CoVax Disease: Age and Sex Patterns with

Special Attention to the Under 18 Years of Age Demographic:

Histopathology Series Part 4D

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Contents

Summary

Age- and sex-related effects are presented. COVID-19 was a disease primarily of older people and those with co-morbidities. Unfortunately, the experimental gene therapy products have devastating effects in young, healthy people of both sexes and all ages from conception upward through the age brackets.

Young men have more myo/pericardial disease and more fatalities. Females have more disability and more adverse events overall. As the Cho, et al. and Barmada, et al. studies document, long-term cardiac disease is one outcome from these drugs.

Disease categories associated with gene therapy products are diverse, are unusual in many cases, and can be unusually severe as in MIS-C, sudden death/cardiac arrest, stroke, and turbo cancer, as illustrated by the intracardiac epithelioid sarcoma case reviewed in this report. Children are not exempt from these illnesses.

Causation is a complicated topic. However, there is ample support presented herein for concluding that some or many of the medical conditions that arise following an injection of C19 gene therapy products were caused by them.

I. Introduction

Since the early medical papers emerging from China in January 2020, it was apparent that the SARS-CoV-2 (SC2) virus preferentially produced disease, COVID-19 (C19), in the elderly with co-morbidities. (doi:10.1001/jama.2020.1585) Some younger people with co-morbidities also were at risk but the risk for severe disease and death in the general population was low. (https://doi.org/10.1016/S0140-6736(20)30211-7)

Lipid-nanoparticle coated mRNA drugs (LNP/mRNA) were developed to prevent C19 disease. These drugs along with the adenovirus-vectored products will be referred to collectively as gene therapy products (GTPs). Pfizer Confidential 5.3.6 (https://www.phmpt.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf) documented COVID-19 as an Adverse Event following inoculation with Pfizer's BNT162b2 gene therapy product as well as over 140,000 additional Adverse Events reported in the first ten to twelve weeks. (https://robertchandler.substack.com/p/pfizer-document-536-cumulative-analysis)

The object of this paper is to review Adverse Event reports following LNP/mRNA gene therapy treatments pertinent to differential age and sex reporting with specific coverage of the zero- to18-year-old demographic.

Specific clinical features of medical conditions afflicting America's youth following injection of Spike-mediated genetic treatment will be discussed. The article will conclude by reviewing the time course of Vaccine Adverse Event Reporting System (VAERS) event reporting relative to United States (U.S.) dosing data. VAERS reports are for the U.S. and its Territories unless otherwise specified.

The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) maintain VAERS, which is a public resource. (https://wonder.cdc.gov/controller/datarequest/D8) Open VAERS harvests data from VAERS in specific categories and is useful for summary data. (https://openvaers.com/covid-data)

In addition to VAERS and Open VAERS, this article will make use of case and small series reports from the medical literature, the FDA-released Pfizer Confidential Documents archive (https://phmpt.org/pfizer-16-plus-documents/), and reporting from individuals including William Makis, M.D., Professor Mark Crispin Miller, Ed Dowd and his partners, Jessica Rose, and others.

As a caution, the limitations of VAERS are spelled out on the CDC website:

> VAERS accepts reports of adverse events and reactions that occur following vaccination. Healthcare providers, vaccine manufacturers, and the public can submit reports to VAERS. While very important in monitoring vaccine safety, VAERS reports alone cannot be used to determine if a vaccine caused or contributed to an adverse event or illness. The reports may contain information that is incomplete, inaccurate, coincidental, or unverifiable. Most reports to VAERS are voluntary, which means they are subject to biases. This creates specific limitations on how the data can be used scientifically. Data from VAERS reports should always be interpreted with these limitations in mind. 1
>
> The strengths of VAERS are that it is national in scope and can quickly provide an early warning of a safety problem with a vaccine. As part of CDC and FDA's multi-system approach to post-licensure vaccine safety monitoring, VAERS is designed to rapidly detect unusual or unexpected patterns of adverse events, also known as "safety signals." If a safety signal is found in VAERS, further studies can be done in safety systems such as the CDC's Vaccine Safety Datalink (VSD) or the Clinical Immunization Safety Assessment (CISA) project. These systems do not have the same limitations as VAERS, and can better assess health risks and possible connections between adverse events and a vaccine. 2

Reports are not detailed enough for many determinations (1), but the utility of the system is as an **early warning system** (2). Much of the VAERS system activity is invisible to the user, such as what activity occurs from the time a report is filed with the CDC to when it gets posted and after its initial posting. The numbers that are given in response to queries change over time as the system is updated at least every week. Follow-up data are obtained but not posted.

Events vary in detail from diagnosis only to detailed reporting of medical data. Some categories return cryptic data like "No Adverse Event," of which there were 32,072 reports for C19 products from 2020 through mid-June 2023 for all ages with 1,003 associated events including 13 deaths.

Messages:
- VAERS data in CDC WONDER are updated every Friday. Hence, results for the same query can change from week to week.
- These results are for 905 total events.
- Rows with zero Events Reported are hidden. Use Quick Options above to show zero rows.

Symptoms	Event Category	Events Reported	Percent (of 905)
NO ADVERSE EVENT	Death	13	1.44%
	Life Threatening	1	0.11%
	Permanent Disability	1	0.11%
	Hospitalized	9	0.99%
	Existing Hospitalization Prolonged	2	0.22%
	Emergency Room / Office Visit **	1	0.11%
	Emergency Room *	127	14.03%
	Office Visit *	849	93.81%
	Total	1,003	110.83%
Total		1,003	110.83%

Here is the information of one fatal case so designated. VAERS ID 1205421 was a 61-year-old male who died less than two days after receiving his second dose of mRNA1273 (Moderna). Someone made the effort to file the report but with no details about this man's death.

Adverse Event Description

On April 8, 2021 patient received his second dose of Moderna COVID-19 vaccine at pharmacy at 1:08pm. Patient waited the appropriate 15 minutes, and then left pharmacy. He reported no adverse reactions to our staff during that time, and did not call afterward to report any adverse reactions. At approximately 4:30pm on April 10, 2021, I received notification that patient was found DOA at his residence. No other information is available at this time.

VAERS numbers are generally considered to represent only a fraction of the actual prevalence of the medical conditions reported and for this reason attempts have been made to estimate the true number by estimating what is called the Under Reporting Factor (URF). True prevalence data are hard to find.

Steve Kirsch, Jessica Rose, and Mathew Crawford performed detailed calculations of URF concluding that an **URF of 41** was justified. (https://www.skirsch.com/covid/Deaths.pdf, https://jessicar.substack.com/p/the-under-reporting-factor-in-vaers)

In summary, others estimated the URF of:

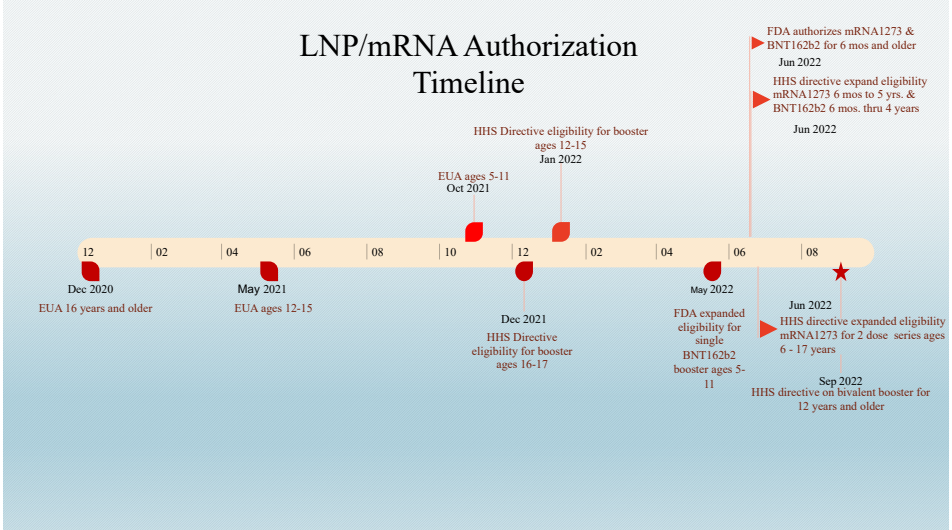
Reference	URF
Aaron Siri using anaphylaxis	50
Rose using serious adverse events	30
Vaersanalysis using CMS data	44.6

So our hypothesis is that 41X is a safe, conservative factor useful for all types of events.

II. C19 Gene Therapy: Age and Sex Effects

A. BNT162b2 and mRNA1273 (LNP/mRNA) Approval Schedule

For reference, the following dates are noted:

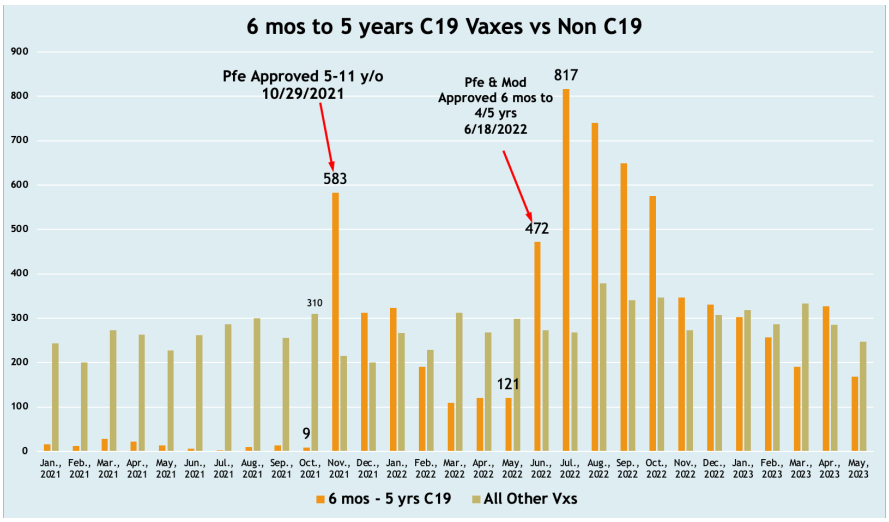


https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#table-01

The staggered inoculation of age groups should be kept in mind when looking at data sets that combine age groups. This stagger adds an element of complexity when time series analyses are conducted across age groups.

Example: The age brackets in VAERS do not match the age brackets used for the "vaccine" dosing schedule. However, the six-month-old to 5-year-old group has bracketing close to the corresponding dosing brackets.

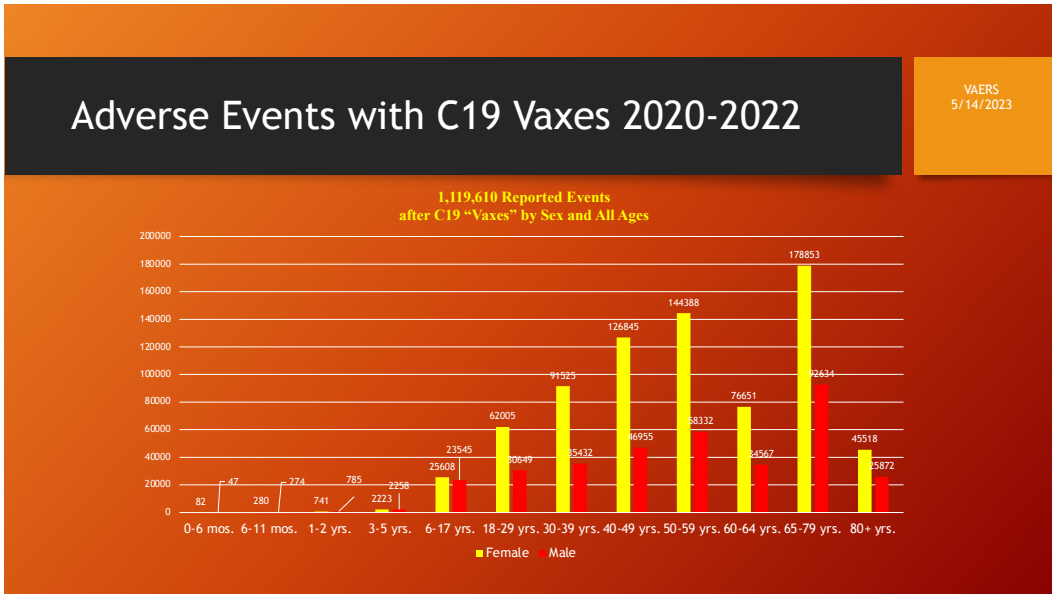
Five-year-olds became eligible to receive BNT162b2 on October 29, 2021, and both mRNA drugs were released for six-month-olds to four-year-olds for BNT162b2 and five-year-olds for mRNA1273 on June 18, 2022. The histogram below is a plot of adverse events according to the inoculation schedule showing a spike in event reports following the two authorization dates.



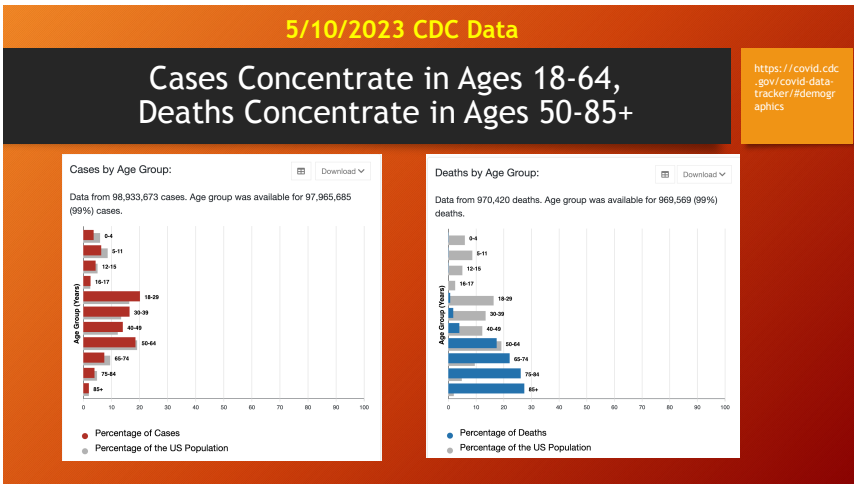
VAERS 6/11/2023

Almost immediately adverse event reporting in VAERS jumped from nine events to 583 events following the October 21, 2021, authorization and from 121 events (full month before) to 817 events (full month afterward). June was a transition month.

B. VAERS Reports: Age and Sex Differences

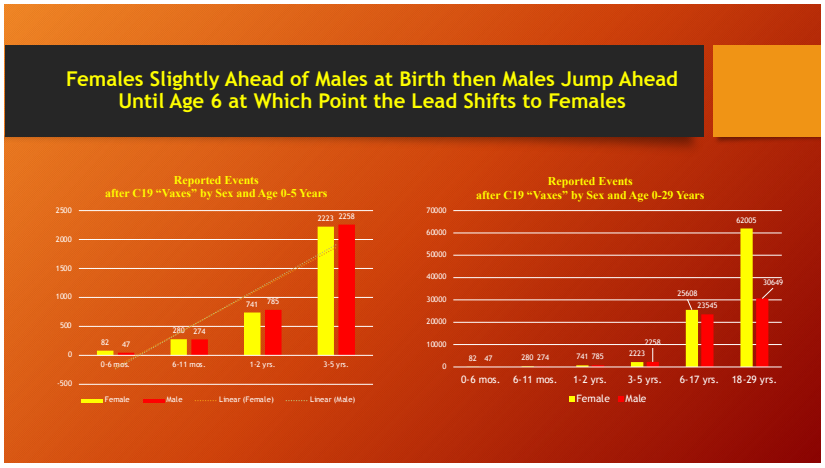


VAERS Adverse Event reporting was both age and sex dependent with frequency increasing with age. Dosing by age bracket or preferably by year age would be helpful if it were available.



Looking at C19 statistics from the CDC, an interesting pattern emerges with C19 cases concentrated in ages 18 to 64 (46 years), while C19 deaths were more prevalent in the age 50 to 85+ bracket (~35 years), above. Like the early reports, these data identify the primary risk factor for mortality with C19 is age along with co-morbidity. The morbidity and mortality from C19 gene therapy products (GTPs) has more representation in the lower age brackets than C19.

C. VAERS Events: 29 Years of Age and Younger, Menarche

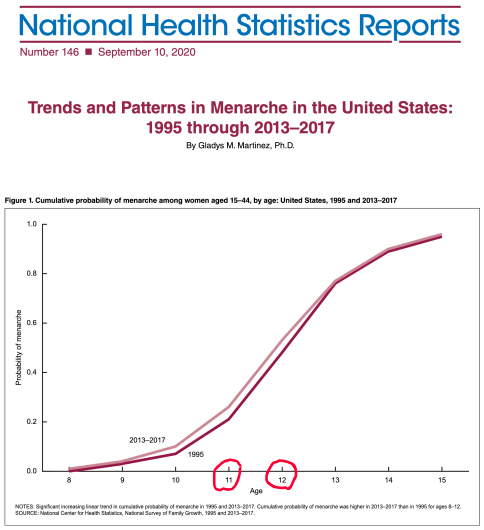


VAERS through 5/12/2023

Males and females have almost equal adverse event reporting from one to five years, at which age females take over and the lead never changes thereafter. There is a big increase in female predominance going from the six- to 17-year bracket to the 18- to 29-year bracket as the number of reports in females more than doubles. The age bracket from six to 17 years is too broad given the hormonal and physical changes occurring during this period. Age is reported in VAERS by age bracket although specific age by year data is recorded but is not directly retrievable using defined search terms.

A possible explanation for the female shift to a dominant position during adolescence and early adulthood may be related to female sexual development, specifically the onset of menarche. A

CDC National Health Statistics Report from 2020 shows the age of onset of menarche follows the approximate time course of the emerging dominance of females in having reported adverse events from LNP/mRNA products. https://www.cdc.gov/nchs/data/nhsr/nhsr146-508.pdf



National Health Statistics Reports

Number 146 ■ September 10, 2020

Trends and Patterns in Menarche in the United States: 1995 through 2013–2017

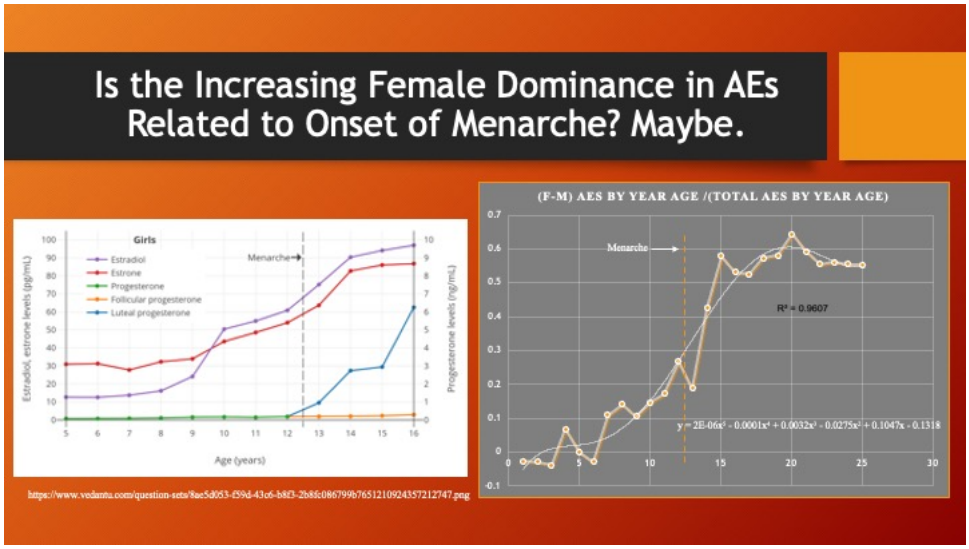
By Gladys M. Martinez, Ph.D.

Figure 1. Cumulative probability of menarche among women aged 15–44, by age: United States, 1995 and 2013–2017

NOTES: Significant increasing linear trend in cumulative probability of menarche in 1995 and 2013–2017. Cumulative probability of menarche was higher in 2013–2017 than in 1995 for ages 8–12.
SOURCE: National Center for Health Statistics, National Survey of Family Growth, 1995 and 2013–2017.

> "The median age at menarche decreased from 1995 (12.1) to 2013–2017 (11.9). The cumulative probability of menarche at young ages was higher in 2013–2017 compared with 1995."

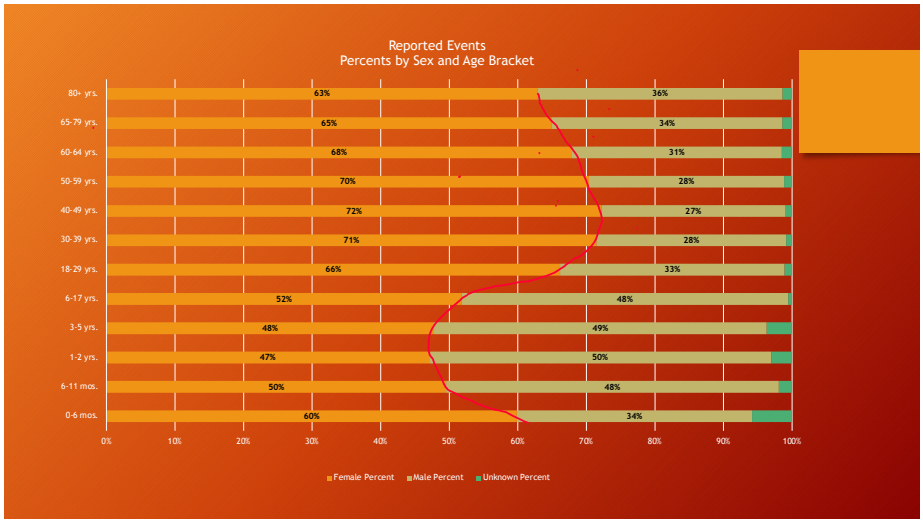
Ed Clark from the War Room/DailyClout Pfizer Document Analysis Project was able to retrieve age-by-year data from VAERS for December 2020 through June 2023 with no filtering by vaccine type or manufacturer. Hormonal changes for females, below left, are ramping up during the pre-teen years as females begin to dominate adverse event reporting as shown below on the right.



The polynomial function was used strictly to obtain the general trending of the data over the observed data range and should not be construed to predict outcomes beyond that range.

More granular data, age data by year rather than coarse age brackets, for the full data set in VAERS compared with quantitative hormonal changes might help further support or reject this hypothesis.

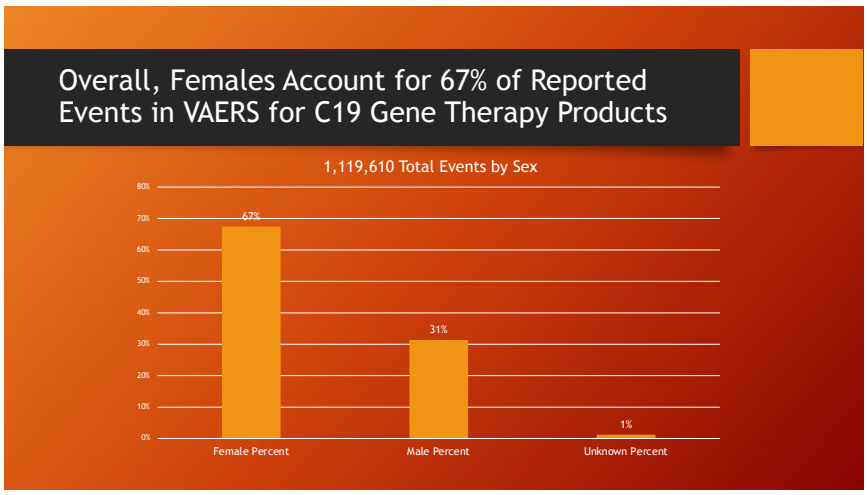
D. VAERS Events: Ages 40 and Above, Menopause



VAERS 5/12/2023

Women peak at 72% of Adverse Event reporting from ages 40 to 49 years, as menopause begins for many, and progressively drops down to 63% in the post-menopause age brackets.

> "Spontaneous or natural menopause is recognized retrospectively after 12 months of amenorrhea. It occurs at an average age of 52 years, but the age of natural menopause can vary widely from 40 to 58 years." (https://www.menopause.org/docs/default-source/2014/nams-recomm-for-clinical-care.pdf)

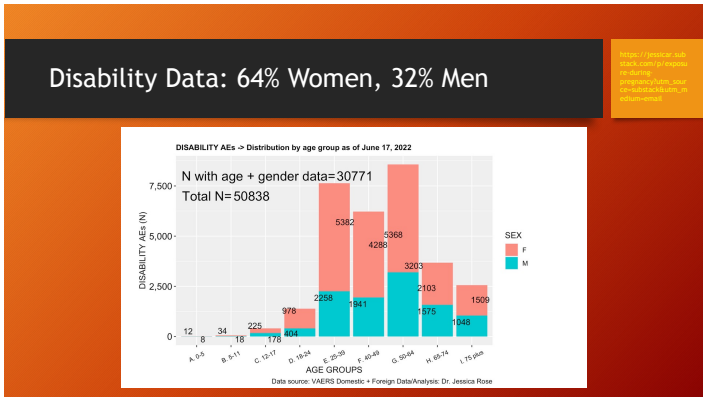


VAERS May 12, 2023

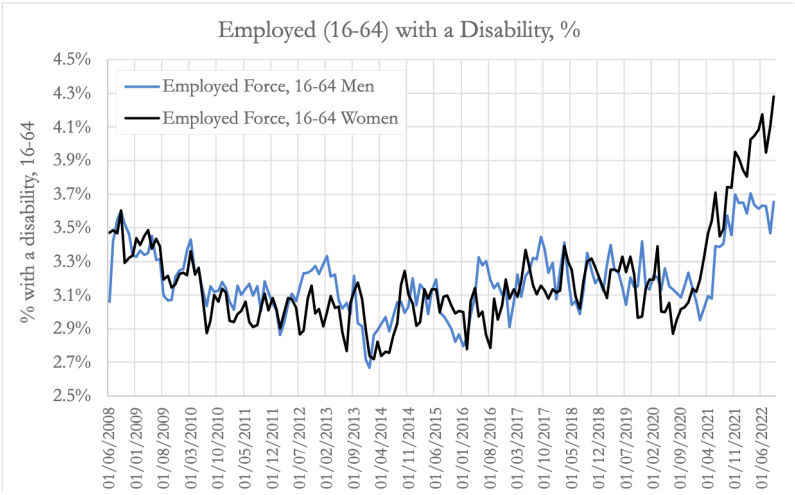
Overall, the women substantially dominate Adverse Event reporting in VAERS by more than a two-to-one margin.

E. VAERS Events: Disability after C19 Gene Therapy

Similar to Adverse Event reporting, women also have approximately a two-to-one lead in disability after Adverse Events after receiving C19 gene therapy products.

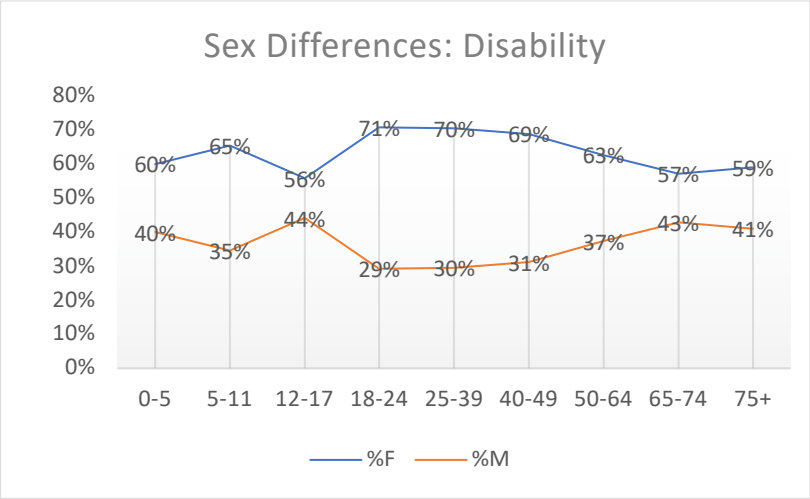


Jessica Rose prepared the chart above illustrating female preponderance in having disability from Adverse Events following C19 "vaccine" treatments across all age groups.



Ed Dowd's group found similar pattern of women diverging sharply upward from men in disability event reporting in VAERS as the GTP program ramped up. (https://phinancetechnologies.com/HumanityProjects/US%20Disabilities%20-%20Part1.htm)

Below is a plot of Dr. Rose's data showing men narrowing the gap in the 12- to 17-age bracket with respect to disability followed by female dominance of the statistic until the gap begins to narrow after age 50.



Females account for 64% of the disabled from Adverse Events in the entire data set of 30,532 disability event reports.

III. CoVax Disease and Youth: Conception Through Early Adulthood

This section will look at a number of significant medical problems following GTPs affecting youth beginning in utero.

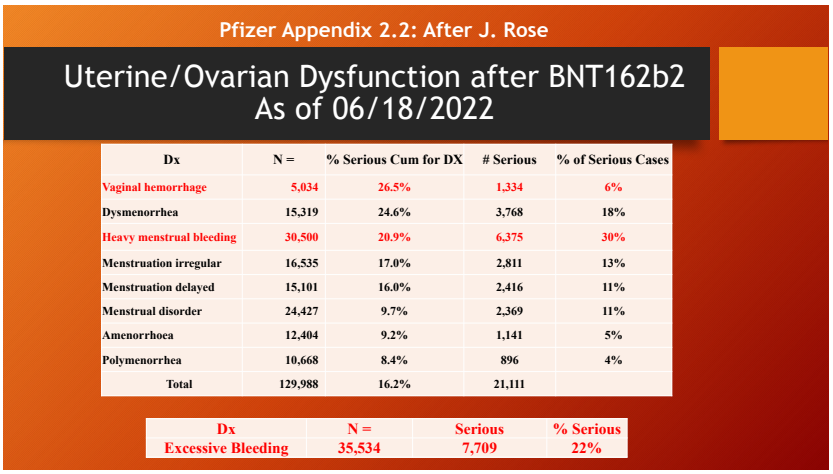
A. In Utero, Miscarriage/Stillbirth

The recent release of Pfizer document, Appendix 2.2, reporting on the cumulative data collection through June 2022 and the interval of December 19, 2021, through June 18, 2022. (https://www.globalresearch.ca/wp-content/uploads/2023/05/pfizer-report.pdf) There were a total of 1,485,027 cases with 4,964,106 total Adverse Events.

Dr. Rose has pulled out the following data from this document. (https://open.substack.com/pub/jessicar/p/pfizer-appendix-22-document-compared)

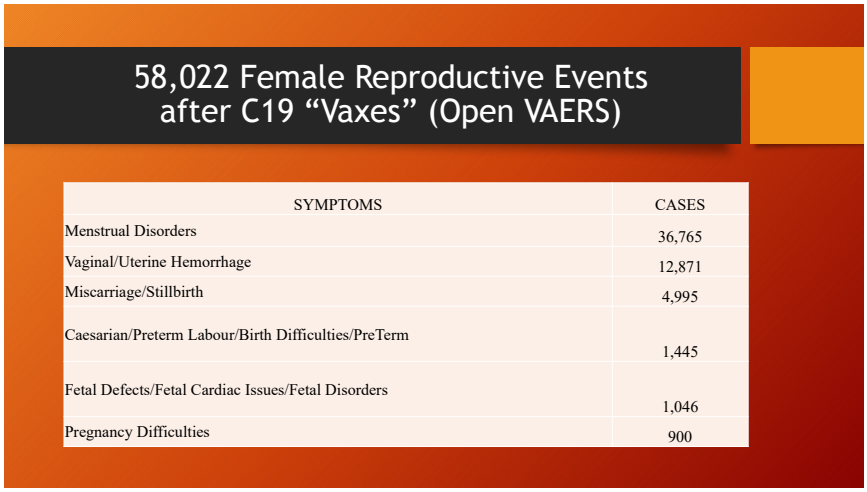
		Spontaneous		
	Total	Serious		
Reproductive system and breast disorders	**178353**			% Serious
		Interval	Cumulative	Cumulative
Amenorrhoea	12404	454	1143	**9.2**
Dysmenorrhoea	15319	920	3706	**24.2**
Heavy menstrual bleeding	30500	1707	6364	**20.9**
Menstrual disorder	24427	868	2360	**9.7**
Menstruation delayed	15101	600	2412	**16.0**
Menstruation irregular	16535	858	2813	**17.0**
Polymenorrhoea	10668	336	896	**8.4**
Vaginal hemorrhage	5034	324	1333	**26.5**

Female menstrual dysfunction was reported in 129,988 Adverse Events as of a year ago (06/18/2022 with 16% considered serious (below). There were 35,534 reports of excessive bleeding/hemorrhage with 22% of the events considered serious.



Interfering with normal ovarian/menstrual functions has consequences. Below is the data from OpenVAERS showing a spike in miscarriages and stillbirths as the LNP/mRNA dosing program ramped up.

The following table from OpenVAERS lists almost 5,000 miscarriages or stillbirths; 36,765 menstrual disorders; vaginal/uterine hemorrhage in 12,871; and over 1,000 fetal defects as of May 12, 2023.



Applying the URF of 41 from Kirsch et al. gives the following estimates of the true numbers.

Symptom	N =	x URF = 41
Miscarriage/Stillbirths	4,995	204,795
Menstrual Disorders	36,765	1,507,365
Vaginal/Uterine Hemorrhage	12,871	527,711
Caesarean/Preterm/Premature	1,445	59,245

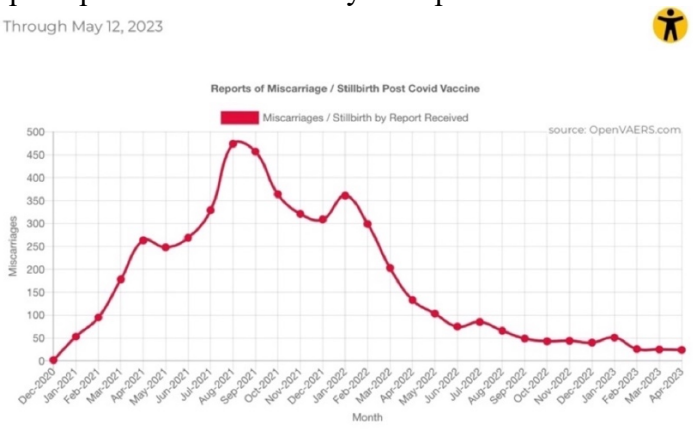
Fetal Defects/Fetal Cardiac/Fetal Disorder	1,046	42,886
Pregnancy Difficulties	900	36,900

These are sobering numbers.

By comparison, it has been estimated that thalidomide caused 10,000 cases of birth defects in Europe from 1957 to 1961 before it was pulled from the market. Like spike-producing drugs, thalidomide was never tested in pregnant women and yet was aggressively marketed to them for morning sickness. (https://www.drugs.com/monograph/thalidomide.html)

Francis Kelsey of the FDA is credited with preventing use of thalidomide in the United States and, in doing so, ushered in the modern era at the FDA beginning in 1960 and ending in 2020 when the FDA/CDC shifted from protector to perpetrator. (https://www.fda.gov/about-fda/fda-history-exhibits/frances-oldham-kelsey-medical-reviewer-famous-averting-public-health-tragedy)

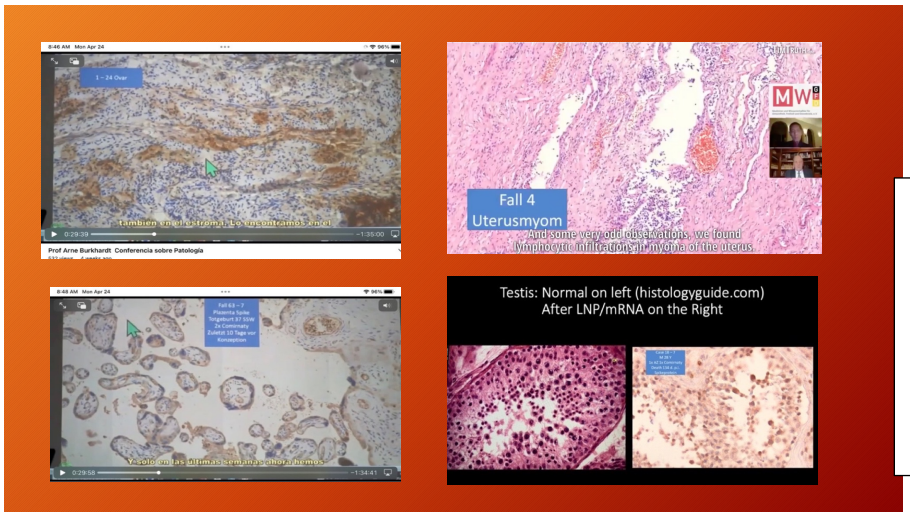
The miscarriage/stillbirth event reporting in VAERS shows a crescendo pattern as GTP population dosing ramped up in 2021 followed by a drop-off in 2022.



Open VAERS

What is the physiological connection between perinatal adverse events for mother and child and the C19 gene therapy drugs? Dr. Arne Burkhardt, M.D., a recently deceased pathologist in Reutlingen, Germany, organized a 10-member team of pathologists, coroners, and scientists to study the histopathology of C19 vaccine organ and tissue damage in autopsy and biopsy specimens from about 130 subjects.

The Burkhardt Group's seminal work establishing the pathological basis of CoVax Disease has been presented in Parts 1 and 2 of this series. (https://robertchandler.substack.com/p/under-the-microscope-what-does-synthetic, https://robertchandler.substack.com/p/histopathological-reevaluation-of)



This material was presented recently by Dr. Burkhardt in a lecture sponsored by VIDA y CONSCIENCIA. https://odysee.com/@BIOLOG%C3%8DA_y_CONCIENCIA:e/Prof-Arne-Burkhardt--Vortrag-Pathologie-Sbtl-M:c

Dr. Burkhardt's group identified the histopathology of harms associated with C19 gene therapy products in **ovaries** positive staining for **spike protein** *Top Left*, **lymphocytic infiltration** in the **uterus** (endometrium) *Top Right*, **spike** protein in **placenta** *Bottom Left*, and **spermatozoa depletion** in **testes** *Bottom Right*. The mechanisms of these harms were diverse and varied from vasculitis, protein deposition, inflammation, necrosis, and neoplasia.

Not surprisingly, GTPs have been linked to a decline in live births around the globe.

> "Nine Months Post-COVID mRNA 'Vaccine' Rollout, Substantial Birth Rate Drops in 13 European Countries, England/Wales, Australia, and Taiwan." (https://robertchandler.substack.com/p/in-2022-birth-rates-declined-up-to)

B. Neonatal/Breast Milk

Pfizer Confidential Document 5.3.6 reporting on the first 10 weeks of widespread use of BNT162b2 - up to February 28, 2021, in the U.S. and 12 weeks in the United Kingdom - identified a problem with nursing mothers who received BNT162b2 while breastfeeding:

Serious Foetus/Baby Cases	4	
Fetal growth restriction/premature	2 each	
Neonatal death	1	
Breast Feeding Infants	133	
No adverse events	***116***	***87%***
Breast feeding infant child reactions	17	13%

Keep in mind that follow-up for the "No Adverse Events" is not provided by the CDC, thus calling into question the accuracy of these numbers.

There were four serious fetus baby cases and one neonatal death. Thirteen percent of the 133 breastfeeding infants had 19 different reactions. (https://robertchandler.substack.com/p/pfizer-document-536-cumulative-analysis)

Meanwhile, breastfeeding mothers experienced the following:

Breast feeding mother cases	6
Chills, malaise, and pyrexia	1
Suppressed lactation	4
Unknown AE	1
Breast milk discoloration	1

Given these reactions were observed early in the release of BNT162b2, it was not too surprising to see the study by Hanna et al. who reported detecting mRNA from C19 "vaccines" in breast milk.

Research Letter

September 26, 2022

Detection of Messenger RNA COVID-19 Vaccines in Human Breast Milk

Nazeeh Hanna, MD[1]; Ari Heffes-Doon, MD[1]; Xinhua Lin, PhD[2]; Claudia Manzano De Mejia, MD[2]; Bishoy Botros, BS[2]; Ellen Gurzenda, [2]; Amrita Nayak, MD[1]

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JAMA Pediatr. 2022;176(12):1268-1270. doi:10.1001/jamapediatrics.2022.3581

(https://jamanetwork.com/journals/jamapediatrics/fullarticle/2796427)

> "Of 11 lactating individuals enrolled, trace amounts of BNT162b2 and mRNA-1273 COVID-19 mRNA vaccines were detected in 7 samples from 5 different participants at various times up to 45 hours postvaccination (Table 2)."

Table 2. Detection of Vaccine RNA in Whole Expressed Breast Milk and Extracellular Vesicles in 5 Patients at Various Time Points Postvaccination

Participant No.	Vaccine type	Time points of vaccine mRNA detection in EBM	Concentration of vaccine mRNA detected in whole milk[a]	Concentration of vaccine mRNA detected in EBM EVs[a]
4	BNT162b2	27-h[b] Sample	Not detected	14.01 pg/mL
6	mRNA-1273	27-h and 42-h[b] Samples	11.7 pg/mL	16.78 pg/mL
7	BNT162b2	37-h[b] Sample	Not detected	4.69 pg/mL
8	BNT162b2	1-h and 3-h[b] Samples	1.3 pg/mL	6.77 pg/mL
10	mRNA-1273	45-h[b] Sample	2.5 pg/mL	2.13 pg/mL

Abbreviation: EBM, expressed breast milk; EVs, extracellular vesicles; mRNA, messenger RNA.

[a] Units for concentration are picogram of mRNA per milliliter of whole milk equivalent.

[b] Sample used for vaccine mRNA concentration detection.

> "Discussion
>
> *The sporadic presence and* ***trace quantities of COVID-19 vaccine mRNA detected in EBM suggest that breastfeeding after COVID-19 mRNA vaccination is safe,*** *particularly beyond 48 hours after vaccination* [italics and bold added]. These data demonstrate for the first time to our knowledge the biodistribution of COVID-19 vaccine mRNA to mammary cells and the potential ability of tissue EVs to package the vaccine mRNA that can be transported to distant cells." (Bold added.)

Remarkably the authors concluded that mRNA in breast milk was safe.

https://childrenshealthdefense.eu/eu-affairs/eus-next-instalment-of-damning-data-psur-3-the-pregnancy-and-lactation-cases/

In May of this year a report was issued by Sonia Elijah in Children's Health Defense Europe identifying in infants **two cases of stroke** after being exposed to mRNA-containing breast milk, **three cases of severe neurologic disease**, and **four cases of respiratory Adverse Events of Special Interest (AESI).** (https://soniaelijah.substack.com/p/emas-latest-bombshell-instalment)

Meanwhile, a Freedom of Information Act (FOIA) request for records from the CDC turned up the following email in which John Su reported seeing "…a fair bit of 'exposure by breast milk'- does that indicate an increase in reporting of this particular PT?" (https://jackanapes.substack.com/p/wake-up-and-smell-the-glitch-in-the)

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

From: Su, John (CDC/DDID/NCEZID/DHQP)
Sent: Tue, 7 Dec 2021 13:20:23 +0000
To: Menschik, David; Shimabukuro, Tom (CDC/DDID/NCEZID/DHQP); Moro, Pedro (CDC/DDID/NCEZID/DHQP)
Cc: Zinderman, Craig E (FDA/CBER); Nair, Narayan (FDA/CBER); Alimchandani, Meghna (FDA/CBER); Broder, Karen (CDC/DDID/NCEZID/DHQP); Harrington, Theresa (CDC/DDID/NCEZID/DHQP)
Subject: RE: Weekly data mining

Hi David,

Thanks for sharing! I'm noting we're seeing a fair bit of "exposure by breast milk" – does that indicate an increase in reporting of this particular PT?

Also noting "off label use" and other indications of errors among children and teens, something we've observed in reviewing reports among kids 5-11 years.

(b)(5)

Am I seeing an uptick in "vaccine failure"? Wondering if that represents breakthrough infection…

Offhand musings as I wait for the coffee to kick in… Thanks!

--John

The email goes on to note errors in administering the C19 drug products to children aged five- to 11-years-old. This subject will be addressed more fully in Section IIIC, on administrative errors, to follow.

John Su goes on to note "vaccine failure" was on the increase, as was known from **Pfizer Confidential Document 5.3.6, February 28, 2021**.

VAERS contains documentation of 38 cases of symptoms reported after breastfeeding infants' exposure to mRNA from their mother's milk:

Messages:

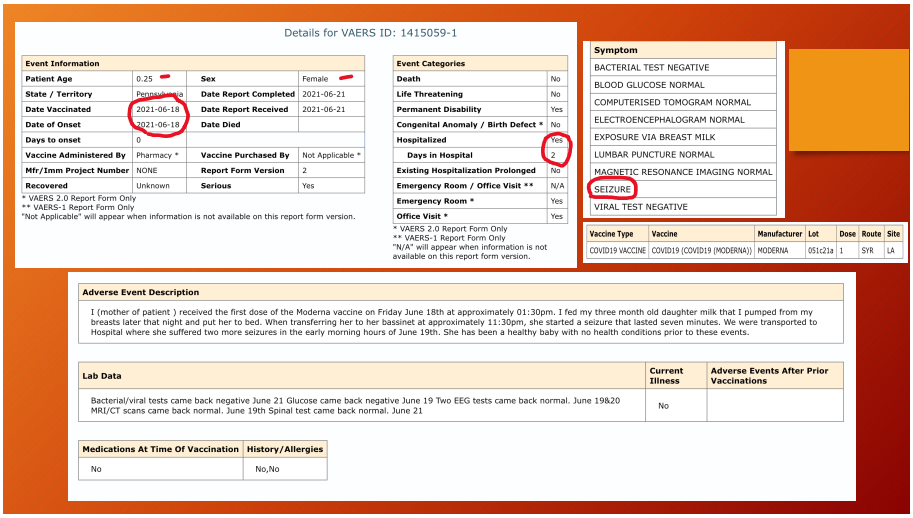
- **VAERS data in CDC WONDER are updated every Friday. Hence, results for the same query can change from week to week.**
- **These results are for 35 total events.**
- **Rows with zero Events Reported are hidden. Use Quick Options above to show zero rows.**

Vaccine Type	Symptoms	Events Reported
COVID19 VACCINE (COVID19)	EXPOSURE VIA BREAST MILK	38
	Total	38
Total		38

VAERS through 5/12/2023

VAERS ID 1415059 (below) documents a three-month-old female who received mRNA1273 in her mother's breast milk and had a seizure lasting seven minutes the same day as her mother's inoculation. She was hospitalized for two days.

The report was completed three days after the seizure with no outcome information other than the child was considered to have permanent disability. The CDC does collect outcome information but does not share it.



Details for VAERS ID: 1415059-1

Event Information			
Patient Age	0.25	Sex	Female
State / Territory	Pennsylvania	Date Report Completed	2021-06-21
Date Vaccinated	2021-06-18	Date Report Received	2021-06-21
Date of Onset	2021-06-18	Date Died	
Days to onset	0		
Vaccine Administered By	Pharmacy *	Vaccine Purchased By	Not Applicable *
Mfr/Imm Project Number	NONE	Report Form Version	2
Recovered	Unknown	Serious	Yes

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"Not Applicable" will appear when information is not available on this report form version.

Event Categories	
Death	No
Life Threatening	No
Permanent Disability	Yes
Congenital Anomaly / Birth Defect *	No
Hospitalized	Yes
Days in Hospital	2
Existing Hospitalization Prolonged	No
Emergency Room / Office Visit **	N/A
Emergency Room *	Yes
Office Visit *	Yes

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"N/A" will appear when information is not available on this report form version.

Symptom
BACTERIAL TEST NEGATIVE
BLOOD GLUCOSE NORMAL
COMPUTERISED TOMOGRAM NORMAL
ELECTROENCEPHALOGRAM NORMAL
EXPOSURE VIA BREAST MILK
LUMBAR PUNCTURE NORMAL
MAGNETIC RESONANCE IMAGING NORMAL
SEIZURE
VIRAL TEST NEGATIVE

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19 VACCINE	COVID19 (COVID19 (MODERNA))	MODERNA	051c21a	1	SYR	LA

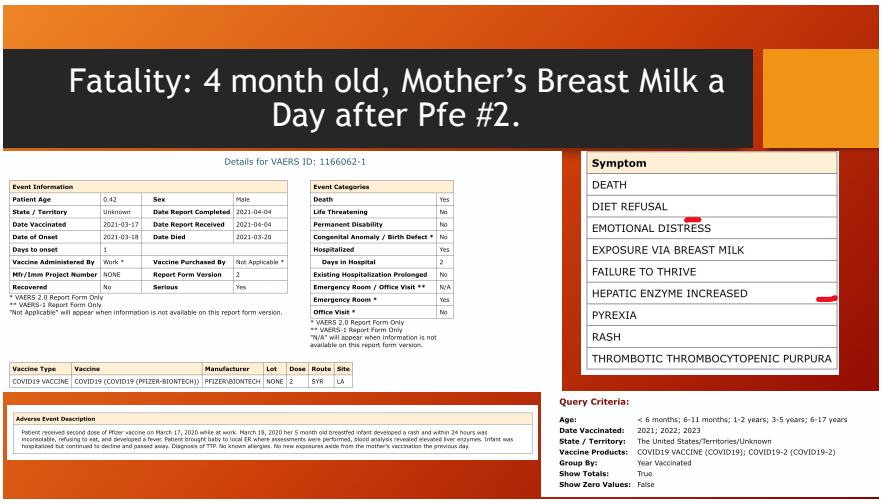
Adverse Event Description

I (mother of patient) received the first dose of the Moderna vaccine on Friday June 18th at approximately 01:30pm. I fed my three month old daughter milk that I pumped from my breasts later that night and put her to bed. When transferring her to her bassinet at approximately 11:30pm, she started a seizure that lasted seven minutes. We were transported to Hospital where she suffered two more seizures in the early morning hours of June 19th. She has been a healthy baby with no health conditions prior to these events.

Lab Data	Current Illness	Adverse Events After Prior Vaccinations
Bacterial/viral tests came back negative June 21 Glucose came back negative June 19 Two EEG tests came back normal. June 19&20 MRI/CT scans came back normal. June 19th Spinal test came back normal. June 21	No	

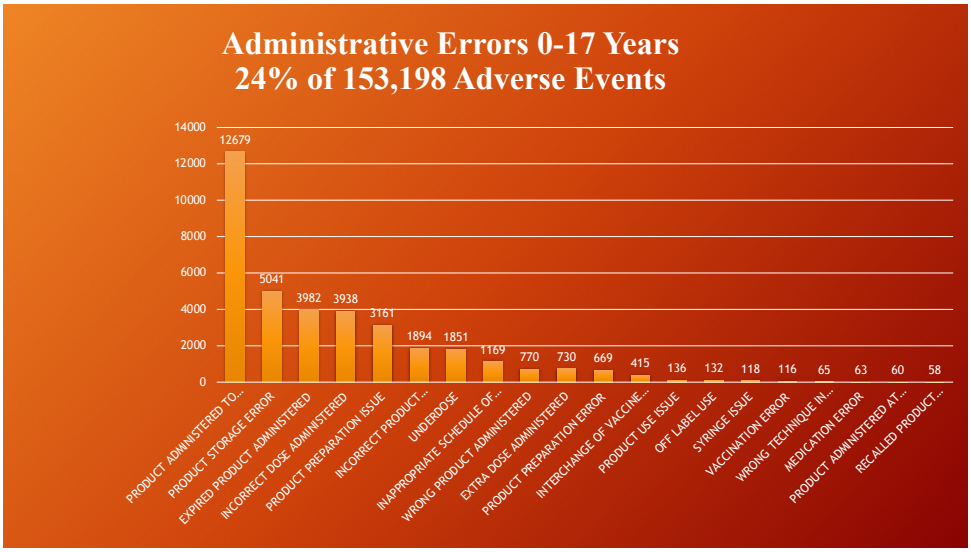
Medications At Time Of Vaccination	History/Allergies
No	No,No

VAERS ID 1166062 (below) was a four-month-old male who died three days after his mother's second dose of BNT162b2. The cause of death was failure to thrive, fever, and a hematologic condition known as thrombotic thrombocytopenic purpura.



These are a sample of similar cases in VAERS. Dr. Makis has published a recent article on LNP/mRNA-related neonatal fatalities. (https://open.substack.com/pub/makismd/p/mrna-and-pregnancy-infants-who-died)

C. Administrative Issues Have Consequences: Ages Zero to 17 Years



VAERS through 5/12/2023 C19 Gene Therapy Drugs U.S. and Territories.

Administrative errors occurred in 24% (37,235/153,198) of all reported events in children ages zero- to 17-years-old. (VAERS) **The most common by far is administration of the product to children and adolescents too young to receive the drug.**

Was this a byproduct of the $1 billion campaign to scare and cajole parents into having their children injected to keep them safe?

Follow-up on these administrative errors, like the one below, has not been posted if it exists.

Messages:

- VAERS data in CDC WONDER are updated every Friday. Hence, results for the same query can change from week to week.
- These results are for 12,216 total events.

Symptoms	Age	Events Reported	Percent (of 12,216)
PRODUCT ADMINISTERED TO PATIENT OF INAPPROPRIATE AGE	< 6 months	19	0.16%
	6-11 months	13	0.11%
	1-2 years	81	0.66%
	3-5 years	486	3.98%
	6-17 years	11,617	95.10%
	Total	**12,216**	**100.00%**
Total		**12,216**	**100.00%**

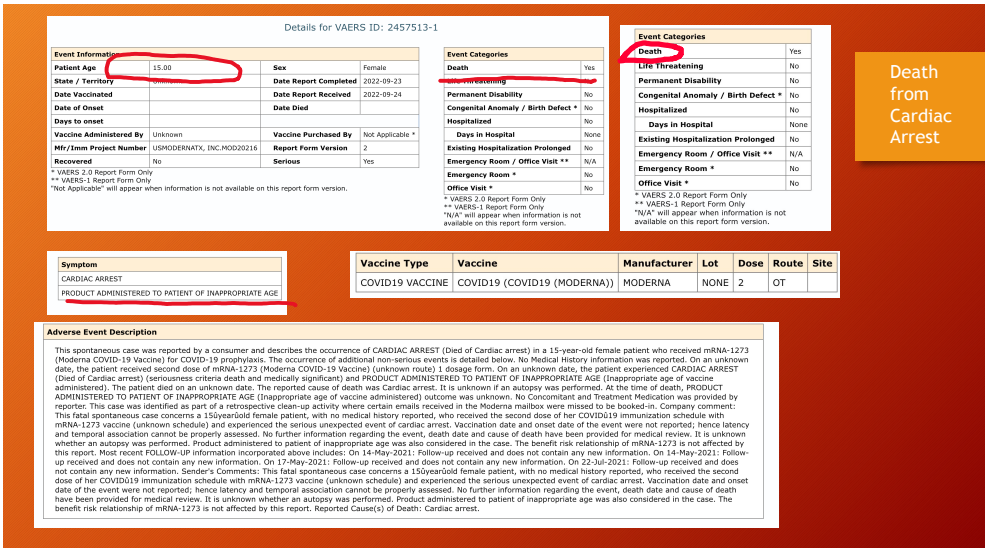
Note: Submitting a report to VAERS does not mean that healthcare personnel or the vaccine caused or contributed to the adverse event (possible side effect).

Some of these errors have had disastrous complications.

This search result gives more detail on the "No Adverse Effects", Death, Life Threatening, and Permanent Disability.

Event Category	Sex	Events Reported
Death	**Female**	2
	Male	11
	Total	**13**
Life Threatening	**Female**	1
	Male	1
	Total	**2**
Permanent Disability	**Male**	1
	Total	**1**
Total		**16**

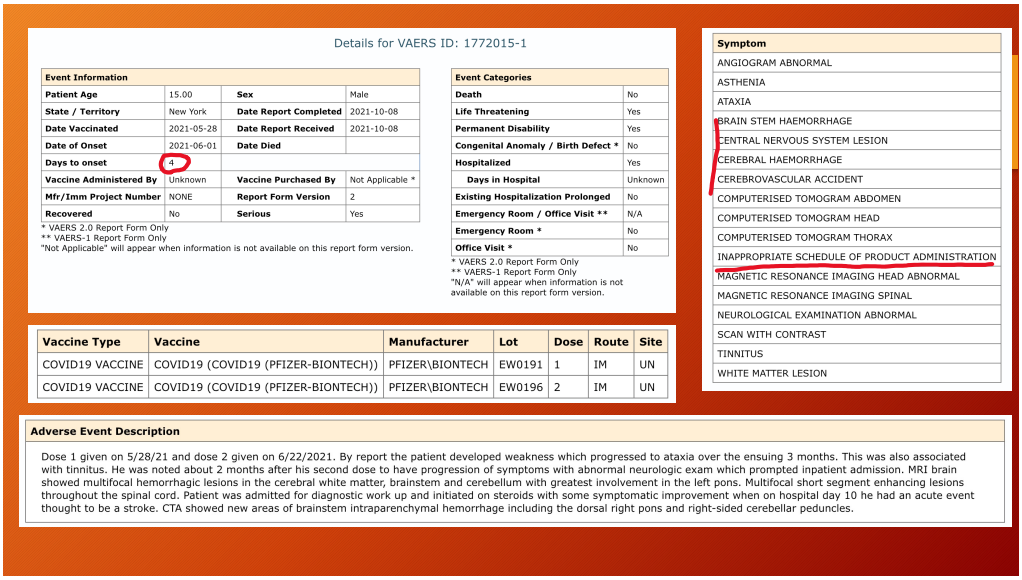
VAERS ID 2457513: This 15-year-old girl had an injection that was coded "Product Administered to Patient of Inappropriate Age". After her second dose of mRNA-1273 (Moderna), she had a cardiac arrest and died. Why was a 15-year-old receiving an injection to "prevent" C19 classified as a "PATIENT"?



"The benefit risk relationship of m/RNA-1273 is not affected by this report." Why would anyone say something like that after a 15-year-old, otherwise healthly girl died after receiving a failed "vaccine"?

VAERS ID 1772015, “Inappropriate Schedule of Product Administration”, also concerns a 15-year-old — this time a boy.

Four days following dose two of Pfizer’s BNT162b2, the teen developed multifocal hemorrhagic lesions in his brain: cerebrum, brainstem, and cerebellum.



Details for VAERS ID: 1772015-1

Event Information			
Patient Age	15.00	Sex	Male
State / Territory	New York	Date Report Completed	2021-10-08
Date Vaccinated	2021-05-28	Date Report Received	2021-10-08
Date of Onset	2021-06-01	Date Died	
Days to onset	4		
Vaccine Administered By	Unknown	Vaccine Purchased By	Not Applicable *
Mfr/Imm Project Number	NONE	Report Form Version	2
Recovered	No	Serious	Yes

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"Not Applicable" will appear when information is not available on this report form version.

Event Categories	
Death	No
Life Threatening	Yes
Permanent Disability	Yes
Congenital Anomaly / Birth Defect *	No
Hospitalized	Yes
Days in Hospital	Unknown
Existing Hospitalization Prolonged	No
Emergency Room / Office Visit **	N/A
Emergency Room *	No
Office Visit *	No

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"N/A" will appear when information is not available on this report form version.

Symptom
ANGIOGRAM ABNORMAL
ASTHENIA
ATAXIA
BRAIN STEM HAEMORRHAGE
CENTRAL NERVOUS SYSTEM LESION
CEREBRAL HAEMORRHAGE
CEREBROVASCULAR ACCIDENT
COMPUTERISED TOMOGRAM ABDOMEN
COMPUTERISED TOMOGRAM HEAD
COMPUTERISED TOMOGRAM THORAX
INAPPROPRIATE SCHEDULE OF PRODUCT ADMINISTRATION
MAGNETIC RESONANCE IMAGING HEAD ABNORMAL
MAGNETIC RESONANCE IMAGING SPINAL
NEUROLOGICAL EXAMINATION ABNORMAL
SCAN WITH CONTRAST
TINNITUS
WHITE MATTER LESION

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	EW0191	1	IM	UN
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	EW0196	2	IM	UN

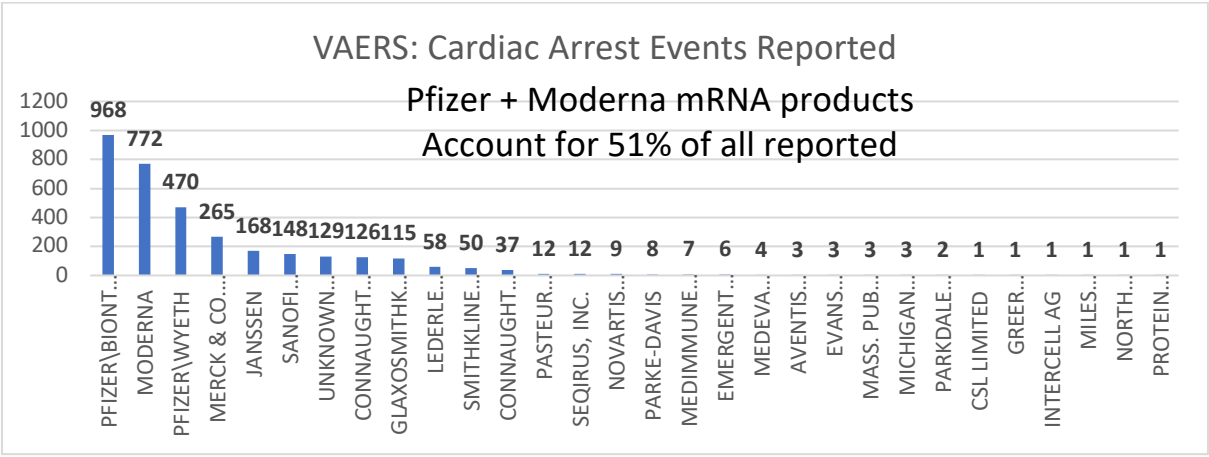
Adverse Event Description

Dose 1 given on 5/28/21 and dose 2 given on 6/22/2021. By report the patient developed weakness which progressed to ataxia over the ensuing 3 months. This was also associated with tinnitus. He was noted about 2 months after his second dose to have progression of symptoms with abnormal neurologic exam which prompted inpatient admission. MRI brain showed multifocal hemorrhagic lesions in the cerebral white matter, brainstem and cerebellum with greatest involvement in the left pons. Multifocal short segment enhancing lesions throughout the spinal cord. Patient was admitted for diagnostic work up and initiated on steroids with some symptomatic improvement when on hospital day 10 he had an acute event thought to be a stroke. CTA showed new areas of brainstem intraparenchymal hemorrhage including the dorsal right pons and right-sided cerebellar peduncles.

He was considered **permanently disabled at age 15 years**.

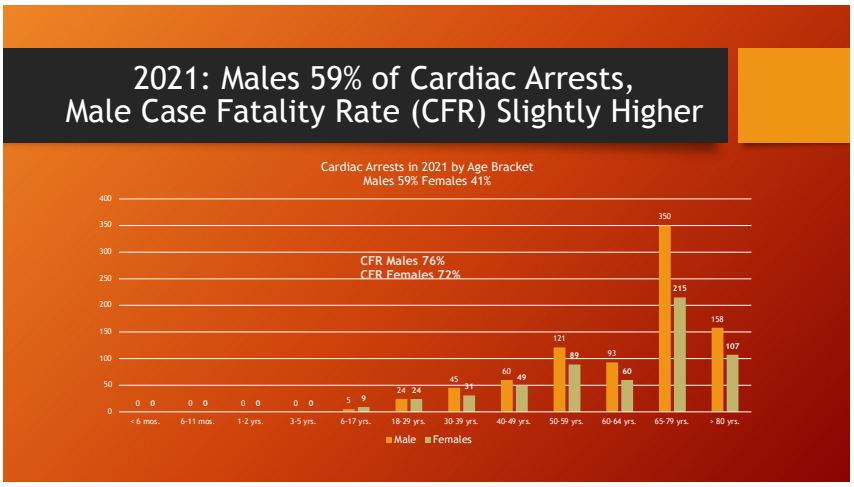
The topic of administrative errors and their consequences is worthy of a separate report given that there were over 37,000 of them. Applying the URF of 41, that works out to 1,526,635 medication errors of various types.

D. Cardiac Arrest



VAERS through 5/12/2023

Across all ages and since 1990, the mRNA products account for more than half of all vaccine-related cardiac arrests in VAERS.



VAERS through 5/12/2023

Males had 59% of the cardiac arrest events reported to VAERS in 2021, the first year of the GTPs.

The fatality rate was 72% for females and 76% for males. The age bracket from 65 to 79 years of age had the greatest number of reports. There were 62 event reports for < 30 years-of-age. With an URF of 41 that results in 2,501 cardiac arrests in this age bracket.

The following cases from VAERS are typical cardiac arrest cases, except these are children (ages six to 17), not septuagenarians.

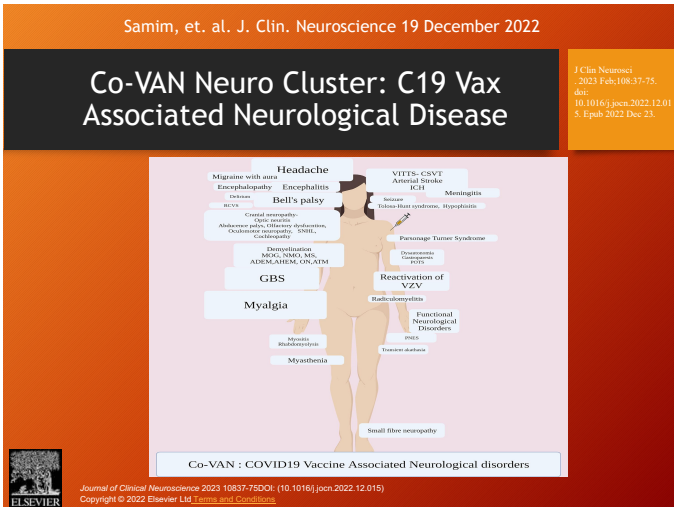
6-17	CARDIAC ARREST	F	1199455-1	Patient reported difficulty breathing and chest pain; suffered cardiac arrest and death
6-17	CARDIAC ARREST	F	1225942-1	Patient was a 16yr female who received Pfizer vaccine 3/19/21 at vaccine clinic and presented with ongoing CPR to the ED 3/28/21 after cardiac arrest at home. Patient placed on ECMO and imaging revealed bilateral large pulmonary embolism as likely etiology of arrest. Risk factors included oral contraceptive use. Labs have since confirmed absence of Factor V leiden or prothrombin gene mutation. Patient declared dead by neurologic criteria 3/30/21.
6-17	CARDIAC ARREST	F	1420762-1	Cardiac arrest without resuscitation. Unknown cause of cardiac arrest. Awaiting autopsy report.
6-17	CARDIAC ARREST	F	1828901-1	Patient reported symptomatic (non-severe) case of COVID-19 August 2021 and recovered fully. She reported receiving Pfizer COVID vaccine 9/3/21 and second dose 9/15/21. She present to the emergency department of my hospital 10/23/21 with chest pain and dyspnea for 48h. Was feeling completely well prior to onset of chest discomfort. Symptoms were mild. No sick contacts or family members. ED evaluation remarkable for normal exam, no hypoxia, normal blood pressure. EKG with diffuse ST elevation. Troponin elevated at 20. CTA chest negative for PE or pneumonia. SARS-CoV-PCR positive but thought to be persistent positive rather than reinfection because of lack of clinical symptoms, recent COVID-19 and recent vaccination. Cardiologist consulted, thought acute coronary syndrome unlikely based on age and lack of risk factors. STAT Echo resulted depressed EF 40-45%. Simultaneously she had become increasingly tachycardic and EKG appeared more ischemic. Cardiac cath lab was activated and she was about to be transported when she suffered cardiac arrest. Initial rhythm was VT. Received ACLS protocol CPR x 65 minutes including multiple cardioversion, amiodarone, lidocaine, magnesium and other antiarrhythmics. Unfortunately she was not able to be resuscitated and died. Cause of death possible acute myocarditis.
6-17	CARDIAC ARREST	F	1865389-1	Patient with progressive hypoxemia throughout the day despite multiple changes in ventilator settings/modes. HFOV discussed with family, but functional oscillator not available and was awaiting arrival of donor oscillator. She is not a candidate for ECMO due to pulmonary hemorrhage and thrombocytopenia with recent chemotherapy as well as BMI (morbidly obese). Trial on nitric oxide performed with minimal improvement (sats increased from 60% to 65-68%). She was noted to have increasing peaked T waves as well as development of Q waves concerning for hyperkalemia and worsening cardiac function consistent with multiorgan failure; perfusion was quite poor with mottled extremities and difficult to palpate central pulse
6-17	CARDIAC ARREST	F	1912785-1	Dose 1 given 4/21/2021 Pfizer Lot # EW0172 Patient had a cardiac arrest at home and was pronounced dead at Emergency Room. Covid test was negative.
6-17	CARDIAC ARREST	F	2327226-1	She developed inflamed lymph nodes (lymphadenitis), all over the body rash, ongoing fever for more than 3 weeks. She was diagnosed with MIS-C, her heart, intestines, lungs, skin and liver were inflamed. She was hospitalized and treated with immunoglobulin, steroids, anticoagulant, fever reducing medications, etc. By the second treatment, her belly started getting distended, her lungs were filled with liquids. She was transferred to ICU and her heart stopped beating right there.

ECMO: Extracorporeal Membrane Oxygenator, a device that substitutes for the lungs.

Administration Error
13 days, not 21

E. Central Nervous System and Neurological Disease: Co-VAN Cluster

Samim et al. performed an extensive literature review of neurologic diseases associated with the C19 gene therapy drugs and organized them under the heading of Co-VAN (COVID-19 vaccine-associated neurological diseases) as illustrated below.

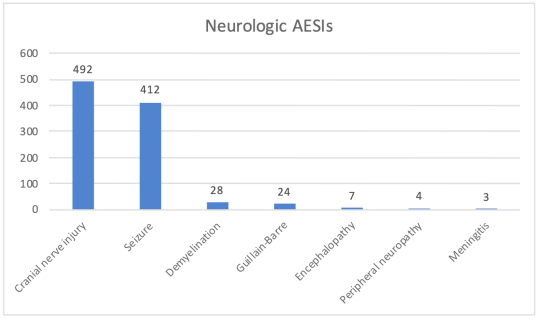


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9780646/

The Co-VAN Disease group fits well in a taxonomy of CoVax Disease based on organ systems and pathological processes associated with spike-generating drugs. This topic will be further developed in Part 5 of this series.

There is wide variation in the manifestations of neurological disease following spike-generating drugs from peripheral neuropathy to demyelinating disorders to stroke, seizures, encephalitis, protein deposition disease, and cranial neuropathies, such as Bell's Palsy or Ramsay Hunt Syndrome (cranial nerve VII).

Pfizer Confidential Document 5.3.6 summarized Adverse Events and Adverse Events of Special interest from December 2020 through February 2021. The following histogram summarizes the neurological diseases identified from a pool of over 40,000 GTP subjects reporting complications after receiving BNT162b2.



Neurologic	
Cranial nerve injury	492
Seizure	412

In spite of this significant "signal," C19 gene therapy products were mandated by governments throughout the world. Not surprisingly, neurologic complications appeared in children as OpenVAERS summarizes below.

https://openvaers.com/covid-data/child-summaries

Overall, there were 5,220 neurological events ranging from 4,549 with migraine to 49 with cerebral hemorrhage/aneurysm in ages six months to 17 years. The estimates with an URF of 41 are given below.

These are significant medical problems that often leave permanent impairment and disability.

	N =	URF = x41
Migraine	4,549	186,509
Encephalitis	272	11,152
Bell's Palsy	237	9,717
GBP	113	4,633
Cerebral Hemorrhage/aneurysm	49	2,009
Totals	5,220	214,020

https://openvaers.com

i. Acute Disseminated Encephalomyelitis (ADEM)

ADEM is a rare autoimmune demyelinating central nervous system disease, typically associated with patients younger than 15 years of age. Encephalitis is an inflammatory condition of the brain tissue known as myelin (the tissue coating nerve fibers and maintaining normal function of the nerves). Dr. Burkhardt's collection contains histopathological evidence of inflammation of both brain and the membranes around it.

CASE REPORT

Acute disseminated encephalomyelitis (ADEM)-like illness in a pediatric patient following COVID-19 vaccination

[1]KENNETH BROCK, [2]SUSANA CREAGH REYES, [3]CHRISTOPHER CONNER, [4]NATALIE GILLSON, [3]MICHAEL WEISS, [5]OSAMA ELFITURI and [6]AMIR PAYDAR

[1]Department of Radiology, Newark Beth Israel Medical Center, Newark, New Jersey, United States
[2]Department of Radiology, HCA Florida Aventura Hospital, Aventura, Florida, United States
[3]Florida Radiology Consultants, Fort Myers, Florida, United States
[4]Department of Pediatric Neurology, Golisano Children's Hospital of Southwest Florida, Fort Myers, Florida, United States
[5]HealthPark Hospital, Fort Myers, Florida, United States
[6]MedStar Medical Group Radiology, MedStar Washington Hospital, Washington, DC, United States

Address correspondence to: Kenneth Brock
E-mail: *kbrock89@gmail.com*

This report details the first documented case of an ADEM-like illness in a pediatric patient, which developed shortly after receiving the Pfizer (Pfizer-BioNTech, Germany) COVID-19 vaccination. The patient made a near complete clinical recovery over 10 days after receiving a 5-day course of intravenous immunoglobulin therapy.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10043599/

Brock et al. present the following case of a 10-year-old, previously healthy female who presented with progressive lower extremity weakness, paresthesia, and urinary retention.

"CASE REPORT

A 10-year-old female with no past medical history presented to Golisano Children's Hospital, Fort Myers, Florida, United States on December 21, 2021 with 7 days of progressive lower extremity weakness, paresthesia, and urinary retention. No recent symptoms of infection were reported. Neurological examination showed mild lower extremity hyperreflexia, right lower extremity weakness with inability to ambulate, a mild pronator drift, and a right visual field defect. The patient received her second dose of mRNA-based COVID-19 vaccine 16 days prior to the onset of symptoms.

Upon admission, a comprehensive laboratory assay including CBC, CMP, ESR, and CRP, was negative. A respiratory viral panel which included SARS-COV2 PCR testing was negative. Contrast-enhanced MRI of the brain demonstrated multiple prominent T2/FLAIR hyperintense subcortical and deep white matter lesions with incomplete rim-enhancement, ***compatible with active demyelination,*** and avid peripheral diffusion restriction (Figure 1)" *Emphasis added.*

Figure 1. Initial brain MRI findings. Left: Axial FLAIR image demonstrating multifocal supratentorial subcortical and deep white matter lesions (red arrows). Middle: Axial T1 post-contrast image demonstrating peripheral lesion enhancement. Right: Axial DWI image demonstrating avid peripheral diffusion restriction. DWI, diffusion-weighted imaging; FLAIR, fluid attenuation inversion recovery.

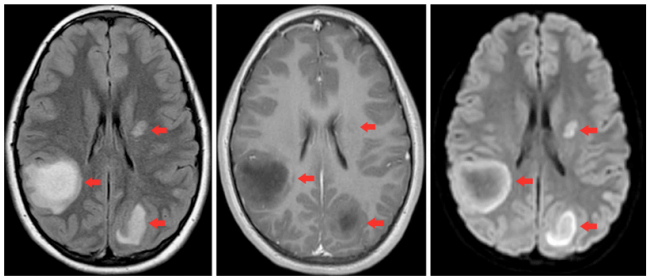
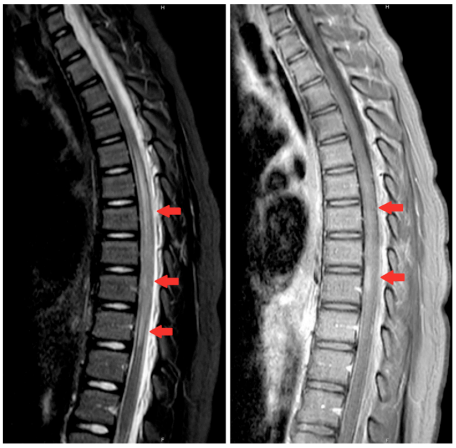


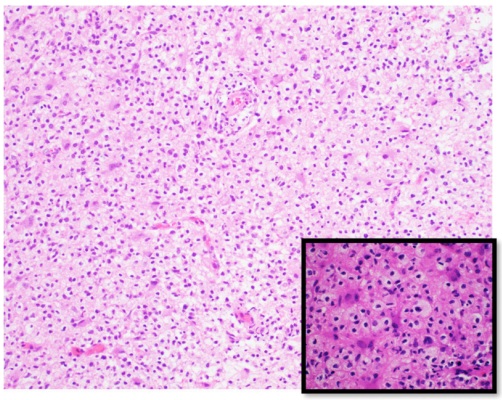
Figure 2. Initial thoracic spine MRI findings. Left: Sagittal STIR image demonstrating multiple longitudinally extensive spinal cord lesions (red arrows). Right: Sagittal T1 post-contrast image demonstrating corresponding lesion enhancement. STIR, short tau inversion recovery.



"Contrast-enhanced MRI of the cervical, thoracic, and lumbar spine demonstrated a long-segment, non-expansile, partially enhancing intramedullary lesion within the thoracic spinal cord, also most likely compatible with active demyelinating process (Figure 2). There were no findings suggestive of Guillain-Barré syndrome. Secondary differential considerations included transverse myelitis, CNS lymphoma, and atypical multiple sclerosis.

Three months after initial evaluation, the patient returned for outpatient neurologic follow-up. She reported mild fatigue. Examination showed a mild, persistent gait instability and hip muscle weakness. All other symptoms were resolved. A few days later, final histopathology showed white matter neurons with an extensive macrophage-rich inflammatory infiltrate with small lymphocytic component forming perivascular aggregates (Figure 3)."

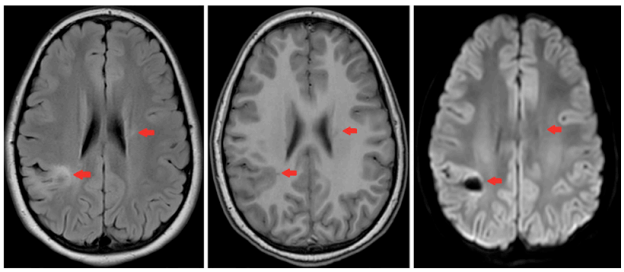
Figure 3. Right occipital lobe brain biopsy demonstrating gliotic cerebral cortex with extensive macrophage-rich inflammatory infiltrate and small lymphocytic component forming perivascular aggregates (hematoxylin and eosin stains, magnification 20x and 60x).



"Luxol/H&E stain showed severe loss of myelin, with macrophages demonstrating phagocytosed myelin debris. Immunohistochemistry

showed **depletion, but relative preservation of axons,** with scattered **perivascular accumulations of CD3+ T-cells and CD4/CD8 co-expressing T-cells**" (Bold added.)

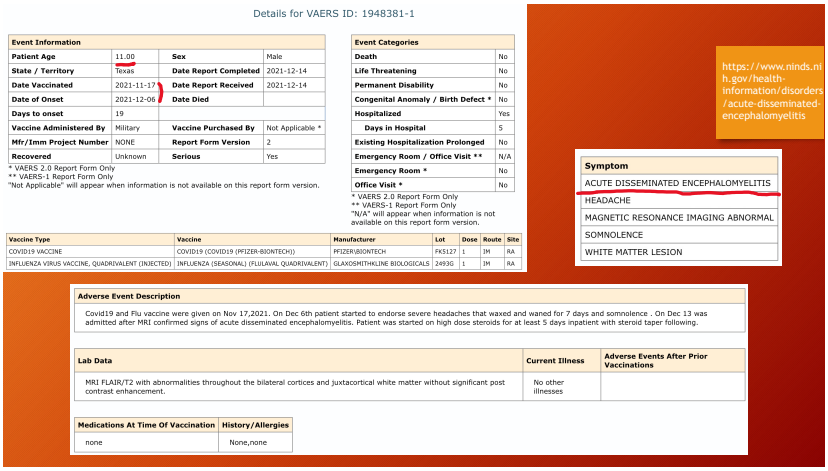
Figure 4. Follow up brain MRI findings. Left: Axial FLAIR image demonstrating decreased FLAIR signal hyperintensity of the white matter lesions (red arrows). Middle: Axial non-contrast T1 image demonstrating lesion signal characteristics relatively isointense to grey matter. Right: Axial DWI image demonstrating decreased diffusion restriction of the lesions. DWI, diffusion-weighted imaging; FLAIR, fluid attenuation inversion recovery.



"One month later, a follow-up non-contrast MRI of the brain was performed since the patient's parent declined contrast-enhanced MRI. This showed residual, but substantially decreased size and FLAIR signal abnormality of the lesions (Figure 4)."

Widespread neurologic damage is well-documented in this case. Residual impairment and disability are probable.

VAERS ID 1948381 concerns an 11-year-old male with onset of ADEM three weeks after injection of flu vaccine along with BNT162b2 on November 17, 2021. MRI evaluation revealed abnormalities throughout the cerebral cortex with extension into adjacent tissues. The child was admitted to the hospital for five days during which he received high-dose steroids.



Details for VAERS ID: 1948381-1

Event Information			
Patient Age	11.00	Sex	Male
State / Territory	Texas	Date Report Completed	2021-12-14
Date Vaccinated	2021-11-17	Date Report Received	2021-12-14
Date of Onset	2021-12-06	Date Died	
Days to onset	19		
Vaccine Administered By	Military	Vaccine Purchased By	Not Applicable *
Mfr/Imm Project Number	NONE	Report Form Version	2
Recovered	Unknown	Serious	Yes

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"Not Applicable" will appear when information is not available on this report form version.

Event Categories	
Death	No
Life Threatening	No
Permanent Disability	No
Congenital Anomaly / Birth Defect *	No
Hospitalized	Yes
Days in Hospital	5
Existing Hospitalization Prolonged	No
Emergency Room / Office Visit **	N/A
Emergency Room *	No
Office Visit *	No

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"N/A" will appear when information is not available on this report form version.

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	FK5127	1	IM	RA
INFLUENZA VIRUS VACCINE, QUADRIVALENT (INJECTED)	INFLUENZA (SEASONAL) (FLULAVAL QUADRIVALENT)	GLAXOSMITHKLINE BIOLOGICALS	2493G	1	IM	RA

https://www.ninds.nih.gov/health-information/disorders/acute-disseminated-encephalomyelitis

Symptom
ACUTE DISSEMINATED ENCEPHALOMYELITIS
HEADACHE
MAGNETIC RESONANCE IMAGING ABNORMAL
SOMNOLENCE
WHITE MATTER LESION

Adverse Event Description

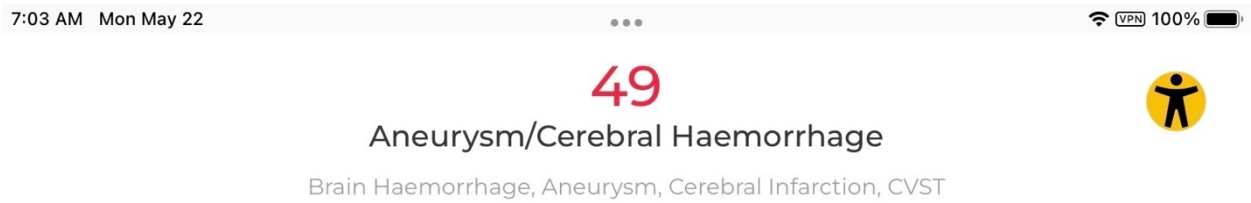
Covid19 and Flu vaccine were given on Nov 17,2021. On Dec 6th patient started to endorse severe headaches that waxed and waned for 7 days and somnolence . On Dec 13 was admitted after MRI confirmed signs of acute disseminated encephalomyelitis. Patient was started on high dose steroids for at least 5 days inpatient with steroid taper following.

Lab Data	Current Illness	Adverse Events After Prior Vaccinations
MRI FLAIR/T2 with abnormalities throughout the bilateral cortices and juxtacortical white matter without significant post contrast enhancement.	No other illnesses	

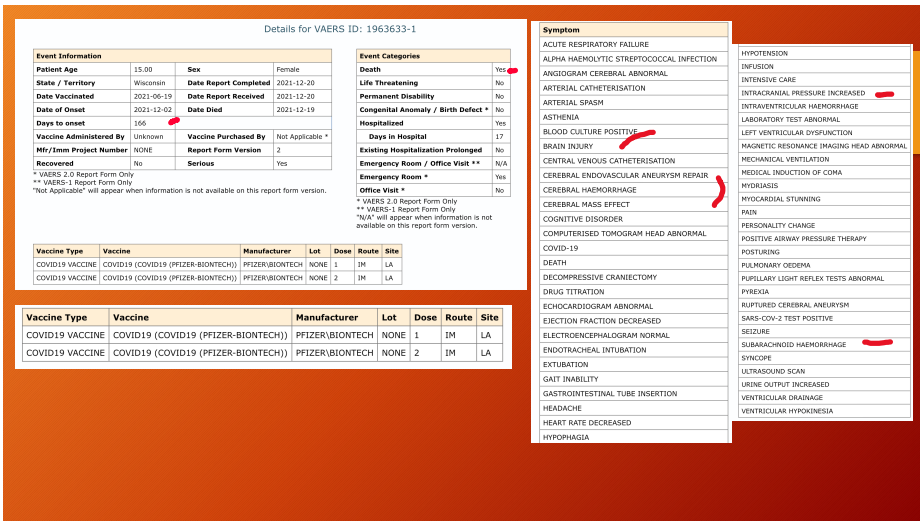
Medications At Time Of Vaccination	History/Allergies
none	None,none

The report was filled out on December 14, 2021, while the child was still in the acute phase of his illness which began on December 6, 2021, only three days following hospital discharge; so, no outcome determination was possible even though the report indicated no death or disability. Residual impairment examination after one year is required.

ii. Aneurysm/Cerebral Hemorrhage



The pathomechanism of spike-producing drug-associated aneurysm was well described by Dr. Burkhardt's Group in Parts 1 and 2 of this series. Briefly, vascular endothelium (inner lining) is attacked by either spike and related proteins or by activated leucocytes that disrupt the inner lining of an artery which leads to a rupture of the vessel wall, dissection of blood by arterial pressure through the muscular layer with dilatation of the vessel wall or rupture, or both.



Details for VAERS ID: 1963633-1

Event Information			
Patient Age	15.00	Sex	Female
State / Territory	Wisconsin	Date Report Completed	2021-12-20
Date Vaccinated	2021-06-19	Date Report Received	2021-12-20
Date of Onset	2021-12-02	Date Died	2021-12-19
Days to onset	166		
Vaccine Administered By	Unknown	Vaccine Purchased By	Not Applicable *
Mfr/Imm Project Number	NONE	Report Form Version	2
Recovered	No	Serious	Yes

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"Not Applicable" will appear when information is not available on this report form version.

Event Categories	
Death	Yes
Life Threatening	No
Permanent Disability	No
Congenital Anomaly / Birth Defect *	No
Hospitalized	Yes
Days in Hospital	17
Existing Hospitalization Prolonged	No
Emergency Room / Office Visit **	N/A
Emergency Room *	Yes
Office Visit *	No

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"N/A" will appear when information is not available on this report form version.

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	NONE	1	IM	LA
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	NONE	2	IM	LA

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	NONE	1	IM	LA
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	NONE	2	IM	LA

Symptom
ACUTE RESPIRATORY FAILURE
ALPHA HAEMOLYTIC STREPTOCOCCAL INFECTION
ANGIOGRAM CEREBRAL ABNORMAL
ARTERIAL CATHETERISATION
ARTERIAL SPASM
ASTHENIA
BLOOD CULTURE POSITIVE
BRAIN INJURY
CENTRAL VENOUS CATHETERISATION
CEREBRAL ENDOVASCULAR ANEURYSM REPAIR
CEREBRAL HAEMORRHAGE
CEREBRAL MASS EFFECT
COGNITIVE DISORDER
COMPUTERISED TOMOGRAM HEAD ABNORMAL
COVID-19
DEATH
DECOMPRESSIVE CRANIECTOMY
DRUG TITRATION
ECHOCARDIOGRAM ABNORMAL
EJECTION FRACTION DECREASED
ELECTROENCEPHALOGRAM NORMAL
ENDOTRACHEAL INTUBATION
EXTUBATION
GAIT INABILITY
GASTROINTESTINAL TUBE INSERTION
HEADACHE
HEART RATE DECREASED
HYPOPHAGIA
HYPOTENSION
INFUSION
INTENSIVE CARE
INTRACRANIAL PRESSURE INCREASED
INTRAVENTRICULAR HAEMORRHAGE
LABORATORY TEST ABNORMAL
LEFT VENTRICULAR DYSFUNCTION
MAGNETIC RESONANCE IMAGING HEAD ABNORMAL
MECHANICAL VENTILATION
MEDICAL INDUCTION OF COMA
MYDRIASIS
MYOCARDIAL STUNNING
PAIN
PERSONALITY CHANGE
POSITIVE AIRWAY PRESSURE THERAPY
POSTURING
PULMONARY OEDEMA
PUPILLARY LIGHT REFLEX TESTS ABNORMAL
PYREXIA
RUPTURED CEREBRAL ANEURYSM
SARS-COV-2 TEST POSITIVE
SEIZURE
SUBARACHNOID HAEMORRHAGE
SYNCOPE
ULTRASOUND SCAN
URINE OUTPUT INCREASED
VENTRICULAR DRAINAGE
VENTRICULAR HYPOKINESIA

VAERS ID 1963633: This 15-year-old girl received her second dose of BNT162b2 on June 19, 2021, and passed away on December 17, 2021, after a very complicated 17 days in the hospital.

Adverse Event Description Details for VAERS ID: 1963633-1

"In brief, patient is a previously healthy 15 year old who had acute headache and collapse at home, concern for posturing versus seizure, and ultimately found to have cerebral and intraventricular hemorrhage with mass effect secondary to ruptured aneurysm. S/p coiling of aneurysm, bilateral EVD placement and R decompressive craniectomy. She has acute respiratory failure, strep viridans bacteremia, and concurrent COVID-19 infection. Presented 12/2/21 with aneurysm and incidentally found to be COVID positive. NEURO: On arrival, she was somewhat responsive and by the time she arrived at ED she was posturing versus seizing. Head CT revealed hemorrhage 3x3x3 hemorrhagic focus anterior and inferior to the right basal ganglion with mass effect, also with intraventricular blood in lateral and third ventricles with acute subarachnoid hemorrhage in suprasellar cistern and bilateral sylvian fissures. At that time, reportedly pupils equal, 3-4, minimally reactive. At ED, received Mannitol bolus, and 4mg Ativan administered. Flight for Life activated and upon arrival to CW was admitted to the PICU with plan for emergent EVD placement. Neurosurgery placed EVD at bedside. Repeat head CT and CTA performed and demonstrated bilobed aneurysm arising from right ICA terminus with enlarging intraparenchymal hematoma along superior aspect mostly likely representing a ruptured aneurysm, increased intraventricular hemorrhage, similar subarachnoid hemorrhage, increased mass effect, effacement of basal cisterns, worsened midline shift. Optimized neuroprotection management with sedation, neuromuscular blockade, ventilator management, and hypertonic saline. R pupil became dilated and nonreactive and patient demonstrated persistently elevated ICPs >50. She underwent emergent IR coiling and R decompressive craniectomy with second right-sided EVD placement. Patient continued to demonstrate ICPs in 20s. Worked with Neurosurgery to optimize sedation. Repeat head CT demonstrated increased hypoattenuation in right frontal and parietal lobes, left parietal lobe, and splenium of corpus callosum. Loss of gray-white differentiation concerning for ischemic change. Increased right to left midline shift. TCDs demonstrated moderate spasm of the L MCA. EEG without seizure. Started Pentobarbital coma. On 12/9, an occurred episode while in transport to MRI and patient was noted to be obtunded. ICP 11 during episode, EVDs patent. She was not connected to LTM during episode, as she was in transport. She was started on epi drip and became more responsive, moving spontaneously and withdrawing to pain. On 12/10, her neurostorming medication regimen was optimized and no further changes were made. Given poor neurologic prognosis, patient was given adequate sedation for pain management during terminal extubation on 12/18. CV: Had periods of hypotension intraoperatively requiring initiation of Epinephrine and Norepinephrine infusions to maintain goal MAP > 80, SBP > 120. Returned to PICU with femoral CVL, arterial line, sedated with Fentanyl and Dexmedetomidine infusions, and on Vecuronium infusions, Nimodipine. On 12/4 echocardiogram report noted significant for left ventricular mid-inferoseptal hypokinesis and moderately diminished left ventricular systolic function, with an LVEF 41%. She required titration of pressors to maintain goal pressures. Added stress dose Hydrocortisone. Repeat echocardiogram demonstrated significant improvement in LV systolic function, consistent with the hypothesis that myocardium was neurologically stunned. 12/6-12/8 Patient weaned from sedation and pressors. On 12/9 she experienced a hypotensive episode while in transport to MRI. HR dropped to 40s-50s. 105 mcg Epi dwindle given, then started on Epi drip, given 500 mL NS push pull. HR and BP normalized. On 12/10, patient was weaned from pressors and stress dose steroids. She remained hemodynamically appropriate leading to terminal extubation on 12/18. RESP: Intubated in the OR. Notably, course complicated by significant pulmonary edema with poor compliance. On 12/10, her ventilator settings were weaned to CPAP/PS. She remained hemodynamically appropriate with CPAP/PS until terminal extubation on 12/18. FEN/GI: On 12/10 patient was started on enteral feeds which were discontinued after terminal extubation on 12/18. ID: At ED, she was incidentally found to be COVID positive. Blood cultures were drawn at that time positive for strep viridans. She started on empiric Cefepime and Vancomycin due to concern for septic shock given pressor requirements. Initiated thermoregulation. Patient continued to be intermittently febrile and remained on Ceftriaxone per family's wishes until 12/19. RENAL: Initially had significantly increased urine output. Labs concerning for DI, although could also be secondary to 3% boluses. Initiated DI protocol. This later resolved and she continued to have urine output appropriate for age leading to her terminal extubation on 12/18. OTHER: On 12/5 ,discussion took place between provider and mother and placed partial code status, including no bolus cardiac resuscitative medications, no defibrillation, no chest compressions. Care Conference took place on 12/10, during which mother voiced she would like to get MRI for further neuroprognostication before changing goals of care. Care conference on 12/14 to discuss MRI results with family. Neurology explained likely deficits patient will experience as a result of her brain injury including weakness of both sides of her body, inability to walk, inability to effectively eat PO, personality changes, cognitive dysfunction. Mother voices ""Patient would not want to live like this,"" but requests time to discuss these options with family before making any decisions. Another discussion between providers and family on 12/15 during which family voiced they would not want patient to be reintubated once extubated, would not want her to receive blood products, and would like to continue with enteral feeding. Tentative plans for extubation on 12/17 or 12/18 once family from out of state has come to say their goodbyes. Family later decided to move forward with terminal extubation on 12/18. She was extubated 12/18 to room air and passed away on 12/19/2021 @ 20:37 PM with mother, brother and step father at the bedside."

The consequences of an aneurysm can be dire not only for the injured but the loved ones who suffer while they helplessly watch as their child dies.

iii. Stroke

The uncle's words in the image below tell the story pretty well.

Childhood stroke has been reported to occur in 1 to 13 per 100,000 children. (Pediatric Stroke: A Review, Tsze and Valente, *Emerg Med Int.* 2011; 2011: 734506. Published online 2011 Dec 27. doi: 10.1155/2011/734506 PMCID: PMC3255104 PMID: 22254140, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3255104/.) Unfortunately, denominators to properly calculate prevalence rates are lacking with GTPs.

Pfizer Confidential Document 5.3.6 reports a seven-year-old child who received BNT162b2 long before pediatric dosing was developed and long before the emergency use authorization (EUA) was extended to children. This is another example of the sloppy administration of the "vaccine" program.

Dr. Makis and Professor Miller, independently of one another, maintain archives of CoVax Disease cases culled from the media (links below).

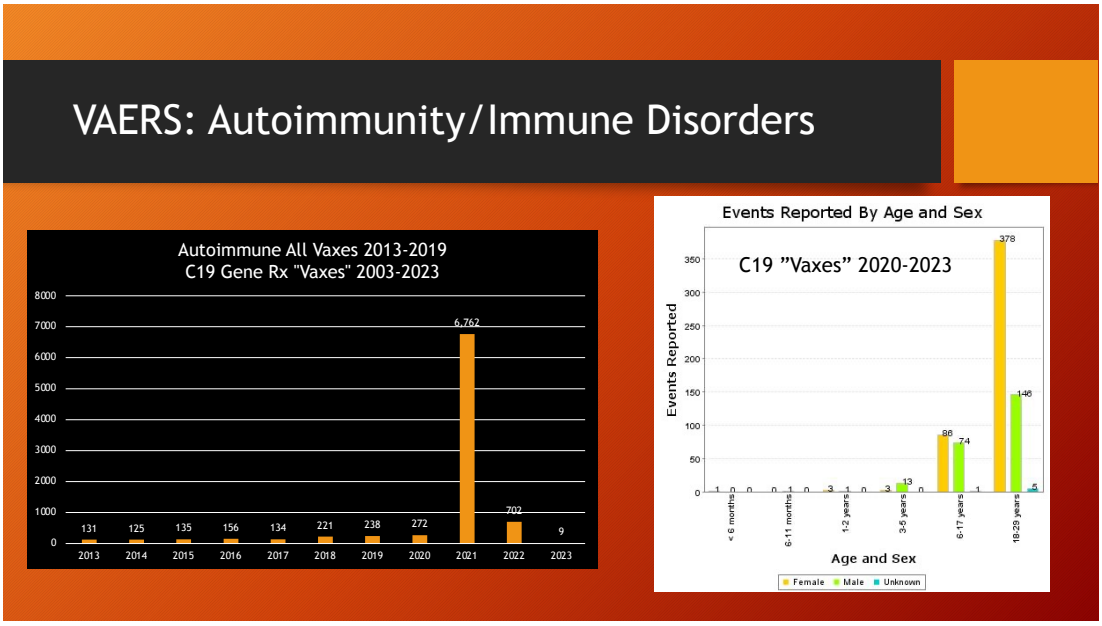
> https://makismd.substack.com
> and
> https://markcrispinmiller.substack.com

Edward Dowd's book, Dowd, Ed. *"Cause Unknown": The Epidemic of Sudden Deaths in 2021 & 2022*. Skyhorse Publishing, 2023 is a similar archive of sudden deaths along with statistical data.

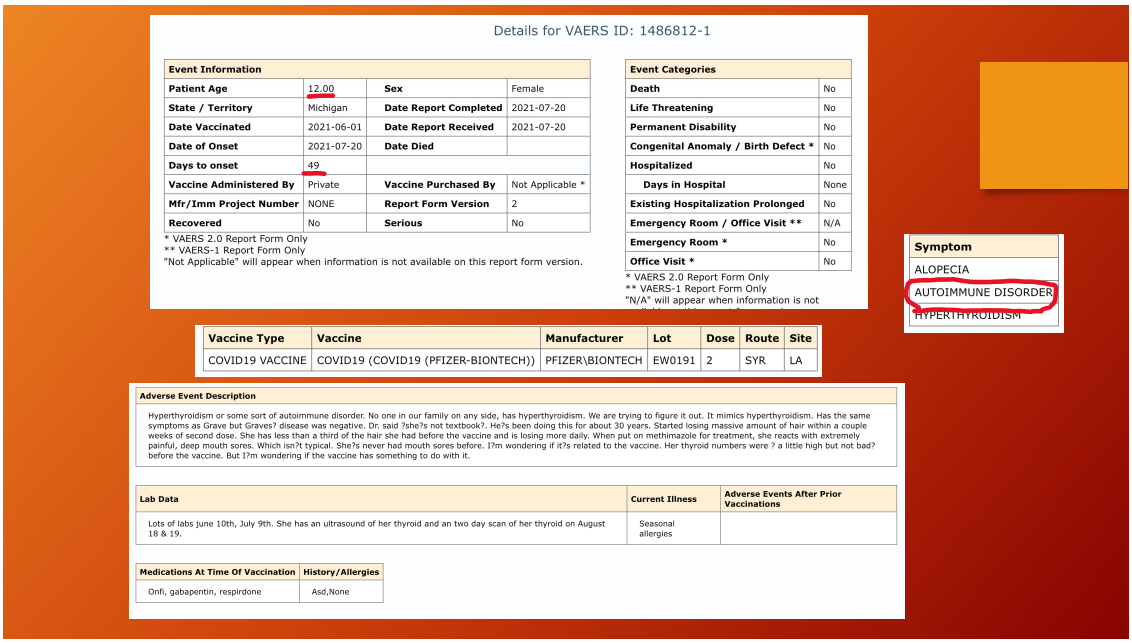
F. Autoimmunity and Immunologic Effects

Autoimmunity was featured in Part 4C of this series.
(https://robertchandler.substack.com/p/autoimmunity-and-covid-19-gene-therapy)

Briefly, autoimmunity is a process in which one's immune system attacks "self" thus producing an illness through the process of inflammation, often with system-wide effects although more localized varieties exist such as thyroiditis and diabetes type I.



Eighty-five percent of autoimmune diseases following vaccination in the past 10 years have followed the public introduction of C19 gene therapy drugs. Females dominate the 18- to 29-year-old bracket.



Details for VAERS ID: 1486812-1

Event Information			
Patient Age	12.00	Sex	Female
State / Territory	Michigan	Date Report Completed	2021-07-20
Date Vaccinated	2021-06-01	Date Report Received	2021-07-20
Date of Onset	2021-07-20	Date Died	
Days to onset	49		
Vaccine Administered By	Private	Vaccine Purchased By	Not Applicable *
Mfr/Imm Project Number	NONE	Report Form Version	2
Recovered	No	Serious	No

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"Not Applicable" will appear when information is not available on this report form version.

Event Categories	
Death	No
Life Threatening	No
Permanent Disability	No
Congenital Anomaly / Birth Defect *	No
Hospitalized	No
Days in Hospital	None
Existing Hospitalization Prolonged	No
Emergency Room / Office Visit **	N/A
Emergency Room *	No
Office Visit *	No

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"N/A" will appear when information is not

Symptom
ALOPECIA
AUTOIMMUNE DISORDER
HYPERTHYROIDISM

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	EW0191	2	SYR	LA

Adverse Event Description

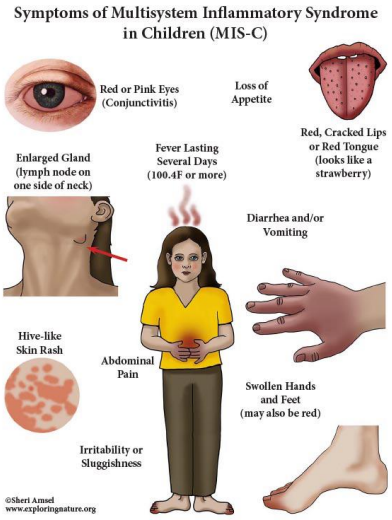
Hyperthyroidism or some sort of autoimmune disorder. No one in our family on any side, has hyperthyroidism. We are trying to figure it out. It mimics hyperthyroidism. Has the same symptoms as Grave but Graves? disease was negative. Dr. said ?she?s not textbook?. He?s been doing this for about 30 years. Started losing massive amount of hair within a couple weeks of second dose. She has less than a third of the hair she had before the vaccine and is losing more daily. When put on methimazole for treatment, she reacts with extremely painful, deep mouth sores. Which isn?t typical. She?s never had mouth sores before. I?m wondering if it?s related to the vaccine. Her thyroid numbers were ? a little high but not bad? before the vaccine. But I?m wondering if the vaccine has something to do with it.

Lab Data	Current Illness	Adverse Events After Prior Vaccinations
Lots of labs june 10th, July 9th. She has an ultrasound of her thyroid and an two day scan of her thyroid on August 18 & 19.	Seasonal allergies	

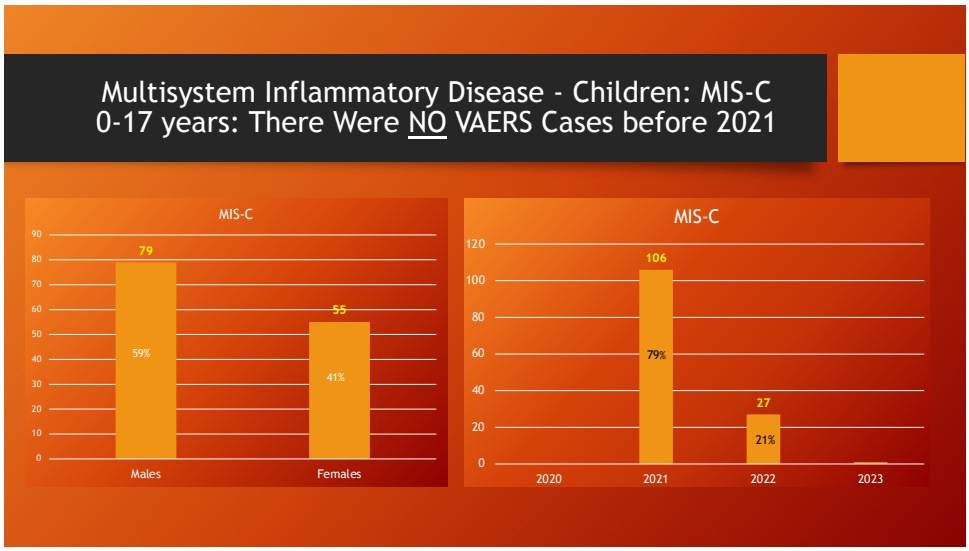
Medications At Time Of Vaccination	History/Allergies
Onfi, gabapentin, respirdone	Asd,None

VAERS ID 1486812: This 12-year-old girl developed autoimmune thyroiditis 49 days after dose two of BNT162b2. CoVax illnesses often resemble known illnesses, but, as in this case with "massive" hair loss, something is unique in many of them.

G. Multisystem Inflammatory Syndrome in Children (MIS-C)



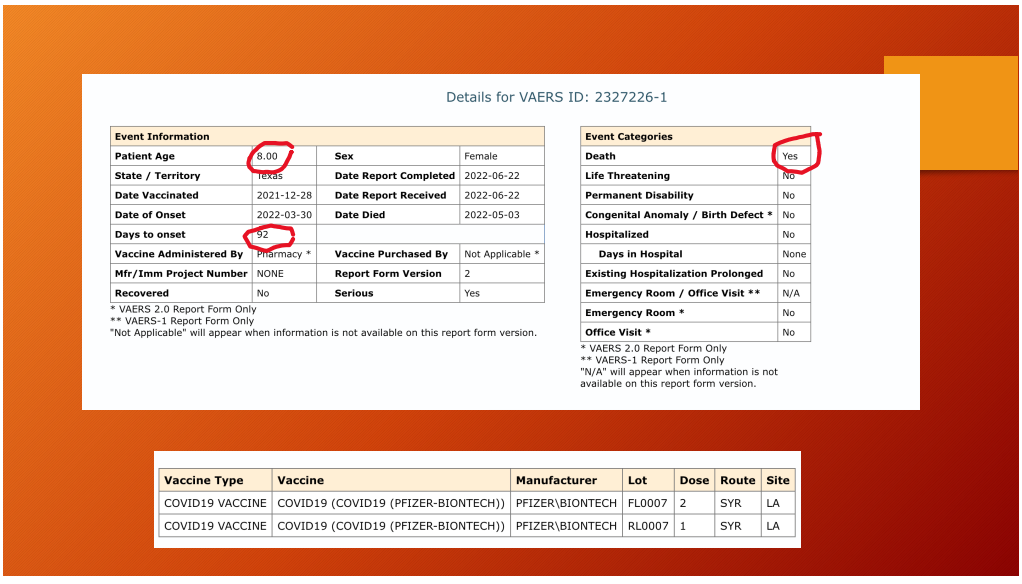
MIS-C is an inflammatory process that involves multiple organs and physiological systems simultaneously or in sequence, sometimes mild at first but proceeding rapidly at times to critical illness. MIS-C was discussed in Part 4C of this series. (https://robertchandler.substack.com/p/autoimmunity-and-covid-19-gene-therapy)



VAERS through 5/12/2023

Males are afflicted in 59% of reported cases (left histogram). There were no cases reports from 2020, but 106 were reported in 2021 and then, in 2022, the reports dropped to 27 as the spike drug use declined (right histogram).

As noted, prior to rollout of the C19 "vaccines," there were no MIS-C cases in VAERS. As the public's willingness to participate in the inoculation with C19 "vaccines" waned, so did the reports of MIS-C as shown in the right histogram above.



Details for VAERS ID: 2327226-1

Event Information			
Patient Age	8.00	**Sex**	Female
State / Territory	Texas	**Date Report Completed**	2022-06-22
Date Vaccinated	2021-12-28	**Date Report Received**	2022-06-22
Date of Onset	2022-03-30	**Date Died**	2022-05-03
Days to onset	92		
Vaccine Administered By	Pharmacy *	**Vaccine Purchased By**	Not Applicable *
Mfr/Imm Project Number	NONE	**Report Form Version**	2
Recovered	No	**Serious**	Yes

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"Not Applicable" will appear when information is not available on this report form version.

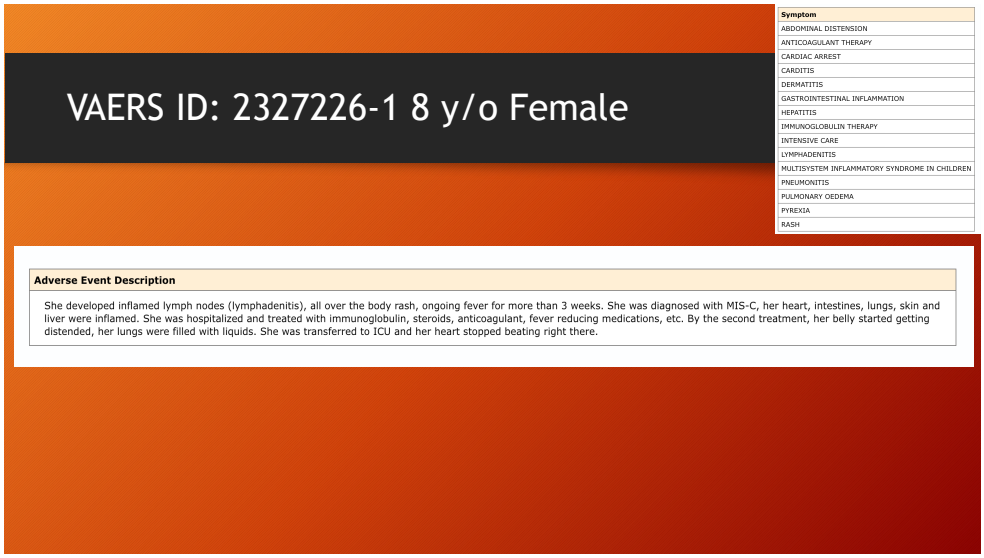
Event Categories	
Death	Yes
Life Threatening	No
Permanent Disability	No
Congenital Anomaly / Birth Defect *	No
Hospitalized	No
Days in Hospital	None
Existing Hospitalization Prolonged	No
Emergency Room / Office Visit **	N/A
Emergency Room *	No
Office Visit *	No

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"N/A" will appear when information is not available on this report form version.

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	FL0007	2	SYR	LA
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	RL0007	1	SYR	LA

VAERS ID 2327226: This eight-year-old girl was not so fortunate as others and passed away four months following her second dose of BNT162b2. She was febrile for three weeks before being admitted to the hospital for multiple organ system failure.

Her organ involvement included lymph nodes, skin, heart, intestines, lungs, and liver.



The final two sentences need emphasis: “By the second treatment, her belly started getting distended, her lungs filled with liquids. She was transferred to ICU and her heart stopped beating right there.”

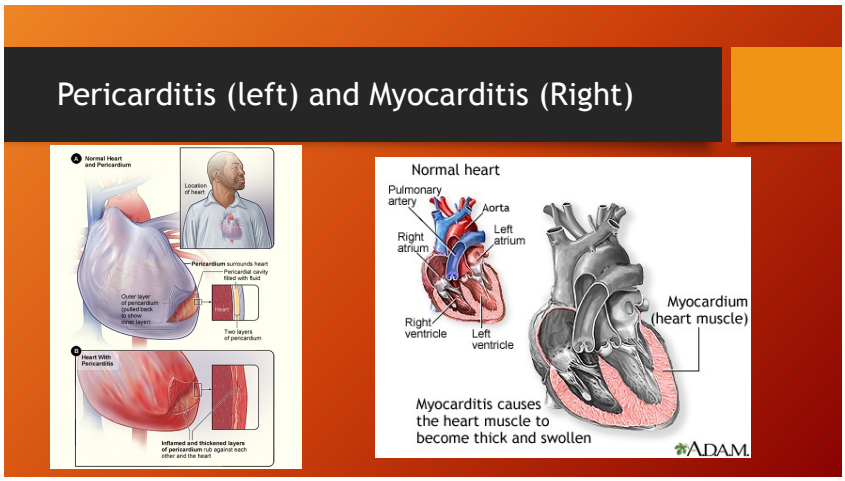
Six cases from VAERS are summarized below. All six of these youngsters survived. There has been no assessment and reporting of impairment and disability in survivors.

Age	Sex	Symptoms	VAERS ID	Adverse Event Description
6-17 years	Female	MULTI-ORGAN DISORDER	1713661-1	Atypical MIS-C: multiple organ involvement (skin, GI), elevated ESR, CRP, lymphopenia, neutrophilia Symptoms started approx 7 days prior to admission Treated w/ IVIG, steroids, ASA
6-17 years	Female	MULTI-ORGAN DISORDER	2271236-1	1/6 - 8 YR OLD PRESENTED TO THE ER AFTER 4 DAYS OF FEVER/MAX 103, GENERALIZED RASH, HA, SORE THROAT, ABDOMINAL PAIN, MALAISE, REDNESS OF HANDS. POSSIBLE COVID EXP 12/24/21, STREP/ COVID/FLU NEG AT DR OFFICE 1/3. SYMPTOMS PROGRESSED, SENT TO ER-PRIMARY MD CONCERNED FOR MIS-C. UPON EVAL PT WAS ILL APPEARING, FEBRILE, TACHYCARDIC, HYPOTENSIVE 90/40. CONCERN FOR MIS-C VS. KAWASASKI VS. VIRAL EXANTHEM VS. TICK BORNE ILLNESS. ADMITTED TO UNIT FLOOR. REC'D IV FLUIDS, EMPIRIC CEFTRIAXONE, IVIG AND LOW DOSE ASPIRIN PER MIS-C PROTOCOL. 1/7 ADDED IV STEROIDS & LOVENOX. Blood and urine cx NG >36 hours and at 5 days. Hospital course: Blood and urine cx NG >36 hours & at 5 days, - Tick studies negative, Pancytopenia improving -Received 2nd dose of IVIG due to being febrile and symptomatic within 36 hours after 1st infusion -Kept on mIVF for hydration -Appetite improved over time -Developed Abdominal pain; abd XR showed prominent liver, inc LFTS; abd US showed diffuse inflammation in the abdomen involving multiple organs -Abdomen pain and LFTs improved over following days, no N/V, constipation or diarrhea Discharge: -Follow up with physician within 48 hours of discharge -follow up with cardiology and rheumatology in the outaptient setting -continue with aspirin once a day, steroids once a day and famotidine for belly protection - rheumatology will help taper the steroids, for now continue taking them once a day.
6-17 years	Male	MULTI-ORGAN DISORDER	1399370-1	Patient was admitted from PCP for extreme tachycardia and tachypnea and developed multi organ involvement with tachycardia (HR to 140-150s), slight elevation in BNP (H of 490), Troponin (H of 0.244), mild proteinuria (50-70 proteins), respiratory distress with tachypnea (RR 50s) and hypoxia requiring escalation in O2 supplementation. Also with daily fevers until starting steroids. Laboratory findings concerning for slight hypertriglyceridemia, normal Ferritin, worsening thrombocytopenia, lymphopenia, hyponatremia, and hypoalbuminemia. CT with bibasilar atelectasis vs. consolidation, but no evidence of PE. Extensive ID and rheumatological evaluation performed and unremarkable so far. Received 2 days of Doxycycline. Was started on pulse dose steroids and began to show improvement in all markers.
6-17 years	Male	MULTI-ORGAN DISORDER	2001194-1	Patient received second dose of Pfizer Covid19 vaccine on 12/18/2021. Lot number FL0007. Patient first developed MIS-C symptoms on 12/24/2021, became febrile on 12/27/2021, and was subsequently hospitalized in the ICU on 12/29/2021. Patient experienced mild perihilar peribronchial cuffing, volume loss at lung bases, mildly suppressed systolic function,abnormal LV longitudinal strain. Evidence of cardiac, hematologic and gastrointestinal organ involvement (shock, hypotension, elevated troponin, chest pain/tightness, elevated d-dimers, abdominal pain, nausea, vomiting, diarrhea, elevated liver enzymes, conjunctival infection and periorbital edema.
6-17 years	Male	MULTI-ORGAN DISORDER	2151905-1	Case-patient had first Pfizer COVID-19 vaccine on 12/7/21, developed MIS-C symptoms on 1/5/2022, and received second Pfizer vaccine on 1/7/22. Case reported having an undiagnosed upper respiratory infection in late December/early January (specific date unknown). Case-patient met case definition for MIS-C, with evidence of clinically severe illness requiring hospitalization, fever, multisystem organ involvement (cardiac, hematologic, and GI). The case-patient experienced tachycardia, headaches, abdominal pain, vomiting, and various elevated inflammatory markers (see box 19 below). Case-patient was treated with IVIG, ASA, and steroids and survived after a 2 day hospitalization.
6-17 years	Male	MULTI-ORGAN DISORDER	2233852-1	Case-patient had first Pfizer COVID-19 vaccine on 12/18/2021 and illness onset for MIS-C was on the same day. Case had COVID-19 with mild symptoms approximately 4 weeks before MIS-C onset. Case-patient met case definition for MIS-C with evidence of clinically severe illness requiring hospitalization, fever, multisystem organ involvement (cardiac, hematologic, & GI). The case-patient experienced cardiac shock, chest pain, abdominal pain, vomiting, diarrhea, conjunctival injection, and various elevated inflammatory markers (see box 19 below). Case-patient was treated with IVIG, ASA, steroids, and epinephrine and survived after a 4 day hospitalization (1 day in PICU).

Note: Submitting a report to VAERS does not mean that healthcare personnel or the vaccine caused or contributed to the adverse event (possible side effect).

This category of CoVax Disease, MIS-C, is another example of complex and aggressive illness following GTPs.

H. Myocarditis/Pericarditis



The pericardium is a fibrous tissue layer surrounding the heart. Inflammation of this sac-like structure can compromise cardiac function.

Myocarditis is inflammation of the heart muscle itself. Actual tissue destruction occurs to variable degrees; and, like any muscle, once the muscle cell dies, the muscle is replaced by rigid scar tissue.

Inflammation of the heart not only damages the muscle but can interfere with transmission of electrical signals to activate the heart muscle causing an irregular rhythm that can be fatal.

ESC European Society of Cardiology
European Heart Journal (2023) **00**, 1–10
https://doi.org/10.1093/eurheartj/ehad339
CLINICAL RESEARCH
Heart failure and cardiomyopathies

COVID-19 vaccination-related myocarditis: a Korean nationwide study

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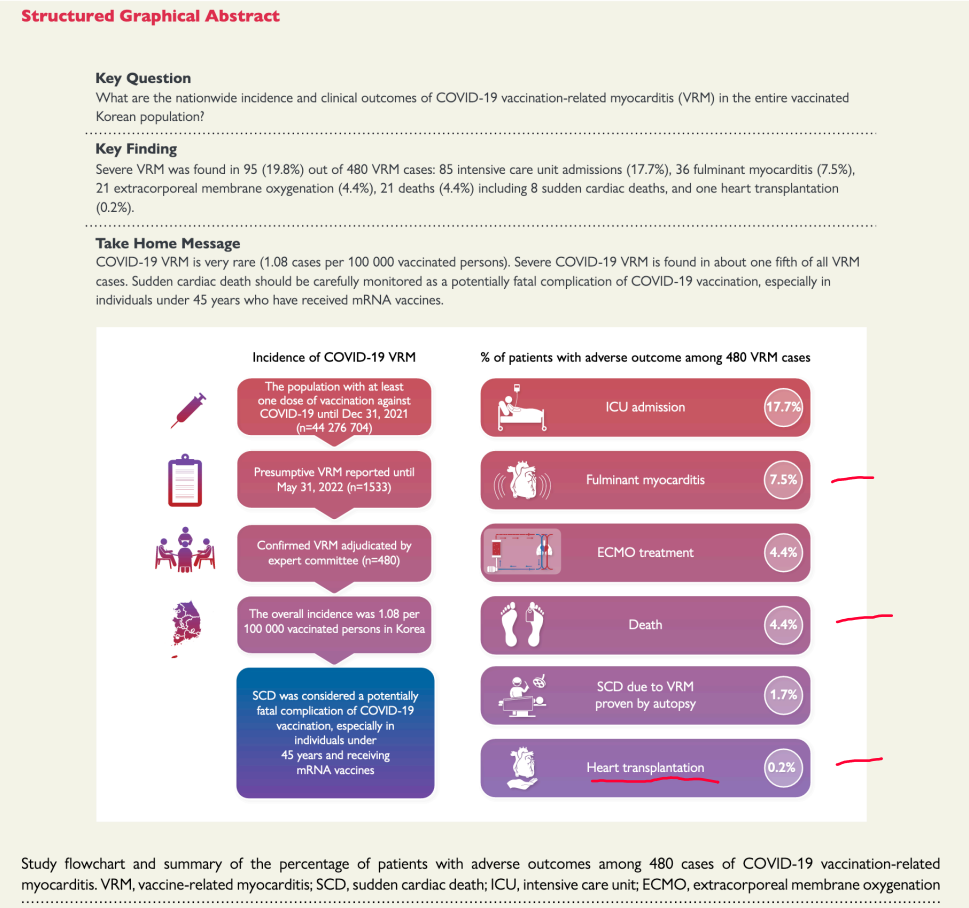
https://academic.oup.com/eurheartj/advance-article/doi/10.1093/eurheartj/ehad339/7188747

Cho et al. reviewed the Korean national database reports of 1,533 cases of myo/pericarditis in the Korean vaccinated population of 44,276,704 persons, out of 51,349,116 (comprising the total Korean population) following review by the government-organized Expert Adjudication Committee on COVID-19 Vaccination Pericarditis/Myocarditis. After screening, the committee confirmed 480 cases of vaccine-associated heart disease.



Study flowchart and summary of the percentage of patients with adverse outcomes among 480 cases of COVID-19 vaccination-related myocarditis. VRM, vaccine-related myocarditis; SCD, sudden cardiac death; ICU, intensive care unit; ECMO, extracorporeal membrane oxygenation

Males accounted for 62% of cases with a median age of 30 years and a range of 20 to 45 years. ICU admission was required in almost 18%, and 0.2% underwent heart transplantation. Death occurred in 4.4%. The authors offer incidence estimates of 1.08 cases of vaccine-related cases of myo/pericarditis cases per 100,000 vaccinated persons. **National dosing data is not a suitable denominator for prevalence calculation.**

Cho et al. discussed under-reporting as a limitation of the study, "…thorough measurement of cardiac troponin levels and endomyocardial biopsy could minimize underreporting in the present study". Detailed prevalence studies using cardiac MRI (cMRI) with late gadolinium enhancement (LGE), echocardiography, and other diagnostic studies are necessary.

Recently, Barmada et al. evaluated 23 young patients with myo/pericarditis. The bulk of the article concerns analysis of the immunological aspects of these cases, but they also presented one of the larger series of myopericarditis cases with follow up cMRI data.

https://www.science.org/doi/full/10.1126/sciimmunol.adh3455

Males comprised 87%, and the average age was 16.9 years, (range 13 to 21 years). Onset of symptoms ranged from a few days to over a week after the second dose of BNT162b2. Outcome data is contained in Supplement 1 found online but was lacking necessary clinical information including, but not limited to, age, follow-up time period, and functional recovery including athletics.

Six patients were excluded, but the authors admitted these cases might be worth studying as much as the others. The reasons for exclusion were a positive polymerase chain reaction (PCR) test for SC2 or greater than seven days between injection and onset of symptoms even though about a third of myocarditis cases in VAERS occur after seven days.

The six excluded patients were not differentiated from the six patients with incomplete cMRI data.

Blood studies were positive for myocardial injury and inflammation; elevated troponin, CRP, BNP, and NLR. (https://www.ahajournals.org/doi/full/10.1161/circulationaha.111.023697, https://www.mayoclinic.org/tests-procedures/c-reactive-protein-test/about/pac-20385228, https://my.clevelandclinic.org/health/diagnostics/22629-b-type-natriuretic-peptide, https://pubmed.ncbi.nlm.nih.gov/26878164/.)

Barmada et al. evaluated RVEF and LVEF, which stand for right and left ventricle ejection fraction — i.e., the percent of the blood ejected from the right and left ventricles during contraction (systole).

Data from initial hospitalization and follow-up after at least two months right and left ventricle ejection fraction data are presented with the right ventricle ejection fraction on top and the left ventricle data on bottom (available for 17 of 23 patients).

Values for healthy young males should be >55% although this number varies from source to source. (https://doi.org/10.1161/CIRCIMAGING.113.000706 Circulation: Cardiovascular Imaging. 2013; 6:700–7)

	RVEF1	RVEF2	Change
P1	47	51	4
P2	53	49	-4
P3	58	48	-10
P4	55	54	-1
P5	50	50	0
P6	59	52	-7
P7	51	50	-1
P9	44	46	2
P11	38	43	5
P15	54	**58**	4
P16	51	46	-5
P17	50	50	0
P18	44	44	0
P19	48	51	3
P20	39	51	12
P21	59	**61**	2
P22	54	43	-11
	50.2	49.8	-0.41

	LVEF1	LVEF2	Change
P1	**57**	**56**	-1
P2	**60**	**56**	-4
P3	**65**	**59**	-6
P4	**55**	**57**	2
P5	**58**	**57**	-1
P6	**61**	**58**	-3
P7	52	50	-2
P9	53	46	-7
P11	45	48	3
P15	**59**	**56**	-3
P16	51	49	-2
P17	49	53	4
P18	44	48	4
P19	50	**57**	7
P20	44	**58**	14
P21	58	**60**	2
P22	53	47	-6
	53.8	53.8	1

RVEF: Two patients had normal values at follow-up. Seven had lower EFs after "recovery," and seven improved but were below 55% at follow-up.

LVEF: Seven patients were in the normal range during hospitalization and after at least two months. Three patients improved, and nine declined.

Late gadolinium enhancement (LGE) on cMRI is an indication of ongoing myocardial inflammation/fibrosis. (https://radiopaedia.org/articles/late-gadolinium-enhancement-2?lang=us) Data are available for 17 patients. LGE1 indicates results during hospitalization. LGE2 follow-up was performed at least two months later.

	LGE1	LGE2
P1	+	+
P2	-	+
P3	+	+
P4	-	+
P5	+	+
P6	+	+
P7	+	+
P9	+	+
P11	+	-
P15	+	+
P16	+	+
P17	+	+
P18	+	+
P19	+	-
P20	+	-
P21	+	+
P22	+	+
	15/17	14/17

Published 5/05/2023 ✓

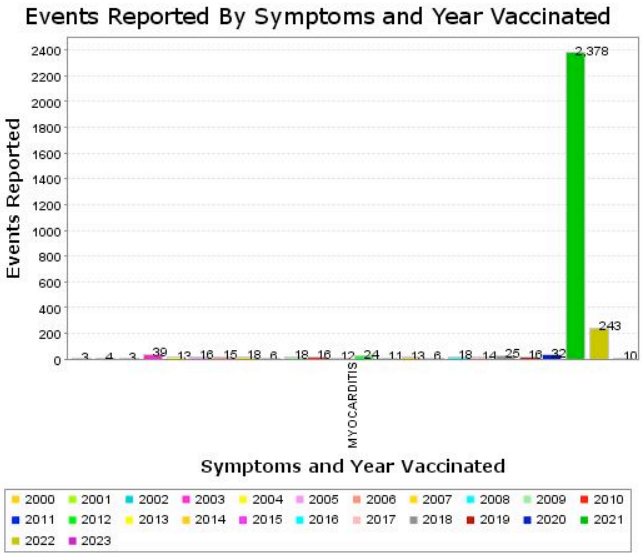
Fifteen of 17 patients had LGE in the acute phase of their illness and *14 of 17 began or continued to have LGE after their "recovery"*. Three patients went from positive to negative and two went from negative to positive. The long-term damage to these hearts was not emphasized by Barmada et al. We cannot determine how many of these young people will be needing heart transplants, pacemakers, and other future treatment for their damaged hearts.

The CDC has known that myo/pericarditis occurs after C19 gene therapy as has been made public. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html

Myocarditis and pericarditis **after COVID-19 vaccination are rare.** Myocarditis is inflammation of the heart muscle, and pericarditis is inflammation of the outer lining of the heart. Most patients with myocarditis or pericarditis after COVID-19 vaccination responded well to medicine and rest and felt better quickly. Most cases have been reported after receiving Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines), particularly in male adolescents and young adults.

As of 6/16/2023

The following data are from VAERS using myocarditis "signal" for all vaccines.



Of the 2,378 event reports in 2021, 2,345 were associated with C19 gene therapy products.

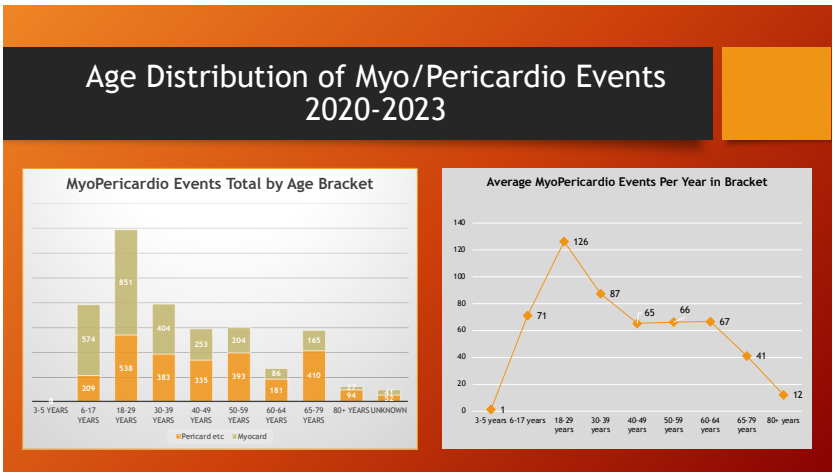
Messages:
- VAERS data in CDC WONDER are updated every Friday. Hence, results for the same query can change from week to week.
- These results are for 2,607 total events.

Symptoms	Year Vaccinated	Events Reported	Percent (of 2,607)
MYOCARDITIS	2020	24	0.92%
	2021	2,345	89.95%
	2022	232	8.90%
	2023	6	0.23%
	Total	2,607	100.00%
Total		2,607	100.00%

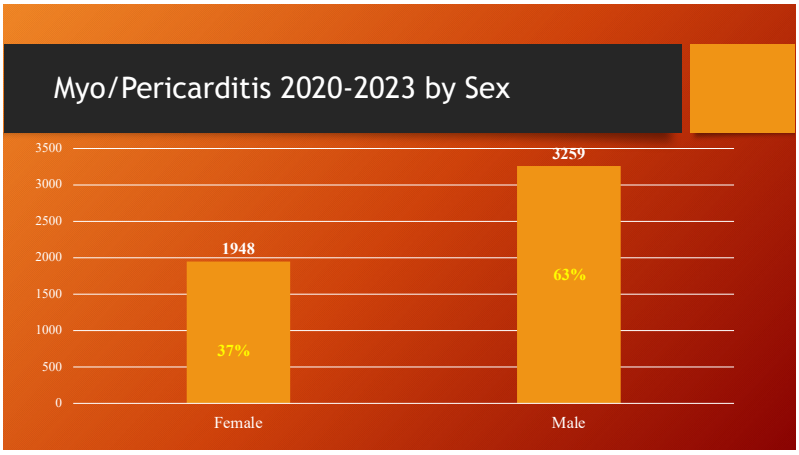
Males had 71.68% of these events, 21% occurred in ages 6 to 17, and 33% occurred in 18- to 29-year-olds.

As noted previously, VAERS numbers change over time, but this pattern is remarkably consistent with a low level of reporting in children under 18 years old in the VAERS database for 30 years including the COVID-19 year of 2020.

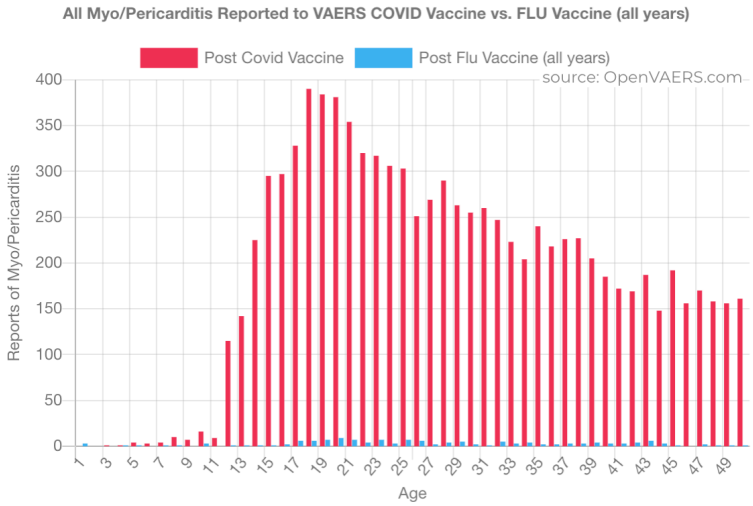
It was in 2021 that the number of myocarditis reports jumped, and then they fell back in 2022 as dosing with C19 "vaccines" tapered off. The mRNA products were authorized for 12 to 18-year-olds in May of 2021as the dosing program headed to its peak.



The left histogram above is a plot of the distribution of combined myo/pericardial event reports by age bracket with the average per year within the bracket on the right.



Males dominate the category of inflammatory cardiac disease.



https://openvaers.com/

This chart from OpenVAERS shows the contrast between the reporting of myo/pericarditis after flu vaccine, in blue, compared with C19 gene therapy products, in red. Flu hardly shows up.

IV. Death, Sudden Death, and Sudden Cardiac Death

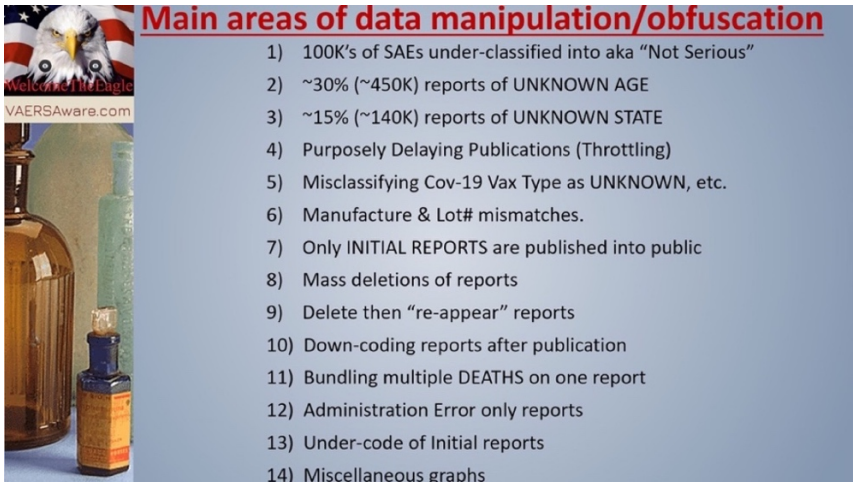
A. Tampering with VAERS Reports

Dr. Makis tracks morbidity and mortality reports in public media on his Substack. His June 10, 2023, article reports on the work of Alberto Benavidez who has been researching the veracity of VAERS for two years. (https://welcometheeagle.substack.com/p/vaers-jun-2-2023-wrap-up) Mr. Benavidez estimated the number of **fatalities in children listed in VAERS should be increased by at least 182.**

> "There are at least 182 children who died from COVID-19 vaccines hidden in the VAERS database, that don't show up when you search for child vaccine deaths. How is VAERS doing this? It's creative and diabolical:
>
> Some brilliant investigative work was done by TheEagle88 who publishes his work on his substack and who made this shocking discovery (**click here**)."
>
> **https://makismd.substack.com/p/vaers-is-cleverly-hiding-182 child**

In addition to mislabeling, TheEagle88 cites the efforts of Jessica Rose to track the disappearance of reports. The cases entered into the system can be removed as new ones are added. (https://jessicar.substack.com/p/the-death-counts-been-slowing-down, https://public.tableau.com/app/profile/alberto.benavidez.)

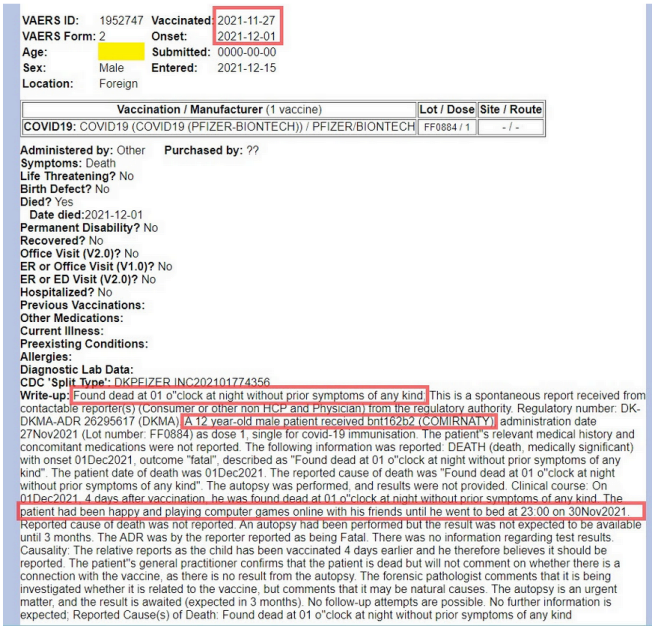
Mr. Benavidez says he has specialized training and experience in investigating billing and health insurance matters. He presents the following list of ways VAERS is being manipulated.



"Conclusion: VAERS is actively covering up catastrophic injury and to add insult, VAERS does not publish all legitimate reports received!"

Case 1:

VAERS ID 1952747, mentioned in TheEagle88's reporting, is reproduced below. It shows the clinical detail submitted for a 12-year-old male captured by Mr. Benavidez before it disappeared. No age is indicated, yet the clinical detail identifies the young man's age. (https://www.medalerts.org/vaersdb/findfield.php?IDNUMBER=1952747)

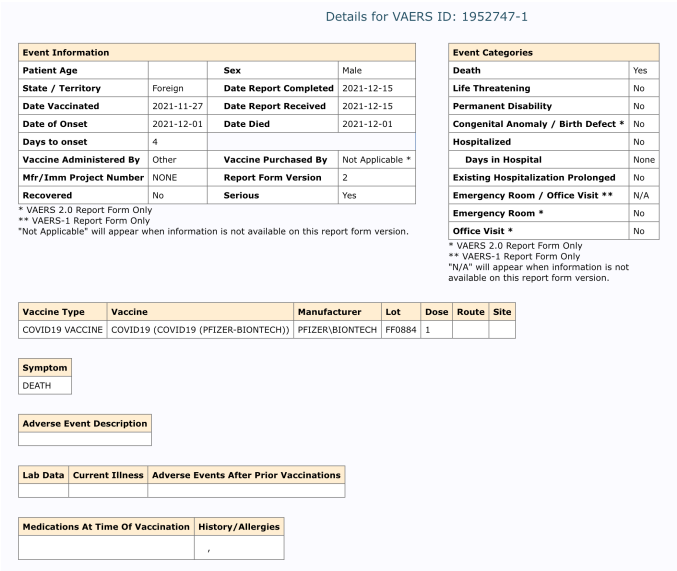


VAERS ID: 1952747 **Vaccinated:** 2021-11-27
VAERS Form: 2 **Onset:** 2021-12-01
Age: **Submitted:** 0000-00-00
Sex: Male **Entered:** 2021-12-15
Location: Foreign

Vaccination / Manufacturer (1 vaccine)	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF0884 / 1	- / -

Administered by: Other **Purchased by:** ??
Symptoms: Death
Life Threatening? No
Birth Defect? No
Died? Yes
Date died: 2021-12-01
Permanent Disability? No
Recovered? No
Office Visit (V2.0)? No
ER or Office Visit (V1.0)? No
ER or ED Visit (V2.0)? No
Hospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data:
CDC 'Split Type': DKPFIZER INC202101774356
Write-up: Found dead at 01 o"clock at night without prior symptoms of any kind. This is a spontaneous report received from contactable reporter(s) (Consumer or other non HCP and Physician) from the regulatory authority. Regulatory number: DK-DKMA-ADR 26295617 (DKMA). A 12 year-old male patient received bnt162b2 (COMIRNATY, administration date 27Nov2021 (Lot number: FF0884) as dose 1, single for covid-19 immunisation. The patient"s relevant medical history and concomitant medications were not reported. The following information was reported: DEATH (death, medically significant) with onset 01Dec2021, outcome "fatal", described as "Found dead at 01 o"clock at night without prior symptoms of any kind". The patient date of death was 01Dec2021. The reported cause of death was "Found dead at 01 o"clock at night without prior symptoms of any kind". The autopsy was performed, and results were not provided. Clinical course: On 01Dec2021, 4 days after vaccination, he was found dead at 01 o"clock at night without prior symptoms of any kind. The patient had been happy and playing computer games online with his friends until he went to bed at 23:00 on 30Nov2021. Reported cause of death was not reported. An autopsy had been performed but the result was not expected to be available until 3 months. The ADR was by the reporter reported as being Fatal. There was no information regarding test results. Causality: The relative reports as the child has been vaccinated 4 days earlier and he therefore believes it should be reported. The patient"s general practitioner confirms that the patient is dead but will not comment on whether there is a connection with the vaccine, as there is no result from the autopsy. The forensic pathologist comments that it is being investigated whether it is related to the vaccine, but comments that it may be natural causes. The autopsy is an urgent matter, and the result is awaited (expected in 3 months). No follow-up attempts are possible. No further information is expected; Reported Cause(s) of Death: Found dead at 01 o"clock at night without prior symptoms of any kind

This entry for VAERS ID 1952747 is now blank. See below.



Details for VAERS ID: 1952747-1

Event Information			
Patient Age		**Sex**	Male
State / Territory	Foreign	**Date Report Completed**	2021-12-15
Date Vaccinated	2021-11-27	**Date Report Received**	2021-12-15
Date of Onset	2021-12-01	**Date Died**	2021-12-01
Days to onset	4		
Vaccine Administered By	Other	**Vaccine Purchased By**	Not Applicable *
Mfr/Imm Project Number	NONE	**Report Form Version**	2
Recovered	No	**Serious**	Yes

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"Not Applicable" will appear when information is not available on this report form version.

Event Categories	
Death	Yes
Life Threatening	No
Permanent Disability	No
Congenital Anomaly / Birth Defect *	No
Hospitalized	No
Days in Hospital	None
Existing Hospitalization Prolonged	No
Emergency Room / Office Visit **	N/A
Emergency Room *	No
Office Visit *	No

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"N/A" will appear when information is not available on this report form version.

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	FF0884	1		

Symptom
DEATH

Adverse Event Description

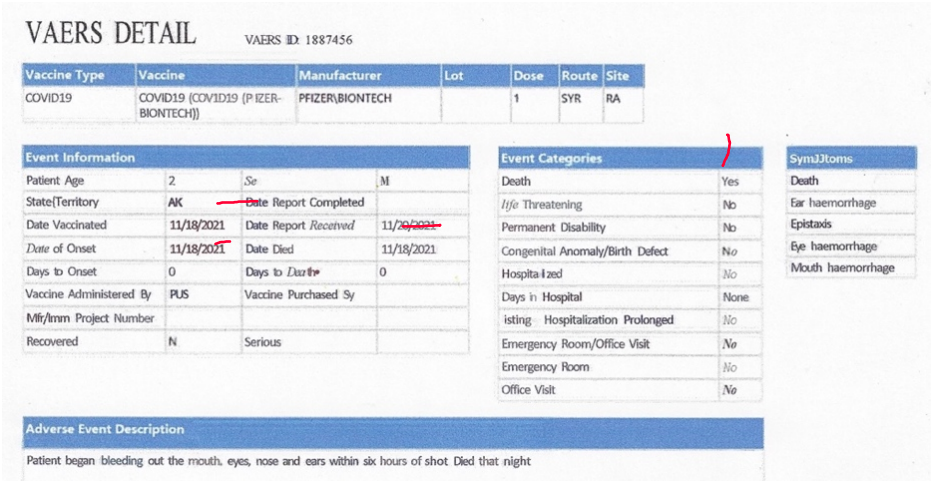
Lab Data	Current Illness	Adverse Events After Prior Vaccinations

Medications At Time Of Vaccination	History/Allergies
	,

VAERS 6/10/2023

Case 2:

VAERS ID 1887456 concerns a two-year-old male who received one dose of BNT162b2 on November 18, 2021, seven months before the drug was released to his age group by Health and Human Services (HHS) Directive on June 18, 2022. Within six hours of receiving the injection, the child began hemorrhaging from his eyes, ears, nose, and mouth and then he died. The report was received November 20, 2021.



VAERS DETAIL VAERS ID: 1887456

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH		1	SYR	RA

Event Information			
Patient Age	2	Se	M
State(Territory	AK	Date Report Completed	
Date Vaccinated	11/18/2021	Date Report Received	11/20/2021
Date of Onset	11/18/2021	Date Died	11/18/2021
Days to Onset	0	Days to Death	0
Vaccine Administered By	PUS	Vaccine Purchased Sy	
Mfr/Imm Project Number			
Recovered	N	Serious	

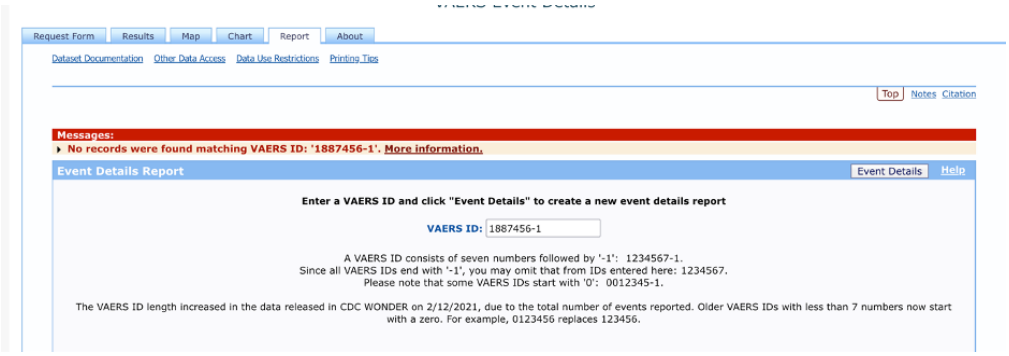
Event Categories	
Death	Yes
life Threatening	No
Permanent Disability	No
Congenital Anomaly/Birth Defect	No
Hospitalized	No
Days in Hospital	None
isting Hospitalization Prolonged	No
Emergency Room/Office Visit	No
Emergency Room	No
Office Visit	No

SymJJtoms
Death
Ear haemorrhage
Epistaxis
Eye haemorrhage
Mouth haemorrhage

Adverse Event Description

Patient began bleeding out the mouth, eyes, nose and ears within six hours of shot Died that night

The report has since gone down the CDC memory hole as documented on June 12, 2023, below.



Request Form | Results | Map | Chart | Report | About

Dataset Documentation | Other Data Access | Data Use Restrictions | Printing Tips

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Messages:

No records were found matching VAERS ID: '1887456-1'. More information.

Event Details Report Event Details | Help

Enter a VAERS ID and click "Event Details" to create a new event details report

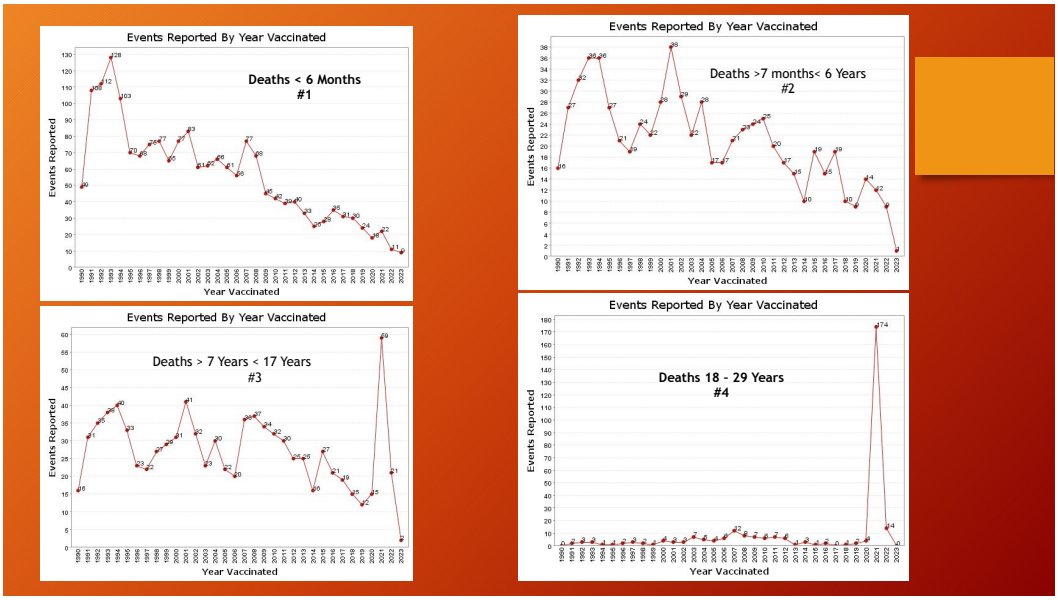
VAERS ID: 1887456-1

A VAERS ID consists of seven numbers followed by '-1': 1234567-1.
Since all VAERS IDs end with '-1', you may omit that from IDs entered here: 1234567.
Please note that some VAERS IDs start with '0': 0012345-1.

The VAERS ID length increased in the data released in CDC WONDER on 2/12/2021, due to the total number of events reported. Older VAERS IDs with less than 7 numbers now start with a zero. For example, 0123456 replaces 123456.

B. VAERS Data: Red Flag Alert

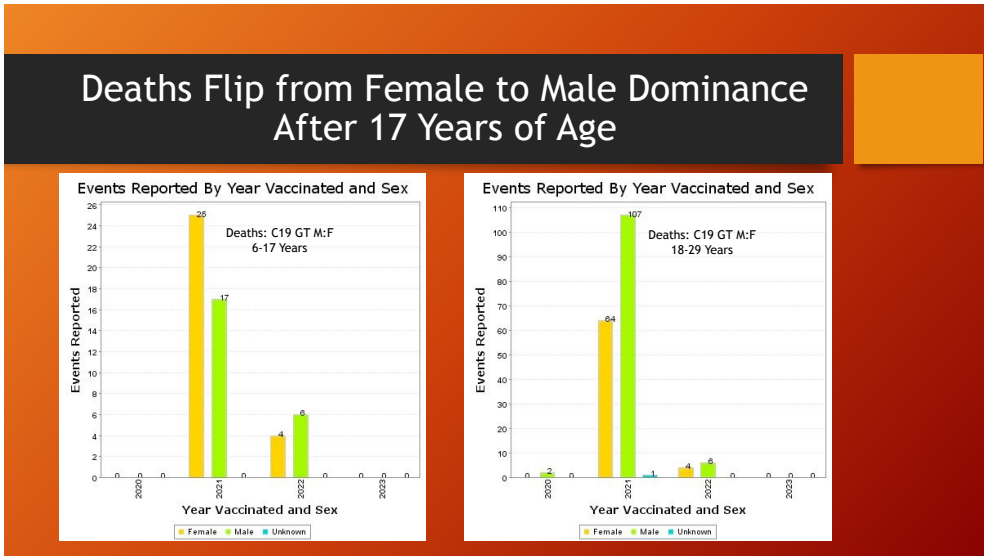
The following composite illustrates search results for “death” after “vaccination” in different VAERS age brackets.



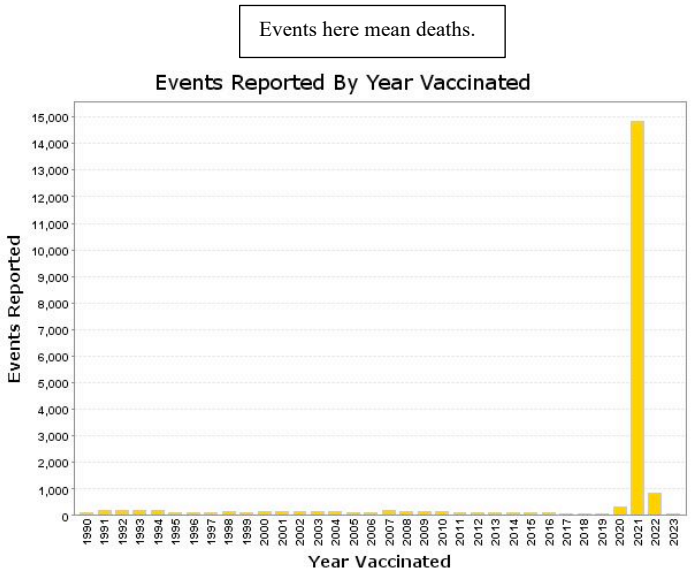
Charts #1 and #2 are reports of death in ages under seven years. Both plots show a 30-year downward trend in fatalities after vaccination. In 2021 there was a slight bump up in infant fatalities but within the range of past variation. The popularity of the injection waned before these children were included in the inoculation scheme.

Charts #3 and #4 show an entirely different pattern with a substantial "death" bump in 2021 with a 47x increase in fatalities for ages 7 to 17 years and a 43x increase in deaths in 2021 for ages 18 to 29 years.

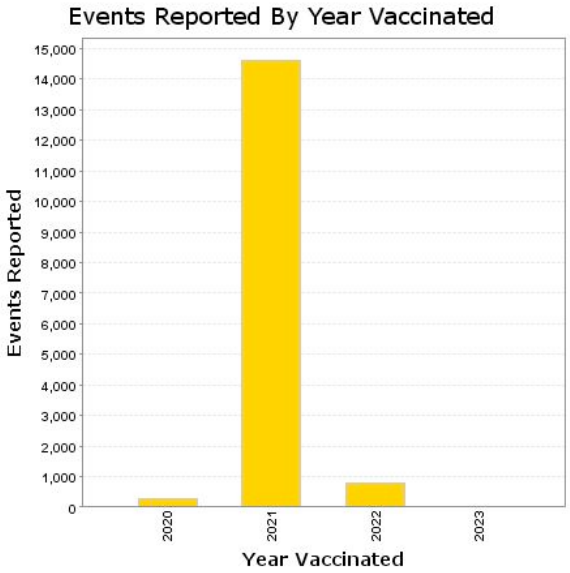
The gene therapy products were authorized for ages 16 years and older on December 11, 2020, ages 12 to 15 years on May 10, 2021, and ages 5 to 11 on October 29, 2021. The age six months and older release date was June 17, 2022, supporting the hypothesis that these products played a role in the fatality spikes.



From 6 to 17 years of age, females had 60% of the fatalities contrasted with the next older age bracket, 18-29 years old, in which males had 63% of the fatalities. The total number went from 42 in the 6-17 years old bracket to 171 in the 18-29 years old bracket.

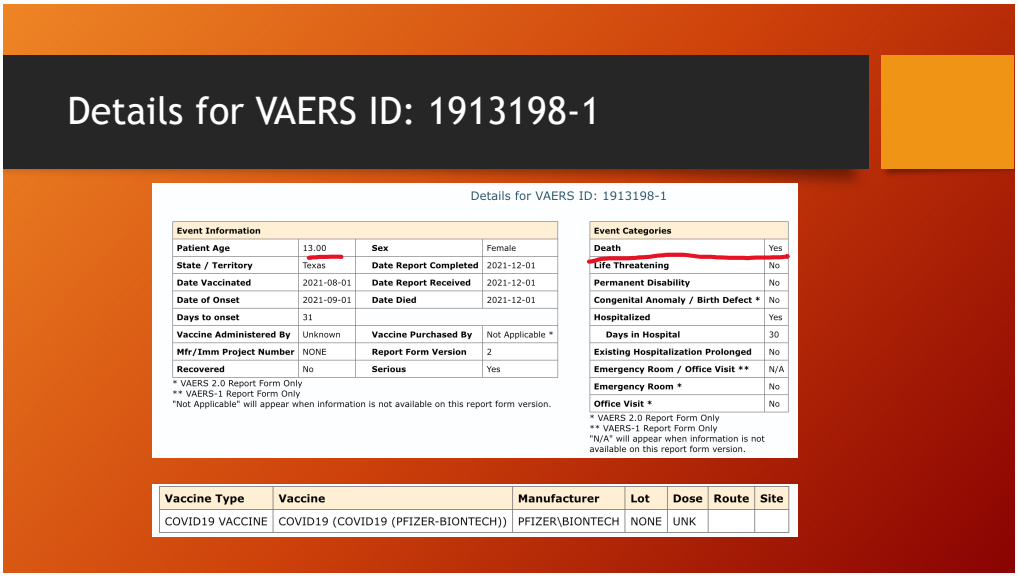


Total deaths (all ages) reported to VAERS for all "vaccine" products spiked in 2021, the year of the widescale C19 gene therapy products rollout.



CoVax gene therapy products account for almost all deaths since the December 2020 emergency use authorization with very small adjustment for non-C19 drug products (compare this with preceding histogram).

VAERS ID 1913198 concerns a 13-year-old girl who experienced rapid onset of a very rare and aggressive epithelioid sarcoma of her heart one month after her first dose of BNT162b2.



Details for VAERS ID: 1913198-1

Details for VAERS ID: 1913198-1

Event Information			
Patient Age	13.00	**Sex**	Female
State / Territory	Texas	**Date Report Completed**	2021-12-01
Date Vaccinated	2021-08-01	**Date Report Received**	2021-12-01
Date of Onset	2021-09-01	**Date Died**	2021-12-01
Days to onset	31		
Vaccine Administered By	Unknown	**Vaccine Purchased By**	Not Applicable *
Mfr/Imm Project Number	NONE	**Report Form Version**	2
Recovered	No	**Serious**	Yes

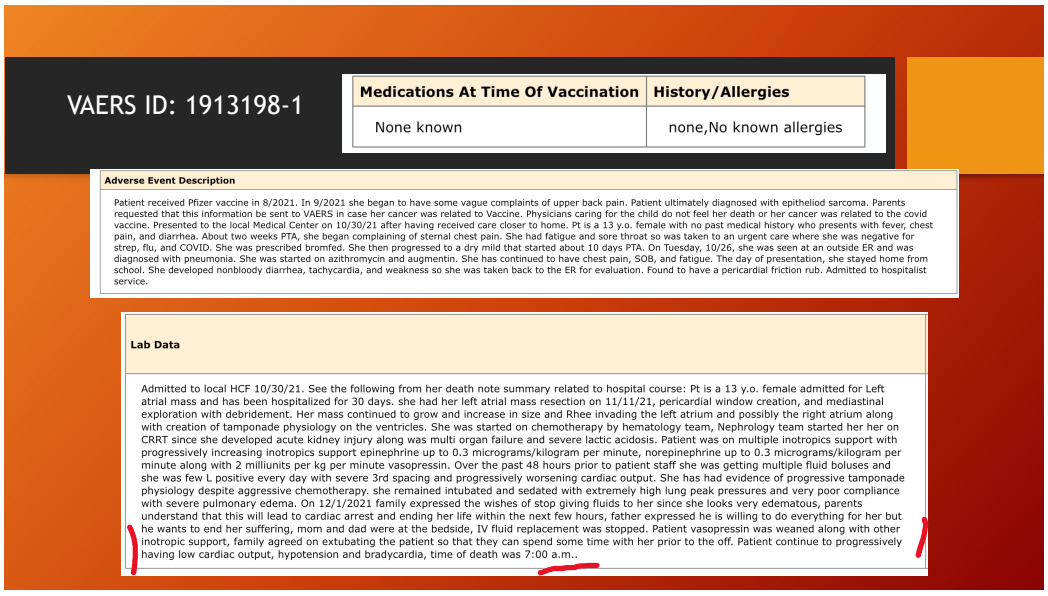
* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"Not Applicable" will appear when information is not available on this report form version.

Event Categories	
Death	Yes
Life Threatening	No
Permanent Disability	No
Congenital Anomaly / Birth Defect *	No
Hospitalized	Yes
Days in Hospital	30
Existing Hospitalization Prolonged	No
Emergency Room / Office Visit **	N/A
Emergency Room *	No
Office Visit *	No

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"N/A" will appear when information is not available on this report form version.

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	NONE	UNK		

She spent 30 days in the hospital before she expired.



VAERS ID: 1913198-1

Medications At Time Of Vaccination	History/Allergies
None known	none,No known allergies

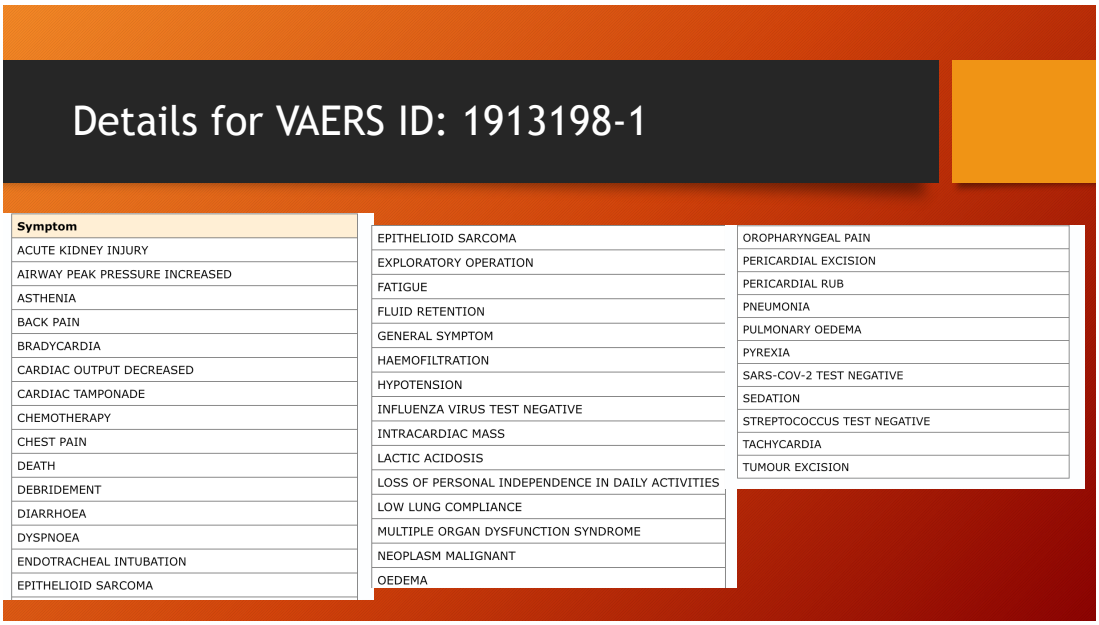
Adverse Event Description

Patient received Pfizer vaccine in 8/2021. In 9/2021 she began to have some vague complaints of upper back pain. Patient ultimately diagnosed with epitheliod sarcoma. Parents requested that this information be sent to VAERS in case her cancer was related to Vaccine. Physicians caring for the child do not feel her death or her cancer was related to the covid vaccine. Presented to the local Medical Center on 10/30/21 after having received care closer to home. Pt is a 13 y.o. female with no past medical history who presents with fever, chest pain, and diarrhea. About two weeks PTA, she began complaining of sternal chest pain. She had fatigue and sore throat so was taken to an urgent care where she was negative for strep, flu, and COVID. She was prescribed bromfed. She then progressed to a dry mild that started about 10 days PTA. On Tuesday, 10/26, she was seen at an outside ER and was diagnosed with pneumonia. She was started on azithromycin and augmentin. She has continued to have chest pain, SOB, and fatigue. The day of presentation, she stayed home from school. She developed nonbloody diarrhea, tachycardia, and weakness so she was taken back to the ER for evaluation. Found to have a pericardial friction rub. Admitted to hospitalist service.

Lab Data

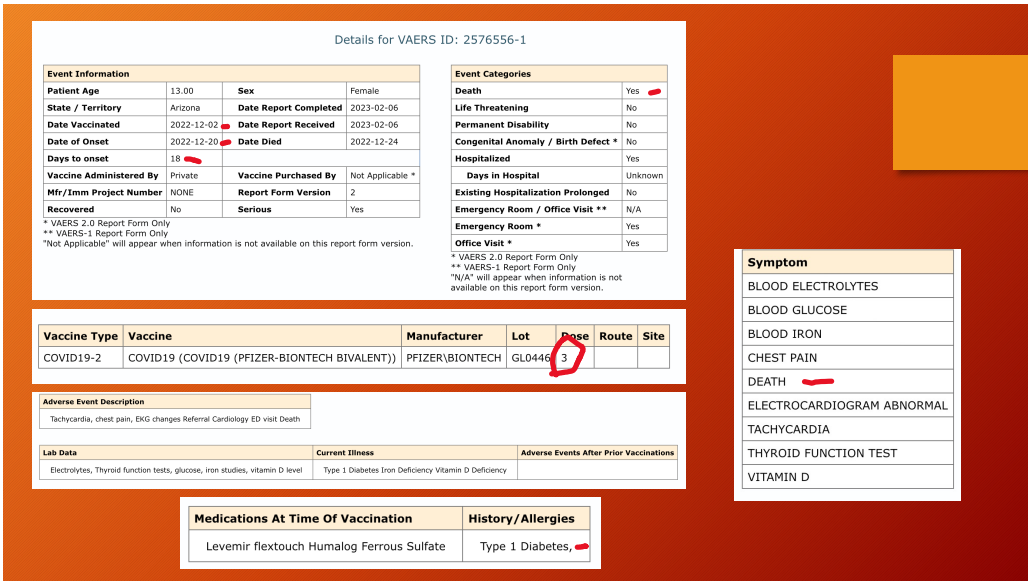
Admitted to local HCF 10/30/21. See the following from her death note summary related to hospital course: Pt is a 13 y.o. female admitted for Left atrial mass and has been hospitalized for 30 days. she had her left atrial mass resection on 11/11/21, pericardial window creation, and mediastinal exploration with debridement. Her mass continued to grow and increase in size and Rhee invading the left atrium and possibly the right atrium along with creation of tamponade physiology on the ventricles. She was started on chemotherapy by hematology team, Nephrology team started her her on CRRT since she developed acute kidney injury along was multi organ failure and severe lactic acidosis. Patient was on multiple inotropics support with progressively increasing inotropics support epinephrine up to 0.3 micrograms/kilogram per minute, norepinephrine up to 0.3 micrograms/kilogram per minute along with 2 milliunits per kg per minute vasopressin. Over the past 48 hours prior to patient staff she was getting multiple fluid boluses and she was few L positive every day with severe 3rd spacing and progressively worsening cardiac output. She has had evidence of progressive tamponade physiology despite aggressive chemotherapy. she remained intubated and sedated with extremely high lung peak pressures and very poor compliance with severe pulmonary edema. On 12/1/2021 family expressed the wishes of stop giving fluids to her since she looks very edematous, parents understand that this will lead to cardiac arrest and ending her life within the next few hours, father expressed he is willing to do everything for her but he wants to end her suffering, mom and dad were at the bedside, IV fluid replacement was stopped. Patient vasopressin was weaned along with other inotropic support, family agreed on extubating the patient so that they can spend some time with her prior to the off. Patient continue to progressively having low cardiac output, hypotension and bradycardia, time of death was 7:00 a.m..

Her sarcoma recurred after excision and with chemotherapy.



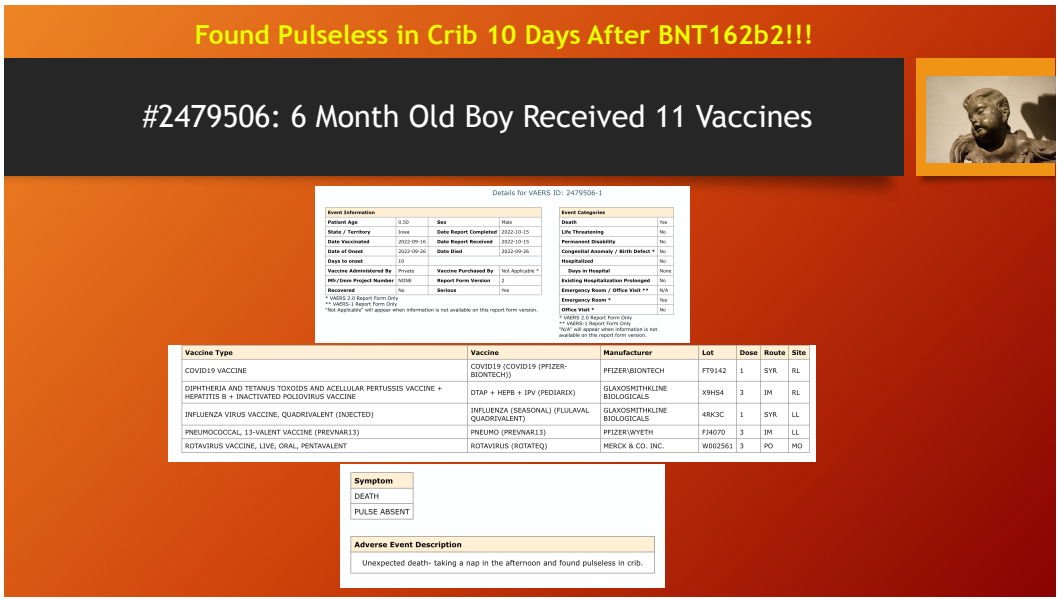
In medicine, this is called a problem list. This is a long one. She could be placed in multiple diagnostic categories including turbo cancer, cardiac epithelioid sarcoma, MIS-C, and myopericardial disease. For more on turbo cancer see: https://makismd.substack.com/p/turbo-cancer-sarcomas-14-yo-jeremiah, https://makismd.substack.com/p/turbo-colon-cancer-diagnosis-to-death, and https://makismd.substack.com/p/turbo-lung-cancer-24-year-old-uk.

VAERS ID 2576556 was a 13-year-old girl who died on Christmas Eve three weeks after her **third dose of Pfizer's BNT162b2.**



VAERS 5/12/202

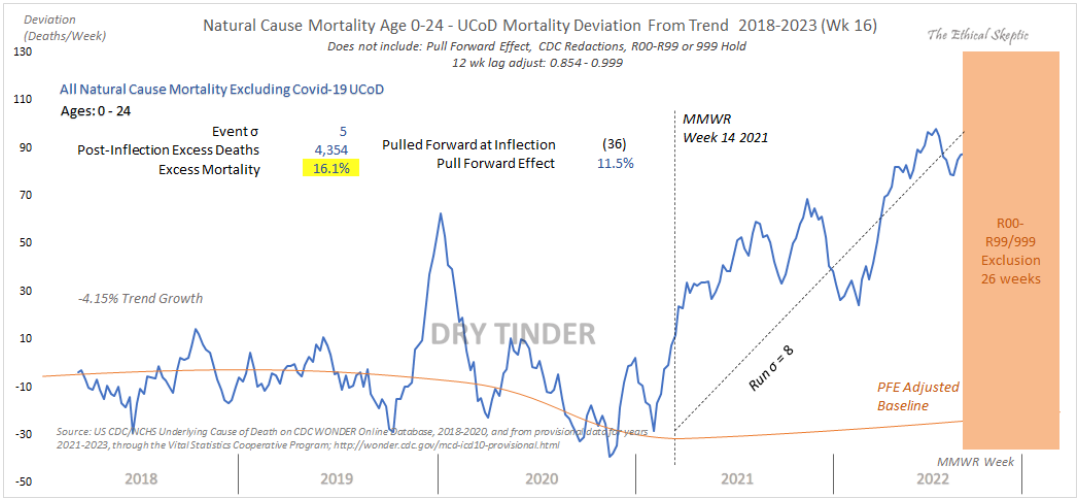
This section will end with a case of what may someday be called fatal toxic vaccinosis:



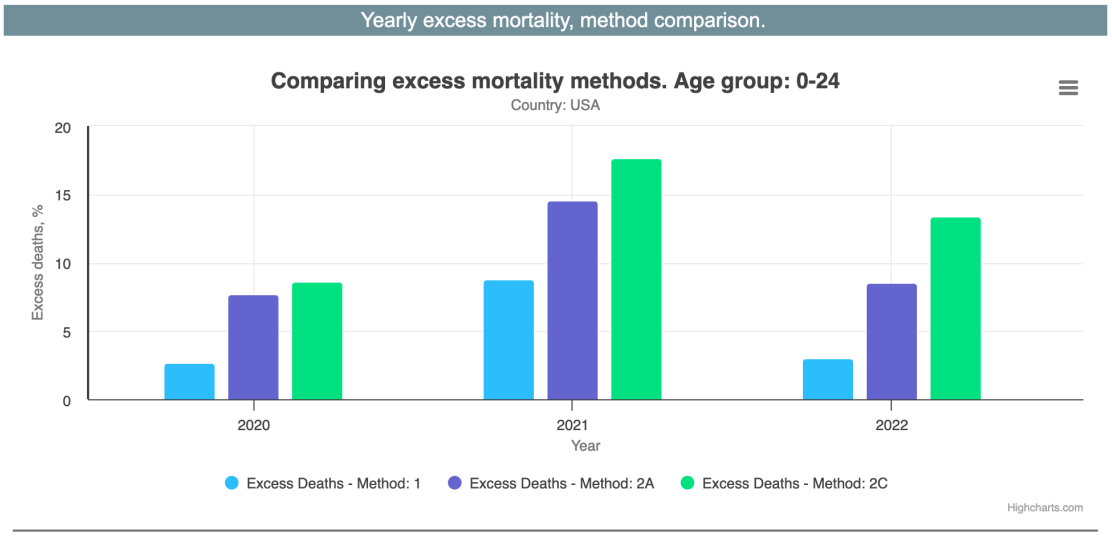
Was the cause of death 11 doses of "vaccines"? We cannot say, as VAERS has limitations, but VAERS was touted as being a resource to monitor adverse event signals. Unfortunately, the signals are being ignored.

C: Excess Mortality

Ethical Sceptic has looked at all-cause mortality in the zero- to 24-year-old age bracket (below). There was a big jump in 2021, a five-sigma event, at the time the spike-generating drugs were being distributed widely. The years covered have unique importance with 2018 and 2019 predating C19 and offering a baseline, 2020 reflecting C19 alone; 2021 reflecting C19 plus C19 gene therapy product mass inoculation, and 2022 reflecting tapering of both C19 and C19 gene therapy. Mortality took a big jump in 2021 as the mass inoculation program launched.



https://theethicalskeptic.com/2022/08/20/houston-we-have-a-problem-part-1-of-3/
https://theethicalskeptic.com/2022/10/24/houston-the-cdc-has-a-problem-part-2-of-3/

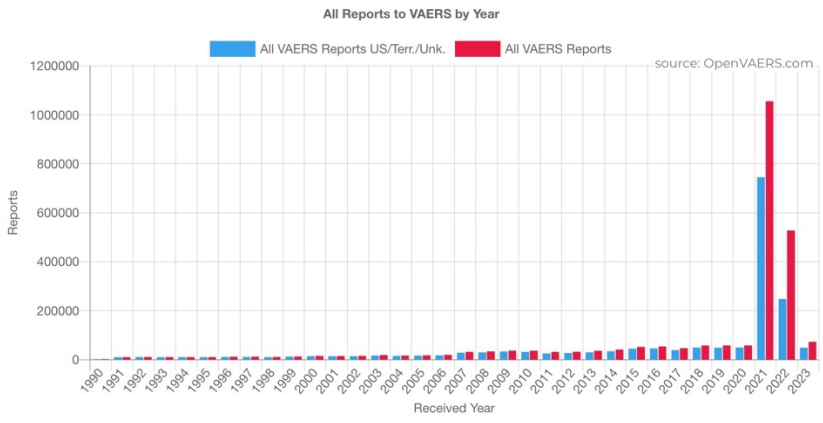


Country: USA

Ed Dowd and his group used three methods to estimate excess mortality in young people. (https://phinancetechnologies.com/HumanityProjects/Yearly%20Excess%20Death%20Rate%20Analysis%20-%20US.htm) The range was 2.7% to 8.6% in 2020, COVID-19 year one, and more than doubling in C19, "vaccine" year one, to 8.7% to 17.6% then dropping to 3% to 13% as the rate of "vaccination" dropped.

V. Adverse Events and Dosing Schedules: Correlation

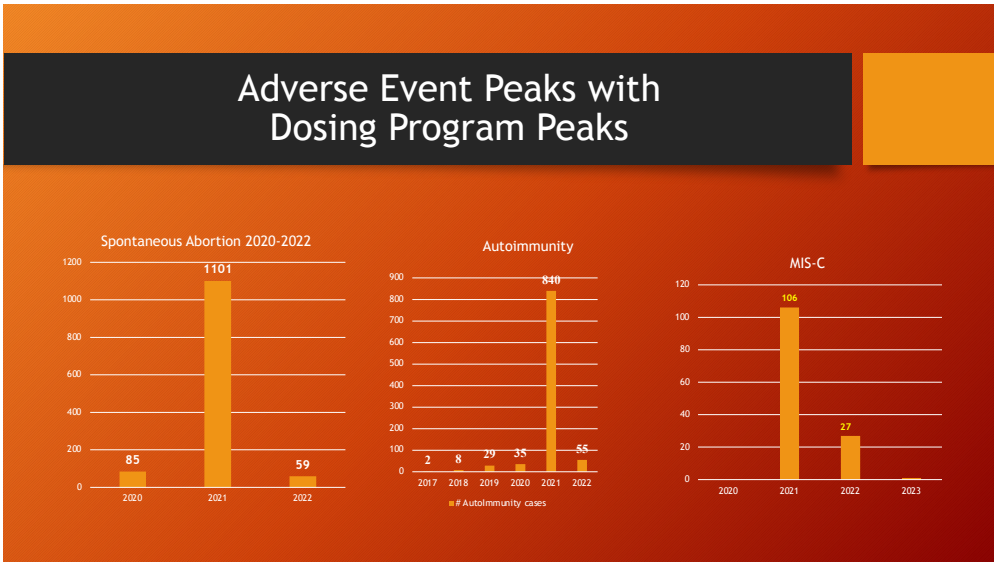
The histogram below is a plot of annual VAERS reports data since 1990. Years 2021and 2022 demonstrate VAERS reporting spikes as the GTP "vaccine" program picked up steam. Then, it began cooling off in 2022. From Pfizer Document 2.4 *(reporting on animal studies in the early phases of development beginning in early 2020)* forward, there has been documentation of dose-related adverse events associated with the LNP/mRNA products. (https://www.phmpt.org/wp-content/uploads/2022/03/125742_S1_M2_24_nonclinical-overview.pdf)



https://openvaers.com/

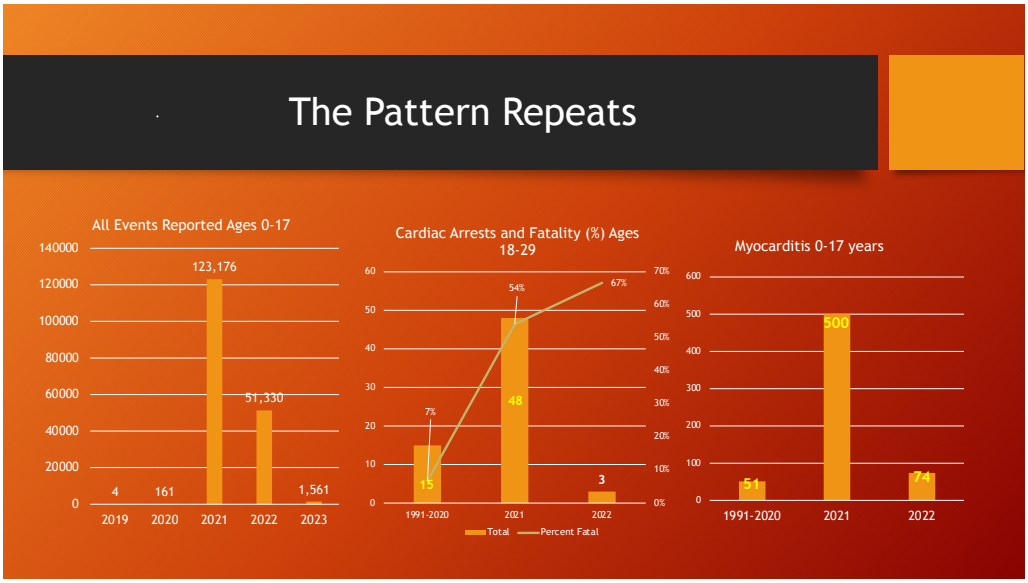
The almost two-and-a-half years of data support this observation. The more drug administered, the more complications.

Is this hypothesis supported with individual disease categories?



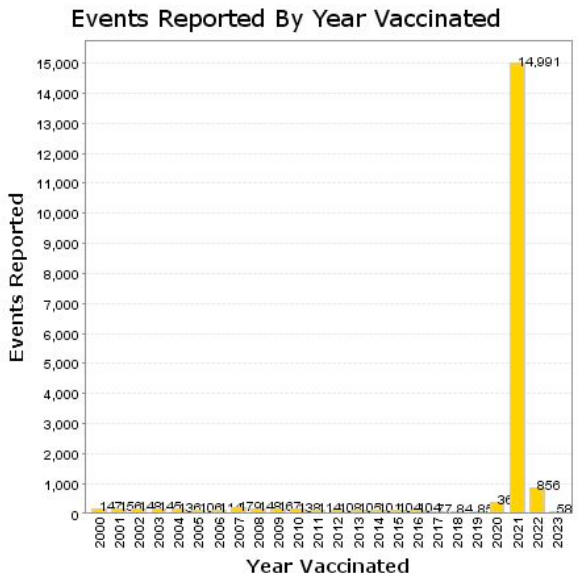
VAERS 5/12/2023

Spontaneous abortion, Autoimmunity, MIS-C patterns peaked in 2021 along with the peak in drug dosing.



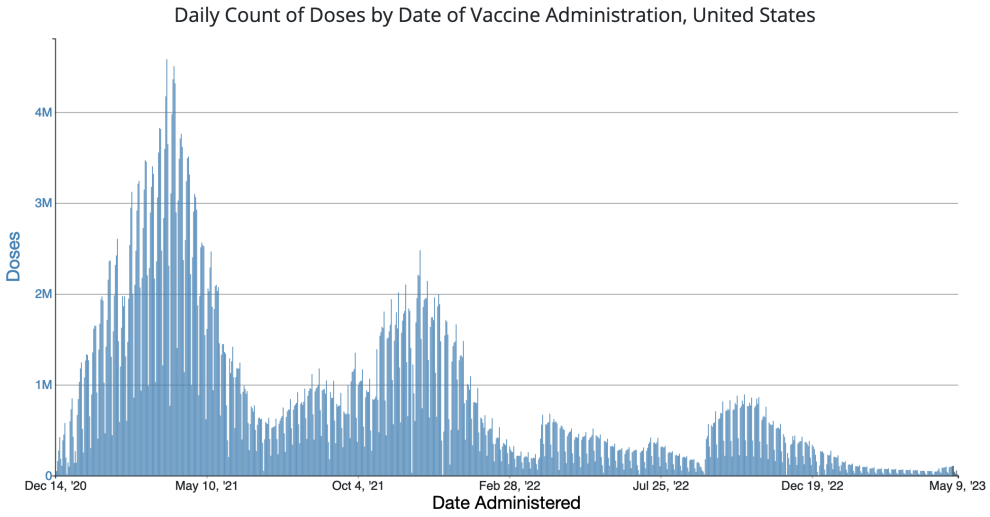
VAERS 5/12/2023

The same is true for All Events (ages 0-17 years), Cardiac Arrests (ages 18-29 years), and Myocarditis (0-17 years).

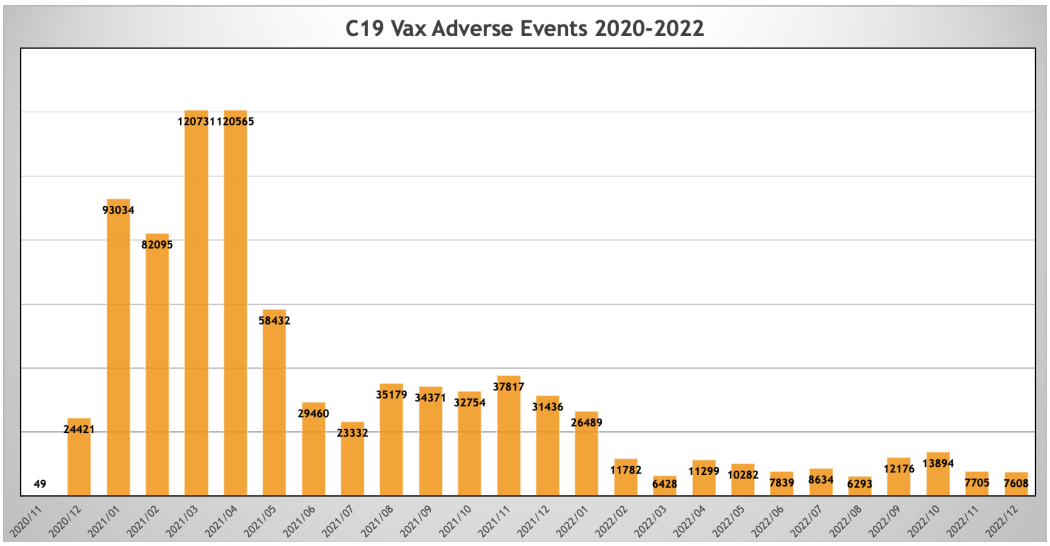


The plot above illustrates the enormous jump in mortality reporting events in VAERS in 2021, the year the gene therapy products were rolled out.

The next chart is a **plot of daily doses administered in the U.S. and Territories.** Note the primary peak in dosing during spring 2021 with a secondary peak beginning in late summer of 2021 and extending through January 2022. Two additional peaks are present.

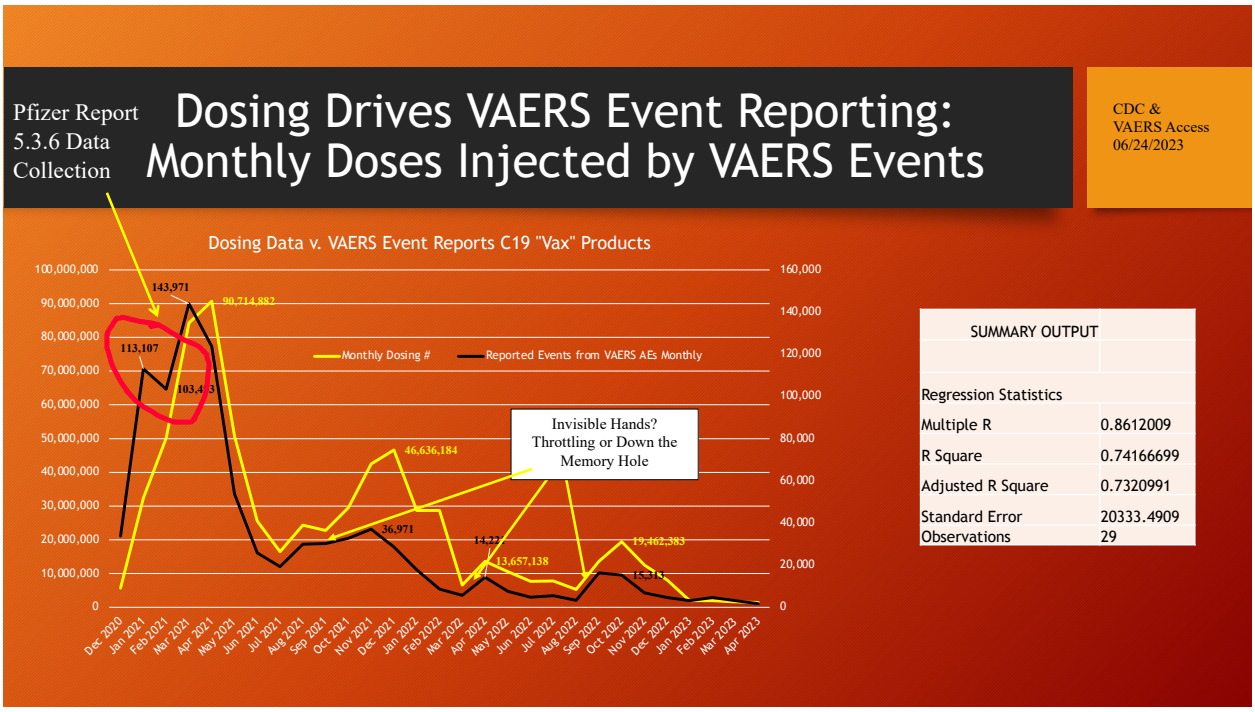


https://covid.cdc.gov/covid-data-tracker/#vaccination-trends



VAERS event reports followed a similar pattern with peaks in February and March 2021 and a secondary peak in August 2021 through January 2022.

Below is a plot of monthly people injected on the primary axis in orange, and monthly VAERS Event Reports are plotted on the secondary axis (scaled for illustration purposes).



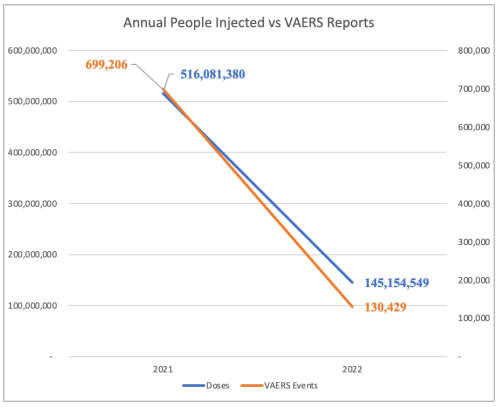
Data are restricted to U.S. and Territories. Data Accessed 06/24/2023.

There is a strong association between dosing and adverse events.

What accounts for the abrupt decline (red circle) in reporting of events in February 2021? At this point in time, the data collecting for Pfizer Confidential Post-Marketing Report 5.3.6 was in the late stage of its compilation. Pfizer had to add 2,400 employees to record over 140,000 Adverse Events during the first 10 weeks of widespread use of C19 gene therapy drugs. Did the CDC throttle back posting of events? What are the alternative explanations of this anomaly? Did they throttle down the next three Event Report waves as well?

Superimposing monthly C19 gene therapy drug monthly doses (orange) on a plot of VAERS reports by month of injection (blue) shows a similar peak and valley pattern. When combined with the other plots, these are evidence of a possible causal relationship between the number of monthly doses and the number of adverse reports in the VAERS database.

The reduced amplitude of the secondary, tertiary, and quaternary peaks of reported events related to the dosing peaks are possibly explained by blanks and reformulations of the C19 gene therapy product or meddling with the numbers. Efficacy proved elusive, but toxicity could be reduced with removal of mRNA from some batches and reformulations of the "recipe". https://dailysceptic.org/2023/06/28/pfizer-vaccine-batches-in-the-eu-were-placebos-say-scientists/?utm_source=substack&utm_medium=email As dosing fell off in 2022, VAERS reporting fell in tandem (below).



VI. Discussion

The SARS-CoV-2 virus emerged from a laboratory and spread around the world wreaking havoc in many ways. Some havoc was related to illness caused by Dr. Ralph Baric's chimera but other than the elderly and those with certain co-morbidities, the virus posed little threat to healthy, young people. Recently, a Freedom of Information (FOI) request to the Ministry of Health in Israel asking for documentation of any deaths of persons less than 50 years of age without comorbidity brought the response, **there were none. (**https://www.illusionconsensus.com/p/new-israeli-report-no-covid-deaths)

As Dr. Ioannidis et al. recently reported, COVID-19 is an illness of Seniors.

> "The COVID-19 death risk in people <65 years old during the period of fatalities from the epidemic was equivalent to the death risk from driving between 13 and 101 miles per day for 11 countries and 6 states, and was higher (equivalent to the death risk from driving 143-668 miles per

day) for 6 other states and the UK. People <65 years old without underlying predisposing conditions accounted for only 0.7-2.6% of all COVID-19 deaths (data available from France, Italy, Netherlands, Sweden, Georgia, and New York City)."
(https://doi.org/10.1101/2020.04.05.20054361)

In response to COVID-19, an experimental gene therapy product was labelled a vaccine and, with massive funding for marketing from the U.S. government, was foisted on the peoples of the world. Like the virus itself, the new drugs had a negative impact on Seniors; but, unlike SARS-CoV-2, has had devastating effects on those less than 60 years old. Children with miniscule risk from the virus have died and been disabled by the spike-producing gene therapy drugs.

Beginning before conception, these drugs have negatively impacted reproduction. Women are disproportionately affected with Adverse Events and disability. Young men are disproportionately afflicted with heart damage, which may be permanent for many. Unlike the virus, the treatment of the virus has impacted all age groups, including children, healthy people, as well as those with no comorbidities.

We do not yet know whether these new drugs and the diseases that they cause will go away or are now part of the human condition. If, a big if, they are integrated into the human genome and transcribe and translate abnormal proteins, these new disease conditions may be propagated to future generations. Natural selection has never been set up against synthetic genetic materials and the host of new diseases produced by them.

Perhaps even more disturbing is the work of Kevin McKernan who identified bacterial DNA from the manufacturing process present in the “vaccines” at a level 1,000 times above the acceptable level. (https://sashalatypova.substack.com/p/kevin-mckernan-reports-on-plasmidgate) This bacterial DNA has unknown consequence at present but has the potential of producing resistance to an important class of antibiotics, the aminoglycosides.

For now, these negative thoughts are not supported by known science. The robustness and complexity of the human immune system may yet defeat this threat. Once governments around the world stop the coverup of these various manmade C19 gene therapy-related illnesses, doctors and researchers can begin the task of helping the injured and finding cures for their diseases.

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