

Internet publications on corona vaccinations

Excerpt from the 774th contact of Thursday, 26th of August 2021

Billy Just this: Achim has beamed me several articles. May I at least partially attach them to the conversation report? They would be of value, for they are about the dark machinations of the corona vaccinations.

Ptaah You certainly can do that. But now – as much as I regret it – goodbye, dear friend.

Billy Bye – see you.

Corona vaccination without risk? - Sanofi's dengue disaster as a warning of long-term side effects

26th Aug. 2021 06:45 a.m.

It is noticeably often claimed on public television that corona vaccines are safe; according to ZDF, there are even said to be 'generally no known long-term side effects' of vaccinations. But even from recent history, a pharmaceutical scandal involving Sanofi's vaccine against the dengue virus shows that this is not true.
by Daniel Schrawen

Among the currently most discussed topics are probably the corona vaccinations and the related question of possible side effects or long-term consequences. The most recent example of the debate was provided by the left-wing politician Oskar Lafontaine when he recently stated that he still found it irresponsible to vaccinate children against corona. Among other things, he justified this with the fact that the long-term side effects of the vaccination are still unknown. As was to be expected, it did not take long for the ARD 'fact-finders' to try to refute Lafontaine's opinion, picking out individual points from his argumentation in the tried and tested way.

Anyway, it is obvious that so-called 'fact checkers' and public service broadcasters keep stressing that 'the corona vaccinations' (apparently whatever they are) were 'safe'. In December, ZDF even claimed in an article 'Why there are no long-term side effects' that 'generally no long-term side effects are known' with vaccinations. The article quotes the press spokeswoman of the Paul Ehrlich Institute, Susanne Stoecker, who told ZDF-heute:

"Most side effects of vaccinations occur within a few hours or days. In rare cases, sometimes after weeks." Furthermore, a blog post by Petra Falb, a female appraiser in the licensing of vaccines at the Austrian Federal Office for Safety in Health Care, is cited. The so-called 'anti-fake news blog' Volksverpetzer also picked up on Falb's contribution. Falb at least admitted in her article that some vaccinations had caused vaccine injuries that lasted for years. Adverse events following vaccination, such as cerebral inflammation, can leave lasting harm, but the side effect itself would have occurred a short time after vaccination, Falb said. Long-term consequences are therefore 'very rare' side effects that occur, for example, only in one case in a hundred thousand. Therefore, they are only recognisable when a large number of human beings have been vaccinated.

This was similar with the cases of narcolepsy after the vaccinations with the Pandemrix vaccine at the time of the 'swine flu': Again, most cases of narcolepsy occurred shortly after the vaccination. However, this was only realised after about a year, when many human beings had already been vaccinated.

This may indeed be correct, but the statement that 'generally no long-term side effects are known' is definitely wrong. It must be conceded at this point that some contributions – such as a 'fact check' by BR24 – almost bashfully admit that vaccines 'in rare cases' may aggravate an illness through infection-enhancing antibodies when the body comes into contact with a virus for the second time. This is known, for example, from diseases such as dengue fever.

In all these contributions, however, it is hardly ever being mentioned that the dengue example is linked to one of the biggest pharmaceutical scandals of recent years, which even led to the French pharmaceutical company Sanofi itself warning against the use of its own dengue virus vaccine Dengvaxia and to mass vaccinations of hundreds of thousands of children in the Philippines being aborted.

How the mass vaccinations of Filipino children became a disaster

In this regard, one should know that the dengue virus, which is transmitted by mosquito bites, is particularly common in tropical regions, especially in South America, Asia and Africa. Every year, hundreds of millions

of human beings are infected with the dengue virus, and more than 20,000 of them die from it, including many children. A vaccine from the French pharmaceutical company Sanofi, which had been researched for more than two decades, then raised hopes in 2015 that this disease could be contained. According to the company, the first approved dengue vaccine was expected to have a 93 per cent efficacy rate, preventing 80 per cent of hospital admissions in the future.

In 2016, this live Dengvaxia vaccine was then used in Southeast Asia and Brazil. In particular, the vaccine was used on a large scale in the Philippines: In April 2016, the country launched a vaccination campaign within the framework of which more than 700,000 schoolchildren were vaccinated. But the vaccination of the children turned out to be a disaster: As it turned out, the vaccination can even aggravate a disease in human beings who have never been exposed to the virus before, if it does come to an infection after the vaccination.

The reason for this was an effect called Antibody-Dependent Enhancement (ADE), which – as the name suggests – is caused by infection-enhancing antibodies. As with the SARS-CoV-2 pathogen, there are also different variants of the dengue virus. Essentially, there are four different dengue virus types, the prevalence of which varies depending on the season. However, the Sanofi vaccine did not have the same effect against the different variants, creating a vaccine gap. Admittedly, antibodies initially formed after the vaccination. However, if one subsequently contracted another dengue virus variant, the antibodies did not fight this virus variant, but even allowed it to enter the human cells.

This effect is not only possible through vaccination, but also in the case of natural infection. The consequences can be fatal, as a new infection can lead to a severe course of the disease with haemorrhagic fever, whereas an initial infection proceeds harmlessly in many cases.

It is true that Sanofi's dengue vaccine was tested in two phase III clinical trials involving more than 30,000 test subjects aged between 2 and 16 years. It became apparent quite early on that the efficacy of the vaccination differed depending on the virus variant, the age of the test subjects and whether the test subjects were already infected before the vaccination. In the first two years after the vaccination, the vaccine initially showed good efficacy, but in the third year after the vaccination, some study participants showed an increase in the hospitalisation rate and also in the number of severe courses of disease. However, initially no connection was seen to the possibility of whether or not the participants had already been exposed to the virus before the vaccination.

During the large-scale use of the Dengvaxia vaccine in the Philippines, there were also deaths among children due to the aforementioned effect. According to 'The Manila Times', there are now 165 deaths that may be linked to the administration of the vaccine. In at least three deaths, the suspicion was definitely confirmed. This understandably – and quite rightly – caused outrage among hundreds of thousands of parents, which was consequently directed against the pharmaceutical company and the Philippine authorities.

As a consequence of the scandal, vaccination scepticism is now very pronounced in the Philippines: many parents generally no longer have their children vaccinated. In December 2016, the vaccination campaign was finally terminated, and the company itself was forced to warn against its own vaccine: anyone who had not yet been infected with dengue should not be vaccinated with Dengvaxia. In 2017, the vaccine was finally banned in the Philippines.

But this was not the end of the handling of the scandal (which might perhaps also be due to the fact that at that time and with this vaccine there were no corresponding adhesion contracts that kept the manufacturer from liability against all damages caused by the vaccine): However, as is usual in such cases, the legal process drags on for years afterwards. In 2019, the former head of the dengue department of the Philippine Tropical Medicine Research Institute, Rose Capeding, was charged by the Philippine Attorney General's Office due to the failed vaccination campaign with 'negligent recklessness resulting in death'. She is threatened with up to 48 years in prison. Meanwhile, it has also become known that a relative of Capedings is said to work at Sanofi. In February of this year, arrest warrants were also issued for three executives of Sanofi Pasteur Inc [1].

Using the example of the mass vaccinations in the Philippines, which got completely out of hand not even that long ago, it is easy to show that there are indeed long-term side effects of vaccinations. Therefore, it will be interesting to see what reasons are given by the usual suspects as to 'why this cannot be compared'. But even if one takes into account that the cause is not the vaccine itself, but a new infection, it must be noted that also such effects caused by a new infection can also occur only after years. Lafontaine's concerns are therefore quite justified.

After this admittedly somewhat lengthy review, the question naturally arises as to what all this means for the corona vaccinations. The effect of the infection-boosting antibodies has been discussed among experts from the beginning, but until now it was assumed that, in contrast to dengue, this did not play a major role in SARS-CoV-2. In simple terms, the two viruses use different mechanisms to implant themselves in human cells at specific areas. The vaccine manufacturers also claim that the vaccines use the domains from the

pathogen's spike protein as a basis, where the probability of these leading to corresponding negative effects is low. The Paul Ehrlich Institute also claims not to have noticed any effect of infection-boosting antibodies in the corona vaccines used in Germany so far.

However, with each new mutation of SARS-CoV-2 that occurs, the possibility arises that infection-boosting antibodies will form. Only recently, French scientists addressed the scientific journal 'Journal of Infection' in an open letter, warning of the risk of ADEs in the mass vaccinations. In this regard, the delta variant of SARS-CoV-2 is of particular concern, as most vaccines have been developed based on the original Wuhan version of the virus. The scientists' analyses have shown that there actually is a mechanism possible in the delta variant that can lead to the formation of infection-boosting antibodies. In this regard, the letter states: "However, in the delta variant, neutralising antibodies have a reduced affinity for the spike protein, while enhancing antibodies have a strikingly increased affinity. Therefore, ADE may pose a problem for people receiving vaccines based on the original Wuhan strain spike sequence (either mRNA or viral vectors)." Therefore, the researchers recommend using other parts of the spike protein as the basis for the vaccines in the 'second generation vaccines'. Whether this makes sense and whether an effect through infection-boosting antibodies influences the mass vaccinations carried out so far will probably be seen in the future. Corona is known to occur seasonally, so autumn could be hot – and indeed in a sense other than the climate change issue.

RT DE strives to present a broad spectrum of opinions. Guest contributions and opinion articles do not necessarily reflect the views of the editorial team.

[1] As a side note, Sanofi, together with GlaxoSmithKline, also plans to launch a corona vaccine, which is currently under review by the European Medicines Agency (EMA) for approval in the scope of the European Union (EU).

Source: <https://de.rt.com/meinung/122987-corona-impfung->

Professional soccer player Roy Butler dies after corona vaccination

uncut-news.ch, 25th August, 2021

The aunt of the Irish professional soccer player Roy Butler announced via Twitter that the 22-year-old died shortly after his COVID 'vaccination'. This has met with practically no response in the media. Report24News has something on the affair in the article 'Media cover-up: 23-year-old Irish soccer star dies three days after vaccination'.

Picture: Butler's aunt reports the death of her nephew.

On 17th August, Marian Harte announced on Twitter that her nephew was 'fighting for his life in these minutes'. He had received 'the poison' on Friday, 13th August 2021, four days earlier.

In the early hours of 18th August 2021, Butler's aunt wrote on Twitter, "My beautiful nephew Roy Butler, Waterford City Eire, passed away today, after the 'miracle jab'... I am heartbroken and so, so angry."

The Irish state broadcaster RTE reported succinctly:

"Republic of Ireland international Jayson Molumby has led the tributes to former Waterford United player Roy Butler, who has died aged 23 after a short illness."

The state broadcaster RTE does not at all mention the 'vaccination' of the player that took place shortly before. Report24News has this to say about the scandal:

"For the media, however, the tragic death of the sympathetic sportsman seems to be a thorn in their side, because they disrespectfully withhold relevant facts. The mainstream writes that Roy Butler passed away 'after a brief illness'. However, this 'illness' did not come about by chance, because just three days before his death, Butler was vaccinated with Johnson & Johnson's Covid vaccine. (...) The vaccination was supposed to enable him to travel to Dubai in September – but after the shot on Friday 13th August, everything happened extremely quickly. Initially, Butler complained of severe headaches, followed by dizziness and vomiting over the weekend. On Monday, he was put into an artificial coma because of severe bleeding in his brain. He could no longer be helped.

At the beginning of July 2021, still during the European Football Championship, the chief press spokesperson of the Danish Football Association had refused to confirm that the Danish national player Christian Eriksen, who collapsed during a European Championship match and suffered permanent heart damage, had not been vaccinated. Statements by the Danish national coach two days before the European Championship had implied that the Danish national football team had been entirely vaccinated.

Source: <https://uncutnews.ch/fussballprofi-roy-butler-stirbt-nach-corona-impfung/>

Study: Pfizer Covid-19 vaccine destroys T cells and weakens the immune system

23rd August, 2021 12:51 p.m.

A study from the Francis Crick Institute in the United Kingdom has found that the Pfizer-BioNTech Wuhan coronavirus (COVID-19) vaccine destroys T cells and weakens the immune system. But pharmaceutical corporations are trying to suggest that the only way to prevent this from happening is for people to get third or booster doses of their vaccines.

T cells are immune cells that can focus on targeting specific foreign particles. They are most commonly studied in relation to their ability to fight cancer and infectious diseases, but they are also essential for other aspects of the body's immune response. (...)

This study from the Francis Crick Institute focuses on the neutralizing antibodies created by T cells. It analyzes whether the Pfizer vaccine helps the T cells create enough antibodies to fight off the COVID-19 variants.

The Francis Crick Institute, in collaboration with the British National Institute for Health Research, released a study that showed that the Pfizer-BioNTech COVID-19 vaccine produced fewer neutralizing antibodies against COVID-19's variants.

The scientists analyzed the antibodies from the blood of 250 healthy adults who have received either one or two doses of the Pfizer-BioNTech vaccine up to three months after their first dose. (...)

It (the study) found that only 50 percent of the people who received a single dose of the Pfizer vaccine had a quantifiable neutralizing antibody response against the alpha variant of COVID-19. This number decreased even further to just 32 percent and 25 percent for the delta and beta variants, respectively.

The situation gets worse for older individuals who have weaker immune systems. The researchers found that older vaccine recipients generated even fewer antibodies. Coupled with the vaccine's ability to destroy T cells and weaken the immune system even further, getting vaccinated could spell disaster for many people.

(...) The authors of the study want to pursue further studies to check the capabilities of other vaccines, starting with the Oxford-AstraZeneca vaccine.

"So, the key message from our finding is we found that recipients of the Pfizer vaccine, those who have had two doses, have about five- to six-fold lower amounts of neutralizing antibodies," said David Bauer, head of the Bauer Lab in the Francis Crick Institute.

SOURCE: PFIZER COVID-19 VACCINE DESTROYS T CELLS AND WEAKENS THE IMMUNE SYSTEM

Source: <https://www.survivethenews.com/pfizer-vaccine-destroys-t-cells-weakens-the-immune-system-study/>

Multipolar, Edited by Stefan Korinth, Paul Schreyer and Ulrich Teusch **The dying of the vaccinated**

uncut-news.ch, 25th August, 2021

Official figures from the British health authorities show that twice vaccinated people who test positive for the delta variant are more than four times as likely to die than unvaccinated people who test positive. Obviously, the vaccination makes those people who nevertheless become infected dramatically more susceptible to a fatal outcome. (Update 25.8.: A statistical effect was overlooked and a section was added to the article).

PAUL SCHREYER, 25th August 2021

The figures, which the portal Alschner Klartext first called attention to last Friday, come from a document of the British health authority Public Health England (PHE), which is subordinate to the British Ministry of Health. For several months now, PHE has been publishing fortnightly so-called 'Technical Briefings', which are aimed at an expert audience and in which the current distribution of coronavirus variants in Great Britain is being statistically examined. The documents consist mainly of tables and diagrams, the collected figures are largely being presented there without comment.

Multipolar has examined the last five Technical Briefings and calculated mortality rates from the absolute figures given for the amount of people who tested positive and died – which are differentiated by the authority according to vaccination status – and prepared them in a graph. The underlying data are to be found in Briefings Nos. 17 to 21 (in the latter on pages 22 to 23).

As is clear from the data, the greatly increased death rate of the twice vaccinated compared to the unvaccinated is not new, but has apparently been known to the authorities for many weeks.

There are obvious explanations for the possible causes of a harmful effect of the vaccination. In a peer-reviewed study published in the Journal of Infection on 9th August, French scientists from the University of

Aix-Marseille proved that the so-called ADE can occur when vaccinated people come into contact with the delta variant, whereby the antibodies formed through the vaccination do not attenuate the infection but, on the contrary, intensify it. The biologist Clemens Arvey explained these research findings to a German-speaking audience on Monday.

Addendum 25.8: Various readers have raised objections. Thus, some ask whether the higher mortality rate among the vaccinated could be related to a higher age in this group. Public Health England only roughly differentiates the age structure into two groups: from 50 years of age and under 50 years of age. Among the deceased twice vaccinated people tested positive for delta, the proportion of people aged 50 and older is 96 percent (652 out of 679), among the unvaccinated it is 82 percent (318 out of 390) (PDF, p. 23). So there is a difference, but it does not seem big enough to explain the drastic difference in mortality rates.

A second objection is that asymptomatic and weakly symptomatic unvaccinated persons are being tested much more frequently than corresponding vaccinated persons, which is why fatal courses are also to be expected more frequently in the vaccinated positive tested individuals. The objection is conclusive. I had not considered this effect. It remains unclear to what extent this effect explains the higher death rate and to what extent ADE may possibly play an additional role here.

Regardless of the question of a direct dangerousness of the vaccines, it remains to be said that their effectiveness is still very doubtful. In Great Britain, a survey of 100,000 participants by Imperial College published in August found that 44 per cent of all those who tested positive were fully vaccinated. In a local COVID-19 outbreak in the USA in July, with around 500 people testing positive, as many as 74 percent were fully vaccinated. 79 per cent of these showed symptoms of disease. A study by the US Centers for Disease Control (CDC) found that vaccinated infected persons pass on the virus in the same way as unvaccinated persons. Source: <https://uncutnews.ch/das-sterben-der-geimpften>

Researchers warn in open letter of dangers through ADE in corona mass vaccinations

24th Aug. 2021 07:18 p.m.

In an open letter, French scientists warned of the dangers of the corona mass vaccinations due to the possible formation of infection-boosting antibodies. Especially through the delta variant, there is the possibility of an infection occurring after vaccination leading to a severe course.

So far, officials have repeatedly stressed that the corona vaccines are 'safe', serious side effects would only occur in 'very rare cases'. But now, in an open letter in the renowned specialist journal *Journal of Infection*, French scientists have warned of the possible danger in mass vaccinations from so-called Antibody-Dependent Enhancement (ADE), that is to say, infection-enhancing antibodies.

The effect of the infection-enhancing antibodies is already known from other viruses such as the dengue virus. Similar to SARS-CoV-2, there are also various variants of the dengue virus, essentially there are four different ones that appear seasonally in different forms. While an initial infection with dengue fever is relatively harmless in many cases, a reinfection with another dengue virus variant can lead to a severe course of the disease and to haemorrhagic fever. This effect is also known for vaccines: After a vaccination or the first infection, antibodies are being formed first. However, if one subsequently contracts another dengue virus variant, the antibodies do not fight this virus variant, but actually facilitate its entry into the human cells.

The ADE effect was also an issue during the development of the corona vaccines. Up until now, however, it was assumed that the effect could not play a role for SARS-CoV-2: Put simply, SARS-CoV-2 and the dengue virus utilise different mechanisms to infiltrate cells via specific areas and thus infect the body. The Paul Ehrlich Institute also claims not to have observed any ADE effect in the corona vaccines used in Germany so far. In their open letter, the researchers around Nouara Yahi from the University of Aix-Marseille now warn that the ADE effect poses a potential risk also for the mass vaccinations with the corona vaccines performed so far. In particular, the delta variant of the SARS-CoV-2 pathogen is problematic, as most vaccines were inevitably developed on the basis of the original Wuhan variant of the coronavirus. The scientists' investigations have shown that there are indeed sites in this variant that can lead to the formation of infection-enhancing antibodies. The article states:

"However, in the delta variant, neutralising antibodies show reduced affinity for the spike protein, while enhancing antibodies show strikingly increased affinity. Therefore, ADE may be an issue for human beings receiving vaccines based on the original Wuhan strain spike sequence (either mRNA or viral vectors)."

Under these circumstances, the researchers recommend that in a 'second generation' of corona vaccines, it is essential to use as a basis those domains of the spike protein that 'lack structurally conserved ADE-related epitopes' and hence hopefully avoid the observed effect.

Source: <https://de.rt.com/international/123040-forscher-warnen-in-offenen-brief/>

The Israeli Ministry of Health's distortion methods are exposed and confirm the appalling picture of the "vaccinated"

NAKIM News, 22/8/2021

Have you ever wondered why the Ministry of Health does not publish the mortality data of the unvaccinated compared to the vaccinated, a figure that it should have boasted about in any non-vaccinated forum? We reveal here the data distorting methods of the experts in the Israel Ministry of Health to present a false picture that the percentage of corona casualties among the unvaccinated is much larger than among the vaccinated. We will present all the evidence from the data of the Ministry of Health itself and nothing more.

Playing with the definition of "vaccinated" and "unvaccinated"

The first distortion method is by playing by defining who is considered "unvaccinated". As we will see below, there are at least 3 definitions in the Ministry of Health of who is considered "unvaccinated".

On July 30, the Ministry of Health published a number of presentations in which it used to convince members of the advisory committee of the need for a third vaccine. To be found here:

<https://www.gov.il/he/departments/news/29072021-04>

In one of the files there is a presentation that deals with methodology: http://www.nakim.org/israel-forums/files/files_publications_corona_moh_ve_methodology_209.pdf

You can find the following slide that describes how the effectiveness of the vaccine is measured: http://www.nakim.org/israel-forums/files/slideshow_vaccinated_143.png. In this slide the definition of "vaccinated" is the person who received two doses and seven days passed since the second dose. People who died from corona or from the vaccine itself in the period between the first dose and up to 7 days after the second dose are not counted at all. Also, those who recovered and had one dose are not counted at all.

These are not a few at all and here is the place to mention that we proved with Dr. Hervé Seligmann that between the first and second dose and another week the injected will die from corona 20 to 40 times more than the unvaccinated at that time and even a worse ratio for young people. See Dr. Hervé Seligmann summarizing our findings in this regard:

<http://www.nakim.org/israel-forums/viewtopic.php?t=270982>.

A second definition of who is considered "vaccinated" according to the experts of the Ministry of Health can be found in their dashboard.

This time the "vaccinated" are those who were vaccinated in a second dose and 7 days have passed and in addition those who have recovered and been vaccinated with one dose and have passed 7 days since the same dose.

Partially vaccinated are those that are between the first dose and the second dose and another seven days and not vaccinated are those who have not received any dose.

What is the judgment of those "bad students" who did not recover but were vaccinated by only one dose and did not come to be vaccinated for the second dose? In which group does the Ministry of Health place them? And what about those who received a placebo and do not even know it but only the Ministry of Health knows who they are? And what about those who recovered and were vaccinated by one dose and were injured before 7 days had passed since receiving the injection?

All of these are undefined patients numbering in the hundreds of thousands which allows the Ministry of Health to drop numbers and transfer – according to the picture it wants to present – the morbidity from the camp of the vaccinated to the camp of the unvaccinated. By transferring them to the unvaccinated group when they become infected / dead from COVID19, the Ministry of Health can give a false representation of a high morbidity rate in the unvaccinated.

Below is a third definition of "unvaccinated" as it appears in the Ministry of Health database, this game with the definitions allows Ministry of Health experts to drop data as they see fit in the eyes of members of the advisory committee and the public while always being able to pull the rabbit out of the hat. The definition of "unvaccinated" was different. But the scam does not end there.

Hiding vaccinated mortality data

The second essential method of distorting the picture is to absolutely hide the mortality of those injected at least once compared to the unvaccinated.

As can be seen on the dashboard of the Ministry of Health – <https://datadashboard.health.gov.il/COVID-19/general> – only the data of the severely ill patients are presented with a separation between vaccinated and unvaccinated (according to the previous distortion method), but the mortality data are consolidated and do not show mortality separately for "vaccinated" and "unvaccinated". You can rest assured that if these data were in favour of Pfizer, the Ministry of Health would be in a hurry to present them with a resounding shout at every site and stage.

We revealed the reason for this a few months ago. The "vaccine" apparently causes the production of antibodies that reduce the infection, but at the same time destroy the immune system and because of this the "vaccinated" are less infected initially but if they are infected they will die 15 times more than the "unvaccinated" regardless of time, <http://www.nakim.org/israel-forums/viewtopic.php?t=270925>. That is, after the amount of antibodies fades they will find themselves 15 times more exposed than the unvaccinated to any disease including corona in addition to the ADE phenomenon and this was probably the reason for the Ministry of Health's hysterics to inject a third dose urgently to the vaccinated without waiting for US FDA or World Health Organization approval.

But of course the third injection also takes its toll and causes more mortality in the vaccinated as happened with the first dose and hence the increase in mortality and morbidity since they started vaccinating with the third dose July 1st 2021 as seen in the graph here:

http://www.nakim.org/pic.php?pic=http://www.nakim.org/israel-forums/files/captureholimkashejune_august21_192.png

Just as happened with the vaccinated at the end of 2020-beginning of 2021 in Israel.

And now we will move on to the numbers to prove all that has been said here from the data of the Ministry of Health itself.

Dr. Hervé Seligmann prepared graphs from the Ministry of Health's dashboard data on 12 August: http://www.nakim.org/israel-forums/files/capture_table1_seligmann_777.png

COVID19 cases per age classes, vaccinated vs unvaccinated 12VIII2021

Percent vaccinated according to age class, for COVID19 confirmed cases (black columns) and for the whole population (white columns): http://www.nakim.org/israel-forums/files/capture_table2_seligmann_778.png

The vaccinated have no advantage over the unvaccinated, but unfortunately they also suffered high mortality in the days after the injections as well as the side effects caused by Pfizer and Moderna, heart attacks, strokes and other troubles, in addition to a weakened immune system. They have a much higher mortality rate than in the non-vaccinated as we will see below, i.e. it can be said that the "vaccinated" lost on both sides.

In additional graphs provided by Dr. Seligmann, analysis of data from the Ministry of Health's dashboard from July to August 12, shows that the percentage of critically ill patients among the vaccinated increases at a higher rate than among the unvaccinated, Dr. Seligmann concludes that vaccination does not prevent severe cases and even worse, encourages serious illness ...

<http://www.nakim.org/israel-forums/download.php?id=871>

The mortality data for July to mid-August will be provided by a number of sources from the Ministry of Health.

First from the database of the Ministry of Health <https://data.gov.il/dataset/covid-19> there is a useless file for the good reasons of the Ministry of Health in which we find another and absurd division between unvaccinated and vaccinated. The name of the file "Mortality and hospitalizations related to corona after vaccination": <http://www.nakim.org/israel-forums/download.php?id=865>

A person who dies on the day of resilience is considered by the Ministry of Health unvaccinated.

A person who dies on the day of being vaccinated in the second dose is considered vaccinated in the first dose only.

If in a given week less than five vaccinated died then the exact number will not appear but they mark less than five "<5", which nullifies any possibility of producing statistics on the mortality of the vaccinated but at the same time one statistic can be derived from this table:

http://www.nakim.org/israel-forums/files/captureevents_178.png

In the first week of August, 44 of the 47 vaccinated who had been immunised after the second dose and possibly the third dose, died unusually. According to the table, another 15 to 21 "unvaccinated" died, but strangely none of those vaccinated by only 1 dose died, which is not statistically possible as there are nearly half a million people in Israel who were vaccinated by only one dose. The conclusion is that those vaccinated by only one dose and who did not come to demand their second dose were transferred by the Ministry of Health to the column of the unvaccinated while misleading and distorting the data as presented in the first distortion method above.

We will move on to another source in the Ministry of Health; a presentation documenting the mortality of the vaccinated and this time in July: https://www.gov.il/BlobFolder/reports/vaccine-efficacy-safety-follow-up-committee/he/files_publications_corona_hospitalization-28072021.pdf

In this slide, it can be seen that from July the 1st to the 26th, 34 patients died from COVID19, including 25 vaccinated and 9 "unvaccinated". But in this presentation the definition of who is vaccinated and who is "not vaccinated" does not appear at all, so we have here a clear example of how the sages of the Ministry of Health can confuse professors and public representatives by changing who is vaccinated as needed.

We emphasize that this presentation was prepared to persuade the dignitaries to launch the third injection promotion.

It should also be emphasized that in practice the Ministry of Health began vaccinating with the third dose as early as the beginning of July without any approval from anyone and thus created an artificial morbidity caused in the days after the 3rd injections started which it could then present in presentations to convince of the need for the third dose cynically and paradoxically:

http://www.nakim.org/israel-forums/files/sans_titrejuly1rst_startof_3rd_dose_189.png

and http://www.nakim.org/israel-forums/files/captureholimkashejune_august21_192.png

And now for the icing on the cake: Dr. Haim Sadowski reports on Facebook that he contacted a trusted source in the Ministry of Health who passed him the real mortality data of the vaccinated versus the non-vaccinated and this time without distortion and without the manipulations described above.

From the table it can be seen that mortality among vaccinators is abnormal by any scale and even catastrophic as we have indeed seen in our articles from last February-May and hence the great efforts of senior Ministry of Health to distort data as described above.

Dr. Seligmann verified the data in a separate article attached to it:

<http://www.nakim.org/israel-forums/download.php?id=872>

Note that in July 9 there are no "unvaccinated" who died but only 3 and why? Because it's all a matter of defining "unvaccinated"? After all, we have presented above three different definitions that the Ministry of Health uses for the term "unvaccinated".

And now to the million-dollar question, "why?" Why would senior officials in the Ministry of Health and an entire government be harnessed to deceive an entire nation and put it in a place of danger bordering on genocide and not just here but all over the world. In the last month and published in the mainstream media, but it is not just about money.

What was difficult to say out loud half a year ago can already be said out loud today, and none other than Dr. Vladimir Zelenko did so in his testimony before a court recently,

<https://www.facebook.com/haim.yativ/posts/10222196967806389>

Dr. Zelenko, the doctor of Trump, Bolsonaro and other celebs, the man who devised the famous Zelenko protocol for the treatment of COVID19 that was most often successfully applied to millions of patients around the world, the man who successfully treated thousands of patients, made it clear that this is a malicious population-thinning program. This time a biological and covert 3d world war waged by elites who have decided that they are allowed to determine how many people should exist on Earth. Unfortunately the leaders of the State of Israel are no different from the other leaders who betrayed their people in this biological war. Anyone who follows the publications of "Nakim" regarding the Jewish Agency's cooperation with the Nazis in the Holocaust will not be surprised, for others we have nothing to recommend other than to start reading the materials on the "Nakim" website and start from here, because we warned and saw everything.

And in the building of the Temple we will soon be comforted.

Haim Yativ

Thanks to Dr. Hervé Seligmann for tables, figures and help.

SOURCE: NAKIM News 2021, <http://www.nakim.org/israel-forums/viewtopic.php?t=271020>

Soaring: European Union Reports 1.9 Million Vaccine Injuries, 20,595 Deaths

by Brian Shilhava via Globalresearch, 21st August, 2021 (headline, first four paragraphs and pictures)
and uncut-news.ch, 24th August, 2021 (rest of story)

Media "fact-checkers" try to discredit this information by saying that there aren't stringent reporting requirements and that every case was not "verified". VAERS and EudraVigilance are acknowledged to be under-reported, meaning that actual deaths are much higher.

The combined reported vaccine deaths in the EU and the US is currently around 65,000. If this represents only 10% of total deaths, then the total count could be as high as 650,000 – and this is for only two relatively small geographic areas of the planet.

This not just accidental consequences of a gene therapy rushed through the development process. If that were the case, all mRNA vaccines would have been terminated after even 100 deaths occurred. This now qualifies as a full-blown global genocide at the hands of Big Pharma Technocrats, along the road to the "Great Reset" promoted by the World Economic Forum.' - TN Editor

The European Union database of suspected drug reaction reports is EudraVigilance, and they are now reporting 20,595 fatalities, and 1,960,607 injuries, following COVID-19 injections.

The number of cases of adverse drug reactions reported to EudraVigilance, the European database for reports of suspected adverse drug reactions after administration of medicines, is absolutely shocking. So says author Patrick Wood in Bannon's War Room.

For example, up to six weeks ago, about 19 000 deaths had been registered in the EU after vaccination. In addition, 1.8 million cases of injuries have been reported. "These are serious injuries," Wood said. "That's different from a pain in the arm or a red mark on the arm."

Shocking Report Out About Covid Vaccine Injuries

"These are things like heart conditions, blood issues, ear issues, immune disorders and so forth," he explained. "The four vaccines administered in Europe all cause the same issues: damage to the cardiovascular system, blood clots."

Wood was shocked to find that 357,000 cases of nervous system disorders were reported in the EU. He said that many human beings do not report side effects and the actual number is much higher.

Between 72,000 and 180,000 deaths from Covid vaccinations

Robert Malone, the inventor of the mRNA vaccine technique, has taken a look at the latest figures. In the meantime, 20,525 deaths and 1,960,000 injuries have been reported to EudraVigilance.

Dr Malone further stated that an independent analysis had shown that between 72,000 and 180,000 human beings in the United States had died from the injection site.

The detailed data can be found in the source given below.

SOURCE: SOARING: EUROPEAN UNION REPORTS 1.9 MILLION VACCINE INJURIES, 20,595 DEATHS

Source <https://www.technocracy.news/soaring-european-union-reports-1-9-million-vaccine-injuries-20595-deaths/>

Study: Fully Vaccinated Healthcare Workers Carry 251 Times Viral Load, Pose Threat to Unvaccinated Patients, Co-Workers

By Peter A. McCullough, M.D., MPH for childrenshealthdefense.org

A preprint paper by the prestigious Oxford University Clinical Research Group, published Aug. 10 in The Lancet, found vaccinated individuals carry 251 times the load of COVID-19 viruses in their nostrils compared to the unvaccinated.

A ground-breaking preprint paper by the prestigious Oxford University Clinical Research Group, published Aug. 10 in The Lancet, includes alarming findings devastating to the COVID vaccine rollout.

The study found vaccinated individuals carry 251 times the load of COVID-19 viruses in their nostrils compared to the unvaccinated.

While moderating the symptoms of infection, the jab allows vaccinated individuals to carry unusually high viral loads without becoming ill at first, potentially transforming them into pre-symptomatic super-spreaders.

This phenomenon may be the source of the shocking post-vaccination surges in heavily vaccinated populations globally.

The paper's authors, Chau et al, demonstrated widespread vaccine failure and transmission under tightly controlled circumstances in a hospital lockdown in Ho Chi Minh City, Viet Nam.

The scientists studied healthcare workers who were unable to leave the hospital for two weeks. The data showed that fully vaccinated workers — about two months after injection with the Oxford/AstraZeneca COVID-19 vaccine (AZD1222) — acquired, carried and presumably transmitted the Delta variant to their vaccinated colleagues.

They almost certainly also passed the Delta infection to susceptible unvaccinated people, including their patients. Sequencing of strains confirmed the workers transmitted SARS-CoV-2 to one another.

This is consistent with the observations in the U.S. from Farinholt and colleagues, and congruent with comments by the director of the Centers for Disease Control and Prevention conceding COVID-19 vaccines have failed to stop transmission of SARS-CoV-2.

On Feb. 11, the World Health Organization indicated the AZD1222 vaccine efficacy of 63.09% against the development of symptomatic SARS-CoV-2 infection. The conclusions of the Chau paper support the warnings by leading medical experts that the partial, non-sterilizing immunity from the three notoriously "leaky" COVID-19 vaccines allow carriage of 251 times the viral load of SARS-CoV-2 as compared to samples from the pre-vaccination era in 2020.

Thus, we have a key piece to the puzzle explaining why the Delta outbreak is so formidable — fully vaccinated are participating as COVID-19 patients and acting as powerful Typhoid Mary-style super-spreaders of the infection.

Vaccinated individuals are blasting out concentrated viral explosions into their communities and fuelling new COVID surges. Vaccinated healthcare workers are almost certainly infecting their co-workers and patients, causing horrendous collateral damage.

Continued vaccination will only make this problem worse, particularly among frontline doctors and nurses who are caring for vulnerable patients.

Health systems should drop vaccine mandates immediately, take stock of COVID-19 recovered workers who are robustly immune to Delta and consider the ramifications of their current vaccinated healthcare workers as potential threats to high risk patients and coworkers.

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.

SOURCE: STUDY: FULLY VACCINATED HEALTHCARE WORKERS CARRY 251 TIMES VIRAL LOAD, POSE THREAT TO UNVACCINATED PATIENTS, CO-WORKERS

Source: The Defender 2021, <https://childrenshealthdefense.org/defender/vaccinated-healthcare-workers-threat-unvaccinated-patients-co-workers/>

Covid vaccine is poison, says Dr Peter McCullough

By Kathy Gyngell, 22nd August, 2021

THE topic of the year so far has been Covid-19 and the rollout of experimental vaccines to ever-younger age groups. TCW Defending Freedom has been at the forefront of critiquing Government policy, notably by our writers Neville Hodgkinson and Sally Beck. From today until Bank Holiday Monday, we are re-running our top ten most-read articles from the end of 2020 in reverse order. Today is No 9, by Kathy Gyngell, which was first published on July 26, 2021.

'THIS will go down as the most dangerous biological medicinal product rollout in human history.'

That is the damning indictment of Dr Peter McCullough, the doctor, medical expert, editor of two major journals and accomplished researcher who almost single-handedly has taken on the US medical authorities over their Covid response, first on treatment and latterly on the vaccines, from his interview by Stew Peters last week.

Dr McCullough's mission, as we reported in May, began with his realisation that although there were efficacious treatments for Covid there were no treatment protocols, essentially leaving patients to take their luck. It was to let the medical community know that by treating Covid cases early, they could reduce the number of patients heading to the hospital by 85 per cent, that the medical trials for hydroxychloroquine and ivermectin were legitimate and the documentation on the efficacy of early onset treatment verified. He explained all this in a first shattering interview with Tucker Carlson which we reported and transcribed in full in May here.

Since then McCullough's doubt about the vaccine programme has grown. In an interview with Laura Ingraham last month he suggested that health authorities should consider stopping Covid vaccines for those under aged 30, citing the then nearly 6,000 VAERS reported deaths and over 300,000 adverse event reports, including reports of myocarditis in children caused by the spike protein replicating and damaging the heart. Now that the mass roll out has revealed the unprecedented rates of adverse reactions and fatalities which were not evident in the limited trials of the vaccines, his concern has grown into full-scale alarm. In this interview with Stew Peters he goes much further than before. On the basis of the growing body of evidence, he gives the most urgent of warnings about what he describes as poisonous jabs: 'This is far and away the most lethal, toxic, biologic agent ever injected into a body in American history,' he says.

You can watch the full interview here, with a host who shows himself to be right on top of this highly complex subject.

The information is indeed dynamite, and the video should be required viewing for all MPs and doctors. You can see it here.

SOURCE: COVID VACCINE IS POISON, SAYS DR PETER MCCULLOUGH

Source: <https://www.conservativewoman.co.uk/covid-vaccine-is-poison-says-dr-peter-mccullough-2/>

COVID-19 vaccinations: More than twice as many adverse reactions reported than in the last 20 years

23rd Aug. 2021 09:05 p.m.

Never before have persons affected and physicians reported so many adverse reactions and deaths as in the course of COVID-19 vaccinations. This is shown by a comparison of current data with that of the past 21 years. Among the deaths recorded up to the end of July is now also a 15-year-old.

Source: www.globallookpress.com © www.imago-images.de
by Susan Bonath

The new vaccines against COVID-19 are completely safe, the sceptics, on the other hand, are confused and anti-social. The federal government is repeating this mantra on a continuous loop; day in, day out, the leading media shower their readers, listeners and viewers with this – and the pressure on the unvaccinated increases. But this has nothing to do with reality. The database of the Paul Ehrlich Institute (PEI), which is responsible for vaccines, reveals the opposite: Never before have so many adverse reactions, lasting harm and deaths been reported after vaccinations as with the four COVID-19 vaccines from the pharmaceutical companies Pfizer/BioNTech, Moderna, AstraZeneca and Johnson & Johnson that have been provisionally approved in the European Union (EU). The PEI has already registered one death among the young persons who are now to be vaccinated.

More than twice as many reports as in the previous 21 years

In the last seven months, more than twice as many suspected cases of side effects and lasting harm had been reported to the PEI for the COVID-19 vaccines alone than in the previous 21 years for all vaccines together, and even almost three times as many deaths in direct temporal connection with a vaccination.

Thus, in its latest safety report, published on 20th August, the PEI records a total of 131,671 reports of suspected adverse reactions between 27th December 2020 and the 31st of July 2021, specifically for the COVID-19 vaccine. According to the PEI, almost 92.4 million vaccine doses against COVID-19 were administered in Germany during this seven-month period. The same Federal Institute registered a total of 54,488 reported adverse reactions for the much longer period from the 1st of January 2000 to the 31st of December 2020 for all vaccines administered – that is to say, less than half as many as for the COVID-19 vaccinations.

According to the Federal Statistical Office, physicians administered a total of 625.5 million doses of various vaccines between 2003 and 2019 alone. Adding the four missing years, each with about 35 million doses administered, it comes to about 750 million vaccinations from the beginning of 2000 to the end of 2020. This is about eight times the number of COVID-19 doses administered in the first seven months of 2021.

45 times higher risk of death than after previous vaccinations?

In addition, the PEI lists almost 1,900 suspected cases of lasting harm after seven months of COVID-19 vaccination. For the 21 years prior to that and all vaccines combined, it records 917 such suspected harms. There is an even larger gap in the number of deaths after vaccination: While the PEI had registered a total of 456 deaths after administration of a vaccine between 2000 and 2020, it already reported 1,254 deaths in the course of COVID-19 vaccinations.

For comparison: In the period from 2000 to 2020, the Federal Institute had thus recorded six deaths per ten million vaccine doses administered. From the 27th December 2020 to the 31st July 2021, there were 136 deaths per ten million doses in connection with COVID-19 vaccines alone, that is to say per five million vaccinated persons due to the dual administration. This was almost 23 times more reported deaths per vaccine dose and a good 45 times more in terms of vaccinated persons.

Insufficiently captured, not sufficiently investigated

However, according to the PEI, a causal connection with the COVID-19 vaccination is 'possible or probable' in 'only' 48 deaths. The significance of these statements is, however, relatively low. As was even criticised by a chief pathologist in Heidelberg recently, autopsies of those who died after vaccination are far too rare in Germany to even be able to prove or rule out a connection. This was not different in the years before. The figures are therefore quite comparable in order to estimate the increase in risk.

The PEI had explained to the author a few months ago that it classifies deaths according to statistical probability of death, related to age and previous illnesses. If, for example, the total number of fatal thromboses or strokes reported nationwide does not increase significantly in the course of the vaccinations, there is no forensic medical examination – which, incidentally, the PEI cannot order itself. This is the responsibility of the local authorities, they said.

Furthermore, it is conceivable that the immunisation status of patients in clinics is only inadequately recorded. To the author's knowledge, this has not been politically mandated. Even though physicians are actually obliged to report such suspicions: Where nothing is asked, nothing is known. Moreover, the interest of many medical practitioners to report incidents might be rather low, not only because of a lack of time. Those involved in the vaccination campaigns, perhaps even those who have vaccinated severely ill people themselves, may fear investigations. So the exact numbers are obscure.

Low reporting rates for side effects even before corona

It should also be noted that studies show that suspected adverse drug reactions are very rarely reported to the authorities. According to a representative study by Medicura Digital Health published in May 2019, physicians or patients report less than one percent of such suspicious cases.

Presumably, this percentage increases with the severity of the reaction. A survey in 1999, for example, showed that the reporting rate for serious suspected consequential damage is probably around five to ten percent. The conclusion of this analysis: too many medical practitioners are 'tired of reporting'. There is no plausible reason to assume that the reporting behaviour of doctors and citizens could have changed significantly since the start of the COVID 19 vaccination campaign.

Based on these studies, the actual number of minor adverse effects may have long since exceeded the ten million mark. Assuming that there are ten times more serious reactions than those reported as suspected cases, their number should now be around 140,000. The authorities classify as serious those side effects which require hospitalisation or long-term treatment, cause lasting harm or end in death.

Already 113 severe reactions and one death among young persons

Special attention must now also be paid to children and young persons over the age of twelve. Last week, the Permanent Vaccination Commission (STIKO) at the Robert Koch Institute (RKI) suddenly changed course: After resisting political pressure for weeks and rejecting vaccinations for this age group due to a lack of benefit and too high a risk, it now refers to a changed data situation, especially from the USA, and modelling with the more infectious delta variant. In many schools, vaccination teams are now trying to persuade children as young as twelve to get a shot.

But the concern of many parents does not seem unfounded even after the first data for Germany. According to the latest weekly report of the RKI, the proportion of twice vaccinated persons in the age group between 12 and 17 years was about 1.5 percent in mid-August. This means: Out of almost four million young persons of this age, at most 60,000 had been vaccinated twice, and by the 31st of July, the last deadline for recording adverse events, it was probably even much less.

By then, the PEI had registered a total of 731 reported suspected vaccination side effects in 12 to 17 year-olds, including 116 serious ones. The latter include 24 cases of myocardial inflammation, 22 in boys and two in girls. All of them had to be treated in a clinic. In addition, seven girls suffered an anaphylactic shock, which can quickly lead to death if left untreated. Furthermore, three boys and three girls suffered seizures and four girls suffered thrombosis, one of which led to a pulmonary embolism. A 15-year-old boy died two days after the vaccination; according to the PEI, he was pre-diseased.

If all 12- to 17-year-olds in Germany were to be vaccinated in the next few weeks, we would end up with up to 1,500 young people with myocarditis (inflammation of the heart muscle), which is always serious. Up to 450 young persons could suffer from an anaphylactic shock. In addition, up to 400 young persons could suffer seizures, up to 260 12-17 year olds could suffer thrombosis – and up to 65 deaths in this age group can be expected. Rarer side effects are still excluded from this. And it is, in all likelihood, only a matter of time before the vaccines for even younger children will be conditionally approved and the pressure on them will increase as well.

When the therapy might be more harmful than the disease

For comparison: In its last weekly report of 19th August, the RKI reported '23 validated deaths in under 20-year-olds' in connection with corona, that is to say, with a previously positive PCR test result, for the entire pandemic period of almost one and a half years. It further states: "In all 16 cases with details on this, previous illnesses are known."

According to the DIVI intensive care register, nine children and young persons under the age of 18 were treated in intensive care units nationwide on 19th August. In response to an enquiry from the authoress, DIVI spokesperson Jochen Albrecht stated that his association did not have any data on the children's illnesses. According to Albrecht, it cannot be ruled out that patients are being treated under intensive care for other ailments and have only tested positive by chance. "Estimates are that the number of patients who are in intensive care units with COVID-19, rather than causally because of it, is in a markedly low range," he affirmed vaguely.

Also here we are told: we don't know anything for sure. What counts is a positive PCR test. That was also the case in April 2021. At the time, a headline made the news that probably worried many parents: small children were already being treated for COVID-19 at the Asklepios Clinic in Hamburg, according to a spokesperson for the hospital. However, when the authoress inquired, the images of ventilated babies in the throes of death quickly shattered: According to the spokesperson, it was a matter of barely a handful of children who tested positive by chance and were actually hospitalised for appendicitis, polyps or hernias. Nevertheless, the headline probably achieved the desired effect at that time: Anxiety.

It remains to be said: It is to be feared, both for children and adults, that the medical maxim 'primum non nocere' (first do no harm), according to which a therapy must not be more harmful than the disease, seems to have had its day in the corona era – an alarming development.

Source: <https://de.rt.com/inland/122976-covid-19-impfungen-arztliche-maxime-zuerst-nicht-schaden-hat->

Why Are We Being Deceived About Covid?

By Paul Craig Roberts, 21st August, 2021

Paul Craig Roberts is a US economist and publicist. He was a former Assistant Secretary of the US Treasury during the Reagan administration and is known as a co-founder of the Reagan administration's economic policy programme.

Why have US corporations involved themselves in public health policy? Why have they taken a position that is totally contradicted by all facts and all known evidence?

It is not only democratic governments that have turned totalitarian but also private corporations who are asserting authority to override the Nuremberg Laws and mandate that employees be vaccinated with the Covid Vaccine. A vaccination is a medical procedure and requires informed consent.

It is very strange to find corporations recruited to serve a coerced marketing campaign. We hear about the "pandemic of the unvaccinated." But there is no such pandemic. All evidence shows that the majority of new cases are among the double inoculated.

Public officials and the pressites are implying that it is those who refuse the vaccine who are responsible for the new outbreak when to the contrary it is the vaccinated people who are the cause of the variants and new illnesses. As Dr. Malone, the inventor of the mRNA technology used to create the vaccine, has patiently explained, the vaccine trains the virus to produce variants that escape vaccines.

Considering the enormous number of deaths and injuries associated with the vaccine, we are faced with the conclusion that the vaccine gives those vaccinated Covid illnesses. Some have severe symptoms, some die, others don't know they have it. It is the same as with the virus itself.

The medical establishment has avoided autopsies of vaccine-related deaths. The narrative doesn't want to acknowledge them. People ruined by the vaccine can get no help from the medical establishment. Finally an autopsy was done, and the first autopsy of a vaccine-caused death supports these conclusions:

This post-mortem study only confirms our worst fears that the Covid-injections cause more harm than good, and may actually even speed up the spread of the virus.

According to the report, researchers found that the patient's entire body had become overrun with high viral RNA loads, also known as vaccine-induced spike proteins. This has been reported by many investigators and even further research on what really is in the vaccine.

This indicates two things.

1. The mRNA from the vaccine is not localized to the injection site where it's supposed to be but spread on other organs.
2. We know the decedent was exposed to Covid-19. The virus was in every organ in his body. Based on what we know about coronavirus vaccines in the past, this could be seen as a signal of antibody-dependent enhancement.

"This means that the vaccine cannot stop the virus from spreading [in Pfizer's briefing document to the Food and Drug Administration, they already intimated about this, see FDA knew there would be many COVID cases among the fully vaccinated and Leaked Pfizer contracts show they knew of adverse effects and lack of long-term efficacy of vaccines.]"

"We have been programmed to believe that we can only go back to normal through the vaccines. Our governments didn't tell us that these vaccines are ineffective and do not offer protection. Expect massive propaganda of lies and panic especially with the advent of variants."

No evidence exists that supports the claim of CDC director Rochelle Walensky that the delta variant is a "pandemic of the unvaccinated."

No evidence exists that the vaccine protects against Covid. Indeed, the vaccine seems to spread the virus.

We have learned that there is no such thing as "fully vaccinated." The new program is endless booster shots every few months, the result of which will be an explosion in adverse effects from the vaccine.

The Covid policy is so counterfactual and so contradicted by all evidence that conspiracy theorists who see a darker agenda at work are gaining credibility. When a vaccine has proven itself not to protect but to cause

unprecedented deaths and illnesses, how can any intelligent person arrive at the conclusion that more vaccine is the solution?

How is it possible that the president of the United States is so poorly advised that he said on Wednesday August 18:

"Earlier today, our medical experts announced a plan for booster shots for every fully vaccinated adult American. This will boost your immune response, it will increase your protection from Covid-19. It's the best way to protect ourselves from new variants that could arise." The American president's statement is total ignorance and blatant nonsense.

Why the desperate rush to force the unvaccinated to accept the vaccine? Fear was the instrument for the original vaccine push. Shame and guilt are the instruments for the second push. Is the game plan to get the world vaccinated before the deaths and illnesses from the vaccine can no longer be ignored?

It should disturb everyone and raise very serious questions why the leading experts and doctors are censored by the media and their warnings ignored by politicians and public health officials. When leading scientists and medical experts are ignored by authorities, how can we trust what politicians and bureaucrats tell us about Covid and the vaccine?

The Covid Narrative is a controlled one. Scientists are censored and public debate by scientists and doctors is prevented.

Why? Is there a secret agenda to which health and lives are being sacrificed?

Source: <https://www.lewrockwell.com/2021/08/paul-craig-roberts/why-are-we-being-deceived-about-covid/>

Breakthrough COVID-19 infections after vaccination can lead to long-haul symptoms, Israeli study shows

uncut-news.ch, 23rd August 23rd, 2021

except for the last two paragraphs and the headline:

<https://eu.usatoday.com/story/news/nation/2021/07/28/breakthrough-covid-19-infections-can-lead-long-term-symptoms-study/5399083001/>

by Karen Weintraub

Human beings in Israel who contracted COVID despite being vaccinated show symptoms of 'Long Covid' six weeks after infection. A new Israeli study shows that nearly 3% of the medical staff contracted COVID-19 after being vaccinated with Pfizer-BioNTech's vaccine, and 19% of them still had symptoms six weeks later. According to the researchers, most of those who got sick had only mild symptoms. No one had to be hospitalised, and no one who had been infected passed the coronavirus on to other persons.

The scientists said they had expected the vaccine protection to wane over time and be less effective among older human beings and those with pre-existing health conditions, but it was troubling that young, healthy human beings would get breakthrough infections within a few months of vaccination.

"Coronavirus vaccines were never designed to perfectly protect people against all infections," noted Dr. Eric Topol, a cardiologist who founded and directs the Scripps Research Translational Institute in California.

He said current vaccines are great at preventing serious infection deep in the lungs, but not at blocking infection in the upper airways. "What's needed," he said, "is a nasal-spray vaccine that would stop the coronavirus from taking hold at all."

SOURCE: BREAKTHROUGH COVID-19 INFECTIONS AFTER VACCINATION CAN LEAD TO LONG-HAUL SYMPTOMS, ISRAELI STUDY SHOWS

Source: <https://uncutnews.ch/geimpfte-die-covid-erhalten-haben-zeigen-symptome-von-long-covid/>

Sick and free

Independent studies prove that the emergency-approved vaccines against SARS-CoV-2 can aggravate the course of the disease.

Part 1/2.

by Raymond Unger, Wednesday, 11th August 2021, 05:00 p.m.

Raymond Unger recently made quite a splash with his weighty book 'Vom Verlust der Freiheit' (On the Loss of Freedom), which also contains a detailed critical chapter on the current crisis around Covid-19. Important findings on the corona vaccination were not yet available when the work on this book was completed. In this two-part article, the author would like to update the current state of free corona research. Part 1 deals with the four most important (side) effects of the emergency-approved vaccines. Part 2 then address-

ses the rigid role of politics and the media, which largely ignore these new findings. Although there are a number of professional articles on the vaccination problem by now, publications in a popular and easy-to-understand form are rare. In order to be able to carry out an honest risk analysis on the pros and cons of the SARS-CoV-2 vaccination, the following text may serve as an introduction.

Spike protein as a toxic agent

On 12th May 2021, a remarkable article was published in the Frankfurter Rundschau. In it, the editor quotes new studies that reveal several novelties concerning corona. For one thing, it becomes clear that COVID-19 is not a 'lung disease', but can cause manifold damage in the capillary system of the circulatory system. In addition, blood platelets are being attacked and thus blood clotting is impaired. On the other hand, it becomes clear that the toxic part of the virus responsible for this mechanism of action is, of all things, its 'spikes'. The title of the article puts it straight: 'Spike protein alone suffices to trigger Covid – blood vessels in particular get damaged'. The Frankfurter Rundschau writes:

"In a study, John Y-J. Shyy from the Department of Medicine at the University of California and his team researched the mechanism of how exactly the coronavirus operates in the body. One of the most important findings was: The damage that the spike protein can cause to cells can be significant. Furthermore, the researchers can confirm that Covid-19 is primarily a vascular disease – and not a respiratory disease. (...) In the new study, the researchers created a 'pseudovirus' surrounded by spike proteins of the Sars-CoV-2 pathogen, which, however, did not contain a real virus. Exposure to this pseudovirus caused damage to the lungs and arteries in experiments with animals. This would prove that the spike protein alone is sufficient to trigger the disease, the researchers concluded. Tissue samples showed inflammation in the endothelial cells lining the walls of the pulmonary arteries after infection. The research team also examined in the laboratory how healthy endothelial cells, which line the arteries, behave after contact with the spike protein. Here, too, the cells got damaged – among other things through the contact between the spike protein and the ACE2 receptor" (1).

The Frankfurter Rundschau article then ends surprisingly abruptly. The reader is left alone with the implication of this dramatic realisation. The author had obviously not dared to draw the obvious conclusion any more: If the researchers at the University of California are right, vaccinations do not work against corona, but trigger it. This is because the aim of corona vaccinations is to genetically modify body cells in such a way that trillions of toxic spike proteins are being synthesised in the future.

So far, vaccination campaigns have depicted the corona spikes as some kind of passive 'landing gear'. Similar to a lunar lander, the virus would need its pitiolus in order to dock with the somatic cells. Only after the virus had successfully attached to a host cell would the actually toxic mechanism of action get started. This standard docking manoeuvre of viruses rather describes the modus operandi of phages, a subspecies of viruses that infect bacteria.

Apparently, the vaccine manufacturers in the pharmaceutical industry had assumed that the viral spikes were largely harmless without the associated viral genome. Since, according to an analysis of these protein structures, the body's natural immune defence system is supposed to produce complementary antibodies, the focus was entirely on the spikes with regard to a vaccination. Based on the 'harmless legs', the immune cells should learn how to neutralise the complete corona viruses in case of an infection.

No matter what GM technology was used to produce the new vaccines, whether 'vector technology', genetically modified viruses, or 'mRNA technology', mRNA ferries with a lipid shell made of nanotechnology:

All emergency-approved vaccines reprogramme healthy body cells to produce trillions of SARS-CoV-2 petiolus. But now researchers are shockingly discovering that these spikes, of all things, are the main cause of the pathological process ...

Can this nightmare really be true? Could the team around John Y-J. Shyy at the University of California have been mistaken? Is there perhaps further research on the subject? Perhaps statistics from the vaccination vanguard countries, such as Israel, Malta, Gibraltar and England, can provide information on whether this horror theory can be confirmed. For if the spike protein is causative for the manifold coagulation and vascular diseases, this should be reflected by an aggravation of the situation in an essentially vaccinated population. In other words, paradoxically, it is especially the 'vaccination countries' that should show rising numbers of diseases, deaths and cases – more on this in the second part of this article.

If one delves further into free corona research, one unfortunately has to state that other researchers come to similar conclusions as the team around John Y-J. Shyy from California. In Germany, however, one hears little or nothing about the new findings. On the contrary, here in this country the defamation campaigns against vaccination critics are unwaveringly being intensified. In Germany, the crude slogan is: "Free yourself by vaccination!" Regardless, a report in the 'International Journal of Vaccine Theory, Practice, and Research' confirms Shyy's theory. In 'Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19' by Stephanie Seneff (MIT, Cambridge) and Greg Nigh (Naturopathic Oncology, Immersion Health, Portland) the authors go even further.

At the beginning, the authors once again emphasise that new and risky avenues have been pursued in vaccine manufacturing regarding corona. In my book 'Vom Verlust der Freiheit' (On the Loss of Freedom), I also dedicated a separate chapter to the blatant contrast to conventional vaccination techniques. Here is a brief summary of the most important novelties by Stephanie Seneff and Greg Nigh:

First use of PEG (polyethylene glycol) in an injection.

First use of the mRNA vaccine technology against a contagious pathogen.

Moderna launches a product on the market for the first time.

Health authorities inform vaccinated people for the first time that side effects are to be expected.

The first vaccine to be presented publicly with only preliminary efficacy data.

The first vaccine that makes no clear statements about the reduction of infections, transmissibility or deaths.

The first vaccine against coronaviruses ever tested in human beings.

The first injection of genetically modified polynucleotides into the general population.

I have already described the high risk of anaphylaxis directly after the injection, triggered by the polyethylene glycol nano-shell employed in the mRNA technique, in my book. But apart from the shell effects, such as allergies to PEGs or the risks of residual electrical charges, so-called 'cationic lipids', of which nobody knows how long they remain in the body and are electrically active, the latest research is about the toxic effect of the synthesised spikes.

Fact of the matter is that in terms of the synthesis of corona spikes, the vaccination is very successful. Before the genetically modified somatic cells eventually die, they synthesise trillions of SARS-CoV-2 spike proteins and release them into the body. Stephanie Seneff and Greg Nigh cite another researcher, Yuichiro Suzuki, who has also researched the toxicity of spike proteins:

"In a series of papers, Yuichiro Suzuki, in collaboration with other authors, presented a strong argument that the spike protein alone can cause a signalling response in the vascular system with potentially far-reaching consequences (Suzuki, 2020; Suzuki and others, 2020; Suzuki and others, 2021; Suzuki and Gychka, 2021)." These authors observed that SARS-CoV-2 causes significant morphological alterations of the pulmonary vascular system in severe cases of COVID-19. (...)

In addition, they suggested that a similar effect might occur in response to the mRNA vaccines, and they warned of possible long-term effects for both children and adults who received COVID-19 vaccines based on the spike protein (Suzuki and Gychka, 2021).

An interesting study by Lei and others (2021) has found that pseudovirus spheres decorated with the SARS-CoV-2 S1 protein but without viral DNA in their core – caused inflammation and damage in both the arteries and lungs of mice exposed to it intratracheally. Subsequently, they exposed healthy human endothelial cells to the same pseudovirus particles. The binding of these particles to endothelial ACE2 receptors led to mitochondrial damage and fragmentation inside these endothelial cells, resulting in the characteristic pathological alterations of the associated tissue.

"This study makes it clear that the spike protein alone, without any association with the rest of the viral genome, is sufficient to cause the endothelial damage associated with COVID-19. The implications for vaccines designed to induce cells to produce the spike protein are clear and give cause for concern. (...) Vaccine endogenously produced spike protein could also have a negative effect on the testes, as the ACE2 receptor is strongly expressed in the Leydig cells of the testes (Verma and others). Several studies have now shown that the corona virus spike protein is able to enter the cells of the testis via the ACE2 receptor and impair male reproduction (Navarra and others, 2020; Wang and Xu, 2020)" (2).

The initially poorly understood, multifaceted pattern of damage in the human body that corona can develop in elderly and pre-diseased human beings becomes clearer as soon as one central pathomechanism has been understood. The crux of corona spike proteins is that they are excellent at docking with physiological cell receptors that normally have important functions. Unfortunately, these receptors are found on various cell surfaces, especially on the endothelial cells of the blood vessels, the smooth heart membranes, the blood platelets (thrombocytes), in the lungs but also in the testicles: The so-called ACE2 receptors.

An important physiological function of these receptors is to regulate a series of hormones in order to maintain stable blood pressure. It is assumed that if the receptors are occupied by too many spikes, entire cascades of this hormonal regulatory circuit are disrupted. If too many receptors are blocked, the hormone Angiotensin-II can increase to such a high level in the affected area that this locally leads to massive high blood pressure, because the blood vessels constrict strongly under this hormonal effect.

Congestion can especially occur in the lungs, which can lead to suffocation. Similar mechanisms can also occur in the heart or in the brain. Coronary heart disease or stroke would then be the result. First of all, it is important to note: The spike protein alone, without the complete virus, has a toxic effect due to its high

ACE2 affinity. But that is not all. Apart from the toxicity of the spike protein, other pathomechanisms take effect after the vaccination, which definitely need to be researched further.

Inflammation, thrombosis, thrombocytopenia

In fact, successful antibody production against spikes occurs after a corona vaccination – this is precisely what the vaccination industry is so proud of. After the vaccination, the genetically modified somatic cells first produce masses of corona spikes. A few days later, the defence cells of the immune system produce vast quantities of antibodies against these spikes.

These specific antibodies can be thought of as a kind of complementary counterpart to the spikes. The antibodies are supposed to neutralise the spikes or, in the case of a real infection, the complete viruses, by preventing them from docking with the somatic cells. For quite a long time after the vaccination, the synthesis process, that is to say the production of the spikes, and the neutralisation of the spikes, through freshly produced antibodies, therefore occur at the same time.

Unfortunately, the toxic spikes are synthesised in previously healthy body cells. Before the altered somatic cells perish from this synthesis process, they try to get rid of the spikes to the outside into the intercellular space, but this is only partially successful. Somatic cells begin to 'spike' themselves with the spikes by pushing the spikes outwards through the cell membrane. To the immune defence system, these body cells then look like monstrous 'giant viruses' that have to be fought. Antibodies that have just been produced begin to adhere to the ominous cells, which brings more defence cells to the scene.

Eventually, the altered somatic cells are evaluated as 'foreign' or 'diseased'. Due to the adhesion of antibodies and other defence cells, large cell conglomerations can appear. Originally it was assumed – or hoped ... that this process would only take place locally in the muscle, in other words close to the injection site. In the meantime, however, we know that the vaccine is distributed throughout the entire body immediately after the injection.

If the endothelial cells in the small capillaries of the blood vessels initiate spike synthesis, inflammation and adhesions can occur there, especially since the platelets are massively involved in the process. As the blood vessels are already narrow due to the ACE2 mechanism described above, the risk of thrombosis increases massively. Thrombosis, that is to say an occlusion of the veins, and thrombocytopenia, which is a reduction of the blood platelets, are the consequences and probably the most famous 'side effects' of a corona vaccination.

The new syndrome is called TTS (thrombosis with thrombocytopenia) and is medically paradoxical. Classically, if there is a reduction in blood platelets, thrombocytopenia, one would assume a strong bleeding tendency and not an occlusion of the veins. In the case of TTS syndrome, however, we have both at the same time. In this context, an autoimmune reaction against the so-called platelet factor 4 (PF4) is being discussed, since high concentrations of antibodies against this factor have been found.

The affected patients start bleeding a few days after the vaccination and have clogged veins. In the meantime, so many people have died from TTS syndrome that some vaccine manufacturers found themselves constrained to add appropriate warnings to their 'Red Hand Books', a kind of patient information leaflet for the vaccine. Even the Paul Ehrlich Institute felt compelled to take a stand in its safety report:

"Medical professionals should therefore pay attention to the first signs and symptoms of thrombosis and/or thrombocytopenia. Those vaccinated should be informed to see a doctor immediately if they develop symptoms such as shortness of breath, chest pain, leg swelling, leg pain or persistent abdominal pain, nausea or vomiting a few days after vaccination. Furthermore, any person who experiences neurological symptoms after the vaccination, such as severe or persistent headaches, blurred vision, seizures, or who develops effusions of blood (petechiae) on the skin outside the injection site of the vaccination after some days, should consult a physician immediately."(3)

Responsible doctors therefore recommend determining the so-called 'D-dimer value' after a corona vaccination, which can rule out a thromboembolism. At the same time, the platelet count should always be determined after vaccination.

Long-term damage due to autoimmune diseases

As if the above pathomechanisms were not enough cause for concern, independent corona research unfortunately identifies further risks:

"In a work primarily concerned with the broad spectrum of autoimmune diseases found in association with previous SARS-CoV-2 infection, another group (Ehrenfeld and others, 2020) investigated how the spike protein may trigger such a spectrum of medical conditions. In table 1 of this reference, they report series of heptapeptides within the human proteome that overlap with the spike protein produced by SARS-CoV-2. They identified 26 heptapeptides that occur in both humans and the spike protein" (4).

After the genome of the corona spikes had been analysed down to the core base sequence, it was discovered with shock that some protein groups within the spikes are identical to endogenously occurring proteins. As

soon as the immune defence is induced to produce antibodies against these protein groups, this also increases the risk that the same antibodies will mark related, benign body proteins as 'foreign'.

In the meantime, it has been found in a strikingly large number of autoimmune diseases that previously undetected SARS-CoV-2 infections have been gone through, because naturally acquired antibodies against corona spikes are also suspected of targeting a great deal of physiological heptapeptides, thus proteins similar to those in the corona spike.

In other words, with the right genetic disposition, spike antibodies can increase the risk of autoimmune diseases. Antibodies with good binding to SARS-CoV-2 spikes then incidentally also tag healthy body cells that contain similar proteins to the spikes. Subsequently, more killer cells attack the healthy body tissue and dissolve it. The researchers are concerned that after a vaccination against SARS-CoV-2, many of the known autoimmune diseases might become manifest in the long term due to this pathogen priming.

Proteins similar to those in a corona spike are found primarily in the intestine in the autoimmune disease coeliac sprue, in the thyroid gland in the autoimmune disease Hashimoto's thyroiditis and in the neural tissue in the autoimmune disease multiple sclerosis. If pathogen priming has occurred after the vaccination, only years of medication with strong immuno-suppressants such as cortisone will help.

ADE – Infection-Enhancing Antibodies

Last, but not least, there is another mechanism similar to pathogen priming that many independent researchers have feared in connection with corona. The process sounds completely paradoxical and is called infection-enhancing antibodies. Wikipedia explains quite clearly what it is:

"Infection-enhancing antibodies" (antibody dependent enhancement, ADE) are antibodies that bind to the surface of viruses but do not neutralise them, but instead lead to an enhanced absorption of the virus into a cell, thus promoting the spread and replication of the virus. Infection-enhancing antibodies promote immuno-pathogenesis and pose a potential threat in the development of vaccines. Infection-enhancing antibodies are produced upon initial infection with some viruses and only cause a more severe course of disease upon secondary infection with the same or a similar subtype of the virus" (5).

If the ADE syndrome develops after a vaccination, the immune defence does not form neutralising antibodies, but binding antibodies. The formation of this special variant of antibodies then does not lead to immunity in the event of a second infection, but to a far worse course of the disease, since binding antibodies actually help the coronaviruses to penetrate the cells even better.

Fortunately, relatively few diseases are suspected of being able to produce infection-enhancing antibodies, but unfortunately SARS-CoV-2 is one of them.

Already at a quite early stage of the pandemic, researchers such as the former director of the Institute for Clinical Toxicology at the University Hospital Eppendorf, Prof. Stefan Hockertz, warned that especially with corona, one should expect that binding antibodies could develop after administering the vaccine. After all, earlier vaccine developments with similar viruses, for example SARS-CoV, MERS-CoV and Respiratory Syncytial Virus, RSV, had shown this tendency and had triggered antibody-dependent enhancements.

At that time, the development of the vaccines was discontinued. In June 2021, none other than the inventor of the mRNA vaccine technology, Dr. Robert Malone, commented on the ADE problem and the toxicity of the spike protein.

"Malone assesses the data from various sources indicating that vaccinees remain equally infectious as the unvaccinated, and that there is at least no reduction but rather an increase in the proportion of vaccinees among COVID hospitalised and dead, but most importantly the Pfizer report on the increased viral titre in the nasopharyngeal epithelium about 6 months after the vaccination as a sign of ADE." (6)

If renowned researchers like Dr Malone are right, the more human beings are vaccinated, the more severe the courses of the disease would be. If one looks at the current hospitalisation figures with an extraordinarily high proportion of vaccinated patients, the ADE effect could play a decisive role. (6)

In the second part of this article 'More of the wrong – That which must not be, cannot be', you will read why political decision-makers ignore the new findings.

Sick and free

Independent studies prove that the emergency-approved vaccines against SARS-CoV-2 can aggravate the course of the disease.

Part 2/2.

by Raymond Unger, Friday, 13th August 2021, 04:00 p.m.

Raymond Unger recently made quite a splash with his weighty book 'Vom Verlust der Freiheit' (On the Loss of Freedom), which also contains a detailed critical chapter on the current crisis around Covid-19. Impor-

tant findings on the corona vaccination were not yet available when the work on this book was completed. In this two-part article, the author would like to update the current state of free corona research. Part 1 deals with the four most important (side) effects of the emergency-approved vaccines. Part 2 then addresses the rigid role of politics and the media, which largely ignore these new findings. Although there are a number of professional articles on the vaccination problem by now, publications in a popular and easy-to-understand form are rare. In order to be able to carry out an honest risk analysis on the pros and cons of the SARS-CoV-2 vaccination, the following text may serve as an introduction.

All the information from the first part of this article is not secret knowledge (1). The research results are also not pseudo-intellectual babble of conspiracy theorists, but are based on the research of renowned scientists. Some critical studies on corona vaccination can even be found on established platforms such as WHO, RKI and the Paul Ehrlich Institute. Adult, responsible citizens who are genuinely interested in their health will be able to research the problems of vaccination described in the first part with just a few mouse clicks - briefly repeated and summarised:

The spike protein itself, without the viral genome, is toxic because it blocks physiologically important ACE-2 receptors in many cells.

The genetically modified body tissue after vaccination tends to cause inflammation, thrombosis and a reduction in blood platelets in the area of the blood capillaries.

Due to the high similarity of the spike proteins to physiologically occurring body proteins, the antibodies formed after vaccination might trigger a number of autoimmune diseases in the long term.

The SARS-CoV-2 vaccination is suspected of producing paradoxical, 'binding' antibodies. If this 'ADE phenomenon' takes hold, reinfections with a real corona virus can lead to much more severe courses of disease in vaccinated persons.

Critical researchers warn: Before one can responsibly and seriously start with an extensive mass vaccination, all these effects would have to be researched over a long period of time. Yet despite these serious objections to vaccination by many independent scientists, the federal government is pushing for rigorous mass vaccination, even for children who hardly ever contract corona. Experts and authors who urge caution are being defamed as dubious wafflers.

In fact, the forces that systematically discredit critical corona research are easy to identify. In my current book 'Vom Verlust der Freiheit' (On the Loss of Freedom), I have devoted a separate chapter to the subject. Insidiously and unrecognised for many years, an oligarchic system has positioned itself up to the highest supranational organisations such as WHO, UN and IMF and has increasingly gained influence.

It is hardly surprising that parts of this system now also make up the brain trust of the federal government. Meanwhile, many political decision-makers cannot back-paddle any more, even if they would realise that they have been taken in by the lobbyists of a global vaccination cartel.

Admitting the endless chain of fatal, unnecessary wrong decisions in corona politics, first and foremost lockdowns, mandatory wearing of masks and mass vaccinations, would mean the immediate end of the careers of quite a few politicians and the collapse of the previous political system.

Cognitive dissonance is overridden according to the motto: 'grit your teeth and get to it' or 'that which must not be, cannot be'. Yet the actual ignorance of many decision-makers one and a half years after the beginning of the crisis is more than frightening. See also my article 'Dangerous cluelessness' (2).

Malicious minimisation

In the meantime, an emergency alliance of political decision-makers, the pharmaceutical lobby and the media is pursuing an almost cynical information policy: "It's only a little prick and afterwards you'll get a bratwurst". Apart from this malicious minimisation, the vaccination debate is being morally charged to the maximum. Anyone who does not get vaccinated is an antisocial egoist who thoughtlessly endangers the community. And anyone who shows such lack of solidarity should not be offered any solidarity by the community. Therefore, it is ethically justified to deprive such dangerous persons of their fundamental rights and liberties. But how long will it be possible to shut one's eyes to reality?

Because in the meantime, the data situation on vaccinated versus unvaccinated is abundantly clear: not a single one of the emergency-approved vaccines was able to protect against COVID-19. What's more, the hospitalisation figures are currently turning the other way round: The more vaccinated people a country has, the higher the hospital admissions of vaccinated people become, for example in Israel:

"Rafael Zioni publishes Israel's corona statistics on his Twitter page. It is the official data from the Israeli Ministry of Health. He states: 'This is Israel's data on the outbreak of infections among vaccinated people with two Pfizer doses. Looks like the efficacy is close to zero...' (...) Dr Zioni is an internist at Israel's Laniado Hospital. He knows what he is talking about. 'Most of the corona infections and associated hospitalisations in Israel are among the vaccinated'. Of course, due to the broad vaccination coverage of the population, only a few unvaccinated individuals remain. But on average, these seem to survive the corona infections even better than those who have already received two doses of the Pfizer substance." (3)

None other than Israeli biophysicist and Nobel laureate Michael Levitt sums up the drama of the apparent worsening of the situation after mass vaccinations. On 15th July 2021, Levitt tweets:

"My wording: Director of Department Infectious Diseases Sheba Hospital, Prof. Galia Rahav: 'Almost no recovered COVID-19 patients are infected again compared to those vaccinated. Immunity as a result of a disease is probably much more effective than a vaccine'." (4)

The situation in Gibraltar, a country whose inhabitants are vaccinated by 100 per cent, is even more blatant than in Israel. Despite this unique vaccination marathon, Gibraltar has an incidence of 600 after rigorous vaccination coverage ... But in Germany, too, the data of so-called 'vaccination breakthroughs', hospital admissions despite – or precisely because of ... – a corona vaccination, are accumulating. A topic on which the federal government is extremely tight-lipped. When asked by critical journalists such as Boris Reitschuster, the spokeswoman of the federal government replies that no data is known in this regard. Really not? Perhaps a glance at the teletext of the rbb would have sufficed. On the 22nd of July 2021 it says: 'Almost 670 vaccination breakthroughs in Brandenburg'.

Fatal accusation

Once the patho-mechanisms described in the first part of this article are understood, the numerous corona sufferers are hardly surprising, despite dual vaccination. But instead of acknowledging that vaccination makes the situation worse rather than better, the consultants of the federal government propose the third and fourth 'booster vaccination' against 'corona mutations'. They unceremoniously twist the obvious facts: It is not the toxic vaccinations that are to blame for the once again increasing corona numbers, but the umpteenth mutation of the virus.

Instead of fighting the fire, they are adding fuel to the fire and thus creating a calamitous vicious circle: more vaccinations, more corona patients, more vaccinations.

Apart from the vaccination industry, the direct beneficiaries of this round dance are, of course, the governments. On the basis of ever new emergency regulations, they can govern at whim – freedom, fundamental rights and democracy were yesterday's news. The elegant thing about this process: The blame for this endless loop will of course go to all the unvaccinated, in the 'throat breeding sites' of whom, as Gabor Steingart called them, the new mutants are thriving ...

If one follows the above explanations on vaccination risks, one must get the impression that COVID-19 can often take the course of a serious and sometimes fatal disease. Nevertheless, many critical authors still compare corona to influenza, including myself in my recent book. So which is true? Lapidary flu or dangerous disease?

In this context, it is important to note that it is a world apart whether one contracts SARS-CoV-2 through natural infection or whether it is injected under the skin a billion times over.

The real coup de main by the pharmaceutical industry was to discredit the process of herd immunity via the route of natural contagion and to claim instead that only a worldwide mass vaccination would be able to achieve this. Now, however, many independent researchers are realising that the risks of 'injected' SARS-CoV-2, in which trillions of spikes are being synthesised on the blood side of the body, are hardly comparable to natural infection.

In the case of natural transmission, entire corona viruses often fail to penetrate the mucomembranous barrier in healthy people. 99.8 percent of those infected in this way do not die and only become mildly ill; children often do not even notice the disease. By the way: At least for children, influenza is far more dangerous in this respect: in 2020, 17 children died from and with corona. In bad flu years, however, hundreds of children can die from influenza. If you have a healthy mucous membrane with a good pH value, no serious pre-existing illness, no fungal infection and a good vitamin D, K2 and C status, you may contract corona relatively safely by natural means. Moreover, the naturally acquired antibodies are more stable afterwards, reinfections are therefore less frequent and their course is milder. The fact that even vaccination turns out well in most cases and is not fatal for the vast majority, even though the body is being forced to produce trillions of toxic spikes, shows that COVID is not a rampantly spreading killer disease. Nevertheless:

A risk assessment, natural versus injected COVID, should be easy for anyone who has read the information in the first part of this article.

Vaccinated people as a threat?

Those who still want to be vaccinated in order to sponge a McDonald's menu, eat a bratwurst or be able to go on holiday more easily are welcome to do so. However, it is not acceptable to directly or indirectly force enlightened citizens to be vaccinated or to portray vaccine sceptics as enemies of the people. One could just as well reverse the moral argumentation: Those who recklessly expose themselves to an experimental, emergency-approved vaccination with a high risk of disease, without informing themselves sufficiently in advance, and subsequently make up the largest group among those hospitalised, endanger the stability of the health care system. Meanwhile, independent researchers are discussing the so-called vaccine shedding.

This thesis examines the extent to which toxic spikes synthesised by the billions are exhaled by vaccinated people via aerosols and can thus endanger healthy unvaccinated people. Nevertheless, hardly any established journalist bothers to investigate the current research findings. Almost all of them dutifully parrot the predetermined framing of the lobby experts: Vaccinated people are good for the community because they keep themselves and others healthy. Without vaccination, one is a danger to the collective and harms oneself and others ... And while the journalist Gabor Steingart confesses in 'Focus' that he is afraid of the 'throat breeding sites' of the unvaccinated when travelling by train, his colleague Nikolaus Blome wishes in 'Der Spiegel' that the entire republic would point its finger at unvaccinated citizens. Steingart's article 'Lack of vaccination readiness – Spahn has delivered, now is our turn' exemplifies how uncritical mainstream journalism works:

"A grand coalition of the indifferent and the concerned ones has formed which, together with the venturesome ones, is prepared to risk everything – even their own lives if necessary. They are deliberately tempting fate. A fate that has by now reaped the lives of more than 90,000 human beings in Germany and more than four million worldwide. The vaccination refusal on a massive scale is not only tragic on a personal level. It also affects the core of our concept of freedom, according to which the freedom of the individual finds its limits in the freedom of the other, of the stranger and the friend.

This is exactly the central question: Do we respect the decision of the vaccine refusenik even if it endangers the weal and woe and thus also the dignity of our fellow human beings? Because according to everything we know today, it does. In his throat, the refusenik provides a breeding site for the virus, which can also be quite unhealthy for others, and even for the already vaccinated. I would hate to see these contemporaries coughing next to me on planes and suburban trains" (5).

Also Andreas Rosenfelder, the departmental manager for the arts pages of 'Die Welt', believes that now, when more and more people are getting vaccinated, everything will be fine:

"For the vast majority of the human beings, now that the at-risk groups have been vaccinated to a large extent, corona is no more than a cold: a scratchy throat, a runny nose, headache and occasional fever are the main delta symptoms reported by British experts. The mass dying of the elderly, the collapse of the healthcare system – these dangers, the prevention of which was the aim of the historically unprecedented lockdown measures, have been averted. Anyone who wants to can protect him or herself from severe courses of disease by vaccination." (6)

Anyone who wants to can protect him or herself from severe courses of disease by vaccination? Under such naïve continuous fire from the mainstream media the contradictions regarding vaccination may be however great, the majority of citizens apparently swallow every idiocy. Truly informed people, on the other hand, take it with humour and cynicism:

"For the first time in history, one can pass on a disease that one does not have to someone who has been vaccinated against it." (7)

In reality, the risks of a corona vaccination are so high that any form of compulsory vaccination and/or deprivation of liberties for non-vaccinated people would have to be considered a criminal offence in any democratic constitutional state. Even more: if the state were really interested in the health of its citizens, it would have the duty to fully inform the human beings about the actual risks of vaccination. One can only hope that at some point a majority of Germans will realise that the current regime, standing shoulder to shoulder with lobbyists and compliant media, has long since departed from the constitutional principles. But what shocks me even more is the obvious disinterest of many citizens.

After all, corona policy affects the most elementary health and freedom issues. Nevertheless, a majority hardly takes the trouble to research the basics and to think independently. Any framing, no matter how naïve, by the compliant mass media is believed blindly because, without exception, the 'experts' affiliated with the industry have their say. However great the absurdities and contradictions may be: PCR values' – which do not detect infections, 'incidences' – which have no significance, 'mutations' – which are completely normal for viruses, 'overloading of intensive care units' – which has never been the case, and 'vaccinations' – which do not work, or which are no vaccinations at all, are being accepted with a shrug of the shoulders. Exactly this is the subject of my latest book 'Vom Verlust der Freiheit' ('On the Loss of Freedom'): What kind of naïve, obedient type of human being is so easily being lead up the garden path via the big, supranationally launched anxiety narratives, first and foremost corona and the climate?

Sources and Notes:

(1) <https://www.rubikon.news/artikel/krank-und-frei> (= sick and free)

(2) <https://www.rubikon.news/artikel/gefahrliche-ahnungslosigkeit> (= dangerous cluelessness)

(3) Heise online, „Schwere Verläufe bei Geimpften sogar noch häufiger“, 23rd Juli 2021 (=Severe courses even more frequent in vaccinated persons)

(4) Twitter, Tweet von Michael Levitt, 15th Juli 2021, https://twitter.com/MLevitt_NP2013: My wording: Director of Department Infectious Diseases Sheba Hospital, Prof. Galia Rahav: "Almost no recovered COVID-19 patients are infected again compared to those vaccinated. Immunity as a result of a disease is probably much more effective than a vaccine."

(5) Focus, „Mangelnde Impfbereitschaft — Spahn hat geliefert, jetzt sind wir dran“, Gabor Steingart, 28th Juli 2021
(=Lack of vaccination readiness - Spahn has delivered, now it's our turn)

(6) Welt, „Die Pandemie in den Köpfen“, Andreas Rosenfelder, 22nd Juli 2021 (=The pandemic in people's minds)

(7) Netzfund

Source: <https://www.rubikon.news/artikel/krank-und-frei-2> (= sick and free 2)

Translation: Barbara Lotz