

Table of Contents

- Masks
- PCR Swabs and Cycle Thresholds
- Dr. Peter McCullough
- Closer look at the PCR Swabs aka “porcupine swabs”
- Dr. Antonietta Gatti
- Anthony Fauci 2017 - “Surprise Outbreak”
- Dr. Karry Mullis Ph.D - PCR Inventor
- Anthony Fauci 2019 - “entity of excitement that's completely disruptive”
- AMM, MD
- Dr. Jessica Rose
- Dr. Zandra Bratha
- Vaccine Adverse Events Reporting System (VAERS)
- The Homeless

Masks

IF masks worked:

- Why are we all not wearing the same one/type? How can a used Crown Royal bag cut in half over your face protect from a virus? Bandannas?
- Where are the biological hazard bins to collect the “infected” masks? Like needles.
- Why did they tell us not to touch them but everyone touches them or keeps them on under their chin? Again see above about dirty masks.
- Why are the public not fitted for the N95 masks like doctors/nurses/techs accompanied by the smell test?
- Bio-hazard Suits vs Masks | Biologicals vs Viral | Particle size
- Why did Kaiser Permanente tell their staff they could use masks from home instead of the proper PPEs from the hospital and the switch back?
- Where's the mask Law? People CLAIM it's law made by the CDC (Crime: [Title 18 Section 242](#))

PCR Swabs / Flocked Swabs

- Initial comment: STOP ALL TESTING
- Asking of Doctors/Professionals to FOIA the Cycle Thresholds used on PCR tests to justify the “lock down” and “cases” (see next slide)
- Why the **recall** of the PCR swabs by the FDA in January?
- To whom that reads this prove the statement “there is no isolation of the virus” Read slides 5-7

PCR Swab Videos

- <https://odysee.com/@TimTruth:b/Innova-pcr-test-recall:6>
- <https://odysee.com/@TimTruth:b/Pcrcyclthreshold:a>
- <https://odysee.com/@TimTruth:b/Swabcomposition-1:d>

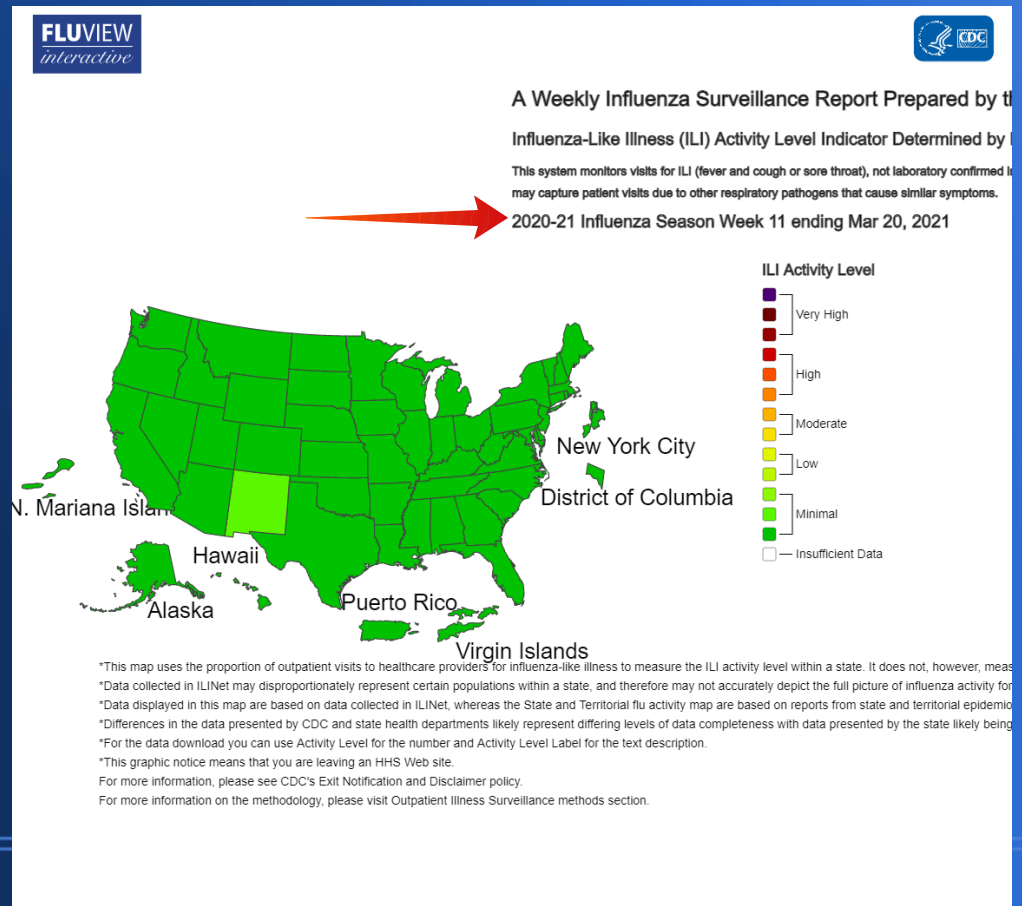
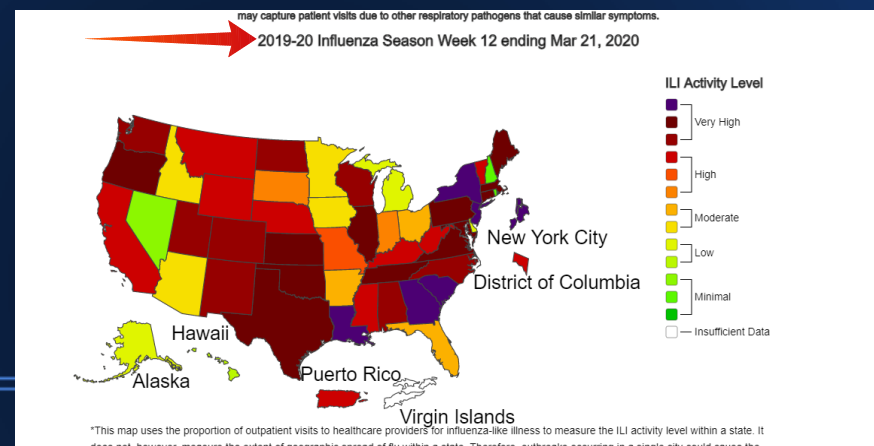
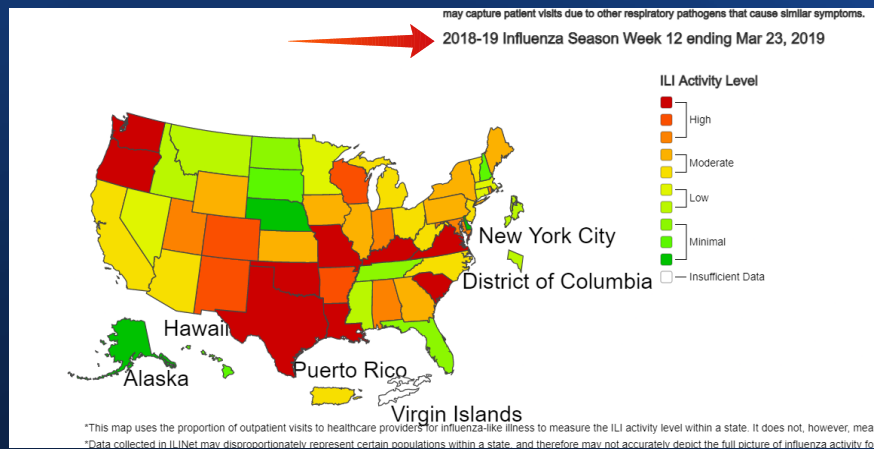
Fauci's Cycle Threshold

- <https://thegovernmentwantsyoudead.com/videos/Anthony-Fauci-PCR-cycles.mp4>
- <https://www.youtube.com/watch?v=CLQgDLDjWSo>
- https://youtu.be/8Su5C_YefBU?t=255



Where did the flu go?

- <https://www.cdc.gov/flu/weekly/usmap.htm>
BEFORE “Covid-19” DURING & AFTER “Covid-19”



Guidance for Certifying COVID-19 Deaths

March 2020

- <https://www.cdc.gov/nchs/data/nvss/coronavirus/alert-1-guidance-for-certifying-covid-19-deaths.pdf>

March 4th 2020:

It is important to emphasize that Coronavirus Disease 2019 or COVID-19 should be reported on the death certificate for all decedents where the disease caused or is **assumed** to have caused or contributed to death

- <https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf>

March 24th 2020

Should “COVID-19” be reported on the death certificate only with a confirmed test?

COVID-19 should be reported on the death certificate for all decedents where the disease caused **or is assumed to have caused or contributed to death**. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc. If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part II. (See attached Guidance for Certifying COVID-19 Deaths)

- <https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-3-Final-COVID-19-Guidance-and-Provisional-Death-Counts.pdf>

Pneumonia deaths are included in the provisional counts because deaths due to COVID-19 may be misclassified as pneumonia deaths in the absence of positive test results, and pneumonia may appear on death certificates as a comorbid condition. Thus, increases in pneumonia deaths may be an indicator of excess COVID-19-related mortality.

Doctors can “assume” the death?



Guidance for Certifying COVID-19 Deaths

March 4, 2020

NCHS is receiving questions about how deaths involving the new coronavirus strain should be reported on death certificates. We are working on formal guidance to certifiers to be published as soon as possible. In the meantime, to address the immediate need, here is some basic information that can be shared in advance of the more formal and detailed guidance. It is important to emphasize that **Coronavirus Disease 2019** or **COVID-19** should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death. Other terminology, e.g., SARS-CoV-2, can be used as long as it is clear that it indicates the 2019 coronavirus strain, but we would prefer use of WHO's standard terminology, e.g., COVID-19. Specification of the causal pathway leading to death in Part I of the certificate is also important. For example, in cases when COVID-19 causes pneumonia and fatal respiratory distress, both pneumonia and respiratory distress should be included along with COVID-19 in Part I. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory tests, etc. If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions should be reported in Part II. Here is an example:

| CAUSE OF DEATH (See instructions and examples) | |
|---|---|
| 32. PART I. Enter the <u>chain of events</u> —diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. | Approximate interval: Onset to death |

guidance. It is important to emphasize that **Coronavirus Disease 2019** or **COVID-19** should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death. Other terminology, e.g., SARS-CoV-2, can be used as long as it is clear that it indicates the 2019 coronavirus strain, but we would prefer use of WHO's standard terminology, e.g., COVID-19. Specification of the causal pathway leading to death in Part I of the certificate is also important. For example, in cases when COVID-19 causes pneumonia and fatal respiratory distress, both pneumonia and

| | | |
|---|---|---|
| 35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | 36. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | 37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined |
|---|---|---|

For more general guidance and training on cause-of-death reporting, certifiers can be referred to the Cause of Death mobile app available through <https://www.cdc.gov/nchs/nvss/mobile-app.htm> and the Improving Cause of Death Reporting online training module, which can be found at https://www.cdc.gov/nchs/nvss/improving_cause_of_death_reporting.htm.

Steven Schwartz, PhD
Director - Division of Vital Statistics
National Center for Health Statistics
3311 Toledo Rd | Hyattsville, MD 20782

Doctors are told to “assume”

NVSS National Vital Statistics System

COVID-19 Alert No. 2
March 24, 2020

New ICD code introduced for COVID-19 deaths
This email is to alert you that a newly-introduced ICD code has been implemented to accurately capture mortality data for Coronavirus Disease 2019 (COVID-19) on death certificates.

Please read carefully and forward this email to the state statistical staff in your office who are involved in the preparation of mortality data, as well as others who may receive questions when the data are released.

What is the new code?
The new ICD code for Coronavirus Disease 2019 (COVID-19) is U07.1, and below is how it will appear in formal tabular list format.

U07.1 COVID-19
Excludes: Coronaviru
Severe acut

The WHO has provided a se
laboratory confirmation is ir
reported on death certificat

When will it be implemented?
Immediately.

Will COVID-19 be the underlying cau
The underlying cause depen
However, the rules for codin
19 being the underlying cau

What happens if certifiers report ter
If a death certificate reports
not COVID-19, **NCHS will ask**
As long as the phrase used i
However, it is preferable an

What happens if the terms reported
If the death certificate repor
assigned the new ICD code.
If “pending COVID-19 testin
In this scenario, NCHS would
this case, **NCHS will ask the**
19.

Do I need to make any changes at the jurisdictional level to accommodate the new ICD code?
Not necessarily, but you will want to confirm that your systems and programs do not behave as if U07.1 is an unknown code.

Should “COVID-19” be reported on the death certificate only with a confirmed test?
COVID-19 should be reported on the death certificate for all decedents where the disease caused **or is assumed to have caused or contributed to death**. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc. If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part II. (See attached Guidance for Certifying COVID-19 Deaths)



Steven Schwartz, PhD
Director – Division of Vital Statistics
National Center for Health Statistics
3311 Toledo Rd | Hyattsville, MD 20782

Steven Schwartz, PhD
Director – Division of Vital Statistics
National Center for Health Statistics
3311 Toledo Rd | Hyattsville, MD 20782

Should “COVID-19” be reported on the death certificate only with a confirmed test?

COVID-19 should be reported on the death certificate for all decedents where the disease caused **or is assumed to have caused or contributed to death**. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc. If the decedent had other chronic conditions such as COPD or asthma that may have also contributed, these conditions can be reported in Part II. (See attached Guidance for Certifying COVID-19 Deaths)

Was the data ever corrected?



COVID-19 Alert No. 3
April 2, 2020

New Releases: Final Guidance and Provisional Death Counts

The National Center for Health Statistics (NCHS) has released [final guidance](#) to help with filling out death certificates for deaths related to COVID-19. Note that corrections have been made to this guidance, so please ensure you are using the most recent version.

NCHS will begin posting [provisional counts of deaths related to COVID-19](#) this Friday. National provisional counts include deaths occurring within the 50 states and the District of Columbia that have been received and coded by NCHS as of the date specified.

Provisional counts for COVID-19 deaths are based on a current flow of mortality data in the National Vital Statistics System (NVSS), and will include:

- A weekly provisional count of deaths in the United States due to COVID-19
- A provisional count of deaths from all causes
- Percent of previous year's deaths (the number of deaths received compared to the number of deaths expected based on data from previous years)
- Pneumonia deaths (excluding pneumonia deaths involving influenza)

Pneumonia deaths are included in the provisional counts because deaths due to COVID-19 may be misclassified as pneumonia deaths in the absence of positive test results, and pneumonia may appear on death certificates as a comorbid condition. Thus, increases in pneumonia deaths may be an indicator of excess COVID-19-related mortality.

Provisional counts will be presented by week ending date, by age at death, and by the specific jurisdiction where the death occurred. Counts will be updated daily Monday – Friday.

Important notes about provisional death counts

Almost all states have electronic death registration systems that enable rapid transmission of death certificate data to NCHS, which processes up to 80% of the death data it receives within minutes. However, because it can take up to several weeks for death records to be submitted as well as processed, coded, and tabulated, data are lagged by an average of 1-2 weeks.

Due to this, the data presented in the provisional counts may be incomplete and will likely not include all deaths that occurred during a given time period, especially for more recent time periods. Death counts for earlier weeks are continually revised and may increase or decrease as NCHS receives new and updated death certificate data from the states. As a result, COVID-19 provisional death counts may differ from other published sources.

Please continue to visit our [COVID-19 Alerts and Information](#) page for our most up-to-date resources

Steven Schwartz, PhD
Director – Division of Vital Statistics
National Center for Health Statistics
3311 Toledo Rd | Hyattsville, MD 20782

“Pneumonia deaths are included in the provisional counts because deaths due to **COVID-19** may be **misclassified as pneumonia** deaths in the absence of positive test results, and pneumonia may appear on death certificates as a **comorbid** condition. Thus, increases in pneumonia deaths may be an indicator of excess COVID-19-related mortality.”

Final Guidance

Vital Statistics Reporting Guidance

Report No. 3 - April 2020



Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID-19)

Introduction

In December 2019, an outbreak of a respiratory disease associated with a novel coronavirus was reported in the city of Wuhan in the Hubei province of the People's Republic of China (1). The virus has spread worldwide and on March 11, 2020, the World Health Organization declared Coronavirus Disease 2019 (COVID-19) a pandemic (2). The first case of COVID-19 in the United States was reported in January 2020 (3) and the first death in February 2020 (4), both in Washington State. Since then, the number of reported cases in the United States has increased and is expected to continue to rise (5).

In public health emergencies, mortality surveillance provides crucial information about population-level disease progression, as well as guides the development of public health interventions and assessment of their impact. Monitoring and analysis of mortality data allow dissemination of critical information to the public and key stakeholders. One of the most important methods of mortality surveillance is through monitoring causes of death as reported on death certificates. Death certificates are registered for every death occurring in the United States, offering a complete picture of mortality nationwide. The death certificate provides essential information about the deceased and the cause(s) and circumstances of death. Appropriate completion of death certificates yields accurate and reliable data for use in epidemiologic analyses and public health reporting. A notable example of the utility of death certificates for public health surveillance is the ongoing monitoring of pneumonia and influenza deaths. Accurate and timely death certificate data are integral to detecting elevated levels of influenza activity in real time (<https://www.cdc.gov/flu/weekly/index.htm>).

Monitoring the emergence of COVID-19 in the United States and guiding public health response will also require accurate and timely death reporting. The purpose of this report is to provide guidance to death certifiers on proper cause-of-death certification for cases where confirmed or suspected COVID-19

Cause-of-Death Reporting

When reporting cause of death on a death certificate, use any information available, such as medical history, medical records, laboratory tests, an autopsy report, or other sources of relevant information. Similar to many other diagnoses, a cause-of-death statement is an informed medical opinion that should be based on sound medical judgment drawn from clinical training and experience, as well as knowledge of current disease states and local trends (6).

Part I

This section on the death certificate is for reporting the sequence of conditions that led directly to death. The immediate cause of death, which is the disease or condition that directly preceded death and is not necessarily the underlying cause of death (UCOD), should be reported on line a. The conditions that led to the immediate cause of death should be reported in a logical sequence in terms of time and etiology below it.

The UCOD, which is "(a) the disease or injury which initiated the train of morbid events leading directly to death or (b) the circumstances of the accident or violence which produced the fatal injury" (7), should be reported on the lowest line used in Part I.

Approximate interval: Onset to death

For each condition reported in Part I, the time interval between the presumed onset of the condition, not the diagnosis, and death should be reported. It is acceptable to approximate the intervals or use general terms, such as hours, days, weeks, or years.

Part II

“but it is acceptable to report COVID-19 on a death certificate **without this confirmation** if the circumstances are compelling within a reasonable degree of certainty.”

Vital Statistics Reporting Guidance

conducted, but it is acceptable to report COVID-19 on a death certificate without this confirmation if the circumstances are compelling within a reasonable degree of certainty.

For more guidance and training on cause-of-death reporting

<https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf>

Dr. Peter McCullough

- Internist, Cardiologist, Epidemiologist
- ABIM certification in internal medicine and cardiovascular diseases.
- He practices both internal medicines including the management of common infectious diseases as well as the cardiovascular complications of both the viral infection and the injuries developing after the COVID-19 vaccine.

Since the outset of the pandemic, Dr. McCullough has been a leader in the medical response to the COVID-19 disaster and has published “Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection” the first synthesis of sequenced multi-drug treatment of ambulatory patients infected with SARS-CoV-2 in the American Journal of Medicine and subsequently updated in Reviews in Cardiovascular Medicine.

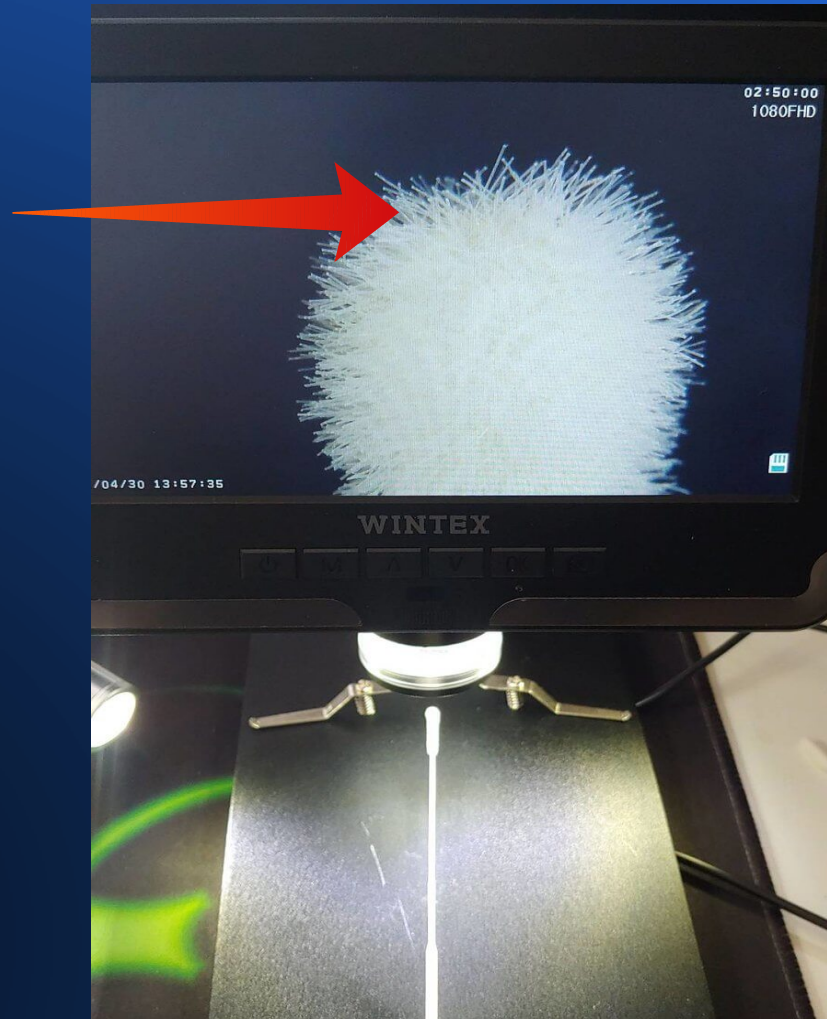
He has 46 peer-reviewed publications on the infection and has commented extensively on the medical response to the COVID-19 crisis in The Hill and on FOX NEWS Channel.

On November 19, 2020, Dr. McCullough testified in the US Senate Committee on Homeland Security and Governmental Affairs and throughout 2021 in the Texas Senate Committee on Health and Human Services, Colorado General Assembly, and New Hampshire Senate concerning many aspects of the pandemic response. Dr. McCullough has had one full year of dedicated academic and clinical efforts in combating the SARS-CoV-2 virus and in doing so, has reviewed thousands of reports, participated in scientific congresses, group discussions, press releases, and has been considered among the world's experts on COVID-19.

- <https://www.americaoutloud.com/author/dr-peter-mccullough/>
- <https://rumble.com/vm6nhg-dr.-peter-mccullough-destroys-the-official-covid-narrative-in-studio-with-a.html>

PCR Swab

Tip of PCR swab
before being
rubbed on meat



Microscope Image 1

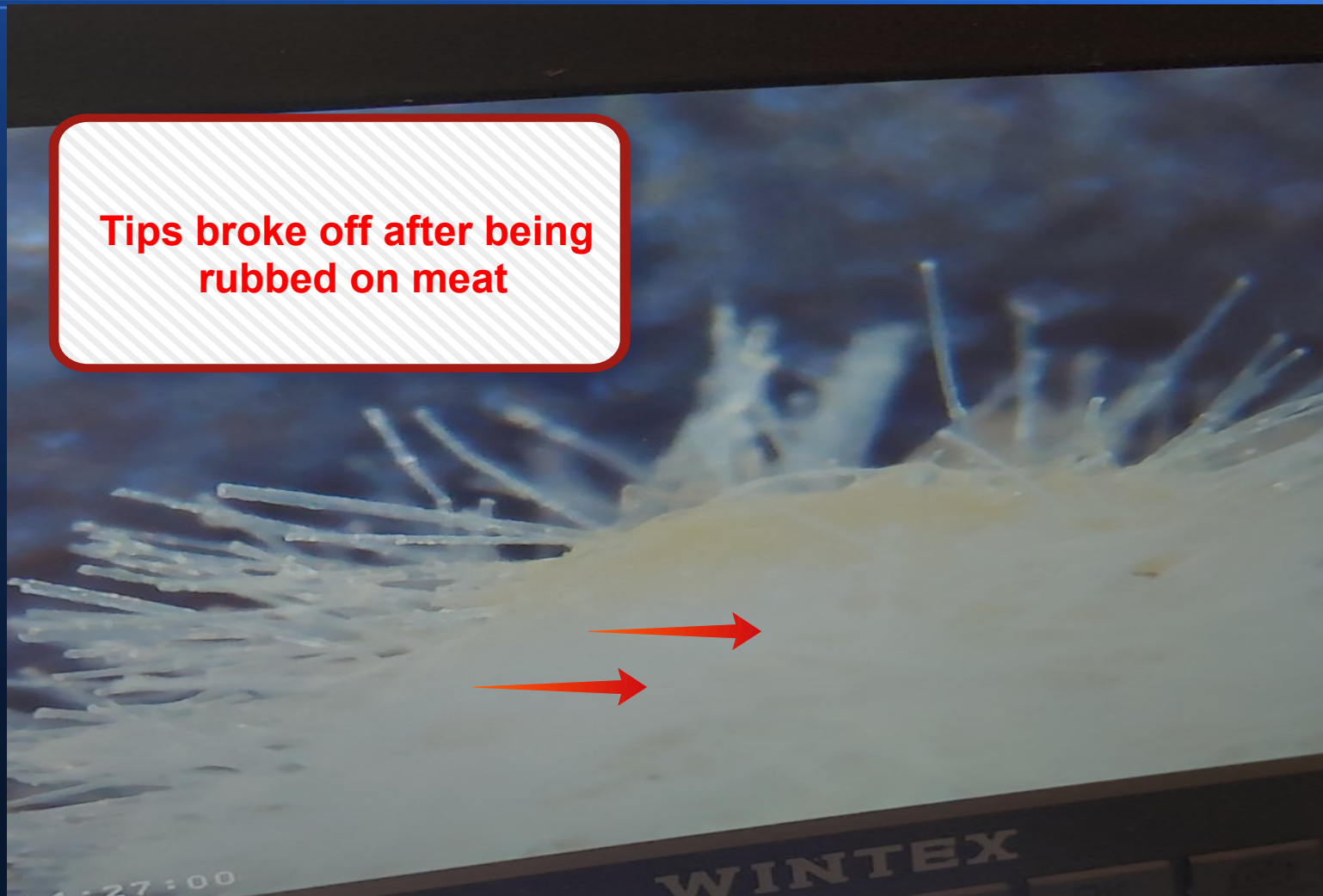
1) Q-Tip

2) Swab Sutter Memorial Hospital Modesto, CA

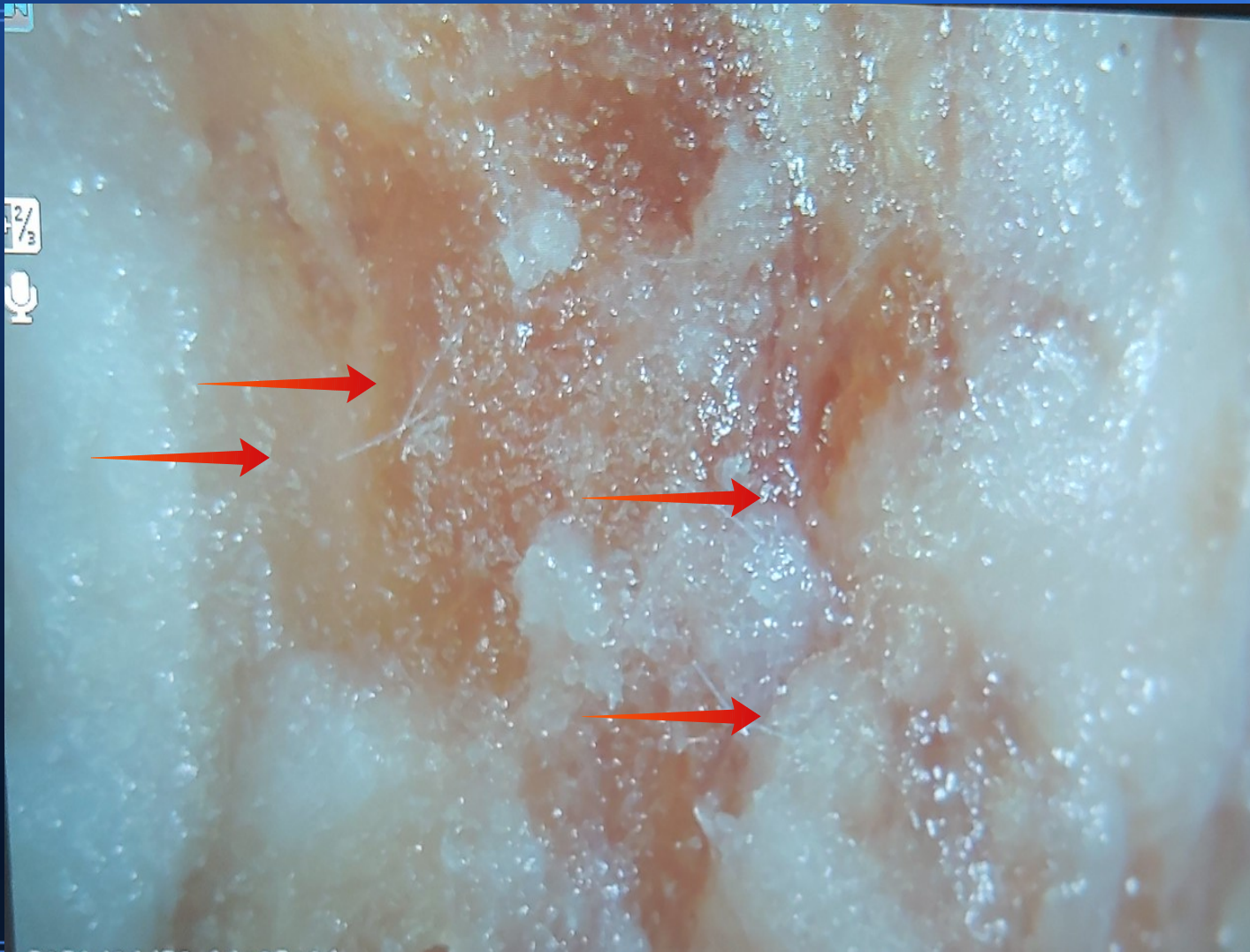
3) Flocked swab Kaiser Permanente Fremont, CA



Microscope close up 2



Photograph 2



Dr. Antonietta Gatti

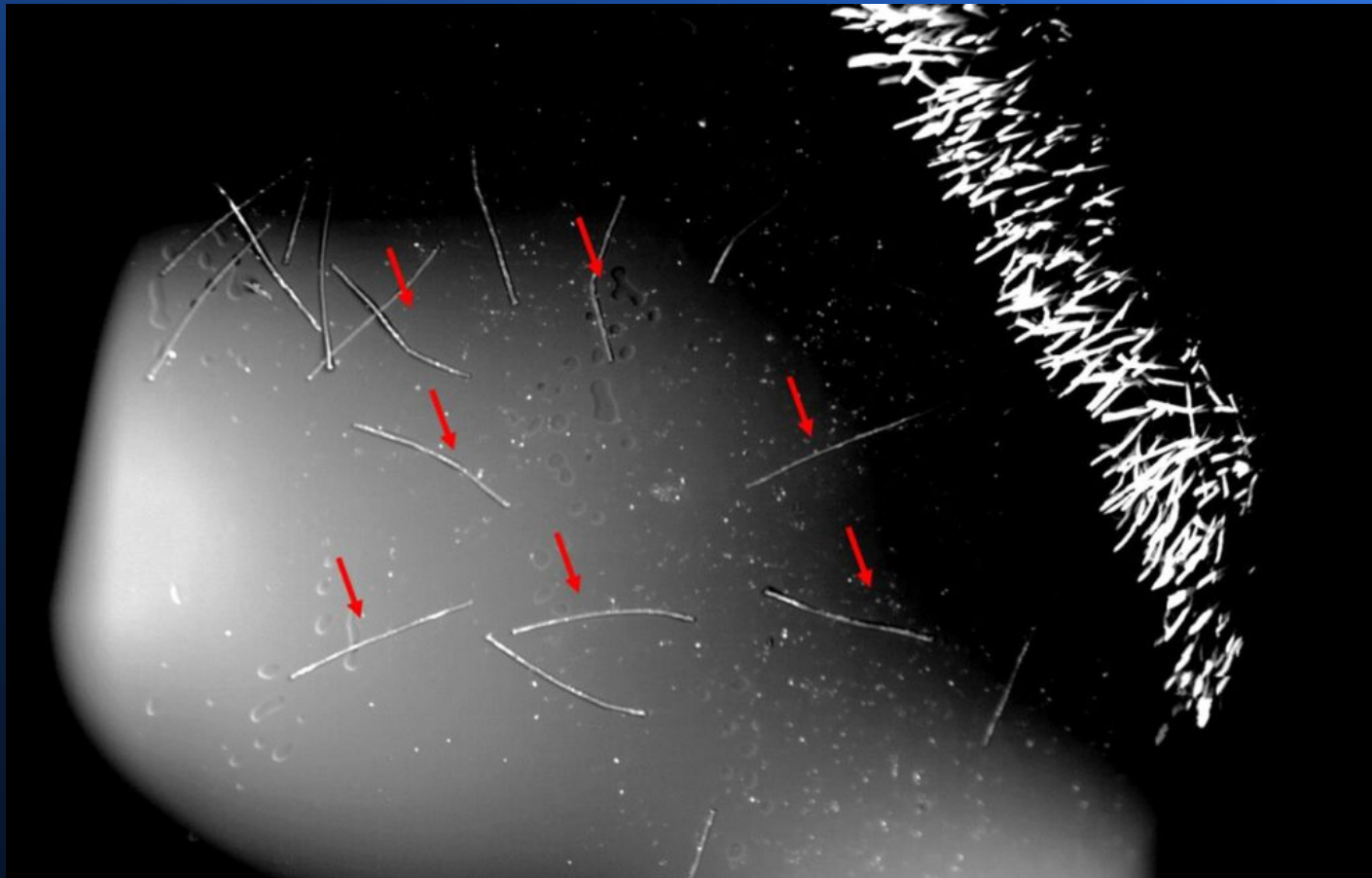
Co-founder and principal investigator of Nanodiagnostics srl. She is an International Fellow of the Societies of Biomaterials and Engineering, and is the coordinator of the Italian Institute of Technology's Project of Nanoecotoxicology, called INESE.

Dr. Gatti founded the association, Health, Law and Science in Geneva, Switzerland. She is a Member of the NANOTOX Cluster of the European Commission, and is a selected expert of the Food and Agriculture Organization of the United Nations and the World Health Organization (FAO/WHO) for the safety in nano technological food.

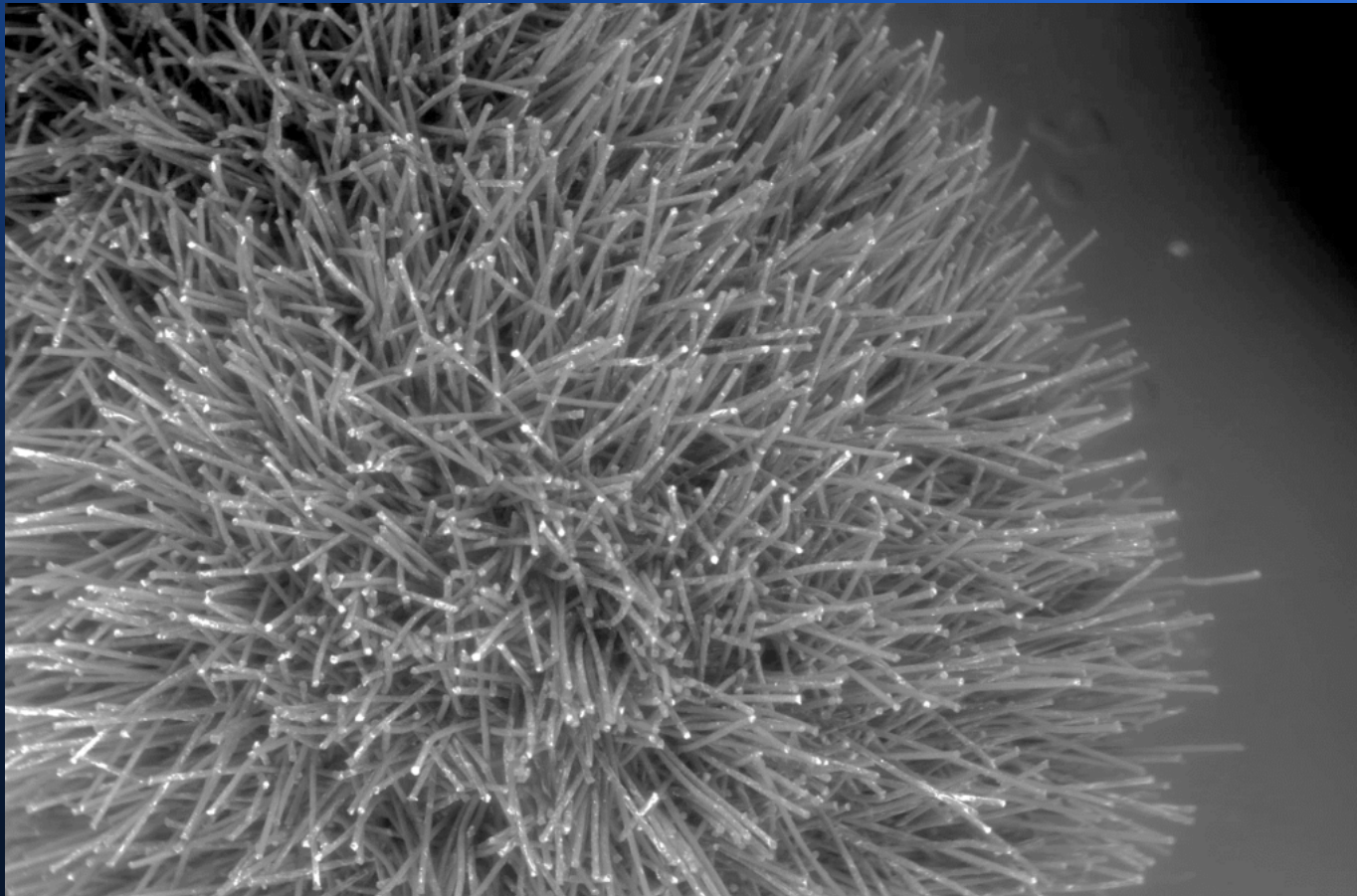
Dr. Antonietta Gatti has an interdisciplinary background that ranges from physics, chemistry, biology, physiology and pathology. Dr. Gatti has 30 years of experience in research in the field of bio-materials and bio-compatibility at national and international levels in various capacities.

- <https://ahrp.org/trzboard/antonietta-m-gatti-phd/>
- <https://evolvetoecology.org/2021/05/05/what-is-in-the-pcr-tests/>

Dr. Antonietta Gatti



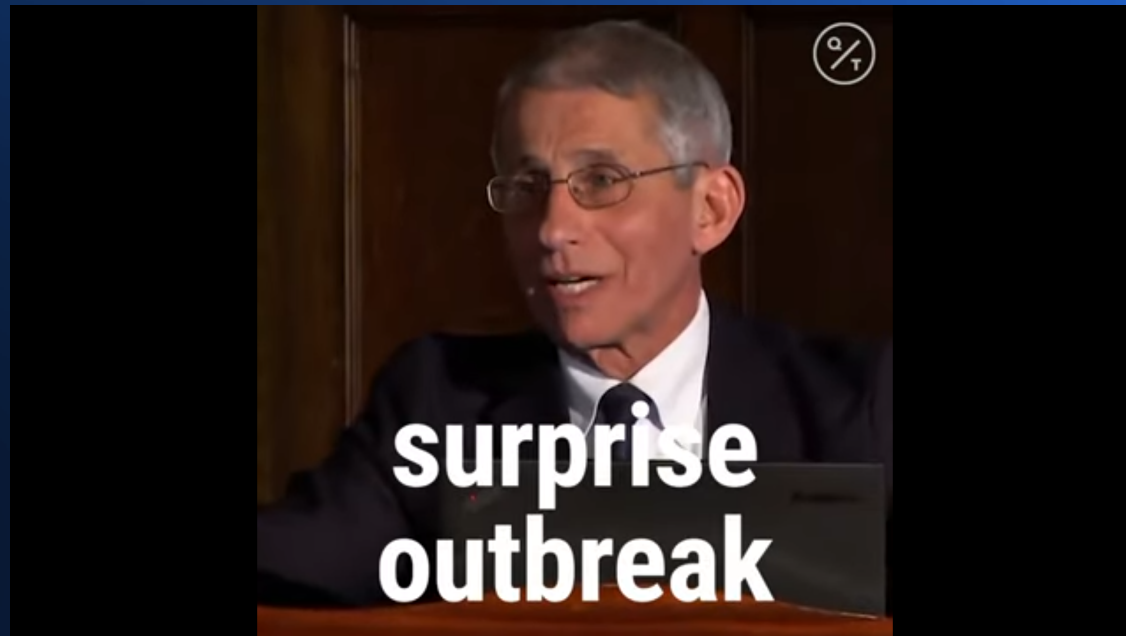
Dr. Antonietta Gatti



2017 “surprise outbreak”

Center for Global Health Science and Security - Pandemic Preparedness in the Next Administration: Keynote Address by Anthony S. Fauci

- <https://www.youtube.com/watch?v=DNXGAxGJgQI>
- <https://www.youtube.com/watch?v=Kh3twYon8pc>



Kary Mullis, Ph.D 2019

- Ph.D Biochemist
- 1993 Nobel Prize winner for PCR discovery
- <https://www.youtube.com/watch?v=0ogPbJzqtZM>



October 18th, 2019 Event 201

The Johns Hopkins Center for Health Security in partnership with the World Economic Forum and the Bill and Melinda Gates Foundation hosted Event 201, a high-level pandemic exercise on October 18, 2019, in New York, NY. The exercise illustrated areas where public/private partnerships will be necessary during the response to a severe pandemic in order to diminish large-scale economic and societal consequences.

- Highlights Reel - <https://youtu.be/AoLw-Q8X174>
- Segment 1 - Intro and Medical Countermeasures (MCM) Discussion
<https://youtu.be/Vm1-DnxRiPM>
- Segment 2 - Trade & Travel Discussion
<https://youtu.be/QkGNvWfICNM>
- Segment 3 - Finance Discussion
https://youtu.be/rWRmlumcN_s
- Segment 4 - Communications Discussion and Epilogue Video
<https://youtu.be/LBuP40H4Tko>
- Segment 5 - Hotwash and Conclusion
https://youtu.be/0-_FAjNSd58

2019 Milken Institute

Future of Health Summit - 2019 CSPAN Video Emerges Where Implementing the new mRNA Vaccines on the Public is Discussed. Dr. Fauci is part of the panel and he discusses the necessity of an “entity of excitement that’s not beholden to the bureaucratic strings and processes.”

- <https://www.youtube.com/watch?v=KsCwPfsb7C4>




FDA Slide Presentation


<https://youtu.be/1XTiL9rUpkg?t=9220>

Vaccines and Related Biological Products Advisory Committee - 10/22/2020

Steven Anderson



VRBPAC



FOOD AND DRUG ADMINISTRATION (FDA)
Center for Biologics Evaluation and Research (CBER)
161st Meeting of the Vaccines and Related Biological
Products Advisory Committee

Q & A

FDA Safety Surveillance of COVID-19 Vaccines :
DRAFT Working list of possible adverse event outcomes
*****Subject to change*****

- Guillain-Barré syndrome
- Acute disseminated encephalomyelitis
- Transverse myelitis
- Encephalitis/myelitis/encephalomyelitis/
meningoencephalitis/meningitis/
encepholapathy
- Convulsions/seizures
- Stroke
- Narcolepsy and cataplexy
- Anaphylaxis
- Acute myocardial infarction
- Myocarditis/pericarditis
- Autoimmune disease
- Deaths
- Pregnancy and birth outcomes
- Other acute demyelinating diseases
- Non-anaphylactic allergic reactions
- Thrombocytopenia
- Disseminated intravascular coagulation
- Venous thromboembolism
- Arthritis and arthralgia/joint pain
- Kawasaki disease
- Multisystem Inflammatory Syndrome
in Children
- Vaccine enhanced disease

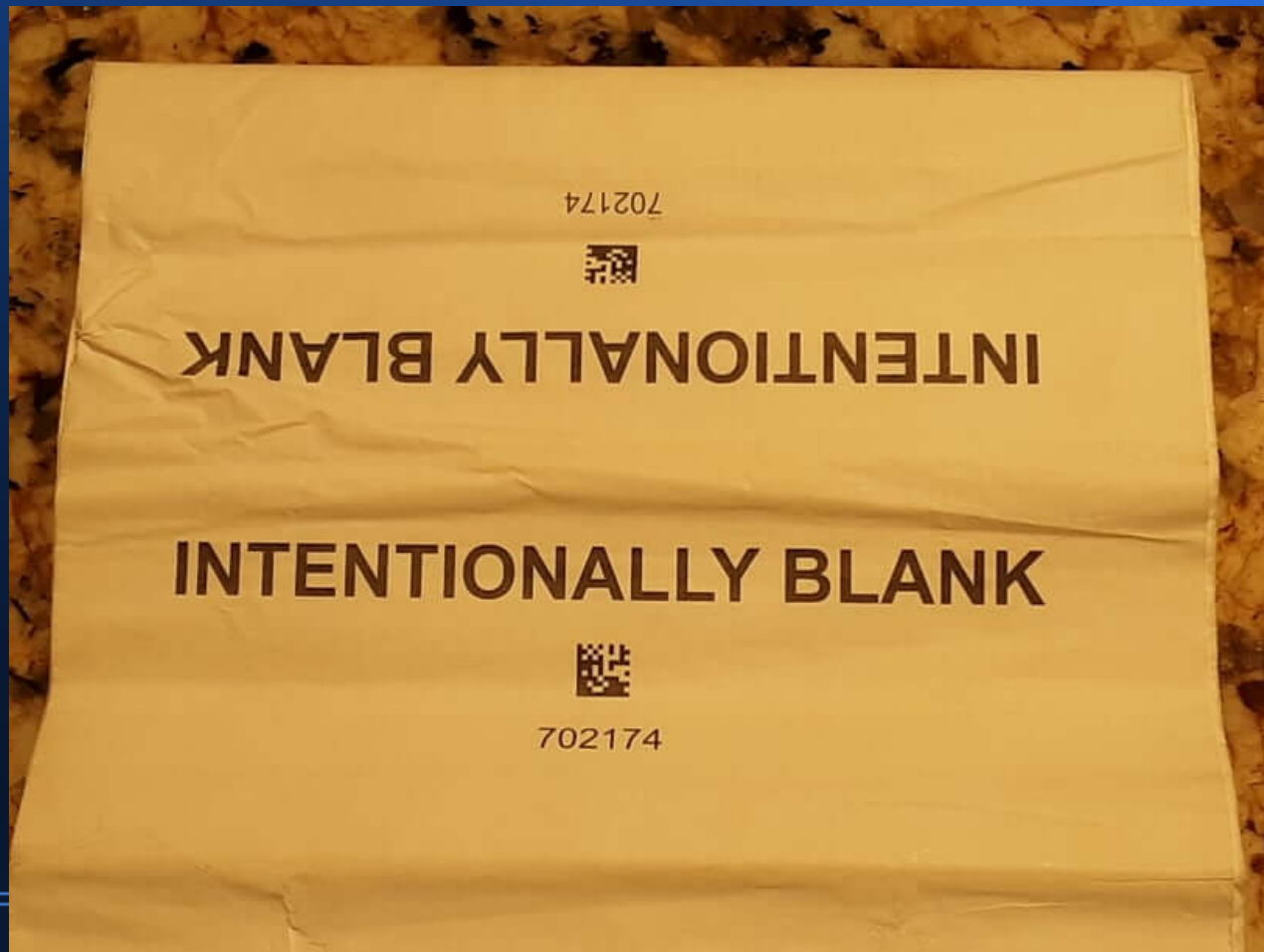
2:33:40 / 8:50:55

Scroll for details

<https://www.fda.gov/media/143557/download> (slide 17)

Blank Vax Insert from Florida

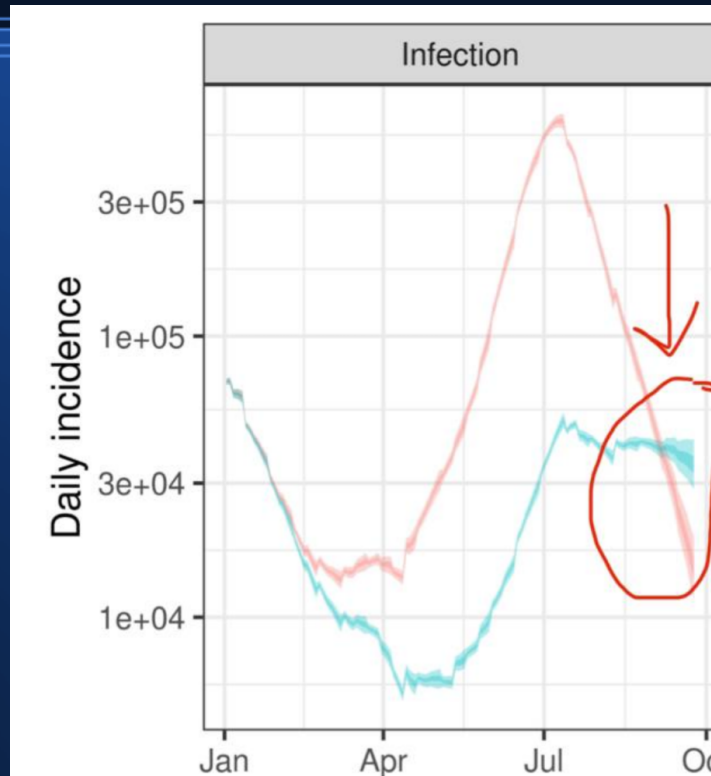
Based on the previous slide the FDA October 22, 2020 meeting listed known AEs but as seen below the inserts were left blank. How is this informed consent?



AMM, MD

- Bachelor's of Science (BS) in Molecular Biology and Neuroscience Medical Degree (MD).
- Training in neurology several research fellowships including neurooncology and free radical & radiation biology.
- Focus is in translational research—taking discoveries in basic science (laboratory/bench research in molecular biology) and translating them into clinical research (e.g. clinical trials).
- <https://ammtwitter.wordpress.com/vaers-reports/#ss>
 - * Identity must remain anonymous to protect employment—both present and future—due to the political and polarizing nature of any discussion of COVID vaccines.

AMM, MD



You see the place on the graph where the red line intersects the blue? The red is the "no-vax" scenario. The blue is our actual current scenario. This is showing that if we had never had a vax, covid would essentially be gone (not completely, but definitely no longer a nuisance) by the end of this month. Now the number of infections we have from here on out will outnumber the number we would have ever had, had we never done the vax. 🌟

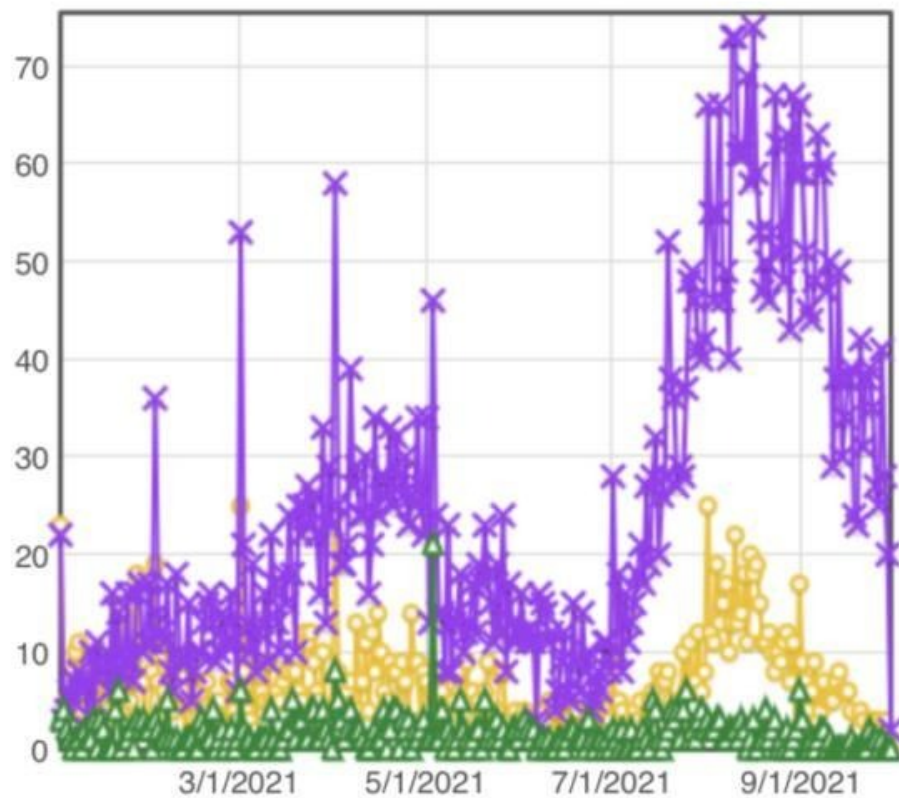
AMM, MD - VAERS Covid vaccine adverse events
01.10.21 at 4:16 PM



AMM, MD

COVID cases in vaccinated people in VAERS

Year,Month,Day of Onset



(as of 10/1/21 report date)

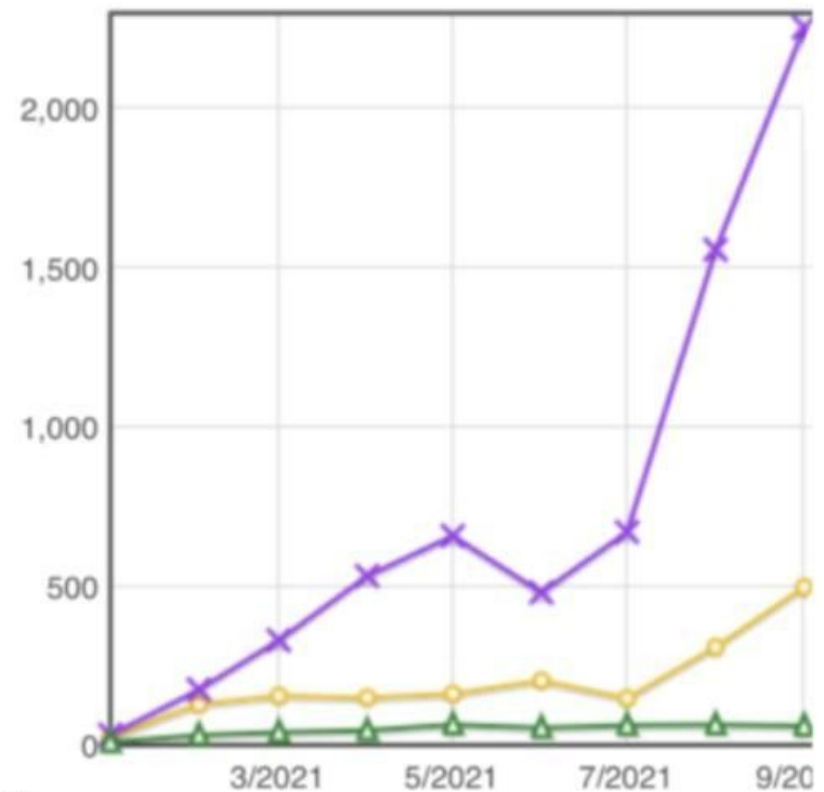
Death

Legend:

Hospitalized

Life
Threatening

Year&Month of Appearance in VAERS

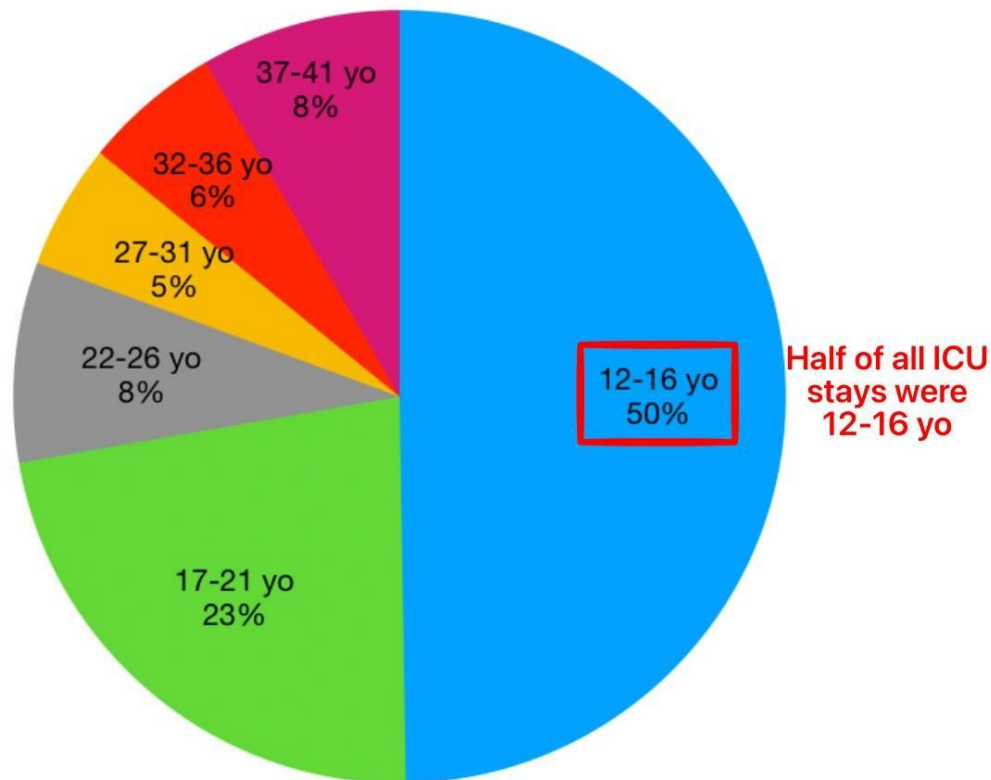


AMM, MD

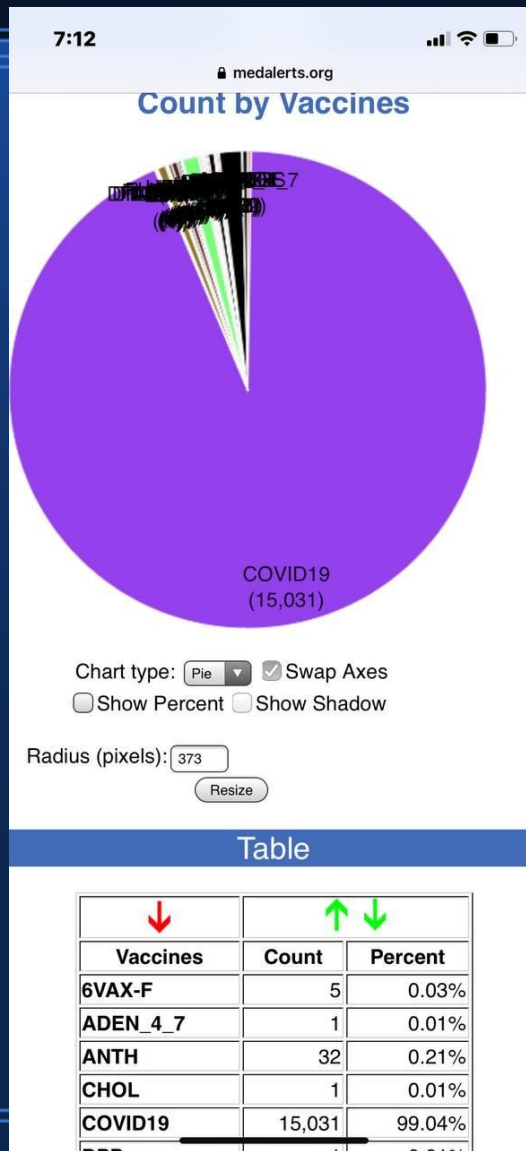
AMM, MD

VAERS: May—September Intensive Care Unit (ICU) hospitalizations following COVID vax in 5 year age blocks from 12-41 years old

● 12-16 yo ● 17-21 yo ● 22-26 yo ● 27-31 yo ● 32-36 yo ● 37-41 yo

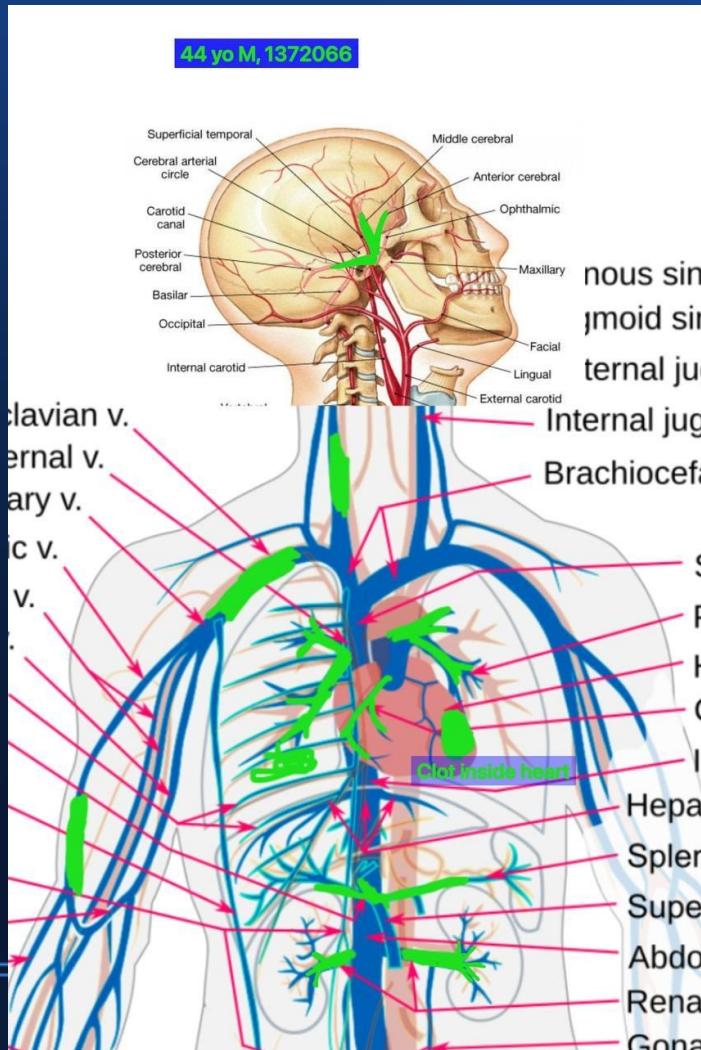


AMM, MD



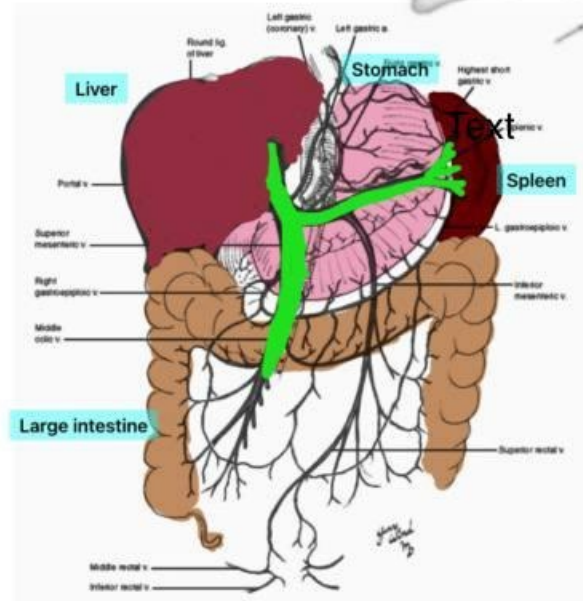
AMM, MD

Extensive clotting seen throughout the body following the injection



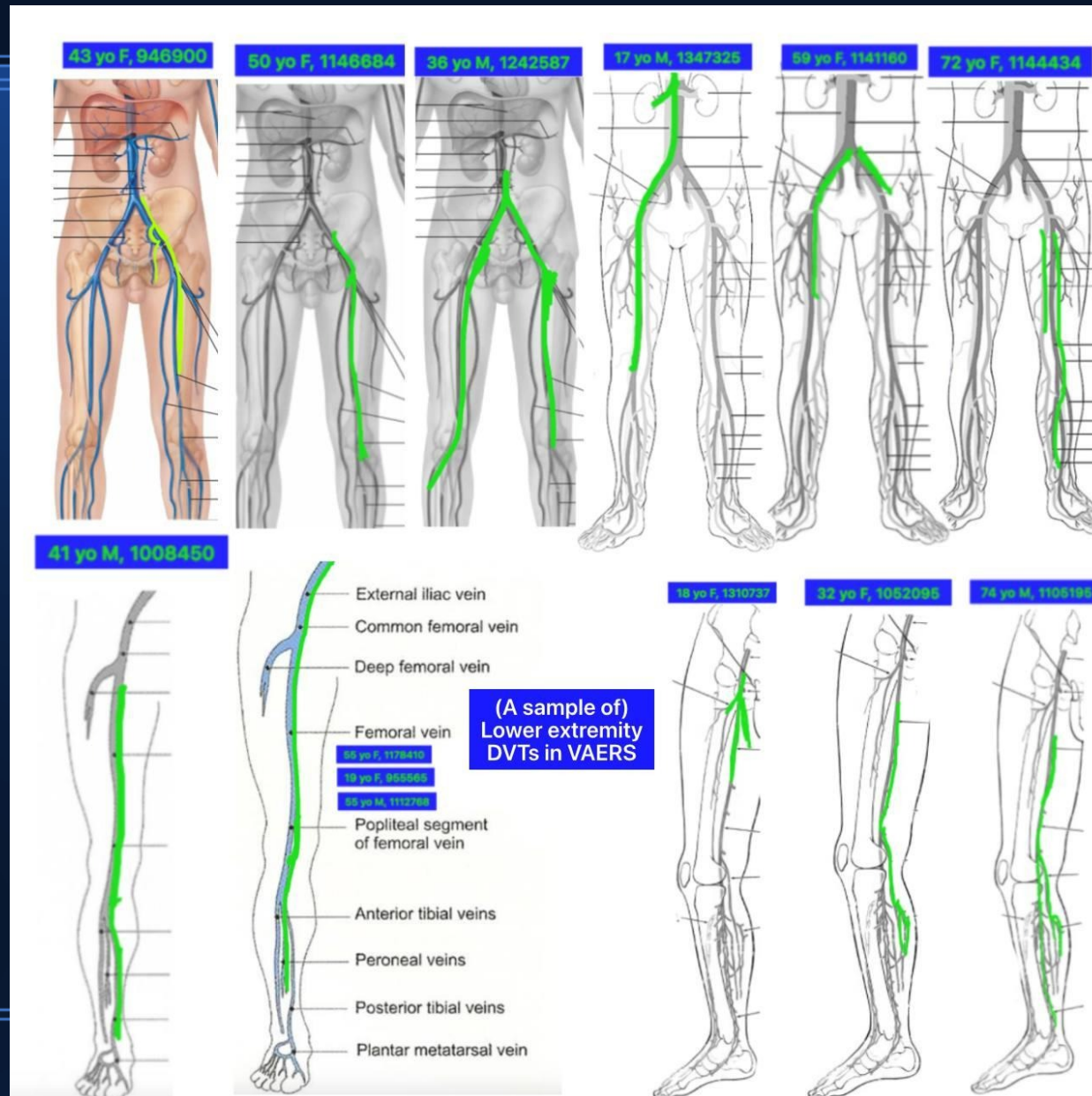
VAERS case of PEs and clotting of blood vessels to/ from the internal organs

(clots are in green)

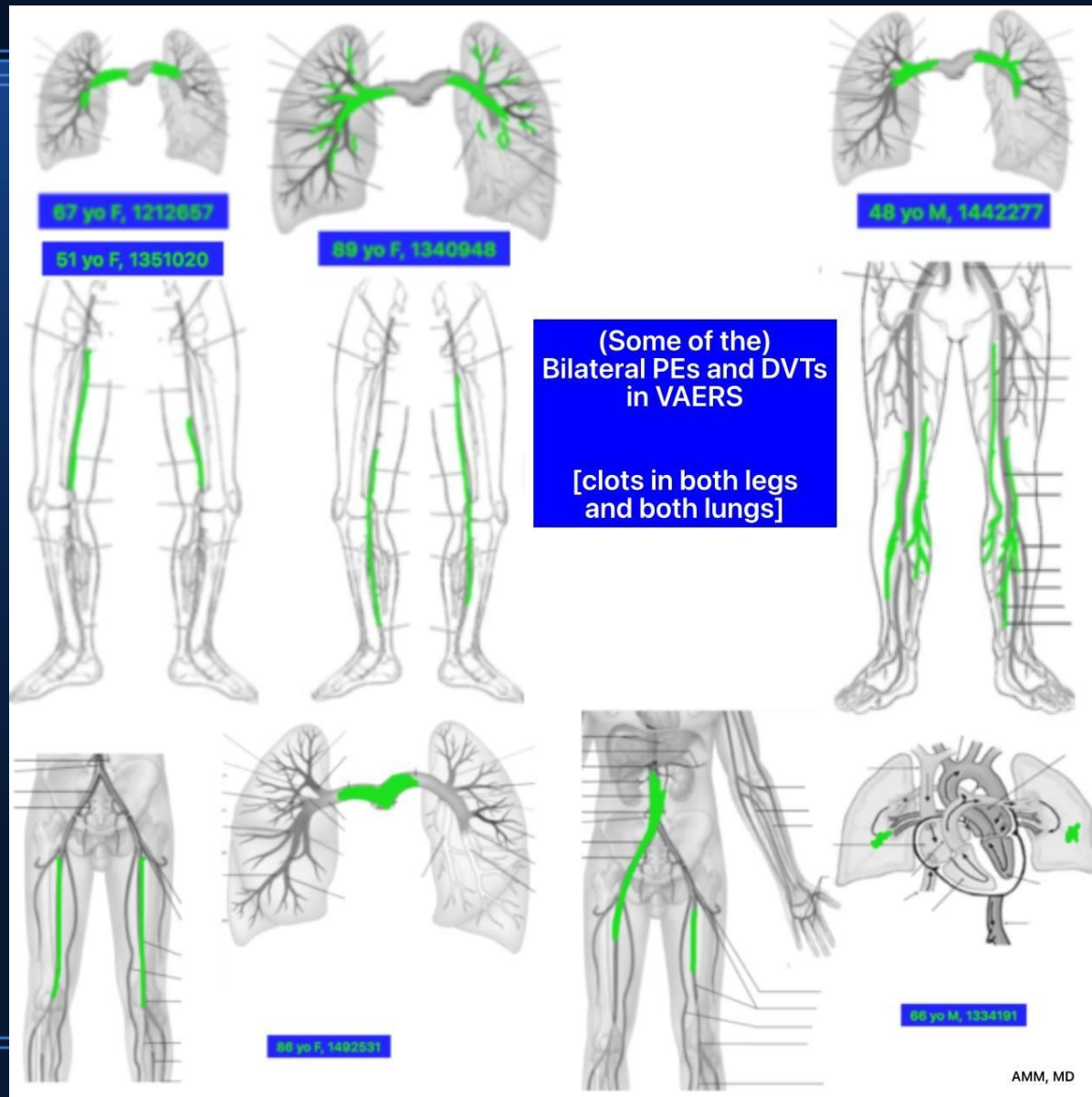


AMM, MD

AMM, MD

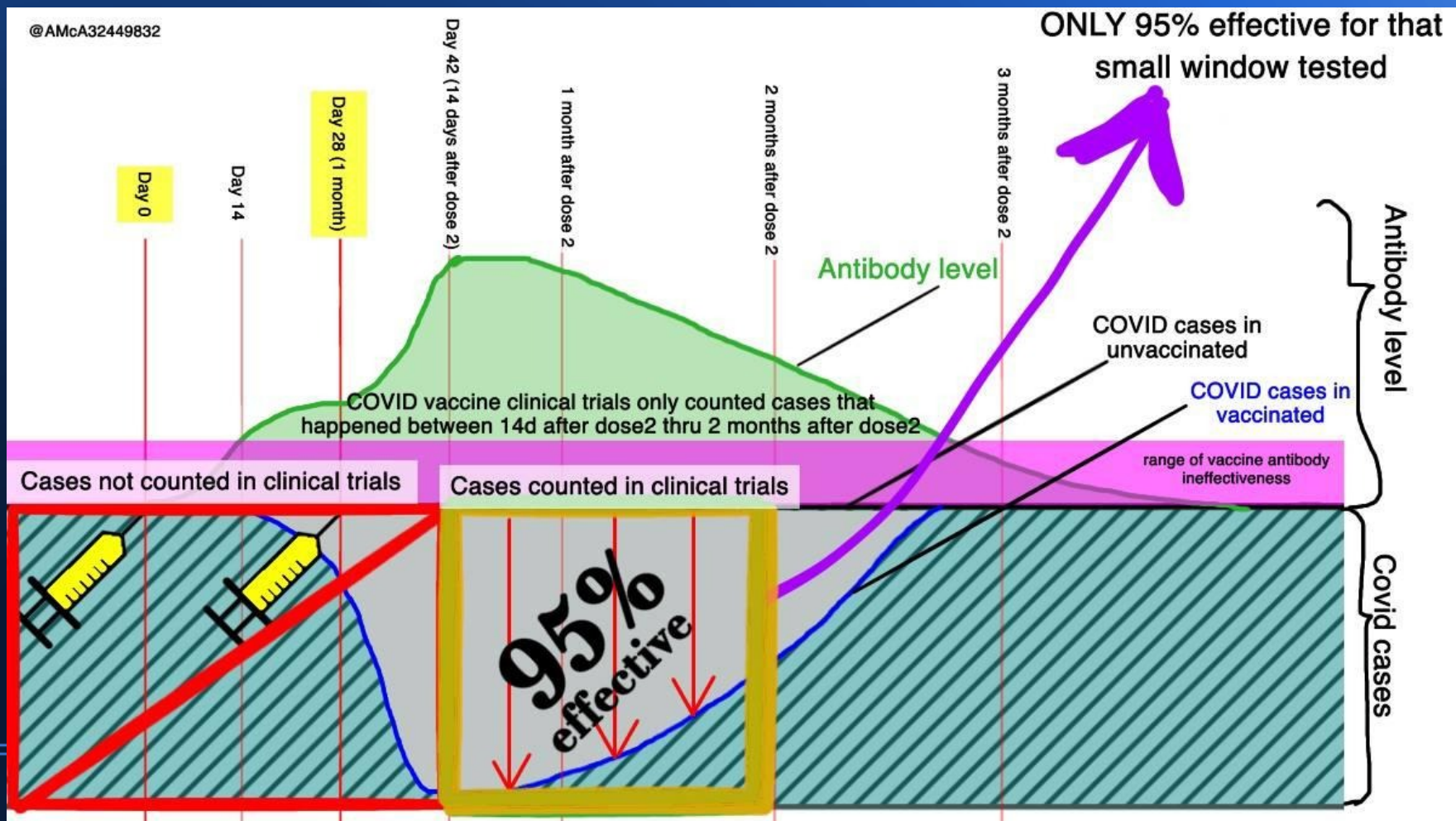


AMM, MD



AMM, MD

The design of the clinical trials for Covid injection was intentionally deceptive to only demonstrate the brief window of time that showed maximum benefit

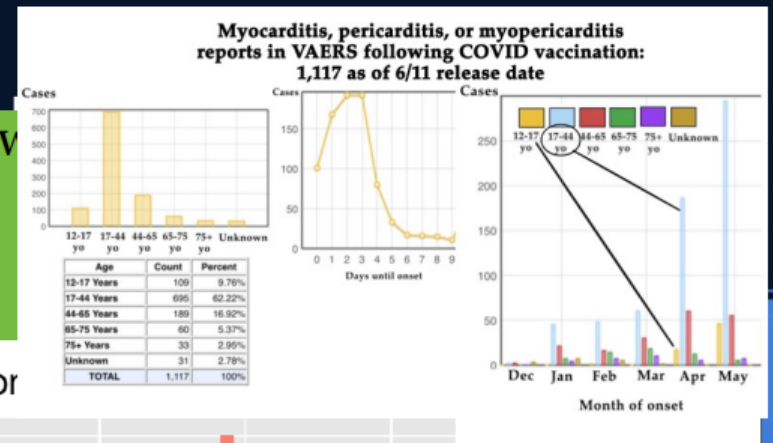


AMM,MD

- Data shows they new of an increase in myocarditis

There is also this slide of mine that showed we knew of the increase in myocarditis in younger patients well before they admitted there was a connection

Myocarditis in VAERS after mRNA injection



Dr. Jessica Rose

COVID VACCINES ANALYZED. Dr. Jessica Rose is studying the damage caused by the mass vaccinations with mRNA injections against Covid-19. She has found that the damage became visible early in the vaccine campaign, but that the world community has still only seen a fraction of the actual damage caused by the injections.

- <https://newsvoice.se/2021/06/dr-jessica-rose-the-harms-of-covid-vaccines-may-be-monumental/>
- <https://www.redvoicemedia.com/2021/10/fda-torched-over-child-covid-vaccine-advisory-panel-vote-by-dr-jessica-rose/>

Dr. Jessica Rose Interview

- <https://rumble.com/v1f09rz-avi-baraks-interview-with-viral-immunologist-dr.-jessica-rose.html>



Avi Barak's interview with Viral Immunologist Dr. Jessica Rose

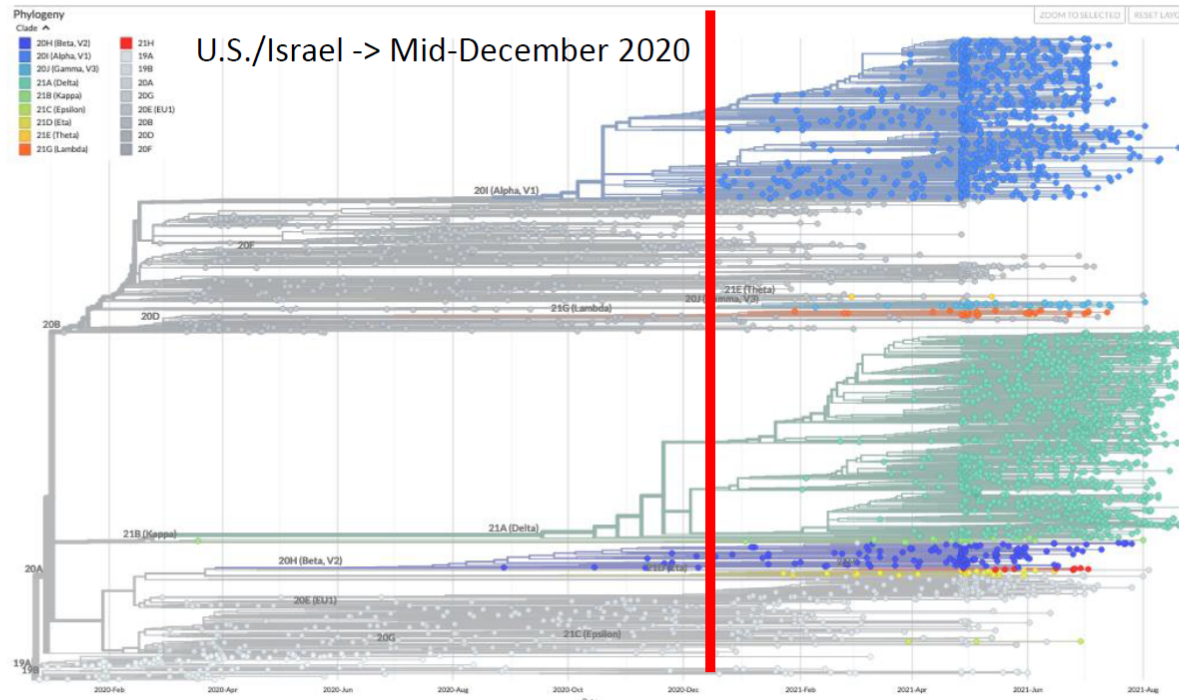
Dr. Jessica Rose

Evolutionary **pressure** on viruses to speed up mutations?

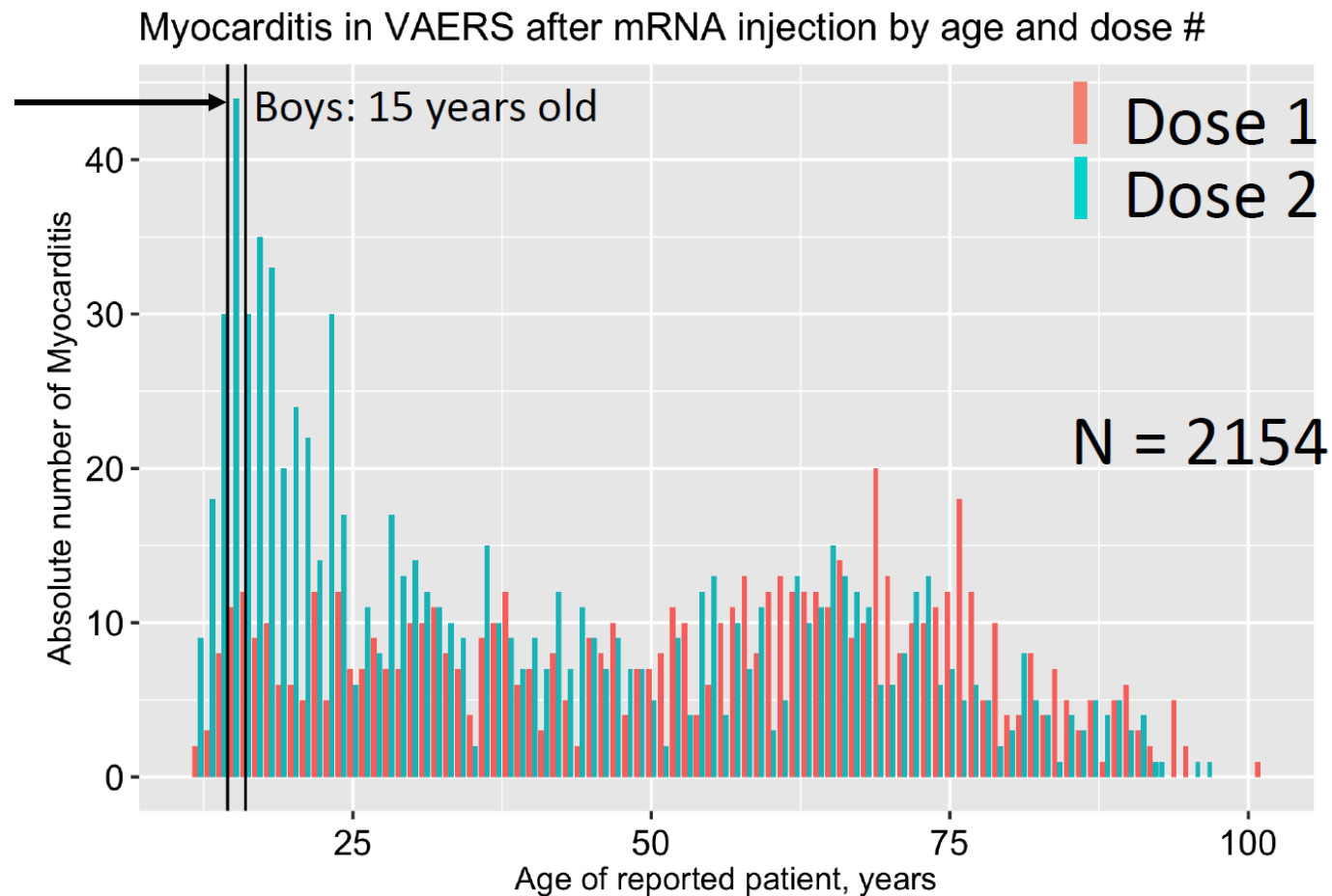
Genomic epidemiology of novel coronavirus - Asia-focused subsampling

Built with nextstrain/ncov. Maintained by the Nextstrain team. Enabled by data from GISAID.

Showing 3544 of 3544 genomes sampled between Dec 2019 and Aug 2021.



Dr. Jessica Rose

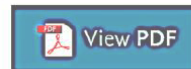
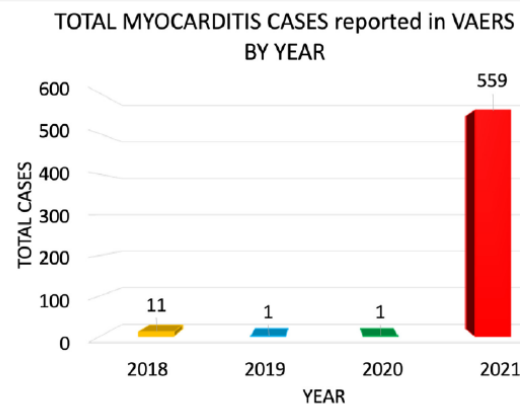
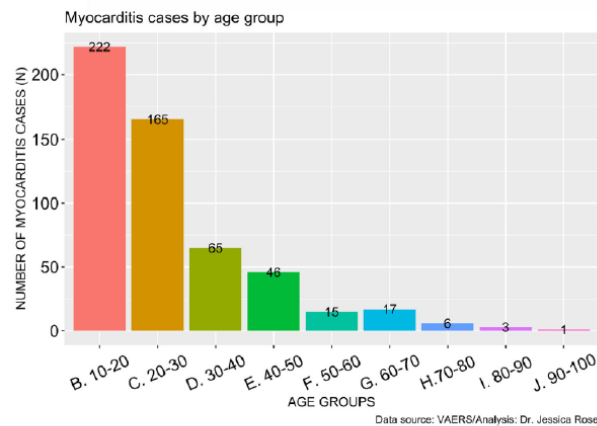


Dr. Jessica Rose



ScienceDirect

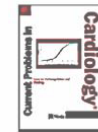
Journals & Books



Current Problems in Cardiology

Available online 1 October 2021, 101011

In Press, Journal Pre-proof



A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products

Jessica Rose PhD, MSc, BSc ¹ ✉, Peter A. McCullough MD, MPH ²

Show more

+ Add to Mendeley Share Cite

<https://doi.org/10.1016/j.cpcardiol.2021.101011>

Under a Creative Commons license

Get rights and content

open access

Dr. Jessica Rose

*Science, Public Health Policy,
and the Law*

Volume 3:100-129
September, 2021
Clinical and Translational
Research

An Institute for Pure
and Applied Knowledge (IPAK)

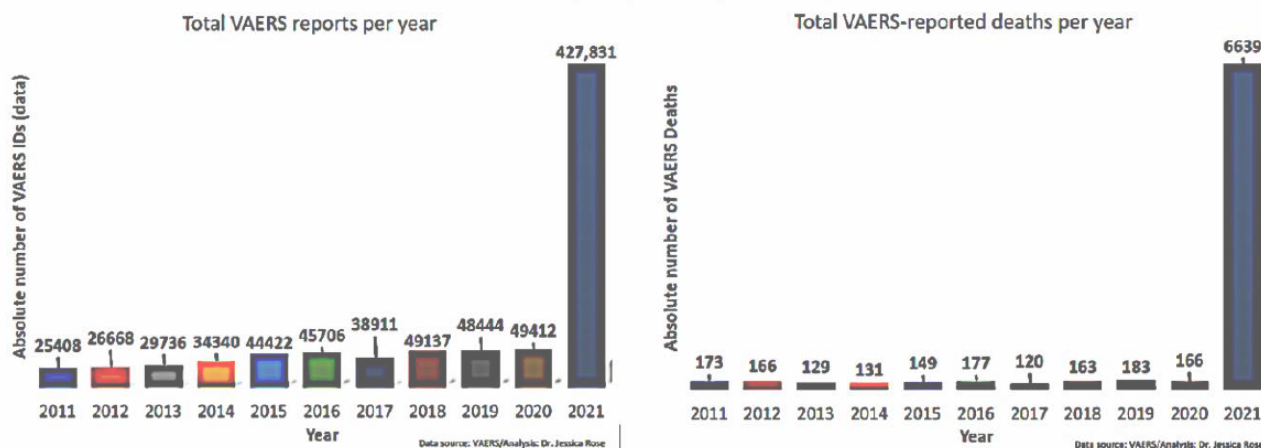
Public Health Policy
Initiative (PHPI)



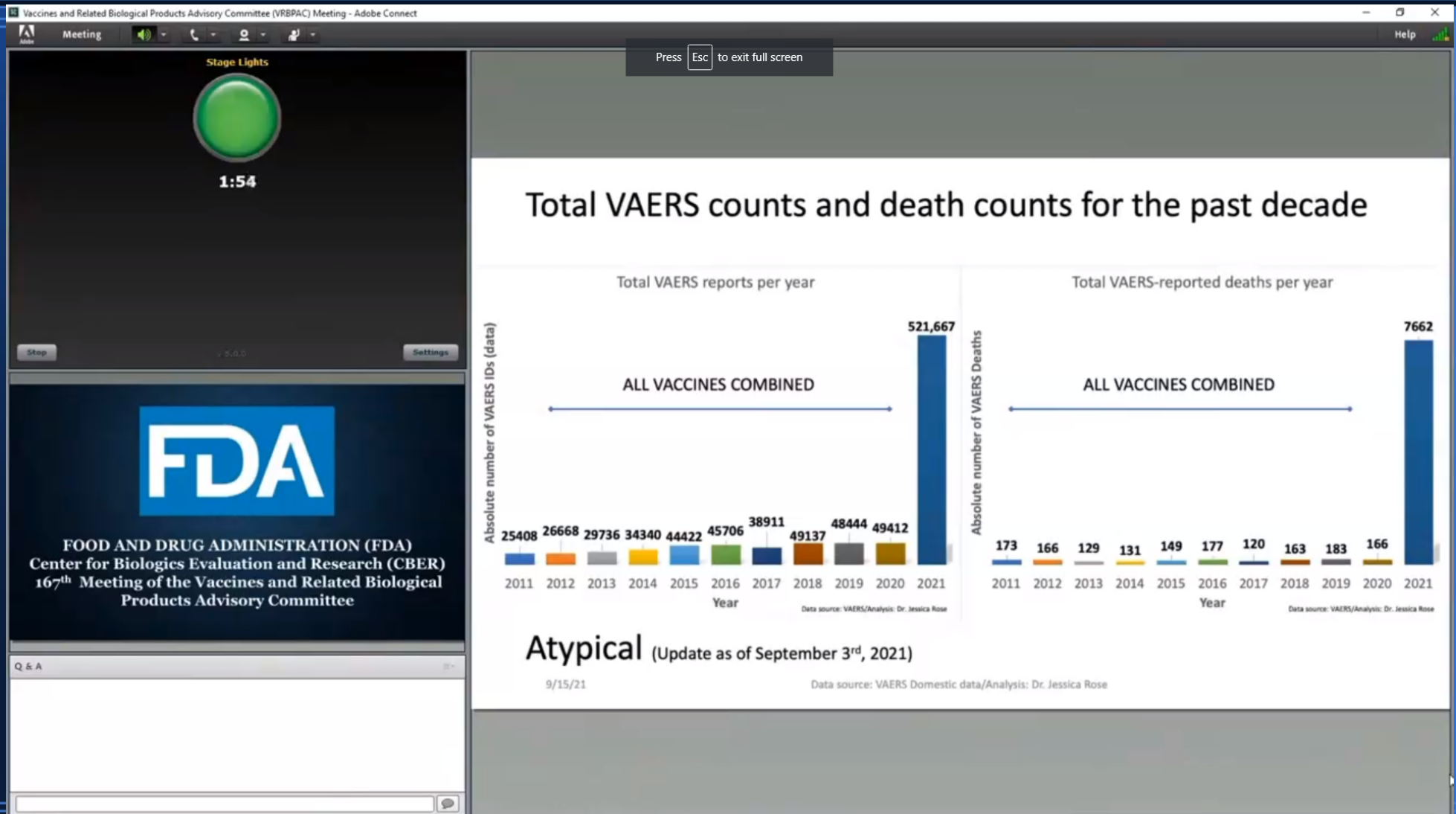
Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System?

Jessica Rose, PhD, MSc, BSc

Figure 1: Bar plots showing the number of VAERS reports (left) and reported deaths (right) per year for the past decade. (2021 is partial data set.)



1000% increase in VAERS data



<https://www.youtube.com/watch?t=14531&v=bQevYc2jX7Y>

Dr. Zandre Bratha

AutoSave OFF Blood Ana... Search

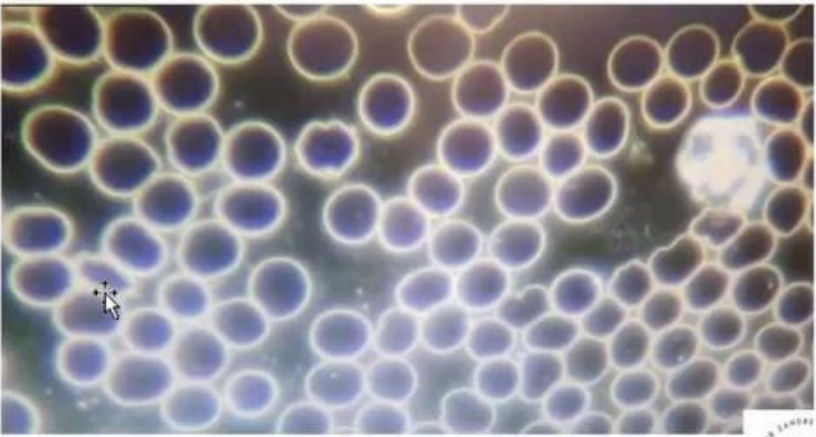
File Home Insert Design Transitions Animations Slide Show Review View Recording Help

Paste New Slide Reuse Slides Layout Reset Section

Clipboard Slides Font Paragraph Drawing

REC LIVE on Facebook

Picture of blood after therapy and BEFORE VACCINE lifestyle change and weight loss of 18kg .14 Feb 20



Click to add notes

Slide 7 of 57 English (South Africa) Notes 68%

Dr. Zandre Bratha

AutoSave On Blood Ana... Search

File Home Insert Design Transitions Animations Slide Show Review View Recording Help

Paste New Slide Reuse Slides Layout Reset Section

Clipboard Slides Font Paragraph Drawing

REC LIVE on Facebook

6 Pictures of blood film consultation 001010, vesicle 14, October 2020

7 Pictures of blood after drainage and 1000x magnification, storage change and weight loss of 10kg, for 10x 2020

8 Pictures of blood film 1000x magnification, 20 September 2021

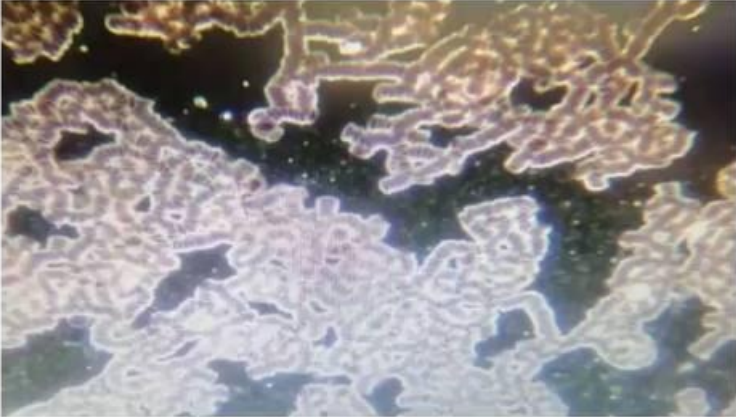
9

10


Click to add notes

Slide 8 of 57 English (South Africa) Notes 68%

Pictures of patient's blood AFTER VACCINE 20 September 2021



Stacked rouleau, white reflective particles spotted in the plasma, very low oxygen in the blood, patient now complaining of shortness of breath and fatigue, gained 5kg. Saturation between 89 on the oximeter. Taken at 800 x magnification.



Dr. Zandre Bratha

AutoSave On Blood Ana... Search

File Home Insert Design Transitions Animations Slide Show Review View Recording Help

Paste New Slide Reuse Slides Layout Reset Section

Clipboard Slides Font Paragraph Drawing

REC LIVE on Facebook

6 Pictures of blood film consultation 0011000, vesicle 14, October 2020

7 Pictures of blood film damage and vesicle formation, storage change and weight loss of 10kg, for 100, 2020

8 Pictures of blood film damage and vesicle formation, storage change and weight loss of 10kg, for 100, 2020

9 Large protozoan: Acidic terrain, low tissue oxygenation. This picture was taken in light field at 800 x magnification. Stacked rouleau, the most severe and serious form of rouleau, seen in all patients that had the vaccination.

10 Click to add notes

Slide 9 of 57 English (South Africa) Notes 68%

Dr. Zandre Bratha

AutoSave On Blood Ana... Search

File Home Insert Design Transitions Animations Slide Show Review View Recording Help

Paste New Slide Reuse Slides Layout Reset Section

Clipboard Slides

Font Paragraph Drawing

8 Patient of patient's blood 1/1/19 (1/1/19) 28 September 2019

9

10

11

Unidentified artifact, or substance. Consistent with every vaccinated patient. 800 x magnification used

Dr Zandre Botha Ph. D Alternative Medicine's screen

Slide 11 of 57 English (South Africa)

REC LIVE on Facebook

Jan 2019 JB

Dr. Zandre Bratha

AutoSave On Blood Ana... Search

File Home Insert Design Transitions Animations Slide Show Review View Recording Help

Paste New Slide Reuse Slides Layout Reset Section

Clipboard Slides

Font Paragraph Drawing

REC LIVE on Facebook

10

11

12

13

Uric acid crystal with black structures consistent with every vaccinated patient. Kidney strain are associated with uric acid crystals. 800 x magnification.

Click to add notes

Dr Zandr  Botha Ph. D Alternative Medicine's screen

Slide 13 of 57 English (South Africa) 68%

Dr. Zandre Bratha

Tamarin Phillips left

File Home Insert Design Transitions Animations Slide Show Review View Recording Help

Paste New Slide Reuse Slides Layout Reset Section

Clipboard Slides

Font Paragraph Drawing

13 Pictures of some of the abnormal crystals I have seen in the last month all showing similar findings and abnormalities

14

15

16

Abnormal and unidentified crystal or substance with stacked RBC seen in vaccinated patients. 800 x magnification

Dr ZANDRE BOTHA

Click to add notes

Dr Zandr  Botha Ph. D Alternative Medicine's screen

Slide 14 of 57 English (South Africa)

Notes

68%

Dr. Zandre Bratha

AutoSave On Blood Ana... Search

File Home Insert Design Transitions Animations Slide Show Review View Recording Help

Paste New Slide Reuse Slides Layout Reset Section

Clipboard Slides

Font Paragraph Drawing

16

17

18

19

20

Click to add notes

Slide 18 of 57 English (South Africa) Notes 68%

REC LIVE on Facebook

Jan 2021 JB

Could be a Thallus associated with chronic degenerative diseases. 400 x magnification

Dr. Zandre Bratha

AutoSave On Blood Ana... Search

File Home Insert Design Transitions Animations Slide Show Review View Recording Help

Paste New Slide Reuse Slides Layout Reset Section

Clipboard Slides

Font Paragraph Drawing

REC LIVE on Facebook

19

20

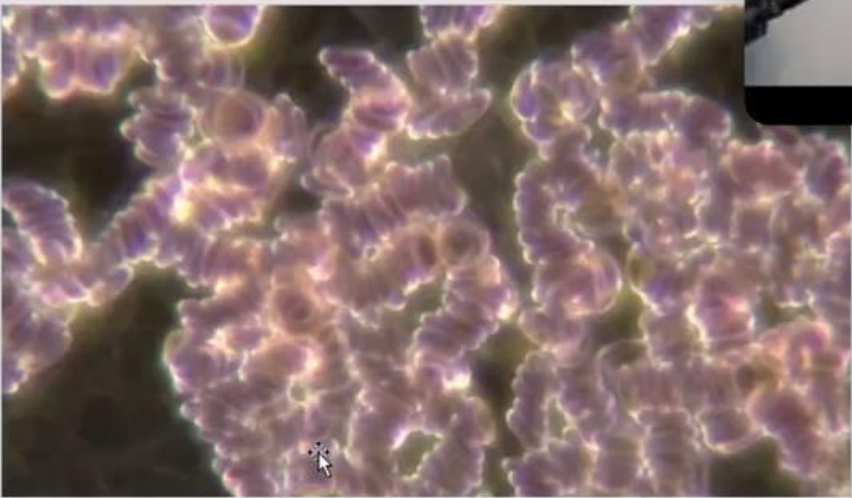
21

22

Click to add notes

Slide 20 of 57 English (South Africa) 68%

Severe rouleau, where the red blood cells form a chainlike string. All the vaccinated people have very tightly stacked red blood cells, a more serious form of rouleau suggestive of a patient with a chronic degenerative disease or advanced endobiosis (parasitic activity) and advanced colon. liver and small



Dr. Zandre Bratha

AutoSave Blood Ana... Search

File Home Insert Design Transitions Animations Slide Show Review View Recording Help

Paste New Slide Reuse Slides Layout Reset Section

Clipboard Slides

Font Paragraph Drawing

REC LIVE on Facebook

19

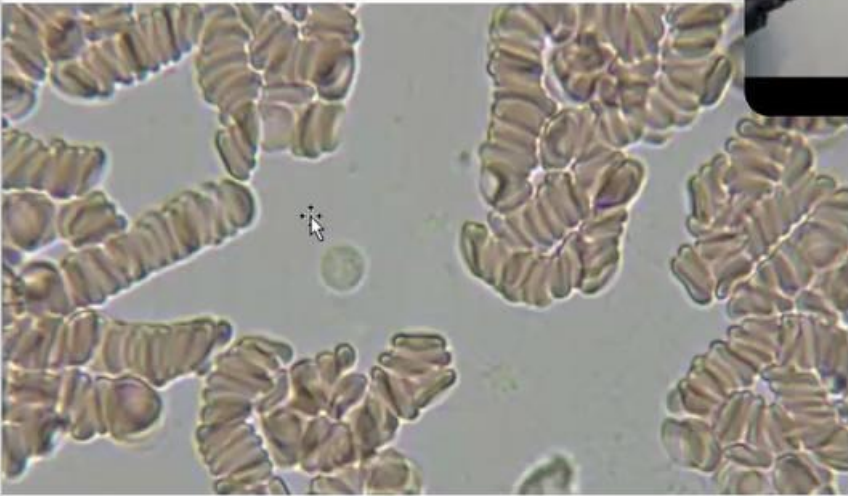
20

21


22

Click to add notes

Slide 21 of 57 English (South Africa) Notes 68%



Severe rouleau, where the red blood cells form a chainlike string. All the vaccinated people have very tightly stacked red blood cells, a more serious form of rouleau suggestive of a patient with a chronic degenerative disease or advanced endobiosis (parasitic activity) and advanced colon, liver and small intestine damage. Nonviable white blood cell. 1600 x magnification



Dr. Zandre Bratha

AutoSave Blood Ana... Search

File Home Insert Design Transitions Animations Slide Show Review View Recording Help

Paste New Slide Reuse Slides Layout Reset Section

Clipboard Slides

Font Paragraph Drawing

REC LIVE on Facebook

21

22

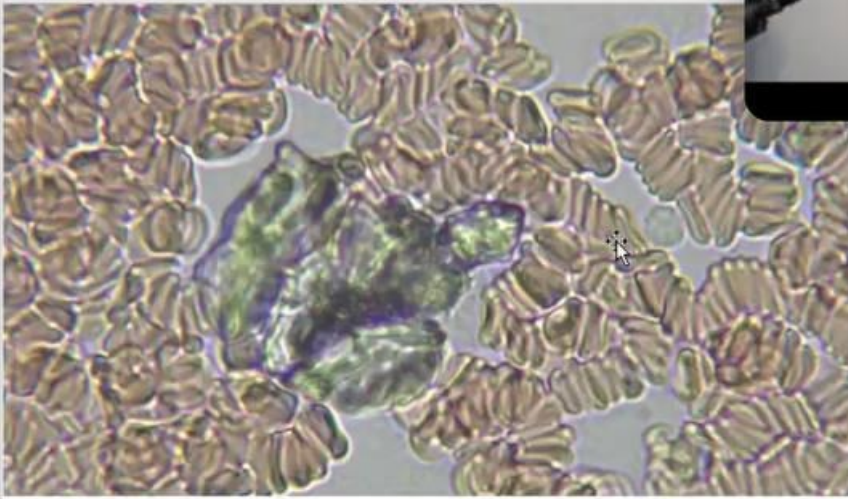
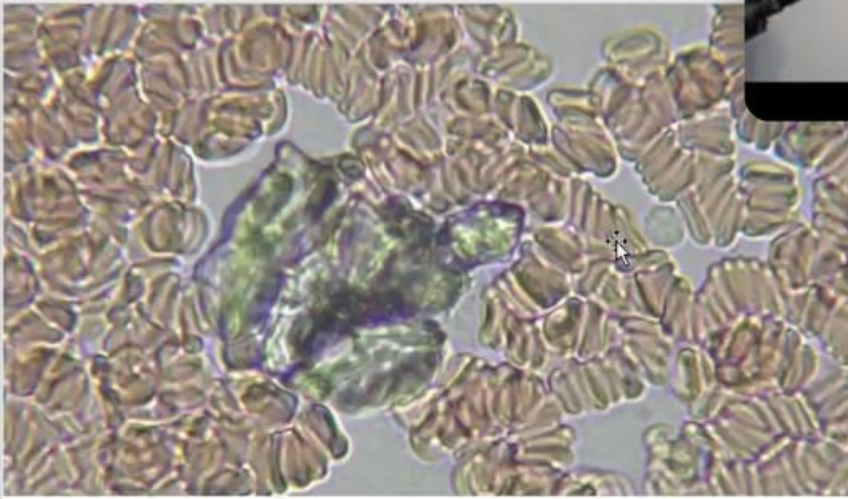
23

24

Click to add notes

Slide 22 of 57 English (South Africa) Notes 68%

Severe rouleau, where the red blood cells form a chainlike string. All the vaccinated people have very tightly stacked red blood cells, a more serious form of rouleau suggestive of a patient with a chronic degenerative disease. Uric acid crystal. 1600 x magnification



Dr. Zandre Bratha

AutoSave Blood Ana... Search

File Home Insert Design Transitions Animations Slide Show Review View Recording Help

Paste New Slide Reuse Slides Layout Reset Section

Clipboard Slides

Font Paragraph Drawing

REC LIVE on Facebook

21

22

23

24

Severe rouleau, where the red blood cells form a chainlike string. All the vaccinated people have very tightly stacked red blood cells, a more serious form of rouleau suggestive of a patient with a chronic degenerative disease. Black matter. Nonviable WBC. 1600 x magnification

Dr Zandr  Botha Ph. D Alternative Medicine's screen

Click to add notes

Notes 68%

Dr. Zandre Bratha

AutoSave On Blood Ana... Search

File Home Insert Design Transitions Animations Slide Show Review View Recording Help

Paste New Slide Reuse Slides Layout Reset Section

Clipboard Slides

Font Paragraph Drawing

Shape Fill Shape Outline Shape Effects

Shapes Arrange Quick Styles

REC LIVE on Facebook

23

24

25

26

Severe rouleau, where the red blood cells form a chainlike string. All the vaccinated people have very tightly stacked red blood cells, a more serious form of rouleau suggestive of a patient with a chronic degenerative disease. Black matter. Nonviable WBC. 400 x magnification

Click to add notes

Slide 24 of 57 English (South Africa) 68%

Dr. Zandre Bratha

AutoSave On Blood Ana... Search

File Home Insert Design Transitions Animations Slide Show Review View Recording Help

Paste New Slide Reuse Slides Layout Reset Section

Clipboard Slides

Font Paragraph Drawing

REC LIVE on Facebook

23

24

25

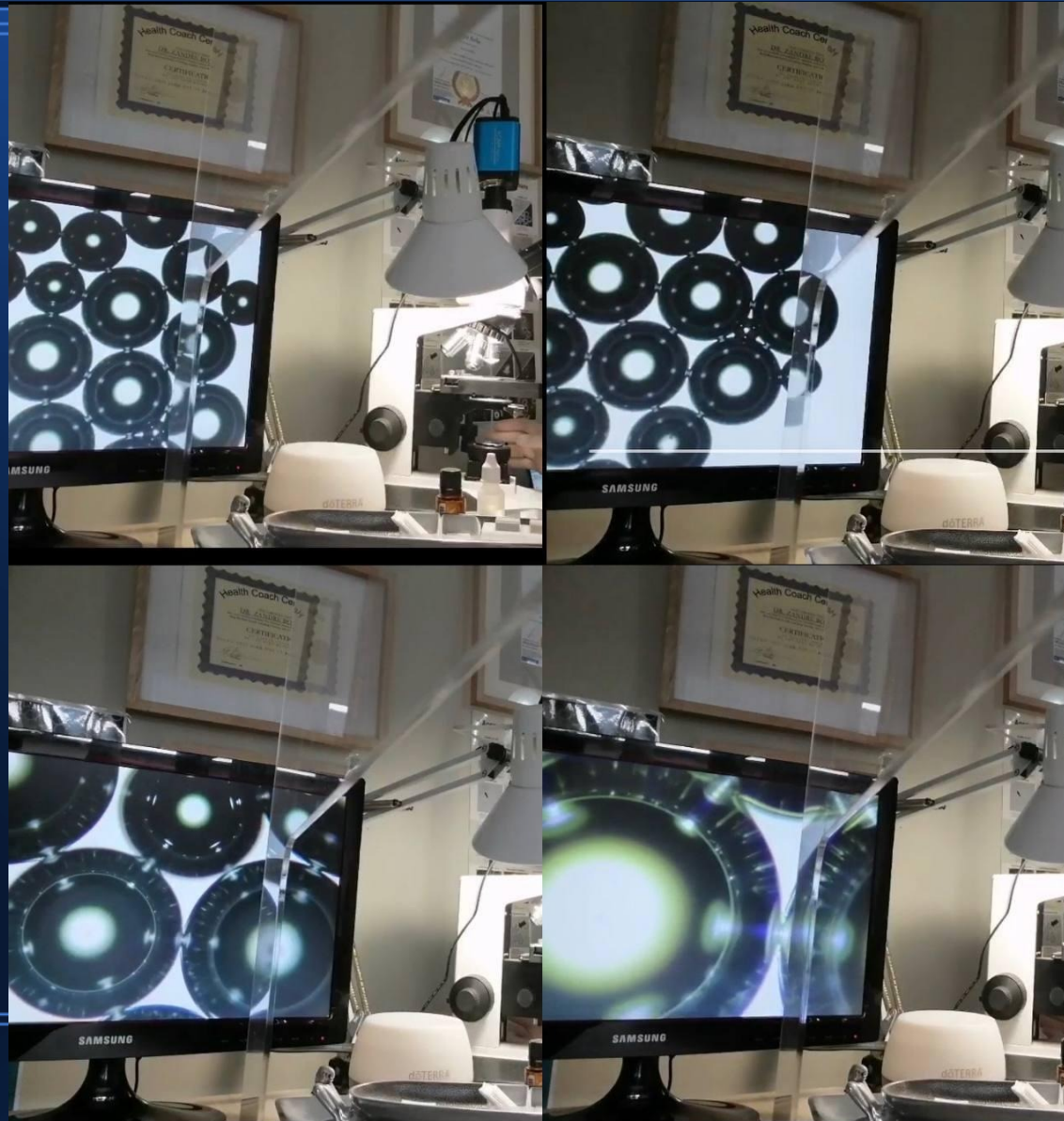
26

Click to add notes

Slide 25 of 57 English (South Africa) 68%

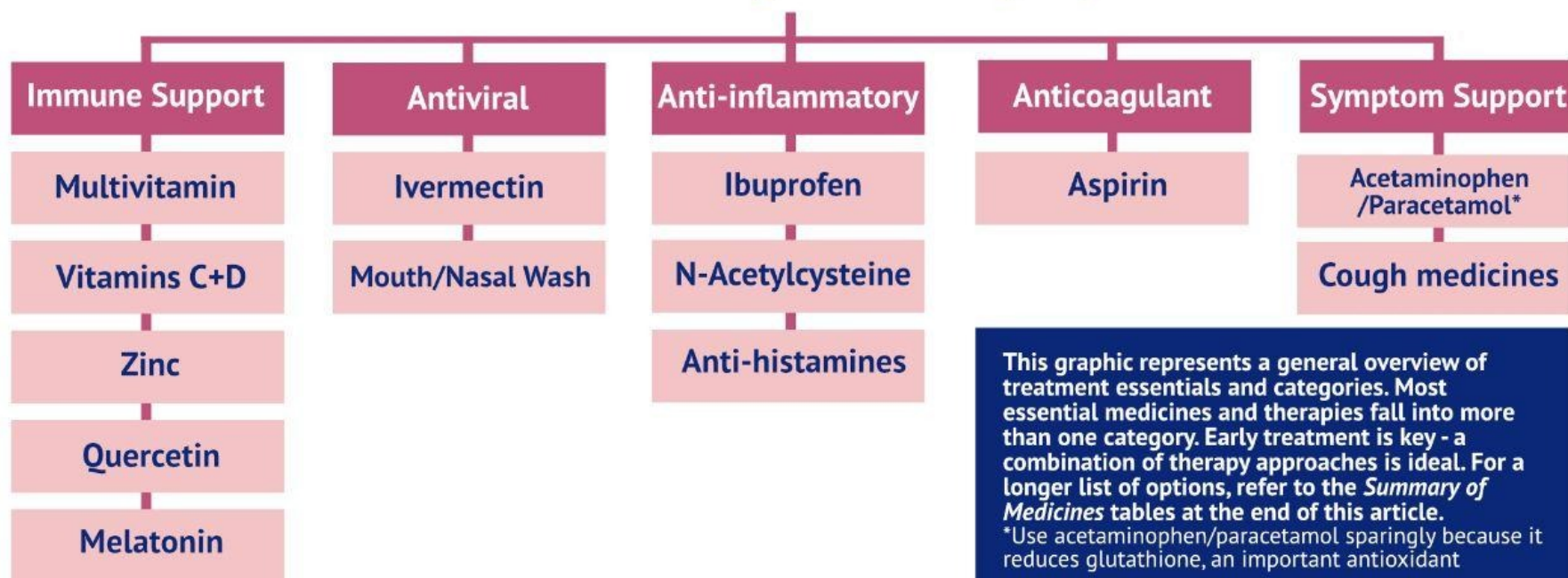
Severe rouleau, where the red blood cells form a chainlike string. All the vaccinated people have very tightly stacked red blood cells, a more serious form of rouleau suggestive of a patient with a chronic degenerative disease. Black matter. Nonviable WBC. 800 x magnification

Dr. Zandre Bratha



Early Prevention

Early At Home Treatment Essentials For Covid-19 Diagnosis or Symptoms



VAERS



J

Menstrual disorders: NIH Funding

- *“potential links between COVID-19 vaccination and menstrual changes.”*
- *“Some women have reported experiencing irregular or missing menstrual periods, bleeding that is heavier than usual, and other menstrual changes after receiving COVID-19 vaccines.”*
- In VAERS
- C19 vaccines: 7037 separate menstrual disorder symptoms in 4783 unique reports.
- Other vaccines, all years, 897 symptoms in 798 unique events.

VAERS data Websites

- <https://thegovernmentwantsyoudead.com>
- <https://vaxpain.us>
- <https://medalerts.org>
- <https://vaers.hhs.gov/data/datasets.html>

Vaccine Ingredients

- Excipient Table Appendix B Pink Book
- <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/appdx-full-b.pdf>

Appendix B

Vaccine Excipient Table

| | | |
|---|---------|---|
| Influenza (Fluad) ^(c) | 10/2020 | squalene, polysorbate 80, sorbitan trioleate, sodium citrate dehydrate, citric acid monohydrate, neomycin, kanamycin, hydrocortisone, egg proteins, cetyltrimethylammonium bromide (CTAB), formaldehyde |
| Influenza (Fluad) Quadrivalent ^(c) | 11/2020 | squalene, polysorbate 80, sorbitan trioleate, sodium citrate dihydrate, citric acid monohydrate, neomycin, kanamycin, hydrocortisone, egg protein, formaldehyde |

| Vaccine (Trade Name) | Package Insert Date | Contains ^(a) |
|-----------------------------|------------------------|--|
| Adenovirus | 10/2019 | monosodium glutamate, sucrose, D-mannose, D-fructose, dextrose, human serum albumin, potassium phosphate, pladone C, anhydrous lactose, microcrystalline cellulose, polacrillin potassium, magnesium stearate, cellulose acetate phthalate, alcohol, acetone, castor oil, FD&C Yellow #6 aluminum lake dye |
| Anthrax (Biothrax) | 11/2015 | aluminum hydroxide, sodium chloride, benzethonium chloride, formaldehyde |
| BCG (Tice) | 02/2009 | glycerin, asparagine, citric acid, potassium phosphate, magnesium sulfate, iron ammonium citrate, lactose |
| Cholera (Vaxchora) | 06/2016 | ascorbic acid, hydrolyzed casein, sodium chloride, sucrose, dried lactose, sodium bicarbonate, sodium carbonate |
| Dengue (Dengvaxia) | 06/2019 | sodium chloride, essential amino acids (including L-phenylalanine), non-essential amino acids, L-arginine hydrochloride, sucrose, D-trehalose dihydrate, D-sorbitol, trometamol, urea |
| DT (Sanofi) | 06/2018 | aluminum phosphate, isotonic sodium chloride, formaldehyde |
| DTaP (Daptacel) | 01/2021 ^(b) | aluminum phosphate, formaldehyde, glutaraldehyde, 2-phenoxyethanol |
| DTaP (Infanrix) | 01/2021 ^(b) | formaldehyde, aluminum hydroxide, sodium chloride, polysorbate 80 (Tween 80) |
| DTaP-IPV (Kinrix) | 01/2021 ^(b) | formaldehyde, aluminum hydroxide, sodium chloride, polysorbate 80 (Tween 80), neomycin sulfate, polymyxin B |
| DTaP-IPV (Quadracel) | 02/2021 | formaldehyde, aluminum phosphate, 2-phenoxyethanol, polysorbate 80, glutaraldehyde, neomycin, polymyxin B sulfate, bovine serum albumin |
| DTaP-HepB-IPV (Pediarix) | 01/2021 ^(b) | formaldehyde, aluminum hydroxide, aluminum phosphate, sodium chloride, polysorbate 80 (Tween 80), neomycin sulfate, polymyxin B, yeast protein |
| DTaP-IPV/Hib (Pentacel) | 12/2019 | aluminum phosphate, polysorbate 80, sucrose, formaldehyde, glutaraldehyde, bovine serum albumin, 2-phenoxyethanol, neomycin, polymyxin B sulfate |
| DTaP-IPV-Hib-HepB (Vaxelis) | 10/2020 | polysorbate 80, formaldehyde, glutaraldehyde, bovine serum albumin, neomycin, streptomycin sulfate, polymyxin B sulfate, ammonium thiocyanate, yeast protein, aluminum |

Hazardous Substance Fact Sheets

- Polysorbate-80
- Monosodium glutamate
- FD&C Yellow #6 lake dye
- Formaldehyde
- Aluminum phosphate/hydroxide
- Bovine serum albumin

Sudden Deaths (SADS)

- <https://twitter.com/ambzbby0420/status/1556691777020694530?s=20&t=rhLrfsMWTuhQLXQxb6MHPA>

California Homeless

AMAZING, ISN'T IT?



✗ No Masks

✗ No Distancing

✗ No Isolation

✗ No Quarantine

✗ No Vaccine

✗ No Healthcare

**JUST LIVING THEIR LIVES AS NORMAL AND NO
DEAD HOMELESS PEOPLE PILED ON THE STREETS.**

Weird, right?

Follow Up Content

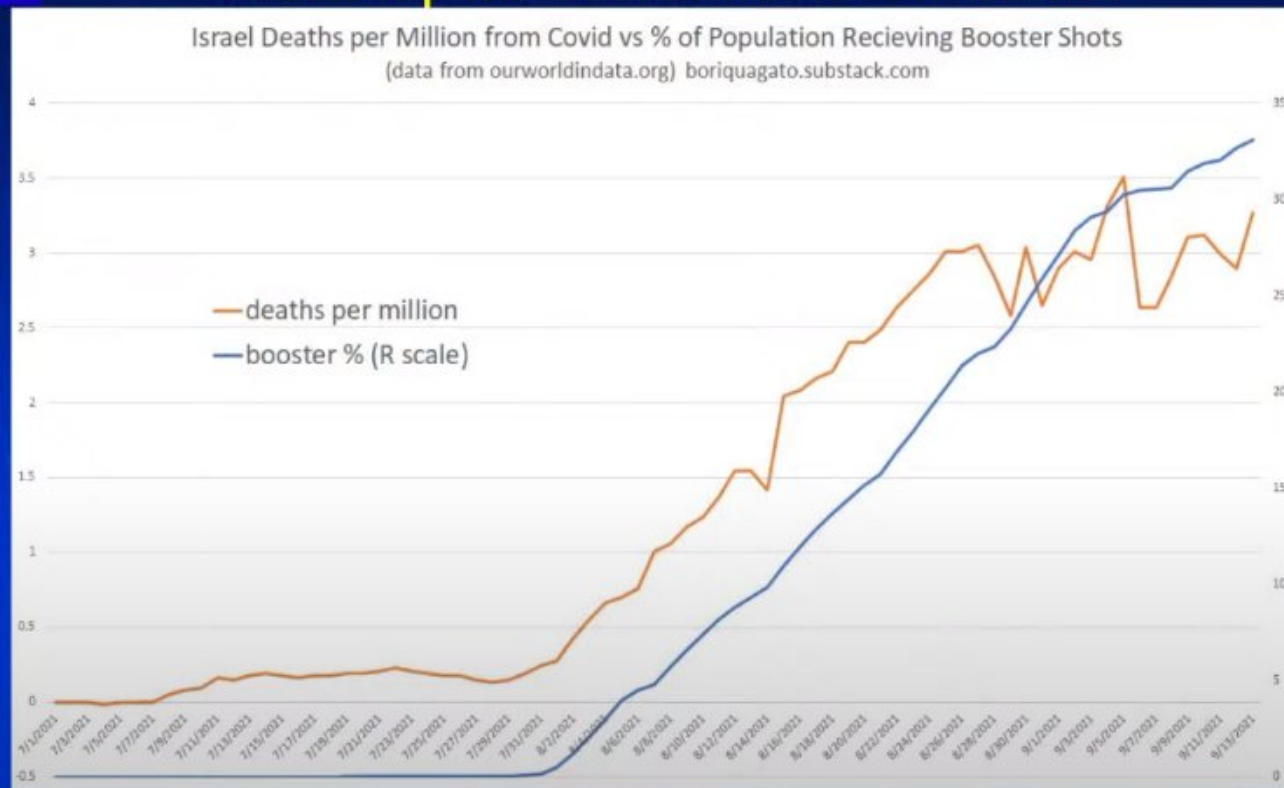
These next few slides will be filled out with more information later.

Israeli Data



Similar analysis for Israeli deaths, shows
lockstep of deaths and 3rd dose.

I



Dr. Sheri Tenpenny, DO

Dr. Tenpenny graduated from the A T Still University Kirksville College of Osteopathic Medicine, A T Still University Kirksville College of Osteopathic Medicine in 1984. She works in Cleveland, OH and specializes in Allergy & Immunology, Emergency Medicine and Family Medicine.

- <https://doctor.webmd.com/doctor/sherri-tenpenny-b6155e41-771f-4817-82e1-e132f06a5867-overview>
- <https://rumble.com/vis94t-absolutely-fantastic-dr-sherri-tennpenny-obiterates-an-ohio-state-panel.html>

Michael Yeadon

Pfizer CEO - Dr. Michael Yeadon is the former Chief Scientist and Vice-President of Pfizer Respiratory & Allergy Research, and has worked for over 30 years in the pharmaceutical industry. At great personal cost, he has been sounding the alarm about some of the lies and half-truths coming out of public health agencies during this pandemic. He is deeply troubled by the use of emergency-use-authorized vaccines being given en masse to non-high-risk patients, the lack of informed consent for those being given these EUA therapies, the prospect of vaccine passports, and many other public policy responses to this pandemic.

- <https://covid19alternativeperspectives.wordpress.com/2021/09/27/a-final-warning-to-humanity-from-for>

Questions about Fauci

Masking shouldn't be required anywhere. It is a freedom of choice.

Unless you're wearing appropriate Respirators/Hazmat suits with the appropriate filtration for the small particles that Level 3-4 Bio-labs use, how are masks even effective against something from an Infectious lab?

Fauci says masks... "it's for theater".

His involvement with the CCP and the Emails between them about gain of function (check out the debate between Fauci and Sen. Rand Paul) and even double masking? What is in those 3200 Fauci emails?

Why has Fauci lied about masks, Wuhan, gain of function, and jabs?

How did Fauci know there would be a surprise health epidemic in the next administration in 2017?

- <https://pubmed.ncbi.nlm.nih.gov/32717211/>

Summary

- Masks clearly don't work
- Shots are not “safe & effective” “free”
- VAERS data shows an alarming increase in injuries and death – undeniable data
- Swabs may be harmful in and of themselves
- PCR Cycle thresholds are WAY too high
 - Why is there a range of cycles vs one set for all tests?

Summary

- What about limited compensation under Countermeasures Program and the fact that though the vax is pushed for free, there is no free healthcare offered for any vax injuries. You must assume all costs yourself and try to fight your way through countermeasures program to get compensation (which historically has only been awarded to 8% of applicants)?

Sources

- <https://www.cdc.gov/flu/weekly/usmap.htm>
- <https://www.worldometers.info/coronavirus/>
- <https://www.centerforhealthsecurity.org/event201/>
- <https://ammtwitter.wordpress.com/vaers-reports/#ss>
- <https://mobile.twitter.com/newsvoicemag/status/1406515158000803841>
- <https://newsvoice.se/2021/06/dr-jessica-rose-the-harms-of-covid-vaccines-may-be-monumental/>
- <https://vaers.hhs.gov/data/datasets.html>
- <https://vaers.hhs.gov/reportevent.html>
- **Porcupine Swabs:**
 - <https://www.bitchute.com/video/uW6b2qAyjica/>
 - <https://wickedtruths.org/en/category/scientists/antonieta-gatti>
 - <https://dailyexpose.co.uk/2021/05/21/covid-pcr-test-swabs-are-as-dangerous-as-inhaling-asbestos/>
- <https://t.me/PeterMcCullough>
- https://en.wikipedia.org/wiki/List_of_human_disease_case_fatality_rates
- <https://www.msn.com/en-us/health/medical/the-25-most-contagious-diseases/ss-BB1gTdEJ>
- Stephen Petty - https://www.youtube.com/channel/UCwPHqgMiWwjpqd5dA-Og_Ag
- <https://coronavirus.jhu.edu/map.html>
- <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>
-
-