CITY OF Vancouver WASHINGTON

City Council Meeting Minutes

Vancouver City Hall | Council Chambers | 415 W. 6th St.
PO Box 1995 | Vancouver, WA 98668-1995
cityofvancouver.us

August 5, 2024

Workshops: 4:00-5:00 p.m.

Vancouver City Hall - Council Chambers - 415 W 6th Street, Vancouver WA

Workshops were conducted in person in the Council Chambers of City Hall. Members of the public were invited to view the meeting in person, via the live broadcast on www.cvtv.org and CVTV cable channels 23 or HD 323, or on the City's Facebook page, or www.facebook.com/VancouverUS.

View the CVTV video recording, including presentations and discussion, for workshops at:
https://www.cvtv.org/vid_link/36669?startStreamAt=0&stopStreamAt=2231

Fourth Plain for All Implementation Update
(4:00-5:00 p.m.)

Shannon Williams, Senior Planner, shannon.williams@cityofvancouver.us

Staff led Council through a discussion of the Fourth Plain for All Implementation Update.

Councilmember Harless was absent from the workshop.

Council Dinner / Executive Session Re: Personnel – RCW 42.30.110(1)(g) (1.5 hours)

Mayor McEnerny-Ogle announced the Council would be entering into executive session from 4:46-6:15 p.m. to discuss Personnel - RCW 42.30.110(1)(g).

Regular Council Meeting

This meeting was conducted as a hybrid meeting with in person and remote viewing and participation over video conference utilizing a GoToMeeting platform. Members of the public were invited to view the meeting in person, via the live broadcast on www.cvtv.org and CVTV cable channels 23 or HD 323, or on the City's Facebook page, www.facebook.com/VancouverUS. Public access and testimony on Consent Agenda items and under the Community Forum were also facilitated in person and via the GoToMeeting conference call.

Vancouver City Council meeting minutes are a record of the action taken by Council. To view the CVTV video recording, including presentations, testimony and discussion, for this meeting please visit:
https://www.cvtv.org/vid_link/36671?startStreamAt=0&stopStreamAt=2040

Electronic audio recording of City Council meetings are kept on file in the office of the City Clerk for a period of six years.

Pledge of Allegiance

Call to Order and Roll Call

The regular meeting of the Vancouver City Council was called to order at 6:30 p.m. by Mayor McEnerny-Ogle. This meeting was conducted as a hybrid meeting, including both in person and remotely over video conference.

Present: Councilmember Perez, Councilmember Fox, Councilmember Paulsen, Councilmember Stober, Councilmember Hansen, and Mayor McEnerny-Ogle

Absent: Councilmember Harless

Proclamations

National Night Out

Mayor McEnerny-Ogle read and presented a proclamation to David Holt, Director of the U.S. Department of Veterans Affairs, VA Portland Health Care System, and Gregory Straub, Deputy Chief of Police, U.S. Department of Veterans Affairs Police Service, proclaiming August 6, 2024, as National Night Out.

Community Communication

This is the place on the agenda where the public is invited to speak to Council regarding any matter on the Agenda not already scheduled for Public Hearing. (Separate instructions are provided for offering testimony on Public Hearing when applicable.) This includes the option to testify about Workshops. Members of the public addressing Council are requested to give their name and city of residence for the audio record. Speakers are to limit their testimony to a total of three minutes for all items combined.

Mayor McEnerny-Ogle opened Community Communication and received testimony from the following community members regarding any matter on the agenda not scheduled for a Public Hearing:

- *Kimberlee Goheen Elbon, La Center, WA*
- *Carmen DeLeon, Vancouver*

There being no further tetsimony, Mayor McEnerny-Ogle closed Community Communication.

Consent Agenda

The following items will be passed by a single motion to approve all listed actions and resolutions. There will be no discussion on these items unless requested by Council. If discussion is requested, the item will be moved from the Consent Agenda and considered separately – after the motion has been made and passed to approve the remaining items.

Motion by Councilmember Stober, seconded by Councilmember Fox, and carried Yes: 6, No: 0, to amend the agenda to add a 30-minute executive session at the end of the meeting for Personnel - RCW 42.30.110(1)(g). Absent from vote: Councilmember Harless.

Council pulled item 4 for discussion.

Motion by Councilmember Hansen, seconded by Councilmember Fox, and carried Yes: 6, No: 0, Abstain: 0, to Approve Items 1-3 and 5-7 on the Consent Agenda. Absent from vote: Councilmember Harless.

Motion by Councilmember Fox, seconded by Councilmember Hansen, and carried Yes: 6, No: 0, Abstain: 0, to Approve Item 4 on the Consent Agenda. Absent from vote: Councilmember Harless.

1. **Bid Award - Pearson Airfield Lighting Replacement Project, per BID #24-01**
   Staff Report: 142-24

   Request: Award a construction contract for the Airport Electrical project to the lowest responsive and responsible bidder, Northeast Electrical, LLC, Woodland, Washington at their bid price of $648,939.00, which includes Washington State sales tax, and authorize the City Manager or designee to execute the same.

   Guy Lennon, Airport Manager, guy.lennon@cityofvancouver.us

Motion approved the request.

2. **Contract Amendment - Portland Adventist Medical Center**
   Staff Report: 143-24

   Request: Authorize the City Manager or designee to execute an amendment increasing the authorized not-to-exceed amount of the contract with Portland Adventist Medical Center from $300,000 to $450,000.

Lee Lofton, Deputy Human Resources Director, Antoinette Gasbarre, Human Resources Director, lee.lofton@cityofvancouver.us, Antoinette.Gasbarre@cityofvancouver.us

Motion approved the request.

3. Interlocal Agreement - Collaboration of Stormwater Partners of Southwest Washington

Staff Report: 144-24

Request: Authorize the City Manager, or their designer, to execute an Interagency Agreement with Clark County and the cities of Battle Ground, Camas, Ridgefield, and Washougal to participate in a regional group, Stormwater Partners of Southwest Washington per the Agreement.

Kris Olinger, Utility Engineering Program Manager, kris.olinger@cityofvancouver.us

Motion approved the request.

4. Approval of the Updated 2024 Council Meeting Schedule

Staff Report: 145-24

Request: Approve the Updated 2024 annual City Council Meeting schedule.

Sarah Dollar, Executive Assistant to City Council, Sarah.Dollar@cityofvancouver.us

Motion approved the request.

5. Waterfront Gateway Quiet Title Action

Staff Report: 146-24

A RESOLUTION authorizing quiet title action to clear title and properly vest legal ownership of certain real property with the City of Vancouver ("City").

Request: Adopt a resolution authorizing the Vancouver City Attorney, or designated representatives, to bring a legal action in the name of the City of Vancouver to cure the legal description.

Rebecca Rude, Assistant City Attorney, becky.rude@cityofvancouver.us

Motion adopted Resolution M-4289 to approve the request.

6. Rezone and Critical Area Permit for 19th Street Terrace Subdivision

Staff Report: 147-24

AN ORDINANCE rendering findings and issuing a decision on the 19th Street Terrace zone change from R-9 Lower Density Residential to R-17 Lower Density

Residential; and a 46-
lot subdivision; and providing for severability and an effective date.

Request: On Monday, August 5, 2024, approve the ordinance on first reading, setting date of second reading and quasi-judicial public hearing for August 12, 2024.

Mark Person, Senior Planner, mark.person@cityofvancouver.us

Mayor McEnerny-Ogle read the title of the ordinance into the record.

Motion approved the request.

7. Approval of Claim Vouchers

Request: Approve claim vouchers for August 5, 2024.

Motion approved claim vouchers in the amount of $26,132,983.07.

Unfinished Business

8. Council Action to Appoint Committees to Prepare Arguments Advocating Voters' Approval and Rejection of the Council's Proposed Amendments to the Vancouver City Charter, Pursuant to RCW 29A.32.280
Staff Report: 148-24

Request:

1. By motion, formally appoint a committee to prepare arguments advocating voters' approval of the proposed amendments to the City Charter, or, alternatively, defer such action to the County Auditor.
2. By motion, formally appoint a committee to prepare arguments advocating voters' rejection of the proposed amendments to the City Charter, or, alternatively, defer such action to the County Auditor.

Aaron Lande, Program and Policy Development Manager, aaron.lande@cityofvancouver.us

Motion by Councilmember Stober, seconded by Councilmember Perez, and carried Yes: 6, No: 0, Abstained: 0, to defer recruiting committee selection for amendments 8-11 to the County Auditor. Absent from vote: Councilmember Harless.

Motion by Councilmember Paulsen, seconded by Councilmember Stober, and carried Yes: 6, No: 0, Abstained: 0, to appoint Terah Ebie on the Pro Committee for Amendment No. 12. Absent from vote: Councilmember Harless.

Motion by Mayor Councilmember Stober, seconded by Councilmember Paulsen, and carried Yes: 6, No: 0, Abstained: 0, to defer to the County Auditor for recruitment of two people on the Pro Committee and a Con Committee for Amendment No. 12. Absent from vote: Councilmember Harless.

9. Council Action to Appoint Committees to Prepare Arguments Advocating Voters' Approval and Rejection of the Council's Levy Lid Lift Proposition Pursuant to RCW 29A.32.280

Staff Report: 149-24

Request:

1. By motion, formally appoint a committee to prepare arguments advocating voters' approval of the Council's levy lid lift proposition or, alternatively, defer such action to the County Auditor.
2. By motion, formally appoint a committee to prepare arguments advocating voters' rejection of the Council's levy lid lift proposition, or, alternatively, defer such action to the County Auditor.

Dan Lloyd, Assistant City Attorney, dan.lloyd@cityofvancouver.us

Mayor McEnerny-Ogle withdrew her name from the Pro Committee for the Approval and Rejection of the Council's Levy Lid Lift Proposition.

Motion by Councilmember Paulsen, seconded by Councilmember Fox, and carried Yes: 6, No: 0, Abstained: 0 to approve the three Pro Committee Candidates, Tammy O'Neil, Martha Baumgarten, and Bart Hansen, and defer the Con Committee recruitment of up to 3 individuals to the County Auditor. Absent from vote: Councilmember Harless.

Communications

A. From the Council

B. From the Mayor

C. From the City Manager

Executive Session Re: Personnel– RCW 42.30.110(1)(g) (30 Minutes)

Mayor McEnerny-Ogle announced the Council would be entering into executive session from 7:09-8:05 p.m. to discuss Personnel – RCW 42.30.110(1)(g). This was an extension from the Executive Session held from 4:46-6:15 p.m.

Adjournment

8:05 p.m.

DocuSigned by:
Anne McEnerny-Ogle
0C89D9089EC5424...

Anne McEnerny-Ogle, Mayor

Attest:

DocuSigned by:
Natasha Ramras
493E940414AE4BD...

Natasha Ramras, City Clerk

The written comments below are those of the submitter alone and are not representative of the views of CVTV or the City of Vancouver, its elected or appointed officials, or its employees.

From: Wynn Grcich
To: Dollar, Sarah; Rebecca Messinger
Subject: Fwd: Truth over Deception
Date: Thursday, August 1, 2024 1:12:23 AM

---------- Forwarded message ---------
From: **"Peter A. McCullough, MD, MPH from Courageous Discourse™ with Dr. Peter McCullough & John Leake"** [redacted]
Date: Wed, Jul 31, 2024 at 2:35 AM
Subject: Truth over Deception
[redacted]

Please send to council members and Melnick. Put on public record and confirm that you did. Thanks from Wynn

06.24.24.JoniTableTalk.TruthOverDeception.mp4

Watch now

Truth over Deception

Dr. McCullough on Daystar Table Talk with Joni Lamb

PETER A. MCCULLOUGH, MD, MPH

JUL 31

READ IN APP

By Peter A. McCullough, MD, MPH

Will the world be deceived into lockdowns, food scares, and taking Bird Flu vaccines? Please enjoy this practical Table Talk on Daystar with Joni Lamb and her panel assembled to ask the right questions on how to be prepared and not give into the government fear-driven narrative on Disease X H5N1 Avian Influenza.

Please subscribe to *Courageous Discourse* as a paying ($5 monthly) or founder member so we can continue to bring you the truth.

Peter A. McCullough, MD, MPH

President, McCullough Foundation

www.mcculloughfnd.org

From: Wynn Grcich
To: Rebecca Messinger; Dollar, Sarah
Subject: Watch "Pfizer Being Sued for Covid Vaccine - Top Attorney Dwane Cates Review and Opinion" on YouTube
Date: Monday, July 29, 2024 12:54:26 AM

https://youtu.be/E39eFfiXi4c?si=1ysr7_mupDlL4aGA .please send to council members and MELNICK. Put on public record and confirm that you did. Thanks from Wynn.

From: Wynn Grcich
To: Rebecca Martinson; Johnsmithfakeemail@gmail.com; electronicbulletin@gmail.com; Carmen Richards; Ken Hansen; Reflects Clerk County - Rob Anderson; Dobler, Sarah; Bradley St Marie; Carole CLARK
Subject: Fwd: Scientific Studies on Vaccine Injuries
Date: Thursday, July 25, 2024 4:52:46 PM

---------- Forwarded message ---------
From: **Robert W Malone MD from "Who is Robert Malone"** [redacted]
Date: Thu, Jul 25, 2024 at 2:42 PM
Subject: Scientific Studies on Vaccine Injuries
To: [redacted]

Please sent to council members and Melnick. Put on public record and confirm that you did. Thanks from Wynn Grcich

Who is Robert Malone cross-posted a post from KC's COVID Facts

Robert W Malone MD, MS
Jul 25 · Who is Robert Malone

Jessica Rose just recommended this reference list concerning vaccine injury scientific studies to me.

I hope you find it useful.

Scientific Studies on Vaccine Injuries

You want science? Here's your f*cking science.

KC
Jul 25

READ IN APP

This post mainly consists of scientific studies (both peer reviewed and preprints), systematic reviews, case studies (a few key ones of the thousands out there), and other medical journal articles that support the assertions in my Vaccine Injury post from November 2022. I began bookmarking these studies in late 2021, but since I've surely missed some, this is not a comprehensive list. (In fact I'm still adding studies from the past 6 weeks, though they should all be included by the end of July.) It is, however, significant enough to utterly debunk the "*safe* and effective" propaganda of the past three years. (I will continue adding to this list indefinitely, so please check back on occasion for the most recent scientific discoveries about C19 vaccine injuries.)

I'm not a scientific researcher, data analyst, or medical professional. Neither are most of my readers. However I, and presumably they/you, are fully intellectually capable of reading and understanding the discussions and conclusions in most of the studies listed below. For those of you who prefer to skim, in most cases, after each link below, I include a short (2-3 sentence) summary of the study's conclusions.

Some of the studies below are followed by a supporting article explaining its findings in layman's terms. All such articles are written by experts in their field, including scientific researchers, professors, data analysts, PhDs, MDs and other medical professionals. (Some accompanying articles are under a paywall, for which I apologize, however I'm happy to email my readers free versions of any linked articles upon request.)

Lastly, please take note that much of the pro-jab jargon used in these studies is required to survive peer review. Journals are beholden to (funded and captured by) the pharmaceutical industry. Researchers have stated outright that they cannot get published on this topic without the inclusion of pro-vaccine rhetoric in their studies.

Please use this post as a resource to backup your own arguments with uninformed acquaintances who continue to believe and perpetuate the false government/Pharma narrative that the C19 "vaccines" are safe. They are not, and the following evidence couldn't be more clear about that.

General Adverse Events

- **Serious Adverse Events of Special Interest Following mRNA Vaccination in Randomized Trials**
  https://www.sciencedirect.com/science/article/pii/S0264410X22010283
  (Peter Doshi—senior editor of the BMJ—study concluding that Covid vaccines were associated with an excess risk of serious adverse events of special interest of 12.5 per 10,000 vaccinated. And that the excess risk of serious adverse events of special interest surpassed the risk reduction for COVID-19 hospitalization. Explanatory articles here, here, and here.)
- **Potential health risks of mRNA-based vaccine therapy: A hypothesis**
  https://www.sciencedirect.com/science/article/pii/S0306987723000117
  ("If our hypothesis were to be confirmed, the implications for public health would be staggering and appalling in the context of the mass-scale COVID-19 vaccination already taking place, particularly if the nms-mRNA enters brain, bone marrow, and – if already present in the vaccinee – cancerous or pre-cancerous cells, or if the vaccine is administered to females early in their pregnancy and the nms-mRNA transfects embryonic cells.")
- **'Spikeopathy': COVID-19 Spike Protein Is Pathogenic, from Both Virus and Vaccine mRNA**
  https://www.mdpi.com/2227-9059/11/8/2287
  ("This paper reviews autoimmune, cardiovascular, neurological, potential oncological effects, and autopsy evidence for spikeopathy." Also, " Treatment modalities for "spikeopathy"-related pathology in many organ systems, require urgent research and provision to millions of sufferers of long-term COVID-19 vaccine injuries. We also advocate for the suspension of gene-based COVID-19 vaccines and lipid-nanoparticle carrier matrices, and other vaccines based on mRNA or viral-vector DNA technology." *Comprehensive* explanatory article here.)
- **The Novelty of mRNA Viral Vaccines and Potential Harms: A Scoping Review**
  https://www.mdpi.com/2571-8800/6/2/17
  (The COVID-19 vaccines are known to be unsafe for several reasons: 1) the Wuhan Spike protein damages cells, tissues, organs, and causes blood clotting, 2) the lipid nanoparticles may have toxicity from the PEG or polysorbate 80 or from syncytia formation, 3) the mRNA appears to be resistant to ribonucleases and is not broken down in the body. As some point the mRNA or fragments could interfere with gene function or alter other microRNAs that are managing the human genome. Explanatory article here.)
- **COVID-19 vaccines – An Australian Review**
  https://www.opastpublishers.com/open-access-articles/covid19-vaccinesan-australian-review.pdf
  (This scathing paper has to be read to be believed but here's the big takeaway: "*mRNA vaccines are neither safe nor effective, but outright dangerous.*" Summary article here.)
- **National Academies Committee on Review of Relevant Literature Regarding Adverse Events Associated with Vaccines March 30 2023: Written material accompanying oral remarks.**
  https://www.researchgate.net/publication/369755622_National_Academies_Committee_on_Review_of_Relevant_Literature_Regarding_Adverse_Events_Associated_with_Vaccines_March_30_2023_Written_material_accompanying_oral_remarks
  ("These comments contain a number of novel analyses conducted relating to Covid-19 vaccine safety.")
- **Is the US's Vaccine Adverse Event Reporting System broken?**
  https://www.bmj.com/content/383/bmj.p2582
  (This article from Nov 2023 is remarkable in what it implies. The BMJ doesn't come out directly and accuse the CDC of lying but it comes very close: "The BMJ has learnt that in the face of an unprecedented 1.7 million reports since the rollout of covid vaccines, VAERS's staffing was likely not commensurate with the demands of reviewing the serious reports submitted, including reports of death. While other countries have acknowledged deaths that were "likely" or "probably" related to mRNA vaccination, the CDC—which says that it has reviewed nearly 20 ,000 preliminary reports of death using VAERS (far more than other countries)—has not acknowledged a single death linked to mRNA vaccines." Explanatory article here.)
- **Gene-based COVID-19 vaccines: Australian perspectives in a corporate and global context**
  https://www.sciencedirect.com/science/article/pii/S0344033823007318
  ("Neither risk nor cost can justify these products for the vast majority of people. Lack of efficacy against infection and transmission, and the equivalent benefits of natural immunity, obviate mandatory therapeutics. With the many gene-based pharmaceuticals planned, a new era of pathology lies ahead. We should pause, reflect, and reaffirm essential freedoms, welcome the end of the COVID-19 pandemic, embrace natural immunity, and lift all mandated medical therapy." Explanatory article here.)
- **mRNA vaccine boosters and impaired immune system response in immune compromised individuals: a narrative review**
  https://link.springer.com/article/10.1007/s10238-023-01264-1
  ("A considerable body of evidence indicates a correlation, and some recent studies even suggest causation, highlighting the potential for mRNA COVID-19 boosters to have adverse effects on the immune system. This is particularly relevant in the case of immunocompromised individuals, where the overall cost-to-benefit ratio may lean toward the negative." Simply put, COVID-19 genetic vaccination is an invitation for transplant organ failure. Explanatory article here.)
- **COVID-19 vaccines and adverse events of special interest: A multinational Global Vaccine Data Network (GVDN) cohort study of 99 million vaccinated individuals**
  https://www.sciencedirect.com/science/article/pii/S0264410X24001270
  (Groundbreaking global study on 99 million vaccinated people reveals increases in neurological, blood, and heart conditions associated with COVID-19 vaccines. Explanatory article here and video here.)

- **Exploring COVID-19 Vaccines 'Safety Signal' Data on Vigiaccess.org: A World Council for Health Report**
https://osf.io/preprints/osf/67njd
(Conclusions: It Cannot Be Said That Covid-19 'Vaccines' Are Safe. "Whilst further investigation is needed to establish causation, based on the substantial numbers of deaths and SAEs associated with the COVID-19 vaccines on VigiAccess.org, the strategy of COVID-19 vaccination programmes worldwide should be reconsidered." Explanatory article here.)
- **The mRNA-LNP vaccines – the good, the bad and the ugly?**
https://www.frontiersin.org/journals/immunology/articles/10.3389/fimmu.2024.1336906/full
("the latest data raise serious concerns about the safety and effectiveness of these vaccines. Here, we review some of the safety and efficacy concerns identified to date. We also discuss the potential mechanism of observed adverse events related to the use of these vaccines and whether they can be mitigated" Explanatory article here.)
- **N1-methylpseudouridylation of mRNA causes +1 ribosomal frameshifting**
https://www.nature.com/articles/s41586-023-06800-3
(Scientists discovered that in addition to the toxic "spike protein," mRNA vaccines have a weakness that introduces "read errors," making vaccinated individuals produce nearly random proteins with unknown and unpredictable effects. Scientists found that 25-30% of vaccinated people experience unintended immune response. mRNA COVID vaccine technology, using pseudouridine instead of uridine, creates potential for "frameshifting," which means that the cellular machinery erroneously skips one genetic "bit," causing all subsequently read data to become garbled. The lost "bits" of genetic translation lead to garbage proteins produced by vaccinated bodies at random.What consequences can occur due to garbled reads of COVID-19 genetic codes and the expression of junk frameshifted proteins? Nobody knows. Explanatory articles here, here, and here. Videos here and here.)
- **Broad-spectrum of non-serious adverse events following COVID-19 vaccination: A population-based cohort study in Seoul, South Korea**
https://www.medrxiv.org/content/10.1101/2023.11.15.23298566v2
(Working from a giant Korean medical database, scientists examined the "incidence rate and risk" of a wide spectrum of "non-fatal adverse events" including: gynecological, hematological, dermatological, ophthalmological, otologic, and even *dental problems* following C19 vaccination. After analyzing the data, the researchers found a strong correlation in nearly every area between mRNA vaccination and increased risk of an immune-related adverse event, with only a couple exceptions. "Conclusions: The three month risks of incidental non-fatal, immune related adverse events are substantially higher in the vaccinated subjects than in non-vaccinated controls." This data suggests that the mRNA vaccines make people sicker *in nearly every possible* way.)
- **Hematologic abnormalities after COVID-19 vaccination: A large Korean population-based cohort study**
https://www.medrxiv.org/content/10.1101/2023.11.15.23298565v1
(Authors searched a giant Korean medical database for correlations between mRNA vaccination and blood disorders and found a strong correlation showing a substantially increased risk of certain blood disorders after mRNA vaccination: nutritional anemia, hemolytic anemia, aplastic anemia, coagulation defects, and neutropenia. They specifically found that "Incidence rates of hematologic abnormalities in the vaccination group three months after vaccination were *significantly higher* than those in the nonvaccinated group." Also, "In conclusion, COVID-19 vaccination increased the risk of hematologic abnormalities." Explanatory article here.)
- **BNT162b2 COVID-19 vaccination in children alters cytokine responses to heterologous pathogens and Toll-like receptor agonists**
https://www.frontiersin.org/journals/immunology/articles/10.3389/fimmu.2023.1242380/full
(Study showed that 29 COVID-vaccinated children aged 5-11, had markedly decreased immune responses to various bacteria and fungi [many pathogens that are quite common and serious or even deadly] 28 days after the second dose of Pfizer. Many specific immune reactions declined by a factor of over ten times. Explanatory articles here and here.)
- **Concern about the Effectiveness of mRNA Vaccination Technology and Its Long-Term Safety: Potential Interference on miRNA Machinery**
https://www.mdpi.com/1422-0067/24/2/1404
(Conclusions: "The disruption of miRNA biogenesis machinery is responsible for several human pathologies. miRNA dysregulation is associated with the development of clinical complications during COVID-19 infection. SARS-CoV-2-encoded miRNAs can affect the host's immune response [and] contribute to the onset of other longer-term diseases. The dysregulation of the host miRNA range that modulates multiple gene expressions can influence cancer development." Explanatory article here.)
- **Potential health risks of mRNA-based vaccine therapy: A hypothesis**
https://www.sciencedirect.com/science/article/pii/S0306987723000117
("Susceptible individuals would then expectedly have an increased risk of DNA damage, chronic autoinflammation, autoimmunity and cancer. In light of the current mass administration of nms-mRNA vaccines, it is essential and urgent to fully understand the intracellular cascades initiated by cellular uptake of synthetic mRNA and the consequences of these molecular events.")
- **Detection of recombinant Spike protein in the blood of individuals vaccinated against SARS-CoV-2: Possible molecular mechanisms**
https://onlinelibrary.wiley.com/doi/10.1002/pca.2023000048
(In this exacting study, vaccine-derived spike protein was found in 50% of the biological samples as late as six months after the last dose. And nowhere does the study state that spike protein production ends after 187 days--that's simply as long as the study tested for it--which makes it a disturbing possibility that spike protein production in the body never actually ends. Explanatory article here.)
- **SARS-CoV-2 spike mRNA vaccine sequences circulate in blood up to 28 days after COVID-19 vaccination**
https://onlinelibrary.wiley.com/doi/10.1111/apm.13294
(Vaccines, which are usually live attenuated or killed virus, or a harmless protein, should be in the body only a few days as immunity is being generated. After that, the vaccine material is cleared by the reticuloendothelial system. Having foreign genetic code in the form of synthetic RNA loaded on lipid nanoparticles with PEG in the blood stream for a month has many adverse implications. Explanatory article here.)
- **The spike hypothesis in vaccine-induced adverse effects: questions and answers**
https://www.cell.com/trends/molecular-medicine/fulltext/S1471-4914(22)00189-7
(Most virus [via infection vs injection] spike protein remains in respiratory tract while mRNA *vaccine induced* spike protein production occurs in internal organs and tissues, which can exert more systemic effects. Conclusion: COVID-19 mRNA vaccines under some circumstances induce high and possibly toxic amounts of S protein in organs and tissues, in turn leaking into the circulation.)
- **Curing the pandemic of misinformation on COVID-19 mRNA vaccines through real evidence-based medicine - Part I**
https://journalofmetabolichealth.org/index.php/jmh/article/view/71
("In the non-elderly population the "number needed to treat" to prevent a single death runs into the thousands. Re-analysis of randomised controlled trials using the messenger ribonucleic acid (mRNA) technology suggests a greater risk of serious adverse events from the vaccines than being hospitalised from COVID-19. Pharmacovigilance systems and real-world safety data, coupled with plausible mechanisms of harm, are deeply concerning, especially in relation to cardiovascular safety." The paper concludes by calling for an immediate suspension of all Covid 19 vaccinations "*A pause and reappraisal of global vaccination policies for COVID-19 is long overdue*")
- **Shedding of infectious SARS-CoV-2 despite vaccination**
https://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1010876
("We found that a large proportion of people with infection despite full vaccination had high levels of virus in their bodies, regardless of sex or the type of vaccine they received. Our study was one of the first to demonstrate the possibility that vaccinated people could play a role in spreading COVID." Explanatory article here.)
- **COVID-19 Vaccine Boosters for Young Adults: A Risk-Benefit Assessment and Five Ethical Arguments against Mandates at Universities**
https://jmc.bmj.com/content/50/2/126
("Using CDC and sponsor-reported adverse event data, we find that booster mandates may cause a net expected harm: per COVID-19 hospitalisation prevented in previously uninfected young adults, we anticipate 18 to 98 serious adverse events, including 1.7 to 3.0 booster-associated myocarditis cases in males, and 1,373 to 3,234 cases of grade ≥3 reactogenicity which interferes with daily activities. Given the high prevalence of post-infection immunity, this risk-benefit profile is even less favourable.")
- **Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs**
https://www.sciencedirect.com/science/article/pii/S027869152200206X
(The spike protein is neurotoxic, and it impairs DNA repair mechanisms. It also induces a profound impairment in type I interferon signaling with a causal link to neurodegenerative disease, myocarditis, immune thrombocytopenia, Bell's palsy, liver disease, impaired adaptive immunity, impaired DNA damage response and tumorigenesis. Explanatory article here)
- **The S1 protein of SARS-CoV-2 crosses the blood–brain barrier in mice**
https://www.nature.com/articles/s41593-020-00771-8
(While this is a problem both for natural spike as well as vaccine-induced spike, it is a more serious problem for vaccine-induced spike, because natural spike clears from the body in days in most cases, whereas mRNA-infected cells can continue to produce spike for months, or even longer with repeated booster

shots.)

- **Immune imprinting, breadth of variant recognition, and germinal center response in human SARS-CoV-2 infection and vaccination**
https://www.cell.com/cell/fulltext/S0092-8674(22)00076-9
(Vaccine spike antigen and mRNA persist for at least two months in lymph nodes—which was as long as the study looked for them. Protein production of spike is higher than those of severely ill COVID-19 patients. Vaccinated people infected with variants of Sars-Cov-2 produce antibodies biased toward the original and now extinct variant rather than the one that has actually infected them.)
- **Previous COVID-19 infection but not Long-COVID is associated with increased adverse events following BNT162b2/Pfizer vaccination**
https://www.medrxiv.org/content/10.1101/2021.04.15.21252192v1
(This research suggests that serious side effects from these vaccines are more common in those who already possess natural immunity.)
- **On COVID vaccines: why they cannot work, and irrefutable evidence of their causative role in deaths after vaccination**
https://doctors4covidethics.org/wp-content/uploads/2021/12/end-covax.pdf
(Pathology results show that 93% of people who died after being vaccinated were killed by the vaccine. Explanatory video here.)
- **Understanding the Pharmacology of COVID-19 mRNA Vaccines: Playing Dice with the Spike?**
https://www.mdpi.com/1422-0067/23/18/10881
("Since translation of the mRNA occurs potentially and—most importantly—unpredictably in any tissues and organs, and it can be easily hypothesized that inappropriate production in vulnerable tissues may represent a major risk factor for local tissue damage, leading to myocarditis, central and peripheral neuropathies, vasculopathies, myopathies, endocrinopathies and other disease, depending on the location and amount of S protein expression.")
- **Inability to work following COVID-19 vaccination–a relevant aspect for future booster vaccinations**
https://www.sciencedirect.com/science/article/abs/pii/S0033350623002470?via=ihub
("Among 1704 health care workers enrolled, 595 (35%) were on sick leave following at least one COVID-19 vaccination, leading to a total number of 1550 sick days. Both the absolute sick days and the rate of health care workers on sick leave significantly increased with each subsequent vaccination. There is a risk of additional staff shortages due to post-vaccination inability to work, which could negatively impact the already strained healthcare system and jeopardise patient care.")
- **The anti-SARS-CoV-2 BNT162b2 vaccine suppresses mithramycin-induced erythroid differentiation and expression of embryo-fetal globin genes in human erythroleukemia K562 cells**
https://www.biorxiv.org/content/10.1101/2023.09.07.556634v1
(Increasing doses of Pfizer mRNA vaccine cause dramatic suppression of globulin gene expression in bone marrow stem cells. Also: "searching for circulating Spike in plasma might help in understanding unexpected adverse effects following COVID-19 mRNA vaccination." Conclusion: "SARS-CoV-2 S-protein, COVID-19 mRNA vaccines and SARS-CoV-2 infection might have dramatic effects on the hematopoietic [blood cell production] compartment.")
- **US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, "All Cause Severe Morbidity"**
https://www.scivisionpub.com/pdfs/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific--1811.pdf
(Paper analyzed the clinical trial data for all three US vaccines and confirmed the lack of any overall benefit. There was an increase in morbidity which was highly statistically significant in all three vaccines. It concluded, "Based on this data it is all but a certainty that mass COVID-19 immunization is hurting the health of the population in general. Scientific principles dictate that the mass immunization with COVID-19 vaccines must be halted immediately because we face a looming vaccine induced public health catastrophe.")
- **Brief research report: impact of vaccination on antibody responses and mortality from severe COVID-19**
https://www.frontiersin.org/journals/immunology/articles/10.3389/fimmu.2024.1325243/full
(Ohio State University researchers published a stunning finding. Vaccinated Covid patients hospitalized with respiratory failure were more likely to die than the unjabbed: 70% died, compared to 37%.)
- **Long-term adverse events of three COVID-19 vaccines as reported by vaccinated physicians and dentists, a study from Jordan and Saudi Arabia**
https://www.tandfonline.com/doi/full/10.1080/21645515.2022.2039017
(Study followed 498 vaccinated physicians and dentists showed that around 6 percent reported long-term fatigue post-vaccination.)

Autoimmune

- **Oncogenesis and autoimmunity as a result of mRNA COVID-19 vaccination**
https://www.authorea.com/users/455597/articles/737938-oncogenesis-and-autoimmunity-as-a-result-of-rnma-covid-19-vaccination
("In this paper, we have provided an extensive review of the role of Treg cells in the immune system, with a particular focus on the apparent disruption of their behavior caused by the mRNA vaccines. It appears that the vaccines typically induce an intense IgG antibody response due to the toxicity of the spike protein, along with an extreme inflammatory response through cytokine release by T cells, and, ultimately, the potential for autoantibodies to attack the tissues through recognition of non-self spike protein on the cell surface." Explanatory article here.)
- **The Potential Role of SARS-CoV-2 Infection and Vaccines in Multiple Sclerosis Onset and Reactivation: A Case Series and Literature Review**
https://www.mdpi.com/1999-4915/15/7/1569
(Authors reported numerous cases of either flares of existing MS or de novo disease in patients who either had SARS-CoV-2 infection, vaccination, and likely both. It is well known that other viral infections can flare MS, however, there were clear-cut cases of mRNA vaccines causing new cases of MS. Paper suggests some de novo cases were completely avoidable by declining COVID-19 vaccination from the start. Explanatory article here.)
- **Safety of vaccination against SARS-CoV-2 in people with rheumatic and musculoskeletal diseases: results from the EULAR Coronavirus Vaccine (COVAX) physician-reported registry**
https://ard.bmj.com/content/81/5/695
(A rheumatologic database published in the BMJ showed that 37% of patients had an adverse response to COVID vaccination, and 4.4% of those vaccinated experienced an exacerbation of a pre-existing autoimmune condition. Explanatory article here.)
- **Autoimmune inflammatory reactions triggered by the COVID-19 genetic vaccines in terminally differentiated tissues**
https://www.tandfonline.com/doi/full/10.1080/08916934.2023.2259123
(The conclusions are inescapable, mRNA vaccines will cause autoimmunity in all applications. "Numerous studies report the onset of autoimmune reactions following COVID-19 vaccination. The histopathological data provide indisputable evidence that demonstrates that the genetic vaccines exhibit an off-target distribution, causing the synthesis of the spike protein and thus triggering autoimmune inflammatory reactions" Explanatory article here.)
- **Role of the antigen presentation process in the immunization mechanism of the genetic vaccines against COVID-19 and the need for biodistribution evaluations**
https://pubmed.ncbi.nlm.nih.gov/35298029/
(All cells that take up mRNA express foreign proteins on the cell surface inviting an immediate auto-immune attack on cells harboring the mRNA and it's protein products.)
- **New-onset autoimmune phenomena post-COVID-19 vaccination**
https://onlinelibrary.wiley.com/doi/10.1111/imm.13443
(Conclusion: emerging evidence has indicated that new onset of autoimmune manifestations including VITT, autoimmune liver diseases, GBS and IgA nephropathy appears to be associated with COVID-19 vaccines. The plausible mechanisms include molecular mimicry, the production of particular autoantibodies and the role of certain vaccine adjuvants. Further studies are warranted.)
- **IgA Vasculitis Following COVID-19 Vaccination: A French Multicenter Case Series Including 12 Patients**
https://www.jrheum.org/content/50/2/252.long
(The major points of this paper are: 1) auto-immune disease will happen after genetic vaccinations of any type and IgA vasculitis is just the tip of the iceberg, 2) skin rashes can be the only clue to internal organ damage and the need for treatment. Explanatory article here.)
- **Autoimmune inflammatory reactions triggered by the COVID-19 genetic vaccines in terminally differentiated tissues**
https://www.tandfonline.com/doi/full/10.1080/08916934.2023.2259123
(Production of a foreign protein in the human body has turned out to be a disaster as illustrated in paper. Reasons why: 1) each cell that takes up the vaccine expresses the protein in the cell surface initiating autoimmune attack, 2) the tissue distribution appears to be wide involving organs where this attack could be lethal (heart, brain, bone marrow, etc.), 3) both the genetic material and the Spike protein are long lasting (months to years) which is long enough to cause an autoimmune syndrome which may be permanent. Explanatory article here.)
- **Molecular mimicry between SARS-CoV-2 spike glycoprotein and mammalian proteomes: implications for the vaccine**
https://link.springer.com/article/10.1007/s12026-020-09152-6

("Finally, this study once more reiterates the concept that only vaccines based on minimal immune determinants, unique to pathogens and absent in the human proteome, might offer the possibility of safe and efficacious vaccines." In other words, vaccines need to eliminate the regions of the Spike protein that mimic human proteins in order to avoid triggering autoimmunity.)

- **Incidence of Guillain-Barré Syndrome After COVID-19 Vaccination in the Vaccine Safety Datalink**
  https://pubmed.ncbi.nlm.nih.gov/35471572/
  (explanatory article: The incidence rate of confirmed cases per 100,000 person-years was 34.6 during the 1 to 21 days after administration, much higher than the historical background rate of 2 per 100,000 person-years.)
- **Pathogenic priming likely contributes to serious and critical illness and mortality in COVID-19 via autoimmunity**
  https://pubmed.ncbi.nlm.nih.gov/32292901/
  (The COVID-19 vaccination program causes Disease Enhancement, likely via numerous possible means: from molecular mimicry leading to autoimmunity, or antibody-dependent enhancement. Explanatory article)
- **Pathogenic antibodies induced by spike proteins of COVID-19 and SARS-CoV viruses**
  https://europepmc.org/article/PPR/PPR357777
  (Preprint article found that "these pathogenic antibodies, through a mechanism of Antibody Dependent Auto-Attack (ADAA), target and bind to host vulnerable cells or tissues such as damaged lung epithelium cells, initiate a self-attack immune response, and lead to serious conditions including ARDS, cytokine release, and death. Moreover, the pathogenic antibodies also induced inflammation and hemorrhage of the kidneys, brain, and heart. Furthermore, the pathogenic antibodies can bind to un-matured fetal tissues and cause abortions, postpartum labors, still births, and neonatal deaths of pregnant mice.")

Blood Clots & Fibrous Clots

- **COVID-19 Vaccines: A Risk Factor for Cerebral Thrombotic Syndromes**
  https://www.preprints.org/manuscript/202406.1236/v1
  (Study compares the rates of cerebral thrombosis among COVID-19 vaccine recipients to the large number of individuals who take an influenza vaccine annually. Compared to influenza vaccines given over 34 years, COVID-19 vaccines in 36 months of use had over 1000-fold increased risk of most blood clot events, and compared to all vaccines combined administered over 34 years, this risk remained at over 200-times greater with COVID-19 vaccination. Explanatory article here.)
- **Extensive splanchnic vein thrombosis after SARS-CoV-2 vaccination: A Vascular Liver Disease Group (VALDIG) initiative**
  https://journals.lww.com/hep/abstract/9900/extensive_splanchnic_vein_thrombosis_after.747.aspx
  ("in 72% of cases, no other cause for SVT could be identified following SARS-CoV-2 vaccination. These cases were different from patients with nonvaccine-related SVT, with lower incidence of prothrombotic conditions, higher rates of bowel ischemia, and poorer outcome." Explanatory article here.)
- **Sialylated Glycan Bindings from SARS-CoV-2 Spike Protein to Blood and Endothelial Cells Govern the Severe Morbidities of COVID-19**
  https://www.mdpi.com/1422-0067/24/23/17039
  (Spike protein causes the clumping of blood cells, whether by infection or vaccine injection. Explanatory video here.)
- **Safety Profiles of mRNA COVID-19 Vaccines Using World Health Organization Global Scale Database (VigiBase): A Latent Class Analysis**
  https://link.springer.com/article/10.1007/s40121-022-00742-5
  ("We found five distinguished clusters of serious AEs following mRNA COVID-19 vaccination, with a high proportion of vascular disorders, including pulmonary embolism, deep vein thrombosis, and thrombosis, along with respiratory disorders. Mainly, the number of COVID-19 vaccines administered due to the pandemic resulted in a massive number of AEs following COVID-19 vaccination.")
- **Adverse events following COVID-19 mRNA vaccines: A systematic review of cardiovascular complication, thrombosis, and thrombocytopenia**
  https://onlinelibrary.wiley.com/doi/10.1002/iid3.807
  ("Cardiovascular (CV) events such as thrombosis [most common], thrombocytopenia, stroke [most common after Moderna], and myocarditis frequently occur with the mRNA vaccines studied. A significant number of studies included in our review reported BNT162b2 events, which presses the need to conduct more research into the CV implications of mRNA-1273 (Moderna) vaccine." Keep in mind usually <50 deaths with a widely used, novel product prompts a worldwide recall. To have 284 well described deaths in one year as a result of cardiovascular and or thrombotic complications is a striking finding in the medical literature for products that are still on the market and promoted by public health agencies all over the world. Explanatory article here.)
- **Thrombosis Development After mRNA COVID-19 Vaccine Administration: A Case Series**
  https://assets.cureus.com/uploads/case_report/pdf/166699/20230803-25065-1ra698e.pdf
  ("Thrombosis associated with mRNA-derived vaccines is not yet recognized as a separate entity by formal societies. As a result, no clear guidelines or expert opinions exist on the ideal management.")
- **Thromboembolic Events after COVID-19 Vaccination: An Italian Retrospective Real-World Safety Study**
  https://www.mdpi.com/2076-393X/11/10/1575
  (Both Pfizer and Moderna cause blood clots at similar rates, although Moderna causes more pulmonary emboli and Pfizer more leg clots. For Pfizer & Moderna, women account for 70% of blood clots. Moderna had 7.1 thromboembolic events per 100,000 doses, Pfizer 7.6 per 100,000. [J&J and AstraZeneca were 5-6x that amount.] "*We may have underestimated rates of thrombotic adverse events*")
- **Incidence and outcomes of splanchnic vein thrombosis after diagnosis of COVID-19 or COVID-19 vaccination: a systematic review and meta-analysis**
  https://link.springer.com/article/10.1007/s11239-022-02732-3
  (Because the Spike protein on the surface of SARS-CoV-2 causes blood clotting, most venous thromboembolic syndromes are seen in both COVID-19 patients and those who took the vaccines. It is likely that the highest risk patients are those who have cumulatively been exposed to the Spike protein via multiple injections and one or more occurrences of COVID-19 illness. Explanatory article here.)
- **Factors associated with stroke after COVID-19 vaccination: a statewide analysis**
  https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2023.1199745/full
  (A statewide study that followed 5 million people living in Georgia found that those who contracted COVID-19 within 21 days of vaccination were at the highest risk of stroke.)

Cancer

- **SARS-CoV-2 Vaccination and the Multi-Hit Hypothesis of Oncogenesis**
  https://www.cureus.com/articles/209584-sars-cov-2-vaccination-and-the-multi-hit-hypothesis-of-oncogenesis#!/
  (*A major journal just published a peer-reviewed paper listing eight different ways the vaccines can cause new cancers or make regressed cancers flare up again. The authors then said that since there was so much evidence the jabs promote cancer, the drugmakers should be forced to prove the shots don't cause cancer in order to continue.* "This comprehensive literature review aims to highlight the potential that COVID-19 genetic vaccines, particularly mRNA vaccines, have to fulfill the multi-hit hypothesis of oncogenesis as originally proposed by Sutherland and Bailar in 1984, in that they elicit a pro-tumorigenic milieu favorable to cancer progression and/or (metastatic) recurrence." Explanatory article here.)
- **Transfected SARS-Cov-2 spike DNA for mammalian cell expression inhibits p53 activation of p21(WAF1), TRAIL Death Receptor DR5 and MDM2 proteins in cancer cells and increases cancer cell viability after chemotherapy exposure**
  https://www.oncotarget.com/article/28582/text/
  (According to the study, spike protein may promote cancer survival and growth through blocking the function of a crucial cancer suppressor gene known as p53. The gene—the most commonly affected by cancer—stops cancer cell growth and encourages DNA repair. Researchers also found that cancer cells containing spike protein subunits displayed increased resistance to chemotherapy. "We saw enhanced cancer cell viability in the presence of SARS-CoV-2 spike S2 subunit after treatment with several chemotherapy agents." Explanatory articles here here.)
- **Oncogenesis and autoimmunity as a result of mRNA COVID-19 vaccination**
  https://www.authorea.com/users/455597/articles/737938-oncogenesis-and-autoimmunity-as-a-result-of-mrna-covid-19-vaccination
  (Study shows that repeated injections of mRNA COVID-19 vaccines are taking down immune surveillance for nascent malignant cells while at the same time inducing autoimmunity. Explanatory article here.)
- **Types and Rates of COVID-19 Vaccination in Patients With Newly Diagnosed Microsatellite Stable and Instable Non-Metastatic Colon Cancer**
  https://www.cureus.com/articles/260109-types-and-rates-of-covid-19-vaccination-in-patients-with-newly-diagnosed-microsatellite-stable-and-instable-non-metastatic-colon-cancer#!/
  (Exposure to the Pfizer mRNA COVID-19 vaccine was associated with a > 6-fold increased risk for this form of cancer. "In this case-control study, we revealed that the mRNA-based COVID-19 vaccine is associated with dMMR non-metastatic colon cancer. The BNT162b2 vaccine is associated with the

higher risk of dMMR non-metastatic colon cancer" Explanatory article here.)

- **Review: N1-methyl-pseudouridine (m1Ψ): Friend or foe of cancer?** https://www.sciencedirect.com/science/article/abs/pii/S0141813024022323 ("it has been discovered that the mRNA vaccines inhibit essential immunological pathways, thus impairing early interferon signaling. Within the framework of COVID-19 vaccination, this inhibition ensures an appropriate spike protein synthesis and a reduced immune activation. Evidence is provided that adding 100 % of N1-methyl-pseudouridine (m1Ψ) to the mRNA vaccine in a melanoma model *stimulated cancer growth and metastasis*, while non-modified mRNA vaccines induced opposite results, thus suggesting that *COVID-19 mRNA vaccines could aid cancer development.*" Explanatory article here.)
- **SARS-CoV-2 spike S2 subunit inhibits p53 activation of p21(WAF1), TRAIL Death Receptor DR5 and MDM2 proteins in cancer cells** https://www.biorxiv.org/content/10.1101/2024.04.12.589252v1.full ("In summary, we identified the SARS-CoV-2 spike S2 subunit as a factor that interrupts p53 binding to MDM2 in cancer cells and demonstrated the suppressive effect of SARS-CoV-2 spike S2 on p53 signaling in cancer cells. As *loss of p53 function is a known driver of cancer development* and confers chemo-resistance, our study provides insight into cellular mechanisms by which SARS-CoV-2 spike S2 may be involved in reducing barriers to tumorigenesis" Explanatory article here.)
- **The impact of BNT162b2 mRNA vaccine on adaptive and innate immune responses** https://www.medrxiv.org/content/10.1101/2021.05.03.21256520v2 (explanatory article: "These COVID-19 mRNA injectable products are causing, yes, *causing*, immune system dysregulation - and not just in the context of the adaptive system, but in the context of the **innate system**. Not only that, but these findings provide very good reasons as to why we are seeing resurgences of latent viral infections and other adverse events.")
- **S2 subunit of SARS-nCoV-2 interacts with tumor suppressor protein p53 and BRCA: an in silico study** https://pubmed.ncbi.nlm.nih.gov/32619819/ (An in silico modeling study that concluded the S2 segment of the SARS-CoV-2 Spike protein could be anticipated to inhibit the p53 and BRCA1/2 tumor surveillance systems. Importantly, the S2 segment has not been found in the body after the infection, however, *it is readily produced in large quantities after mRNA COVID-19 vaccination*. This suggests C19 infection may not promote cancer growth but C19 vaccine injections may. Explanatory article here.)
- **The CD147 Epitope on SARS CoV2 and the Spike in Cancer, Autoimmunity and Organ Fibrosis** https://www.qeios.com/read/S86275 ("TNFα in partnership with glycosylated CD147 conspires to create the fertile soil for de novo and recurrent cancer. CD147 is present on the spike protein S (virus or vaccine) despite claims to the contrary." Also, "Booster doses and recurrent infections repeatedly stoke the production of TNFα, associated with the spike in the aggressive triple negative form of breast cancer")
- **Increased Age-Adjusted Cancer Mortality After the Third mRNA-Lipid Nanoparticle Vaccine Dose During the COVID-19 Pandemic in Japan** https://assets.cureus.com/uploads/original_article/pdf/196275/20240408-14533-1uvkjxd.pdf ("Conclusions: Statistically significant increases in age-adjusted mortality rates of all cancer and some specific types of cancer, namely, ovarian cancer, leukemia, prostate, lip/oral/pharyngeal, pancreatic, and breast cancers, were observed in 2022 after two-thirds of the Japanese population had received the third or later dose of SARS- CoV-2 mRNA-LNP vaccine. These particularly marked increases in mortality rates of these ERa-sensitive cancers may be attributable to several mechanisms of the mRNA-LNP vaccination rather than COVID-19 infection itself or reduced cancer care due to the lockdown.")

Cardiac

- **Determinants of COVID-19 vaccine-induced myocarditis** https://journals.sagepub.com/doi/10.1177/20420986241226566 ("COVID-19 vaccination is strongly associated with a serious adverse safety signal of myocarditis, particularly in children and young adults resulting in hospitalization and death." Also ,"Given the close temporal relationship and the context of the reporting it seems clear that the COVID-19 vaccines are deterministic for myocarditis.")
- **OpenSAFELY: Effectiveness of COVID-19 vaccination in children and adolescents** https://www.medrxiv.org/content/10.1101/2024.05.20.24306810v1 (A groundbreaking study by researchers from Oxford, Leeds, Harvard, and Bristol has confirmed that myocarditis and pericarditis only appear in children and adolescents following COVID-19 vaccination, not after infection. This extensive research analyzed official government data from over 1 million English children and adolescents. Key findings include: (a) all cases of myocarditis and pericarditis during the study period occurred in vaccinated individuals and (b) over 50% of children who had myocarditis following the shot required hospitalization. Explanatory articles here and here.)
- **Improved diagnosis of COVID-19 vaccine-associated myocarditis with cardiac scarring identified by cardiac magnetic resonance imaging** https://www.medrxiv.org/content/10.1101/2024.03.20.24304640v1 (In this study of patients with COVID-19 vaccine myocarditis, 47% had persistently abnormal MRI scans far more than a year after the initial diagnosis of vaccine damage. These patients may have permanently scarred hearts by COVID-19 vaccination and could have a lifetime of worry about severe outcomes years into the future. Explanatory article here.)
- **Forensic analysis of the 28 subject deaths in the 6-Month Interim Report of the Pfizer/BioNTech BNT162b2 mRNA Vaccine Clinical Trial** https://ijvtpr.com/index.php/IJVTPR/article/view/86 (An analysis found that many deaths in the Pfizer-BioNTech COVID-19 Vaccine Trials program occurred after the data cutoff used to create the briefing booklet reviewed by the FDA Advisory Committee (VRBPAC). This effectively concealed mortality data from the approval decision. "Pfizer/BioNTech should have voluntarily made known any new information that could contribute to the FDA's decision. *It was factually misleading for them not to do so.*" The bottom line is that the cardiovascular disaster that occurred in the vaccinated population that took place once the public program was started could have been anticipated if we had public reporting and analysis of these deaths from the trials. *This is what data fraud looks like.* Explanatory article here.)
- **Cardiac side effects of RNA-based SARS-CoV-2 vaccines: Hidden cardiotoxic effects of mRNA-1273 and BNT162b2 on ventricular myocyte function and structure** https://bpspubs.onlinelibrary.wiley.com/doi/epdf/10.1111/bph.16262 ("Here we demonstrated for the first time, that in isolated cardiomyocytes, both mRNA-1273 and BNT162b2 induce specific dysfunctions that correlate pathophysiologically to cardiomyopathy. Both RyR2 impairment and sustained PKA activation *may significantly increase the risk of acute cardiac events.*" Explanatory articles here and here.)
- **Duration of SARS-CoV-2 mRNA vaccine persistence and factors associated with cardiac involvement in recently vaccinated patients** https://www.nature.com/articles/s41541-023-00742-7 ("These results suggest that SARS-CoV-2 mRNA vaccines routinely persist up to 30 days from vaccination and can be detected in the heart" Also, "Serious adverse complications due to these vaccines may include anaphylactic reactions, myocarditis, pericarditis, myocardial infarction, cerebral sinus thrombosis, stroke, pulmonary embolism, neuropathies, and autoimmune hepatitis.")
- **Assessment of Myocardial 18F-FDG Uptake at PET/CT in Asymptomatic SARS-CoV-2–vaccinated and Nonvaccinated Patients** https://pubs.rsna.org/doi/full/10.1148/radiol.230743 (*Authors found nearly all patients who got the jab had some cardiac injury.* Myocardial metabolism is changed in COVID-19 vaccinated subjects. Heart FDG PET scans are markedly abnormal in this large study of vaccine recipients. Of interest, among those with a sore arm after the shot, there were more striking differences in the heart scan than those without a sore arm. Explanatory article here.)
- **Cardiovascular Assessment up to One Year After COVID-19 Vaccine–Associated Myocarditis** https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.123.064772 (Study found that of young persons who had heart damage confirmed by MRI and underwent a second scan one year later, 58% had residual abnormalities suggesting a scar could be forming in the heart muscle. Of 40 adolescents evaluated, 73% had no cardiac symptoms--so without an evaluation, the parents would have had no idea their child was suffering heart damage from the COVID-19 vaccine. Also 18% of cases initially had reduced left ventricular ejection fraction indicating risk for the development of heart failure.)
- **Sex-specific differences in myocardial injury incidence after COVID-19 mRNA-1272 booster vaccination** https://onlinelibrary.wiley.com/doi/full/10.1002/ejhf.2978 (Researchers studied 777 jabbed healthcare workers, measuring their troponin levels—a marker for cardiac injury—and performed cardiac tests on those whose levels were elevated. They found elevated troponin levels in 40 people and 22 cases of actual myocardial injury. So about 1 case in 35 had vaccine-induced heart damage.)
- **Autopsy findings in cases of fatal COVID-19 vaccine-induced myocarditis** https://onlinelibrary.wiley.com/doi/10.1002/ehf2.14680 (Study reviewed 28 fatal cases from 14 papers and concluded in all cases the vaccine was the proximate cause of death. Without vaccination, these patients with an average age of 44 would be alive today. They also conclude using the

Bradford-Hill criteria, that cardiac death after vaccination can be inferred using epidemiological criteria, in other words, unexplained cardiovascular deaths in the vaccinated with no prior antecedent disease are likely caused by vaccination. Explanatory article here.)

- **Cytokinopathy with aberrant cytotoxic lymphocytes and profibrotic myeloid response in SARS-CoV-2 mRNA vaccine–associated myocarditis**
  https://www.science.org/doi/10.1126/sciimmunol.adh3455
  (Study of a clinical cohort consisting of 23 patients hospitalized for vaccine-associated myocarditis and/or pericarditis. A full 80% had not recovered by their 6 month followup, suggesting vaccine induced myocarditis is not "transient" as the FDA and CDC claim. Explanatory article here.)
- **Observed versus expected rates of myocarditis after SARS-CoV-2 vaccination: a population-based cohort study**
  https://www.cmaj.ca/content/194/45/E1529
  ("postmarketing studies have suggested an association between mRNA SARS-CoV-2 vaccines and myocarditis, among other adverse events after immunization, which has raised concern regarding the safety of mRNA vaccines, specifically among younger populations." Study concludes that boys are at a higher risk of myocarditis with the 3rd Pfizer booster.)
- **Excess risk for acute myocardial infarction mortality during the COVID-19 pandemic**
  https://onlinelibrary.wiley.com/doi/10.1002/jmv.28187
  (A study from scientists at Cedars-Sinai Medical Center showed an alarming rise in deadly heart attacks in the second year of the pandemic—which correlates to the vaccine rollout. Explanatory article here.)
- **Catecholamines Are the Key Trigger of COVID-19 mRNA Vaccine-Induced Myocarditis: A Compelling Hypothesis Supported by Epidemiological, Anatomopathological, Molecular, and Physiological Findings**
  https://www.cureus.com/articles/110419-catecholamines-are-the-key-trigger-of-covid-19-mrna-vaccine-induced-myocarditis-a-compelling-hypothesis-supported-by-epidemiological-anatomopathological-molecular-and-physiological-findings#!/
  (This study suggests adrenaline might be a trigger for sudden cardiac arrest in young people who have been given the C19 "vaccines.")
- **Clinical outcomes of myocarditis after SARS-CoV-2 mRNA vaccination in four Nordic countries: population based cohort study**
  https://bmjmedicine.bmj.com/content/2/1/e000373
  (The authors worked for health departments of the four Nordic countries. They were tasked with looking at their entire populations, seeking out instances of myocarditis and reviewing vaccination records. In their countries: 530 people had myocarditis from the vaccine, 109 had myocarditis from Covid-19. As far as deaths: 27 persons died from vaccine myocarditis, 18 died from Covid-related myocarditis. Explanatory article here.)
- **Clinical cardiovascular emergencies and the cellular basis of COVID-19 vaccination: from dream to reality?**
  https://www.ijidonline.com/article/S1201-9712(22)00498-2/fulltext
  (the cellular basis for the wide range of mechanisms the lead to cardiac arrest in a COVID-19 vaccinated person are described. Explanatory article here.)
- **SARS-CoV-2 vaccine and increased myocarditis mortality risk: A population based comparative study in Japan**
  https://www.medrxiv.org/content/10.1101/2022.10.13.22281036v2
  (The study concludes that the SARS-CoV-2 vaccine is associated with a higher risk of myocarditis death in all age groups, including the elderly)
- **Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021**
  https://jamanetwork.com/journals/jama/fullarticle/2788346
  (In this descriptive study of 1626 cases of myocarditis in a national passive reporting system, the crude reporting rates within 7 days after vaccination exceeded the expected rates across multiple age and sex strata. The rates of myocarditis cases were highest after the second vaccination dose in adolescent males aged 12-24)
- **Changes of ECG [EKG] parameters after BNT162b2 vaccine in the senior high school students**
  https://link.springer.com/article/10.1007/s00431-022-04786-0
  (A report where both cardiac symptoms and ECG changes were recorded after the first and second injections. The results are alarming. After the second injection of mRNA 17.1% of students reported cardiovascular symptoms.)
- **Myopericarditis After COVID-19 mRNA Vaccination Among Adolescents and Young Adults**
  https://jamanetwork.com/journals/jamapediatrics/fullarticle/2798866
  (Nationwide Children's Hospital in Columbus, Ohio, reports heavy causalities with 854 adolescents in published studies suffering from myocarditis. The mean age was 16 years and 90% were boys and 74% of the time it occurred after the second dose. Hospitalization, always considered a serious adverse event occurred in 93% and 87% had late gadolinium enhancement (LGE) on cardiac MRI indicating inflammation and scar formation. Sixteen percent had left ventricular dysfunction (LVD) which is a precursor to heart failure. Both LVD and LGE are predictors of sudden cardiac death. While the studies in this analysis did not follow children over years, it can be inferred that some of these children will go on and suffer cardiac arrest and sudden death.)
- **Circulating Spike Protein Detected in Post–COVID-19 mRNA Vaccine Myocarditis**
  https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.122.061025
  (Harvard School of Medicine, had 13 young boys and 3 girls hospitalized with myocarditis and available for study. All the subjects had large quantities of free circulating Spike protein generated from the vaccines while control subjects without myocarditis did not. The Spike protein they had, evaded the apparently sufficient library of antibodies that were supposed to neutralize it. Thus, it is possible that some persons do not make specific neutralizing antibodies after injection, and thus, the Spike protein is able to circulate and damage the body, specifically the heart muscle.)
- **Autopsy-based histopathological characterization of myocarditis after anti-SARS-CoV-2-vaccination**
  https://link.springer.com/article/10.1007/s00392-022-02129-5
  (Study found 20% of all "sudden deaths" happening shortly after COVID vaccination were caused by myocarditis. The study was done on an older population, meaning that that figure would likely be higher for a younger cohort. Study authors state: "During the last 20 years of autopsy service at Heidelberg University Hospital we did not observe comparable myocardial inflammatory infiltration." Explanatory article here.)
- **Risks of myocarditis, pericarditis, and cardiac arrhythmias associated with COVID-19 vaccination or SARS-CoV-2 infection**
  https://www.nature.com/articles/s41591-021-01630-0
  ("First, there was an increase in the risk of myocarditis within a week of receiving the first dose of both adenovirus and mRNA vaccines, and a higher increased risk after the second dose of both mRNA vaccines." Also "Myocarditis is underdiagnosed in practice. Thus, our use of diagnostic codes for myocarditis from routine data suggest that the ascertainment of cardiac inflammation after COVID-19 vaccination is likely to be under-represented" and "vaccine mediated expression of SARS-CoV-2 surface spike protein on the surface of cardiomyocytes could potentially trigger an immunologic response resulting in organ-specific cell death")
- **BNT162b2 Vaccine-Associated Myo/Pericarditis in Adolescents: A Stratified Risk-Benefit Analysis**
  https://onlinelibrary.wiley.com/doi/10.1111/eci.13759
  (A study out of Switzerland shows that vaccinated people have uniformly higher troponin levels than their unvaccinated peers. Explanatory video here)
- **Outcomes at least 90 days since onset of myocarditis after mRNA COVID-19 vaccination in adolescents and young adults in the USA: a follow-up surveillance study**
  https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(22)00244-9/fulltext
  (Vaccine-induced myocarditis is not transient, creates ongoing problems in 31%)
- **Increased emergency cardiovascular events among under-40 population in Israel during vaccine rollout and third COVID-19 wave**
  https://www.nature.com/articles/s41598-022-10928-z
  (Study shows a troubling correlation between vaccine doses and increased cardiac events from January–May 2021. The weekly emergency call counts were significantly associated with the rates of 1st and 2nd vaccine doses administered to this age group but were not with COVID-19 infection rates. When they tried to get data after May 2021, they were refused access. Explanatory article here.)
- **Cardiovascular Manifestation of the BNT162b2 mRNA COVID-19 Vaccine in Adolescents**
  https://www.mdpi.com/2414-6366/7/8/196
  ("In this observational [Thailand] study, clinically suspected myopericarditis was temporarily associated with the BNT162b2 mRNA COVID-19 vaccine in a small proportion of adolescent patients. The risk for these symptoms was found to be higher than reported elsewhere. Cardiovascular effects were found in 29.24% of patients, ranging from tachycardia, palpitation, and myo/pericarditis." It also found an astonishing 3.5% rate of myo/pericarditis, including subclinical, among males.)
- **Age and sex-specific risks of myocarditis and pericarditis following Covid-19 messenger RNA vaccines**
  https://www.nature.com/articles/s41467-022-31401-5
  (Study found increased risks of myocarditis and pericarditis during the first week following vaccination, and particularly after the second dose that can be up to 140 times normal.)

- **Risk of Myopericarditis following COVID-19 mRNA vaccination in a Large Integrated Health System: A Comparison of Completeness and Timeliness of Two Methods**
  https://onlinelibrary.wiley.com/doi/10.1002/pds.5439
  (Study found a 1 in 1,862 rate of myocarditis after the second dose in young men ages 18 to 24. Explanatory article: "The true incidence of myopericarditis is markedly higher than the incidence reported to US advisory committees. The VSD should validate its search algorithm to improve its sensitivity for myopericarditis.")
- **Risk of Myocarditis After Sequential Doses of COVID-19 Vaccine and SARS-CoV-2 Infection by Age and Sex**
  https://pubmed.ncbi.nlm.nih.gov/35993236/
  (Study concludes that, for males under 40 years old, the risk of myocarditis from the injections is HIGHER than the risk of myocarditis from Covid infection.)
- **SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17: A Stratified National Database Analysis**
  https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1
  (Study showing that healthy boys have considerably higher chances of hospitalization with myocarditis than with COVID-19 respiratory illness even at peak prevalence. "Post-vaccination CAE rate [cardiac adverse events] was highest in young boys aged 12-15 following dose two.")
- **Epidemiology of Acute Myocarditis/Pericarditis in Hong Kong Adolescents Following Comirnaty Vaccination**
  https://academic.oup.com/cid/article/75/4/673/6445179
  (A study from Hong Kong found that for 1 out of 2,300 12-17 year-old boys who received both Pfizer doses suffered acute myocarditis or pericarditis.)
- **SARS-CoV-2 Vaccination and Myocarditis in a Nordic Cohort Study of 23 Million Residents**
  https://jamanetwork.com/journals/jamacardiology/fullarticle/2791253
  ("A team of researchers from health agencies in Finland, Denmark, Sweden,and Norway found that rates of myocarditis and pericarditis, two forms of potentially life-threatening heart inflammation, were higher in those who had received one or two doses of either mRNA-based vaccine – Pfizer's or Moderna's.")
- **Myocarditis Following COVID-19 BNT162b2 Vaccination Among Adolescents in Hong Kong**
  https://jamanetwork.com/journals/jamapediatrics/fullarticle/2789584
  ("For the second dose, one out of every 4515 children developed myocarditis-related hospitalization." In weighing the risk of myocarditis against the benefit of preventing severe COVID-19, Norway, the UK, Taiwan, and Hong Kong have suspended the second dose of mRNA vaccine for adolescents.)
- **Myocarditis and Pericarditis After Vaccination for COVID-19**
  https://jamanetwork.com/journals/jama/fullarticle/2782900
  ("…myocarditis and pericarditis, were observed after COVID-19 vaccination. Myocarditis developed rapidly in younger patients, mostly after the second vaccination. Pericarditis affected older patients later, after either the first or second dose.")
- **Abstract 10712: Observational Findings of PULS Cardiac Test Findings for Inflammatory Markers in Patients Receiving mRNA Vaccines**
  https://www.ahajournals.org/doi/abs/10.1161/circ.144.suppl_1.10712
  (explanatory article: "Patients had a 1 in 4 risk for severe problems after the vaccines, compared to 1 in 9 before.")
- **The Incidence of Myocarditis and Pericarditis in Post COVID-19 Unvaccinated Patients-A Large Population-Based Study**
  https://pubmed.ncbi.nlm.nih.gov/35456309/
  (Israel study demonstrated that myocarditis in 2020 was not any more common that the low levels of baseline myocarditis from parvovirus, giant cell, and other conditions. It therefore rules out COVID-19 illness as a cause of fatal myocarditis, and is evidence that injection [of the "vaccine"] is more dangerous than natural infection of C19. Explanatory article here.)
- **COVID-19-Associated cardiac pathology at the postmortem evaluation: a collaborative systematic review**
  https://pubmed.ncbi.nlm.nih.gov/35339672/
  (A systematic review of 50 autopsy studies and 548 hearts of patients who died of or with COVID-19. None of the hearts had extensive myocarditis as the cause of death, thus ruling out COVID-19 illness as a cause of fatal myocarditis. It's evidence that injection [of the "vaccine"] is more dangerous than natural infection of C19. Explanatory article here.)
- **Adjuvants in COVID-19 vaccines: innocent bystanders or culpable abettors for stirring up COVID-heart syndrome**
  https://journals.sagepub.com/doi/10.1177/25151355241228439
  ("The adjuvants used in COVID-19 vaccines can be categorized into five classes namely Aluminum salt-based, Emulsion-based, TLR agonists, Metabolic, Cell death, and Epigenetic. 15,22 Each of these adjuvants instigate different mechanisms that are ultimately responsible for onset of spectrum of cardiovascular diseases seen in COVID-19 patients *and those receiving vaccination*." Explanatory article here.)
- **Arrhythmias after COVID-19 Vaccination: Have We Left All Stones Unturned?**
  https://www.mdpi.com/1422-0067/24/12/10405
  ("We report a case series of patients affected by cardiac arrhythmias post-mRNA vaccine from our clinical practice and the literature. Reviewing the official vigilance database, we found that heart rhythm disorders after COVID vaccination are not uncommon and deserve more clinical and scientific attention")
- **Risks of Cardiac Arrhythmia Associated with COVID-19 Vaccination: A Systematic Review and Meta-Analysis**
  https://www.mdpi.com/2076-393X/11/1/112
  ("cardiac arrhythmia post-COVID-19 vaccination is rare and ranges between 1 and 76 per 10,000." However, for the record, 76 in 100,000 *is not all that rare*.)

Dermatological

- **New Onset and Exacerbations of Psoriasis Following COVID-19 Vaccines: A Systematic Review**
  https://link.springer.com/article/10.1007/s40257-022-00721-z
  (A systematic literature search of 43 studies showed mRNA vaccines, produced by Moderna and BioNTech/Pfizer, were frequently associated with psoriasis episodes. First, second, and third vaccine doses were associated with psoriasis incidents, with the second dose most frequently associated with psoriasis flares.)
- **Management of oral lesions following COVID-19 vaccination**
  https://onlinelibrary.wiley.com/doi/10.1111/odi.14342
  ("Most common oral lesions reported in the literature following COVID-19 vaccination include maculae, petechiae, desquamation, edema, erythema multiforme-like lesions, erosions, and ulcers on the hard palate, oral floor, lips, tongue, and gingiva" Explanatory article here.)
- **Occurrence of erythema multiforme following COVID-19 vaccination: a review**
  https://ecevr.org/DOIx.php?id=10.7774/cevr.2023.12.2.87
  (EM is an acute self-limiting reaction caused by exaggerated immune response, which is characterized by targetoid skin lesions that may be associated with mucosal involvement as well. Review of patients with EM as a side effect of COVID-19 vaccination across several studies. "*EM is among the oral mucocutaneous side effects of COVID-19 vaccines.*" Explanatory article here.)
- **Incidence of Chronic Spontaneous Urticaria Following Receipt of the COVID-19 Vaccine Booster in Switzerland**
  https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800873
  (Swiss doctors report a strong link between the Moderna booster and chronic hives. Adults who got Moderna developed hives 15 times as often as those who got Pfizer.)
- **A systematic review on mucocutaneous presentations after COVID-19 vaccination and expert recommendations about vaccination of important immune-mediated dermatologic disorders**
  https://onlinelibrary.wiley.com/doi/10.1111/dth.15461
  (Paper summarizes a stunning 180 papers/reports from the first seven months of the vaccination campaign alone, describing in exhaustive tables the wide range of skin rashes and disorders of the mucosal surfaces (mouth/nose/anus) where the Spike protein from the vaccine and or inflammatory mediators cause dermatological manifestations. There has never been a vaccine that has this degree of well-documented, serious dermatological toxicity. Explanatory article here.)
- **Cutaneous vasculitis: Lessons from COVID-19 and COVID-19 vaccination**
  https://www.frontiersin.org/journals/medicine/articles/10.3389/fmed.2022.1013846/full
  (A mini-review stated that cases of vasculitis of the skin "have been more frequently reported" after COVID-19 vaccinations than after infection.)

Diabetes

- **Metformin mitigates insulin signaling variations induced by COVID-19 vaccine boosters in type 2 diabetes**
  https://www.medrxiv.org/content/10.1101/2023.12.27.23299358v1
  (Authors report that "61.1% of patients with type 2 diabetes, but not healthy controls, exhibited aggravated insulin resistance towards the booster shots of the COVID-19 vaccine." Also, about 66.7% of diabetic subjects had increased risks of cardiovascular complications. The authors, after conducting a very deep investigation, proved that Covid vaccines impair glucose tolerance in diabetics via *spike protein that they encode*. Explanatory article here.)
- **Hyperglycemic Emergencies Associated With COVID-19 Vaccination: A Case Series and Discussion**

https://academic.oup.com/jes/article/5/11/hvab141/6375389
(explanatory article: Reports on three cases of people who developed severe dysregulation of their blood sugar just days after mRNA vaccinations. "The temporal onset of symptoms… and the brisk clinical course strongly suggests that the hyperglycemic emergencies were trigged by the COVID-19 vaccination," the authors wrote.)

Eye Disorders

- **Characteristics and Clinical Ocular Manifestations in Patients with Acute Corneal Graft Rejection after Receiving the COVID-19 Vaccine: A Systematic Review**
https://www.mdpi.com/2077-0383/11/15/4500
(Cornea grafts are considered a much lower-risk transplant procedure than solid organ transplants with a much lower rejection rate. Thus, researchers were surprised to find a total of 23 eyes from 21 patients who had undergone corneal graft procedures who experienced rejection anywhere from one day to six weeks following COVID vaccination. In some cases, the rejection occurred suddenly after being jabbed despite the cornea graft having held steady for many years. Explanatory article here.)
- **Risk assessment of retinal vascular occlusion after COVID-19 vaccination**
https://www.nature.com/articles/s41541-023-00661-7
(Following vaccination, there is a prolonged increased risk of retinal vascular occlusion in all ages. Over two years, the risk of RVO is doubled. Explanatory articles here and here.)
- **COVID-19 Vaccine-Associated Optic Neuropathy: A Systematic Review of 45 Patients**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9609672/pdf/vaccines-10-01758.pdf
(Description of an injury pattern in which lipid nanoparticles settle along the artery or into the central nerve taking visual signals to the brain, then inflammation fighting the foreign Spike protein that starts a process of tissue damage leading to loss of vision.)
- **The Eye of the Storm: COVID-19 Vaccination and the Eye**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8675259/
(A literature review consisting mainly of case reports and case series, representing possible ocular side effects associated with COVID-19 vaccines.)
- **Ocular Complications Following Vaccination for COVID-19: A One-Year Retrospective**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8875181/
("Since the introduction of COVID-19 vaccinations, numerous reports have commented on adverse ocular events following vaccination. In this review, we sought to present these in a systematic fashion and offer insights into the mechanisms and clinical considerations surrounding these phenomena.")
- **UVEITIS AFTER THE BNT162b2 mRNA VACCINATION AGAINST SARS-CoV-2 INFECTION: A Possible Association**
https://pubmed.ncbi.nlm.nih.gov/34369440/
(Uveitis may develop after the administration of the BNT162b2 mRNA vaccine. The most common complication was mild to moderate anterior uveitis.)
- **Retinal Toxicity of Polyethylene Glycol (PEG)-400**
https://iovs.arvojournals.org/article.aspx?articleid=2359098
(Study concludes that the intravitreal injection of polyethylene glycol-400 is toxic to retina and it should not be used as a vehicle in the eye.)

Increased Susceptibility to C19 Infection

- **Risk of SARS-CoV-2 infection and hospitalization in individuals with natural, vaccine-induced and hybrid immunity: a retrospective population-based cohort study from Estonia**
https://www.nature.com/articles/s41598-023-47043-6
("Individuals with vaccine-induced immunity were at higher risk than those with natural immunity for infection and hospitalization. Vaccination made risks worse particular during the Delta wave." Explanatory article here.)
- **IgG4 Antibodies Induced by Repeated Vaccination May Generate Immune Tolerance to the SARS-CoV-2 Spike Protein**
https://www.mdpi.com/2076-393X/11/5/991
("… emerging evidence suggests that the reported increase in IgG4 levels detected after repeated vaccination with the mRNA vaccines may not be a protective mechanism; rather, it constitutes an immune tolerance mechanism to the spike protein that could promote unopposed SARS-CoV2 infection and replication by suppressing natural antiviral responses… repeated mRNA vaccination may also cause autoimmune diseases, and promote cancer growth and autoimmune myocarditis in susceptible individuals." Explanatory article here.)
- **Forgotten "Primum Non Nocere" and Increased Mortality after COVID-19 Vaccination**
https://www.primescholars.com/articles/forgotten-primum-non-nocere-and-increased-mortality-after-covid19-vaccination.pdf
("Calculations confirm that the mortality of the vaccinated coronavirus infected groups was 14.5% higher on average than the mortality of non-vaccinated coronavirus infected groups. Conclusion: Vaccinated infected groups appear to have higher average mortality than their non-vaccinated infected counterparts.")
- **Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine**
https://academic.oup.com/ofid/article/10/8/ofad209/7131292?login=false
(Known as the Cleveland Clinic study, it shows that the chances of contracting COVID-19 increase with each additional dose of COVID-19 vaccine. See figure 2 of the study. Basically, the more jabs, the more and faster the covid infections. Over a 90 day period participants with 3 or more doses faced a risk of catching COVID up to 6x than the baseline. Every dose proportionately increased the risk of infection, strongly suggesting correlation.)
- **Antinucleocapsid Antibodies After SARS-CoV-2 Infection in the Blinded Phase of the Randomized, Placebo-Controlled mRNA-1273 COVID-19 Vaccine Efficacy Clinical Trial**
https://www.asmjournals.org/doi/10.7326/M22-1300
(This paper points out that the more times people are vaccinated, the less likely they are to develop broad-based immunity when they get the actual virus. What this means is the more vaccines you get, the less likely you are to develop full immunity from the virus.)
- **Effectiveness of mRNA-1273 vaccination against SARS-CoV-2 omicron subvariants BA.1, BA.2, BA.2.12.1, BA.4, and BA.5**
https://www.nature.com/articles/s41467-023-35815-7
(A Kaiser Permanganate study that shows negative efficacy of the shots against *all* variants within 150 days. And this study shows the more you inject, the more you infect; specifically, over time, those with three doses fare worse than those with two.)
- **Class switch toward noninflammatory, spike-specific IgG4 antibodies after repeated SARS-CoV-2 mRNA vaccination**
https://www.science.org/doi/10.1126/sciimmunol.adi2798
(Study suggests that vaccinated people may be developing a systemic tolerance for toxic spike protein. To put it simply, this antibody class shift is bizarre, unprecedented, and a very troubling sign that vaccinated people—especially repeatedly dosed people—are somehow losing their IgG1 and especially IgG3 response in favor of IgG4. Meaning it's a reduction of the two effective neutralizing antibody types, and increase in the least effective type IgG4, which is actually for allergies and doesn't remove the foreign proteins so much as teach the body to "tolerate" or "ignore" them. Specifically, whereas IgG1 and IgG3 types are "pro-inflammatory," which means they trigger the body's immune-system high alert system, the IgG4 type is "anti-inflammatory," which means it tells the immune system to stand down. Which is the opposite of what you really want, when you're fighting an infection.)
- **Conserved longitudinal alterations of anti-S-protein IgG subclasses in disease progression in initial ancestral Wuhan and vaccine breakthrough Delta infections**
https://www.frontiersin.org/journals/microbiology/articles/10.3389/fmicb.2022.1043049/full
(Just like the above study, researchers found higher ratios of IgG4 were associated with more severe disease, and people who had high levels of IgG4 antibodies relative to IgG3 had worse clinical outcomes, meaning they got sicker.)
- **Duration of Shedding of Culturable Virus in SARS-CoV-2 Omicron (BA.1) Infection**
https://www.nejm.org/doi/full/10.1056/NEJMc2202092
(Study shows that boosted subjects cleared the virus more slowly than unvaccinated people, and that the share of boosted subjects who were still contagious (31%) at day ten was over five times more than the share of still-contagious unvaccinated subject (6%).)
- **Immune boosting by B.1.1.529 (Omicron) depends on previous SARS-CoV-2 exposure**
https://www.science.org/doi/10.1126/science.abq1841
("This "hybrid immune damping" indicates substantial subversion of immune recognition and differential modulation through immune imprinting and may be the reason why the B.1.1.529 (Omicron) wave has been characterized by breakthrough infection and frequent reinfection with relatively preserved protection against severe disease in triple-vaccinated individuals.")
- **Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States**
https://link.springer.com/article/10.1007/s10654-021-00808-7
(In fact, the trend line suggests a marginally positive association such that countries with higher percentage of population fully vaccinated **have higher COVID-19 cases** per 1 million people.)
- **Informed consent disclosure to vaccine trial subjects of risk of COVID-19 vaccines worsening clinical disease**

https://onlinelibrary.wiley.com/doi/10.1111/ijcp.13795
(Vaccines designed empirically using the traditional approach, be they composed of protein, viral vector, DNA or RNA and irrespective of delivery method, may worsen COVID-19 disease via antibody-dependent enhancement (ADE). This risk is sufficiently obscured in clinical trial protocols and consent forms for ongoing COVID-19 vaccine trials that adequate patient comprehension of this risk is unlikely to occur, obviating truly informed consent by subjects in these trials.)

- **Effects of Vaccination and Previous Infection on Omicron Infections in Children**
https://www.nejm.org/doi/full/10.1056/NEJMc2209371
(Study shows that children who had Covid and were subsequently vaccinated, were much more likely to get reinfected than their peers who also had Covid, and were NOT vaccinated. In other words, for kids who had Covid, getting them vaccinated made them much more susceptible to reinfections. Explanatory article here)
- **(SARS-CoV-2) Naturally Acquired Immunity versus Vaccine-induced Immunity, Reinfections versus Breakthrough Infections: A Retrospective Cohort Study**
https://academic.oup.com/cid/article/75/1/e545/6563799
(As demonstrated in this paper, people whose immune response was induced by Pfizer's mRNA product—versus natural immunity—were at 13-times greater risk of being infected with SARS-CoV-2. Explanatory article here.)
- **Severity of SARS-CoV-2 Reinfections as Compared with Primary Infections**
https://www.nejm.org/doi/10.1056/NEJMc2108120
(explanatory article: "These data show show that the vaccinated are 10.29 mores likely to suffer from severe or critical COVID-19 or death upon reinfection than those with natural immunity.")
- **Elevated risk of infection with SARS-CoV-2 Beta, Gamma, and Delta variant compared to Alpha variant in vaccinated individuals**
https://pubmed.ncbi.nlm.nih.gov/35862508/
(Study shows increased risk of infection in the vaccinated. Explanatory article)

Inflammation

- **Correlation between COVID-19 vaccination and inflammatory musculoskeletal disorders**
https://www.medrxiv.org/content/10.1101/2023.11.14.23298544v1.full-text
(The researchers searched the medical records of 2.2 million patients looking for correlations between jabs and inflammatory diseases of the muscles or skeletal system "Individuals who received any COVID-19 vaccine were more likely to be diagnosed with inflammatory musculoskeletal disorders than those who did not. All COVID-19 vaccines were identified as significant risk factors for each inflammatory musculoskeletal disorder.")
- **New-Onset Rheumatic Immune-Mediated Inflammatory Diseases Following SARS-CoV-2 Vaccinations until May 2023: A Systematic Review**
https://www.mdpi.com/2076-393X/11/10/1571
(Review suggests that COVID vaccines "may trigger" rheumatic immune-mediated inflammatory diseases, including arthritis, vasculitis, lupus, and adult-onset Still's disease. "This SR highlights that SARS-CoV-2 vaccines may trigger R-IMID" Also, "The short time span between COVID-19 vaccine administration and the onset of R-IMIDs suggests the potential possibility of a cause-and-effect relationship" Explanatory article here.)
- **Abstract 10712: Observational Findings of PULS Cardiac Test Findings for Inflammatory Markers in Patients Receiving mRNA Vaccines**
https://www.ahajournals.org/doi/abs/10.1161/circ.144.suppl_1.10712
(Heart surgeon Dr. Steven Gundry performed a test that utilizes inflammatory markers to predict the risk of an acute coronary syndrome (e.g., a heart attack) in the next five years on 566 patients and found that before vaccination their risk averaged 11%, while afterward, it averaged 25%.)
- **Reported cases of multisystem inflammatory syndrome in children aged 12–20 years in the USA who received a COVID-19 vaccine, December, 2020, through August, 2021: a surveillance investigation**
https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(22)00028-1/fulltext
(The authors concluded that, "Continued surveillance for MIS-C illness after covid-19 vaccination is warranted" and encouraged doctors to "report potential MIS-C cases after covid-19 vaccination to VAERS." Explanatory article here.)
- **SARS-CoV-2 vaccination can elicit a CD8 T-cell dominant hepatitis**
https://www.sciencedirect.com/sciencearticle/pii/S0168827822002343
("COVID19 vaccination can elicit a distinct T cell-dominant immune-mediated hepatitis with a unique pathomechanism associated with vaccination induced antigen-specific tissue-resident immunity requiring systemic immunosuppression.")
- **Cutaneous vasculitis: Lessons from COVID-19 and COVID-19 vaccination**
https://www.frontiersin.org/journals/medicine/articles/10.3389/fmed.2022.1013846/full
(A mini-review stated that cases of vasculitis of the skin "have been more frequently reported" after COVID-19 vaccinations than after infection.)
- **Cutaneous reactions reported after Moderna and Pfizer COVID-19 vaccination: A registry-based study of 414 cases**
https://www.jaad.org/article/S0190-9622(21)00658-7/fulltext
(A large study identified several common adverse reactions: rashes, itchy, red skin, and hives.)

Kidney / Renal issues

- **Renal Complications Following COVID-19 Vaccination: A Narrative Literature Review**
https://journals.lww.com/ijcm/fulltext/2023/48020/renal_complications_following_covid_19.5.aspx
(This review describes 28 published mechanisms of kidney injury and renal damage from COVID-19 vaccination. Most of the pathways involve inflammation from either direct cytokine damage or auto-immunity. Explanatory article here.)
- **Daily Clout Report 62: Acute Kidney Injury and Acute Renal Failure Following Pfizer mRNA COVID Vaccination.**
https://dailyclout.io/report-62-acute-kidney-injury-and-acute-renal-failure-following-pfizer-mrna-covid-vaccination-33-of-patients-died-pfizer-concludes-no-new-safety-issue/
(Pfizer Documents Analysis Project Post-Marketing Group produced an alarming review of the Renal (Kidney) System Organ Class adverse events found in Pfizer documents: 69 patients, including one infant, suffered acute kidney injury or acute renal failure. Half of the severe renal adverse events were reported within four days of vaccination. Pfizer's renal adverse event reports screen only for the most severe damage but miss important, less severe kidney damage. Thus, Pfizer's post-marketing kidney adverse events are likely significantly underreported.)
- **Case Report: Anti-neutrophil Cytoplasmic Antibody-Associated Vasculitis With Acute Renal Failure and Pulmonary Hemorrhage May Occur After COVID-19 Vaccination**
https://www.frontiersin.org/journals/medicine/articles/10.3389/fmed.2021.765447/full
(Explanatory article here.)
- **Successful treatment of new-onset diabetes mellitus and IgA nephropathy after COVID-19 vaccination: a case report**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10703642/
("COVID-19 vaccination-related glomerular (kidney) diseases have become a new concern. Both the mRNA vaccine and the inactivated vaccine can cause new-onset and relapsing glomerular (kidney) disease. These diseases typically occur after the first or second dose of vaccination.")
- **Minimal Change Disease After First Dose of Pfizer-BioNTech COVID-19 Vaccine: A Case Report and Review of Minimal Change Disease Related to COVID-19 Vaccine**
https://journals.sagepub.com/doi/full/10.1177/20543581211058271
("...there has been a steady increase in the number of patients presenting with nephrotic syndrome and acute kidney injury after the administration of COVID-19 vaccine. Physicians should be made aware of minimal change disease as a potential complication associated with COVID-19 vaccine.")

Long COVID versus Long Vax

- **Long COVID: Sufferers can take heart**
https://www1.racgp.org.au/ajgp/2024/april/long-covid-sufferers-can-take-heart
("There is concern that COVID-19 vaccination per se might contribute to long COVID, giving rise to the colloquial term 'Long Vax'. The spike protein of SARS-CoV-2 exhibits pathogenic characteristics and is a possible cause of post-acute sequelae after SARS-CoV-2 infection *or COVID-19 vaccination*." Explanatory video here.)
- **Persistence of S1 Spike Protein in CD16+ Monocytes up to 245 Days in SARS-CoV-2 Negative Post COVID-19 Vaccination Individuals with Post-Acute Sequalae of COVID-19 (PASC)-Like Symptoms**
https://www.medrxiv.org/content/10.1101/2024.03.24.24304286v1
(They extracted immune cells from 14 post-vaccine patients, finding that 13 of them had spike protein *in their immune cells* up to 245 days after their last injection. Somehow, the people's *own immune cells* got transfected—something that was never supposed to happen. The findings indicate that the persistence of spike proteins was likely the driver for symptoms of long COVID and post-vaccine syndrome. Explanatory article here.)
- **Presence of viral spike protein and vaccinal spike protein in the blood serum of patients with long-COVID syndrome**
https://www.europeanreview.org/article/34685
(The study suggested spike protein is harmful—not harmless—migrates away from the injection site into the rest of the body, and persists longer than a few

days, all of which the official agencies including the CDC and FDA continue to insist do not happen. As the study authors noted, theirs was not the first study to find vaccine spike in the bloodstream where it should never ever be found.)

- **Characteristics and predictors of Long COVID among diagnosed cases of COVID-19**
https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0278825
(An analysis showing that prior vaccination was independently associated with the occurrence of long-COVID. Vaccination backfires and contributes to post-acute sequelae. Explanatory article here.)
- **The prevalence of post-COVID-19 vaccination syndrome and quality of life among COVID-19-vaccinated individuals**
https://www.sciencedirect.com/science/article/abs/pii/S1576988723000961
(A study of data collected from September 2021 - May 2023, in a descriptive, follow-up cohort study of participants 18 years of age or older who had completed the primary immunization series. The authors found more than half of subjects at 12 months were reporting symptoms of PCVS. Explanatory article here.)
- **Post-Vaccination Syndrome: A Descriptive Analysis of Reported Symptoms and Patient Experiences After Covid-19 Immunization**
https://www.medrxiv.org/content/10.1101/2023.11.09.23298266v1.full-text
(The study involved 247 patients with post-vaccination syndrome over a one-year period; median time to symptom onset after vaccination was 3 days. *"the temporal relationship with clustering of symptom onset within the first 1-18 days from the index vaccine suggests a potential relationship."* The researchers excluded anybody diagnosed with 'long covid' or with any other pre-vaccine diagnosis that could produce similar symptoms. "A severe, debilitating, chronic post-vaccination syndrome (PVS) after covid-19 vaccination has been reported but has yet to be well characterized." Also, "Conclusions: In this study, individuals who reported PVS after covid-19 vaccination had low health status, high symptom burden, and high psychosocial stress despite trying many treatments. There is a need for continued investigation to understand and treat this condition.")
- **Association between virus variants, vaccination, previous infections, and post-COVID-19 ["Long Covid"] risk**
https://www.ijidonline.com/article/S1201-9712(23)00702-6/fulltext
(These data imply the vaccines are making post-COVID syndrome ["Long Covid"] worse in most analyses. The lowest risk group for Long Covid Syndrome was the unvaccinated who had their first infection with Omicron. In general, vaccinated faired worse than the unvaccinated. Explanatory article here.)
- **Persistent Circulating Severe Acute Respiratory Syndrome Coronavirus 2 Spike Is Associated With Post-acute Coronavirus Disease 2019 Sequelae**
https://academic.oup.com/cid/article/76/3/e487/6686531
(Study found circulating Spike protein and or nucleocapsid in the blood of 65% of patients with long-COVID symptoms, some of whom were unfortunately vaccinated even after being sick. These data imply the symptoms are driven by persistent fragments of the SARS-CoV-2 virus and Spike protein from repeated injections. Explanatory article here.)
- **Strategies for the Management of Spike Protein-Related Pathology**
https://www.mdpi.com/2076-2607/11/5/1308
(One coauthor of the study states: "This research shows that there is clear scientific evidence that both long COVID and the COVID vaccines are responsible for spike protein-induced conditions that will require a significant investment of resources before we fully understand these conditions and how to treat them most effectively." Explanatory article here.)
- **Persistent circulation of soluble and extracellular vesicle-linked Spike protein in individuals with postacute sequelae of COVID-19**
https://onlinelibrary.wiley.com/doi/10.1002/jmv.28568
(Long Covid pathophysiology is pointing to persistence of Spike protein in the blood which is pathogenic and likely driving tissue/organ injury with associated symptoms. Because COVID-19 mRNA vaccines further load the body with genetic code and more Spike protein, it is likely that vaccination worsens post-COVID syndromes. Meaning, if the problem is due to Spike protein, vaccination could cause and/or exacerbate the ailment.)
- **Long-COVID Prevalence and Its Association with Health Outcomes in the Post-Vaccine and Antiviral-Availability Era**
https://www.mdpi.com/2077-0383/13/5/1288
(A study found that the majority of patients who suffered from long COVID were widely available were vaccinated. Explanatory article here.)

Neurological Issues

- **Prenatal Exposure to COVID-19 mRNA Vaccine BNT162b2 Induces Autism-Like Behaviors in Male Neonatal Rats**
https://link.springer.com/article/10.1007/s11064-023-04089-2
(In conclusion, our study presents evidence that the COVID-19 mRNA BNT162b2 vaccine impacts the WNT pathway and BDNF levels in rats, with particularly pronounced effects observed in males. These male-specific outcomes, including autism-like behaviors, reduced neuronal counts, and impaired motor performance, emphasize the potential neurodevelopmental implications of the vaccine." In short, they found that pregnant rats injected with the Pfizer BNT162b2 vaccine had male progeny in particular, that tended to have concordant neurodegenerative changes with impaired behaviors on standardized testing. Explanatory articles here and here.)
- **Emergence of a New Creutzfeldt-Jakob Disease: 26 Cases of the Human Version of Mad-Cow Disease, Days After a COVID-19 Injection**
https://zenodo.org/records/7540331
(Scientists "identified a GxxxG signature motif within the coding sequence for the mRNA portion of the injections that they say increases the risk of that misfolding will occur, creating toxic oligomers, that are the basis of prion disease." Also, "Bearing in mind from the outset that it usually takes decades for prion disease to manifest itself, the question we address here is why and how can this same fatal disease quickly manifest itself following these injections?" Explanatory article here.)
- **COVID-19 vaccination-related tinnitus is associated with pre-vaccination metabolic disorders**
https://www.frontiersin.org/journals/pharmacology/articles/10.3389/fphar.2024.1374320/full
("Spike proteins have been shown to disrupt the blood-brain barrier, activate microglia/neuroinflammation and cause neuronal death," the authors wrote. If this occurs near the ears or in the nerves supplying the ears, it can lead to tinnitus. Furthermore, spike proteins can aggregate to form plaque proteins, which, in mass, lead to neurodegeneration. "These … inflammation could disrupt blood-brain barrier and other brain function, and potentially lead to tinnitus and other mental health issues," the authors wrote. Explanatory article here.)
- **Audiovestibular adverse events following COVID-19 vaccinations**
https://www.sciencedirect.com/science/article/pii/S026441052400210X
("We are the first to confirm this increased relative incidence of tinnitus and vertigo post COVID-19 vaccines." Explanatory article here.)
- **Vestibular Neuritis Following COVID-19 Vaccination: A Retrospective Study**
https://www.cureus.com/articles/90692-vestibular-neuritis-following-covid-19-vaccination-a-retrospective-study#!/
(A Japanese study examined 378 patients who presented at the vertigo clinic, and found that "vestibular neuritis should be recognized as one of the side effects of BNT162b2 (Pfizer) COVID-19 vaccination")
- **Vertigo/dizziness following COVID-19 vaccination**
https://www.sciencedirect.com/science/article/pii/S0196070922003507
("Conclusion: Post-vaccination vertigo/dizziness can manifest as exacerbation of previous neurotological disorder. The median time to the onset of vertigo/dizziness following COVID-19 vaccination is 10 days.")
- **Preliminary Evidence of a Link between COVID-19 Vaccines and Otologic Symptoms**
https://www.medrxiv.org/content/10.1101/2022.02.23.22271144v1
("COVID vaccine was associated with a statistically significant excess incidence of vertigo, tinnitus, and hearing loss of at least 723, 57, and 55 cases per 100,000, respectively. These results suggest an association between the COVID-19 vaccines and vertigo, tinnitus, hearing loss, and Bell's palsy. They also suggest that, with respect to vertigo, tinnitus, and hearing loss, the association is relatively strong for the Ad26.COV2.S vaccine.")
- **NEURO-COVAX: An Italian Population-Based Study of Neurological Complications after COVID-19 Vaccinations**
https://www.mdpi.com/2076-393X/11/10/1621
(In summary, a shocking 31.2% of respondents to this large dataset sustained neurologic injury after two injections with verified data in health registries. Most of the risk estimates indicate the safety profile is unacceptable. Explanatory article here.)
- **Neurological Adverse Reactions to SARS-CoV-2 Vaccines**
https://www.cpn.or.kr/journal/view.html?doi=10.9758/cpn.2023.21.2.222
(Study cites 129 papers in a review of the devastating neurological side effects of the COVID-19 vaccines. A common element to all of them appears to be Spike protein induced direct damage or indirect pathophysiology mediated via inflammation, vascular endothelial disruption, and neural tissue damage.)
- **SARS-CoV-2 Spike amyloid fibrils specifically and selectively accelerates amyloid fibril formation of human prion protein and the amyloid β peptide**
https://www.biorxiv.org/content/10.1101/2023.09.01.555834v1
(Study suggests acceleration of the Alzheimer's disease process through amyloid fibril formation in the brain, due to spike protein. As is now typical of our corrupt academic medical establishment, the authors only mention exposure to spike from infection, and mention nothing about massive, uncontrolled exposure to the spike from COVID-19 vaccines and boosters.)

- **Apparent risks of postural orthostatic tachycardia syndrome diagnoses after COVID-19 vaccination and SARS-Cov-2 Infection**
https://www.nature.com/articles/s44161-022-00177-8
(One of the most common symptomatic complaints after COVID-19, vaccination, and now in most persons who have both exposures is POTS. Results: "In our large and diverse population, using a sequence–symmetry analysis, we found apparent evidence of POTS-associated diagnoses occurring more frequently after COVID-19 vaccination than before vaccination." Explanatory article here.)
- **SARS-CoV-2 Spike Protein Accumulation in the Skull-Meninges- Brain Axis: Potential Implications for Long-Term Neurological Complications in post-COVID-19**
https://www.biorxiv.org/content/10.1101/2023.04.04.535604v1
(A paper from Germany proves that the spike protein accumulates in the brain and causes death of brain cells. Key findings: "Our results revealed the accumulation of the spike protein in the skull marrow, brain meninges, and brain parenchyma." and "The *injection of the spike protein alone* [meaning via the "vaccine"] caused cell death in the brain, highlighting a direct effect on brain tissue." and "we observed the presence of spike protein in the skull of deceased long after their COVID-19 infection, suggesting that the spike's persistence may contribute to long-term neurological symptoms" Explanatory article here.)
- **5.3.6 CUMULATIVE ANALYSIS OF POST-AUTHORIZATION ADVERSE EVENT REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021**
https://www.phmpt.org/wp-content/uploads/2022/04/reissue_5.3.6-postmarketing-experience.pdf
(These are adverse events *reported to Pfizer* for only a 90-day period starting on December 1, 2020, the date of the United Kingdom's public rollout of Pfizer's COVID-19 experimental mRNA "vaccine" product. Key points in this report include: 542 neurological events, 95% of which were serious, occurred in 501 patients. Also, 16 patients died. Also, 50% of events occurred within the first 24 hours after injection, equating to over 270 events in a single day. Explanatory articles here.)
- **A Potential Role of the Spike Protein in Neurodegenerative Diseases: A Narrative Review**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9922164/
(Study describes the pathophysiological rationale for COVID-19 vaccines in the development of neurocognitive disorders. Key features are: 1) CNS penetration of the vaccines, 2) neuroinflammation, 3) Spike protein activation of toll-like receptor-4, 4) folding of Spike protein into amyloid plaques, 5) cumulative exposure with multiple shots connotes enhanced risk. Explanatory article here.)
- **Reports of Guillain-Barré Syndrome After COVID-19 Vaccination in the United States**
https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800871
(This paper illustrates that GBS is likely to occur to occur with mRNA and should be tagged as a special adverse event of interest in mRNA development programs. Explanatory article here.)
- **Neurological Complications Following COVID-19 Vaccination**
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9707152/pdf/11910_2022_Article_1247.pdf
(Authors report on the wide range of central nervous system and peripheral nervous system syndromes that occur after COVID-19 vaccination. Explanatory article here.)
- **Sudden Hearing Loss Following Vaccination Against COVID-19**
https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2799360
(The data suggested each successive shot increased risk for hearing loss. However, the most important results are in the supplemental tables which demonstrate the elderly and those with risk factors for hearing loss are pushed over the edge by COVID-19 vaccination. Explanatory article here.)
- **Development of facial palsy following COVID-19 vaccination: A systematic review**
https://journals.lww.com/annals-of-medicine-and-surgery/fulltext/2022/10000/development_of_facial_palsy_following_covid_19.216.aspx
("Our review shows that Bell's palsy can be a plausible non-serious adverse effect of COVID-19 vaccination." Three quarters of victims failed to completely recover from their vaccine-induced facial palsy. In other words, they have what appears at this point to be a permanent injury.)
- **COVID-19 RNA Based Vaccines and the Risk of Prion Disease**
https://scivisionpub.com/pdfs/covid19-rna-based-vaccines-and-the-risk-of-prion-disease-1503.pdf
("Analysis of the Pfizer vaccine against COVID-19 identified two potential risk factors for **inducing prion disease in humans**. The RNA sequence in the vaccine contains sequences believed to induce TDP-43 and FUS to aggregate in their prion based conformation leading to the development of common neurodegenerative diseases.")
- **SARS-CoV-2 S1 Protein Induces Endolysosome Dysfunction and Neuritic Dystrophy**
https://www.frontiersin.org/journals/cellular-neuroscience/articles/10.3389/fncel.2021.777738/full
(Study found that exogenous SARS-CoV-2 S1 protein, which enters neurons via receptor-mediated endocytosis, induced endolysosome dysfunction and neurite dystrophy in neurons; such a finding provides evidence that SARS-CoV-2 S1 protein could directly induce neuronal injury. It's important to note here that the S1 subunit is identical between the infection and injection/vaccine, but that the vaccine causes the body to produce f*ar more for far longer* than infection does, thereby worsening the potential damage.)
- **Neurological consequences of COVID-19 and brain related pathogenic mechanisms: A new challenge for neuroscience**
https://www.sciencedirect.com/science/article/pii/S2666354621002027
(SARS-CoV-2 affects the brain by neuroinvasion and by the consequences of the systemic infection. It generates cerebrovascular, sensitive, motor, cognitive and diffuse brain disorders. It's important to note here that the S1 subunit is identical between the infection and injection/vaccine, but that the vaccine causes the body to produce f*ar more for far longer* than infection does, thereby worsening the potential damage.)
- **Immediate and 6-month seizure outcomes following first and second SARS-CoV2 mRNA vaccinations: A multicenter study with a nationwide survey**
https://www.sciencedirect.com/science/article/pii/S1525505022005194
(A Japanese study that followed 332 people with epilepsy observed seizure worsening following vaccination in 5.7 percent of those who received their first and second COVID-19 vaccines.)
- **Factors associated with stroke after COVID-19 vaccination: a statewide analysis**
https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2023.1199745/full
(A statewide study that followed 5 million people living in Georgia found that those who contracted COVID-19 within 21 days of vaccination were at the highest risk of stroke.)

Reactivation of Latent Viruses

- **Association of herpes zoster with COVID-19 vaccination: A systematic review and meta-analysis**
https://www.joad.org/article/S0190-9622(23)00519-4/fulltext
("Vaccine-induced massive shift of $CD8^+$ T cells and $CD4^+$ helper T cells may cause temporary inability to suppress latent VZV, allowing for its reactivation.")

Reproductive Issues

- **Transplacental transmission of the COVID-19 vaccine messenger RNA: evidence from placental, maternal, and cord blood analyses postvaccination**
https://www.ajog.org/article/S0002-9378(24)00063-2/fulltext
("these two cases demonstrate, for the first time, the ability of the COVID-19 vaccine mRNA to penetrate the fetal-placental barrier and reach the intrauterine environment." This is a very small sample size; two case studies. However, what was found in both mothers is extremely concerning and provides the proof-of-principle required to once again call for a moratorium on this technology until all relevant scientific questions can be addressed. Explanatory articles here and here.)
- **Increased risk of fetal loss after COVID-19 vaccination**
https://academic.oup.com/humrep/article/38/12/2536/7308743
(Thorp et al, published the most comprehensive safety comparison to date between COVID-19 vaccines and influenza shots among pregnant women. As you can see, there was a 177-fold increase in fetal loss which includes miscarriage in the first trimester. Explanatory article here.)
- **Abnormal Uterine Bleeding Among COVID-19 Vaccinated and Recovered Women: a National Survey**
https://link.springer.com/article/10.1007/s43032-022-01062-2
(Israeli researchers conducted a nationwide questionnaire survey of 7904 women; 49.3% of women had changes in menstrual patterns after COVID-19 vaccination, 80.6% of them had "excessive bleeding." "Abnormal uterine bleeding is an apparently common side effect of the BNT162b2 vaccine as well as of the COVID-19 infection. It is characterized mostly by excessive bleeding and most women experienced it between vaccination date and the next menstrual period.")
- **A Nationwide Survey of mRNA COVID-19 Vaccinee's Experiences on Adverse Events and Its Associated Factors**
https://jkms.org/DOIx.php?id=10.3346/jkms.2023.38.e170
(South Korean survey: "A notable finding was that over 15% of female participants reported menstrual disorders and unexpected vaginal bleeding after

mRNA vaccination")

- **Evaluation of menstrual symptoms after Coronavirus disease 2019 vaccination in women with endometriosis**
https://journals.sagepub.com/doi/10.1177/17455057231176751
(Study evaluated patients with and without endometriosis with the first and second injections of mRNA COVID-19 vaccines (Pfizer or Moderna). As with many studies, the majority had changes in their menstrual cycle. Explanatory article here.)
- **Female reproduction and abnormal uterine bleeding after COVID-19 vaccination**
https://cecrm.org/journal/view.php?doi=10.5653/cerm.2023.05925
("After a comprehensive analysis of domestic and international data on adverse reactions reported after COVID-19 vaccination, the committee has announced the discovery of a statistically significant association between AUB and COVID-19 vaccination, which is sufficient evidence to establish a causal relationship.")
- **Heavy bleeding and other menstrual disturbances in young women after COVID-19 vaccination**
https://www.sciencedirect.com/science/article/pii/S0264410X23008010
(Norwegian survey of 3972 women ages 18-30 years old; 38.8% reported menstrual disturbance after 1st vaccine dose. Authors: "We found increased risk of menstrual disturbances after vaccination, particularly for heavier bleeding than usual, prolonged bleeding, shorter interval between menstruations, and stronger period pain.")
- **Prevalence of and risk factors for self-reported menstrual changes following COVID-19 vaccination: a Danish cohort study**
https://academic.oup.com/humrep/article-abstract/38/9/1825/7223488
(Danish study of 13,648 women ages 16-65 who completed surveys; 30% reported menstrual changes after COVID-19 vaccination.)
- **Association between Different Types of COVID-19 Vaccines and Menstrual Cycle Patterns among Women of Reproductive Age**
https://journals.ekb.eg/article_314788.html
(Online self-administered survey of 500 Saudi women ages 18-45. 44% reported menstrual disturbance. Study "found a significant relationship between the duration of flow, menstrual blood loss, and severity of dysmenorrhea before and after receiving the first, second, and third doses of Covid-19 vaccine")
- **Unexpected vaginal bleeding and COVID-19 vaccination in non-menstruating women**
https://www.science.org/doi/10.1126/sciadv.adg1391
(Risk of unexpected vaginal bleeding after vaccination was increased three- to fivefold in both non-menstruating peri- and premenopausal women. "Increased risk after both Pfizer and Moderna suggest a mechanism related to the spike protein and not to other vaccine components. Pathways related to local changes in the endometrium, possibly resulting from a spike related immune response or related to the endometrial expression of ACE2 receptors may be involved")
- **Biodistribution of mRNA COVID-19 vaccines in human breast milk**
https://www.thelancet.com/journals/ebiom/article/PIIS2352-3964(23)00366-3/fulltext
(Study shows a complete refutation of the "vaccine stays in the arm" trope, scientific proof of the presence of mRNA nanoparticles in the breast milk of vaccinated mothers, and a scientific explanation of the mechanism of how the breast milk's COVID vaccine exosomes could reach the intestines of the baby and *become biologically active*. PLEASE NOTE that the study authors admit testing mRNA in the HT-29 cell line was somewhat of a waste of time, thereby *refuting their own "pro-jab" rhetoric*—a truly stunning example of the disingenuous propaganda found in studies over the COVID era. Explanatory article here.)
- **Premenstrual and menstrual changes reported after COVID-19 vaccination: The EVA project**
https://journals.sagepub.com/doi/10.1177/17455057221112237
(The EVA Project has several important implications: 1) because the premenstrual and menstrual phases were impacted it is likely the reproductive cycle has been altered in the majority of women, 2) clotting and bleeding changes imply the Spike protein was damaging capillaries of the uterine lining and within menstrual flow, 3) it can be expected that conception would be influenced for several cycles if not longer, 4) with recommended injections every six months perpetuated infertility and dysfunctional uterine bleeding could be anticipated in a substantial portion of women who are in the childbearing age range.)
- **Safety of third SARS-CoV-2 vaccine (booster dose) during pregnancy**
https://www.ajogmfm.org/article/S2589-9333(22)00077-5/fulltext
(Paper reporting a nearly fourfold post-partum hemorrhage rate among those triple compared to double vaccinated. *One could imagine how large the magnitude would have been compared to unvaccinated* where hemostasis is not impaired.)
- **Analysis of Vaccine Reactions After COVID-19 Vaccine Booster Doses Among Pregnant and Lactating Individuals**
https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795998
(A study published in JAMA, which was bizarrely designed to make the shots look safe, actually reveals that 3.5% of the women reported a decrease in breast milk supply and 1.2% reported "issues with their breastmilk-fed infant after vaccination.")
- **COVID-19 Vaccines: The Impact on Pregnancy Outcomes and Menstrual Function**
https://www.jpands.org/vol28no1/thorp.pdf
(Study documents unequivocal danger signals from the VAERS report using the Influenza vaccinations over 284 months as a control group compared to that of the COVID-19 "inoculations" in just 18 months. Proportional reporting ratios (PRR) far exceed the CDC FDA danger signal of 2. Explanatory articles here and here.)
- **Japanese Pfizer biodistribution studies translated: SARS-CoV-2 mRNA Vaccine (BNT162, PF-07302048) 2.6.4 Summary statement of the pharmacokinetic study**
https://ia902305.us.archive.org/28/items/pfizer-confidential-translated/pfizer-confidential-translated.pdf
(Studies confirmed that within 48 hours the "vaccine" was immediately absorbed into the bloodstream and concentrated in the ovaries 118-fold by 48 hours and the trajectory would have risen even higher had the animals not been sacrificed at 48 hours. It also concentrates in the thymus gland in fetal life, potentially rendering permanent harm to the child. Explanatory article here.))
- **Detection of Messenger RNA COVID-19 Vaccines in Human Breast Milk**
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. Fyi, there is no known safe dose of mRNA for babies, so this presents as a troubling malfunction of medical ethics.)
- **Menstrual cycle disturbances after COVID-19 vaccination**
https://journals.sagepub.com/doi/10.1177/17455057221109375
(Study concludes that SARS-CoV-2 infection and COVID-19 vaccination can influence the menstrual cycle and cause alterations.)
- **The effect of BNT162b2 SARS-CoV-2 mRNA vaccine on menstrual cycle symptoms in healthy women**
https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1002/jgo.14356
(Peer reviewed study shows relatively high rates of irregular bleeding and menstrual changes after receiving the SARS-CoV-2 mRNA BNT162b2 vaccine. As an aside, we know that Pfizer's "vaccine" accumulates in the ovaries. Also that bleeding is merely a sign of an underlying pathological process. Where is this blood coming from in the female reproductive tract? Is it be the result of damage to the female reproductive tract that could impact fertility or the ability to maintain a pregnancy? Could it be due to induction of a hormonal imbalance? Could the underlying damage contribute to chronic diseases like reproductive cancers, *etc*?)
- **Covid-19 vaccination BNT162b2 temporarily impairs semen concentration and total motile count among semen donors**
https://pubmed.ncbi.nlm.nih.gov/35713410/
(Peer reviewed study found a significant and sustained post-jab decrease in sperm concentration and motility. Oddly (or not), the study's authors didn't mention boosters or speculate at all about the potential effect on sperm from repeated boosting. Explanatory article here.)
- **Neutralizing Activity and SARS-CoV-2 Vaccine mRNA Persistence in Serum and Breastmilk After BNT162b2 Vaccination in Lactating Women**
https://ncbi.nlm.nih.gov/pmc/articles/PMC8787073/
("Majority of lactating mothers had detectable SARS-CoV-2 antibody isotypes and neutralizing antibodies in serum and breastmilk, especially after dose 2 of BNT162b2 vaccination.")

Reverse Transcription of the Genome

- **Methodological Considerations Regarding the Quantification of DNA Impurities in the COVID-19 mRNA Vaccine Comirnaty®**
https://www.mdpi.com/2409-9279/7/3/41
("The available information and data indicate that the ready-to-use mRNA vaccine Comirnaty contains DNA impurities that exceed the permitted limit value by several hundred times and, in some cases, even more than 500 times. Further, DNA impurities in Comirnaty® are apparently integrated into the lipid nanoparticles and are thus *transported directly into the cells of a vaccinated person*, just like the mRNA active ingredient. What this means for the safety risks, particularly the possible integration of this DNA into the human genome, i.e., the risk of insertional mutagenesis, should be a secondary focus")
- **Presence of viral spike protein and vaccinal spike protein in the blood**

serum of patients with long-COVID syndrome
https://www.europeanreview.org/article/34685
(These findings are unsettling and show that some vaccinated people experience forced alteration of their genomes, with spike protein-producing code permanently residing in the affected cells--despite that "Covid vaccine changes our genome" was considered an anti-science anti-vax trope and was constantly ridiculed by Pfizer-sponsored press. Explanatory article here.)

- **DNA fragments detected in monovalent and bivalent Pfizer/BioNTech and Moderna modRNA COVID-19 vaccines from Ontario, Canada: Exploratory dose response relationship with serious adverse events.**
  https://osf.io/preprints/osf/mjc97
  (The largest data set to date on this topic, using vials from multiple Canadian batches of both the Pfizer and Moderna shots. Every single one was contaminated with bacterial DNA. Also confirmed the presence of the SV40 enhancer sequence in the contaminating DNA in Pfizer's Canadian vials. Explanatory articles here and here.)
- **Sequencing of bivalent Moderna and Pfizer mRNA vaccines reveals nanogram to microgram quantities of expression vector dsDNA per dose**
  https://osf.io/preprints/osf/b9t7m
  (DNA contamination can contribute to interference with the human genome. This study found DNA contamination that far exceeds the European Medicines Agency (EMA) and the FDA's requirements. "Studies evaluating the reverse transcriptase activity of LINE-1 and vaccine mRNA will need to account for the high levels of DNA contamination in the vaccines." Explanatory article here.)
- **SARS-CoV-2 RNA reverse-transcribed and integrated into the human genome**
  https://www.biorxiv.org/content/10.1101/2020.12.12.422516v1
  (MIT & Harvard study [preprint] suggest mRNA might permanently alter DNA after all. "To experimentally corroborate the possibility of viral retro-integration, we describe evidence that SARS-CoV-2 RNAs can be reverse transcribed in human cells by reverse transcriptase (RT) from LINE-1 elements or by HIV-1 RT, and that these DNA sequences can be integrated into the cell genome and subsequently be transcribed." Explanatory article here.)
- **Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line**
  https://www.mdpi.com/1467-3045/44/3/73
  (The CDC insisted "mRNA never enters the nucleus of the cell where our DNA is located, so it cannot change or influence our genes," and yet this in vitro study found the spike protein instructions being incorporated into cells' own DNA, in a process called "reverse transcription" that takes place "in as fast as 6 hours upon exposure." This means a body could produce spike protein forever, or, if the body treats these rewired cells as cancerous, it could trigger autoimmune diseases. Finally, modified sperm or egg cells could pass the mutated DNA into parents' children's cells.)
- **mRNA: Vaccine or Gene Therapy? The Safety Regulatory Issues**
  https://www.mdpi.com/1422-0067/24/13/10514
  ("The wide and persistent biodistribution of mRNAs and their protein products, incompletely studied due to their classification as vaccines, raises safety issues. Post-marketing studies have shown that mRNA passes into breast milk and could have adverse effects on breast-fed babies. Long-term expression, integration into the genome, transmission to the germline, passage into sperm, embryo/fetal and perinatal toxicity, genotoxicity and tumorigenicity should be studied in light of the adverse events reported in pharmacovigilance databases.")

Thyroid Dysfunction

- **Effect of SARS-CoV-2 BNT162b2 mRNA vaccine on thyroid autoimmunity: A twelve-month follow-up study**
  https://www.frontiersin.org/journals/endocrinology/articles/10.3389/fendo.2023.1058007/full
  (Japanese study of 70 healthcare workers showed increased thyroid auto-antibodies following 2 Pfizer vaccinations as well as booster shot. These effects lasted over 32 weeks. Explanatory article here.)

Vaccine Shedding

- **Inadvertent Exposure to Pharmacologically Designed Lipid Nanoparticles Via Bodily Fluids: Biologic Plausibility and Potential Consequences**
  https://www.preprints.org/manuscript/202402.1267/v1
  ("Biodistribution may not be limited to the body of the vaccine recipient, as a growing body of evidence demonstrates the possibility of secondary exposure to vaccine particles. These can be via bodily fluids and include the following routes of exposure: blood transfusion, organ transplantation, breastfeeding, and possibly other means. " Explanatory article here.)
- **SHEDDING OF COVID mRNA VACCINES: A review of the available evidence**
  https://covid19criticalcare.com/wp-content/uploads/2024/02/Shedding-of-COVID-mRNA-Vaccines-A-review-of-evidence-2024-02-03.pdf
  (The title is self-explanatory. Paper cites multiple peer reviewed studies as evidence of C19 vaccine shedding.)
- **Current state of knowledge on the excretion of mRNA and spike produced by anti-COVID-19 mRNA vaccines; possibility of contamination of the entourage of those vaccinated by these products**
  https://www.tmrjournals.com/public/articlePDF/20221114/483e983160eb24f1ef94bdd666603ac9.pdf
  (In this comprehensive paper on shedding, former Inserm researcher Dr. Helene Banoun has published the basis for which there is great likelihood that mRNA either on lipid nanoparticles or within exosomes is circulatory in blood and is secreted in every body secretion that would naturally expect to contain particles of this size. Explanatory article here.)

Excess Deaths & SADS

- **Spatiotemporal variation of excess all-cause mortality in the world (125 countries) during the Covid period 2020-2023 regarding socio economic factors and public-health and medical interventions**
  https://correlation-canada.org/covid-excess-mortality-125-countries/
  (A 521-page opus on excess all-cause mortality worldwide, 2020-2023, showing that COVID vaccine rollouts to billions of people around the world increased all-cause mortality. Mortality was far greater in the heavily vaccinated countries after the vaccine rollout when compared to the least vaccinated countries. Many of these countries had no increase in all-cause mortality whatsoever through the first years of COVID, until right after rollout of the first vaccine dose. Of the 125 countries examined, 110 countries have sufficient vaccination data and mortality data to determine if there exists a temporal association between the two categories. *The authors found that in all 110 countries there were significant correlations between COVID-19 vaccine rollouts and temporally close peaks/increases in excess all-cause mortality*. Explanatory articles here and here.)
- **COVID-19 Illness and Vaccination Experiences in Social Circles Affect COVID-19 Vaccination Decisions**
  https://www.publichealthpolicyjournal.com/_files/ugd/adf864_4c3afc4436234a96aa1f60bb6e677719.pdf
  (Dr. Skidmore calculated jab deaths in two ways. First, he extrapolated from reported deaths using conservative estimates of VAERS under-reporting rates. Second, he confirmed that figure using a survey of almost 3,000 Americans, based on their own experiences. He found with 95% confidence that the number of American jab deaths as of December 31, 2021 is probably between 229,319 and 344,319.)
- **COVID-19 vaccine-associated mortality in the Southern Hemisphere**
  https://correlation-canada.org/covid-19-vaccine-associated-mortality-in-the-southern-hemisphere/
  (Not only did the C19 vaccine *not* save lives, but it *consistently* appeared to be killing people in large numbers. In the researchers' own words: "there is no evidence in All-Cause Mortality (ACM) of any beneficial effect of COVID-19 vaccines. There is no association in time between COVID-19 vaccination and any proportionate reduction in ACM. *The opposite occurs.* Unprecedented peaks in ACM occur in the summer (January-February) of 2022 in the Southern Hemisphere, and in equatorial-latitude countries, which *are synchronous with or immediately preceded by rapid COVID-19-vaccine-booster-dose rollouts*. This phenomenon is present in every case with sufficient mortality data (15 countries)." The authors concluded, logically, that governments should *immediately* end the policy of pushing shots on vulnerable elderly people.)
- **A Systematic REVIEW of Autopsy findings in deaths after covid-19 vaccination**
  https://www.sciencedirect.com/science/article/pii/S0379073824001968
  (Paper on the largest accumulation of autopsy result in sudden deaths after COVID-19 vaccination. From a total of 325 cases, independent review found the COVID-19 vaccine was the cause of death in 73.9%. The vast majority had the cardiovascular system as the single fatal organ system injury to the body. Explanatory article here.)
- **Is There a Link between the 2021 COVID-19 Vaccination Uptake in Europe and 2022 Excess All-Cause Mortality?**
  https://www.apjhs.com/index.php/apjhs/article/view/3017
  ("Analyses of 31 countries weighted by population size show that all-cause mortality during the first 9 months of 2022 increased more the higher the 2021 vaccination uptake. When controlling for alternative explanations, the association remained robust.")
- **Deaths by vaccination status, England**
  https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsbyvaccinationstatusengland
  ("Data from Britain's Office for National Statistics show a stark increase in deaths among children both single- and double-jabbed compared to their un-jabbed counterparts." British children are up to 52 times more likely to die following a COVID shot. Explanatory article here.)
- **Excess mortality in Germany 2020-2022**

https://www.researchgate.net/publication/362777743_Excess_mortality_in_Germany_2020-2022
(From the beginning of April 2021 onwards—the start of the vaccination campaign—excess mortality suddenly increases continuously up to the youngest age groups. In addition, the number of stillbirths is increasing at the same time. Nine months later, a massive and sustained decrease in live births is observed.)

- **Postmortem investigation of fatalities following vaccination with COVID-19 vaccines**
https://pubmed.ncbi.nlm.nih.gov/34591186/
(The study determined that the vaccine could not be ruled out or was determined to have caused the deaths of 5/18 27% of deaths that occurred following vaccination.)
- **Anti-SARS-CoV-2 Immune Response and Sudden Death: Titin as a Link**
https://www.m-hikari.com/ash/ash2021/ash1-2021/p/kanduASH1-2021.pdf
("The data presented here indicate the need of a strict and thorough clinical surveillance on the future effects of the mass vaccination against the current SARS-CoV-2 pandemic.")
- **Risk of COVID Vaccine-Induced Fatality is Equal to or Greater than the Risk of a COVID death for all Age Groups Under 80 Years Old**
https://vixra.org/pdf/2202.0084v1.pdf
(This is not a peer reviewed paper but its conclusions are sound.)
- **Covid-19: Pfizer-BioNTech vaccine is "likely" responsible for deaths of some elderly patients, Norwegian review finds**
https://www.bmj.com/content/373/bmj.n1372
(Study shows that 10 out of 100 deaths in elderly people they examined were "likely" caused by the vaccine.)
- **US - Trends in Death Rates from Neoplasms, Ages 15-44**
https://phinancetechnologies.com/HumanityProjects/US CDC Cause of death Project - Neoplasms Deaths 15-44.htm
(The results indicate that from 2021 onwards, a novel phenomenon leading to increased neoplasm deaths appears to be present in individuals aged 15 to 44 in the US. Explanatory article here.)

Other Articles Compiling Studies on Vaccine Injury

Scientific Publications Directory (by React19, on C19 vaccine injury)
https://react19.org/science

COVID-19 Vaccines: Scientific Proof of Lethality (over 1,000 studies linked)
https://www.saveusnow.org.uk/covid-vaccine-scientific-proof-lethal/

Dr Stephanie Seneff: Why C19 Jabs Are Injuring So Many People Globally
https://worldcouncilforhealth.org/multimedia/dr-stephanie-seneff-c19-jabs/

A Host of Notable COVID-19 Vaccine Adverse Events, Backed by Evidence
https://www.theepochtimes.com/health/a-host-of-notable-covid-19-vaccine-adverse-events-those-backed-by-evidence-5590525

COVID-19 Vaccines and Informed Consent, By John Allison, J.D. (Scroll to end / references)
https://static1.squarespace.com/static/61910a2d98732d54b73ef8fc/t/63079ee30426f8029224d10dd/1661443811703/COVID-19+Vaccines+and+Informed+Consent+(+July+2022+Update).pdf

36 Case Reports of Cancers After Covid Vaccination

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Vaccine adverse reaction papers: partial list of papers in the peer-reviewed literature documenting adverse reactions after the vaccine.

Steve Kirsch's newsletter

Vaccine adverse reaction papers

Update Here's an even larger list of articles published in peer-reviewed journals: 3,400 articles. My list of nearly 500 articles I didn't compile the list below. Someone else did, but I don't know who did because they didn't put their name on the Word file presumably because they wanted to remain anonymous...

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LET THERE BE CARNAGE: Preliminary List of 1,759 Case Reports of Vaccine Injuries Part 1

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Compilation of 11 articles discussing several ways the Covid vaccines may damage human tissues

Meryl's COVID Newsletter

Compilation of 11 articles discussing several ways the Covid vaccines may damage human tissues

5 papers discussing homologies between the spike protein and human tissue that could induce autoimmune adverse effects. 1. https://www.cell.com/cell-reports-medicine/fulltext/S2666-3791(21)00116-6 2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7499017

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Psychiatric Injuries - Children who were injured by Pfizer or Moderna COVID-19 mRNA vaccines - Hallucinations, self-harm, suicide attempts, permanent disability

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Psychiatric Injuries - Children who were injured by Pfizer or Moderna COVID-19 mRNA vaccines - Hallucinations, self-harm, suicide attempts, permanent disability

"Safe and Effective"? Every parent who is fighting to protect their children from Pfizer or Moderna COVID-19 mRNA vaccines should have cases like this saved in their records and ready to give to their lawyers, to health authorities, or to the Courts...

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TURBO CANCER Literature is growing rapidly

COVID Intel - by Dr William Makis

TURBO CANCER Literature is growing rapidly - 6 new COVID-19 Vaccine Turbo Cancer papers published in April 2024 - 26 total - the dam is breaking and it will take Pfizer & Moderna with it

(Image) TURBO CANCER LITERATURE (15 papers): (2024 Apr, Zhang and El-Deiry) - SARS-CoV-2 spike S2 subunit inhibits p53 activation of p21(WAF1), TRAIL Death Receptor DR5 and MDM2 proteins in cancer cells (2024 Apr, Rubio-Casillas et al) - Review: N1-methyl-pseudouridine (m1Ψ): Friend or foe of cancer...

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NOVAVAX COVID-19 Vaccine and Myocarditis: New October 2023 papers raise SERIOUS CONCERNS

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NOVAVAX COVID-19 Vaccine and Myocarditis: New October 2023 papers raise SERIOUS CONCERNS! The Good, The Bad and the Ugly regarding Novavax "2023-2024 Formulation"

Papers Reviewed: Oct.26, 2023 Wilkinson et al - A Brighton Collaboration standardized template with key considerations for a benefit/risk assessment for the Novavax COVID-19 Vaccine (NVX-CoV2373), a recombinant spike protein vaccine with Matrix-M adjuvant to prevent disease caused by SARS-CoV-2 viruses...

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Case reports of psychosis and mania after 4th, 3rd, 2nd and 1st doses of Pfizer or Moderna COVID-19 Vaccines

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mRNA Injury Series - New paper: first reported case of new-onset mania and psychosis post bivalent mRNA COVID-19 booster Vaccination (4th dose) (Dec.2023, from Singapore) - 16 cases in the literature

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Kidney Damage, acute renal injury and renal failure after COVID-19 mRNA Vaccination - 20 cases and literature review

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mRNA Injury Series - Kidney Damage, acute renal injury and renal failure after COVID-19 mRNA Vaccination - 20 cases and literature review

Jan.2, 2024 - Australia - Star Roth is in renal failure again with kidney disease and more? "I'm Vaccinated. Why aren't you you stupid F*cking F*ck" Kidney failure has skyrocketed after COVID-19 mRNA Vaccine Rollout. Here are 20 more cases...

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