

**YOUR ADVOCACY GUIDE**  
— TO THE —  
**SCIENTIFICALLY PROVEN**  
**MOST CRITICAL DANGERS**  
— OF THE —  
**COVID VACCINE**



**WHY YOU SHOULD AVOID IT AND REFUSE FUTURE SHOTS**

**VACCINE SECRETS: COVID CRISIS**  
**YOUR ADVOCACY GUIDE**  
**TO THE SCIENTIFICALLY PROVEN**  
**MOST CRITICAL DANGERS**  
**OF THE COVID VACCINE**  
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# YOUR ADVOCACY GUIDE TO THE SCIENTIFICALLY PROVEN MOST CRITICAL DANGERS TO THE COVID VACCINE

## INTRODUCTION

Many questions surround the use of the technologically new COVID-19 “vaccines,” yet they are being administered to millions of people in the United States as well as worldwide under Emergency Use Authorization (EUA). Although they are touted as “Safe and Effective,” and there is high pressure, offered incentives, and even coercion to “get your shot,” no animal studies and no long-term effects studies were done prior to the public release of these so-called vaccines.

These shots are still considered experimental, so everyone who has received one or more injections are test participants in this worldwide experiment. Now the data coming in since the public release of these shots in December 2020 is showing much troubling information.

Thousands of deaths and hundreds of thousands of adverse events have been reported in both the U.S. Vaccine Adverse Events Reporting System (VAERS) and the U.K. Yellow Card reporting system. So are these “vaccines” actually safe and effective?

“The first-ever postmortem study of a patient vaccinated against COVID-19 has revealed that viral RNA was found in every organ of the patient’s body, meaning that the vaccine is either ineffective or the coronavirus actually spreads faster in vaccinated individuals.”<sup>1</sup>

“Some patients are developing pus-filled bumps on their faces in a rare side effect after receiving the Moderna COVID-19 vaccine.”<sup>2</sup>

“33-year-old woman who was fully vaccinated against COVID-19 has died from the virus in a rare “breakthrough” case. Angelle Mosley, from New Orleans, Louisiana, passed away on Sunday after falling ill on Thursday.”<sup>3</sup>

“If experimental COVID-19 gene-therapy vaccines are ‘97% effective in reducing COVID mortality,’ why are spikes in COVID deaths following vaccination campaigns a general trend around the world?”<sup>4</sup>

“The death rate from the Delta COVID variant is six times higher among those who were fully vaccinated for two weeks or longer than among those who never received a shot, according to data published by Public Health England on Friday, June 18th”<sup>5</sup>

Interviewed by Mike Adams, New York Times bestselling author Dr. Christiane Northrup talked about the thousands of cases of women having menstrual irregularities and girls bleeding after spending time in the company of people injected with coronavirus (COVID-19) vaccines.<sup>6</sup>

Perhaps someone you know has been injured or has told you of someone they know that was injured, and you also have questions. Or perhaps you are being pressured to take the shot and want some scientific evidence to support your decision not to be injected. This eBook will provide professional and scientific evidence of the proven dangers of these experimental “vaccines” and explain what is still unknown about them to help you advocate for refusal.

# CHILDREN'S HEALTH



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## ADJUVANTS IN VACCINES

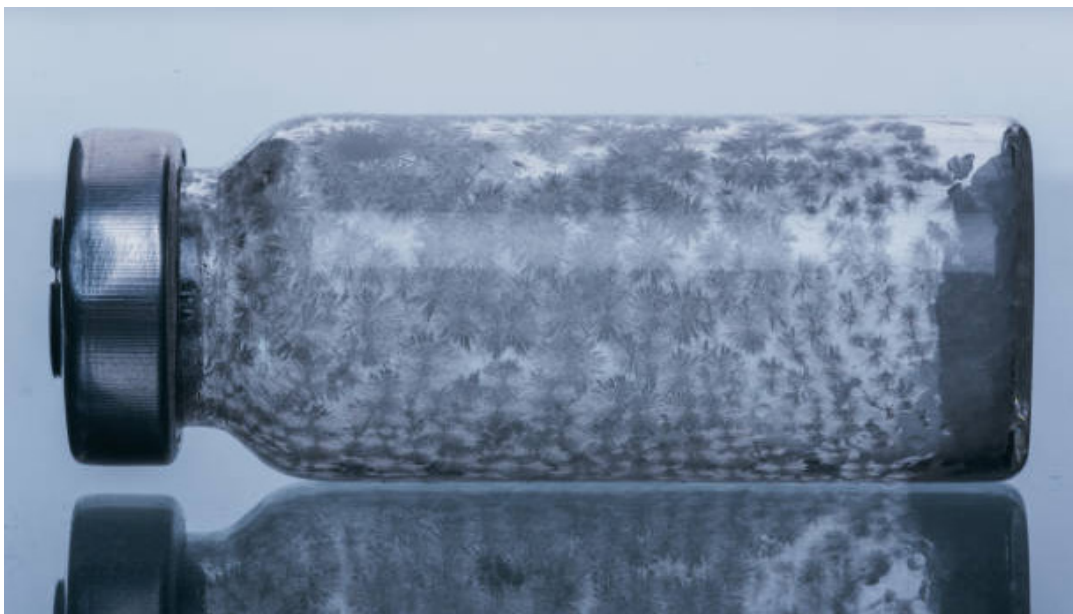
**Dr. Lawrence Palevsky:** My name is Dr. Lawrence Palevsky. I am a pediatrician trained in medical school at NYU School of Medicine. Graduated in 1987, finished a three-year pediatric residency at the Mount Sinai Hospital in New York in 1990. And did a one-year fellowship in the outpatient department at Bellevue Hospital as part of NYU School of Medicine, and that ended in 1991. The next nine years of my medical career were an experience in pediatric emergency rooms, pediatric intensive care units, neonatal intensive care units, high-risk deliveries, in-patient pediatric ward, emergency room again, and outpatient clinic, where I also taught medical students and residents. And for the last 20-plus years, I have had a practice in holistic integrative pediatric medicine, where I do well-baby checkups and see families for consultations for their children with chronic health issues.

So in the regular vaccination schedule for children and many of them for adults, there are things in there called adjuvants. And these adjuvants are very tightly bound to bacteria and bacterial particles. And the reason that the adjuvants are tightly bound to the bacteria and the bacteria particles is because in order to mount an efficient immune response to get an antibody against any of the bacteria, there has to be a catalyst to spur on the immune system, to mount an immune response against these bacteria. Because studies usually showed that if you inject bacteria or bacteria particles into the body, the body's immune system gave a very weak immune response, if that. So, the vaccine manufacturers needed to find a way to catalyze the immune system's response so that the immune system would mount a nice sized antibody response against the bacteria and the bacteria particles. That's where the adjuvant came in. And the predominant adjuvant that's used in childhood vaccines is aluminum. The smaller the aluminum particle, the more potent it is as an immune stimulator to give the body a chance to mount an immune response against the tightly bound bacteria and bacteria particles.



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What's very interesting, though, is the aluminum as an adjuvant becomes a nanoparticle, which by definition just simply means a very, very tiny particle. And that tiny particle binds, again, really tightly to the bacteria and the bacterial particles. But no studies have ever been done to actually evaluate what happens to these nanoparticles when they're injected into the child's body. And so this aluminum nanoparticle is known to give you an immune response that'll get an antibody against the bacterial particles and the bacteria. But the manufacturers in the scientific community just walk away after the aluminum is injected into the body and don't really care much about whether the aluminum (which is a non-essential mineral and the body does not need or utilize in any form) ...whether that aluminum goes anywhere in the body after it's been injected. But many people have done the science, and have done the studies and they have not walked away. They've actually stayed very present. And they've noticed that the aluminum nanoparticles can get anywhere in the body. And I'll say that again. They've found that the aluminum nanoparticles can get anywhere in the body, including the brain.



What's interesting is that when drug manufacturers first realized that there was a blood-brain barrier that prevented drugs from going from the bloodstream into the brain, the manufacturers had a problem on their hands. Because if there were brain lesions or brain diseases that needed to be treated with drugs, there was no way for the bloodstream to let the drug material go into the brain because the blood-brain barrier was completely blocking it. As a result, they needed to find a way to get the drugs from the bloodstream into the brain. And what drug companies did was they developed nanoparticles, which are, again, very small particles to bind to the drugs, to get the drugs into the brain, and they were successful. So one has to ask the question, if the drug companies are using nanoparticles to bind to drugs, to enhance the delivery of drugs from the bloodstream into the brain to treat brain conditions, then do nanoparticles in vaccines, which are tightly bound to bacterial and bacterial particles. Do they go into the brain also, performing, typically as nanoparticles would? And any time I've ever asked that question to any of the scientists or doctors to whom I've been able to ask that question, they have refused to answer it.



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But the science actually shows that not only does the aluminum nanoparticle go into the brain, it stays in the brain. A medical term called biopersist. It stays in the brain, and there's the potential for the aluminum nanoparticle to take anything that's attached to it, which could be any other material that's in the injection that's bound to the aluminum can be also taken into the brain. Anything that gets into the brain that crosses the blood-brain barrier that's not supposed to cross the blood-brain barrier will cause inflammation. And in the United States, one in five children have neurodevelopmental disabilities. One in 36 has autism, and boys have autism at a three to one, four to one, or even five to one ratio than girls. One in 10 children are diagnosed with ADD and ADHD. And one in 20 children have seizures under the age of five. Something is happening to the brains of our kids. And it's right there in the injections that we're giving them that contains the aluminum nanoparticle.



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## POTENTIAL EFFECTS OF INJECTION

**Dr. Lawrence Palevsky:** If we look at the COVID-19 illness from above, we noticed that the predominant populations of people who got sick and potentially died from SARS-CoV-2 virus and developed COVID-19 were the elderly and those who had comorbid conditions, especially those who were obese. When we look at the pediatric population, the death rate from COVID-19 is as close to 0% as you're going to get. Studies have also been shown that children have not been responsible for any of the outbreaks of COVID-19 illness anywhere around the world, where children did not have any symptoms of the disease COVID-19. So we have found studies that asymptomatic children and asymptomatic carriers are not responsible for causing outbreaks of COVID-19. We have found that the death rate is close to 0%. That the recovery rate is 99.997% in children. So they don't die from it. They practically 100% recover from it. If they're carrying it, they're not responsible for giving the disease to other people.



So why would we give them an injection that doesn't even stop them from getting the infection in the first place? Why would we give them an injection that actually gives them the spike protein that will give them the symptoms of COVID-19 that we know is from the pathology of the spike protein. It makes no medical sense to give children the injection, especially because it's not a vaccine. But even if it were a vaccine, and even if it did function as a vaccine, it makes no medical sense to give children an injection for an illness that they don't die from. And if they have no symptoms, they don't pass along. So what we're seeing is people essentially giving up their children to the state and letting their children be injected with these untested, unproven, unevaluated ingredients for which there is no understanding of the biological mechanisms once these materials are injected into the body. And so what we're seeing is pretty nasty and unfortunate side effects in children, especially with an increasing number of them developing myocarditis and pericarditis, which is basically heart disease, which will probably permanently damage their heart for the rest of their lives.



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But since the chemicals in the injection also have the potential for contributing to infertility. I warn parents because none of this material has ever been tested and because there is scientific literature to indicate the possibility that these ingredients could cause cancer, which we're already starting to see people who are getting the injection developing lymphoma. And it could cause infertility, which we're already seeing people who are undergoing fertility treatments who have viable eggs and sperm, then get the injection and then they don't have viable eggs and sperm anymore. I warn these parents that you need to prepare yourselves for the potential for not being grandparents if you give your children this injection because it won't protect them from a SARS-CoV-2 virus infection. It won't stop them from transmitting it. It won't stop them from being hospitalized from the illness, and it will insert into their bodies the potential for an alteration of genes that will permanently change their genes forever. In addition to the fact that it may shorten life expectancy and may not allow them to reproduce. And this is all from the literature and all from the experience that we've been having watching people who have gotten the shot.



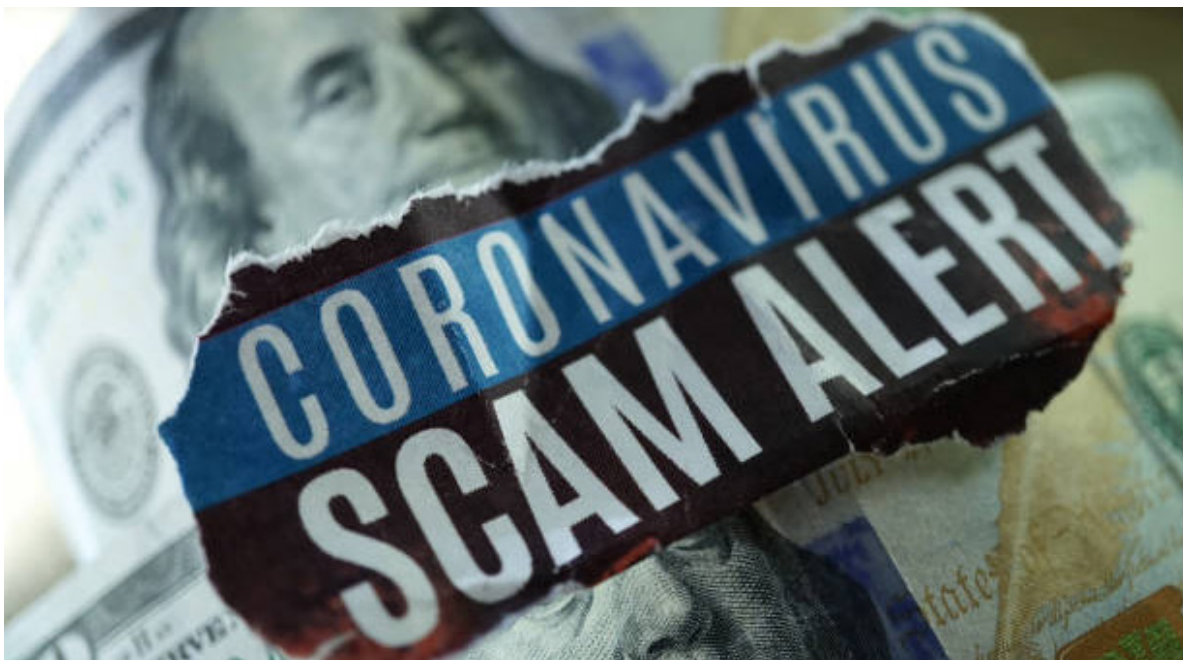
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## THE UNSCIENCE BEHIND MASK WEARING

**Dr. James (Jim) Meehan:** My name is Jim Meehan, and I'm a medical doctor. So I've been trained in the Allopathic Medical System. I was older when I went to medical school. So I think I saw the system as being a little bit more broken than I had imagined as a young aspiring medical student. I saw that medical education was really controlled by the pharmaceutical industry. And this was 20 years ago. It's even worse now. But my background is, I graduated medical school. I was president of my class, in the top of my class. And I did a residency program in ophthalmology. So I'm an eye surgeon by training. I spent the first several years of my life treating ocular inflammation and infectious diseases of the eyes. Did about 10,000 surgeries. But I found it limiting. One of the things that really frustrated me about medicine was, I was paid a lot of money to treat the end stages of disease, but almost nothing to prevent it. And I really went into medicine to prevent disease.

I later retrained in preventative medicine. I've added several specialties to my training in medicine. I'm licensed in 22 states, I practice in preventative medicine. One of my greatest passions is treating addiction.

But I treat a lot of COVID-19 pneumonia right now. I do a lot to prevent it, first and foremost, and we have powerful preventatives from that. But I guess the other part of my background I think everybody should understand, is that I'm also a former medical editor. I was a medical editor of the journal Ocular Inflammation and Immunology. And in that capacity, I really became an expert in reading the scientific research, reading the scientific literature. It's appalling how much fraudulent, low level science is published in our medical journals. My superpower is to discern fraud, fact from fiction in the medical literature. And listen, it's a full time job. There's so much of it out there and it's being weaponized against the public today.



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I guess the other thing everybody should know about me is I'm Irish, and I like to fight. I'm not afraid to fight. I don't like to fight, I guess. Well, I mean in a professional context I do. But, in this fight, I was made for this time. I was made to expose the frauds. Like Anthony Fauci, like our CDC. Too many lives have been lost and there's too much blood on the hands of our public health service. And I'm just one of those physicians that won't tolerate it. I've taken two oaths in my time. One, 37 years ago I took an oath as a West Point cadet to protect the citizens of this country from enemies both foreign and domestic. And I took a second oath to do no harm. And right now is the time when I rise to honor those oaths. I'm an oath keeper. And in that capacity, I'm ready for war. Because we have got to go to war against this rise of the medical police state.



What the CDC has done with masks and ivermectin and other things when they want to create their own false, fabricated scientific consensus. What they do is they conflate low level evidence. This is what they did in masks. They have 72 studies on masks that say, this study on hamster cages, where they put a mask over a hole between two hamster cages, or they put masks on mannequins, that that is equivalent to 100 years of science in which randomized controlled trials and communities and hospital workers showed that masks don't work. So they conflate this low level science and try to confuse you, confuse the public, into believing that it's all the same.



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But they never did the safety studies to prove that they're safe. Because we have 100 years of science that say, "Wow, when a lot of people were wearing masks in 1918 they died of bacterial pneumonias." We're seeing the same thing today, Jonathan. The safety science was never done.

They have not done the safety studies to make sure that putting masks on children that are at statistically zero risk of having a severe case of COVID-19, that have been shown in countries all over the world, they don't transmit the disease, that this asymptomatic spread issue which was one of the foundational principles that we were told this is why healthy people should wear a mask, because they might have the disease and not know it and be spreading it. Bogus! Debunked. Asymptomatic spread does not occur in the population. 10 million subjects in a Chinese study have determined that. Multiple studies now determine that asymptomatic spread does not occur. But, we ignored all that science because, well, we recently learned, because the American Federation of Teachers, a teacher's union, was lobbying the CDC and convincing the director of the CDC, Lewinsky, that well we should control it, the teacher's union should have a say in what happens to our children. No! Science should have a say. Science says you should not be masking our children and at the end of the day, the only people that matter are the parents. And they have been completely left out of this equation.



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And what I'm telling all parents today, the action step that I have for all parents is: request the public records from your superintendent, from your school district, from your principal. And make them provide you the information that they used to determine that this intervention was safe. Because it's never been proven to be so, and at meehanmd.com you can find all the scientific evidence that says when we have masks and randomized controlled trials, surgeons, and nurses, and doctors, they have suffered tremendously. 82% would develop headaches. 23% would develop severe migraine headaches, nausea, vomiting, bacterial pneumonias are exploding in the population now. And the other part of this mask issue that cannot be ignored, is the epidemiology. If you look at the mask charts that were published on rationalground.org, you will find that every place that they mandated masks, there is an increase in hospitalizations and deaths that follow that. So, when I say our science is not just incompetent, it's malevolent.



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## INFORMED CONSENT??

**Dr. James (Jim) Meehan:** And you, Jonathan, you were approaching on a topic that is very important. It's called informed consent. How many of these vaccine recipients have been given full ethical and legal information about the risks, the benefits, and the alternatives. Because I can tell you, that has been a negligence in the childhood vaccine schedule and vaccines of all kinds, but particularly now. Vaccine recipients are not being told they're a part of an experimental study. That these clinical trials will not be completed until April of '23, that we skipped the animal studies.

The evidence of death and injury, myocarditis in young men in particular, thrombocytopenia and thrombosis, clots in young women, miscarriages. Children are being born to women that received a vaccine. Pregnant women were not tested in the preclinical trials. Now children are being killed in the womb. I've read some of the pathology reports. I've talked to some of the doctors that have seen the evidence of these children that are born. They're a bloody mess. Their brains are split in half. They died in the womb weeks after a vaccination, a COVID-19 vaccine that was ridiculously given to a pregnant woman. I promise you that woman was not given full informed consent. She was not treated like a human, a thinking human being. The Nuremberg Code was violated. We are sliding down the slope to Nazi-esk behavior in this country when we are not doing informed consent in the population. And you get a pregnant woman that says, "Well this sounds like a good idea. I should get the COVID-19 vaccine." But they're not seeing the data. It's right there.



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About 600 miscarriages in the Vaccine Adverse Event Reporting System. And this is what breaks my heart, because it's a betrayal of public trust. The media is not even covering these kinds of issues. Everything is a coincidence. Everybody that gets a vaccine and dies within two weeks, it's a coincidence. Healthy young men developing myocarditis.



There's lots of doctors that are waking up, and lots of the public. Well now look at the childhood vaccine schedule, because the same science, the same low level science, the same version 3.0 of the tobacco science under rides and supports the childhood vaccine schedule. We've got a huge problem there. Same kind of problems. And those people's injuries, the children whose brains were inflamed and injured from vaccinations over decades, those injuries have been ignored. The parents that saw it happen in their children, they've been denied. They're conspiracy theorists. And the doctors that have been seeing that same thing and speaking out against it as I have, we're quacks. There's something wrong with us. We're not real doctors.

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No, we're real doctors. We're the realest of doctors, because we're reading both sides of the science. We're listening to our patients. We're not just listening to the CDC when they put vaccines are safe and effective on their website, they're liars. That can't be supported. The science is not there. In fact, you know that Dell Bigtree and Robert F. Kennedy Jr. They had them remove that for a while because the science wasn't there to support it. It wouldn't stand up in court. And yet, that's the claim. And we're all indoctrinated into believing that.

It is happening. I mean, that's my greatest joy is that physicians are waking up every day. This is a great awakening. Because a lot of us just ... in medical school what we learn about vaccines, is about a day and a half, two and a half pages and most of it is just memorizing the CDC vaccine schedule. None of us were taught about the ingredients, the possible problems with aluminum adjuvant and thimerosal. And my biggest issue is the human DNA micro fragments, and residual cellular proteins that contaminate many of our vaccines. The rubella portion of the MMR vaccine, the chicken pox vaccine, the Johnson & Johnson Jansen COVID-19 vaccine. We are injecting into our bodies, defiling our spirits, our health, with the injection of human antigens at the same time that we're injecting viral antigens, to stimulate the immune system to create an immune response against that injection.





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Is it any surprise that one of the fastest growing diseases in children is autoimmune disease? People that receive the Johnson & Johnson vaccine, they're going to be injected with a human DNA micro fragment and residual cellular proteins of a fetus that was aborted in 1985 and its retinal tissues were ripped from its body at the viva section table after it was captured in a saline bag and transported to have its tissues removed so it could become the manufacturing substrate for all of these vaccines for many, many years. The chicken pox and rubella vaccine have been the same cell line, endlessly replicating for over 60 years. So, doctors are starting to wake up and say, "Okay, we need to look a little bit deeper into this science. What are these ingredients? These lipid nanoparticles. What kind of science supports that? We have no history of mRNA vaccines. One's never been deployed.



This is brand new technology. But we have some data on lipid nanoparticles. We found in the animal studies that that stuff ends up in the brain, in the kidneys, in the ovaries. We're showing it once again. For the first time, I think a lot of doctors and nurses and health professionals and the public in general, are saying, "Wow, there's a lot of complexity to these vaccines. There's a lot of things that could go wrong." And we warp speeded two months of pre-clinical trials, no animal studies, and now the human population are the lab rats. It's hard to find a person today that hasn't seen someone injured by a COVID-19 vaccine. I hear it all the time in my patient population. That may be a little bit skewed because of what I do and those whom I serve, but it's very common in the population.



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Look at it on social media while you can, but most of it is being suppressed and silenced. But these are very injurious, and doctors are starting to see it more than I think they've ever done before. But I think medicine long ago lost its soul. It lost its soul to scientism. The cult of scientism and medicine today is, you've got to believe that vaccines are the best thing, a miracle of modern medicine. That has just been drummed into our heads from the first day of medical school to the last day of your practice. And for the first time we're seeing adults who can talk about their injury, can talk about the fact that they got so sick after their vaccination. Previously, children, they're not capable of telling us just what's going on in their bodies. It's been hidden, it's been disguised. I pray that this COVID-19 vaccine, the mistakes that we're making, the fraudulent science that's being perpetrated here will expose the entire vaccine industry in the way that it needs to be exposed.



We need to support the health of the immune system. We can treat these diseases that vaccines may not be the one-size-fits-all myth that we're being led to believe it is.

Thank you, Jonathan. God bless you, and just focus all your purpose and passion on protecting those beautiful children that you showed me earlier. That's what it's all about. That's what we're all trying to protect. We're doing what we do now, so that others may live.

# **SHEDDING/TRANSMISSION OF VIRUS MATERIAL**



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## IS THE SHOT DESIGNED TO REDUCE POPULATIONS?

**Dr. Christiane Northrup:** I am by trade a Board Certified OB/GYN. I wrote three books on women's health that have been New York Times bestsellers. Women's Bodies, Women's Wisdom, The Wisdom of Menopause, Goddesses Never Age, though the one that is most relevant to where we are right now is Dodging Energy Vampires. I delivered babies and was an assistant clinical professor of OB/GYN at the University of Vermont College of Medicine for about 25 years. I did eight highly successful public television specials. I was on the Oprah Winfrey Show 10 times. And then 2013, I was named one of Reader's Digest's most trusted people in America, Tom Hanks was number one. So, just your audience probably knows what that means. I also was named this year Watkins 100 most spiritually something teachers, most inspirational living, spiritual teachers. I made the list, which was interesting given the fact that also in 2020, for the first time in my illustrious career, I was called a racist, a white supremacist a QAnon conspirator. And I'm now one of the Center for Countering Digital Hate, I'm one of 12 people targeted as being the source of 70% of the misinformation about vaccines on the internet. So it's a fascinating-

**Jonathan Otto:** The Disinformation Dozen.

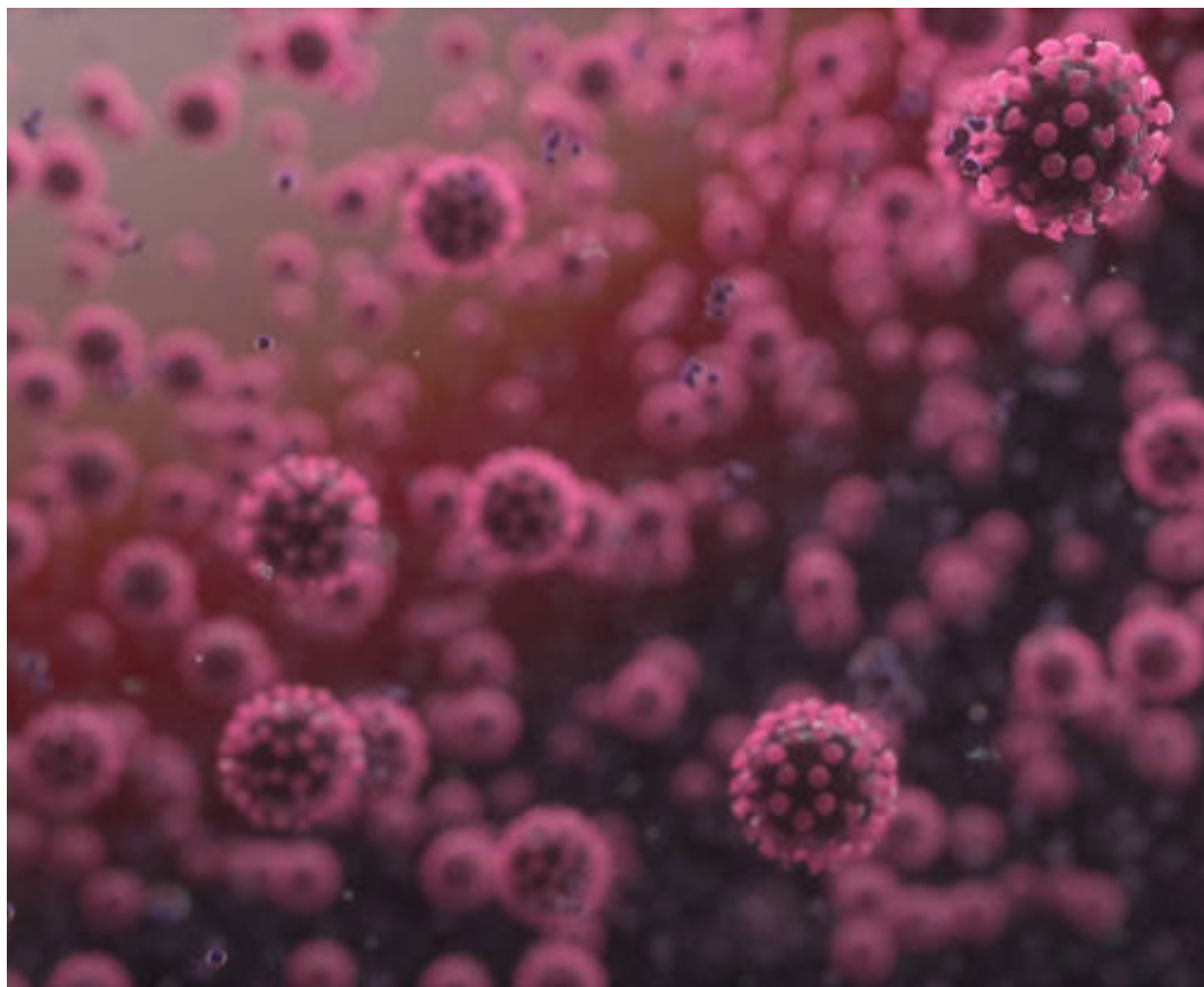


**Dr. Christiane Northrup:** ... that's it. It's a fascinating fall from grace. And when I first saw The Disinformation Dozen and who my colleagues were there, that was one of the highest honors of my career, because the whole thing doesn't make any sense.

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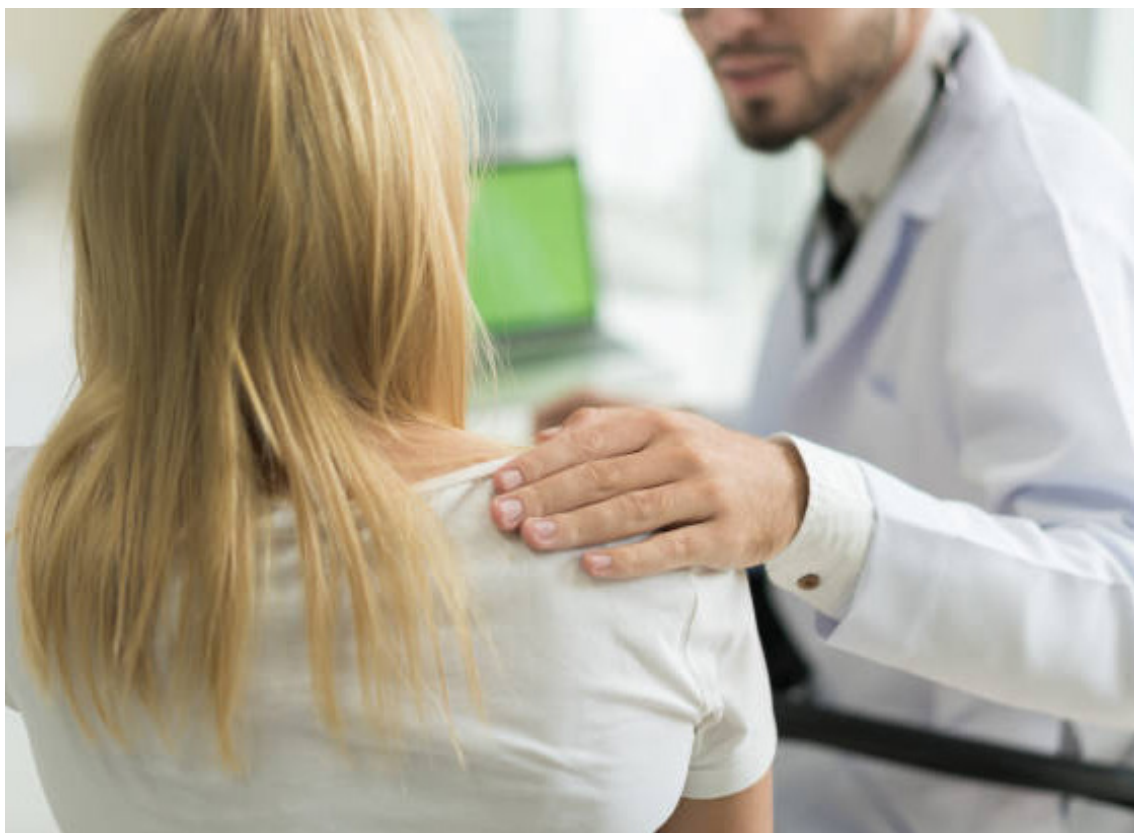
**Jonathan Otto:** Any word on what's coming out about the spike protein and how it's affecting the body and what it's actually doing to people?

**Dr. Christiane Northrup:** Well, the spike protein appears to be the problem. There are 50 billion spike proteins in each shot. It looks like the very thing that caused COVID, the disease, was the spike protein. And now that spike protein, when it's injected into the body in the form of a shot, it cross-reacts with 28 different human tissues, one of which is the ovaries. And a placental tissue called syncytin. And so the miscarriage rate is up 700%. My group at MAMM, Millions Against Medical Mandates, has put together a survey called [mycyclestory.com](http://mycyclestory.com) because we're seeing so many women who are having miscarriages, losing pregnancies, little girls bleeding, vaginal bleeding in a 16-month old who's just spent a weekend with her recently vaccinated grandparents. That's the spike protein we think transmitting itself from the skin, from the urine, from the sweat, from the breath. We don't know. So, we're trying to collect data on that.



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**Jonathan Otto:** Yeah. Fantastic. And with women and their cycles, speaking about that, the miscarriages, fertility, it appears reports coming out of fertility clinics. And I can't verify them because they're anonymous, but that the sperm donors and the egg donors from previously fertile people are completely infertile on both accounts. And this is actually unanimous. This particular one that they came out, again it was anecdotal. Well, it was anonymous. So, have you seen anything in regard to your male fertility as well or any of the stats emerging from some of these places like fertility clinics or anything like that?



**Dr. Christiane Northrup:** Well, we've definitely seen that. And my colleague, Dr. Larry Palevsky says he has seen infants with scrotal rashes and little girls with labial rashes, again, just from being around recently vaccinated people. Also, Dr. Sherri Tenpenny notes that there is a protein called flagellin in the mRNA jabs. And flagellin is absolutely essential. The sperm has a tail on it, a flagellate for swimming. And if you've got antibodies against that, and we know that there are ACE receptors on sperm and the spike protein sits on the ACE receptor. So, there's every reason to believe that this thing is designed to cause infertility. Why do you think there's such a massive push to jab 12 to 15-year-olds now? This is insane. It's insane. Children don't get COVID. They don't transmit COVID. Why are we suddenly saying all these 12 to 15-year-olds need to get the shot? They go through puberty. It looks like what we're going to create is a whole world of eunuchs.

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**Jonathan Otto:** Wow. And I wonder what the agenda would be there? We've heard about depopulation and this type of thing. Why might people be infertile? Why would people do that?

**Dr. Lee Merritt:** I graduated from the University of Rochester in New York in 1980. I went off to the Navy to do an internship and residency, and spent time as a surgeon in the Navy for 10 years. And after I got out, I did a spine fellowship, but I also served on the NRAC, which it's a subcommittee of the Congress that looks at defense technology for the Navy. And by law, they have to have a doctor on it, and I just happened to be living in Washington D.C. when that position came open.

And so, I spent four years sitting next to rocket scientists and really thinking about defense stuff. And there wasn't a lot for the doctor to do, but I did think about bioweapons. So on my own, I mean, I'm not a bioweapons researcher, but on my own, I started researching what we knew and what we should really be concerned about. And I've been chief of staff of a 250-bed hospital.

I found literature going back to 2015. Listen to this one. The psychopaths running this whole show know this. They developed under the guise of wanting to get rid of animal populations, "The animals are overpopulating. We need to get them cut down, because they might give us a human disease. They might." So the rats in Australia was one. In 2015, they did this in Australia.



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They said there were too many rats. We can't shoot them enough, plus they've disarmed the Australians. "You can't shoot them. You can't poison enough rats or kill enough rats directly or sterilize enough rats. Oh, we got it. We will make self-disseminating vaccines," and they did it. They made a self-disseminating vaccine that was an immunocontraceptive. So the vaccine, when it was given to a rat, would damage that female's ovaries. That's what it was designed to do.

And when you gave it to the rat, especially pregnant rats, they liked doing that, because pregnant rats are very gregarious, and they associate with a lot of other rats. And however this works, and I can't quite yet find something that explains to me the actual biologic mechanism of how it sheds, but these rats take the vaccine. It sheds out onto their fur. They rub up against other rats. They become vaccinated. That group of rats now is exponentially larger, and they then rub up another group of rats that then get the vaccine, and then it stops.



It goes about two passes, and then it stops. They don't want to kill all the rats. They just want to decrease the population. If that doesn't sound like what's happening now, I don't know what does. If we want to find out about this so-called vaccine shedding and secondary effects, we need to look at the history of the self-disseminating vaccines.

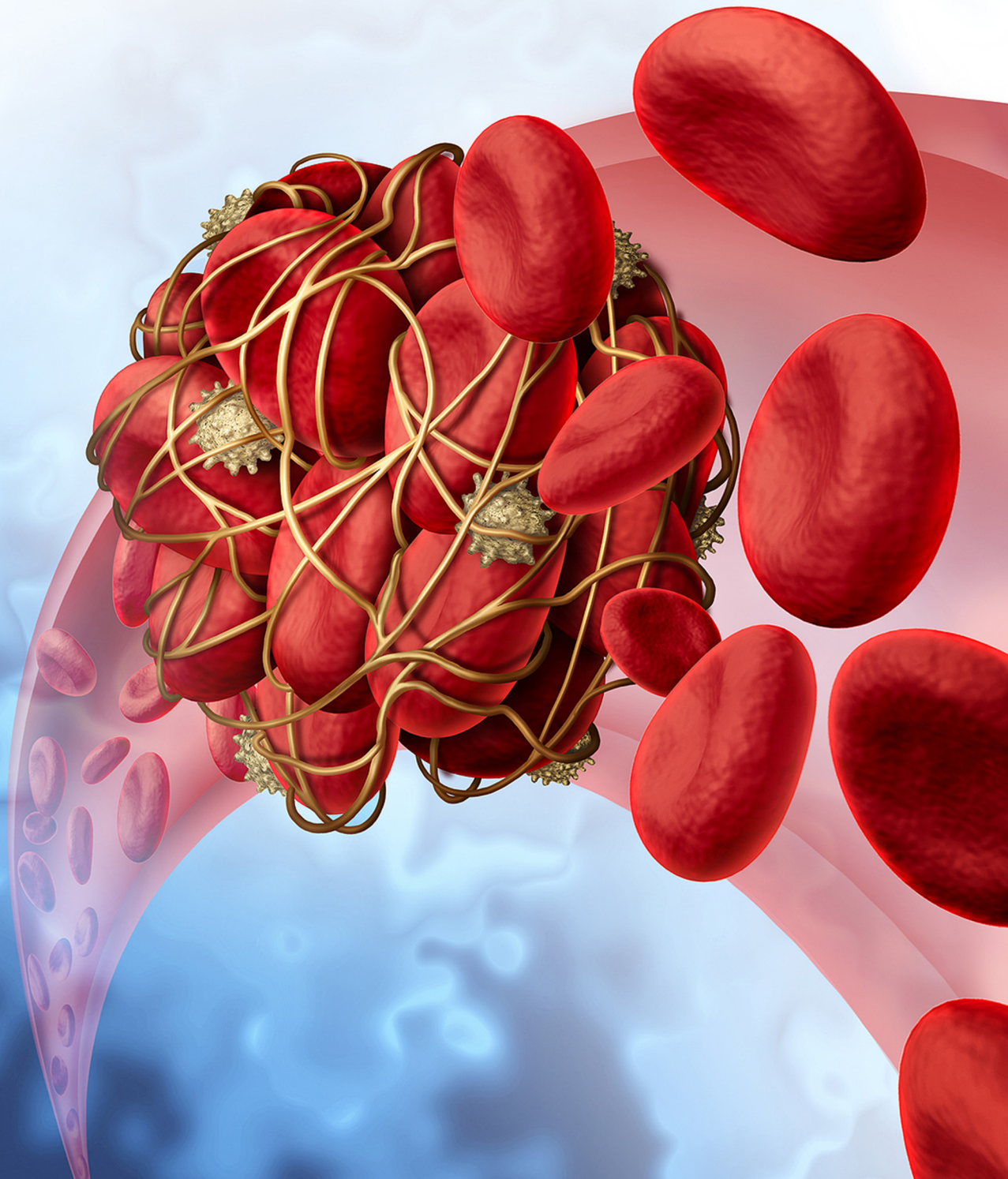


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We are seeing over a 400% increase in the number of cases of miscarriages in women. And the thing is, is that we have to be careful because the miscarriage is only defined by loss of the baby in the first trimester. But multiple, multiple, multiple women are reporting true demise, true death of their babies in the second and even third trimesters. That's not a miscarriage. That's murder because those babies are not dying for no reason and those babies are coming out in response to the mothers either being injected with the shot or exposed to others who have gotten the shot. And so you will hear the authorities say very clearly, "There's no shedding coming out of the COVID 19 injection." And again, pick up the rock and look to see if they are substantiating that with any scientific study that measures whether materials from the injection could go out of the saliva, the stool, the airway, or the skin of those who've gotten the injection. And you will see there are no studies of them looking for the answers to that. But what we're hearing from hundreds of thousands of people is sickness, illness, symptoms, bleeding, clotting, miscarriages, fevers, fatigue, neurological problems, heart attacks of people who have been exposed to those who've gotten the shot who didn't get the shot, who are coming down with very strange and very interesting symptoms. All of which the medical community is denying. The scientific community is sweeping under the rug and saying that none of this is even happening in the public.



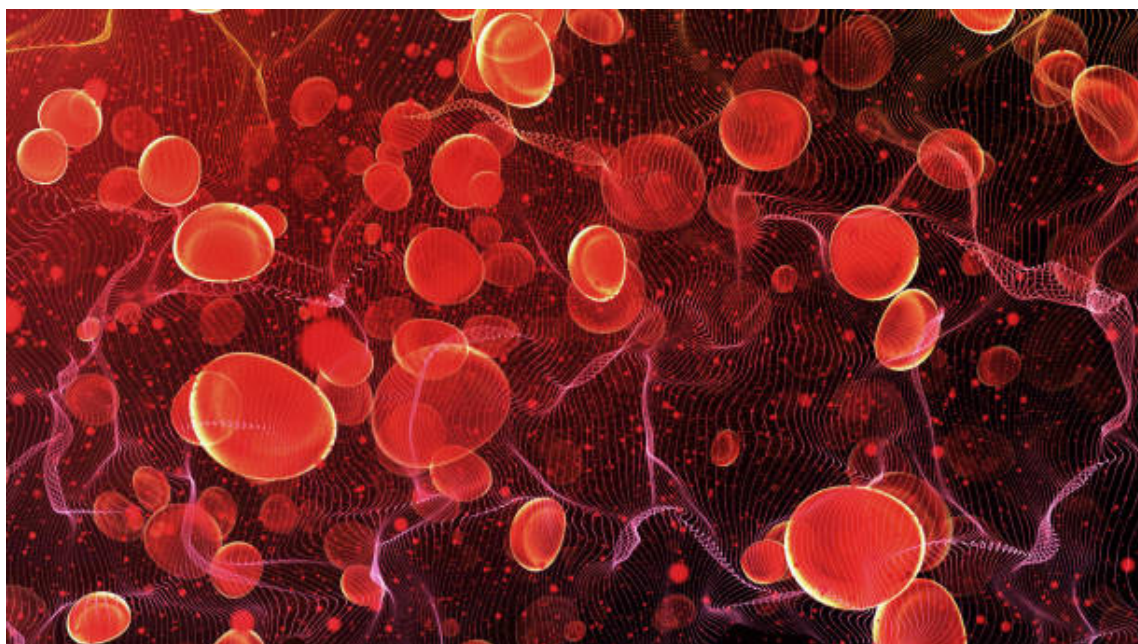
# BLEEDING & BLOOD CLOTS



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## UNUSUALLY HIGH INCREASE IN RARE BLEEDING & BLOOD CLOT EXPERIENCES

**Dr. Lee Merritt:** A lot of problems with these vaccines unfortunately mimic things that we see in normal medical practice. So for example, the bleeding problem. That's what I looked at very early on. I have an article that's out in the New American called, Is This The New Thalidomide? And if you remember, thalidomide caused these horrible birth defects. Now we took that off the market very early, because we were paying attention, but we didn't have VAERS. Now we should be even better at taking things off the market and nobody's really paying attention, or they are and ignoring it. So I looked at bleeding and there's a couple things that caught my eye. A young doctor, 56-year-old doctor, OBGYN doctor in Florida. And this doctor took the Pfizer vaccine, four days later started having some spontaneous bleeding, went into the hospital and had zero platelets. Platelets are the part of your blood that stop bleeding. They plug your arteries and your veins. He had zero. You should have over 150,000. Now, he was dead 12 days later of a brain bleed. He's a doctor in his own hospital. Trust me, they tried to save this guy. That is a disorder we've never seen before. Oh, yes, we have thrombocytopenia. It's called idiopathic thrombocytopenic purpura. That's a disorder we know, but you don't die suddenly of it. Even if you lose your platelets down below 20,000, it doesn't go to zero usually. But at below 20,000, you start bleeding. We can give you platelet support until we figure out what's going on. And in 60% of the cases, we can reverse it. Now some of the cases we're able to reverse here, but what we're seeing here are some people that have devastating zero platelet thrombocytopenia from this, and they're dead. And there's nothing you can do to stop it. That is a new disorder. In the past with vaccines had that happened, we would have taken it off the market. We would at least halted the rollout. They're ignoring it.



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So I looked at January, February, and March, and I looked at the number of cases and I found 104 cases of thrombocytopenia and 370 cases of bleeding. And when you read the narratives of this, this is put in by patients and doctors and nurses, so it's not always a complete history. Sometimes you have to discount people because they didn't put enough data in, but there were 358 of those that were clear. And 94 cases of thrombocytopenia were very severe life-threatening or caused death. So I looked at that and I published a paper about that. And a month later I thought, well, "I'll go back and update the numbers, because I bet there are more cases reported." Now I just looked at people that developed the problem, had the vaccine between January, February, and March. When I went back to look at how many had been reported now, there were 6,270, and the narratives have become these huge dialogues because people are waking up and realizing how bad this is and that they need to report it. Nurses and doctors are now putting really medical histories in there. You know what's going on. This is an avalanche. This is where all these drug problems start. They start really small and a few people see it, but the damage is too far apart to see a pattern. VAERS allows us to see the pattern. And then as the snowball starts rolling down the hill, it picks up steam and we are in that exponential growth rate right now.

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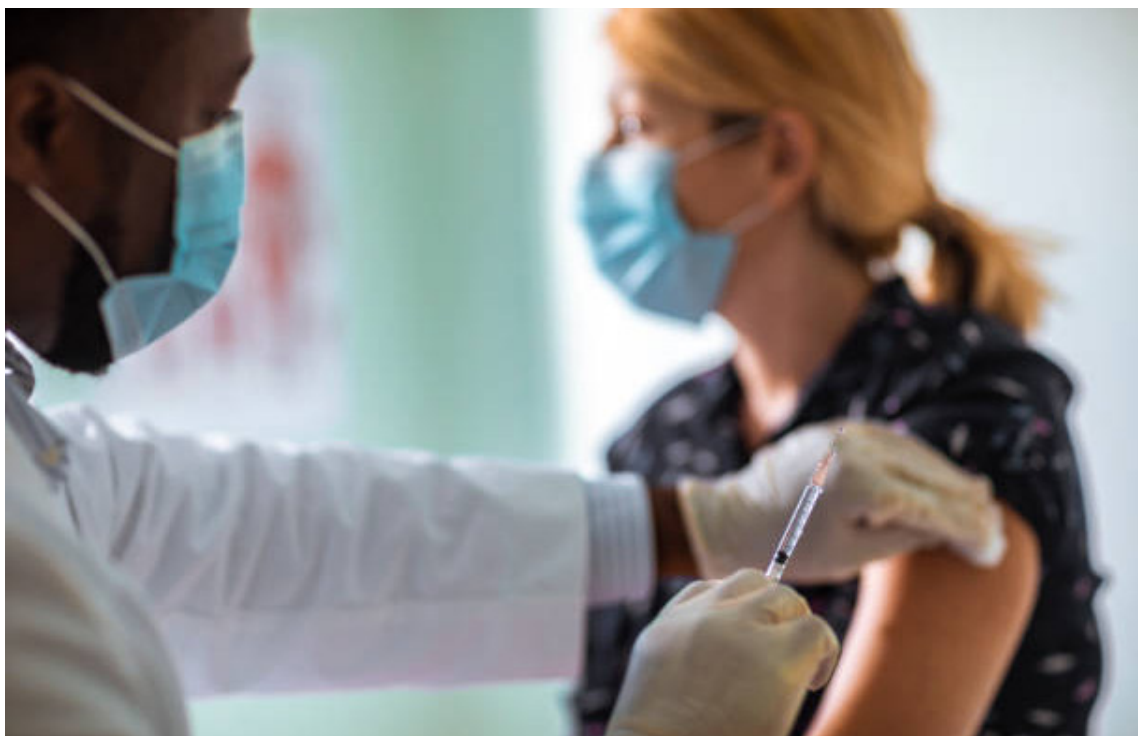
There's a diagnosis called cavernous sinus thrombosis. I've never seen a case in my life. I'm a spine surgeon. I hung out with neurosurgeons all the time. Never saw a case. I'm sure they did. And my son who's a general surgeon doing ICU and trauma fellowship, he sees it every once in a while, but they're collecting it from all over the state, for example. This is a rare disorder. And we hear that around the world, there are over 400 cases of that now. In our VAERS, I looked at 2018, '19, '20 and '21. It was 0, 0, 0, 40. Every diagnosis you look at, that's what is happening. We've had 10 deaths right now under the age of 18. One of them is tragic. That tells us another thing about this vaccine. This alone should stop the vaccine rollout. We're hearing about the people that didn't take the vaccine and they have secondary damage that they seem to be getting some of the problem, and I think I'm one of them. I touched a patient. It seems to be touch. I touched a patient, a couple of days later, I started having diarrhea. And after that, I walked into my office, had the sudden bloody nose. I couldn't get stopped. The way I stopped it, I took a bolus of ivermectin and hydroxychloroquine, and it stopped it. Now, bleeding is a side effect of this, and we're seeing young girls bleed that never have had periods. We're seeing post-menopausal women bleed that have stopped bleeding for years. And we're seeing women of childbearing age having varieties of different bleeding. So we're worried that there's a secondary transmission here. Well, we know at least it comes out in the breast milk, something from this vaccine, probably the spike protein comes out in breast milk because we had a one-month-old baby die. Baby was breastfeeding from a mother. Mother takes a second dose of the Pfizer vaccine. Baby develops this very rare thrombocytopenia and dead. Again, not something we see. So, a lot of weird stuff is happening.



# YOUR ADVOCACY GUIDE TO THE MOST CRITICAL DANGERS TO THE SCIENTIFICALLY PROVEN COVID VACCINE

**Jill McLaughlin Grunewald:** My name is Jill McLaughlin Grunewald, I am a certified holistic health coach and the recent founder of Coaches for Health Freedom. How can I be inspired and encouraged to speak out about health freedom instead of sitting on the sidelines and letting other people be the spokespeople for this movement. And I know that it's scary. It can be very terrifying to think about speaking out in that way, because there's so much censorship, there's so much gaslighting, the media has really kind of co-opted our message. But I felt that I didn't have a choice in speaking out about mandated medicine, being against mandated medicine, a one size fits all model, and I was prepared to lose it all. I mean, I've been a health coach for 16 years now, and I'm fortunate to say that I do have a thriving, successful practice, but I had to speak out against mandated medicine and I was prepared to lose it all. I was prepared to lose my practice and I just thought I have other skills. I can go do other things. And the opposite happened. So in my health coaching practice, I've been primarily focused on autoimmune conditions and hormone imbalances for women.

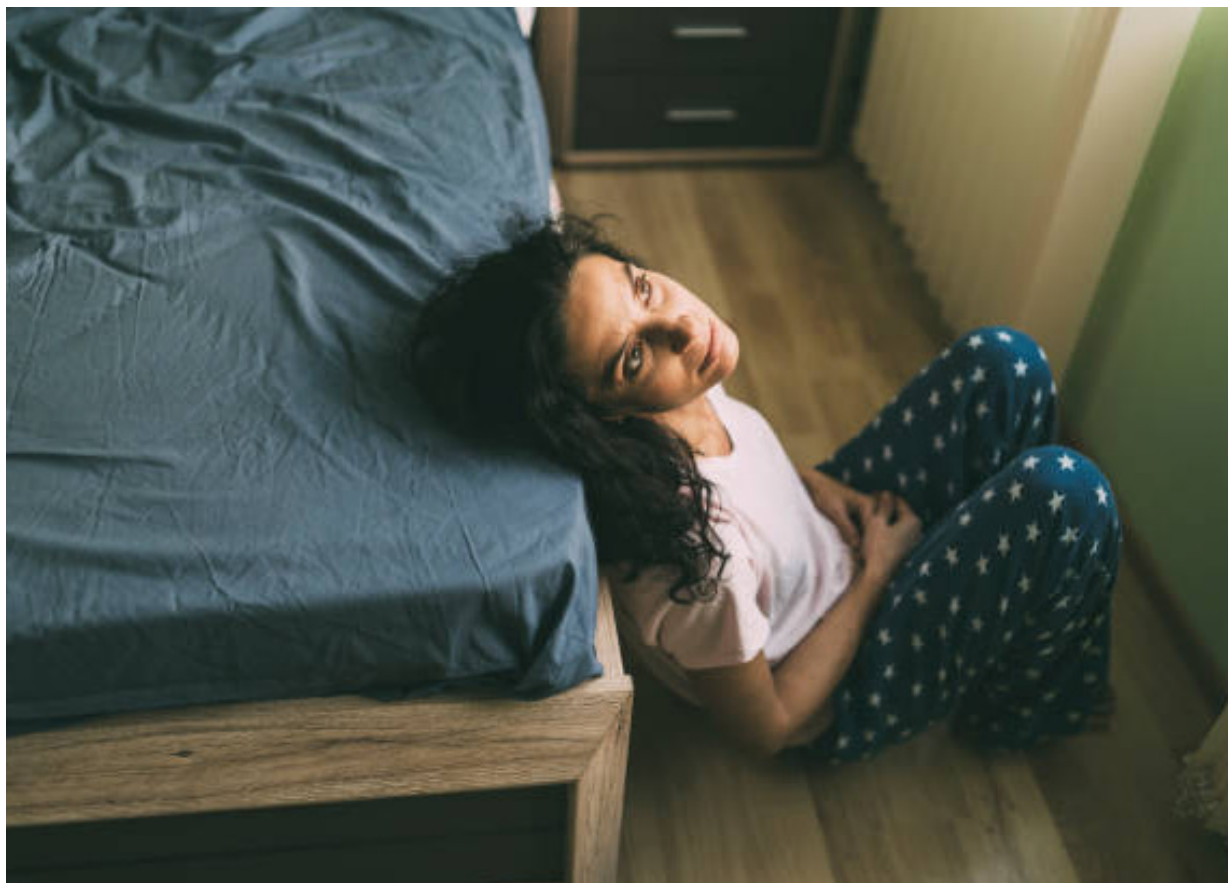
I know people who have been bleeding nonstop. So women in their cycling years, who've been bleeding nonstop. I know women who have passed an incredible amount of clots after having been around someone. And sometimes we don't know that we've been around someone who's been injected, and oftentimes these women are finding out later. And there was a point in time, a few weeks ago where all this exploded, of course not in the mainstream media, but in the groups that I follow online and my friends were sharing information. There was this explosion of information about all these reproductive issues that were happening. Not only with women who'd had the shot, but also women who had been around people who had the shot.



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So for me personally, I'm 51 years old, I went through menopause 5 years ago. And around the time where women started having problems, I didn't know that this information had yet come out because I was on vacation actually here in South Dakota. And I started cramping really bad. And I was like, what is going on here? Like I haven't had cramps in five years and it was so bad, a couple of nights that I had a hard time going to sleep. And I just thought, what on Earth is happening to me? And I got home, got plugged back into social media because I'd been unplugged for almost a week. And that deluge of information was coming out and I realized what was going on and come to find out right before I went on my trip, I had been around someone, there'd been someone in my home who'd had both shots.

So it wasn't psychosomatic because I didn't know about it. I had just started cramping, not knowing what was going on. It wasn't until later that I found out that women were having all these reproductive issues. And then a lot of post-menopausal women have been bleeding, and cramping, and we've seen such an incredible increase in stillbirths and miscarriages. So yeah, most of the stories that I have heard about have been friends of friends or friends sharing information about friends and family members. But I do also have some women in my personal circle of friends who've had a lot of problems.



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**Dr. Carrie Madej:** I graduated from medical school in 2001, from Kansas City University College of Osteopathic Medicine and Biosciences. I trained in three states. I ended up in Georgia, and graduated from allopathic residency in internal medicine. I have osteopathic and allopathic experience, both MD, DO. Also, I was medical director of two clinics. I owned two clinics. I taught medical students for eight years in clinical applications of internal medicine. I also attended scientific and business owners meetings in Georgia, where the discussion of the future of humanity and that included transhumanism, how that fit in. I gained knowledge that way about current events.

Even postmenopausal women, even people who have been on chemotherapy, in their 80s, all of the sudden bleeding. We've had children and even 18 month old toddlers bleeding from their vagina after being in close proximity. This is absolutely happening. We have tens of thousands of cases. When I asked any of my... I have a group and members, "Has anyone had any problems like this?" I had over 700 responses within 12 hours. That's unbelievable.

Just in the United States alone. Just my close colleagues, when they're working in their clinics, they reported back to me that they were getting strange rashes and abnormal bleeding. This bleeding that they're getting is extremely abnormal. It's not just a bad period, they're getting something called a decidual cast, which is like an imprint of an entire uterus, which we've never seen before, we've only read about. This is brand new. That alone should stop everything, because what is happening to the reproductive capabilities of us?





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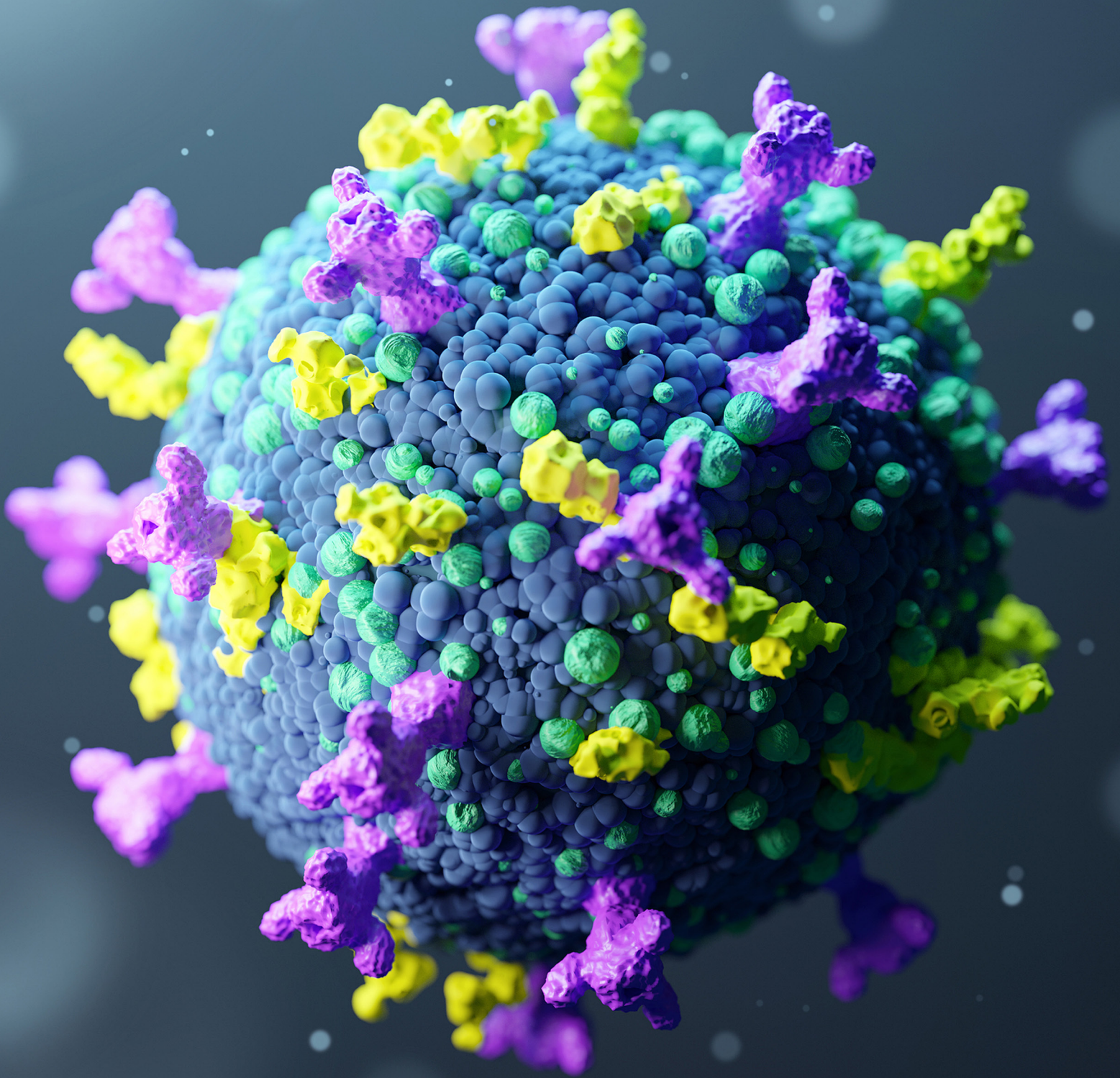
## THINGS YOU CAN DO WITHOUT A PRESCRIPTION

**Dr. Christiane Northrup:** And we've had doctors in my group who've had nose bleeds from being around their vaccinated patients. And they've used ivermectin and hydroxychloroquine and it's helped. Things that you can do without a prescription. You can make a... It's kind of quinine, which is a precursor for hydroxychloroquine. Here's the recipe. Three peels of organic grapefruit. Just take the peel off, doesn't matter if the white stuff is there. Three organic grapefruit, three organic lemons. Take the rinds off, boil them in... Like simmer them in some kind of good water. Water is three inches above the rinds, simmer for about three hours. Pour off the liquid into Mason jars. This'll give you about two quarts, take two tablespoons twice a day. You can do it in juice or just straight.



This has some very antiviral properties. And then the Health Ranger, Mike Adams talks about shikimic acid and the spike protein interrupts the shikimic acid pathway in the body. You can get that from a star anise, fennel seeds and white pine needles. And you just make a brew of all three of those things crushed up, pour boiling water over them in a French press that works well and drink two to three cups a day. So, that's one thing that pretty much anyone can do. It will not hurt you. Don't do that if you're pregnant, however.

# SPIKE PROTEIN



# YOUR ADVOCACY GUIDE TO THE SCIENTIFICALLY PROVEN MOST CRITICAL DANGERS TO THE COVID VACCINE

## THE MAKE-UP OF THE INJECTED GENETIC MATERIAL THAT CAUSES THE BODY TO PRODUCE THE DANGEROUS SPIKE PROTEIN

**Dr. Peter McCullough:** I'm Peter McCullough and I'm an internist and cardiologist at Baylor University Medical Center in Dallas, Texas. I'm professor of medicine at Texas A and M College of Medicine, which is, we're a major teaching campus for the medical school. And I care for patients who have both internal medicine in cardiology, subspecialty problems, including common infections and pulmonary heart, lung, and kidney disease. My particular interest is actually the interface between heart and kidney disease. And that's my major research focus. I spend part of my time in practice and part in research. I'm the president of the Cardiorenal Society of America right now. I am the editor in chief of *Cardiorenal Medicine*, a journal that's published by Karger Communications in Basel, Switzerland. I'm the editor and chief of *Cardiorenal Medicine*, which is officed out of Hong Kong. And I'm the senior associate editor of the *American Journal of Cardiology*, which is published by the Baylor University Medical Center through a contract. And so I'm very involved academically. I'm the overall editor of the chapter on cardiorenal medicine in Braunwalds' textbook of cardiology, that's considered the bible of cardiology. And our signature, if you will, in academic cardiology is the number of citations we have in the National Library of Medicine. So I have over 600 citations in the National Library of Medicine, and that's considered on the high end of anybody in the academic profession right now. And in the area of heart and kidney disease, I'm the most published person in my field, in the world and history. So when COVID-19 hit, I did say it was our medical Super Bowl.

And I knew my efforts and my talents in interpreting data and understanding both the basic science and clinical science and epidemiology were really important. I have a bachelor's degree, medical degree. I've a master's of public health and epidemiology from the University of Michigan, and I'm about as trained and qualified, I think, as anybody that exists right now in COVID-19. I have 46 publications in the topic, and I think that exceeds anybody who's rendering an opinion on this. And when it first started, for an entire year I published a series of opinion editorials in an online and print journal, *The Hill*, where I chronicled every twist and turn of the pandemic. And I predicted every major inflection point in the pandemic, everything from what we see with outbreaks, treatment, as well as the COVID-19 vaccine. Now, I led a group of international experts and published the first guidance for doctors on how to treat COVID-19 as an outpatient. That was published in the *American Journal of Medicine* in August of 2020. And I followed it up with a critical update when we had more information on early ambulatory treatment in reviews and cardiovascular medicine in 2020 and December of 2020. And both of those papers are the most frequently downloaded and utilized papers in all of ambulatory COVID-19. So I geared up, it was my Superbowl, and I said a very important statement that really was not said by any other leader, and that is, "COVID-19 has two bad outcomes: hospitalization and death." I was going to put together a team of experts. I was going to develop the clinical and academic expertise, and I was going to put a stop to these hospitalizations and deaths. And I can tell you, as we sit here today, I'm the only leader who's done that.

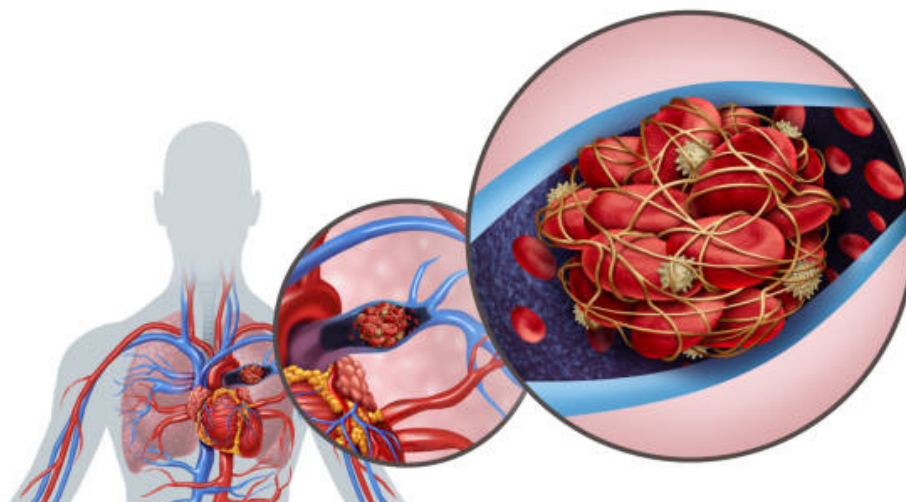


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I'll just focus on the genetic vaccines. The dangerous mechanism of action is they hijack the body's genetic machinery for the body to produce the dangerous spike protein. Which produces it for at least two weeks after the first shot until antibodies are raised and are found in body fluids and the blood. We know that just the cells making the spike protein damage the cells including the brain, the heart, lungs, and other critical organs.



We know the circulating spike protein causes endothelial damage and blood clotting. This is not good. We don't have a single vaccine that turns the body into such a dangerous pathogenic state as the COVID-19 genetic vaccines. We now know that the spike protein is generated. We know it's dangerous; it damages blood vessels and causes blood clotting.



That's the last thing you want circulating to the placenta or the baby. It's been a wrecking machine. And so women need to wake up. Pregnant women need to wake up and understand- don't do that. It's just like you wouldn't do cocaine or do terrible drugs. Don't walk into a vaccine center when you're pregnant.

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I can tell you as a doctor, I consult with women who are pregnant. I would never do this in my career. Never, and I just think it's one of these absolute disasters to ever have a pregnant woman get one of these vaccines. We can treat COVID-19. If a pregnant woman happened to have severe symptoms, we could sequence the drugs. We can use Hydroxychloroquine during pregnancy. We can use Azithromycin. We can use steroids. We can use aspirin. We can use blood thinners. It's an easily treatable problem in pregnancy. Why risk the vaccine?

**Jonathan Otto:** So, basically, I've heard it being described that our bodies become a factory for the spike protein manufacturing. And then this is distributed all across the body and is embedding itself in the tissues, including the heart, the brain, and every organ. Then we see these cases of myocarditis in all ages, including the youth. Which is then attributed to the spike protein doing the work that it's intended for.

**Dr. Peter McCullough:** You've got the right interpretation. The last thing you want in delicate heart muscle cells, which have to be striated right next to each other, is you don't want to have spike protein produced in the heart muscle cells and the satellite cells then cause inflammation in the heart.



That's a disaster, and worse yet, to actually have spike protein distributed to the heart. You would never want it distributed to the brain or the lungs or the endocrine organs or a placenta. It's a disaster to think that biotechnology was developed that makes the human body make a lethal protein as part of its mechanism of action. It's unthinkable. And just by that mechanism alone, honestly, it never should have moved forward.

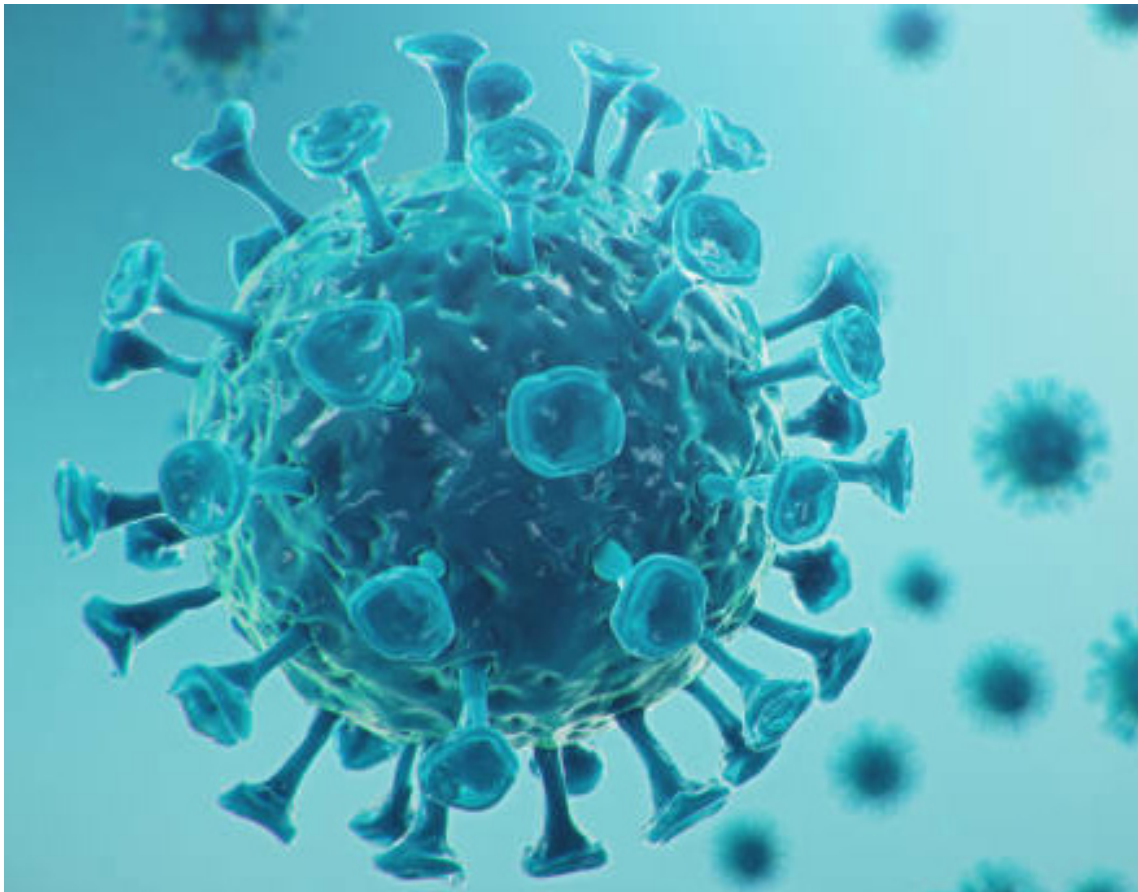
# YOUR ADVOCACY GUIDE TO THE SCIENTIFICALLY PROVEN MOST CRITICAL DANGERS TO THE COVID VACCINE

**Dr. Judy Mikovits:** I have a PhD in biochemistry and molecular biology that I defended in November of 1991. The topic of my PhD is HIV latency in monocytes. So the idea that retroviruses dormant in certain cells of the immune system don't cause disease, that it's an express retrovirus that causes disease.

So that PhD thesis was awarded by George Washington University in Washington, DC. I had worked at the National Cancer Institute since 1980, and during the time I worked on my degree and then worked after my degree at the National Cancer Institute until 1999 when I led the lab of antiviral drug mechanisms. So my job was to make immunotherapies for AIDS-associated malignancies or cancers.

**Jonathan Otto:** What do you believe is happening with the spike protein and how it is creating damage to the body?

**Dr. Judy Mikovits:** So what is the spike protein? Well, the spike protein and they call it the spike now in Coronaviruses, but in retroviruses, it's called the envelope, so it's the part of the virus that is sitting upside the cell, they'd use a mushroom to show you the HIV spike protein. So we knew from the sequences that the spike protein had sequences of HIV GP120 and the transmembrane GP41 protein.



# YOUR ADVOCACY GUIDE TO THE SCIENTIFICALLY PROVEN MOST CRITICAL DANGERS TO THE COVID VACCINE

It also has the sequences that encode a retrovirus envelope, a gammaretrovirus envelope, that expresses a protein called syncytin, or syncytin some say. Well, syncytin and syncytin, the words syncytia means fusing of cells by viral envelopes, and so they fuse cells together. and our God-given syncytin gene is expressed during certain phases of the menstrual cycle, and it's that protein, syncytin, that is responsible for the embryo implanting into the uterus.

And so when it turns off, it's like Velcro, and the baby's born. And so every mammal has a syncytin gene, so in that spike protein now you've got HIV envelope, you've got syncytin, and you've got the SARS ACE2 receptor binding domain. So you've got the disease-causing parts, the envelope alone, and we've known this since 1980, we've known this since the day I stepped into research in 1980 at National Cancer Institute, that the spike proteins, or the envelope protein alone of these viruses, cause the disease.

So what have we done in the vaccine but taken the toxin, the part of the virus of three different viruses, HIV, XMRV, the Xenotropic murine leukemia, that's contagious cancer-causing viruses that contaminated many of the vaccines that we isolated from people with autism and myalgic encephalomyelitis, or chronic fatigue syndrome, and then SARS- severe acute respiratory syndrome.



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So you've taken three of the most deadly viruses, and all man-made or man accelerated, man-evolved, and then you've packaged them, if you will, in a synthetic envelope. So normally it's the virus buds and packages themselves, surround themselves with a lipid nanoparticle fat, your cell membranes are made of fat to protect nucleic acids, so now you've packaged it that way, and you've made a synthetic virus that infects all cells of the body.



So the vaccine is not a vaccine at all, it's gene therapy, no matter which kind it is, it's a gene therapy that infects, is transfected across the membrane, because you don't have to infect it, have an infectious transmissible virus, if you've injected it, and that's exactly what they did, they injected. So this so-called vaccine actually turns every one of your cells, potentially, into a manufacturing plant of three of the most deadly viruses of my entire 40-year career.



# YOUR ADVOCACY GUIDE TO THE SCIENTIFICALLY PROVEN MOST CRITICAL DANGERS TO THE COVID VACCINE

## WHAT HAPPENS TO THE GENETIC MATERIAL THAT PRODUCES THE SPIKE PROTEINS

**Dr. Lawrence Palevsky:** No studies have ever been done to demonstrate what happens to the genetic material that makes up this messenger RNA that's meant to get the body to produce a spike protein. We don't know what happens to that messenger RNA once it's injected into the body. We will hear experts very proudly state, "The messenger RNA doesn't last, doesn't continue to force the body to make spike protein." But if you ask them where the study has been done to demonstrate this messenger RNA that's injected from this injection, you will not find any. And so, any statement that this messenger RNA is turned off and will not continue to force the body to manufacture spike protein is false. So we don't know whether the body will continue to manufacture messenger RNA, and, therefore, the spike protein.



**Dr. Christiane Northrup:** Here's my problem. We know that you're infectious for seven weeks after a chickenpox shot, but this is making your body into a factory for the spike protein. And it's changing your body into a factory for that. So I don't know if it ever goes away. That's a problem.

# YOUR ADVOCACY GUIDE TO THE SCIENTIFICALLY PROVEN MOST CRITICAL DANGERS TO THE COVID VACCINE

## HOW THE SPIKE PROTEINS AFFECT BODY ORGANS

Now, the spike protein in the COVID-19 illness has been shown to be the very piece of material that causes the symptoms of COVID-19. It causes brain damage. The neurological issues. Crosses the blood-brain barrier. Causes blood clotting issues. It causes heart attacks, lung disease, causes liver damage, kidney damage, spleen damage, and it also affects the male and female reproductive systems.



So, why in the world would you allow an injection to be put into your body that asks your body to make spike protein? The very thing that's known to cause the illness of COVID-19. To cause the damage that it does in COVID-19 and potentially increase your possibility to have a long-hauler syndrome, meaning you have symptoms of COVID-19 for much longer than just the acute phase of maybe two to three weeks.

Why would you let yourself be injected with something like that when the scientists and the experts don't have an answer as to whether or not your body ever stops producing spike protein?

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**Robert Scott Bell:** Hi, my name is Robert Scott Bell- host of the Robert Scott Bell radio show. Been a homeopath for almost 30 years now, getting old, but feeling good. I got into natural medicine because I was raised on pharmaceutical medicine. I was raised pharmaceutically and I was sick because of all the drugs, and pills, and surgery, and shots that they threw at me.



And by the time I was 19 years of age, I realized that if I was to become a doctor like the doctors that gave me all those things, I would be miserable, even though I always wanted to grow up to be a healer. But the only model I had for it was medical doctors. My uncle, the medical doctor, my uncle Bob dearly departed, had said to me when I was a teenager, “You do not want to be a medical doctor.”

And I said, “Uncle Bob, what do you mean? You’re a medical doctor, what do you mean by that?” And he tried to explain why, and I didn’t know it until some years later. And he was right and it was five years after giving up on modern medicine for my own health that I was sent to a teacher, a homeopathic doctor that I would learn from for over 10 years of study. And that was the answer to my prayers, but it came by way of learning about spiritual principles, getting grounded and understanding how health and healing really happens and it comes from Spirit, from God. So that was what I needed to know before I was ready to learn what I was to learn

# YOUR ADVOCACY GUIDE TO THE SCIENTIFICALLY PROVEN MOST CRITICAL DANGERS TO THE COVID VACCINE

**Jonathan Otto:** So, the big topics are COVID-19 and vaccinations. When it comes to the vaccination for this COVID-19 situation that we're having, what are your biggest concerns around the COVID vaccine?

**Robert Scott Bell:** Well, the first thing I tell folks about the COVID vaccine is that it's not a COVID vaccine. That's absolute gobbly goop nonsense, non-science, it's absurd. They've created something, particularly with the mRNA technology, to reprogram DNA to manifest proteins.

They call it "spike proteins" in this case, with the hope that you'll have an antibody to the spike protein, but these spike proteins being only a fraction of what they claim the whole thing is, are not even unique to it. And what we're seeing is the response by everybody's body, who's exposed, a little bit differently.

'But the biggest overt concern that I see is for fertility, both men and women, but particularly it's more obvious in women at this point. The ability to procreate and have children if you want kids or grandkids one day, we've got to stay far, far away from this technology.



I know it's been studied for a lot longer than people have heard of it in the last couple of years, but the studies that have been done on it have been devastating in the animal kingdom. That's why they didn't do animal trials before they brought this out under emergency use authorization. So the whole basis for claiming that COVID-19, SARS-CoV-2 was something we needed a vaccine for, it's an absolute ruse.

# DEATHS

A photograph showing a person's feet sticking out from a white sheet in a morgue. A white tag with the text 'COVID-19' is tied to the left foot. The scene is dimly lit with a blueish tint.

COVID-19

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## FAR GREATER NUMBER OF DEATHS COMPARED TO OTHER VACCINES

**Dr. Peter McCullough:** The VAERS reports start out as preliminary reports. So doctors and nurses largely fill these out and then they're submitted and then they actually have to be verified by the Center for Disease Control. I've done this myself, where I filled out a VAERS report, and then I get a phone call or an email from the CDC to verify what's going on before they accept it as a verified safety report. So what I'm showing you on the red box is that comes from OPENVAERS.com, and that is an overlay over the VAERS system that's updated once a week. And those are verified by the CDC. They use some search algorithms, for instance, to search for death anywhere in the report, and a few other things, so the numbers can be a little bit different than what others may quote, but those are basically demonstrating to the public that this is an extraordinarily unsafe set of products, an extraordinarily unsafe. We've never had 9,000 deaths that just happened right after receiving... If we had a drug that had 9,000 deaths that occurred after it, it would be considered basically a lethal product. The usual thing, if a new drug hits the market and there's five deaths, it gets a black box warning by the FDA. We get to 50 or 60 deaths, that product is off the market. And I've been involved in some of those market recalls and to be one of the adjudicators, to look at it. To blow past 186 deaths in January 22nd, we were far beyond any limit of acceptability. And now to run it up to the current numbers of 9,100 deaths is basically unacceptable. It is considered completely and totally unacceptable.



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The temporal relationship with death, which is the most serious outcome, has been carefully analyzed by Rose and colleagues in the Journal of Public Health Policy and Law. It's clear that this mortality risk is in about a week and it is explosive. Patients die of these reactogenic deaths. The spike protein basically causes fever, chills, nausea, vomiting, difficulty breathing, and it's lethal in about 48 hours. Much more in seniors than younger people, people in their seventies or eighties. There can be immediate allergic reactions where patients die right in the vaccine centers. And then there are these late deaths at about two weeks that relate to blood disorders, blood clotting, low blood platelet count called thrombocytopenia purpura. There's actually names of diseases based on this called spike protein disease or vaccine-induced thrombocytopenic purpura. So believe it or not, we have diseases named for what the vaccine does in terms of these serious injuries.



**Dr. Carrie Madej:** I am analyzing the data coming from the VAERS, the Vaccine Adverse Events Reporting System. It's horrifying, because we're seeing... First of all, this database is three to four months behind in reporting the data of what's happening. Right now, there's 4,500 deaths being reported since the introduction of the COVID injections, which they call vaccines. That's a horrible number, because that's between 1-10% of all events are being reported, meaning under-reported. You can extrapolate that by 10 to 100 times more. That's an extraordinary number of deaths and then adverse events as well.

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**Dr. Carrie Madej:** To put that into a reference for people, we pulled the Swine Flu vaccine back in 1976, because we rushed that vaccine. When they were doing this vaccine, a lot of Guillain Barre paralysis happened, and then about between 25 and 50 deaths happened from that vaccine. This was horrifying back then. They put a moratorium, they took the vaccine off the market and said, "Never again," and apologized, "We should have done more studies." 25-50 deaths. We are now at 4,500 deaths and again that's only 1-10% of the real number. What are we doing? Why are we not reporting that? Why are we continuing on with this? Again, we're in an experimental phase. It's a stage four research experiment. People are actually the lab rats and the guinea pigs and now we're introducing it to children, which to me are crimes against humanity. Children are not affected by this COVID-19. This is a tragedy, because here we are giving experimental agents to children without any reason. I don't understand this whatsoever.



**Dr. Lee Merritt:** Well, first of all, they always want to tell you this. Whenever a vaccine or any drug comes out, and there's a problem, they always have the same response, "Oh, we gave 41 million doses, and we only had 10 deaths, okay? That's nothing." Don't believe that. They took many vaccines off the market for less deaths than this. In all the years of the flu vaccine, there were less deaths associated with that than in four and a half months of the COVID vaccine. I'm the VAERS researcher for the America's Frontline Doctors.

I looked at, for example, just deaths the first three months of 2021, and there were 2,919 deaths in the first quarter of 2021 and 99% of them were from COVID vaccine, 1% all the other vaccines put together.

Then, I looked back at 2018, 2019, and 2020. The most deaths per year of any of those years was 22 deaths. So it went from 18, 22, 15, 2,912.



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## CONCLUSION

We have touched on several topics regarding the COVID-19 vaccine that disagree with the mainstream's "safe and effective" dialogue.

You are welcome to share this eBook with your loved ones, and we encourage you and your family to avoid this vaccine and any future shots of it.



You may ask, if we choose not to risk the potential harm of the vaccine, how do we protect ourselves and our families from COVID-19 and still safely participate in all that life has to offer? And what do we do if we get sick with COVID-19 so we don't become severely ill? In the documentary series *Vaccine Secrets: Covid Crisis*, we'll look at how our bodies were designed to resist and recover from disease, what was effective historically before vaccines were developed, and steps we can take now to prevent infection and limit the severity of disease if acquired.

If you would like to know more about vaccines for COVID and for other diseases, such as:

- What is in vaccines
- How do vaccines work
- Short- and long-term side effects and injuries from vaccines
- Disease prevention and treatment without vaccines
- The Nuremberg Code, informed consent, and crimes against humanity
- What to do if you have already received the injection
- And much more...

Click to register now for our upcoming documentary series [Vaccine Secrets: Covid Crisis](#)

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## ABOUT JONATHAN OTTO



Jonathan Otto is an investigative journalist, natural health researcher, documentary filmmaker, and humanitarian.

He has created several highly-acclaimed, groundbreaking docuseries — ***Depression, Anxiety & Dementia Secrets, Autoimmune Secrets, Natural Medicine Secrets, Women's Health Secrets, and Autoimmune Answers*** — covering innovative, effective natural remedies for autoimmune disease, neurodegenerative disease, mental health, cancer, and heart disease.

These docuseries — watched by millions around the world — represent Jonathan's unceasing quest to discover the root causes of debilitating diseases by interviewing over 100 world-renowned natural medicine doctors, scientists, natural health experts, and patients.

In response to this life-saving knowledge, Jonathan created ***Well of Life***, a line of doctor-formulated, 100% natural supplements specially designed to detox and fortify the body.

Jonathan's greatest reward has been hearing the testimonials from people whose lives have literally been saved with the protocols he developed.

His work has been featured in international TV broadcasts, print media, national news, and radio broadcasts. He received the awards, *Young Citizen of the Year and International Volunteer of the Year*, by the Australian government for international humanitarian contributions, which he continues to support.

Jonathan and his wife, Lori, welcomed their first son, Asher, in January 2019 and their second son, Arthur, in May 2021.