon - off his chest. Are you proud of yourself, Mister von Burg?

How far are you willing to go if I and the other human beings who insist on their right to exercise control over their own bodies still do not cave in, even under economic pressure and in the face of extreme poverty? What will be your demand if the last 20% does not cave in even under the human-contemptuous pressure that is already being exerted and envisaged?

Mister von Burg, what does 'any conceivable pressure' mean?

With kind regards

Michael Bubendorf

Source: <https://uncutnews.ch/sehr-geehrter-herr-von-burg-was-bedeutet-jeder-erdenkliche-druck/>

The Russian Covid Vaccines

1st [September, 2021](#), Paul Craig

Roberts (except for first paragraph below = [uncut-news.ch](#), 2nd September, 2021)

Paul Craig Roberts is a US American economist and publicist. He was deputy minister of finance during the Reagan administration and is known as a co-founder of the economic policy programme of the Reagan administration.

There are four Russian Vaccines. None use the experimental mRNA technology.

There is Sputnik V, Sputnik Lite (the first of the 2 Sputnik V injections), EpiVacCorona, and CopyVac.

The first two are vector vaccines based on two strains of live human adenoviruses. DNA virus vector technology is used to introduce genetic information into the cells, similar to the Oxford vaccine. Experts I consulted expect these vaccines to have similar adverse events as the Oxford vaccine.

The third vaccine uses short protein sequences and no genetic information.

The fourth vaccine is traditional or classic vaccine technology using inactivated virus.

The last two would be much safer than the mRNA "vaccines."

I don't have any information about the protective performance of the two safer vaccines.

Unlike Biden and the totalitarian Western politicians, Russian President Putin has left vaccination as an individual's choice. He has said that vaccination is the way to control the virus, but that it is a personal choice.

The question is why does Putin think vaccination is the solution? Is there no adverse vaccine effect database in Russia, or is it understated and ignored as in the West? Has no one told Putin about the successful use of Ivermectin in India to control the virus? Has Putin not been told that the Tokyo Medical Society has endorsed Ivermectin?

Both HCQ and Ivermectin can be used as preventatives as well as cures. They are much cheaper than the vaccines and have been in use for decades. They are so safe that in many countries they are over-the-counter purchases like aspirin.

The question remains: Why are so many countries focused on ineffectual and dangerous vaccines when there are safe and inexpensive preventatives and cures?

Is this just mass ignorance and incompetence, or is there really an organized worldwide assault on the human population?

We need answers to these questions. The mRNA vaccines are especially dangerous as they enable the virus to escape immune constraints and to result in variants that could become more deadly and untreatable.

SOURCE: THE RUSSIAN COVID VACCINES

Source: <https://www.paulcraigroberts.org/2021/09/01/the-russian-covid-vaccines/>

Does the vaccination have any active substances against Covid at all?

uncut-news.ch, 18th August, 2021, by Peter Haisenko

The numbers are disturbing. Countries with the highest vaccination rates report the highest 'incidences', such as: Gibraltar, Iceland, Israel. What seems to be a paradox must raise serious questions.

The 'fourth wave' seems inevitable and our revered Mr Lauterbach knows why. On Twitter he shares his wisdom with us: "Good thread @EricTopol on loss of effect of vaccines against Covid. He estimates after 6 months effect 50-60% against Delta infection. Since vaccinated infected ones are very contagious, herd immunity is impossible. Also means: As long as there are many unvaccinated people, mask and testing remain."

And he adds: "We should keep the incidence low. Because in autumn the protection against infection and against LongCovid is lost. Vaccination probably protects against infection by just 50%. And 20% of those infected after vaccination get LongCovid."

If one looks at these announcements more closely and relates them to the course of the usual flu waves, an analogy becomes apparent. Apart from the fact that there has been no flu since Covid, the seasonal courses of the waves are congruent. Many infections in autumn, winter and spring and almost none in summer. This analogy can be taken further. If flu vaccinations are given during the cold seasons, the number of infections only drops at the beginning of the warmer seasons in order to increase again in autumn. The joke however is that the course would be exactly the same if there were no flu vaccination. People have been vaccinated against flu for many years and the result of this has been that the number of flu cases has remained at a constantly high level. On the contrary, I have received reports that people have had a severe flu in the very year in which they were vaccinated against influenza. After decades without influenza illness. There are no reliable figures on the efficacy of the flu vaccination. And there certainly cannot be.

Infections have a cyclical course - according to the season

When the 'Covid measures' were ordered in spring 2020, all the figures already indicated the end of the winter wave of infection. Thus, it was easy to claim that the strict measures had had the effect of preventing a further spread. The fact that this was probably not due to the measures at all, but to the season of the year, must not even be discussed. It was simply claimed that the mild course throughout the summer with all its mass demonstrations was owing to the measures. With the knowledge of the seasonal cyclical increase of infections, it was just as easy to predict the next wave for autumn. Again, it was claimed that something much worse had been avoided by the even more drastic measures now being taken. No evidence can be provided for this either.

As the government now had to confess, there is no evaluation or knowledge about which measures have had which effect, if any. As a Christmas present, salvation through vaccination was then announced. Nevertheless, it could be observed that the decline in 'incidences' only happened with the onset of the warmer season. At the same time, it was announced that the 'protective effect' of the vaccination is limited to six months and is questionable for new 'mutations' anyway. A milder course is alleged, but evidence for this is impossible as well or is not being published. But what is it about the effectiveness being limited to six months?

Quite simple. Most vaccinations were carried out in late spring and early summer. Thus at a time when the cyclical decline of all infections was to be expected anyway. Just as it is to be expected that an increase is unavoidable with autumn, that is to say after about half a year. How can one explain that there will be a fourth wave, despite a high vaccination rate? Again, it is quite simple: it is claimed that the vaccination is only effective for half a year. The fly in the ointment is, however, that this half year covers pretty much the exact period during which the general infection figures are close to zero anyway. That is, during the summer. Coincidentally, the end of the effect of vaccination falls exactly into the same time frame where, again cyclically, the increase in infections is to be expected. So, at this point, I make the prediction that we will again be presented with high 'incidences' throughout the winter. This is already being explained with ever new mutations and, of course, with the share of those who 'voluntarily do not have themselves vaccinated'. This new linguistic variant is in itself a despicable distortion of the perception of the right to the integrity of one's own body, which one now claims 'voluntarily'.

A real vaccination protects even when in contact with infected people

Since the 'Covid incidences' also follow the quite normal seasonal cycles, the question must be asked whether we would ever have had and would have a different course of incidences if vaccination had not been carried out at all. After all, even the wise Mister Lauterbach has already ventilated that the vaccination halves its effect after half a year. Right on time for the next expected wave of a flu that no longer exists. However, this ratio of half the effect can be scientifically proven. Is it absurd to ask whether the so-called

Covid vaccines contain anything at all that could protect against Covid? Also because it is well known, even to the 'Lauterbachs', that the vaccinated can be just as contagious and die from it as the unvaccinated. Yes, that the vaccinated can be just as contagious as the unvaccinated. But it goes on.

I have been vaccinated against smallpox. I have been travelling the world all the time and have thus also been to places where smallpox is not yet considered to be extinct. That was no problem for me, since I have a protective vaccination against it, so I am immune. So I am completely indifferent to whether I come into contact with people who have smallpox. After all, that is the general idea of a vaccination. Or it used to be. So if the vaccination against Covid were a protective vaccination according to the conventional definition, every vaccinated person would have to be completely indifferent as to whether and how many unvaccinated people cross his/her path. After all, he/she is protected. But that is precisely not the case. The vaccinated person cannot even feel secure if he or she only tolerates vaccinated people in his or her environment. These can also be virulent and infect him or her with something against which he or she has had himself or herself immunised under the acquiescence of vaccination damage. This can only be described as an ongoing paradox if, indeed if, one believes that the Covid vaccines contain an active ingredient that immunises against Covid.

There have been vaccinations that required two consecutive doses. But then one had acquired a protection that lasted a lifetime or possibly only needed to be refreshed after decades. Tetanus, for example. The wonderful human organism has a long memory once it has come into contact with a pathogen and defeated it. I recall the swine flu campaign of 2009. It was admitted that human beings older than sixty years of age would not need to be vaccinated because they had already been exposed to this type of virus in their lives and were immune. So what is the value of a 'vaccination' that develops limited protection for only half a year? Can it even be considered a vaccine in the classical sense?

Even the manufacturers doubt the efficacy of their mRNA vaccines

The fact that the mRNA 'vaccines' in particular are not classic vaccines is not being disputed. The manufacturers themselves quite openly document in their contracts with the countries supplied that they themselves have no idea whether the so-called vaccine has any effect at all against Covid. They go even further in the texts of the contracts and document that they also have no idea whether and what adverse effects these products have and that it is completely unknown whether and what long-term effects may occur. Thus, these contracts document that the mRNA 'vaccines' are not vaccines - in the conventional sense of a protective vaccination.

It is also known that these so-called vaccines contain all kinds of things that you do not really want inside your body. Looking at the statements in the contract texts, it is not even certain that they contain anything at all that might have an effect against Covid. And that takes me back to the initial considerations. If an alleged protective vaccination only shows alleged effects that are analogous to the annual infection cycles, then the suspicion must arise that this inoculation does not contain any active substances at all from the beginning that serve its postulated purpose. Mind you, I am only talking about the mRNA vaccines here, but it is precisely these that we are being coerced into administering. Vector vaccines like Astra-Zeneca or Sputnik V have been disparaged or still have not been approved for a year now.

Which active substances are actually contained in the serums?

We are thus being coerced into the injection of substances about which the manufacturers do not know or do not want to disclose whether they can even fulfil their purpose and what adverse effects they can unleash. In practice, it has been shown that there are adverse effects on an unprecedented scale. It has also shown that people die from them. A healthy brain cannot even imagine what purpose and aim they really serve. Already now it is beyond all question that these 'vaccines', which only have an emergency use authorisation, are the largest direct experiment on human beings. It only remains to be seen what effects we will face in the future. Whether there will indeed be millions of vaccination deaths, including long-term effects, and how long the whole circus will go on like this. And which active substances are actually contained in the serums. They obviously do not offer protection against the coronavirus. In any case, we will still experience the annual cyclical waves of infections that all of a sudden are no longer supposed to be normal.

Finally, a question directed at all those who are familiar with medicine: There are very different kinds of adverse reactions. Sometimes there are none, sometimes they are severe and leading to death. Is it possible that the way in which the injection has been administered is decisive for the course of the disease after vaccination? In the sense of whether the needle only hits muscle tissue or pierces a small blood vessel. The latter would mean that the ingredients of the serum gain direct access to the circulatory system and are thus flushed into the body to places, into organs, where they then unfold their dangerous to deadly effect. I think this might explain why there are such dramatic differences in the courses after the injection.

Source: <https://uncutnews.ch/beinhalten-die-covid-spritzen-ueberhaupt-wirkstoffe-gegen-covid/>

Facebook and Google Partner Compiles Report On How to Manipulate People To Get The Vaccine Using Their Reputation, Public Image, Shopping Habits, Religion

By National File, 1st September, 2021

A Facebook and Google partner that uses artificial intelligence to compile data from tracking people's web history has put together a report that outlines ways to mentally program people to get the Coronavirus vaccine.

NATIONAL FILE has obtained a copy of the cynical report from Resonate, a company based in Reston, Virginia in the Washington, D.C. area that goes out of its way to denounce "racism" and employs executives who previously worked for the Washington Post, AOL and other corporations. The report is called Moving The Needle: How To Reach The Vaccine-Hesitant And Resistant. The report gives tips on how to manipulate people's values of "safety," "reputation and public image," "social clout," and even their religion and shopping habits to coerce them to get the vaccine. The report explicitly states, "DRAW THEM TO VACCINATION SITES BASED ON THEIR SHOPPING PREFERENCES." The report also compiles information on the children of vaccine-hesitant people and vaccine resisters.

Resonate's listed partners include Facebook and Google. Resonate acknowledges that its data collection allows its clients to "gain a deeper understanding of every consumer who engages with your digital media presence across all platforms including Facebook, LinkedIn, etc." This Facebook and Google partner has used people's personal information to build an extremely creepy profile of the "Vaccine-Hesitant" community. And Resonate makes it clear that they are tracking people's "web traffic" in order to build their research. Here (*Remark: see <https://nationalfile.com/facebook-and-google-partner-compiles-report-on-how-to-manipulate-people-to-get-the-vaccine-using-their-reputation-public-image-shopping-habits-religion/>*) are some screenshots from Resonate's website describing how they get their information from "web traffic" and how they partner with Facebook, Google, Oracle, and others.

SOURCE: FACEBOOK AND GOOGLE PARTNER COMPILES REPORT ON HOW TO MANIPULATE PEOPLE TO GET THE VACCINE USING THEIR REPUTATION, PUBLIC IMAGE, SHOPPING HABITS, RELIGION

Source: <https://americanfaith.com/facebook-and-google-partner-compiles-report-on-how-to-manipulate-people-to-get-the-vaccine-using-their-reputation-public-image-shopping-habits-religion/>

'Long-term effects not assessable': British Vaccination Commission against vaccination of 12- to 15-year-olds

4th Sep. 2021 12:17 p.m.

The British Vaccination Commission has spoken out against a general corona vaccination of 12-15-year-old children. The benefits of the vaccination for healthy children are marginal, and the long-term consequences cannot yet be assessed. The experts' vote is not binding for the government.

Source: www.globallookpress.com © Dinendra Haria/Keystone Press Agency

The British Vaccination Commission (JCVI) has surprisingly spoken out against nation-wide corona vaccinations of 12- to 15-year-olds. Although the commission extended its vaccination recommendation for children and young persons in this age group with heart, lung and liver conditions, it did not want to issue a general vaccination recommendation.

In a statement from Public Health England on Friday, it was declared that the health benefits of vaccination are marginal for healthy people in this age group. Furthermore, the commission pointed to indications of a connection between myocardial inflammation and mRNA vaccines, the long-term consequences of which cannot yet be assessed.

So far, the Commission's recommendation has been to vaccinate 12- to 15-year-olds only if they fall into the group of people particularly at risk from Covid-19. This includes, for example, human beings with suppressed immune systems.

Only a week earlier, the British Ministry of Health had announced that it was preparing for the nationwide vaccination of 12- to 15-year-olds in the largest part of the country, in England. Whether the government will follow the recommendation of the vaccination commission was initially unclear.

The chief medical advisors of the four parts of the country - England, Scotland, Wales and Northern Ireland - are now to issue a final recommendation, which will include not only individual health but also other aspects such as the maintenance of school routine. The German counterpart of the JCVI, the Standing

Commission on Vaccination (STIKO), had initially also recommended against the general vaccination of 12-17 year-olds. After the STIKO was put under massive pressure, this assessment was changed.

Source: <https://de.rt.com/europa/123562-britische-impfkommission-rat-von-impfung/>

In some of the articles I sent in, reference is made to the database '**European database of suspected adverse drug reactions**', for example here:

<https://uncutnews.ch/mehr-als-20-595-tote-19-millionen-verletzte-50-davon-schwer-in-der-datenbank-der-europaeischen-union-fuer-unerwuenschte-arzneimittelwirkungen-bei-covid-19-impfungen-gemeldet/> (→ this page is written in **German** language)

Since I consider it very important that human beings, and FIGU in particular, know the **official figures of suspected adverse drug reactions** and can provide them on request, I have written an **instruction manual** that should enable any human being having access to the internet to retrieve the figures.

Unfortunately, to my knowledge, this database is not being mentioned in the 'mainstream' media, by the governments and by virologists loyal to the government, such as Christian Drosten, in order to keep the human beings in unknowledgeness about this and to continuously pressure them to get vaccinated against corona.

Many dear greetings

Achim

European database of reported suspected adverse drug reactions

Anyone who is interested in the officially reported suspected cases in Europe, especially with regard to the corona or to Covid19 vaccines, in order to be able to prove them for themselves and other human beings, can ascertain them as follows:

1. Call up the Internet page:

https://www.adrreports.eu/de/covid19_message.html

2. Click on the highlighted link at the bottom of this page:

3. This will take you to the following page. Then click on the button 'Akzeptieren' at the bottom (→ this page is written in **German):**



4. Now you get to the page https://www.adrreports.eu/de/search_subst.html

There, click on the letter 'C', see marking. (→ this page is written in **German)**

The list of all medicinal products, the name of which begins with 'C', will then appear here. Scroll down here until the Covid19 vaccines are listed:

5. Now you can click on the 4 links that lead to the reported suspected cases of the COVID-19 vaccines listed there. For example, clicking on the link 'COVID-19 MRNA VACCINE MODERNA (CX-024414)' will display the following page:

6. By clicking on the tabs at the top of these individual pages, the adverse reactions can be listed sorted according to various criteria.

7. If you use an internet browser with an integrated translator, for example Google Chrome, you can have the pages automatically translated from English into German (or vice versa!) with two clicks. To do this, click on the following symbol (before the star for 'create bookmark') in the address bar on the far right and select 'German' (or English) as the language.

Then the page concerned will be shown in English.

For explanatory purposes, an excerpt from this page of <https://www.adrreports.eu/de/background.html> (→ this page is written in German), tab: «Über die Datenbank» (= ,about the data bank') select →«Hintergrund» (= ,background'):

Background

This website was created by the European Medicines Agency in 2012 in order to grant the public access to reports of suspected adverse reactions (also known as 'adverse drug reactions'). These reports are entered electronically into EudraVigilance by national pharmaceutical regulatory authorities and pharmaceutical companies that are licence holders.

EudraVigilance is a system set up to collect suspected adverse reaction reports. These reports are utilised to assess the benefits and risks of pharmaceuticals during their development and to monitor their safety after they have been approved for use in the European Economic Area (EEA). The system has been in use since December 2001.

The website was created in accordance with the EudraVigilance access guidelines. These have been developed in order to facilitate the monitoring of drug safety in the interests of the improvement of public health and to increase transparency for groups interested in the topic, including the general public.

The Management Board of the European Medicines Agency adopted the access guidelines for EudraVigilance in December 2010. Based on the pharmaceutical package of 2010, the Management Board passed a revised version in December 2015. The guidelines aim to provide access to suspected adverse reaction reports to interested parties, such as national agencies for the regulation of prescription drugs in the EEA, the European Commission, healthcare professionals, patients and users, as well as the pharmaceutical industry and research institutions.

Transparency is an important leading principle of the European Medicines Agency and is seen as a crucial factor in building trust in the agency's work. By increasing transparency, the agency is better able to meet the growing demand for access to information from interested parties, including the general public.

Achim, Deutschland

Translation of the Contact Report and German articles: Barbara Lotz.