COVID-19 VACCINE INJURIES & DEATHS – May 25, 2021

This document is intended to provide some insight into and evidence of possible adverse reactions to COVID-19 vaccines. It is structured as follows:

1. A background on harms caused by other vaccines that were only discovered after they were licensed and marketed. It is supported by links to sources from mainstream sources, published research and the CDC. What we will see is that at least 2 vaccines were suspended due to a relatively small number of reported adverse events, with thorough investigations only launched afterwards. Historical precedent thus shows that the CDC takes adverse events reports very seriously and has suspended vaccines due to a small number of reports. Why are they not doing that now when a large number of serious adverse events are being reported?

2. A discussion of the Vaccine Adverse Events Reporting System (VAERS) and summary of studies that have tried to measure the extent to which adverse events are underreported.

3. A presentation and discussion of data on adverse events reported to VAERS for COVID-19 vaccines, including deaths.

4. Presentation of adverse events from the UK, EU, WHO and Israel. There are now over one million adverse event reports worldwide.

5. Presentation of blood-clot related adverse events in the US, UK and EU.

6. Clippings from news and social media reports of adverse events that occurred after COVID-19 vaccinations. Here is a much longer one, and here is another compilation from Israel with reports in English if you scroll down. I don’t assume all of these are real, nor do I think they are all fake.

7. A discussion of possible mechanisms by which COVID-19 vaccines could cause adverse reactions.
PREVIOUS PROBLEMS W/LICENSED VACCINES

Many people believe that since the short term safety studies involving tens of thousands of participants did not show severe adverse reactions, then the unlicensed but authorized for emergency use vaccines for COVID-19 must be safe. But many licensed vaccines that went through clinical trials have been found to cause injury and even been recalled after the fact. Some examples are below.

Keep in mind that most of the information presented below comes from mainstream sources, which we can expect to underestimate the harm caused by vaccines. In fact, there is an argument to be made that every vaccine produces harm even though the damage may only manifest years later and appear unconnected to the vaccine. Also, calling these gene therapy injections “vaccines” is just a way to take advantage of the indemnity extended to vaccines so the manufacturers can’t be sued. Remember that all of the chronic and auto-immune diseases wreaking havoc on us and fueling the trillion-dollar pharmaceutical industry can be found among the “side effects” of the inserts packaged with every vaccine. It’s a classic racket: profiting off of problems you create. (If you want to share this document with friends or family but believe this statement is too radical for them, here is a link to a slightly more palatable version.)

1. The Dengue Virus developed by Sanofi Pasteur and introduced in the Philippines. According to Wikipedia, “The program was stopped when Sanofi Pasteur advised the government that the vaccine could put previously uninfected people at a somewhat higher risk of a severe case of dengue fever…. In late November 2017, the DOH suspended the school-based vaccination program.” The Philippine Department of Justice filed criminal charges against health and regulatory officials and officials of Sanofi Pasteur for “reckless imprudence resulting in homicide,” alleging that the vaccine was marketed despite awareness of its risks. More on this at NPR.

2. The vaccine approved for use against the 2009 H1N1 “swine flu” epidemic caused narcolepsy or cataplexy in about 1 in 16,000 people,
with more than 800 children “so far known to have been made ill by the vaccine.” As that link shows, the UK government paid out 60 million pounds to people in the UK afflicted. More from that link:

“There's no doubt in my mind whatsoever that Pandemrix increased the occurrence of narcolepsy onset in children in some countries - and probably in most countries," Emmanuelle Mignot, a specialist in sleep disorder at Stanford University in the United States told Reuters.”

“Among [those affected] is Josh Hadfield, 8, from Somerset, who is on anti-narcolepsy drugs costing £15,000 a year to help him stay awake during the school day.”

“'If you make him laugh, he collapses. His memory is shot. There is no cure. He says he wishes he hadn't been born. I feel incredibly guilty about letting him have the vaccine,' said his mother.”

“Despite a 2011 warning from the European Medicines Agency against using the vaccine on those under 20 and a study indicating a 13-fold heightened risk of narcolepsy in vaccinated children, GSK has refused to acknowledge a link.”

3. **Until at least 1963**, the polio vaccine was contaminated, exposing at least 98 million people to a highly carcinogenic monkey virus, SV-40. People vaccinated against polio thought to be contaminated show an increased risk of many different cancers.

4. The first vaccine against Rotavirus was approved for use in 1998, but withdrawn a year later after it was found that babies who received the vaccine were at greater risk of developing intussusception, a type of bowel blockage that can be fatal if not addressed in time. The vaccine became available in October 1998 and in July 1999, the CDC suspended the vaccine after **just 15 cases** of intussusception had been reported to VAERS (see below).
5. The 1976 Swine Flu vaccination campaign was stopped after 25 deaths and 362 cases were reported of people developing Guillain-Barré syndrome following vaccination.

6. The Canadian government withdrew the Trivirix MMR vaccine in 1987 “because of an association between the Urabe Am9 [mumps] strain and aseptic meningitis.” That vaccine was then licensed under a different name and introduced to the U.K. in 1988, even though regulators were aware of widespread reports of cases of meningitis from the vaccine. The vaccine was withdrawn from the UK market in 1992 following the leak of early results of a study showing a higher risk of meningitis among children who received that vaccine.

7. The Cutter Incident: “On April 12, 1955, following the announcement of the success of the polio vaccine trial, Cutter Laboratories became one of several companies that was recommended to be given a license by the United States government to produce Salk's polio vaccine.... some lots of the Cutter vaccine—despite passing required safety tests—contained live polio virus in what was supposed to be an inactivated-virus vaccine.... The mistake produced 120,000 doses of polio vaccine that contained live polio virus. Of children who received the vaccine, 40,000 developed abortive poliomyelitis (a form of the disease that does not involve the central nervous system), 56 developed paralytic poliomyelitis—and of these, five children died from polio. The exposures led to an epidemic of polio in the families and communities of the affected children, resulting in a further 113 people paralyzed and 5 deaths.... After a thorough investigation, they found nothing wrong with Cutter's production methods. A congressional hearing in June 1955 concluded that the problem was primarily the lack of scrutiny from the NIH Laboratory of Biologics Control.... All five companies that produced the Salk vaccine in 1955...had difficulty completely inactivating the polio virus. Three companies other than Cutter were sued, but the cases settled out of court. The NIH Laboratory of Biologics Control, which had certified the Cutter polio vaccine, had received advance warnings of
problems: in 1954, staff member Dr. Bernice Eddy had reported to her superiors that some inoculated monkeys had become paralyzed and provided photographs.”

8. The Bill & Melinda Gates Foundation is by far the biggest promoter of vaccines in the world. The Indian government’s vaccination board recently cut financial ties with the foundation following a report showing the financial conflicts of interest and accusing the foundation of “altering aid priorities by ‘legitimizing the role of multinational pharmaceutical companies’ by pushing for public-private-partnerships (PPPs). According to Global Justice Now, both the BMGF-funded Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the GAVI Alliance, are PPPs and have questionable associations with the pharmaceutical industry.”

In 2010, an HPV vaccination trial run by the BMGF- PATH NGO was halted early over safety concerns and the use of unethical procedures, and a parliamentary committee “excoriated U.S. nonprofit [running the trials] and its Indian partner for alleged ethical violations in a trial of a vaccine to protect against cervical cancer caused by the human papillomavirus (HPV)” and recommended legal action against the organization running the trials. “Rather than endeavoring to protect women’s health, PATH, [the committee] charged, was a willing tool of foreign drug companies hoping to convince the Indian government to include the HPV vaccine in its universal vaccine program, a roster of mandatory immunizations that the government is required to pay for. ICMR [an Indian regulatory agency], the panel’s report asserts, has “completely failed to perform [its] mandated role and responsibility as the apex body for medical research in the country. ... Rather, in [its] over-enthusiasm to act as a willing facilitator of the machinations of PATH, [it has] even transgressed into the domain of other agencies which deserves the strongest condemnation and strictest action against [it].”
“In 2014, doctors from the Kenyan Catholic Doctors Association discovered that the tetanus vaccinations that had been administered to 2.3 million girls and women by the World Health Organization and UNICEF [which are heavily funded by the BMGF] had been contaminated with the anti-fertility hormone hCG.” This was not the first time that WHO was found distributing hCG-laced tetanus vaccines. Tetanus vaccines combined with hCG were developed by WHO researchers in the 1970’s as a “birth control vaccine.”

The Corvelva NGO in Italy hired a scientist to conduct an analysis of the contents of several vaccines marketed in Italy and found many surprising results, including insufficient levels of antigens, large amounts of human and animal DNA, and many other strange things.
What Is VAERS and How Reliable Is It?

One of the ways we learn about adverse events from approved vaccines is the CDC’s Vaccine Adverse Event Reporting System (VAERS). From the VAERS website:

“VAERS is a national early warning system to detect possible safety problems in U.S. licensed vaccines... VAERS accepts and analyzes reports of adverse events (possible side effects) following vaccination....

“VAERS is not designed to detect if a vaccine caused an adverse event, but it can identify unusual or unexpected patterns of reporting that might indicate possible safety problems requiring a closer look.”

It was created by the 1986 National Childhood Vaccine Injury Act that limited vaccine manufacturer liability for vaccine injury and created a national system of vaccine injury compensation, which has paid out about $4.5 billion since its creation.

Because it is passive (reports are made voluntarily) and most people are unaware it exists, adverse events following vaccination are underreported. The rate of underreporting is currently unknown, but based on available evidence it is very high:

1. This meta-analysis of research on underreporting of adverse events from pharmaceutical drugs (not vaccines) found the median rate of underreporting overall to be 94% and 80% for serious adverse reactions. A paper by former FDA commissioner David Kessler cites a study showing that only 1% of serious adverse events from drugs are reported. Adverse reactions to vaccines are arguably even less likely to be reported because people are less likely to acknowledge or connect adverse events from vaccinations than they are from a drug.
2. An HMO in New England was awarded a million-dollar grant from the AHRQ to automate the process of reporting to VAERS. In their grant report, they state: “Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported.” (No citation is given so source of statement is unclear; possibly from internal testing.) This would mean that only 1 out of 100 or fewer adverse events are reported. They never had a chance to test the system they developed against VAERS, because “the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation.”

3. Another study of a partially automated reporting system in a large healthcare network found the odds of a physician submitting a report after the new system was implemented was 30-times higher than prior to implementation.

4. A CDC study of VAERS underreporting for two serious adverse events, anaphylaxis and Guillain-Barré syndrome (GBS), estimated a range of underreporting depending on the event and the vaccine. For anaphylaxis they estimated between 13-25% of adverse events were reported for most vaccines except the H1N1 vaccine in 2009 where 76% of events were reported. For GBS, VAERS was estimated to capture between 12% to 64% of events.
COVID-19 Vaccine Reports to VAERS
As of May 14, 2021

Although VAERS cannot be used to conclude a causal link between vaccination and an adverse event, it is used to monitor vaccines for safety “signals.” What kinds of signals are being reported?

<table>
<thead>
<tr>
<th>Total DEATHS reported for COVID-19 Vaccines:*</th>
<th>4,201</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number if 30x underreporting:</td>
<td>126,030</td>
</tr>
<tr>
<td>Total number if 99x underreporting:</td>
<td>420,100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total ADVERSE EVENT reports for COVID-19 vaccines:</th>
<th>227,805</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number if 30x underreporting:</td>
<td>6,834,150</td>
</tr>
<tr>
<td>Total number if 99x underreporting:</td>
<td>22,780,500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adverse events listed as SERIOUS:</th>
<th>18,528</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number if 30x underreporting:</td>
<td>555,840</td>
</tr>
<tr>
<td>Total number if 99x underreporting:</td>
<td>1,852,800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adverse events listed as REQUIRING HOSPITALIZATION:</th>
<th>12,625</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number if 30x underreporting:</td>
<td>378,750</td>
</tr>
<tr>
<td>Total number if 99x underreporting:</td>
<td>1,262,500</td>
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</table>

<table>
<thead>
<tr>
<th>Adverse events that were LIFE THREATENING:</th>
<th>3,868</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number if 30x underreporting:</td>
<td>116,040</td>
</tr>
<tr>
<td>Total number if 99x underreporting:</td>
<td>386,800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adverse events that caused PERMANENT DISABILITY:</th>
<th>2,719</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number if 30x underreporting:</td>
<td>81,750</td>
</tr>
<tr>
<td>Total number if 99x underreporting:</td>
<td>271,900</td>
</tr>
</tbody>
</table>

* If the CDC study on anaphylaxis and GBS applies, actual deaths would be between 5,528 and 32,316.
Deaths reported from COVID-19 vaccines already account for 34% of all deaths ever reported to VAERS.
13% OF DEATHS ON SAME DAY AS VACCINATION
43% WITHIN 3 DAYS OF VACCINATION

Reported deaths by days since COVID-19 vaccination* (VAERS as of 5/14):

<table>
<thead>
<tr>
<th>Vaccination-to-Onset Time</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Days</td>
<td>562</td>
<td>13.38%</td>
</tr>
<tr>
<td>1 Day</td>
<td>690</td>
<td>16.42%</td>
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<tr>
<td>2 Days</td>
<td>330</td>
<td>7.86%</td>
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<tr>
<td>3 Days</td>
<td>210</td>
<td>5%</td>
</tr>
<tr>
<td>4 Days</td>
<td>185</td>
<td>4.4%</td>
</tr>
<tr>
<td>5 Days</td>
<td>151</td>
<td>3.59%</td>
</tr>
<tr>
<td>6 Days</td>
<td>95</td>
<td>2.26%</td>
</tr>
<tr>
<td>7 Days</td>
<td>142</td>
<td>3.38%</td>
</tr>
<tr>
<td>8 Days</td>
<td>79</td>
<td>1.88%</td>
</tr>
<tr>
<td>9 Days</td>
<td>88</td>
<td>2.09%</td>
</tr>
<tr>
<td>10-14 Days</td>
<td>339</td>
<td>8.07%</td>
</tr>
<tr>
<td>15-30 Days</td>
<td>598</td>
<td>14.23%</td>
</tr>
<tr>
<td>31-60 Days</td>
<td>301</td>
<td>7.16%</td>
</tr>
<tr>
<td>91-120 Days</td>
<td>66</td>
<td>1.57%</td>
</tr>
<tr>
<td>121-150 Days</td>
<td>1</td>
<td>0.02%</td>
</tr>
<tr>
<td>331-365 Days</td>
<td>2</td>
<td>0.05%</td>
</tr>
<tr>
<td>1-2 Years</td>
<td>3</td>
<td>0.07%</td>
</tr>
<tr>
<td>Over 7 Years</td>
<td>2</td>
<td>0.05%</td>
</tr>
<tr>
<td>Unknown</td>
<td>357</td>
<td>8.5%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>4,201</td>
<td>100%</td>
</tr>
</tbody>
</table>

According to [this news article](https://example.com) from Feb. 18, the death rate per COVID vaccine dose is much higher than the flu vaccine this year:

“According to [VAERS], there were 21 deaths this flu season after 180+ million flu vaccines, a rate of 1 death per 9,000,000 vaccinations. The COVID-19 vaccine, however, according to VAERS, shows **1 death reported per 35,000 shots or 10,000 completed vaccinations (so far), a 300-900 greater likelihood.**

* The few cases of deaths reported prior to the vaccine’s testing and rollout likely reflect a reporting error.
UK Adverse Events ‘Yellow Card’ Reports  
DATA THROUGH MAY 5

Deaths*: 1,173
Number of Reports: 224,544
Total Adverse Reactions across All Reports: 785,057

<table>
<thead>
<tr>
<th>Disorder/Report Classification</th>
<th>Pfizer</th>
<th>AstraZeneca</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>5,498</td>
<td>5,206</td>
<td>10,704</td>
</tr>
<tr>
<td>- Thrombocytopenia</td>
<td>128</td>
<td>535</td>
<td>663</td>
</tr>
<tr>
<td>Cardiac</td>
<td>2,048</td>
<td>6,332</td>
<td>8,380</td>
</tr>
<tr>
<td>- Cardiac arrest &amp; failure</td>
<td>191</td>
<td>450</td>
<td>641</td>
</tr>
<tr>
<td>- Arrhythmia, tachycardia, palpitations</td>
<td>1,728</td>
<td>5,512</td>
<td>7,240</td>
</tr>
<tr>
<td>- Pericarditis or myocarditis</td>
<td>37</td>
<td>79</td>
<td>116</td>
</tr>
<tr>
<td>Ear</td>
<td>1,967</td>
<td>5,888</td>
<td>7,855</td>
</tr>
<tr>
<td>- Deafness &amp; hearing loss</td>
<td>181</td>
<td>412</td>
<td>593</td>
</tr>
<tr>
<td>- Tinnitus</td>
<td>650</td>
<td>2,205</td>
<td>2,855</td>
</tr>
<tr>
<td>Endocrine</td>
<td>39</td>
<td>166</td>
<td>205</td>
</tr>
<tr>
<td>Eye</td>
<td>2,554</td>
<td>9,359</td>
<td>11,913</td>
</tr>
<tr>
<td>- Blindness</td>
<td>49</td>
<td>184</td>
<td>233</td>
</tr>
<tr>
<td>- Blurred vision</td>
<td>401</td>
<td>1,759</td>
<td>2,160</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>16,512</td>
<td>62,597</td>
<td>79,109</td>
</tr>
<tr>
<td>General &amp; Injection Site</td>
<td>45,426</td>
<td>203,038</td>
<td>248,464</td>
</tr>
<tr>
<td>Hepatic</td>
<td>60</td>
<td>272</td>
<td>332</td>
</tr>
<tr>
<td>Immune System</td>
<td>871</td>
<td>2,035</td>
<td>2,906</td>
</tr>
<tr>
<td>- Anaphylactic/anaphylactoid reactions</td>
<td>291</td>
<td>615</td>
<td>906</td>
</tr>
<tr>
<td>Infections</td>
<td>3,967</td>
<td>12,885</td>
<td>16,852</td>
</tr>
<tr>
<td>- Herpes zoster (shingles outbreak)</td>
<td>686</td>
<td>837</td>
<td>1,523</td>
</tr>
<tr>
<td>- Influenza or influenza like illness</td>
<td>1,977</td>
<td>13,568</td>
<td>15,545</td>
</tr>
<tr>
<td>Investigations</td>
<td>1,881</td>
<td>7,686</td>
<td>9,567</td>
</tr>
<tr>
<td>Metabolic</td>
<td>7,098</td>
<td>7,098</td>
<td>14,196</td>
</tr>
<tr>
<td>- Diabetes</td>
<td>33</td>
<td>77</td>
<td>110</td>
</tr>
<tr>
<td>Muscle &amp; Tissue</td>
<td>20,863</td>
<td>76,460</td>
<td>97,323</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>95</td>
<td>194</td>
<td>289</td>
</tr>
<tr>
<td>Nervous System</td>
<td>29,614</td>
<td>134,154</td>
<td>163,768</td>
</tr>
<tr>
<td>- Guillan-Barre</td>
<td>29</td>
<td>202</td>
<td>231</td>
</tr>
<tr>
<td>- Brain Hemorrhage</td>
<td>39</td>
<td>252</td>
<td>291</td>
</tr>
<tr>
<td>- Coma</td>
<td>4</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>- Paralysis &amp; Paresis (other than facial)</td>
<td>146</td>
<td>497</td>
<td>643</td>
</tr>
<tr>
<td>- Bell's Palsy &amp; Facial paralysis/paresis</td>
<td>431</td>
<td>553</td>
<td>984</td>
</tr>
<tr>
<td>- Seizures/Epilepsy</td>
<td>374</td>
<td>1,343</td>
<td>1,717</td>
</tr>
<tr>
<td>Miscarriages</td>
<td>64</td>
<td>50</td>
<td>114</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>2,708</td>
<td>12,350</td>
<td>15,058</td>
</tr>
<tr>
<td>Renal &amp; Urinary</td>
<td>434</td>
<td>1,809</td>
<td>2,243</td>
</tr>
<tr>
<td>Reproductive &amp; Breast</td>
<td>1,230</td>
<td>3,183</td>
<td>4,413</td>
</tr>
<tr>
<td>- Vaginal &amp; uterine haemorrhage</td>
<td>116</td>
<td>330</td>
<td>446</td>
</tr>
<tr>
<td>- Unusual menstrual bleeding</td>
<td>355</td>
<td>846</td>
<td>1,201</td>
</tr>
<tr>
<td>Respiratory</td>
<td>6,723</td>
<td>19,665</td>
<td>26,388</td>
</tr>
<tr>
<td>- Pulmonary Embolism</td>
<td>172</td>
<td>884</td>
<td>1,056</td>
</tr>
<tr>
<td>Skin</td>
<td>11,874</td>
<td>37,596</td>
<td>49,470</td>
</tr>
<tr>
<td>Vascular</td>
<td>2,279</td>
<td>8,060</td>
<td>10,339</td>
</tr>
<tr>
<td>TOTAL DEATHS</td>
<td>370</td>
<td>756</td>
<td>1,126</td>
</tr>
<tr>
<td>TOTAL DOSES GIVEN (millions)</td>
<td>19.5</td>
<td>28.5</td>
<td>48</td>
</tr>
</tbody>
</table>

* Tabulations do not include Moderna and Unknown Vaccines

* Note: The UK only counts deaths within 1 week of vaccination. Sources here, here and here.
FROM THE MHRA SUMMARY REPORT FROM MAY 13:

Thrombo-embolic events with concurrent low platelets

Up to 5 May 2021, the MHRA had received Yellow Card reports of 262 cases of major thromboembolic events (blood clots) with concurrent thrombocytopenia (low platelet counts) in the UK following vaccination with COVID-19 Vaccine AstraZeneca. These events occurred in 149 women and 112 men aged from 18 to 93 years and the overall case fatality rate was 20% with 51 deaths. Eight cases have been reported after a second dose.

Cerebral venous sinus thrombosis was reported in 99 cases (average age 47 years) and 163 had other major thromboembolic events (average age 55 years) with concurrent thrombocytopenia. The estimated number of first doses of COVID-19 Vaccine AstraZeneca administered in the UK by 05 May was 23.3 million and the estimated number of second doses was 7.5 million.

The overall incidence after first or unknown doses was 10.9 per million doses. Taking into account the different numbers of patients vaccinated with COVID-19 Vaccine AstraZeneca in different age groups, the data shows that there is a higher reported incidence rate in the younger adult age groups compared to the older groups. MHRA advises that this evolving evidence should be taken into account when considering the use of the vaccine. There is now some evidence that the reported incidence rate is higher in females compared to men although this is not seen across all age groups and the difference remains small.

Table 5: Number of UK suspected thrombo-embolic events with concurrent thrombocytopenia ADR reports received for the COVID-19 Vaccine AstraZeneca by patient age up to and including 5 May 2021.
<table>
<thead>
<tr>
<th>Age range (years)</th>
<th>Number of reports</th>
<th>Number of fatal reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>25</td>
<td>7</td>
</tr>
<tr>
<td>30-39</td>
<td>33</td>
<td>9</td>
</tr>
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<td>40-49</td>
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<td>70-79</td>
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<tr>
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</table>
EUROPEAN ADVERSE EVENTS
MONITORING AGENCY (EUDRAVIGILANCE)
Includes Reports as of May 8, 2021

Deaths reported: 10,811
Number of reports: 463,476
Total Adverse Reactions across All Reports: 1,050,065

Deaths Reported by Vaccine & Reaction Group*

<table>
<thead>
<tr>
<th>Reaction Group</th>
<th>Moderna</th>
<th>Pfizer</th>
<th>AstraZeneca</th>
<th>Janssen</th>
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</thead>
<tbody>
<tr>
<td>Blood and lymphatic system</td>
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<td>54</td>
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<td>Congenital, familial and genetic</td>
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<td>Skin and subcutaneous tissue</td>
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<tr>
<td>Social circumstances</td>
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<td>Surgical and medical procedures</td>
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<td>Vascular</td>
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<td>239</td>
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</table>
**OVERALL TOTAL:** 10,811

* Data compiled from reports on COVID-19 vaccines at [this link](#). The Janssen (J & J) vaccine has fewer reported reactions as it was authorized on March 11 and has not yet been marketed widely in the EU.
** Miscarriages are not counted as deaths by the EU but are included here in death total.
Adverse Events Reported to Eudravigilance for COVID-19 Vaccines
By Reaction Group as of May 8, 2021

<table>
<thead>
<tr>
<th>Reaction Group</th>
<th>Moderna Serious</th>
<th>Moderna Not Serious</th>
<th>Pfizer Serious</th>
<th>Pfizer Not Serious</th>
<th>AstraZeneca Serious</th>
<th>AstraZeneca Not Serious</th>
<th>Janssen Serious</th>
<th>Janssen Not Serious</th>
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<td>2,638</td>
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<tr>
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<td>-</td>
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<td>3</td>
<td>-</td>
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<td>1,833</td>
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<td>14,445</td>
<td>22,722</td>
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<td>502</td>
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<td>34,092</td>
<td>81,535</td>
<td>83,169</td>
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<td>Injury, poisoning, procedural</td>
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<td>8,215</td>
<td>2,680</td>
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<td>892</td>
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<td>733</td>
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<td>9,537</td>
<td>18,296</td>
<td>7,906</td>
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<td>351</td>
<td>80</td>
<td>80</td>
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<td>3,134</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>31,595</strong></td>
<td><strong>25,412</strong></td>
<td><strong>162,218</strong></td>
<td><strong>241,954</strong></td>
<td><strong>336,717</strong></td>
<td><strong>243,502</strong></td>
<td><strong>4,453</strong></td>
<td><strong>4,214</strong></td>
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<td><strong>OVERALL TOTAL</strong></td>
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<td><strong>515,082</strong></td>
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</tr>
</tbody>
</table>

** Miscarriages ("spontaneous abortions") are not counted as deaths by Eudravigilance but are included here.
WHO Programme for International Drug Monitoring

The WHO, in cooperation with the Uppsala Monitoring Centre, maintains VigiBase, which is an “international database of adverse drug reactions [with] over 10 million reports ... from more than 120 countries participating in the WHO Programme for International Drug Monitoring.” As of May 25, there were 862,301 reports. Of these, 16,032 (2%) come from Africa; 231,079 (27%) from “the Americas;” 49,389 (6%) from Asia; 544,915 (63%) from Europe and 20,886 (2%) from Oceania. So if we exclude the Americas and Europe, there are 86,287 reports in addition to the US, UK and EU (which have a combined total of 915,825).

TOTAL NUMBER OF ADVERSE EVENTS REPORTED WORLDWIDE: 1,002,112.

- Blood and lymphatic system disorders (34564)
- Cardiac disorders (33109)
- Congenital, familial and genetic disorders (319)
- Ear and labyrinth disorders (24939)
- Endocrine disorders (610)
- Eye disorders (30448)
- Gastrointestinal disorders (201455)
- General disorders and administration site conditions (573176)
- Hepatobiliary disorders (1130)
- Immune system disorders (9456)
- Infections and infestations (44322)
- Injury, poisoning and procedural complications (30445)
- Investigations (78393)
- Metabolism and nutrition disorders (20756)
- Musculoskeletal and connective tissue disorders (284886)
- Neoplasms benign, malignant and unspecified (incl cysts and polyps) (726)
- Nervous system disorders (412329)
- Pregnancy, puerperium and perinatal conditions (895)
- Product issues (1564)
- Psychiatric disorders (38141)
- Renal and urinary disorders (5923)
- Reproductive system and breast disorders (9858)
- Respiratory, thoracic and mediastinal disorders (83897)
- Skin and subcutaneous tissue disorders (123588)
- Social circumstances (5029)
- Surgical and medical procedures (5043)
- Vascular disorders (43245)
# ISRAELI ADVERSE EVENTS REPORTING

The Israeli adverse events reporting is inadequate and non-transparent. Inadequacies with the system are detailed in a report by a group of concerned citizens, doctors and lawyers called the Israel People’s Committee. The committee has been trying to collect, validate and categorize reports of adverse events following vaccination. Below are the reports they had collected as of May 11. (Here is a link to their page for easy access to future updates and other translated documents.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-Category</th>
<th>Number of complaints</th>
<th>Percent of total</th>
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</thead>
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<td>Sudden death</td>
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<tr>
<td></td>
<td>Death from cardiac arrest / heart attack</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Death from stroke</td>
<td>18</td>
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</tr>
<tr>
<td></td>
<td>Death from covid-19 after vaccination</td>
<td>15</td>
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<tr>
<td></td>
<td>Death from multi-system failure</td>
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<tr>
<td></td>
<td>Death from another reason</td>
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<tr>
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<td>Total</td>
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<tr>
<td>Gynecology</td>
<td>Vaginal bleeding</td>
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<td>Menstrual Disorders</td>
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<tr>
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<td>Miscarriage</td>
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<tr>
<td></td>
<td>Preterm contractions and preterm birth</td>
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</tr>
<tr>
<td></td>
<td>Pregnancy hospitalization</td>
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<td></td>
<td>Stillbirth</td>
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<td>Endometriosis flare up</td>
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<td></td>
<td>Other (premature contractions, breastfeeding difficulties / infertility / baby issues)</td>
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</tr>
<tr>
<td></td>
<td>Total</td>
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<tr>
<td>Neurology</td>
<td>Stroke</td>
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<td>Neurological impairment (vertigo, paresthesia, Facial nerve palsy, paralysis)</td>
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<tr>
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<td>Bell’s Palsy</td>
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<tr>
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<td>Neurological-motor impairment (limb paralysis)</td>
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<td>Seizure</td>
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<td>Neurological-cranial impairment</td>
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<td></td>
<td>Other (cognitive impairment, neurological-sensory impairment, intracranial pressure, ageusia, ALS)</td>
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<tr>
<td>Pain</td>
<td>Limb pain</td>
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</tr>
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<td></td>
<td>Extreme headache</td>
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<td>Myalgia</td>
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<td>Back pain</td>
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<td>Abdominal cramps</td>
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<tr>
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<td>Other (chest pain, bone pain, joint pain, fibromyalgia flare-up)</td>
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<td>Total</td>
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<td>Count</td>
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<td>------------------------------------------------------------------------------</td>
<td>-------</td>
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<tr>
<td>Heart</td>
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<td>UNS</td>
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<td>Rash &amp; blisters</td>
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<tr>
<td></td>
<td>Dermatology – general</td>
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<tr>
<td></td>
<td>Other (edema, sphitous ulcer, psoriasis)</td>
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</tr>
<tr>
<td></td>
<td>Total</td>
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<td>Lungs</td>
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<tr>
<td></td>
<td>Total</td>
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<td>Hearing impairment</td>
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<td>Other</td>
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<tr>
<td></td>
<td>Total</td>
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<td>2.7%</td>
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<td>50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anaphylactic reaction</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>57</td>
<td>2.4%</td>
</tr>
<tr>
<td>Inflammation</td>
<td>Inflammation - general</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arthritis</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Multi organ syndrome</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (gastritis, cholecystitis, pancreatitis)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>50</td>
<td>2.1%</td>
</tr>
<tr>
<td>Eyes</td>
<td>Eye disorders</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Visual impairment</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Loss of vision</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>47</td>
<td>2.0%</td>
</tr>
<tr>
<td>Covid-19 after</td>
<td>Vaccination</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>vaccination</td>
<td></td>
<td>39</td>
<td>1.7%</td>
</tr>
<tr>
<td>Blood</td>
<td>Blood clots</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Internal bleeding</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bleeding</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (blood infection, blood clotting disorders, Intra-cranial/Rectal bleeding, hematuria)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>35</td>
<td>1.5%</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Thyroid gland</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drastically high blood sugar</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Juvenile diabetes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>20</td>
<td>0.9%</td>
</tr>
<tr>
<td>Internal</td>
<td>Kidneys</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Digestive system</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Liver function</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>16</td>
<td>0.7%</td>
</tr>
<tr>
<td>Malignancy</td>
<td>Cancer – general</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lymph node malignancy</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exacerbation of oncological condition</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>16</td>
<td>0.7%</td>
</tr>
<tr>
<td>Autoimmune</td>
<td>Autoimmune Disease</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lupus</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>14</td>
<td>0.6%</td>
</tr>
<tr>
<td>Infectious</td>
<td>Bacterial infection</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CMV</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AIDS</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other</td>
<td>lymphadenopathy, syncope, extreme fatigue, dysfunction, mental disorders, hospitalizations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>290</td>
<td>12.4%</td>
</tr>
<tr>
<td>Total analyzed</td>
<td></td>
<td>2346</td>
<td>100.0%</td>
</tr>
<tr>
<td>Received, not</td>
<td></td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>analyzed yet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total reports</td>
<td></td>
<td>2646</td>
<td></td>
</tr>
</tbody>
</table>
ISRAELI HEALTH MINISTRY REPORT WARNS: HEART PROBLEMS IN YOUNG ADULTS AFTER VACCINATION

The rapid and widespread rollout of Pfizer’s COVID-19 vaccine in Israel was hailed as a great achievement. An article in the New England Journal of Medicine appeared to show that Pfizer’s vaccine was 94% effective at reducing symptomatic COVID-19 infections. Setting aside the authors’ numerous conflicts of interest and the glaring methodological problems with the paper (see here and here), it is worth asking why there has been no attempt to do a similar study on non-COVID related morbidity and mortality. As the NEJM article demonstrates, they could easily use the same electronic health records to do such a study to allay fears of vaccine side effects. But they have not done so. Why not?

On April 11, the interim results of an Israeli Health Ministry investigation into post-vaccination heart muscle inflammation (pericarditis, myopericarditis and myocarditis) was leaked to the press. They found an elevated rate for young men (1 in 20,000 vs. expected rate of 1 in a million). They note that they did not collect data on all cases, so the true rate might be higher. The report concludes that the high rate is a signal indicating a possible causal connection to the vaccine. On May 17 the CDC issued a report on cases of Myocarditis with an intention to investigate further.

On May 24, an article on the official website of the Association of Public Health Physicians in Israel explained why the government had not approved COVID-19 vaccinations for children aged 12-15 even though the FDA had. The reason? They are awaiting final results of the investigation. The chairman of medicine at Hadassah Hospital who heads the investigation committee said they are still collecting data but based on what he has seen at Hadassah he is certain there is a connection between the Pfizer vaccine and myocarditis, especially among people under 30.

What about the US, the UK and the EU?

Pericarditis and Myocarditis Reported Following COVID-19 Vaccinations

US: 989        UK: 116        EU: 737
**INCREASED DEATH RATE AFTER VACCINATION DRIVE**

This post from the Swiss Policy Research website shows an increase in mortality among people 65 years and older beginning in March. Given that mortality attributed to COVID is declining in that age bracket due to their high vaccination rates, what could be causing this increase? Could we be seeing delayed effect of vaccinations? This article and video shows evidence that COVID-19 vaccination rollouts worldwide have been followed by an inexplicable increase in mortality.

Higher excess deaths among 70+ population than other countries.
But it isn’t just 65+ group. The number of deaths recorded for 20-29 years old between mid-January to mid-March is much higher than the last 6 years. It is 44% higher than the mean (3 standard deviations) and 18% higher than the 2nd highest. This age group became eligible for vaccination on Feb. 4, 2021.*

* Source for graphs here.
Researchers release data showing 'significant mortality from vaccine' in Israel

Vaccination in Israel: Challenging mortality figures?

Mordechai Sones  Feb 16, 2021

A front page article appeared in the France Soir newspaper about findings on the Nakim website regarding what some experts are calling “the high mortality caused by the vaccine.”

The paper interviews University of Aix-Marseille University Faculty of Medicine Emerging Infectious and Tropical Diseases Unit’s Dr. Herve Seligmann and engineer Haim Yativ about their research and data analysis. They claim that Pfizer’s experimental shot causes “mortality hundreds of times greater in young people compared to mortality from coronavirus without the vaccine, and dozens of times more in the elderly, when the documented mortality from coronavirus is in the vicinity of the vaccine dose, thus adding greater mortality from heart attack, stroke, etc.”

Dr Hervé Seligmann works at the Emerging Infectious and Tropical Diseases Research Unit, Faculty of Medicine, Aix-Marseille University, Marseille, France. He is of Israeli-Luxembourg nationality. He has a B. Sc. In Biology from the Hebrew University of Jerusalem, and has written over 100 scientific publications.

France Soir writes that they follow publications, data analyzes, and feedback from various countries on vaccination, and have therefore taken an interest in the Nakim article, asking to interview them in order to understand their analysis and its limitations.

The authors of the article declare they have no conflicts or interests other than having children in Israel.

After a presentation, the authors discussed their data analysis, the validations carried out, limitations, and above all, their conclusions that they compare with data received via a Health Ministry Freedom of Information Act request.

Their findings are:

- There is a mismatch between the data published by the authorities and the reality on the ground.
- They have three sources of information, besides the emails and adverse event reports they receive through the Internet. These three sources are Israeli news site Ynet, the Israeli Health Ministry database, and the U.S. federal Vaccine Adverse Event Reporting System (VAERS) database.
- In January 2021, there were 3,000 records of vaccine adverse events, including 2,900 for mRNA vaccines.
- Compared to other years, mortality is 40 times higher.
- On February 11, a Ynet article presented data related to vaccination. The authors of the Nakim article claim to have debunked this analysis based on data published by Ynet itself: “We took the data by looking at mortality during the vaccination period, which spans 5 weeks. By analyzing these data, we arrived at startling figures that attribute significant mortality to the vaccine.”
- The authors say “vaccinations have caused more deaths than the coronavirus would have caused during the same period.”
- Haim Yativ and Dr. Seligmann declare that for them, “this is a new Holocaust,” in face of Israeli authority pressure to vaccinate citizens.

“Our reanalyses of these data explain why during the massive vaccination project initiated mid-December 2020 during a confinement, daily new confirmed COVID-19 cases failed to decrease as they do during confinements, and, more importantly, why numbers of serious, critical, and death cases increased during that period that covered at least one month. From mid-December to mid-February (two months), 2,337 among all Israeli 5,351 official COVID-deaths occurred. Our analyses indicate orders of magnitude increases in deaths rates during the 5-week long vaccination process, as compared to the unvaccinated and those after completing the vaccination process. Presumably, asymptomatic cases before vaccination, and those infected shortly after the 1st dose, tend to develop graver symptoms than those unvaccinated.

“The Ynet article is organized in an exciting way and uses data provided in an erroneous way by the Ministry of Health. It is unclear whether this was intentional to prove the vaccine’s efficiency or if this was done erroneously because the provided data were misunderstood. Note that in Israel, all vaccines are from Pfizer.

“The data in the table, rather than indicating the vaccine efficacy, indicate the vaccine’s adverse effects,” the authors conclude.

Sources:

REPORTS OF BLOOD CLOT RELATED ADVERSE EVENTS

Josh Guetzkow

There have been reports of “rare” blood clots following COVID-19 vaccinations, and both the Astrazeneca and Janssen (Johnson & Johnson) vaccinations have been either suspended or under investigation. The Astrazeneca/Oxford vaccine was temporarily suspended or under investigation in some 26 countries. Three countries (Denmark, Norway and Cameroon) have completely suspended use of the Astrazeneca vaccine while others are recommending its use only in older populations.

The disorder they highlight is referred to as thrombosis (blood clots) with thrombocytopenia (low platelet count) or thrombosis-thrombocytopenia syndrome (TTS). It describes a condition where blood clots (thromboses or thrombotic events) occur together with a low platelet count.

Norway has also suspended use of the Johnson & Johnson vaccine, and the US CDC temporarily suspended use of the J&J vaccine after they were made aware of 6 adverse event reports to VAERS of a very specific problem similar to the one above, but one in which a very specific type of blood clot cerebral venous sinus thrombosis (CVST) was seen in combination with low levels of blood platelets (thrombocytopenia). After their investigation found an additional 9 cases of TTS for a total of 15 cases all in women aged 18-59, they decided to lift the suspension.

The UK’s MHRA launched its own investigation into similar reports following vaccination with the Astrazeneca vaccine, finding 262 cases, including 51 deaths. They found that the likelihood was higher for younger vaccine recipients. But they continue to recommend the vaccine.

These investigations have been limited to an extremely rare blood-clotting condition (TTS) while completely ignoring the HUGE number of reports of other types of blood clots. Back in February, a large group of doctors and scientists in Europe wrote an open letter to the European Medicines Agency asking for evidence that the COVID-19 vaccines will not
cause blood clots. They lay out some of the mechanisms by which the vaccines might cause blood clots. It involves the SARS-CoV-2 spike protein, some version of which is used as an antigen in all COVID-19 discussed in this report.

Research has shown that the spike protein is present in the blood up to a month after inoculation and by itself can activate platelets and promote clotting. The spike protein by itself penetrates the blood-brain barrier, has been found in cerebral tissue with micro-thromboses (small blood clots), and can damage lungs. Here is an interview with the senior doctor of the group, Dr. Sucharit Bhakdi, Former head of the Institute of Medical Microbiology and Hygiene at Johannes Gutenberg University of Mainz, Germany, where he explains the issues in plain English. And here is a written comment to the FDA made by a pediatric rheumatologist that discusses related problems with the spike protein.

But what evidence is there that the COVID-19 vaccines cause blood clots other than the rare TTS that health agencies have focused on? I assembled a dataset from the US VAERS, EU Eudravigilance and UK Yellow Card reporting systems on all symptoms related to blood clots (referred to as embolic and thrombotic events). * Here are the results:

**Blood-clot related adverse events:** 29,568

**Blood-clot associated deaths:** 2,395

* Some technical details: I first created a list of nearly 300 symptoms (“preferred terms”) associated with the SMQ (standard medical query) category “embolic and thrombotic events.” Of these I found 205 matched with symptoms that had been reported in the 3 systems. Some of the symptoms listed are not always 100% due to a blood clot. For example, paralysis or paresis can be caused by a blood clot but not always. Infarctions are usually caused by blood clots, but not always. The table above shows the events broken down by categories, where occlusions, embolisms, thromboses and stroke, ischaemia & CVA (cerebrovascular accident) are clearly caused by blood clots. The events in the infarction category were almost certainly caused by a blood clot, and the events in the “other category” are mixed. Data from US VAERS include all reports entered as of May 14, 2021. For the EU they include data up to May 8, and for the UK they include data up to May 5. The EU and UK systems make a determination if a death is attributed to the event, in which case it counts as a death. For VAERS this is not possible; therefore deaths include all cases where a thrombotic or embolic event was reported where the person died.
Embolic & Thrombotic Related Adverse Events Reported Following COVID-19 Vaccinations in the US, EU and UK
(Total Events = 29,568)

Deaths Associated with Embolic & Thrombotic Adverse Events Following COVID-19 Vaccinations in the US, EU and UK
(Total Deaths = 2,395)
Blood Clot Related Events Reported after COVID-19 Vaccinations
(by Vaccine & Reporting System)

<table>
<thead>
<tr>
<th>Type</th>
<th>US VAERS</th>
<th></th>
<th>EU EUDRAVIGILANCE</th>
<th></th>
<th>UK YELLOW CARD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pfizer</td>
<td>Moderna</td>
<td>J&amp;J</td>
<td>Pfizer</td>
<td>Moderna</td>
<td>AstraZeneca</td>
</tr>
<tr>
<td>Occlusions</td>
<td>71</td>
<td>49</td>
<td>57</td>
<td>104</td>
<td>38</td>
<td>118</td>
</tr>
<tr>
<td>Embolisms</td>
<td>325</td>
<td>361</td>
<td>277</td>
<td>1,137</td>
<td>292</td>
<td>1,745</td>
</tr>
<tr>
<td>Thromboses</td>
<td>759</td>
<td>502</td>
<td>886</td>
<td>1,830</td>
<td>379</td>
<td>3,824</td>
</tr>
<tr>
<td>Infarctions</td>
<td>351</td>
<td>310</td>
<td>120</td>
<td>785</td>
<td>257</td>
<td>707</td>
</tr>
<tr>
<td>Stroke, Ischaemia, CVA</td>
<td>578</td>
<td>613</td>
<td>233</td>
<td>1,519</td>
<td>489</td>
<td>1,451</td>
</tr>
<tr>
<td>Paralysis or Paresis</td>
<td>182</td>
<td>194</td>
<td>95</td>
<td>503</td>
<td>164</td>
<td>468</td>
</tr>
<tr>
<td>Other</td>
<td>155</td>
<td>129</td>
<td>192</td>
<td>85</td>
<td>33</td>
<td>141</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,421</td>
<td>2,158</td>
<td>1,860</td>
<td>5,963</td>
<td>1,652</td>
<td>8,454</td>
</tr>
</tbody>
</table>

Note: Table does not include cases where vaccine was unknown. For UK Moderna is not shown because it is not widely used.

We can see that thousands of cases of blood clots have been reported for all the above vaccines, which is a very different picture than the extremely rare TTS syndrome that was reported 15 times in the US and 262 times in the UK. Not only that, but blood clots have been reported for ALL these vaccines, not just AstraZeneca and Johnson & Johnson. Note also that in the US, there are far more reports for blood clots from the Pfizer and Moderna vaccines, but only the J&J vaccine has received special attention. Many of the reports include very serious events, as shown on the next page. Recall that only a small percentage of adverse events are ever reported.
Examples of the Most Serious Clotting Events Reported
(US, EU and UK Reports Combined)

<table>
<thead>
<tr>
<th>EVENT CLASSIFICATION</th>
<th>EVENTS</th>
<th>DEATHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myocardial infarction (heart attack)</td>
<td>2108</td>
<td>545</td>
</tr>
<tr>
<td>Pulmonary embolism</td>
<td>4856</td>
<td>388</td>
</tr>
<tr>
<td>Cerebrovascular accident</td>
<td>3792</td>
<td>364</td>
</tr>
<tr>
<td>Thrombosis</td>
<td>3813</td>
<td>194</td>
</tr>
<tr>
<td>Venous thrombosis (limb and general)</td>
<td>326</td>
<td>105</td>
</tr>
<tr>
<td>Ischaemic stroke</td>
<td>764</td>
<td>65</td>
</tr>
<tr>
<td>Deep vein thrombosis</td>
<td>3415</td>
<td>50</td>
</tr>
<tr>
<td>Cerebral venous sinus thrombosis</td>
<td>439</td>
<td>46</td>
</tr>
<tr>
<td>Cerebral infarction</td>
<td>463</td>
<td>39</td>
</tr>
<tr>
<td>Cerebral thrombosis</td>
<td>196</td>
<td>36</td>
</tr>
<tr>
<td>Disseminated intravascular coagulation</td>
<td>98</td>
<td>29</td>
</tr>
<tr>
<td>Pulmonary thrombosis</td>
<td>249</td>
<td>24</td>
</tr>
<tr>
<td>Embolism</td>
<td>591</td>
<td>17</td>
</tr>
<tr>
<td>Cerebral venous thrombosis</td>
<td>107</td>
<td>15</td>
</tr>
<tr>
<td>Ischaemic cerebral infarction</td>
<td>84</td>
<td>9</td>
</tr>
<tr>
<td>Embolic stroke</td>
<td>89</td>
<td>6</td>
</tr>
</tbody>
</table>
WHAT ABOUT TTS SYNDROME?

One reason to take thrombosis-thrombocytopenia syndrome (TTS) seriously is that it cannot be treated with typical blood-thinning medications usually used for blood clots, due to the co-occurrence of a low platelet count (thrombocytopenia). Low platelets can lead to spontaneous hemorrhaging and other complications. The way the data are organized and presented in the various systems, it is either difficult or impossible for outside researchers to determine whether blood clots occurred alongside thrombocytopenia.

My own search of VAERS data (up to May 14) of cases where embolisms, thromboses or infarctions were reported along with thrombocytopenia revealed 68 such cases, 39 for J&J (not 15 as the CDC reported), 17 for Moderna and 18 for Pfizer.

There is a specific diagnosis that indicates a problem similar to TTS. It is called thrombotic thrombocytopenic purpura (TTP), which is when blood clots form in small blood vessels all over the body, which results in a low platelet count. Here are the number of reports of TTP across all reporting systems and vaccines:

| Thrombotic Thrombocytopenic Purpura (TTP) Events Reported Following COVID-19 Vaccinations by Vaccine and Reporting System |
|---|---|---|---|---|
| Pfizer | Moderna | J&J | Pfizer | Moderna | AstraZeneca | J&J | Pfizer | AstraZeneca |
| 10 | 5 | 2 | 9 | 0 | 5 | 2 | 5 | 1 |

Although reports of TTP are few, the distribution, along with the above results from VAERS, indicates that it is not just AstraZeneca and J&J vaccines that are associated with rare events that include both blood clotting and low platelet count.
Some Serious Adverse Reactions in the News

Anaphylaxis, Bell’s Palsy, autoimmune thrombocytopenia, vaginal/uterine bleeding (possibly related to thrombocytopenia):

**Anaphylaxis** (recall that this reaction was not picked up during the clinical trials but became apparent almost immediately after the vaccine was introduced): [https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html)


**Autoimmune thrombocytopenia** (dangerously low platelet count):
[https://www.dailymail.co.uk/health/article-9241027/36-people-developed-rare-blood-disorder-covid-vaccination.html](https://www.dailymail.co.uk/health/article-9241027/36-people-developed-rare-blood-disorder-covid-vaccination.html)

**Vaginal/uterine bleeding:**

The first is to a Facebook post (in Hebrew) showing several reports from women with uterine bleeding following vaccination. The poster says she has seen hundreds of similar reports. The second is a newspaper article that quotes senior doctors and Health Ministry officials who summarily dismiss these reports as a common phenomenon caused by stress. But in the comments there are many post-menopausal women who report bleeding, which is NOT common. (Links can be translated using Facebook and Google Chrome’s translation functions.) The last link is to a ‘rapid response’ published in the British Medical Journal saying that the bleeding is caused by thrombocytopenia.

[https://www.facebook.com/ella.nave/posts/10159049679494437](https://www.facebook.com/ella.nave/posts/10159049679494437)
[https://www.israelhayom.co.il/article/851831](https://www.israelhayom.co.il/article/851831)
[https://www.bmj.com/content/373/bmj.n958/rr-2](https://www.bmj.com/content/373/bmj.n958/rr-2)

Bonus: Article from 2017 on troubles that Moderna has with safety problems with RNA-based technology and their move to focus on vaccines:
[https://www.statnews.com/2017/01/10/moderna-trouble-mrna/](https://www.statnews.com/2017/01/10/moderna-trouble-mrna/)
Many reports of death following vaccination worldwide

Portuguese health worker, 41, dies two days after getting the Pfizer covid vaccine as her father says he 'wants answers'

By Natalia Penza For The Mailonline
10:20 EST 04 Jan 2021, updated 10:52 EST 04 Jan 2021

Nine health workers have died in vaccine rollout. India must disclose status of probe into each case

The deaths of nine health workers following administration of the Covid-19 vaccine in the 12 days since the start of the immunisation programme on January 16 is cause for concern.

The deaths were reported from Uttar Pradesh, Karnataka, Andhra Pradesh, Rajasthan, Telangana, Gurugram and Odisha. The six men and three women who died were between 27 and 56 years old. The deaths took place between 24 hours and five days of taking the vaccines and all have been ascribed to cardiovascular problems or “brain stroke”.

The Defender

China Health Experts Call for Suspension of COVID Vaccines as Norway Investigates 33 Deaths, Germany Probes 10 Deaths

Norway upped the number of deaths under investigation, from 23 last week to 33, while in Germany, health officials said they are investigating 10 deaths that occurred among elderly patients who received the COVID vaccine.

Placer County Sheriff's Office

Placer County Public Health and the Placer County Sheriff-Coroner Division were recently notified of the death of an individual who tested positive for COVID-19 in late December.

The individual was administered a COVID-19 vaccine several hours before their death on January 21, 2021.

Backtracking, Netanyahu says Gafni didn’t have heart attack

Moments after announcing that MK Moshe Gafni has been hospitalized with a heart attack, Prime Minister Benjamin Netanyahu says that’s “fake news.”


A Man and Woman in South Dakota Die a Day After Getting COVID-19 Vaccines

by TVR Staff
Published January 24, 2021 | Vaccination, Risk & Fake Reports

BREAKING: UK gov’t says over 240 people in Britain died shortly after receiving COVID jab

Swiss Patient Dies Shortly After Receiving Pfizer COVID Vaccine

BY TYLER DURDEN
WEDNESDAY, DEC 30, 2020 - 8:56

After an Israeli man reportedly died just 2 hours after receiving his first dose of the COVID-19 vaccine, authorities in the Swiss Cantong of Lucerne said on Wednesday that one of the first people in the country to receive the vaccine has died, though whether his death had anything to do with the inoculation hasn’t yet been determined.
MOST of these people would have survived COVID (based on published survival statistics)

Since this article was published, VAERS has recorded **18,541 COVID vaccine adverse reactions** including:

- **929 deaths**
- **316 permanent disabilities**
- **5,000 ER / hospitalizations**

**Source:** https://wonder.cdc.gov/vaers.html
There are now numerous deaths linked to the COVID vaccine. This doctor would have had a 99.5% chance of surviving COVID but he died from ITP (vaccine reaction).

Death of Florida doctor after receiving COVID-19 vaccine under investigation

Karen Weintraub USA TODAY
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A Florida doctor has died several weeks after receiving a COVID-19 vaccine, although it’s not yet clear whether his death Monday was related to the shot he received on Dec. 18.

Dr. Gregory Michael, 56, an OB-GYN at Mount Sinai Medical Center in Miami Beach, died after suffering a hemorrhagic stroke apparently resulting from a lack of platelets.

In a Facebook post, Michael’s wife, Heidi Neckelmann, said he sought emergency care three days after the shot because he had dots on his skin that indicated internal bleeding.

Autoimmune means that something in the vaccine may be provoking the body to create antibodies to its own platelets, could be because of molecular mimicry, or cross reactivity between proteins.

ITP has been documented to occur after the MMR vaccine, as well as influenza vaccines, DTP vaccine and hepatitis A vaccines.

Heidi Neckelmann
January 5 at 11:00 PM

The love of my life, my husband Gregory Michael MD an Obstetrician that had his office in Mount Sinai Medical Center in Miami Beach Died the day before yesterday due to a strong reaction to the COVID vaccine.

He was a very healthy 56 year old, loved by everyone in the community delivered hundreds of healthy babies and worked tirelessly through the pandemic.

He was vaccinated with the Pfizer vaccine at MSMC on December 18, 3 days later he saw a strong set of petechiae on his feet and hands which made him seek attention at the emergency room at MSMC. The CBC that was done at his arrival showed his platelet count to be 0 (A normal platelet count ranges from 150,000 to 450,000 platelets per microliter of blood.) he was admitted in the ICU with a diagnosis of acute ITP caused by a reaction to the COVID vaccine. A team of expert doctors tried for 2 weeks to raise his platelet count to no avail. Experts from all over the country were involved in his care. No matter what they did, the platelets count refused to go up. He was conscious and energetic through the whole process but 2 days before a last resort surgery, he got a hemorrhagic stroke caused by the lack of platelets that took his life in a matter of minutes.

I believe that people should be aware that side effects can happened, that it is not good for everyone and in this case destroyed a beautiful life, a perfect family, and has affected so many people in the community.

Do not let his death be in vain please save more lives by making this information news.
There are now numerous deaths linked to the COVID vaccine. Why was no one warned that immune thrombocytopenia is a reaction to the COVID vaccine?

The New York Times

A Few Covid Vaccine Recipients Developed a Rare Blood Disorder

By Denise Grady
Feb. 6, 2021  Updated 2:07 p.m. ET

One day after receiving her first dose of Moderna’s Covid vaccine, Luz Legaspi, 72, woke up with bruises on her arms and legs, and blisters that bled inside her mouth.

She was hospitalized in New York City that day, Jan. 19, with a severe case of immune thrombocytopenia — a lack of platelets, a blood component essential for clotting.

The same condition led to the death in January of Dr. Gregory Michael, 56, an obstetrician in Miami Beach whose symptoms appeared three days after he received the Pfizer-BioNTech vaccine. Treatments failed to restore his platelets, and after two weeks in the hospital he died from a brain hemorrhage.

“I think it is possible that there is an association,” Dr. James Bussel, a hematologist and professor emeritus at Weill Cornell Medicine who has written more than 300 scientific articles on the platelet disorder, said in an interview. “I’m assuming there’s something that made the people who developed thrombocytopenia susceptible, given what a tiny percentage of recipients they are.”

He added: “Having it happen after a vaccine is well-known and has been seen with many other vaccines. Why it happens, we don’t know.”

Ms. Legaspi was strong and in good health before receiving the Moderna vaccine. But when she was admitted to the city hospital in Elmhurst, Queens, her platelet count was zero. Normal readings range from 150,000 to 450,000, and anything under 10,000 is considered very dangerous and in urgent need of treatment.

Doctors ordered Ms. Legaspi to not even get out of bed without help, for fear that if she fell and injured herself she could hemorrhage. They began giving her the standard treatments, including platelet transfusions along with steroids and immune globulins meant to stop her immune system’s war on her platelets.

Nothing worked. Her platelets would rise a bit and then crash again between treatments.

As the days passed with no progress, Ms. Legaspi’s daughter, aware of Dr. Michael’s death, worried increasingly that her mother would suffer a brain hemorrhage.

“I don’t think she understands she’s like a ticking bomb,” the daughter said in an interview on Jan. 28, after her mother had been in the hospital for more than week with no improvement. “I don’t use the term. I don’t want to tell her that.”

Another vaccine recipient, Sarah C., 48, a teacher in Arlington, Tex., received the Moderna vaccine on Jan. 3. She asked that her full name not be used to protect her privacy.

Two weeks later, she began to have heavy vaginal bleeding. After two days she saw her obstetrician, who ordered blood work and scheduled other tests. A few hours later, he called and urged her to go straight to the emergency room. He was stunned and hoped it was a lab error, but her blood count showed zero platelets. She had had a checkup with completely normal blood-test results less than a week before being vaccinated.

The reading of zero platelets was not a lab error. The results were confirmed in the emergency room, and doctors there also noticed red spots on her wrists and ankles, caused by hemorrhages under the skin. Sarah C. had seen the spots, but ignored them.

She spent four days in the hospital, receiving platelet transfusions, immune globulins and steroids to restore her platelet count.

She described the experience as terrifying. “Especially when people say they’d never seen this before, that you could bleed out or hemorrhage,” she said. “That was the biggest concern, and just not knowing. The gentleman in Florida, he didn’t make it. Certainly the fear was there.”

If she had known enough to recognize the red spots and bleeding as danger signs, she said, she would have gone to the emergency room much sooner.
There are now numerous deaths linked to the COVID vaccine X-ray tech in ER within hours of shot. Within hours suffered congestive heart failure, dialysis...death

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**THE ORANGE COUNTY REGISTER**

**NEWS • News**

**Health care worker dies after second dose of COVID vaccine, investigations underway**

Tim Zook’s last post on Facebook brimmed with optimism. “Never been so excited to get a shot before,” he wrote on Jan. 5, above a photo of the Band-Aid on his arm and his COVID-19 vaccination card. “I am now fully vaccinated after receiving my 2nd Pfizer dose.”

Zook, 60, was an X-ray technologist at South Coast Global Medical Center in Santa Ana. A couple of hours later, he had an upset stomach and trouble breathing. By 3:30 p.m. it was so bad his colleagues at work walked him to the emergency room. “Should I be worried?” his wife, Rochelle, texted when she got the news. “No, absolutely not,” he texted back. “Do you think this is a direct result of the vaccine?” she typed. “No, no,” he said. “I’m not sure what. But don’t worry.”

There were suspicions of COVID and a diagnosis of congestive heart failure. Zook was put on oxygen, then — just four hours later — a BiPAP machine to help push air into the lungs. Multiple tests came back negative for COVID.

Shortly after midnight on Jan. 7, the hospital called. Zook was in a medically induced coma and on a ventilator to help him breathe. But his blood pressure soon dropped and he was transferred to UC Irvine Medical Center. “On Friday I get a call, ‘His kidneys are failing. He needs to be on dialysis. If not, he could die — but there’s also a chance he might have a heart attack or stroke on dialysis because his blood pressure is so low,’” Rochelle Zook said.

By 4 a.m. Saturday, Jan. 9, Zook had gone “code blue” twice and was snatched back from the brink of death. There was a third code blue in the afternoon. “They said if he went code blue a fourth time, he’d have brain damage and be a vegetable if he survives,” Rochelle Zook said.

Later that day, Tim Zook died.
More deaths within minutes / hours of vaccine

Gloucester resident dies within hours of receiving Pfizer vaccine

58-year-old Gloucester resident Drene Keyes was a gifted singer, a mother and grandmother of six.

Unexpectedly, Lisa lost her mother on Saturday within a couple of hours after Keyes received the Pfizer vaccine in Warsaw.

"Right before she left, I was helping her put her shoes on," she said.

Keyes had diabetes, sleep apnea and was obese. Her job made her eligible for the first dose. So, on Saturday, Keyes got the Pfizer vaccine and spent 15 minutes in the mandatory observation period.

The coworker she was with said she was trying to get in the car and said, "Something is not right. Something’s not right."

She was quickly rushed to Riverside- Tappanannock Hospital.

"They tried to remove fluid from her lungs. They called it 'flash pulmonary edema,' and doctors told me that it can be caused by anaphylaxis," said Jones. "The doctor told me that often during anaphylaxis, chemicals are released inside of a person’s body and can cause this to happen."

Jones believes more research needs to be done, especially for those with underlying health issues.

"Why are we allowing people with underlying conditions to be guinea pigs for a vaccine that is still in clinical trials and emergency use?" Jones questioned.

NY man dies shortly after vaccination

NEW YORK - A man died shortly after receiving a COVID-19 vaccination at the Javits Center in Manhattan but it was not believed to be due to an allergic reaction, state officials say.

The man, in his 70s, collapsed as he was leaving the vaccination site on Sunday morning.

"On-site security and first responders were by his side within seconds, but sadly the man passed away a short time later at a hospital," New York State health Commissioner Howard Zucker said in a statement to Fox5NY.com.

The incident occurred approximately 25 minutes after he was vaccinated.

CA woman, 78, gets COVID-19 vaccine, then suddenly dies of something else

The woman "passed away unexpectedly" Friday after receiving Pfizer's version of the Covid-19 vaccine about noon at the Kaiser-run site at Cal Poly Pomona, 30 miles east of downtown Los Angeles, the doctor said.

"While seated in the observation area after the injection, the patient complained of feeling discomfort and while being evaluated by medical personnel, she lost consciousness," he said. "Paramedics on scene began CPR almost immediately and continued, but she ultimately could not be revived."

She required CPR within 15 minutes of shot but media claims her death was not related to vaccine (without evidence or autopsy results)
India demands investigation after 19 young health workers die within hours/days of vaccine

19 health workers dead after COVID-19 vaccination; health experts demand investigation

On February 1, 47-year-old Manu Pahan, a health worker from Ranchi in Jharkhand, died within 48 hours after being vaccinated against COVID-19. He died at the Medanta Hospital and his body has been sent for a post mortem. Pahan is one of the 19 health workers in the country to lose his life after receiving the COVID-19 vaccination since the launch of COVID-19 immunisation drive on January 16.

While the government has denied any connection between the deaths and the vaccine, the country’s public health officials, wrote to the Union ministry of health and family welfare on January 31, raising questions and demanding an immediate investigation into the deaths.

The letter also demanded that the minutes of AEFI committees formed at the national, state and district levels on adverse incidents arising post-vaccination, be made public. The letter drew attention to several facts: the death of health workers has occurred within a few hours to up to five days after taking COVID-19 vaccine; the deceased were aged between 23 and 56 years; media reports highlighted cardiovascular problems or brain trauma as the cause behind each of the deaths;

“So far, most of the cases of COVID-19 vaccine deaths have reportedly been due to cardiovascular and brain trauma. All these groups need to be examined immediately so that, at least, the reasons behind it are known,” Amar Jesani, an independent consultant, researcher and teacher in bioethics and public health told Gaon Connection. He is also editor of Indian Journal of Medical Ethics, and one of the signatories of the letter. Jesani urged that the investigations be made public so that
Popular Tamil Actor, Comedian Vivekh, Dies In Chennai At 59

(One day after vaccination.)

On Thursday, Vivekh had taken his first Covid vaccine shot at a public event in the presence of Tamil Nadu's Health Secretary to promote vaccination.

Chennai: Popular Tamil actor and comedian Vivekh died this morning in the hospital, hours after he was admitted after a cardiac arrest.

The 59-year-old was reportedly critical in a Chennai hospital after a cardiac arrest on Thursday morning. He was brought in unconscious at 11 am, was resuscitated, subsequently underwent a coronary angiogram and then angioplasty. A medical bulletin said he was critical on ECMO support, which pumps and oxygenates blood outside the body, but died at 4:35 am today.

On Thursday, Vivekh had taken his first Covid vaccine shot at a public event in the presence of Tamil Nadu's Health Secretary to promote vaccination.

The hospital clarified that he suffered an acute coronary syndrome with cardiogenic shock. There was 100 per cent blockage in a vessel and his cardiac arrest may not be due to the vaccination.

"Vivekh was one of those who voluntarily came forward to create awareness on public health and social issues. The cardiac arrest he suffered had no link with the Covid vaccine shot that he took," Tamil Nadu Health Secretary Dr Radhakrishnan told NDTV.

His vaccination was at a public event with TV channels carrying photographs of him taking the shot. As the cardiac arrest happened less than 24 hours after the inoculation, there were questions raised, which have been clarified by doctors.

His sudden death has sent his fans of over two generations into mourning. Prime Minister Narendra Modi also expressed grief on Vivekh's death.
Chhattisgarh cop dies three days after receiving COVID-19 vaccine

PTI | Published: 10th February 2021 12:10 AM

Andhra woman dies a month after taking Covid jab

Express News Service | Published: 02nd March 2021
08:17 AM

Andhra village volunteer dies after taking COVID-19 vaccine

Pilla Lalitha, 28, took the vaccine along with eight other volunteers on Sunday. All others suffered headache and fever-like symptoms while Lalitha's condition aggravated, leading to her death.

Tamil Nadu conservancy worker dies days after receiving COVID-19 vaccine jab

Express News Service | Published: 02nd February 2021
01:01 AM

Jharkhand health worker dies 36 hours after vaccination

Though 52-year-old Pahan did not have comorbidities, the cause of his death is being investigated.

Kerala nurse dies a day after taking Covid vaccine

Express News Service | Published: 30th January 2021
05:54 AM

Man Dies In UP After Taking Vaccine Shot; CMO Claims Death Due To Heart Ailment

The evening of the same day of receiving the Covid-19 vaccine shot a 55-year-old man died in UP but the Chief Minister’s Office attributed his death to a heart ailment.
Four prominent medical personnel deaths in Italy

Aversa, a 45-year-old doctor died of cardiac arrest. "He had the vaccine"

Dr. Mauro Valeriano D’Auria, a specialist gastroenterologist in service at the Umberto I Hospital of Nocera Inferiore, died prematurely, struck at 45 by a cardiac arrest after a tennis match. D’Auria, as local newspapers write, was a doctor highly esteemed by colleagues and patients, a professional active especially in the field of intestinal ultrasound. Among the latest messages from Dr. D’Auria on his social page, the convinced adhesion to the vaccination campaign to defeat Coronavirus forever.

A 49-year-old pharmacist, Miriam Gabriela Godoy, from Porto Corsini, a seaside resort on the Romagna Riviera, died last Wednesday after receiving the anti-Covid vaccine. The Resto del Carlino and Ravenna News report it explaining how the woman died of an illness.

The pharmacist had been vaccinated on January 14th. The next day she went to work at the pharmacy and felt ill. Urgently transported to the Bufalini hospital in Cesena, the lady died a few days later, Wednesday 20 January.

The woman, who leaves 4 children, was not performed any autopsy to ascertain the real causes of death. Among the colleagues - writes the Carlino - in recent days someone has

Nurse dies in her sleep in Frosinone: "Natural causes", but she had been vaccinated

All the media write that Elisabeth Durazzo, the young nurse on duty at the "Fabrizio Spaziani" hospital in Frosinone, suddenly died in her sleep, one of the first hospitals in Lazio that between the end of December and the beginning of January all health personnel underwent a massive vaccination against Covid.

Pfizer’s first five ‘Comirnaty’ vaccines were administered on December 29 in the presence of the governor of Lazio Nicola Zingaretti and the councilor for Health Alessio D’Amato, then in the following days it was the turn of all the other health professionals, including doctors and nurses.

About ten days after the end of vaccinations, on January 13, Eli Durazzo, 39, with a small son, according to the media, died in sleep of cardiac arrest.

Another nurse dies in his sleep. "Heart attack". He had taken the second dose of the vaccine

Another young nurse, Luigi Buttazzo, an operating room instrumentalist at the Tor Vergata Polyclinic in Rome, died in his sleep, probably struck by a heart attack, as some media, including Repubblica, write.

The nurse, 42, passed away a few days ago after receiving the second dose of Pfizer-Biontech’s “Comirnaty” vaccine, the so-called booster.
Facebook temporarily blocked all searches using @irelandeasthospitalgroup (which owns & manages Wexford General)

DR KESHAV Sharma, son of late Chief Justice Satnarine Sharma, has died. Details of his death are not yet known and relatives are awaiting the results of an autopsy since he was not ailing.

Doctor Kershav Sharma a respiratory consultant who practiced in Wexford hospital took the vaccine on Tuesday 5th of January 2021.

Young Wexford respiratory consultant dies suddenly

The son of a former Trinidad and Tobago Chief Justice was only 39 years old. Tributes have been paid to a young respiratory consultant who died suddenly.

Dr Keshav Sharma was 39 years of age when he passed away last week (January 11), three days after his birthday.

He was a consultant respiratory and general medical physician at Wexford General Hospital (WGH).

A spokesperson for the Ireland East Hospital Group has confirmed to Irish Medical Times that the death was not related to Covid-19.

Facebook moved quickly to 'debunk' anyone claiming a correlation, even prior to any autopsy. They also blocked any searches for posts tagged with the hospital group's @ name.
There are now numerous deaths linked to the COVID vaccine. Will these employers accept liability for their front-line workers' deaths if they require the shot in order to work?

39-year-old nurse aide dies ‘within 48 hours’ of receiving mandated COVID-19 shot

HURON, Ohio, January 27, 2021 (LifeSiteNews) — A 39-year-old woman with no known comorbidities died unexpectedly in northern Ohio within 48 hours of receiving a COVID-19 vaccine, which was reportedly required by her employer.

Janet L. Moore, a nurse aide at Admirals Pointe Nursing Home (APNH) in Huron, was found unresponsive in her car outside her apartment complex on December 31 around 8:00 p.m., her brother Jacob Gregory told LifeSiteNews.

“She was coming home from work and as soon as she drove into her parking lot she passed away,” he said. “According to her neighbors she wasn’t feeling good directly after the vaccine, and then ever since the vaccine she was actually feeling nauseated, she’d have like migraines and stuff like that. And then, within 48 hours, she ended up passing away.”

Gregory mentioned that his deceased sister, a mother of two sons, was required to receive this vaccine due to her nursing home employment.

Trisha Brown, Administrator at APNH, declined to comment on whether it was the policy of their organization to require the vaccine, if Moore actually received such an injection, or whether they were administering a Pfizer or Moderna product.

A nursing home in Janesville, Wisconsin, which mandated their employees receive these experimental biological agents did in fact lay off workers who declined the injections.

Nearly a dozen employees were forced from their jobs due to the policy, and 27 wrote letters of complaint seeking to have the policy changed.

Their concerns included how this biological agent, which was rushed through development and testing, may have dangerous, unknown long-term effects, while others expressed worries about it affecting their pregnancy or fertility.

More generally they objected to being told they had to take a vaccine which was not approved by the Food and Drug Administration (FDA). While these vaccines have been given emergency use authorization by the FDA, neither has the full approval of the agency.

The U.K. government issued a 10-page report late last year that warned coronavirus vaccines should not be used by pregnant or breastfeeding mothers. With regard to their impact on fertility, the document simply states it is “unknown whether COVID-19 mRNA Vaccine BNT162b2 has an impact on fertility.”

Safety concerns with these vaccines also include “allergic” and “potentially fatal reactions,” that they may actually cause an increased vulnerability to the virus, and that, indeed, worries over long-term effects remain legitimate as these vaccines lack proper testing.

In addition, the FDA also drew up a document this fall listing the possible side-effects from a COVID-19 vaccine, including strokes, encephalitis, auto-immune disease, birth defects, Kawasaki disease, and death.
The deaths in elderly within 24 hours of the vaccine is particularly alarming (even though the media told us it would happen)

88-year-old dies hours after COVID vaccination in second such incident

24 Residents Dead in 3 Weeks as One Third of UK Nursing Home Residents Die After Experimental mRNA COVID Injections

23 die in Norway after receiving Pfizer COVID-19 vaccine: officials

20 residents of a long-term care facility died in Norway within days of receiving their first dose of the Pfizer COVID-19 vaccine, with 13 of those deaths — all nursing home patients — apparently related to the side effects of the shots, health officials said.

An elderly Israeli man died on December 28 of a heart attack after receiving the Pfizer coronavirus vaccine, the Israeli Health Ministry reported.

It should be noted that in the three weeks since the start of the coronavirus vaccination campaign, two elderly people died a few hours after receiving the vaccine, but the Ministry of Health estimated that there was no connection between the deaths and the vaccine.

In the first case, a 75-year-old man, a resident of Beit She’an, died as a result of heart failure two hours after the injection. The next day, an 88-year-old man collapsed in his home hours after the vaccination and was later pronounced dead. The Hadassah Mount Scopus
Moderna reports higher risk of common side effects

5,052 suffered a "health impact event" as of Dec. 19

CDC defines "health impact event" as one that renders a patient "unable to perform normal daily activities, unable to work, required care from doctor or health care professional"

That’s a rate of about 2.3% of vaccine recipients

CDC says a severe allergic reaction, anaphylaxis, was reported

It’s impossible to know how effective the vaccines are beyond the number of days they’ve been given to humans.

It’s also impossible to know this soon what are the potential long term side effects, if any.

Reports of significant injuries post-injection are being reported

A woman from the state of Andhra Pradesh in India has died after suffering a brain stroke after receiving the COVID-19 vaccine. The family of the victim claims she developed seizures and fever after receiving the vaccination and died due to the vaccine.
Will you trade potential facial paralysis for a 99.5% survival rate?

The coronavirus vaccine developed by Pfizer and BioNTech has apparently caused a number of side-effects not anticipated by the producers, a department manager at Sheba Medical Center in Tel HaShomer said Tuesday.

Professor Galia Rahav, chief of the Infectious Disease Unit and Laboratories at the Sheba Medical Center, spoke with Kan Reshet Bet Tuesday about the newly-discovered side-effects some people have reported experiencing after receiving the Pfizer-BioNTech vaccine.

The new side-effects range from paraesthesia – a nerve condition causing a tingling sensation or ‘pins and needles’ – to facial nerve paralysis.

“When we noticed this and spoke with [the company], they started to get reports about this,” said Rahav.

“At the beginning, they said that it was just hysterical women, but it doesn’t seem that way, because we’re seeing this with men as well.”

Prof. Rahav emphasized that the side-effects are likely temporary, and that it is not yet certain that the vaccine caused the reactions. But, she added, since the vaccine is new “we need to examine it, to learn, and to observe.”

“We’re just now learning about the effectiveness of the vaccine in real life. In real, day to day life, you learn different things. The effectiveness is a little different. When you vaccinate 2.5 million people in one shot, obviously we’re going to see different things happening.”

Interesting that Pfizer ignored the initial reports of this side effect because... "hysterical women."
Some of these injuries are devastating knowing they would have almost certainly survived COVID-19

32-Year-Old Mexican Doctor Suffers Seizures and is Paralyzed After Receiving the Pfizer Experimental Vaccine

Dr. Karla Cecilia Pérez Osorio (right).

The Mexican Press is reporting that a 32-year-old female doctor in Coahuila has suffered seizures and become paralyzed after receiving the Pfizer experimental COVID mRNA vaccine on December 30, 2020.

Dr. Karla Cecilia Pérez Osorio reportedly was working as an internist at the General Hospital of Zone No. 7, in the municipality of Monclova. She was subsequently transferred to the High Specialty Medical Unit No. 25 of the IMSS, in Monterrey, Nuevo León.

She was reportedly evaluated by a neurologist and diagnosed with transverse myelitis, a known side effect of vaccines, and specifically of the COVID experimental mRNA vaccines as this injury was observed in some of the vaccine trials of the various COVID19 experimental trials being conducted around the world.

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Even the very young are experiencing deadly reactions.
Some of these vaccine injuries will be life-long and devastating.

Hadassah Hospital:

Young man develops ‘rare life-threatening syndrome’ after Covid-19 vaccine

23 year old sent to Hadassah Hospital found to have developed rare multisystem inflammatory syndrome 24 hours after getting Covid vaccine.

Tags: Vaccine

Anutz Sheva Staff, Jan 10, 2021 11:44 AM

24 hours after receiving the Covid-19 vaccine, a 23-year-old man developed a rare multisystem inflammatory syndrome, which causes, among other things, severe damage to heart function.

Prof. Dror Mevorach, director of the coronavirus department at Hadassah, tweeted on the matter, writing, “Rare life-threatening multi-system inflammatory syndrome (MIS) following BNT162b2 mRNA covid-19 vaccination in a 23 y old social worker was identified at our Department of Medicine B at Hadassah Medical Center, Jerusalem, Israel and reported to MOH and WHO.”

Peruvian Man Suffers Guillain-Barré-like Symptoms After Receiving Sinopharm COVID-19 Vaccine

by Marco Cáceres
Published December 21, 2020 | Vaccination, Risk & Failure Reports

“Several days ago we signaled, as we are required, to the regulatory authorities that one of our participants (in trials) presented neurological symptoms which could correspond to a condition called Guillain-Barre syndrome,” said German Malaga, MD, chief researcher at Cayetano Heredia University in Lima, Peru, where the vaccine trial is being conducted. “We are concerned about the situation, and we are providing all of our help and support to ensure that it is cleared up,” he said.

THE EPOCH TIMES

A COVID-19 vaccine bottle is seen in New York City on Jan. 4, 2021. (Shannon Stapleton/Pool/AFP via Getty Images)

PUBLIC HEALTH INFORMATION

Hundreds Sent to Emergency Room After Getting COVID-19 Vaccines

BY ZACHARY SHIEBER | January 5, 2021 Updated: January 5, 2021

Thousands of people self-reported being unable to work or perform daily activities, or required care from a health care professional, after getting one of the doses from the first tranche.

The FDA’s Adverse Event Reporting System hasn’t been updated to include data for the last quarter of 2020 yet.
Are we just now recognizing the danger of PEG? After the rollout?

Suspicious grow that Pfizer’s COVID vaccine nanoparticles trigger allergic reactions

The U.S. National Institute of Allergy and Infectious Diseases (NIAID) convened several meetings last week to discuss COVID-19 shot allergic reactions with representatives of Pfizer and Moderna, independent scientists and physicians, and the Food and Drug Administration (FDA), reports *ScienceMag*.

The magazine, whose COVID-19 reporting is supported by the Pulitzer Center and the Heising-Simons Foundation, said severe allergy-like reactions in at least eight people who received the COVID-19 vaccine produced by Pfizer and BioNTech over the past 2 weeks may be due to a compound in the packaging of the messenger RNA (mRNA) that forms the vaccine’s main ingredient, scientists say. A similar mRNA vaccine developed by Moderna, which was authorized for emergency use in the United States on Friday, also contains the compound, polyethylene glycol (PEG).

“PEG has never been used before in an approved vaccine, but it is found in many drugs that have occasionally triggered anaphylaxis—a potentially life-threatening reaction that can cause rashes, plummeting blood pressure, shortness of breath, and a fast heartbeat. Some allergists and immunologists believe a small number of people previously exposed to PEG may have high levels of antibodies against PEG, putting them at risk of an anaphylactic reaction to the vaccine,” the paper noted.

Meanwhile, an Israeli law firm has sent a letter to the Health Ministry Special Events coordinator Firas Hayek with a demand to reveal all vaccine injuries and damages before Israel can pass legislation regarding mandatory vaccination.

The Law Firm of Sachs, David, Price, and Hegdish wrote: “Testimonies from within society have accumulated of severe incidents that necessitated emergency medical care for those who vaccinated, evacuation to the emergency room, hospital stay or death within a close time frame from the vaccination.

The COVID-19 vaccine, however, according to VAERS, shows 1 death reported per 35,000 shots or 10,000 completed vaccinations (so far), a 300-900 greater likelihood. The Center for Disease Control (CDC) maintains there is “no link” between the vaccine and the deaths.
Many front line workers are sharing their injuries on social media

This is what his wife, Jennifer, wants you to know about their experience...

"The last 8 days have been incredibly challenging. I had little interest in sharing the details of our lives publicly but through our experience it has become clear that information to help those suffering from the Covid Vaccine is minimal. Public groups to share experiences with the vaccine have been actively deleting posts describing my husband's experience as it doesn't follow the message they want you to hear.

"Before jumping in, I'd like clarify that my husband is a frontline worker in healthcare and has been serving his community in various ways for 10+ years. I'd also like to say thank you to every single individual who has reached out to my husband and I to offer comfort and support. We appreciate you.

"On December 26th my husband received the Moderna Covid Vaccine. Shortly after, he developed a slight fever and general exhaustion. The following day came with incredible challenges that resulted in my husband being bed ridden. Whole body exhaustion, incredibly high fevers, chills, headaches, nausea. He could barely pick his arm up...

"Enter Monday, 12/28. On 1,000mg of Tylenol and 800mg of Motrin (ibuprofen) he was throwing temperatures higher than 104. I brought him to a local emergency room where he was told to treat his symptoms like Covid until proven otherwise... they gave him IV fluids and sent him on his way...

"While waiting for his ultimately negative results (he does not have Covid) I called numerous urgent care centers who refused to see him, on-call doctors for ECHN who refused to provide medical advice over the phone to an ECHN patient (isn't that their job?! Said doctor also informed me 104 fevers were not dangerous and the ice packs and cold cloths we were placing on his body were "only going to make me feel better and won't do anything for him"). We were left alone with minimal guidance from professionals in the field my husband has been working in for over a decade...

"You may be thinking, why didn't you call the vaccine hotline? We did. It was our first call. They picked up and said to report symptoms online for tracking purposes and then hung up. There was no guidance for treatment, no recommendations for who to seek help from... nothing more than "I hope you feel better".

"Fast forward a bit. Symptoms continued to worsen and I ultimately brought him to a privately held highly regarded emergency room in Hartford CT for further care. Without sharing specifics, I'll share that my husband was and continues to be so incredibly ill, the hospital has been testing every potential cause for his symptoms which has included 20+ tests and counting:
- Countless X-rays,
- Multiple Ultrasounds,
- Spinal taps for meningitis, and
- Regular ongoing blood work for blood bacteria, to name a few.

"Doctors and nurses from Infectious Disease have been consulting with each other to try and best identify potential trial treatments to see what works and what doesn't. For now, he's been given anti-bacterial medication in an attempt to relieve his symptoms.

"My husband after four days still remains in the hands of caring, interested and well researched professionals who are the ONLY professionals who have taken a general interest in helping, researching and trying.

"At the end of the day, I am beyond thankful for this privately held highly regarded Hartford based hospital but am very concerned about how little is being shared in regards to Covid vaccine symptoms and their severity. Two days ago I saw a big push to get the vaccine on the news with a tempting promise of a "normal fall" if we all get vaccinated... please take our experiences into consideration as you decide what is best for you and your family.

"And if you've taken some time out of your day to read through this, please SHARE. There is little information available for those suffering. And if for any reason you become increasingly ill, please seek help from the best hospital you can as soon as you can.

"If you have any questions regarding my husband, his experience or mine, please reach out. I want you to be armed with information about ALL side effects from the vaccine so you can make the best decisions for you and your families.

"With every wish that you and yours stay safe and well, Jen."

Jennifer Denton
January 3 at 12:49 PM

**UPDATE** 1/8/2021

All - Over the last week, my husband and I have received hundreds if not thousands of messages, texts, calls and emails expressing empathy and sympathy for our living nightmare. Many of these reach outs came from family and friends. Many more came from tens of thousands of strangers simply passing along healing prayers and thoughtful words.

- Karl (my husband) and I are indeed REAL. Once we saw my initial post take off, we thought it best to look down our personal accounts for privacy. Not that anything is truly private on social media.
- He and I are in our mid/late 20s and partake in active sports like walking, hiking, skiing and wake-boarding regularly.
- My husband has no underlying conditions, no chronic conditions, and
- Given his role as a first responder, my husband was regularly tested for COVID leading up to his vaccination and was tested numerous times after falling ill. My husband did not have and continues to be COVID free.
- Yes, it was officially determined that his illness was directly linked to the vaccine.

Our objective in sharing my husband's very real experience with Moderna, the healthcare system and "all of the things" was simple -> share so that others can make more informed decisions for themselves and their families.

We hope in some small way being open and sharing these personal details truly helped you form a more comprehensive understanding of the vaccine and its potential symptoms/risks.

After nearly 11 days of aggressive illness, 6 days and 5 nights in a privately held hospital without visitors, raging potential seizure inducing fevers, 35+ tests including regular blood draws, chest x-rays, liver ultrasounds, spinal taps, forced isolation, and a hospital bill I'm sure is five miles long...

My my husband is home. My husband is safe.
Some news outlets are covering their injuries

Alanna Tonge-Jelley
January 9 at 3:13 PM

Before I start this post I am in no way feeding into conspiracies, lies etc this is from true experience and I am currently having to write this with one hand. Today I went in for my Pfizer COVID-19 vaccination which I work in a care home and thought it would be in best interest of my residents to have it. I was offered a choice! Before I had the jab I was asked if I had any allergies which I stated a mild egg allergy so after my jab I was told to stay for a 30 minute observation to see if the vaccine caused an anaphylactic reaction. I was fine apart from a mild headache I put that down to not eating properly when I got home I decided to go for a nap which lasted an hour little did I know everything was going to get worse. When I woke up I could barely feel my right side (I was vaccinated in my right arm) and could barely string a sentence together. I had slurred speech and little energy as time went on I lost complete sensation in my right arm and leg and my headache became an excruciating pain in my neck as well. My mom suspected something was wrong and called 111 for some advice as we weren’t sure if these are normal side effects. When speaking to 111 they sent an ambulance which came in 10 minutes, I was assessed and sent to the royal hospital. I was then sent for a CT scan and admitted as a potential stroke. In mind I am 19 years old, the CT scan was clear but there was no explanation for the loss of feeling in my body. I am now on a stroke ward despite no sign of a stroke to monitor if my feeling comes back and to see if I can walk again.

The Cass County healthcare worker got the Moderna shot in late December, blacked out and ended up on a ventilator. What happened to her is a cautionary tale, with important information everyone should know.

Chavonya Littlejohn has had a front row seat to the pandemic. She’s a patient access team leader at Belton Regional Medical Center. Right after Christmas, she decided to take her shot at getting the Moderna COVID-19 vaccine.

She woke up more than 30 hours later hooked to a ventilator in unfamiliar surroundings. Littlejohn had been taken to Research Medical Center, where she remained for three days.

Right now, the COVID-19 vaccine under its emergency use is not eligible for standard vaccine injury relief through the courts.

Instead, your only option if you get sick or even die from the vaccine is to file under what's called "countermeasures." It also reduces the time you have to make a claim, from three years with other vaccines, to one year.
- A testimony of two nurses -
one managed to go home / one went to ICU

My Pfizer Covid vaccine story...

I have waited to post my story out of fear of negative comments, therefore I’m asking you to please don’t leave a negative comment because this is MY story. Thanks.

I was excited to be chosen to receive the Pfizer Covid 19 vaccine. I have been a nurse for 20 years and love what I do for my community. I felt that everyone in my life, including my patients, family as well as myself would benefit if I receive the vaccine. After all what could be so bad about a vaccine? I believe vaccines are good. I’m healthy. No health conditions and No allergies.

On 12/18/20 around 12:30 pm, I go to the designated station pull up my right sleeve and receive the injection. I think “okay, that wasn’t so bad” and I leave to go to the waiting area for 15 minutes to make sure no reactions occur.

As I was in the elevator going down, one floor, to the seating area, I felt some dizziness. I think to myself that I just stepped wrong in the elevator. I get to the floor and was greeted from a nurse that asked me to wait for a minute to be seated. I then felt a big wave of dizziness over my body. I asked if I could sit now as I was feeling really dizzy and my legs feel like noodles. The nurse kindly said yes, sit anywhere you’d like. I sat down and she asked how I was feeling? I said kinda dizzy and weird but I don’t think it’s anything. A sweet girl sitting across from me said to me, “It’s not in your head, I feel the same thing.” We looked at each other with a bewildered starting to feel a tickle in her throat. A few minutes later, I started feeling the same, a tickle in my throat. We both agreed that it still probably wasn’t anything and maybe we needed to drink some water. Next she said to the nurse that she is feeling “fullness” in her throat. The medical personnel quickly took her away to one of two back rooms to possibly start an IV. I sat there alone when I also started feeling a “fullness” in my throat and I looked around but didn’t see anyone. Then the Physician came up to me and asked me how I was feeling? I told her, “I feel fullness in my throat also,” with deer in a headlight look on my face. She took me to the other room in the back, just in case we need to start an IV. An IV? For what? I was confused and thought I’m okay just feeling a little strange.

I go to the back room and blood pressure showed 187/100 and pulse 120. I was asked by all personnel if I had HTN, allergies or allergies to the flu vaccine. I said No I don’t have any allergic or HTN. The fullness in my throat quickly escalated to feeling like I was being choked with extreme heat inside my body that started at my throat and waved down to my abdomen and back up. That’s when I got an IV, Benadryl, azelastine and my first injection of epinephrine. Now my blood pressure and heart rate was even higher and I start shaking uncontrollably due to the epi. I stare at the ceiling and I feel this is surreal and not me. I still don’t quite realize what’s happening until the medical person standing on my left side asks the physician on my right, she’s having an anaphylactic reaction, isn’t she? The physician on my left says, “yes, she is.” The physician says to me your O2 sat's are good, therefore you are breathing, so try not to be scared and keep talking to me. He holds my hand, telling me not to worry that he’s got this and I’m going to be fine. He then says your voice sounds raspy. Can you try to talk louder? I could not talk any louder. As my fingertips turn blue, tears start coming down from my eyes, and my symptoms get worse. I began feeling like I was drowning, I tell him, it’s getting worse and I feel like I’m drowning! That’s when I got the second epinephrine injection. My body continued to shake but even worse. Then Finally, but slowly, the stranguation halted and my symptoms started getting better. It was going away! I could breathe a little better now and my voice starts getting stronger. Once I was out of danger. I realized I had been there for an hour, as I was wheeled to a hospital bed to wait for my body to regain normalcy again.

It was 8 pm when I finally left the hospital. The other girl that had the anaphylactic reaction like me went to ICU so I felt lucky to be going home. I felt awful still with a horrible headache. I couldn’t walk 20 steps without being sob and my throat felt like I had been kicked. My wonderful daughter pick me up as I couldn’t drive and helped me recuperate. This was by far the craziest thing that has ever happened to me in my life. I trust vaccines and medicine, and couldn’t believe what happened to me. I wanted to tell MY story so you could hear a true story from someone who lived through an anaphylaxis reaction after receiving the Covid vaccine. The first pic is when I sat and felt dizzy and the second pic was right before I was discharged.

I was saved by not only great health care personnel and medicine, but but the grace of God also. Thank you God for saving my life.

Thank you for listening to my story. Please be careful if you receive the Pfizer Covid vaccine and feel free to share my story... thank you to my friends and family that helped me recuperate, I couldn’t have done it without you. Love you all and feel so greatly that you are in my life. ️❤️
These three front line workers had the same reaction - uncontrollable full body tremors.

I encourage you to go to their Facebook pages to watch the recordings.

Brant Griner
January 12 at 8:16 PM -
This is what the Pfizer covid19 vaccine has done to my Mom. Everyone please pray for her. She was admitted to the hospital. And be cautious about taking the vaccine. I’m sure it is good for some people but you need to think about is this vaccine worth taking? It’s not for me. Please share this post we need help finding answers.
Update 1-12-21
Mom is getting even worse today and still don’t have any answers from doctors as to how to fix this. Please pray for her I can’t stand to see my mom this way it makes me want to cry knowing I can’t do anything to help her. Please don’t take the covid19 vaccine. I’m adding a 3rd video that she just sent me.

Shawn Skelton
January 7 at 5:42 PM -
If you are considering the vaccine for covid.... the MODERNA.... I would advise against it! I’m in bad shape. Everyday getting worse and I’m not getting help or answers! I’m scared to death to say the least! And to find someone willing to attempt to figure this out hasn’t been very successful! I went to 2 hospitals today, walked out of deacons and went to St Vincent. No answers there either. They say let’s see a neurologist (who knows when they can see me) yesterday my tongue began to spasm and it hasn’t quit. Today my whole body has been convulsing all day! They sent me home! I’m posting 2 videos that are quite embarrassing if you know me but I want you to see what’s happening to me!
Just please pray for me.

Kristi Simmonds is with Steve Morris and 7 others.
January 30 at 7:15 PM -
Please please share this... people need to be aware!

BAKERSVILLE, NORTH CAROLINA — Ms. Kristi Simmonds has been a registered nurse since 2007. Her hard work and dedication to the profession led to a clinic manager position at Kindred at Home Care Services in October. Ms. Simmonds wanted to lead by example. She received the Moderna mRNA shot on January 19, according to her Facebook page. The goal was to protect her patients and co-workers, while also demonstrating that the shots are safe.
She is now warning people to exercise due diligence before getting the jab.

Ms. Simmonds throat and tongue swelled up so much that she could barely breath. She went to the hospital on January 21. Doctors prescribed her Benadryl and sent her home. Ms. Simmonds rested for four days and returned to work, thinking the worst was over. Her whole world changed that night when she got home. Ms. Simmonds started having uncontrollable convulsions and muscle spasms.
Deaths within one day of first dose

**Dec 31 posted "got the shot"**

Julie Ann Splattstoesser added a temporary profile picture.
December 31 ·

Julie Ann Splattstoesser, 50, of Alda, passed away unexpectedly Thursday, December 31, 2020. Celebration of life service will be held at 10:00 a.m. Friday at Peace Lutheran Church. Reverend Carl Eliason will officiate. The service will be livestreamed via www.facebook.com/peacefuneralservice. Burial of ashes will follow at Westlawn Memorial Park Cemetery.

**Dec 31 posted "got the shot"**

**Died Dec 31**

**Posted her vax card Jan 12**

**Died Jan 13**

Brittany Hall Perez passed away on January 13, 2021 in Woodstock, Georgia at the age of 39. Born in Huntsville, Alabama on July 16, 1981, Brittany was always a free spirit and opened her heart to all. She grew up “on the other side of the mountain” with her mother, father, and two sisters, and she went through the school years loving music and going to concerts. Brittany is survived by: her husband, Chris; their two daughters, Zoey and Maddie; her parents, Ed and Wanda Hall; her two sisters,
Deaths within one day of second dose

Got second dose on Feb 12 → Died on Feb 13

Posted her first dose on Jan 27
2nd dose given 21 days after Jan 27 which means Roni received 2nd dose on Feb 16
Died on Feb 16

It is with a heavy heart and much sorrow we create this fund. Roni Sisk has been the beloved Director of Nursing at Princeton for a couple of years & has worked in the healthcare community for many years. The Princeton team & greater ClearView family woke up today to learn the devastating news that Roni passed away, very unexpectedly, early this morning (2.16.21). She was only in her mid 40’s. She had a husband, children (young & adult),
Mom confirms her 28-year-old passed 48 hours after shot

Haley Link Brinkmeyer
1992 - 2021

Haley Link Brinkmeyer

Evansville - Haley Link Brinkmeyer, 28, of Evansville, Indiana, passed away on Thursday, January 21, 2021 at her home.

Haley was born on August 4, 1992, the youngest daughter of Shauna (O'Neill) and Steve Link. She attended Cynthia Heights Grade School, Helfrich Park Middle School and graduated from Reitz High in 2011. She and her future husband, Evan were crowned basketball homecoming queen and king at Reitz. Haley had a competitive spirit and played soccer, softball and basketball. Her coaches had a strong impact on her life, they were like family to her. She graduated from University of Evansville in 2018 with a doctorate in physical therapy and was a member of AOII Sorority and participated in the Buddy Program. She worked at North River Health Campus.

Where do I begin? Kassidi Kurill, You were my Best friend for so many years. My ride or die. So many memories with you. You were my “Barbie doll” friend. You and your sister. I always said I was the tag along for the good time. OMG my heart is so broken right now. Life is Crazy!! Hold your loved ones tight. The COVID shot took her life tonight. My heart goes out to your family & especially to your little one. 💔
Death within 48 hours

Feb 12 posted "got first jab" — Died within 48 hours

Feb 20 got second shot — Full term fetus died within 48 hours
Just five days after the second dose of the Pfizer COVID-19 vaccine, perfectly healthy 28-year-old health care worker Sara Stickles had aneurysm. "Today around 1:45 she had what looks like a brain aneurysm and is in a very deep coma," wrote her twin sister Kara Stickles.

The young mother, who is a health care worker and just began a position at Swedish American Hospital in Wisconsin, is on life support and the family has been told to say their good-byes. She leaves behind a young son.

Thomas's friend Don Paul told The Morning Edition, “Thomas worked as an aide at Saskatchewan Hospital North Battleford. Thomas believed he may have been exposed to the virus at the hospital early in February — only 24 hours after being given his first dose of a COVID-19 vaccine. By Monday, Thomas had chest pains and went to the ER. While he was waiting for the doctor to do the assessment, he had a sudden cardiac arrest and died,”

The victim from Valencia contracted the virus shortly after receiving the first dose of the Pfizer-BioNTech vaccine on December 29. The second dose of the drug was administered on January 19, three weeks after the first jab. In analysis
Even more deaths and injuries reported from healthcare workers on social media

Please lift up in prayer. I just had to leave her at Rush ER. She got the Covid Vaccine while at work yesterday and is having a serious reaction from it. She is totally numb on the left side of her body, having uncontrollable convulsions and says she is freezing. This is all that I know right now, I can’t even go inside the building with her.

Tara Sekikawa
Dec 27, 2020 •

I went to work today and ended up in the ER. Thank god I work at a hospital. I’m positive this episode is from the Covid19 vaccine. I had tachycardia. My heart beat was 239. I haven’t felt right since I got the injection on Tuesday. I have had a headache ever since. I will not be getting the 2nd shot. This was my experience with the vaccine I felt I should share it.

80% of care home staff in my town got covid 3 weeks after flu and CV jabs. All tested positive on the same day.

Just had our second severe COVID vaccine reaction call... I’m a Paramedic on 1st call was CPR in progress, no underlying health conditions, 65 y/o, 1 day after Pfizer vaccine. And 57 y/o severe neurological issues/stroke like symptoms (weakness/ numbness in left side, can’t move left arm, speech stuttering, severe headache, low BP) 2 days after Pfizer .... here we go!

Just had our second severe COVID vaccine reaction call... I’m a Paramedic on 1st call was CPR in progress, no underlying health conditions, 65 y/o, 1 day after Pfizer vaccine. And 57 y/o severe neurological issues/stroke like symptoms (weakness/ numbness in left side, can’t move left arm, speech stuttering, severe headache, low BP) 2 days after Pfizer .... here we go!

From my LNA friend who works at Dover Riverside Nursing Home: An update on the vaccine... it was administered Monday afternoon to the residents and last night during my 3-11 shift 4 residents died. That is completely unheard of. We never even have 4 go in one day.

Deborah Lynn
Dec 24, 2020 •

My experience with the vaccine has been the most brutal experience I can even imagine.

I went into anaphylaxis shock. I had seizures. I feel confused. I feel weird. I don’t feel like myself. I had cpr done. My heart was racing one minute, to them not being able to find it. One minute I’m talking, the next I’m past over shaking and unresponsive. Once I’m finally responsive, I have no clue where I am. The walls are moving, the lights on the ceiling are going round and round in the hospital..... there’s no way a vaccine can make people feel like this right?

Lisa Owen
Dec 31, 2020 •

Eight days after I got it, I developed edema in my feet up to 3/4 of my shins. Still battling it and it started on Christmas. At it’s worst, it got to 3-4+ edema.

We have at least 100 more screenshots of injuries shared by healthcare workers.
And More...

Mary Meadows death was announced 3 weeks after she received the first dose, suggesting she might have died just after receiving the second dose.
These families have lost their fathers & mothers

Katie Tolley - Covid-19 vaccines discussion and vaccine trials support

Sharing in hopes of saving someone else's life... My dad died 72 hrs after receiving the Moderna jab. He was 75. He was not in perfect health, but was living a normal, productive life, cutting almost 20 acres of property, eating healthy, hanging out with his friends, golfing, and was supposed to leave for a 6 week vacation w my mom next week.

He got the shot on Tuesday about 11:50am. He spent the afternoon hanging out with friends (had a few cocktails) and then cut grass for a couple hrs. That evening he was feeling achy and tired. Within 24 hrs his symptoms included nausea, vomiting, diarrhea, anorexia, back pain, dizziness, poor color, and fatigue. This continued for 2 days. He tried to drink water and stay hydrated, he was not able to eat. Thursday night he had extreme diarrhea. We also noticed he was having trouble picking up his feet to walk, he was shuffling his feet and unstable. He did not say anything to us, he thought he had a stomach bug. He had some OJ Friday morning. My mom left to run errands and when she came home at lunchtime, she found my dad, he was already gone.

Blessed, he was sick within hrs of the jab and dead in 72 hrs post jab. Not a coincidence.

Julie Marie Christensen

Jerry and I experienced the sudden tragic loss of my mother. She lost her ability to walk, stand, move, talk, eat, drink, and breathe following the Covid-19 vaccine. Her death happened so fast. I'm devastated, and I wasn't sure how to share this shocking news. This is my mother's experience, not a subject of debate anti or pro this or that. It is what has happened to my mother. Norway has stopped offering the vaccine to people 80 or over after sudden deaths post-vaccination. My mother was exactly one month from her 80th birthday, had no underlying health conditions, and like a light switch, became unresponsive.

Reactions and Feedback

I will tell you what happened to my Dad. He died last Tuesday. No underlying health problems and 100% fit. Day 4 after Pfizer vaccine he got double vision. It wouldn't shift so my Mum took him to A & E. CT scan of his head, showed no problems. Full MRI scan of his body showed no problems anywhere. They said his vision would improve...it didn't! He couldn't even walk straight, read or watch tv. Day of 2nd Pfizer vaccination...by the evening felt very ill...got worse as the days went on. Pains, aches that he'd never had before. Totally fit man with no heart problems or anything else. Day 4 of 2nd Pfizer vaccine, rushed to hospital not being able to breathe. By that afternoon, sedated, ventilated and on life support. Kept alive on life support for 8 days. On day 8 we were allowed to spend 2 hours with him and made the decision to turn his ventilator off. His heart was too damaged for survival they said. He took his last breath on Tuesday the day after the removal of the ventilator. Consultant said it was coincidence about him becoming ill and the vaccine. I'm not so sure. Death certificate reads total heart block and pneumonia- natural death. How? He had nothing wrong with his heart the MRI showed that!

Kaci Wright - COVD-19 Vaccine Side Effects

This is my 81st 12/31/2020, first in line at a SNF, for the first dose of Pfizer. He was there for physical therapy rehab and had no "skilled nursing needs" or underlying disease process. #2ndose was 1/20/2021, and he was scheduled for discharge to Assisted Living 1/29/2021. He passed away 1/22/2021. He wasn't the same after dose 1.

Emma Carter is with Charlotte Carter and Sylvia Robinson.

Please please everyone be cautious with your loved ones who are having the Covid 19 vaccine. We are still waiting for the post mortem for my mum but I am CONVINCED that she had a reaction to it. She was fine and well Saturday after having the vaccine at 11:20 she started feeling unwell shivering and dizzy Saturday night. Went to bed 8pm and never woke up. Please please warn your loved ones. Get them to question how it reacts to other medication. I'll never know the truth but I'm utterly convinced that's why my wonderful mum has left us so suddenly. Please don't let this hell We are in impact your life also 😢😢
More stories of loss

Detroit Free Press

Macomb County man, 90, dies after COVID-19 vaccine

Daniel Thayne Simpson, a retired accountant from Chesterfield Township who served in the Navy during the Korean War, got his first dose of the Moderna COVID-19 vaccine on Feb. 3.

The next day, Simpson, 90, was dead.

“He told my brother he was getting it and he had a sticker showing that he got it,” William Simpson of Ann Arbor told the Free Press. But then, he stopped returning phone calls.

“We were assuming he felt tired or something and went to bed early and never woke up,” William Simpson said. “My brother Dan went over as he often does at 5 in the evening the next day. ... He found my father dead.”

Shana Smollin Crowder

COVID-19 Vaccine Side Effects

So my mother was 72 years old. She received the first of the moderna vaccines. She died six hours later. She had the typical American health conditions. Diabetes heart disease hypertension. However she was stable. I spoke to her the night before at 10 p.m. and she was fine. She died early the night. This just happened on Valentine’s Day.

Janette Brown

Just to make ppl aware as fb took my posts down my dad had the covid vaccine and took very seriously ill after it he has had a serious reaction to it like many others I have spoke to now around the world his body can not stay still for one second to allow him to rest it’s agony as it’s constantly jerking like convulsions I have never in my life seen anything like this the hospital said they can’t help as they don’t know what this vaccine causes yet so we are stuck my poor dad suffered also with mini stroke also... See more

Kara Finn

@AlgorithmDancer

I am sad about my mother’s death today, less than 10 days from her 2nd dose of Pfizer Covid vaccine. She was a memory patient, but had been strong and active until she fell for the first time in 87 years, after the first covid vaccine and twice after the second dose.

Peter Gordon

A 58 year old nurse I've know for 16 years died today, I found her in her room in bed, she was pretty healthy, she was semi retired............. She received the vaccine a week and a half ago, I'll be doing some serious investigation, as I don't believe it was her time today. gutted is not the word.
My grandfather’s doctor in his early 70s died from a heart attack within 24 hours after getting this ‘vaccine’. He received Moderna but Pfizer is the same sht. He had no underlying health conditions and was a healthy doctor still practicing in his early 70s. His office staff are 100% convinced his heart attack was caused by this ‘vaccine’. My grandparents won’t be taking this shot.

Sadlly my mum died at home three and a half hours post Pfizer vaccination. Had shown no adverse symptoms to vaccination prior death. Found unconscious on toilet floor but breathing prior death. Eighty eight years old, frail with underlying medical condition.

My dad passed of Covid last year, so we couldn’t wait for mom to be vaccinated. She passed away the day after receiving the booster shot, was this coincidental, I guess we will never know. But it shattered our world again❤️

My uncle took the Pf on Jan 22 and he got so sick and was hospitalized and passed on the 9th of Feb. He was a healthy 84 yr old!

My next door neighbour got the vaccine yesterday. He’s dead today. We have been told by relatives that he died of a heart attack. He was in his 70s this cannot be a coincidence.

So my 27 year old daughter is in hospital with abnormal heart rhythm and burning pain in her head and spine .. and a pulse rate of 150 after receiving Pfizer vaccine .. anyone else got the same issues .. she’s only 27?

My doctor’s long term receptionist died after taking the 2nd Pfizer “vaccine” on Jan 22, 2021. She was 50 years old, healthy and exercised regularly. Her best friend said she had no underlying medical problems. She was laughing at work when she left to take the 2nd “vaccine” at a hospital 1 hr away. On the way home she felt horrible and wasn’t able to walk by 3:30 pm when she got home. She was taken to a local hospital where she died of clot clots in her lungs that night. Blood clots have been listed as a side effect of the so called “vaccine.”
VACCINE AWARENESS & SEARCH TO FIND OUT ABOUT MY MOM
**sensitive to read but important**

I’m hoping to spread awareness on possible complications

originally I was going to post my excitement on my second vaccine. Don’t get me wrong I took the risk because I was anxious about it covid. I also wanted to see my mom & didn’t want to risk giving her covid. I didn’t know that the vaccine is actually very risky for people with underlying conditions. My mom passed away on Friday... 1 week after getting her first Moderna vaccine. Her symptoms started the night she got her vaccine (seems to be exactly the same timing the rest of us start getting symptoms). She was a diabetic, had heart disease & kidney disease but all managed and not showing signs of sickness there. Night one her blood sugar dropped and she passed out. We googled it and looked like in rare cases the vaccine could effect blood sugar of diabetics. Her dr told her to just change her insulin until symptoms subsided. Then her blood sugar was high for 2 days (then it balanced), then she was very nauseous and throwing up for 2 days (then that stopped) then she had shortness of breath for 2 days. Nothing to call the ER. She thought it was vaccine symptoms that would go away. She passed Friday peacefully.

HELP
I’ve been on daughter bear hunt to find a pathologist that can determine the vaccine caused my moms passing. I keep hitting walls. Apparently vaccine deaths can’t be traced, which is a bit of a problem you think? I reported it to VAERS which is CDC & FDA but they won’t do autopsy (guessing now because vaccine is not conclusive in findings). Medical examiner is doing a covid test on mom but she was isolating until vaccine so she could see me & my girls. When I called my moms pharmacist to cancel her prescriptions he told me he’d heard of 5 others RECENTLY passing after vaccine. Families are left to pay for autopsy themselves (Sk) as cause of death is normally determined based on an educated guess (who knew). ****IF anyone knows of another vaccine passing that was actually
Miscarriages within days of shot are alarming

14 weeks - took vax
14 1/2 weeks - miscarried

Saturday 2.20.21
Megan B[redacted] is with [redacted]...
41 weeks today and I'm officially fully vaccinated with the Pfizer vaccine! Clearly[redacted] wanted to be born to a fully vaccinated mama! 🤰❤️

I am scheduled to be induced on Wednesday evening if he hasn't arrived by then!

It's crazy. This time last year we were exactly 2 weeks away from beginning our journey with IVF. Now our precious babe is about to make his entrance into the world. It is not lost on me how incredibly lucky we are.

Monday 2.22.21
Megan B[redacted] asked a question 🤔 in [redacted]

Not sure if this is allowed... I don't have the energy to read the rules as I'm currently 12 hours into induced labor with my precious baby who is no longer living.

My dream of becoming a mother came true 9 months ago after 2 years battling infertility and a successful go with IVF. And it was ripped away from me in the blink of an eye at 9am this morning.

Part of that dream into motherhood was breastfeeding. And so I'm reaching out to find out if any other mamas have experienced a loss of this kind.

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Former Top Pfizer Scientist Michael Yeadon Claims COVID Vaccines May Cause Infertility In Women

DECEMBER 3, 2020 / BY CPT TEAM — LEAVE A COMMENT

Diane Wheat-Stephenson
My friends sister was so excited to be 34 weeks and to be “allowed” to get her Covid vaccine to protect her and her baby. Her baby passed away pre-birth 48 hours later. They are still waiting on autopsy results.
Two different men both in critical condition both exactly 36 hours after shot

My dad got vaccinated... 36 hours later he was in the hospital with heart failure. We thought we were going to lose him.

Me: Dr Cardiologist (DC), what’s wrong with our dad?
DC: Well, at first he had all the symptoms of COVID, but he tested negative. Then we discovered he had heart failure.
Me: How bad was it?
DC: Your dad was very sick. We didn’t think he would make it the first night.
Me: So what happened to his heart?
DC: Well, his arteries are clear and there’s no blockage. So it’s hard to say. We did find 2 liters of fluid we drained from his lungs that we think is secondary to the heart. And there’s no infection.
Me: So what caused the heart failure and fluid in his lungs?
DC: We still don’t know.
Me: Could it have been the experimental vaccine he received about 36 hours earlier...?
DC: Oh, no.
Me: Why not?
DC: There’s no evidence for that.
Me: And you confirmed my dad doesn’t have diabetes, metabolic syndrome or any other comorbidities, correct?
DC: Correct.
Me: So what caused him to have sudden heart failure? And what explains why he is now doing so much better?
DC: We still aren’t sure.
Me: And you’re sure it wasn’t the vaccine?
DC: Yes.
Me: How can you be sure?
DC: It’s just not.

What has to happen for something to be considered, even as an association (not causation) an adverse reaction in the reporting data? I’m sensing things are likely not being recorded or documented accurately in the medical community.
Is it a coincidence that these two legends passed within days of taking the vaccine?

17 days between vaccine & death - Mr. Aaron was laid to rest with no autopsy performed.

Less than 1 week between vaccine and death though vaccine status is heresay.
Healthcare workers & service members declining the COVID vaccine in record numbers

Vaccine rollout hits snag as health workers balk at shots

By BERNARD CRONIN, MATT SEDENSKY and CARLA K. JOHNSON

The desperately awaited vaccination drive against the coronavirus in the U.S. is running into resistance from an unlikely quarter: Surprising numbers of health care workers who have seen firsthand the death and misery inflicted by COVID-19 are refusing shots.

It is happening in nursing homes and, to a lesser degree, in hospitals, with employees expressing what experts say are unfounded fears of side effects from vaccines that were developed at record speed. More than three weeks into the campaign, some places are seeing as much as 50% of the staff holding back.

“I don’t think anyone wants to be a guinea pig,” said Dr. Stephen Noble, a 42-year-old cardiothoracic surgeon in Portland, Oregon, who is postponing getting vaccinated. “At the end of the day, as a man of science, I just want to see what the data show. And give me the full data.”

Majority of Ohio nursing home workers not taking COVID-19 vaccine

By Kenneth Garger

December 30, 2020 | 8:54am | Upd

Large Numbers Of Health Care And Frontline Workers Are Refusing Covid-19 Vaccine

Military.com

53% of Military Families Don't Want COVID-19 Vaccine, Survey Shows

Los Angeles Times

Some healthcare workers refuse to take COVID-19 vaccine, even with priority access

At St. Elizabeth Community Hospital in Tehama County, fewer than half of the 700 hospital workers eligible for the vaccine were willing to take the shot when it was first offered. At Providence Holy Cross Medical Center in Mission Hills, one in five frontline nurses and doctors have declined the shot. Roughly 20% to 40% of L.A. County’s frontline workers who were offered the vaccine did the same, according to county public health officials.

So many frontline workers in Riverside County have refused the vaccine — an estimated 50% — that hospital and public officials met to strategize how best to distribute the unused doses, Public Health Director Kim Saruwatari said.

A Third of U.S. Servicemembers Refuse to Be Vaccinated: Pentagon

THE TIMES OF ISRAEL

As demand for vaccines plummets, Israel may resort to incentive programs

There have also been worrying signs of medical workers declining to be vaccinated.

The vaccines have been available for medical staff since late December, and those who are not vaccinated have declined the shots of their own accord.

Half of Miami’s COVID front line passed on vaccines.
A typical vaccine safety trial lasts a MINIMUM of 2 years. Pfizer & Moderna have ENDED their safety trials after only 7 months by allowing placebo recipients to receive the vaccine. This eliminates all possibilities of capturing long-term adverse effects.

Below (were) the end dates of the Pfizer & Moderna trials.

Official Title: A Phase 3, Randomized, Stratified, Observer-Blind, Placebo-Controlled Study to Evaluate the Efficacy, Safety, and Immunogenicity of mRNA-1273 SARS-CoV-2 Vaccine in Adults Aged 18 Years and Older

Actual Study Start Date: July 27, 2020
Estimated Primary Completion Date: October 27, 2022
Estimated Study Completion Date: October 27, 2022

Official Title: A PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOMIZED, OBSERVER-BLIND, DOSE-FINDING STUDY TO EVALUATE THE SAFETY, TOLERABILITY, IMMUNOGENICITY, AND EFFICACY OF SARS-COV-2 RNA VACCINE CANDIDATES AGAINST COVID-19 IN HEALTHY INDIVIDUALS

Actual Study Start Date: April 29, 2020
Estimated Primary Completion Date: August 3, 2021
Estimated Study Completion Date: January 31, 2023
If you are injured by the COVID vaccine, it will be nearly impossible to receive compensation for lost work days and medical bills.

You can’t sue Pfizer or Moderna if you have severe Covid vaccine side effects. The government likely won’t compensate you for damages either.

Published Thu, Dec 17 2020-8:36 AM EST | Updated Wed, Dec 23 2020-12:33 AM EST

If you experience severe side effects after getting a Covid vaccine, lawyers tell CNBC there is basically no one to blame in a U.S. court of law.

The federal government has granted companies like Pfizer and Moderna immunity from liability if something unintentionally goes wrong with their vaccines.

“It is very rare for a blanket immunity law to be passed,” said Rogge Dunn, a Dallas labor and employment attorney. “Pharmaceutical companies typically aren’t offered much liability protection under the law.”

You also can’t sue the Food and Drug Administration for authorizing a vaccine for emergency use, nor can you hold your employer accountable if they mandate inoculation as a condition of employment.

Congress created a fund specifically to help cover lost wages and out-of-pocket medical expenses for people who have been irreparably harmed by a “covered countermeasure,” such as a vaccine. But it is difficult to use and rarely pays. Attorneys say it has compensated less than 6% of the claims filed in the last decade.
Up next, the rollout of the J&J vaccine

Yarah Dalmau

"Dec 18th 2020 - My Dad participated in the Johnson & Johnson Trial COVID vaccine shot. They promised all medical expenses paid for any complications related to COVID for the next 2 years. My Dad found security in the medical expense coverage and possibility to have access to a vaccine - that he decided to do the trial.

Dec 25th 2020 - One week later - Christmas Day - Dad was very fatigued. He felt tired right after the shot and when I spoke with him on Christmas day, I recall he sounded exhausted. Which is unlike him, especially on Christmas.

Jan 4th 2021 By the first of the year, he was very sluggish and found it hard to do his exercises that he does weekly. He always likes to stay active.

Jan 11th - 18th - Asthma like symptoms, harder to get through his workouts. Very short of breath and started to be winded very easily. Low grade fevers. Hard to make it through calls at work.

Jan 25th - Dad contacted Johnson & Johnson and they did a COVID test. Results came back 3 days later as negative. They advised he has flu like symptoms and to rest and drink lots of fluids.

Jan 29th my Dad could barely walk. His legs became so weak that he shaked when he walked. He thought maybe he was battling a flu and tried to keep resting through the weekend in hopes he would feel better.

Feb 1st - my mom brought him to Lake Mary Emergency room and they immediately transported him via ambulance to Advent Altamonte because of very high troponin levels.

Feb 1st - 4th - My Dad was at Advent Health Altamonte where they ran all kinds of tests and discharged him on the night of Feb 4th. Referring him to an oncologist, infectious disease Dr, cardiologist and PCP.

Feb 5th - Friday I saw my Dad at 11 AM and he could not walk and was very lethargic and sleepy. I called and made all his referral appointments and scheduled him to see his PCP first thing Monday.

Feb 6th - Saturday. I woke up at 6 AM and drove to my parents house and my Dad was completely out of it. He could not get out of bed, pick up his coffee to drink, lift his head. He did not know what year, day, month we were in. We took him to Advent Orlando and within 20 minutes they got him in and found a blood infection and swelling in brain.

Feb 20th We have been here 2 weeks today, and today my Dad started on dialysis.

I am not an anti-vaxxer by any means. But I think there should be some public awareness of the dangers of being part of a trial vaccine. Especially one that is being done in warp speed. And the chance I would recommend someone to get the Johnson & Johnson vaccine, is slim to none. They have denied any type of connection."

Yarah Dalmau
POSSIBLE MECHANISMS OF COVID-19 VACCINE HARM

Many deaths and other adverse reactions to COVID-19 vaccines are dismissed as unrelated simply because scientists do not understand how they could be related. Lacking this knowledge, they assume they must be unrelated. For example, in one of the news articles above, a woman in her 70’s passed out within 15 minutes of receiving her vaccine and died soon after despite attempts to revive her. The official response was that her death was unrelated to the vaccine because she didn’t have an anaphylactic allergic reaction to the vaccine (which is the only well understood way that someone could die from the vaccine). This is an extremely unscientific approach to studying the issue, to put it mildly: we don’t understand how or why it could have happened, therefore it didn’t. Below I summarize a few mechanisms by which vaccines could cause short or long term harm:

**Allergic Reaction to PEGylated Lipid Nanoparticles**

Some people who receive COVID-19 RNA vaccines have anaphylactic shock. Notably, this was not reported during the clinical trials but became apparent very soon after the Pfizer vaccine came on the market. Scientists do not know what causes it, but the leading hypothesis is that this is from the PEGylated lipid nanoparticles that coat the RNA:


The CDC indicates caution with vaccinating people who have:

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components
- Immediate allergic reaction of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components (including polyethylene glycol [PEG])
- Immediate allergic reaction of any severity to polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG)

But it could have easily been anticipated that people would have a severe allergic reaction to PEG. From here:

“PEGylated lipid nanoparticles have been shown to imbalance certain immune responses and can induce allergies and even autoimmune diseases.

“A 2016 study in Analytical Chemistry reported detectable and sometimes high levels of anti-PEG antibodies ... in approximately 72% of contemporary human samples and about 56% of historical specimens from the 1970s through the 1990s. Of the 72% with PEG IgG antibodies, 8% had anti-PEG IgG antibodies > 500ng/ml., which is considered extremely elevated. Extrapolated to the U.S. population of 330 million who may receive this vaccine, 16.6 million may have anti-PEG antibody levels associated with adverse effects. The researchers confessed that the results were entirely unexpected. The authors concluded that:

“‘...sensitive detection and precise quantitation of anti-PEG Ab levels in a clinical setting will be essential to ensuring the safe use of PEGylated drugs in all target patient populations going forward.’

“Multiple previous studies regarding the prevalence of anti-PEG antibodies in the population have stated that pre-screening should be done prior to any administration of a PEG-containing medication. Screening is likely to be even more important in the case of a vaccine intended for parenteral administration to as many people as possible that contains a substance to which a majority of the population unknowingly has anti-PEG antibodies.”

**Antibody-Dependent Enhancement (ADE)**

Following is from here:

“Virus ADE is a biochemical mechanism in which virus-specific antibodies (usually from a vaccine) promote the entry and/or the replication of
another virus into white cells such as monocytes/macrophages and granulocytic cells. This then modulates an overly strong immune response (abnormally enhances it) and induces chronic inflammation, lymphopenia, and/or a ‘cytokine storm’, one or more of which have been reported to cause severe illness and even death. Essentially, ADE is a disease dissemination cycle causing individuals with secondary infection to be more immunologically upregulated than during their first infection (or prior vaccination) by a different strain.

“Akiko Iwasaki and colleagues describe this coronavirus ADE mechanism in more detail in their 2020 research published in Nature Reviews Immunology. They confirm that pre-existing SARS-CoV-specific antibodies may thus promote viral entry into FcR-expressing cells. This process is independent of ACE2 expression and endosomal pH and proteases, suggesting distinct cellular pathways of ACE2-mediated and FcR-mediated viral entry.

“In short, previous experience with veterinary coronavirus vaccines and animal models of SARS-CoV and MERS-CoV infection has raised safety concerns about the potential for ADE and/or vaccine-associated enhanced respiratory disease. These events were associated either with macrophage-tropic coronaviruses susceptible to antibody-dependent enhancement of replication or with vaccine antigens that induced antibodies with poor neutralizing activity and Th2-biased responses.”

Another paper published in Nature Microbiology echoed these concerns. However, it is worth noting that Pfizer reported results with high titers and Th1-Biased response. There are however many other COVID-19 vaccines on the market.

Epitope Homology & Molecular Mimicry

James Lyons-Weiler, PhD, a biologist and genomics expert published this paper back in April 2020: “Pathogenic priming likely contributes to serious and critical illness and mortality in COVID-19 via autoimmunity.”

The basic argument is that the COVID-19 virus shares many epitopes with human proteins. An epitope is “the part of an antigen molecule to which an
antibody attaches itself.” This means that antibodies produced to fight a COVID-19 infection might cause harm by attacking proteins produced by the body that share the same epitopes.

The same thing could be true of COVID-19 vaccines. Lyons-Weiler wrote to the FDA and the vaccine developers early on to point out the overlap between the epitopes they included in the vaccine and natural epitopes. He urged them to use epitopes that did not overlap, but was ignored.

Here is the abstract from the paper:

“Homology between human and viral proteins is an established factor in viral- or vaccine-induced autoimmunity. Failure of SARS and MERS vaccines in animal trials involved pathogenesis consistent with an immunological priming that could involve autoimmunity in lung tissues due to previous exposure to the SARS and MERS spike protein. Exposure pathogenesis to SARS-CoV-2 in COVID-19 likely will lead to similar outcomes. Immunogenic peptides in viruses or bacteria that match human proteins are good candidates for pathogenic priming peptides (similar to the more diffuse idea of “immune enhancement”). Here I provide an assessment of potential for human pathogenesis via autoimmunity via exposure, via infection or injection. SARS-CoV-2 spike proteins, and all other SARS-CoV-2 proteins, immunogenic epitopes in each SARS-CoV-2 protein were compared to human proteins in search of high local homologous matching. Only one immunogenic epitope in a SARS-CoV-2 had no homology to human proteins. If all of the parts of the epitopes that are homologous to human proteins are excluded from consideration due to risk of pathogenic priming, the remaining immunogenic parts of the epitopes may be still immunogenic and remain as potentially viable candidates for vaccine development. Mapping of the genes encoding human protein matches to pathways point to targets that could explain the observed presentation of symptoms in COVID-19 disease. It also strongly points to a large number of opportunities for expected disturbances in the immune system itself, targeting elements of MHC Class I and Class II antigen presentation, PD-1 signaling, cross-presentation of soluble exogenous antigens and the ER-Phagosome pathway. Translational consequences of these findings are explored.”
His concerns received validation from a paper published in January in *Frontiers in Immunology*, “Reaction of Human Monoclonal Antibodies to SARS-CoV-2 Proteins With Tissue Antigens: Implications for Autoimmune Diseases.”

Abstract: “We sought to determine whether immune reactivity occurs between anti-SARS-CoV-2 protein antibodies and human tissue antigens, and whether molecular mimicry between COVID-19 viral proteins and human tissues could be the cause. We applied both human monoclonal anti-SARS-Cov-2 antibodies (spike protein, nucleoprotein) and rabbit polyclonal anti-SARS-CoV-2 antibodies (envelope protein, membrane protein) to 55 different tissue antigens. We found that SARS-CoV-2 antibodies had reactions with 28 out of 55 tissue antigens, representing a diversity of tissue groups that included barrier proteins, gastrointestinal, thyroid and neural tissues, and more. We also did selective epitope mapping using BLAST and showed similarities and homology between spike, nucleoprotein, and many other SARS-CoV-2 proteins with the human tissue antigens mitochondria M2, F-actin and TPO. This extensive immune cross-reactivity between SARS-CoV-2 antibodies and different antigen groups may play a role in the multi-system disease process of COVID-19, influence the severity of the disease, precipitate the onset of autoimmunity in susceptible subgroups, and potentially exacerbate autoimmunity in subjects that have pre-existing autoimmune diseases. Very recently, human monoclonal antibodies were approved for use on patients with COVID-19. The human monoclonal antibodies used in this study are almost identical with these approved antibodies. Thus, our results can establish the potential risk for autoimmunity and multi-system disorders with COVID-19 that may come from cross-reactivity between our own human tissues and this dreaded virus, and thus ensure that the badly-needed vaccines and treatments being developed for it are truly safe to use against this disease.”
SPIKE PROTEIN MAY BE ENOUGH TO CAUSE HARM

From a public comment submitted to the FDA by J. Patrick Whelan, MD, a pediatric rheumatologist”

“I am a pediatric specialist caring for children with the multisystem inflammatory syndrome (MIS-C). I am concerned about the possibility that the new vaccines aimed at creating immunity against the SARS-CoV-2 spike protein (including the mRNA vaccines of Moderna and Pfizer) have the potential to cause microvascular injury to the brain, heart, liver, and kidneys in a way that does not currently appear to be assessed in safety trials of these potential drugs.

“Puntmann et al. (JAMA Cardiol. 2020;5:1265-1273) showed that the prospective study of 100 German patients who were recently recovered from COVID-19 revealed significant cardiac involvement on cardiac MRI scans in 78% of them, an average 2-1/2 months after their recovery from the acute illness. Two-thirds of these patients were never hospitalized, and there was ongoing myocardial inflammation in 60%. The abnormalities occurred independent of preexisting conditions, severity of the initial disease, and overall course of the acute illness.

“Magro et al. showed that there is complement-mediated damage even in grossly normal skin of coronavirus-infected individuals (Human Pathology 2020:106:106-116). They have also shown (Magro et al. Annals of Diagnostic Pathology 2021:50 in press ) that ACE-2 receptor expression is highest in the microvasculature of the b and subcutaneous fat, and to a lesser degree in the liver, kidney, and heart. They have further demonstrated that the coronavirus replicates almost exclusively in the septal capillary endothelial cells of the lungs and the nasopharynx, and that viral lysis and immune destruction of those cells releases viral capsid proteins (or pseudovirions) that travel through the circulation and bind to ACE2 receptors in these other parts of the body leading to mannan-binding lectin complement pathway activation that not only damages the microvascular endothelium but also induces the production of many pro-
inflammatory cytokines. Meinhardt et al. (Nature Neuroscience 2020, in press) show that the spike protein in brain endothelial cells is associated with formation of microthrombi (clots), and like Magro et al. do not find viral RNA in brain endothelium. In other words, viral proteins appear to cause tissue damage without actively replicating virus.

“Is it possible the spike protein itself causes the tissue damage associated with Covid-19? Nuovo et al (in press) have shown that in 13/13 brains from patients with fatal COVID-19, pseudovirions (spike, envelope, and membrane proteins) without viral RNA are present in the endothelia of cerebral microvessels. Furthermore, tail vein injection of the full length S1 spike subunit in mice led to neurologic signs (increased thirst, stressed behavior) not evident in those injected with the S2 subunit. The S1 subunit localizes to the endothelia of microvessels in the mouse brain, and is a potent neurotoxin. So the spike S1 subunit of SARS-CoV-2 alone is capable of being endocytosed by ACE2 positive endothelia in both human and mouse brain, with a concomitant pauci-cellular microencephalitis that may be the basis for the neurologic complications of COVID-19.

“The Pfizer/BioNTech vaccine (BNT162b2) is composed of an mRNA that produces a membrane-anchored full-length spike protein. The mouse studies suggest that an untruncated form of the S1 protein like this may cause a microvasculopathy in tissues that express much ACE2 receptor. A truncated form of S1 was much less damaging in mice.

“While there are pieces to this puzzle that have yet to be worked out, it appears that the viral spike protein that is the target of the major SARS-CoV-2 vaccines is also one of the key agents causing the damage to distant organs that may include the brain, heart, lung, and kidney. Before any of these vaccines are approved for widespread use in humans, it is important to assess in vaccinated subjects the effects of vaccination on the heart (perhaps using cardiac MRI, as Puntmann et al. did). Vaccinated patients could also be tested for distant tissue damage in deltoid area skin biopsies, as employed by Magro et al. As important as it is to quickly arrest the spread of the virus by immunizing the population, it would be
vastly worse if hundreds of millions of people were to suffer long-lasting or even permanent damage to their brain or heart microvasculature as a result of failing to appreciate in the short-term an unintended effect of full-length spike protein-based vaccines on these other organs.

“Particular caution will be required with regard to the potential widespread vaccination of children before there are any real data on the safety or effectiveness of these vaccines in pediatric trials that are only now beginning.”

His concerns were further validated by research published around the same time in *Nature Neuroscience* showing that a spike protein (S1) from SARS-CoV-2 can cross the blood-brain barrier and cause inflammation. Here the corresponding author explains:

“The spike protein, often called the S1 protein, dictates which cells the virus can enter. Usually, the virus does the same thing as its binding protein, said lead author William A. Banks, a professor of medicine at the University of Washington School of Medicine.... Banks said binding proteins like S1 usually by themselves cause damage as they detach from the virus and cause inflammation. ‘The S1 protein likely causes the brain to release cytokines and inflammatory products,’ he said.

“In science circles, the intense inflammation caused by the COVID-19 infection is called a cytokine storm. The immune system, upon seeing the virus and its proteins, overreacts in its attempt to kill the invading virus. The infected person is left with brain fog, fatigue and other cognitive issues.”