CITY OF Vancouver WASHINGTON

CITY COUNCIL MEETING MINUTES

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

December 19, 2022

WORKSHOPS

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/35225?startStreamAt=0&stopStreamAt=4822

4:30-5:00 p.m. ODOT Toll/Congestion Pricing Program

Katherine Kelly, Senior Transportation Policy Advisor, 360-487-7947

Summary
Staff led Council through a discussion of the ODOT Toll/Congestion Pricing Program.

5:00-6:00 p.m. Main Street ARPA Streetscape Project

Teresa Brum, Deputy Economic Development Director, 360-487-7949

Summary
Staff led Council through a discussion of the Main Street ARPA Streetscape Project.

COUNCIL DINNER/ADMINISTRATIVE UPDATES

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/35227?startStreamAt=0&stopStreamAt=6515 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: Councilmembers Harless, Perez, Fox, Paulsen, Stober, Hansen, and Mayor McEnerny-Ogle

Absent: None

Approval of Minutes

Minutes - November 28, 2022

Motion by Councilmember Paulsen, seconded by Councilmember Hansen, and carried unanimously to approve the meeting minutes of November 28, 2022.

Minutes - December 5, 2022

Motion by Councilmember Fox, seconded by Councilmember Stober, and carried unanimously to approve the meeting minutes of December 5, 2022. Councilmember Paulsen abstained.

Community Communications (Items 1-9)

Mayor McEnerny-Ogle opened Community Communication and received testimony from the following community members regarding Items 1-9:

- LeAnne Bremer, Vancouver
- Dmitri Stoyanoff, Vancouver
- Luke Jolgen, Vancouver
- Bruce Barnes, Vancouver
- Kimberlee Elbon, La Center, WA

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

Consent Agenda (Items 1-9)

Council requested Items 1, 2, 7, and 8 to be pulled.

Council discussed the Items with staff. City Manager, Eric Holmes, stated that there was one additional edit to Item 7, Policy 100-32, section 6.2, striking the 7th bullet stating, "Community Member Forum (per Section 10.11)." Council approved amending Item 7, Policy 100-32 as stated.

Motion by Councilmember Hansen, seconded by Councilmember Stober, and approved unanimously to approve Items 1-6, 7(as amended) and 9 on the Consent Agenda.

A roll call vote was requested on the 4 separate Ordinances on Item 8.

Motion by Councilmember Hansen, seconded by Councilmember Stober, and approved unanimously to approve the Stutesman Map Change Ordinance from Item 8 on the Consent Agenda.

Motion by Councilmember Fox, seconded by Councilmember Paulsen, and approved unanimously to approve the Lieser School Map Change Ordinance from Item 8 on the Consent Agenda.

Motion by Councilmember Fox, seconded by Councilmember Hansen, and

approved 4-3 to approve the Schwartz Ordinance from Item 8 on the Consent Agenda. Councilmembers Harless, Perez, and Stober voted No.

Motion by Councilmember Fox, seconded by Councilmember Stober, and approved unanimously to approve the Text Changes Ordinance from Item 8 on the Consent Agenda.

Council discussed the option to reconsider Item 7 on the Consent Agenda with City Attorney, Jonathan Young.

Motion by Councilmember Perez, seconded by Councilmember Harless, and approved 5-2 to reconsider Item 7 on the Consent Agenda. Mayor McEnerny-Ogle and Councilmember Fox voted No.

Motion by Councilmember Stober, seconded by Councilmember Paulsen, and approved 5-2 to approve Item 7, as amended, on the Consent Agenda. Councilmembers Hansen and Perez voted No.

1. **Award for consulting services to provide community engagement support and to develop a community driven and equitable 10-year investment strategy, including prioritization for American Rescue Plan Act (ARPA)-funded projects, for the Fourth Plain Corridor in Vancouver, WA, per RFP #38-22**

   Staff Report: 208-22

   The COVID-19 pandemic created dual nationwide crises: a public health crisis combined with an economic crisis. The American Rescue Plan Act (ARPA) was passed in 2021 to deliver immediate relief for American workers and families and build a bridge to an equitable economic recovery. One of the ways ARPA provides support to struggling communities is through the distribution of more than $360 billion in emergency funding for state, local, territorial, and Tribal governments.

   The City of Vancouver is receiving $32.6 million in funding to help support our efforts to recover from the pandemic-induced economic and housing crisis, which disproportionately impacted socially and economically vulnerable communities and small independent businesses. In addition to the ARPA allocation, additional general funds are being leveraged for a combined $40.6 million in one-time resource allocation to deploy to serve critical needs in the community. On November 15, 2021, the Vancouver City Council endorsed an investment framework for ARPA funds that would allocate around 75% of the total federal award funds to the Fourth Plain area in central Vancouver. This funding will focus on the largest, most diverse and economically vulnerable areas in Vancouver that have experienced disproportionate health and economic impacts from the pandemic.

Building on the successes of implementing the 2008 Fourth Plain Corridor Subarea Plan and 2015 Fourth Plain Forward Action Plan, the City aims to co-create a 10-year investment strategy with the local community that incorporates the dedicated ARPA funding, as well as prepares the City to take advantage of other future funding sources and opportunities to continue advancing equity, safety, mobility, access to jobs and services, a thriving small business ecosystem, and improved parks and open spaces for the Fourth Plain community. The investment strategy will be developed through a co-created process that includes robust public engagement. Based on previous planning and policy development efforts and ongoing outreach, staff anticipate that the final investment strategy will include projects and programs that increase access to affordable housing and support anti-displacement efforts, support transportation safety and mobility projects, include parks and recreation improvements, and likely identify other programmatic investments in social supports like childcare, workforce training or other needs. ARPA funding must be obligated by the end of 2024 and spent out by the end of 2026, so it will be necessary to begin work immediately to ensure all selected projects can be completed in this timeframe.

A Request for Proposals (RFP 38-22) was issued on August 17, 2022. The City received four proposals for consulting services to develop an investment strategy for the Fourth Plain area that incorporates ARPA funding. After concluding the evaluation process, City staff determined Parametrix, LLC the most qualified proposer for consulting services in the amount of $364,997.00.

Request: Award a consulting services contract to the most qualified proposer, Parametrix LLC, in the amount of $364,997.00, and authorize the City Manager or designee to execute a contract with the same.

Shannon Williams, Senior Planner, 360-487-7898

Motion approved the request.

2. **Professional services for the Comprehensive Plan and Title 20 Land Use Code Update**

Staff Report: 209-22

The City of Vancouver's comprehensive plan provides the overall long-term vision and policy direction for managing the built and natural environment in Vancouver and providing necessary public facilities to achieve that vision. The City adopted its first comprehensive plan under Washington's Growth Management Act in 1994 (Chapter 36.70A RCW), with a major re-write occurring in 2004, and a less substantive update occurring most recently in 2011.

Since the last time the plan was updated, significant changes have occurred in the community, including increased population growth, greater diversity in the demographic and socio-economic characteristics of the community, expanded private sector investment and development activity, rising awareness of the impacts of climate change and need for immediate climate action, new technologies that have transformed how people move around the region and engage with each other, and, not least, endured a global pandemic and associated public health and economic crises that impacted all community members. In addition, Council policy priorities have evolved to place a priority emphasis on climate action, community safety, and equitable access to opportunities and resources. These trends and priorities require a re-imagining of the City's 20-year growth and development plan and new policies and programs to meet the needs of the Vancouver community now and into the future, reflective of a target year of 2045 for fully achieving the vision outlined in the plan. The Comprehensive Plan update will establish a new community vision and a set of goals, policies, and implementation strategies to achieve it, and will ensure that Vancouver continues to meet and exceed the requirements of the State's Growth Management Act. This effort is broken down into the following five tasks:

- ***Co-Creation:*** *Establish a process to develop and create the plan with members of the community, conduct community engagement activities in a method consistent with state law, and place an emphasis on elevating the perspectives of communities that have been historically underrepresented, excluded or negatively impacted from public decision-making processes.*
- ***Comprehensive Plan:*** *Perform a holistic re-write of the existing Comprehensive Plan, that includes defining a new set of goals, objectives, policies, and overall strategy that is responsive of identified issues and needs identified during the process of co-creation with plan stakeholders and the public, while also accounting for long term trends that will affect the community in the future. The plan strategy will establish an overall land use framework that specifies where and how the City will grow and the infrastructure needs necessary to achieve that vision, as well as overall strategies related to housing, climate, environment, resiliency, community health, public facilities and services, economic development and opportunity, and achieving equitable outcomes.*
- ***Implementation Strategy:*** *Develop a detailed strategy for implementing the goals, objectives, policies, and overall strategy outlined within the revised plan, including recommendations for future programs and policy work, and a public facing tool to help staff and members of the public understand how implementation of the plan is progressing over the long term;*
- ***Land Use Code:*** *Modify the existing zoning code (Title 20 of the*

Vancouver Municipal Code) to reflect the goals and policies identified in the revised plan and achieve the community's vision;

- ***SEPA:*** *Complete the Environmental Impact Statement (EIS) process in compliance with the State Environmental Policy Act (SEPA);*

After a competitive procurement process, the project evaluation committee selected WSP's proposal as the best suited to address the overall nature and complexity of this work; provide solid, defensible, and useful data and analysis to support policy decisions; and establish an overall process that ensures policy outcomes are reflective of the needs of the community and delivered in an equitable manner.

Request: Award a consulting services contract with WSP USA, Inc. to provide professional planning services for the Comprehensive Plan and Title 20 Land Use Code Update in the amount of $2,705,998.30 and authorize the City Manager or designee to execute the contract and authorize any legal action necessary to enforce the terms of the same.

Rebecca Kennedy, Deputy Community Development Director, 360-487-7896; Domenic Martinelli, Senior Planner, 360-487-7943

Motion approved the request.

3. 2022 Consortium Rental Assistance Contract Amendment

Staff Report: 210-22

The Consortium is a coalition of housing and homelessness services providers created by Council for the Homeless (CFTH) to create an integrated and comprehensive response to homelessness in Vancouver. Through the Affordable Housing Fund (AHF), the Consortium provides rental assistance and supportive services to over 300 families experiencing low-income in the City annually.

Since 2017, the City has provided AHF grants ranging from $1,200,000 to $1,500,000 to support the Consortium Rental Assistance project. The Consortium's AHF program year is from July 1 to June 30 each year. If at the end of the year a balance remains on the grant, the City has historically transferred the remaining balance from a prior contract to the next year's contract to ensure continuity of services.

In March 2021, Council awarded $1,350,000 in AHF to support the 2021 Consortium Rental Assistance project. The City of Vancouver allocated an additional $47,190 to the 2021 Consortium Rental Assistance project from unspent 2020 funds from the Consortium's 2020 AHF contract.

Additionally, in March 2022, Council awarded $1,500,000 in AHF to support the 2022 Consortium Rental Assistance project. The Consortium did not spend $222,550 of AHF that had been allocated by the City for their 2021 and has requested that these funds be reallocated to their 2022 contract due to a significant decrease in funding for the current program year and a

continued need for rental assistance services. The Consortium received a one-time increase in funding from the Washington State Treasury that led to unspent AHF funds for the 2021 program year.
The Consortium provided an updated 2022 budget to include the $222,550 of additional funds. The Consortium will utilize the additional funds for Screening & Eligibility Personnel and Rent Assistance, Utilities, and Security Deposits for clients.
The Consortium's 2021 contract expired on June 30, 2022. Staff recommends that Council authorize the reallocation of $222,550 in AHF funding to the Consortium's 2022 contract for a total contract amount of $1,722,550.

Request: Approve the attached First Amendment, the **2022 Consortium Rental Assistance Agreement**, which reflects an increase of $222,550, and authorize the City Manager or their designee to execute the agreement on behalf of the City.

Samantha Whitley, Housing Programs Manager, 360-487-7952

Motion approved the request.

4. **Interstate 5 Bridge Replacement Program – Intergovernmental Agreement (Amended)**

Staff Report: 211-22

A Modified Locally Preferred Alternative for the IBRP was agreed to by Program partner agencies in the summer of 2022. The next phase of the Program includes development of a Supplemental Environmental Impact Statement (SEIS) in accordance with the National Environmental Policy Act (NEPA). Additional design outside of the NEPA process will also occur. City of Vancouver staff are participating in these processes through regularly scheduled staff level group meetings and support for community and executive leadership meetings. These efforts in addition to administration of staff engagement are further defined in Attachment B, Exhibit C.

Request: Authorize the City Manager or designee to execute the amended Intergovernmental Agreement with the Washington State Department of Transportation.

Katherine Kelly, Senior Policy Advisor, 360-487-7947

Motion approved the request.

5. **Professional Service Amendments for On-call Transportation Planning Services**

Staff Report: 212-22

The City adopted a Complete Streets policy in 2017 that provided staff direction to look at opportunities to improve safety, accessibility, and mobility in partnership with the City's Pavement Management and Capital programs. Based on proposed pavement projects scheduled for the 2023-2026 time period, several decision packages were submitted to fund project analysis, community engagement, and design concept development for the following corridors:

- *Ft. Vancouver Way from Mill Plain Boulevard to Fourth Plain Boulevard*
- *SE 34th Street between SE 162nd Avenue to just east of 192nd/the City limits*
- *Fourth Plain Boulevard between F Street and Andresen Road*
- *NE 112th Avenue/SE Chkalov Drive from McGillivray Boulevard to SR-500/City limits*
- *Upper Main Street between Fourth Plain to Highway 99/City limits, in alignment with planning for C-TRAN's Highway 99 Bus Rapid Transit Project*
- *St. Johns / St. James couplet between Fourth Plain Blvd. to NE 68th Street/City limits*
- *33rd Street between F Street to P Street*
- *29th Street between NW Kauffman and Neals Lane*

The Transportation Planning Services On-call contracts allows staff to support these Complete Streets Program elements, including follow up evaluations for every project and ongoing monitoring and education efforts.

The City issued RFQ 20-21 for transportation planning services in April of 2021 and received twelve responses in May of 2021. Consultants were asked to submit responses that could include services for the following tasks:

- *Transportation Street Design*
- *Striping and Traffic Marking*
- *Minor Signal and Lighting Design*
- *Traffic Detection and Signal Modification*
- *Project Scope/Budget Development*
- *Computer Aided Drafting*
- *Design of Biking, Walking, and Transit Facilities*
- *Development of Public Outreach Materials*
- *Implementation of Community Meetings, Open Houses, etc.*
- *Meeting Facilitation*
- *Project Evaluation*

After a review of all responses, the evaluation committee selected the following three consultants for on-call professional service contracts.

- *DKS*
- *Fehr and Peers*
- *Parametrix*

Request: Authorize the City Manager or their designee to execute amendments to the Professional Service Agreements with DKS, Fehr and Peers, and Parametrix for transportation planning services on an as-needed basis for five years with not-to-exceed amounts indicated above; authorize the City Manager to approve any legal action necessary to enforce the terms of the same.

Rebecca Kennedy, Deputy Community Development Director, 360-487-7896

Motion approved the request.

6. Addendum to City Manager Employment Agreement

Staff Report: 213-22

Council Policy 100-31A, as well as the employment agreement between the City and the City Manager, calls for an annual performance evaluation and compensation adjustment. Council initiated the Manager Evaluation. Based on the evaluation, a compensation adjustment of 8.25% is reflected in the addendum.

Request: Approve the Addendum to City Manager Employment Agreement and authorize the Mayor to execute the same.

Jonathan Young, City Attorney, 360-487-8500

Motion approved the request.

7. Amendments to City Council Policy 100-32

Staff Report: 214-22

A RESOLUTION relating to City Council policies and procedures for "City Council Meetings;" amending City Council Policy 100-32.

The City Council's operating policies and procedures were originally adopted in 1999. Periodic review and update to the policies are necessary to reflect changes in City policy as well as best practices in municipal governance and state law.

On June 6, 2022, the City Council passed Resolution M-4172, amending City Council Policy 100-32 to allow City Staff to pilot new community communication formats at the second Consent meeting of each month. The results of the City's Community Communication Pilot Series were presented and discussed by City Council under City Manager

Communications on December 5, 2022, and within a Workshop held on December 12, 2022. At the December 12th Workshop, City Council expressed an interest in formalizing changes to the City's format for engaging in communication with community members by:

- *Moving away from the City's current practice of holding Community Communication Forum twice per month at City Hall, to holding meetings at various locations throughout the community at least four times per year; while*
- *Continuing to invite public testimony at each public meeting where action is taken by the City Council in accordance with state law.*

These changes require modifications to City Council Policy 100-32. Revisions to Council policies must be made by Resolution.

Request: Adopt a resolution amending City Council Policy 100-32.

Laura Shepard, Communications Director, 360-487-8614; Jonathan Young, City Attorney, 360-487-8500

Motion adopted Resolution M-4201 to approve the request.

8. **2022 Comprehensive Plan and zoning map and text changes**

Staff Report: 205-22

AN ORDINANCE relating to zoning for the City of Vancouver and Vancouver Municipal Code (VMC) Title 20; amending the Vancouver Comprehensive Plan and Zoning map designation for adjacent tax lots 158901000, 604757000, and 159762000, located in the City of Vancouver, Clark County, Washington at 5204 and 5206 NE 94th Avenue, and 9309 NE 52nd Street respectively; providing for severability; and providing for an effective date.

AN ORDINANCE relating to zoning for the City of Vancouver and Vancouver Municipal Code (VMC) Title 20; amending the Vancouver Comprehensive Plan and Zoning map designation for tax lot 37910411 located in the City of Vancouver, Clark County, Washington at 301 S. Lieser Road; providing for severability; and providing for an effective date.

AN ORDINANCE relating to zoning for the City of Vancouver and Vancouver Municipal Code (VMC) Title 20; amending the Vancouver Comprehensive Plan and Zoning map designation for tax lots 177468000 and 177485000, located at 20101 and 20117 SE 1st Street, respectively; providing for severability; and providing for an effective date.

AN ORDINANCE relating to Comprehensive Plan and Zoning for the City of Vancouver and Vancouver Municipal Code (VMC) Title 20; amending Appendix E the Vancouver Comprehensive Plan 2011-2030, and VMC 20.130, 20.140, 20.150, 20.180, 20.285, 20.320. 20.430, 20.450, 20.503, 20.570, 20.670, 20.710, 20.790, 20.860, 20.885, 20.920. 20.927, 20.950,

20.960, and 20.970; providing for severability; and establishing an effective date.

The following are proposed:

Map Change – Stutesman *– Commercial/CG to Urban High Density/R-22 on 0.8 acres in the Vancouver Mall Neighborhood. Intended to allow future townhome development. Planning Commission recommended approval with 90-day effective period to allow additional time for existing mobile home residents to relocate.*

Map Change - Schwartz *– Urban Low Density/R-2 to Community Commercial/CC on 2.1 acres on 1st Street near the City of Camas border. Intended to allow expansion of an existing home business. Planning Commission recommended denial by 3-2 vote based on concerns that commercial zoning within residential area might hinder efficient redevelopment of adjacent large lot residences, would make future higher density residential options less likely, and is premature given the pending Comprehensive Plan update.*

Map Change - Lieser School Redevelopment *- Urban Low Density/R-6 to Urban High Density/R-30 on 8.4 acres in the Vancouver Heights neighborhood. Intended to allow a larger school site redevelopment including a fire station, park, approximately 10 townhomes and 100 affordable rental housing units, and an Educational Opportunities for Children and Families (EOCF) early childhood development facility with childcare, offices, and a commercial kitchen.*

Text Change - Evergreen, Camas, and Battle Ground School District Capital Facilities Plans *- Adoption of the three District Capital Facilities Plans by reference into the City Comprehensive Plan, and adoption of associated School Impact Fees in VMC 20.915.060-1:*

School District	Single Family	Multi-Family
Battle Ground	~~$6,397~~ $10,760	~~$2,285~~ $3,845
Camas	~~$5,371~~ $6,650	~~$5,371~~ $6,650
Vancouver	~~$2,880~~ $2,786	~~$2,381~~ $2,486

Additional Zoning Code Text Changes

1. *Eliminate Central Park Overlay, VMC 20.503, which prevents properties from redeveloping in alignment with underlying zoning.*
2. *Update Solid Waste Disposal and Recycling Standards (VMC 20.970), including related changes to Narrow Lot Standards in VMC*

20.927 and Cottage Cluster Developments in VMC 20.950, to reflect and codify existing practices.

3. *Update and simplify temporary use standards under VMC 20.885.*
4. *Update VMC 20.960.060 Commercial District Signs to more clearly address signs located at the top of multistory buildings.*
5. *Update definitions of Residential Care and Adult Care Homes (VMC 20.150.040E and VMC 20.860.020.B.10.c) to increase allowances from 6 to 8 persons consistent with state law.*
6. *Add a senior housing definition in VMC 20.150.040A.*
7. *Clarify that Heights Plan District first floor minimum 16-foot requirements under VMC 20.670.040.B.2 apply to commercial and not residential uses.*
8. *Update and correct subdivision requirements (VMC 20.320.030.B.4.g and VMC 20.320.070.C.1.f).*
9. *Update Archaeological Resources requirements under VMC 20.710.020.*
10. *Correct definition of abutting under VMC 20.150.040A.*
11. *Correct cross reference in Infill Development Standards VMC 20.920.060.*
12. *Correct cross reference in SEPA standards under VMC 20.790.830.*
13. *Correct cross reference in Airport Height Overlay under VMC 20.570.*
14. *Correct outdated reference to Community and Economic Development Department Director in various Title 20 locations.*
15. *Correct Vancouver Lake Greenway map under VMC Figure 20.450-2 to reflect previously approved zoning map change.*
16. *Eliminate reference to outdated C-Tran document under VMC 20.430.030-1 footnote 8.*
17. *Update Planning, Engineering and Fire fees under VMC 20.180.060, 20.180.070, and 20.180.080 to eliminate outdated January 2022 fee listings, clarify language for tenant improvements, and separate out ROW permits for residential and commercial uses. Per City code, these were not reviewed by the Planning Commission. Annual CPI-based increases will be applied in 2023.*

Request: On December 19, 2022 approve Ordinances A (Stutesman Map Change), B (Lieser School Map Change), C (Schwartz) and D (Text Changes), setting date of second reading and public hearing for January 9, 2023.

Bryan Snodgrass, Principal Planner, 360-487-7946

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

Motion approved the request.

9. **Approval of Claim Vouchers**

Request: Approve claim vouchers for December 19, 2022.

Motion approved claim vouchers in the amount of $13,841,404.43.

Public Hearings (Item 10-11)

10. System Development Charges Waiver for Affordable Housing

Staff Report: 199-22

AN ORDINANCE relating to waivers of system development charges for affordable housing projects when such charges will be reimbursed by other non-utility funding sources; and providing clauses severability and an effective date.

In November 2021, the Washington State Department of Commerce announced a grant opportunity for the Connecting Housing to Infrastructure Program (CHIP). CHIP grants of up to $2.5M per project were made available for sewer, water or stormwater improvements and/or waived system development charges for new affordable housing projects. The state required that the new housing be affordable to households earning below 80% of area median income for a minimum of 25 years.

The City of Vancouver submitted five applications for CHIP funding:

- *VHA – Laurel Manor – $1,059,085 (awarded February 7, 2022)*
- *VHA – The Meridian - $161,907 (awarded February 7, 2022)*
- *VHA – Fourth Plain Commons - $345,900 (awarded April 26, 2022, in second round)*
- *Community Roots – O Street - $108,207 (awarded October 19, 2022, in third round)*
- *VHA – Miles Terrace - $277,885 (not awarded)*

For SDC grants, the state requires that the City document that SDC charges will be waived by the City. This proposed program will meet the state's requirement for funding.

Request: On Monday December 19, 2022, subject to second reading and public hearing, approve the ordinance authorizing SDC Waiver Program for affordable housing when SDC charges will be fully reimbursed by other non-utility funding sources.

Samantha Whitley, Housing Programs Manager, 360-487-7952

Samantha Whitley, Housing Programs Manager, provided an overview of the System Development Charges Waiver for Affordable Housing.

Council discussed the Item with staff.

Mayor McEnerny-Ogle opened the public hearing and received no testimony from the community. There being no testimony, Mayor McEnerny-Ogle closed the public hearing.

Motion by Councilmember Paulsen, seconded by Councilmember Fox, and approved unanimously to approve Ordinance M-4397.

11. 2022 Second Supplemental Budget

Staff Report: 206-22

AN ORDINANCE relating to the 2021-2022 Biennial Budget and making various appropriations in various funds; declaring an emergency.

The second supplemental of 2022 includes mostly administrative items, such as accounting true-ups and dissolution of several funds that are no longer needed. The 2022 Fall supplemental impacts will have no impact on the 2023-2024 Biennial budget, in accordance with state law. The unexpended appropriation will expire at the end of 2021-2022, unless carried forward via a subsequent 2023 supplemental budget action.

The recommended expenditure appropriation increases for the City's Operating and Capital funds included in the 2022 Second Supplemental Budget totals $25 million. This represents an increase in appropriation in the operating budget of $24.7 million, and an increase in the Capital budget of $0.3 million. The net impact on all City resources is decrease of $15.9 million in City resources.

The total Operating budget appropriation change in the General, Street and Fire funds represents an increase of $1.44 million. The remaining $23.24 million increase relates to changes in other operating funds.

Adjustments to the General, Street and Fire funds include an increase of $0.8 million in the Fire fund to cover the estimated cost of the PTO cash-out, fuel cost increase impact and cost allocation budget true-up. The additional $0.5 million appropriation increase in the Street fund represents the impact of the recent Development Agreement with one of the property owners on the Waterfront, resulting in $0.5 million funding for one of the Streets projects in the downtown area.

The remaining appropriation increase relates to changes in other operating City funds. Major changes are summarized below:

- *An increase of $4.8 million in the Water utility fund to accommodate the increase in utility revenues to allow for a true-up of the utility tax appropriation. This appropriation is fully covered by increased revenues.*

- *Increase of $4.9 million in the Risk fund appropriation to adjust for an increase in property and liability claims of $4.2 million, $0.5 million increase in the cost of City's insurance premiums and $0.2 for other minor adjustments.*
- *Additional budget appropriation for the anticipated projects costs funded by the Affordable Housing property tax of $4.5 million.*
- *Increase of $3.4 million in the appropriations in the various Park Impact fees resulting from consolidation of funds from old districts (2, 3, 4, 6, 7) to the new districts (A, B, C). This is in accordance with the Council direction to close the old districts funds. These are backed by cash balances in those funds.*
- *Additional budget appropriation of $2 million is added to the School District Impact Fee Fund due to a stronger construction economy than originally budgeted and a potential for higher SIF revenues than anticipated in the budget. This increase is fully offset by the revenue from developers.*
- *Increase of $2 million in the Fire Equipment Fund, to pay for an early purchase of a fire truck. The vehicle cost will be covered by the new property tax levy revenues in 2023.*

The total net Capital Budget appropriation of $0.3 million (including internal transfers) is included in the Second Supplemental of 2022. Expenditures by project are outlined in Attachment C to the ordinance. Below is the project being changed in the Supplemental:

- *Parks capital project totaling $0.3 million for:*
  - *True-up of project: Ida Bell Jones Park to be funded with parks impact fees.*

Request: On Monday December 19, 2022, subject to second reading and public hearing, approve the ordinance.

Natasha Ramras, Chief Financial Officer, 360-487-8484

Natasha Ramras, Chief Financial Officer, provided an overview of the 2022 Supplemental Budget.

Mayor McEnerny-Ogle opened the public hearing and received testimony from the following community members:

- Kimberlee Elbon, La Center, WA

There being no further testimony, Mayor McEnerny-Ogle closed the public hearing.

Motion by Councilmember Fox, seconded by Councilmember Stober, and approved unanimously to approve Ordinance M-4398.

Community Communications (Item 12)

Mayor McEnerny-Ogle opened Community Communication and received testimony from the following community members regarding Item 12:

- Wynn Grcich, Vancouver
- Kimberlee Elbon, La Center, WA
- Bruce Barnes, Vancouver

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

This is the place on the agenda where the public is invited to speak to Council regarding the items listed under Unfinished Business. Members of the public addressing Council are requested to give their name and city of residence for the audio record. Speakers are asked to limit testimony to three minutes.

Unfinished Business (Item 12)

12. **Approval of 2023 Council Meeting Schedule**

Staff Report: 198-22

City staff develops and publishes the annual Council meeting schedule and calendar every fall for the following year. Council Policy 100-32 includes a provision for Council adoption of the upcoming annual Council meeting schedule by the first meeting of December each year.

The annual schedule identifies the date, time and type of each Council meeting, as well as any Mondays when the Council will not meet. Per Council policy, the Council meets every first, second, third, and fourth Monday of each month, excluding any City-recognized holidays that fall on a Monday. Per City Charter, Council must meet at least twice per month for Regular meetings, which will typically fall on the first and third Mondays; Consent Agenda meetings fall on the second and fourth Mondays, unless otherwise pre-empted by a Regular meeting and identified as such on the approved schedule. Informational workshops may be held, as needed, before any Council meeting. The specific time and topic for each workshop will be identified on the published agenda for a given meeting date. Community Forums will be held four times per year, approximately coinciding with the last Consent Agenda meeting in each quarter of the year and at additional meetings as noticed and announced. The format of these Community Forums may vary from quarter to quarter and will be conducted in accordance with Ground Rules announced in advance of the meeting notice and/or by the Presiding Officer at the beginning of the meeting.

The 2023 Council schedule includes 24 Regular Council meetings, 12 Consent Agenda meetings and 4 Community Forums. All City Council meetings will begin at 6:30 p.m., per Council Policy 100-32. Workshops will

be held between 4:00 and 6:00 p.m., unless otherwise noted on a published agenda.

Subject to Council approval, the 2023 annual schedule will be publicly noticed in The Columbian newspaper, and the calendar will be posted on the City's website and distributed to the media and all City departments. Copies of the printed Council meeting calendar may be requested by contacting the Council Assistant at 360-487-8600.

Any cancellations or changes to the annual schedule, or the addition of Council retreats or other special Council meetings, will be advertised in accordance with Council Policy and the Washington Open Public Meetings Act.

2023 Annual Meeting Schedule

All meetings begin at 6:30 p.m. | Workshops 4:00-6:00 p.m. (subject to change)

1/2/2023	*No Meeting - holiday (New Year's Day observed)*
1/9/2023	*Regular Meeting*
1/16/2023	*No Meeting - holiday (Martin Luther King Jr. Day)*
1/23/2023	*Regular Meeting*
1/30/2023	*No Meeting - 5th Monday*
2/6/2023	*Regular Meeting*
2/13/2023	*Consent Agenda*
2/20/2023	*No Meeting - holiday (Presidents Day)*
2/27/2023	*Regular Meeting*
3/6/2023	*Regular Meeting*
3/13/2023	*No Meeting - no quorum*
3/20/2023	*Regular Meeting*
3/27/2023	*Community Forum*
4/3/2023	*Regular Meeting*
4/10/2023	*Consent Agenda*
4/17/2023	*Regular Meeting*
4/24/2023	*Consent Agenda*
5/1/2023	*Regular Meeting*
5/8/2023	*Consent Agenda*
5/15/2023	*Regular Meeting*
5/22/2023	*Consent Agenda*
5/29/2023	*No Meeting - 5th Monday & holiday (Memorial Day)*
6/5/2023	*Regular Meeting*
6/12/2023	*Community Forum*
6/19/2023	*No Meeting - holiday (Juneteenth)*
6/26/2023	*Regular Meeting*
7/3/2023	*Regular Meeting*

7/10/2023	*Consent Agenda*
7/17/2023	*Regular Meeting*
7/24/2023	*No Meeting - Mid-Year Break*
7/31/2023	*No Meeting - 5th Monday*
8/7/2023	*Regular Meeting*
8/14/2023	*Consent Agenda*
8/21/2023	*Regular Meeting*
8/28/2023	*Consent Agenda*
9/4/2023	*No Meeting - holiday (Labor Day)*
9/11/2023	*Regular Meeting*
9/18/2023	*Regular Meeting*
9/25/2023	*Community Forum*
10/2/2023	*Regular Meeting*
10/9/2023	*Consent Agenda*
10/16/2023	*Regular Meeting*
10/23/2023	*Consent Agenda*
10/30/2023	*No Meeting - 5th Monday*
11/6/2023	*Regular Meeting*
11/13/2023	*Consent Agenda*
11/20/2023	*Regular Meeting*
11/27/2023	*Consent Agenda*
12/4/2023	*Regular Meeting*
12/11/2023	*Community Forum*
12/18/2023	*Regular Meeting*
12/25/2023	*No Meeting - holiday (Christmas Day)*

Request: Approve the 2023 annual City Council meeting schedule.

Sarah Dollar, Assistant to the City Council, 360-487-8641

Council discussed Item 12 at length.

Motion by Councilmember Paulsen, seconded by Councilmember Fox, and carried 6-1 to approve Item 12. Councilmember Perez voted No.

Communications

A. From the Council

B. From the Mayor

C. From the City Manager

Adjournment

8:17 p.m.

DocuSigned by:
Anne McEnerny-Ogle
6C89D9089EC5424...

Anne McEnerny-Ogle, Mayor

Attest:

DocuSigned by:
Natasha Ramras
BCF6734E40E94AE...

Natasha Ramras, City Clerk

From:	Delapena, Amanda
Cc:	Holmes, Eric; Dollar, Sarah; Snodgrass, Bryan
Subject:	FW: Memo to Vancouver City Council regarding Schwartz First LLC Comprehensive Plan Amendment hearing -12/19/22
Date:	Friday, December 16, 2022 1:16:51 PM
Attachments:	Updated_SWH Memo to Vancouver City Council 2022.11.29.docx image001.png

Good afternoon Council,

Attached and below please find a memo provided on behalf of the applicant of the Schwartz zoning map change request, which is included as one of the Comprehensive Plan annual review items for public hearing on Monday (see item 8 from your agenda).

Amanda Delapena | Assistant to the Mayor and City Manager
Pronouns: She/Her/Hers

CITY OF VANCOUVER, WASHINGTON
Mayor/City Manager's Office
P: (360) 487-8605
www.cityofvancouver.us | www.cityofvancouver.us/socialmedia

From: Horenstein, Stephen W. [redacted]
Sent: Friday, December 16, 2022 9:24 AM
To: City Council <council@cityofvancouver.us>
Cc: 'eholmes@cityofvancouver.us' <eholmes@cityofvancouver.us>; Snodgrass, Bryan <Bryan.Snodgrass@cityofvancouver.us>; [redacted]
Subject: Memo to Vancouver City Council regarding Schwartz First LLC Comprehensive Plan Amendment hearing -12/19/22

Mayor and Council,

Attached please find a memo in support of the above referenced land use application which is going to hearing on Monday, 12/19/2022.

Thank you in advance for your consideration…Steve

Stephen Horenstein
Shareholder

[redacted]

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WILLIAMSON & WYATT®

Memorandum

To: Vancouver City Council

From: Stephen W. Horenstein

Date: December 16, 2022

Subject: Schwartz First Comprehensive Plan Amendment and Zone Change

File No.: 139518-272442

We represent Schwartz First LLC (the "Applicant") in its pursuit of a Comprehensive Plan Amendment and Zone Change ("CPA" or "Comp. Plan Amendment") and zone change. This memorandum summarizes why the Applicant has sufficiently met the approval criteria for granting a Comp. Plan Amendment, and includes an overview of the Community Development Department's ("Staff") inconsistent analysis of the Comp. Plan Amendment application. Given our satisfaction of the approval criteria, we respectfully request that subject to our comments in Section IV below, the City Council vote to adopt the Comp. Plan Amendment.

I. PROCEDURAL HISTORY

» Comprehensive Plan Amendment Application

Earlier this year, the Applicant proposed a Comp. Plan Amendment impacting two parcels (Tax Parcel Nos. 177468000 and 177485000, collectively, the "Property") totaling approximately 2.1 acres.[1] The Applicant is seeking to change the Comprehensive Plan Designation from Urban Low Density to Commercial and to change the zoning from Low-Density Residential District ("R-2") to Community Commercial ("CC"). The Applicant has been growing a small home-based business in the residence on the Property and seeks to expand this business by vacating the Residential use of the property and converting the residence to an office for use by the business. See attached business license.

» Pre-Application Review

During Pre-Application Review, the Applicant presented their plans for the proposed Comp. Plan Amendment and demonstrated how the proposal would meet Vancouver Municipal Code ("VMC" or "Code") requirements. Importantly, based on review on the pre-application submittal and a site visit, Staff "indicated that from a staff perspective **the proposed change away from the current R-2 zoning which requires large lots was likely to be supported**." Pre-Application Conference Summary at p. 3 (Emphasis added).

[1] The parcels are addressed as follows: 20101 SE First Street (Tax Parcel No. 177485000) and 20117 SE First Street (Tax Parcel No. 177468000).

» Planning Commission Review

For reasons that remain unclear to the Applicant, support for the CPA from Staff began to wane during review before the Planning Commission despite clear enthusiasm from Staff during Pre-Application Review. More specifically, at the July 12, 2022 Planning Commission Workshop, Staff first questioned the appropriateness of Commercial zoning for the site, even though he reiterated that the Property "is certainly a viable commercial location … no doubt about that … [given its location] on a relatively major street." Staff stated that there was "certainly a strong argument to zone it something more efficient" but anticipated issues as to whether the Property would be best zoned as a Commercial or High-Density Residential." This change in opinion from Staff was distressing to the Applicant given the strong statements in support of the proposed CPA from Staff earlier on in the process and the expenditure of significant funds by the Applicant on her application.

During the September 13, 2022 Planning Commission Meeting, Staff expressed additional concerns about the proposed Comp. Plan Amendment, specifically about the long-term effects of the rezone, but provided no in-depth comments or explanation of these concerns. It is worth noting, however, that Staff also acknowledged that the R-2 zoning remains a "particularly inefficient zone" and therefore, there is a "strong case to look at alternatives."

Two weeks later, the September 29, 2022 Staff Report to the Planning Commission was issued. The Report was a clear reversal of opinions expressed during the Pre-Application Conference: Staff found that the proposed Comp. Plan Amendment did "not comply with applicable criteria for Comprehensive Plan and zoning map changes of VMC 28.285.050" and that "other zoning designations may be more appropriate." Further, Staff indicated that it was their view that "the proposal is … premature in light of the pending Comprehensive Plan Amendment update to be completed in 2025." This point could certainly have been communicated to the Applicant during the Pre-Application Conference, potentially causing the Applicant to cease spending money on a full application not move forward. Consequently, the Staff Report recommended that the Planning Commission forward a recommendation of denial to the City Council.

These comments were later reiterated during the October 11, 2022 Planning Commission Meeting. Importantly, Staff continued to acknowledge that there are "arguments in favor [of the Comp. Plan Amendment]" and he also recognized the "intensification of the area."

At no point during Planning Commission review was the Comp. Plan Amendment approval criteria listed under Vancouver Municipal Code ("VMC" or "Code") 20.285.050 mentioned, analyzed, or debated. Rather, the Commission summarily on a 3-2 vote, forwarded a recommendation of denial as proposed in the Staff Report.

One planning commission member indicated that he supported commercial uses North of First Street and Residential South of First Street. The issues with this is that 6 of the 8 "houses" south of First Street are engaged in commercial activity. Our client did a quick survey of all 8 of these houses and advises us that 6 of the structures, as indicated below, involve commercial uses:

19701 SE First Street – A Jehovah's Witness building.

116 SE Westridge Boulevard – Residential and recently purchased for investment purposes

19909 SE First Street – Used as residential.

20011 SE First Street – Steelhead Tools/Tonoimous Engineering engaging in commercial uses. This property has recently been sold.

20019 SE First Street – Owner-occupied/auto restoration business.

20101 SE First Street – Applicant's business.

20117 SE First Street – Applicant's business.

107 SE 292nd Ave – Residential.

All of these properties front on First Street, notwithstanding their street address referencing a cross street.

II. THE COMP. PLAN AMENDMENT SATISFIES THE CODE APPROVAL CRITERIA SET FORTH IN VMC 20.285.050

Comp. Plan Amendments may be approved only if they are in the public interest, more consistent than the existing designation with the Vancouver strategic plan and Comprehensive Plan, and meet the following criteria (no findings for which were entered by the Planning Commission):

a. "Encourage more intensive development to locate in major urban centers and corridors, particularly downtown Vancouver. Encourage development of distinct neighborhoods served by commercial nodes, and discourage urban sprawl and strip commercial development;"

   Applicant: Approval of this proposal would encourage more intensive use and future development along the SE First Street corridor, which is a major arterial transportation corridor (which is not suitable for single family detached residential use). Staff acknowledged the intensification of this area during Planning Commission review. Further, this proposal would also support the growth of distinct neighborhoods by providing a commercial node within an existing residential community. Re-use of this previously developed site also reduces urban sprawl by providing for a more intense use of already developed property.

b. "Provide development of uses which are functionally integrated with surrounding areas and neighborhoods in terms of local shopping, employment, recreational or other opportunities;"

Applicant: This proposed change would provide a commercial site adjacent to an existing residential area and public facility across the street. The 4-way signalized intersection with sidewalks, crosswalks, and vehicle circulation already integrates the site into the transportation system and allows for connectivity with neighboring properties and uses. This functional integration of the site promotes expanded commercial use, which could in the future provide shopping or commercial uses and would immediately support the expansion of a locally based, woman-owned, small business providing additional employment.

c. "Provide development which is compatible and integrated with surrounding uses in terms of scale, orientation, pedestrian enhancements, and landscaping;"

Applicant: This 2-acre site would support small to medium scale commercial uses in the long term. It is oriented along a major transportation corridor connecting Vancouver and Camas. Commercial use of this property is more compatible with the existing transportation corridor than is residential use, especially with the benefit of a signalized 4-way intersection at the site driveway. Existing sidewalks along SE First Street provide for pedestrian connectivity as does the signalized intersection with crosswalks. Future commercial use of the property would be developed under Vancouver Codes which require appropriate landscaping, screening, and buffering from neighboring uses.

d. "Conserve or enhance significant natural or historical features;"

Applicant: By allowing the redevelopment of this previously developed site, development is contained in an area without any designated critical areas or significant natural or historic features.

e. "Provide adequate provision of transportation, water, sewer, and other public services;"

Applicant: The proposed rezone is for a property along SE First Street, an improved major arterial roadway. There are water and sewer mains through the site, with water taps already installed for future commercial use. There are adequate water, sewer and transportation services already existing to this site.

f. "Provide significant family wage employment opportunities and broadening of the Vancouver economy;"

Applicant: In the immediate term, the rezoning of this property will allow the growth of a small home-based business into a commercial business. This will increase the employment opportunities on this site by allowing the conversion of the existing residence to office space. This will broaden the Vancouver economy and support locally based, woman-owned, small business growth. In the long term, the rezone would promote commercial

development opportunities on the site which would also support employment growth and opportunities.

g. "Provide for the formation and enhancement of neighborhoods and communities; and"

Applicant: Providing a commercial node along a major transportation corridor already connected to neighboring residences and school with sidewalks, signalized crosswalks, and bike lanes enhances the opportunities for this neighborhood and surrounding community by providing opportunities for employment, and eventually commercial services.

h. "Provide affordable or below-market-rate housing opportunities." VMC 20.285.050.

Applicant: The Proposal has no impact on affordable housing.

As we extensively articulated throughout our 17-page Narrative submitted with the CPA application, the Comp. Plan Amendment satisfies the criteria set forth in VMC 20.285.050(A)(4).

III. THE CITY HAS FAILED TO CONDUCT A CUMULATIVE EFFECTS ANALYSIS REQUIRED BY VMC 20.285.050(A)(4)

The Code requires that review of Comp. Plan Amendments must consider "the cumulative transportation, **land supply**, and environmental impacts of other plan amendments proposed within the same annual cycle." VMC 20.285.050(A)(4) (Emphasis added). This is way the growth Management Act only allows comprehensive plans to be amended once every 12 months. All requests are to be reviewed together for whether the jobs to housing balance is being maintained. The City has made no indication that this analysis has been conducted, nor have the results of said analysis been presented at any point during Planning Commission review.

The Applicant is particularly aggrieved by the absence of a cumulative effects analysis in light of the only other Comp. Plan Amendment proposed for this cycle, which would, if approved, result in land (roughly proportional in size to the Applicant's Property) being redesignated from commercial to residential. Further, Staff repeatedly expressed concern about the loss of residential land for Applicant's proposed CPA, **yet no net loss of residential land would occur if the CPA proposals were subject to a cumulative effects analysis**. The failure to conduct cumulative effects analysis therefore violates the Code and flouts the express provision of the Growth Management Act which requires that "all proposals shall be considered by the governing body concurrently **so the cumulative effect of the various proposals can be ascertained**." RCW 36.70A.130(2)(b) (Emphasis added).

IV. "Wait until next year"

After spending a large sum of money on a planning consultant, traffic analysis, market study and legal fees and based on initial indications of staff support, Staff would now prefer to "study the area to determine if Commercial is the best designation for the Applicant's property." This would

take another year and preclude the Applicant from growing her business on this site for that period of time. If the City Council is inclined to either deny this application or comply with staff's desire to study the area, Applicant would reluctantly agree to this if two conditions are imposed:

1. City Council directs staff to study this area and come back during the next Comprehensive Plan update cycle with its findings

2. The application remains pending while staff proceeds on a timely biases with this work (the Applicant should not be penalized from a time and money standpoint to have to start over with a new application).

V. CONCLUSION

The Applicant's submittals support a Comprehensive Plan Amendment and zone change to from residential to commercial.

PDX\139518\272442\RMM\35358911.1

From: Wynn Grcich
To: electmichellebelkot@gmail.com; info@cemalrichards.com; Dollar, Sarah; Rebecca Messinger; Harris, Rep. Paul
Subject: Fwd: BREAKING: Video Now Available From October"s Lawsuit Hearing
Date: Wednesday, December 14, 2022 2:34:26 PM

---------- Forwarded message ---------
From: **Wynn Grcich** [redacted]
Date: Wed, Dec 14, 2022 at 2:28 PM
Subject: Fwd: BREAKING: Video Now Available From October's Lawsuit Hearing
To:

---------- Forwarded message ---------
From: **Fluoride Action Network** [redacted]
Date: Wed, Dec 14, 2022 at 12:20 PM
Subject: BREAKING: Video Now Available From October's Lawsuit Hearing
To: [redacted]
Please send this to the council members and dr. Melneck, put on public record and confirm that you did.
Thanks
Wynn

Image

Donations Are Still DOUBLED

Yesterday we raised **$1,945 from 17 donors.** This was doubled to **$3,890** thanks to the $10,000 doubling-pledge made by a "super angel" donor last Friday. Our new total is now **$30,421** from **155 donors** on our way to our goal of raising **$180,000** from **1000** supporters by midnight on December 31st.

There's still time to have double the impact! **The next $5,462 donated will be doubled!**

A huge thank you to everyone who has donated to the Fluoride Action Network's 2023 budget. We rely heavily on this fundraiser the resources to fund 80+% of our work for the next year. Every donation and supporter is crucial to us, and we are grateful for all who fight to see our work continue until we've turned fluoridation into a relic of the past. We can only do it with your help!

How To Make A Tax-Deductible Donation

- You can make your donation online using either our **new secure fundraising page**: https://fluoridealert.networkforgood.com/projects/176427-everyday-giving
- Or our **original secure fundraising page** if your computer browser is a bit older: https://donatenow.networkforgood.org/1415005
- You can also donate **by check**, payable and addressed to:

  Fluoride Action Network
  PO Box 85
  North Sutton, NH 03260

CLICK HERE to Support Our Work With A Tax Deductible Donation

WATCH NOW: Full Recording Of October's TSCA Status Hearing

Dear Friends:

We have an incredible treat for you today. The Court has just made available the video recording of the most recent hearing in our federal lawsuit against the U.S. Environmental Protection Agency (EPA) over the neurotoxicity of fluoridation chemicals. As promised, we wanted to make sure it was in your hands as soon as it was uploaded. This is the first footage from the trial that the Court has made available to the public.

In this video you will see our attorney, Michael Connett, argue successfully on behalf of our motion to end the stay on the trial and reopen discovery so attorneys and the Court could examine the final draft of the NTP report that was supposed to be published in May of 2022. You will also see the attorney for the EPA, Brandon Adkins, argue to keep the trial suspended, and argue against additional expert testimony on new evidence, and against the National Toxicology Program having to turn over their final draft from May. The Department of Justice--on behalf of the EPA--has since complied with the Court and turned over a copy of the unpublished NTP report, though it is under a protective order and not available to the public at this time.

To help understand what's happening, I suggest reading our coverage of the hearing:
https://fluoridealert.org/articles/bulletin_10-31-22/

You can also read the written Court Order that resulted from this hearing:
https://fluoridealert.org/wp-content/uploads/tsca-court-order.abeyance-lifted.oct-28-2022.pdf

Click Below to Watch:

The next status hearing has been rescheduled. It has been pushed back two days and will now take place on **Thursday, January 12th at 11:00AM (U.S. Pacific Time) / 2:00PM (U.S. Eastern Time)**.

For more information on the TSCA trial, please visit our dedicated webpage, where you will find an overview of the case and a menu bar that will bring you to fact sheets, the key studies, a lawsuit timeline, media coverage, and much more. You can also search for the hashtag #FluorideLawsuit on Facebook, Twitter, and Instagram.

Thank you,

Stuart Cooper
Executive Director
Fluoride Action Network

CLICK HERE to Support Our Work With A Tax Deductible Donation

Fluoride Action Network
North Sutton, New Hampshire
info@fluoridealert.org

From: Wynn Grcich
To: electmichellebelkot@gmail.com; Dollar, Sarah; Rebecca Messinger; Harris, Rep. Paul; info@cemalrichards.com
Subject: Fwd: Long COVID in Kids, Teens + mRNA Vaccines Linked to Debilitating Condition + More
Date: Wednesday, December 14, 2022 2:37:48 PM

---------- Forwarded message ---------
From: **Children's Health Defense** [redacted]
Date: Wed, Dec 14, 2022 at 1:00 PM
Subject: Long COVID in Kids, Teens + mRNA Vaccines Linked to Debilitating Condition + More
To: Wynn Grcich [redacted]
Please send this to the council members and Melneck. Put on public record and confirm that you did. Thanks
Wynn

December 14, 2022

TOP NEWS OF THE DAY

Long COVID in Kids and Teens: New Study Challenges Mainstream Narrative

mRNA Vaccines and COVID Linked to POTS, a Debilitating Condition Affecting Heart, Other Organs

Matt Taibbi: ‘Definite Conclusive Proof’ U.S. Government Colluded With Social Media Executives on Censorship

DeSantis Petitions Florida Supreme Court to Investigate COVID Vaccine ‘Misconduct’

‘Corporate Greed at Its Worst’: 9 Utility Giants Dished Out $11 Billion to Shareholders as Consumers Struggled to Pay Bills

Bill Gates, WHO Conduct Another 'Tabletop' Pandemic Exercise: 'This Week' With Mary + Polly

'Pure and Deadly Greed': Lawmakers Slam Pfizer's 400% Price Hike on COVID Shots + More

Former Twitter CEO Takes Blame for 'Government Control of Social Media' + More

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Children's Health Defense | ChildrensHealthDefense.org

Our mission is to end childhood health epidemics by working aggressively to eliminate harmful exposures, hold those responsible accountable, and establish safeguards to prevent future harm.

Children's Health Defense
852 Franklin Ave., Suite 511
Franklin Lakes, New Jersey 07417
Contact us

From: Wynn Grcich
To: electmichellebelkot@gmail.com; Dollar, Sarah; Rebecca Messinger; Harris, Rep. Paul; info@cemalrichards.com
Subject: They lied to us about covid
Date: Thursday, December 15, 2022 10:08:30 PM

https://www.thegatewaypundit.com/2022/12/lied-us-world-health-summit-member-admits-covid-lockdowns-political-not-scientific-video/?variation=

Please send this to the council members and Melneck. Put on public record for the Jan 2023 council meeting and confirm that you did.
Thanks
Wynn

From: Wynn Grcich
To: electmichellebelkot@gmail.com; info@cemalrichards.com; Harris, Rep. Paul; Rep. Vicki Kraft; Rebecca Messinger; Dollar, Sarah; Ken Vance
Subject: Fwd:
Date: Thursday, December 15, 2022 10:28:49 PM

---------- Forwarded message ---------
From: **Wynn Grcich** <[redacted]>
Date: Thu, Dec 15, 2022 at 7:48 PM
Subject:
To: Wynn Grcich <[redacted]>

Please send this to the council members and Melneck. Put on public record for the January council meeting. confirm that you did.
Thanks
Wynn
https://www.supremecourt.gov/DocketPDF/21/21-1003/222138/20220428155711001_21-1003%20Reply%20Brief.pdf

From: Wynn Grcich
To: Dollar, Sarah; Rebecca Messinger; electmichellebelkot@gmail.com; Harris, Rep. Paul
Subject: Fwd: Fluoridation Weekly Review
Date: Sunday, December 18, 2022 5:08:38 PM

---------- Forwarded message ---------
From: **Fluoride Action Network** [redacted]>
Date: Sun, Dec 18, 2022 at 4:32 AM
Subject: Fluoridation Weekly Review
To: [redacted]

Please give this the council members and Melneck. Put on public record and confirm that you did.
Thanks,
Wynn

Image

Image

Fundraising Update

Since Friday, we've raised **$1,180** from **21 supporters**. This is doubled to **$2,360** thanks to the $10,000 doubling pledge made by one of our "super-angels" 9 days ago. This bring our new total to **$37,651** from **191 donors** on our way to our year-end goal of $180,000 from 1000 donors.

We're incredibly grateful for all those who support FAN and our work, and remember that the next **$1,847** will continued to be doubled!!

Unfortunately, we're way behind our fundraising numbers from previous years. Please consider supporting our work in 2023. With the upcoming court ruling, publication of the NTP report, state legislation, the first RCT on fluoridation,

Image

and much more, this could be a landmark year, but we will be severely hampered without your support.

Read More & Make A Donation

Image

Residents Want Alcoa To Remove Waste In North Carolina

Residents of Badin, NC and vicinity want the state of North Carolina to require Alcoa to excavate and remove thousands of tons of fluoride- and cyanide-containing pot liner waste that may be contaminating local waters from its old aluminum smelting plant in that city.

Read More

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13 Million At Risk Of Fluorosis In Pakistan

A new study using fluoride concentrations from over 5,000 sample sites and machine learning techniques estimates that 13 million people or six percent of the population in Pakistan are at risk of dental or skeletal fluorosis from naturally occurring fluoride in drinking water at a concentration of 1.5 mg/L or more.

Read More

Image

Expanding Informed Consent:

Financial Toxicity, A New Form Of Iatrogenic Harm

H. Trendley Dean, the founder of water fluoridation, described mottled enamel (dental fluorosis) as a “chronic, low-grade poisoning of children.” Once the idea of adding fluoride to drinking water was adopted, he predicted only a small percentage of people would develop the mildest form of dental fluorosis. Today, the majority of youth in the USA shows some level of this poisoning with more than a million having moderate to severe forms.

Read More

New Zealand's Fluoridated Councils Are Often "Underfluoridated"

The Vermont water superintendent who was placed in the national focus in the USA for only adding low levels of fluoride to the Richmond, VT water supply would appear to have many like-minded colleagues in New Zealand.

Read More

Image

Image

WHO Uncritical Endorsement Of Fluoridation Ignores Evidence Of Harm

Despite a substantial body of evidence that fluoride at the level added to drinking water can have a neurotoxic effect on the developing brains of children, the World Health Organization (WHO) has published an uncritical endorsement of fluoridation in its recent report, Global Oral Health Status Report.

Read More

Subscribe Donate Archived Reviews

Fluoride Action Network
North Sutton, New Hampshire
Info@fluoridealert.org

From: Wynn Grcich
To: Harris, Rep. Paul; Dollar, Sarah; electmichellebelkot@gmail.com; Rebecca Messinger; info@cemalrichards.com; Rep. Vicki Kraft
Subject: Fwd:
Date: Sunday, December 18, 2022 7:16:28 PM

---------- Forwarded message ---------
From: **Penelope Siemssen** [redacted]>
Date: Sat, Dec 17, 2022 at 5:27 PM
Subject:
To: Wynn Grcich <[redacted]>

https://explore.globalhealing.com/9-shocking-dangers-of-fluoride/

Please give to the council members and Melneck. Put on public record and confirm that you did.
Thanks
Wynn

Copy & Share

Public Record

www.supremecourt.gov/opinions/12pdf/12-398_1b7d.pdf

The Vaccinated Can Be Patented (Owned)

In a court case in 2013 Pathology v Myriad Genetics, inc, In the United States the Supreme Court ruled that you cannot patent human DNA as it was "a product of nature". But at the end of the ruling the Supreme Court did rule that if you were to change a humans genome by mRNA vaccines (which are being used currently) then the genome can be patented.

This means that everyone who has had the vaccine is now technically 'patented' and something that is patented is 'owned' and will come under the definition of 'trans human'.

Those people that are legally identified as 'trans human' do not have access to Human Rights or any rights provided by the State. This is because they are not classed as 100% organic or human.

Therefore, technically anyone having this vaccine could no longer have any access to human rights. There have been a few legal papers discussing this recently, so clarification should be available on this soon.

https://www.supremecourt.gov/opinions/12pdf/12-398_1b7d.pdf

US010703789B2

(12) **United States Patent**
De Fougerolles et al.

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(54) **MODIFIED POLYNUCLEOTIDES FOR THE PRODUCTION OF SECRETED PROTEINS**

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C07K 14/47	(2006.01)
A61K 31/7088	(2006.01)
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(58) **Field of Classification Search**

CPC C07H 21/02; C12N 15/67; C12N 15/11

See application file for complete search history.

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(57) **ABSTRACT**

A pharmaceutical composition which has a plurality of lipid nanoparticles that has a mean particle size of between 80 nm and 160 nm and contains a modified mRNA encoding a polypeptide. The lipid nanoparticles include a cationic lipid, a neutral lipid, a cholesterol, and a PEG lipid. The mRNA contains a 5'-cap, 5'-UTR, N1-methyl-pseudouridine, a 3'-UTR, and a poly-A region with at least 100 nucleotides.

14 Claims, 14 Drawing Sheets

Specification includes a Sequence Listing.

tured herein have morpholino backbone structures of the above-referenced U.S. Pat. No. 5,034,506.

Modifications at the 2' position may also aid in delivery. Preferably, modifications at the 2' position are not located in a polypeptide-coding sequence, i.e., not in a translatable region. Modifications at the 2' position may be located in a 5'UTR, a 3'UTR and/or a tailing region. Modifications at the 2' position can include one of the following at the 2' position: H (i.e., 2'-deoxy); F; O—, S—, or N-alkyl; O—, S—, or N-alkenyl; O—, S- or N-alkynyl; or O-alkyl-O-alkyl, wherein the alkyl, alkenyl and alkynyl may be substituted or unsubstituted C_1 to C_{10} alkyl or C_2 to C_{10} alkenyl and alkynyl. Exemplary suitable modifications include $O[(CH_2)_nO]_mCH_3$, $O(CH_2)_nOCH_3$, $O(CH_2)_nNH_2$, $O(CH_2)_nCH_3$, $O(CH_2)_nONH_2$, and $O(CH_2)_nON[(CH_2)_nCH_3)]_2$, where n and m are from 1 to about 10. In other embodiments, the polynucleotides, primary constructs or mmRNA include one of the following at the 2' position: C_1 to C_{10} lower alkyl, substituted lower alkyl, alkaryl, aralkyl, O-alkaryl or O-aralkyl, SH, SCH_3, OCN, Cl, Br, CN, CF_3, OCF_3, $SOCH_3$, SO_2CH_3, ONO_2, NO_2, N_3, NH_2, heterocycloalkyl, heterocycloalkaryl, aminoalkylamino, polyalkylamino, substituted silyl, an RNA cleaving group, a reporter group, an intercalator, a group for improving the pharmacokinetic properties, or a group for improving the pharmacodynamic properties, and other substituents having similar properties. In some embodiments, the modification includes a 2'-methoxyethoxy (2'-O—$CH_2CH_2OCH_3$, also known as 2'-O-(2-methoxyethyl) or 2'-MOE) (Martin et al., *Helv. Chin. Acta*, 1995, 78:486-504) i.e., an alkoxy-alkoxy group. Another exemplary modification is 2'-dimethylaminooxyethoxy, i.e., a $O(CH_2)_2ON(CH_3)_2$ group, also known as 2'-DMAOE, as described in examples herein below, and 2'-dimethylaminoethoxyethoxy (also known in the art as 2'-O-dimethylaminoethoxyethyl or 2'-DMAEOE), i.e., 2'-O—CH_2—O—CH_2—$N(CH_2)_2$, also described in examples herein below. Other modifications include 2'-methoxy (2'-OCH_3), 2'-aminopropoxy (2'-$OCH_2CH_2CH_2NH_2$) and 2'-fluoro (2'-F). Similar modifications may also be made at other positions, particularly the 3' position of the sugar on the 3' terminal nucleotide or in 2'-5' linked dsRNAs and the 5' position of 5' terminal nucleotide. Polynucleotides of the invention may also have sugar mimetics such as cyclobutyl moieties in place of the pentofuranosyl sugar. Representative U.S. patents that teach the preparation of such modified sugar structures include, but are not limited to, U.S. Pat. Nos. 4,981,957; 5,118,800; 5,319,080; 5,359,044; 5,393,878; 5,446,137; 5,466,786; 5,514,785; 5,519,134; 5,567,811; 5,576,427; 5,591,722; 5,597,909; 5,610,300; 5,627,053; 5,639,873; 5,646,265; 5,658,873; 5,670,633; and 5,700,920 and each of which is herein incorporated by reference.

In still other embodiments, the polynucleotide, primary construct, or mmRNA is covalently conjugated to a cell penetrating polypeptide. The cell-penetrating peptide may also include a signal sequence. The conjugates of the invention can be designed to have increased stability; increased cell transfection; and/or altered the biodistribution (e.g., targeted to specific tissues or cell types).

In one embodiment, the polynucleotides, primary constructs or mmRNA may be conjugated to an agent to enhance delivery. As a non-limiting example, the agent may be a monomer or polymer such as a targeting monomer or a polymer having targeting blocks as described in International Publication No. WO2011062965, herein incorporated by reference in its entirety. In another non-limiting example, the agent may be a transport agent covalently coupled to the polynucleotides, primary constructs or mmRNA of the present invention (See e.g., U.S. Pat. Nos. 6,835,393 and 7,374,778, each of which is herein incorporated by reference in its entirety). In yet another non-limiting example, the agent may be a membrane barrier transport enhancing agent such as those described in U.S. Pat. Nos. 7,737,108 and 8,003,129, each of which is herein incorporated by reference in its entirety.

In another embodiment, polynucleotides, primary constructs or mmRNA may be conjugated to SMARTT POLYMER TECHNOLOGY® (PHASERX®, Inc. Seattle, Wash.).

Self-Assembled Nanoparticles

Nucleic Acid Self-Assembled Nanoparticles

Self-assembled nanoparticles have a well-defined size which may be precisely controlled as the nucleic acid strands may be easily reprogrammable. For example, the optimal particle size for a cancer-targeting nanodelivery carrier is 20-100 nm as a diameter greater than 20 nm avoids renal clearance and enhances delivery to certain tumors through enhanced permeability and retention effect. Using self-assembled nucleic acid nanoparticles a single uniform population in size and shape having a precisely controlled spatial orientation and density of cancer-targeting ligands for enhanced delivery. As a non-limiting example, oligonucleotide nanoparticles were prepared using programmable self-assembly of short DNA fragments and therapeutic siRNAs. These nanoparticles are molecularly identical with controllable particle size and target ligand location and density. The DNA fragments and siRNAs self-assembled into a one-step reaction to generate DNA/siRNA tetrahedral nanoparticles for targeted in vivo delivery. (Lee et al., Nature Nanotechnology 2012 7:389-393; herein incorporated by reference in its entirety).

In one embodiment, the polynucleotides, primary constructs and/or mmRNA disclosed herein may be formulated as self-assembled nanoparticles. As a non-limiting example, nucleic acids may be used to make nanoparticles which may be used in a delivery system for the polynucleotides, primary constructs and/or mmRNA of the present invention (See e.g., International Pub. No. WO2012125987; herein incorporated by reference in its entirety).

In one embodiment, the nucleic acid self-assembled nanoparticles may comprise a core of the polynucleotides, primary constructs or mmRNA disclosed herein and a polymer shell. The polymer shell may be any of the polymers described herein and are known in the art. In an additional embodiment, the polymer shell may be used to protect the polynucleotides, primary constructs and mmRNA in the core.

Polymer-Based Self-Assembled Nanoparticles

Polymers may be used to form sheets which self-assembled into nanoparticles. These nanoparticles may be used to deliver the polynucleotides, primary constructs and mmRNA of the present invention. In one embodiment, these self-assembled nanoparticles may be microsponges formed of long polymers of RNA hairpins which form into crystalline "pleated" sheets before self-assembling into microsponges. These microsponges are densely-packed sponge like microparticles which may function as an efficient carrier and may be able to deliver cargo to a cell. The microsponges may be from 1 um to 300 nm in diameter. The microsponges may be complexed with other agents known in the art to form larger microsponges. As a non-limiting example, the microsponge may be complexed with an agent to form an outer layer to promote cellular uptake such as polycation polyethyleneime (PEI). This complex can form a 250-nm

DO YOU KNOW WHAT'S IN A VACCINE?

NONE OF THESE SHOULD BE INJECTED INTO YOUR BODY

Aluminum
Known to cause brain damage at all doses, linked to ALZHEIMER'S DISEASE, dementia, seizures, autoimmune issues, SIDs and cancer. This toxin accumulates in the brain and causes more damage with each dose.

Beta-Propiolactone
Known to cause CANCER. Suspected gastrointestinal, liver, nerve and respiratory, skin and sense organ POISON.

Gentamicin Sulphate & Polymyxin B [antibiotics]
ALLERGIC reactions can range from mild to life-threatening.

Genetically Modified Yeast, Animal, Bacterial and Viral DNA
Can be incorporated into the recipient's DNA and cause unknown GENETIC MUTATIONS.

Glutaraldehyde
Poisonous if ingested. Causes BIRTH DEFECTS in animals.

Formaldehyde [formalin]
Known to cause CANCER in humans. Probable gastrointestinal, liver, respiratory, immune, nerve and reproductive system POISON. Banned from injectables in most European countries.

Human and Animal Cells
Human DNA from aborted BABIES. Pig blood, horse blood, rabbit brains, dog kidneys, cow hearts, monkey kidneys, chick embryos, calf serum, sheep blood & more. Linked to childhood leukemia and diabetes.

Mercury [thimerosal]
One of the most toxic substances known. Even if a thermometer breaks, the building is cleared and HAZMAT is called. Tiny doses cause damage to the brain, gut, liver, bone marrow, nervous system and/or kidneys. Linked to autoimmune disorders, and neurological disorders like AUTISM.

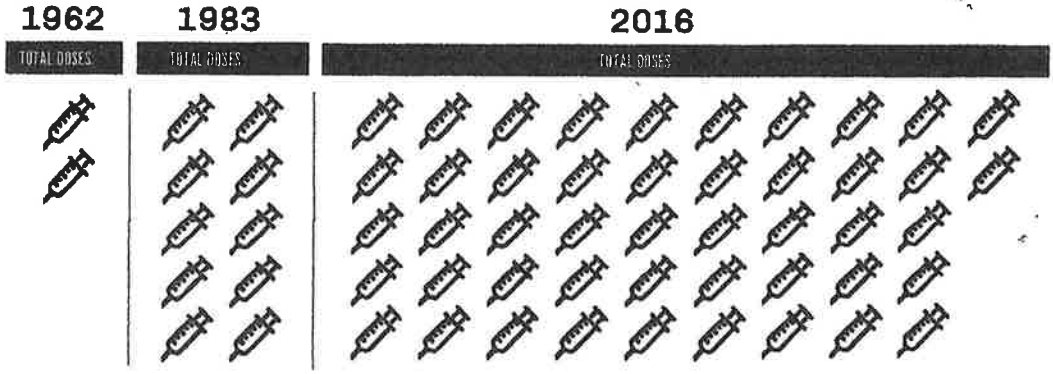
Monosodium Glutamate [MSG]
A toxic chemical that is linked to birth defects, developmental delays and infertility. Banned in Europe.

Neomycin Sulphate [antibiotic]
Interferes with vitamin B6 absorption which can lead to epilepsy and brain damage. Allergic reactions can range from mild to life-threatening.

Phenol/Phenoxyethanol [2-PE]
Used as anti-freeze. TOXIC to all cells and capable of destroying the immune system.

Polysorbate 80 & 20
Known to cause CANCER in animals and linked to numerous autoimmune issues and infertility.

VACCINES DOSES for U.S. CHILDREN



The US gives 2-3x more vaccines than most developed countries, yet we have the sickest population -- with skyrocketing rates of health issues like asthma, childhood diabetes, food allergies, leukemia, developmental delays, ADHD, autism, lupus, arthritis, eczema, epilepsy, brain tumors, Alzheimer's and more. ***It's NOT a coincidence.***

In 1986, Pharmaceutical manufacturers producing vaccines were freed from ALL liability resulting from vaccine injury or death by the Childhood Vaccine Injury Act. With this, vaccines became HIGHLY profitable. There are 271 vaccines in development and mandatory vaccine laws for children — and ADULTS — being pushed in most states.

Help us raise awareness by supporting the Learn The Risk campaign.

Learn more at **LearnTheRisk.org**

Vaccine Excipient & Media Summary

Excipients Included in U.S. Vaccines, by Vaccine

This table includes not only vaccine ingredients (e.g., adjuvants and preservatives), but also substances used during the manufacturing process, including vaccine-production media, that are removed from the final product and present only in trace quantities. In addition to the substances listed, most vaccines contain Sodium Chloride (table salt).

Last Updated February 2015

All reasonable efforts have been made to ensure the accuracy of this information, but manufacturers may change product contents before that information is reflected here. If in doubt, check the manufacturer's package insert.

Vaccine	Contains	Source: Manufacturer's P.I. Dated
Adenovirus	sucrose, D-mannose, D-fructose, dextrose, potassium phosphate, plasdone C, anhydrous lactose, micro crystalline cellulose, polacrilin potassium, magnesium stearate, cellulose acetate phthalate, alcohol, acetone, castor oil, FD&C Yellow #6 aluminum lake dye, human serum albumin, fetal bovine serum, sodium bicarbonate, human-diploid fibroblast cell cultures (WI-38), Dulbecco's Modified Eagle's Medium, monosodium glutamate	March 2011
Anthrax (Biothrax)	aluminum hydroxide, benzethonium chloride, formaldehyde, amino acids, vitamins, inorganic salts and sugars	May 2012
BCG (Tice)	glycerin, asparagine, citric acid, potassium phosphate, magnesium sulfate, Iron ammonium citrate, lactose	February 2009
DT (Sanofi)	aluminum potassium sulfate, peptone, bovine extract, formaldehyde, thimerosal (trace), modified Mueller and Miller medium, ammonium sulfate	December 2005
DTaP (Daptacel)	aluminum phosphate, formaldehyde, glutaraldehyde, 2-Phenoxyethanol, Stainer-Scholte medium, modified Mueller's growth medium, modified Mueller-Miller casamino acid medium (without beef heart infusion), dimethyl 1-beta-cyclodextrin, ammonium sulfate	October 2013
DTaP (Infanrix)	formaldehyde, glutaraldehyde, aluminum hydroxide, polysorbate 80, Fenton medium (containing bovine extract), modified Latham medium (derived from bovine casein), modified Stainer-Scholte liquid medium	November 2013
DTaP-IPV (Kinrix)	formaldehyde, glutaraldehyde, aluminum hydroxide, Vero (monkey kidney) cells, calf serum, lactalbumin hydrolysate, polysorbate 80, neomycin sulfate, polymyxin B, Fenton medium (containing bovine extract), modified Latham medium (derived from bovine casein), modified Stainer-Scholte liquid medium	November 2013
DTaP-HepB-IPV (Pediarix)	formaldehyde, gluteraldehyde, aluminum hydroxide, aluminum phosphate, lactalbumin hydrolysate, polysorbate 80, neomycin sulfate, polymyxin B, yeast protein, calf serum, Fenton medium (containing bovine extract), modified Latham medium (derived from bovine casein), modified Stainer-Scholte liquid medium, Vero (monkey kidney) cells	November 2013
DTaP-IPV/Hib (Pentacel)	aluminum phosphate, polysorbate 80, formaldehyde, sucrose, gutaraldehyde, bovine serum albumin, 2-phenoxethanol, neomycin, polymyxin B sulfate, Mueller's Growth Medium, Mueller-Miller casamino acid medium (without beef heart infusion), Stainer-Scholte medium (modified by the addition of casamino acids and dimethyl-beta-cyclodextrin), MRC-5 (human diploid) cells, CMRL 1969 medium (supplemented with calf serum), ammonium sulfate, and medium 199	October 2013
Hib (ActHIB)	ammonium sulfate, formalin, sucrose, Modified Mueller and Miller medium	January 2014
Hib (Hiberix)	formaldehyde, lactose, semi-synthetic medium	March 2012
Hib (PedvaxHIB)	aluminum hydroxphosphate sulfate, ethanol, enzymes, phenol, detergent, complex fermentation medium	December 2010

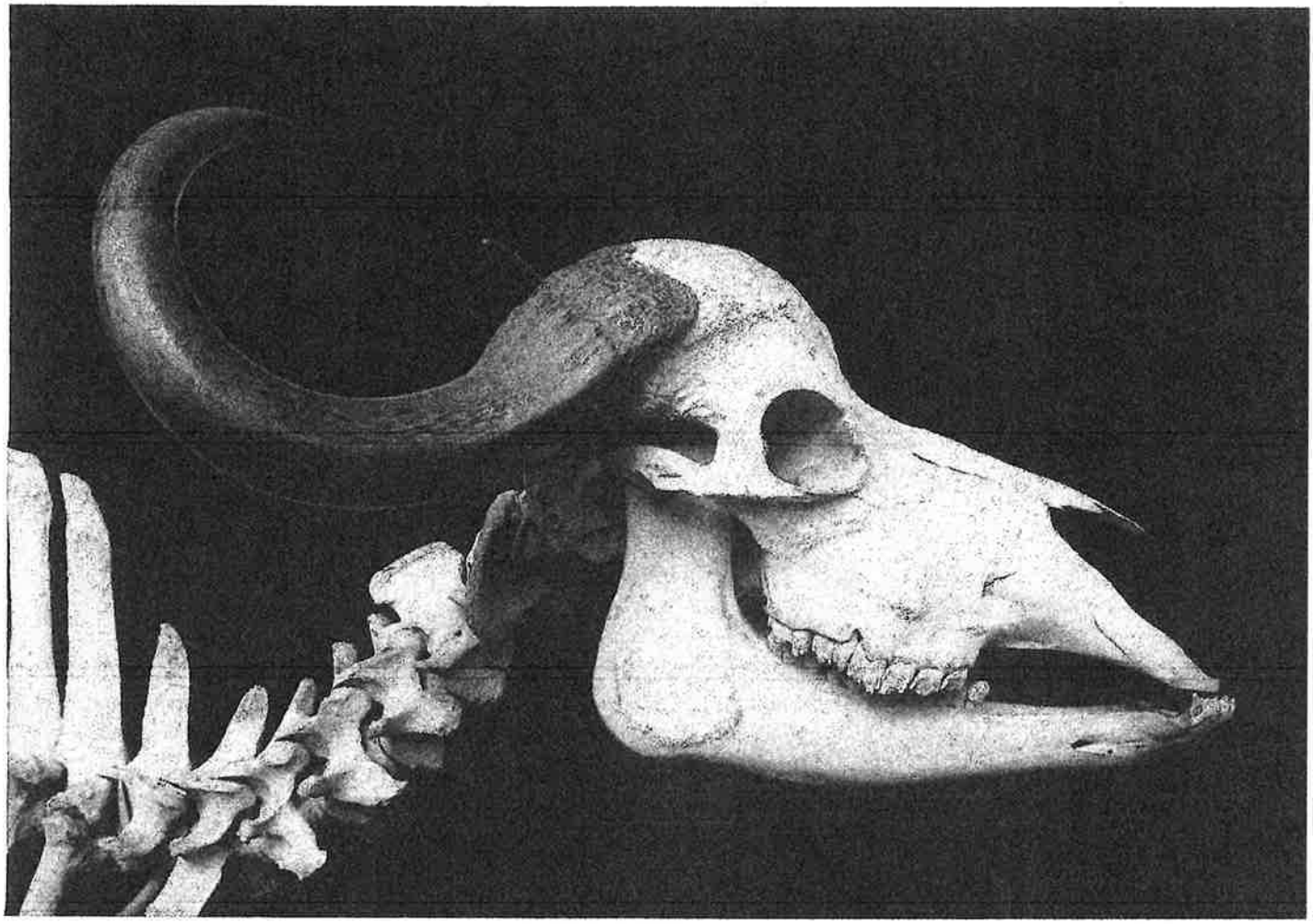
Vaccine	Contains	Source: Manufacturer's P.I. Dated
Influenza (FluMist) Quadrivalent	ethylene diamine tetraacetic acid (EDTA), monosodium glutamate, hydrolyzed porcine gelatin, arginine, sucrose, dibasic potassium phosphate, monobasic potassium phosphate, gentamicin sulfate, egg protein	July 2013
Japanese Encephalitis (Ixiaro)	aluminum hydroxide, Vero cells, protamine sulfate, formaldehyde, bovine serum albumin, sodium metabisulphite, sucrose	May 2013
Meningococcal (MCV4-Menactra)	formaldehyde, phosphate buffers, Mueller Hinton agar, Watson Scherp media, Modified Mueller and Miller medium, detergent, alcohol, ammonium sulfate	April 2013
Meningococcal (MCV4-Menveo)	formaldehyde, amino acids, yeast extract, Franz complete medium, CY medium	August 2013
Meningococcal (MPSV4-Menomune)	thimerosal (multi-dose vial only), lactose, Mueller Hinton casein agar, Watson Scherp media, detergent, alcohol	April 2013
Meningococcal (MenB – Bexsero)	aluminum hydroxide, *E. coli*, histidine, sucrose, deoxycholate, kanomycin	2015
Meningococcal (MenB – Trumenba)	polysorbate 80, histodine, *E. coli*, fermentation growth media	October 2015
MMR (MMR-II)	Medium 199 (vitamins, amino acids, fetal bovine serum, sucrose, glutamate) , Minimum Essential Medium, phosphate, recombinant human albumin, neomycin, sorbitol, hydrolyzed gelatin, chick embryo cell culture, WI-38 human diploid lung fibroblasts	June 2014
MMRV (ProQuad)	sucrose, hydrolyzed gelatin, sorbitol, monosodium L-glutamate, sodium phosphate dibasic, human albumin, sodium bicarbonate, potassium phosphate monobasic, potassium chloride, potassium phosphate dibasic, neomycin, bovine calf serum, chick embryo cell culture, WI-38 human diploid lung fibroblasts, MRC-5 cells	March 2014
Pneumococcal (PCV13 – Prevnar 13)	casamino acids, yeast, ammonium sulfate, Polysorbate 80, succinate buffer, aluminum phosphate, soy peptone broth	January 2014
Pneumococcal (PPSV-23 – Pneumovax)	phenol	May 2014
Polio (IPV – Ipol)	2-phenoxyethanol, formaldehyde, neomycin, streptomycin, polymyxin B, monkey kidney cells, Eagle MEM modified medium, calf serum protein, Medium 199	May 2013
Rabies (Imovax)	Human albumin, neomycin sulfate, phenol red indicator, MRC-5 human diploid cells, beta-propriolactone	April 2013
Rabies (RabAvert)	β-propiolactone, potassium glutamate, chicken protein, egg protein, neomycin, chlortetracycline, amphotericin B, human serum albumin, polygeline (processed bovine gelatin), sodium EDTA, bovine serum	March 2012
Rotavirus (RotaTeq)	sucrose, sodium citrate, sodium phosphate monobasic monohydrate, sodium hydroxide, polysorbate 80, cell culture media, fetal bovine serum, vero cells *[DNA from porcine circoviruses (PCV) 1 and 2 has been detected in RotaTeq. PCV-1 and PCV-2 are not known to cause disease in humans.]*	June 2013
Rotavirus (Rotarix)	amino acids, dextran, sorbitol, sucrose, calcium carbonate, xanthan, Dulbecco's Modified Eagle Medium (potassium chloride, magnesium sulfate, ferric (III) nitrate, sodium phosphate, sodium pyruvate, D-glucose, concentrated vitamin solution, L-cystine, L-tyrosine, amino acids solution, L-glutamine, calcium chloride, sodium hydrogenocarbonate, and phenol red) *[Porcine circovirus type 1 (PCV-1) is present in Rotarix. PCV-1 is not known to cause disease in humans.]*	May 2014
Smallpox (Vaccinia – ACAM2000)	human serum albumin, mannitol, neomycin, glycerin, polymyxin B, phenol, Vero cells, HEPES	September 2009

B

LETHAL INJECTIONS: 18% of cattle DIE immediately following mRNA "vaccination"

Friday, October 21, 2022 by: Ethan Huff
Tags: animal health, Cattle, chemical violence, COVID, death, food supply, mRNA, new vaccines, vaccines, world agriculture

This article may contain statements that reflect the opinion of the author



(Natural News) Much of the conversation surrounding mRNA (messenger RNA) "vaccines" centers around their impact on humans how about all the animals that are being injected with it?

Believe it or not, cattle are reportedly now getting jabbed with the stuff, which in a recent mass "vaccination" campaign of an Austra herd resulted in 35 of the 200 animals dying *immediately*.

We are told that dairy farmers and others are now being *forced* to inject their animals for the Fauci Flu in order to remain in busine and that the animals are not responding well to it.

Just like in humans, the shots are causing such profound damage that many of the animals are succumbing to *instant death*, while others are getting sick and dying over a longer period of time. (Related: mRNA spike proteins linger in the heart and brain long afte injection.)

For the animals that survive, one wonders what is becoming of their milk, which gets passed on as food for other animals as well a humans. Is it safe to consume mRNA-tainted milk and cheese from a "fully vaccinated" dairy cow? The answer is *probably not*.

"Dairy herd DNA is altered," one report explains. "Milk is altered and you consume it! Butter constitution, yoghurt, and cheese is alt meat is altered – will chicken and other meats be next?

the great worldwide BABY BOOM. It was the culmination of all man's efforts to survive through history. It was modern medicine, better diets, heat in winter, pure running water, and proper disposal of sewage. It was the point in history when the birth rate so exceeded the death rate that the world's population doubled between 1957 and 1990. It was the most wonderful time in the history of the world, but it was also the worst. It signaled the end of man's most precious achievement. An alliance of all of the powers on earth, open and hidden, decided that individual freedoms could no longer be tolerated in the interest of the preservation of the human race. They believed the common man could not be trusted.

What had been the unfulfilled dream of many individual groups became reality by the concentration of power in the alliance known as the Bilderberg Group. What had been impossible before was now promised. The New World Order that so many had envisioned was now a certainty.

The first study was made during World War II to determine the impact of the returning soldiers upon the economy. The results mobilized the ruling elite. A second secret study was conducted in 1957 by scientists meeting in Huntsville, Alabama. It confirmed the results of the first. The conclusion was that civilization as we know it would collapse shortly after the year 2000 unless the population was seriously curtailed. The study expressed a concern that since atomic weapons existed they would ultimately be used. Total worldwide disarmament was urged. Congress adopted the disarmament plan and created the U.S. Disarmament Agency. President Dwight David Eisenhower had this to say in 1957: "As a result of lowered infant mortality, longer lives, and the accelerating conquest of famine there is under way a population explosion so incredibly great that in little more than another generation the population of the world is expected to double."

A third study was made by the Club of Rome ending in 1968 to determine the limits to growth. The result was the same. The Club of Rome was commissioned to develop a computer model of the world so as to predict the outcome of corrections made to social and economic structures by the elect. The Club of Rome was also asked to develop a computer model of a New World Order. Both tasks were accomplished.

Studies were done to determine a method to arrest the population explosion before the point of no return would be reached. It was determined that an immediate attack on the problem would involve two points of intervention. The first was to lower the birth rate and the second was to increase the death rate.

To lower the birth rate several programs were put into motion. The first was the development of positive birth-control methods using

mechanical (diaphragm and condom), chemical (foam and birth-control pills), and medical (sterilization, abortion, and hysterectomy) procedures. These were developed and implemented. The Women's Liberation movement was started with the demand for free abortions, using "pro choice" as its rallying cry. Homosexuality was encouraged and Gay Liberation was born. Homosexuals do not have children. Zero population growth became a hot subject at cocktail parties. Individual freedom, "the heat of the moment," religion, and the old blue laws sabotaged these efforts, and while zero population growth became a reality in some areas, population increased rapidly in others.

The only alternative left to the world's ruling elite was to increase the death rate. This was a difficult thing to do, as no one wanted to pick people out of a crowd and line them up for execution. Neither did they relish the possible consequences of an enraged public upon discovering that they were being systematically murdered. Of course, a very short but very deadly global war using nuclear weapons upon select population concentrations was contemplated and, to tell you the truth, was not ruled out. The fact that such a population control was even contemplated confirmed the worst fears of those who had participated in the 1957 study. War was put on the back burner to simmer, but may become a reality. In the meantime something else had to be done that would absolve the decision makers of guilt and place the blame on those who did not lead clean lives. Something that could be blamed upon Mother Nature. What was needed was the bubonic plague or some other horrible but natural disease. The answer came from Rome.

Several Top Secret recommendations were made by Dr. Aurelio Pecce of the Club of Rome. He advocated that a plague be introduced that would have the same effect as the famous Black Death of history. The chief recommendation was to develop a microbe which would attack the auto immune system and thus render the development of a vaccine impossible. The orders were given to develop the microbe and to develop a prophylactic and a cure. The microbe would be used against the general population and would be introduced by vaccine. The prophylactic was to be used by the ruling elite. The cure will be administered to the survivors when it is decided that enough people have died. The cure will be announced as newly developed when in fact it has existed from the beginning. This plan is a part of Global 2000. The prophylactic and the cure are suppressed.

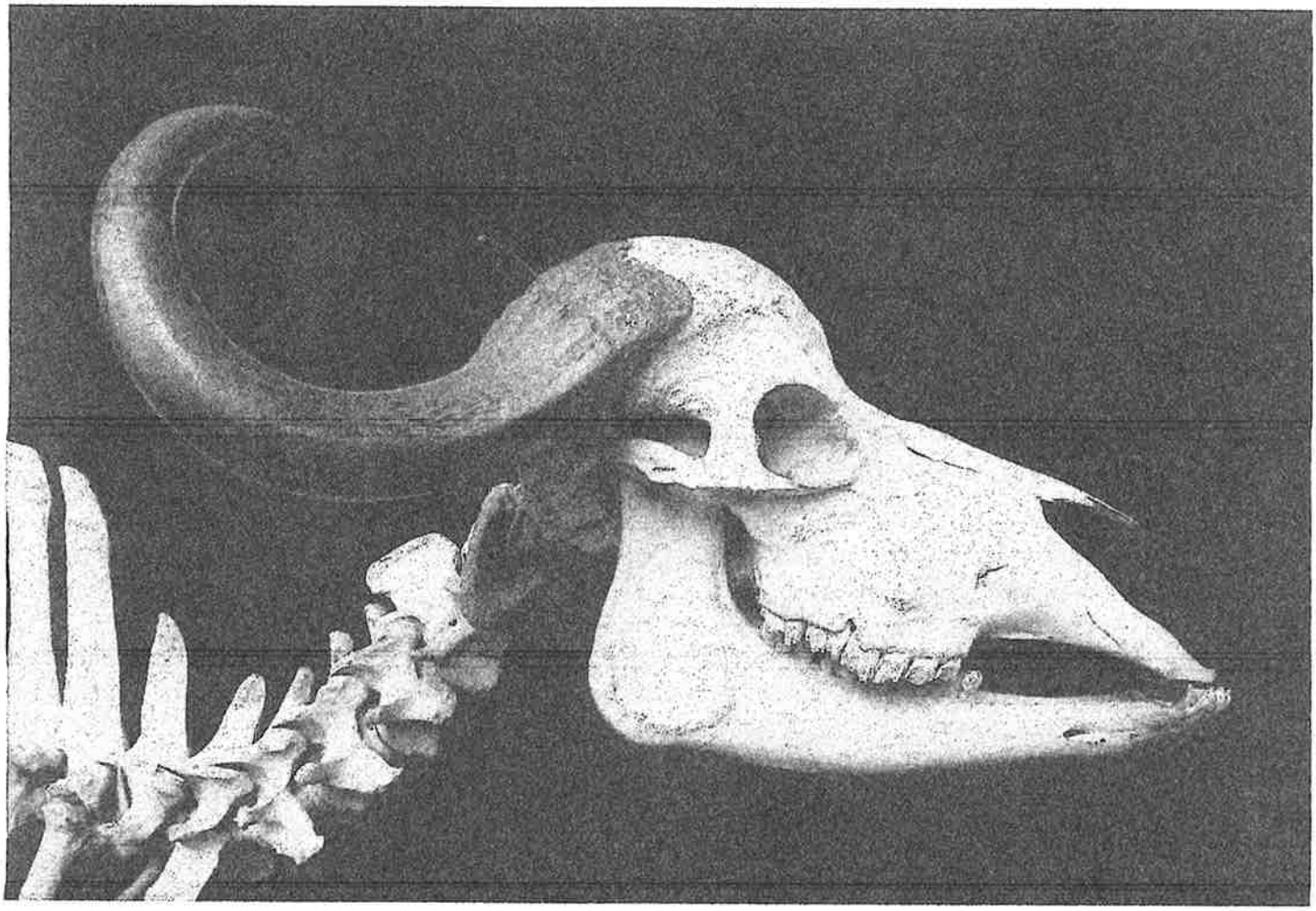
"Man has skyrocketed from a defensive position, largely subordinate to Nature's alternatives, to a new and dominant one. From it he not only can and does influence everything in the world but, voluntarily or unwittingly, can and indeed does determine the alternatives of his own future –

Vaccine	Contains	Source: Manufacturer's P.I. Dated
Hib/Hep B (Comvax)	yeast (vaccine contains no detectable yeast DNA), nicotinamide adenine dinucleotide, hemin chloride, soy peptone, dextrose, mineral salts, amino acids, formaldehyde, potassium aluminum sulfate, amorphous aluminum hydroxyphosphate sulfate, sodium borate, phenol, ethanol, enzymes, detergent	December 2010
Hib/Mening. CY (MenHibrix)	tris (trometamol)-HCl, sucrose, formaldehyde, synthetic medium, semi-synthetic medium	2012
Hep A (Havrix)	aluminum hydroxide, amino acid supplement, polysorbate 20, formalin, neomycin sulfate, MRC-5 cellular proteins	December 2013
Hep A (Vaqta)	amorphous aluminum hydroxyphosphate sulfate, bovine albumin, formaldehyde, neomycin, sodium borate, MRC-5 (human diploid) cells	February 2014
Hep B (Engerix-B)	aluminum hydroxide, yeast protein, phosphate buffers, sodium dihydrogen phosphate dihydrate	December 2013
Hep B (Recombivax)	yeast protein, soy peptone, dextrose, amino acids, mineral salts, potassium aluminum sulfate, amorphous aluminum hydroxyphosphate sulfate, formaldehyde, phosphate buffer	May 2014
Hep A/Hep B (Twinrix)	formalin, yeast protein, aluminum phosphate, aluminum hydroxide, amino acids, phosphate buffer, polysorbate 20, neomycin sulfate, MRC-5 human diploid cells	August 2012
Human Papillomavirus (HPV) (Cerverix)	vitamins, amino acids, lipids, mineral salts, aluminum hydroxide, sodium dihydrogen phosphate dehydrate, 3-O-desacyl-4' Monophosphoryl lipid A, insect cell, bacterial, and viral protein	November 2013
Human Papillomavirus (HPV) (Gardasil)	yeast protein, vitamins, amino acids, mineral salts, carbohydrates, amorphous aluminum hydroxyphosphate sulfate, L-histidine, polysorbate 80, sodium borate	June 2014
Human Papillomavirus (HPV) (Gardasil 9)	yeast protein, vitamins, amino acids, mineral salts, carbohydrates, amorphous aluminum hydroxyphosphate sulfate, L-histidine, polysorbate 80, sodium borate	December 2014
Influenza (Afluria)	beta-propiolactone, thimerosol (multi-dose vials only), monobasic sodium phosphate, dibasic sodium phosphate, monobasic potassium phosphate, potassium chloride, calcium chloride, sodium taurodeoxycholate, neomycin sulfate, polymyxin B, egg protein, sucrose	December 2013
Influenza (Agriflu)	egg proteins, formaldehyde, polysorbate 80, cetyltrimethylammonium bromide, neomycin sulfate, kanamycin, barium	2013
Influenza (Fluarix) Trivalent and Quadrivalent	octoxynol-10 (Triton X-100), α-tocopheryl hydrogen succinate, polysorbate 80 (Tween 80), hydrocortisone, gentamicin sulfate, ovalbumin, formaldehyde, sodium deoxycholate, sucrose, phosphate buffer	June 2014
Influenza (Flublok)	monobasic sodium phosphate, dibasic sodium phosphate, polysorbate 20, baculovirus and host cell proteins, baculovirus and cellular DNA, Triton X-100, lipids, vitamins, amino acids, mineral salts	March 2014
Influenza (Flucelvax)	Madin Darby Canine Kidney (MDCK) cell protein, MDCK cell DNA, polysorbate 80, cetyltrimethlyammonium bromide, β-propiolactone, phosphate buffer	March 2014
Influenza (Fluvirin)	nonylphenol ethoxylate, thimerosal (multidose vial–trace only in prefilled syringe), polymyxin, neomycin, beta-propiolactone, egg proteins, phosphate buffer	February 2014
Influenza (Flulaval) Trivalent and Quadrivalent	thimerosal, formaldehyde, sodium deoxycholate, egg proteins, phosphate buffer	February 2013
Influenza (Fluzone: Standard (Trivalent and Quadrivalent), High-Dose, & Intradermal)	formaldehyde, octylphenol ethoxylate (Triton X-100), gelatin (standard trivalent formulation only), thimerosal (multi-dose vial only) , egg protein, phosphate buffers, sucrose	2014

LETHAL INJECTIONS: 18% of cattle DIE immediately following mRNA "vaccination"

Friday, October 21, 2022 by: Ethan Huff
Tags: animal health, Cattle, chemical violence, COVID, death, food supply, mRNA, new vaccines, vaccines, world agriculture

This article may contain statements that reflect the opinion of the author



(Natural News) Much of the conversation surrounding mRNA (messenger RNA) "vaccines" centers around their impact on humans, how about all the animals that are being injected with it?

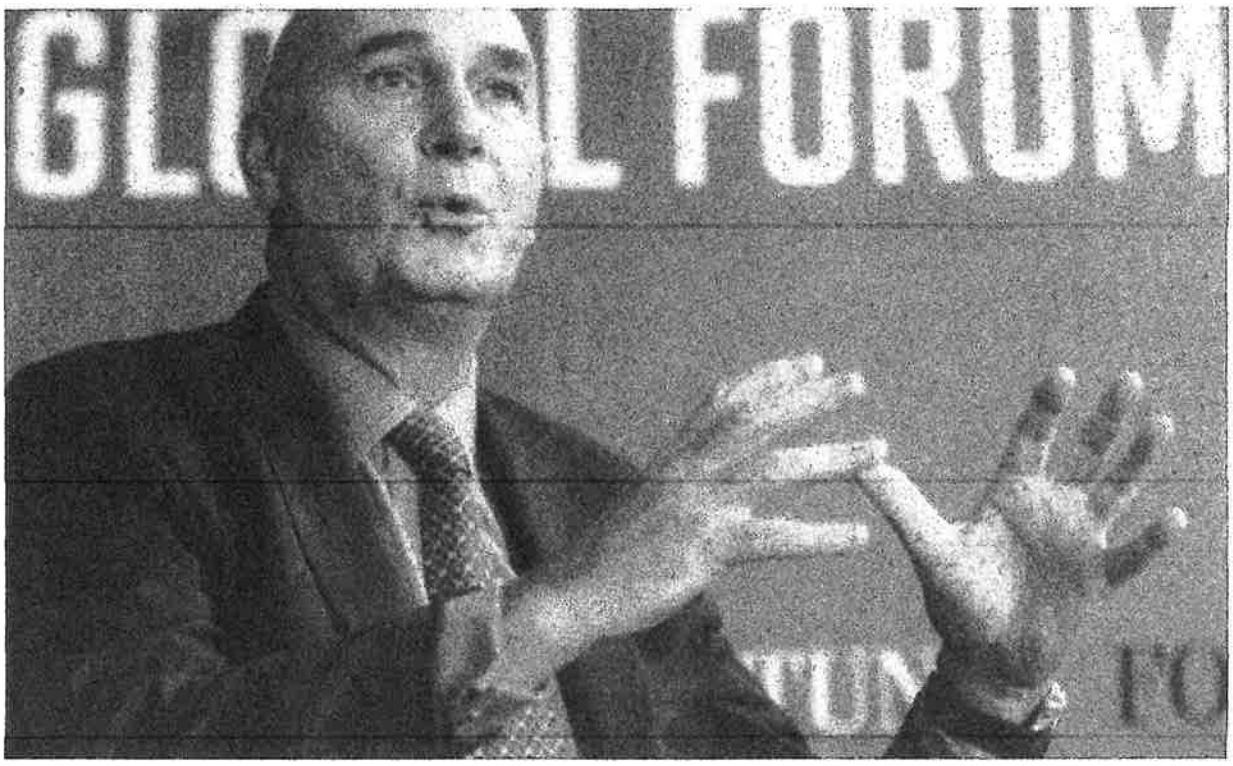
Believe it or not, cattle are reportedly now getting jabbed with the stuff, which in a recent mass "vaccination" campaign of an Austral herd resulted in 35 of the 200 animals dying *immediately*.

We are told that dairy farmers and others are now being *forced* to inject their animals for the Fauci Flu in order to remain in busines and that the animals are not responding well to it.

Just like in humans, the shots are causing such profound damage that many of the animals are succumbing to *instant death*, while t others are getting sick and dying over a longer period of time. (Related: mRNA spike proteins linger in the heart and brain long after injection.)

For the animals that survive, one wonders what is becoming of their milk, which gets passed on as food for other animals as well as humans. Is it safe to consume mRNA-tainted milk and cheese from a "fully vaccinated" dairy cow? The answer is *probably not*.

"Dairy herd DNA is altered," one report explains. "Milk is altered and you consume it! Butter constitution, yoghurt, and cheese is alte meat is altered – will chicken and other meats be next?



While we all fixate on glyphosate, Monsanto prepares its next GM trick: RNA pesticides

JP Sottile | 11th April 2016

The global pesticide and bioscience giant Monsanto is a byword for evil for millions of campaigners and concerned citizens, writes JP Sottile. But that has never stopped it getting its way with the people that matter - politicians and regulators. And now the company is on the verge of biggest victory ever - winning clearance to spray biologically active RNA sequences on US crops.

Top 4 most INSIDIOUS SLOGANS that trick consumers into using toxic products, including personal care items, food and medicine

Wednesday, December 07, 2022 by: S.D. Wells

Tags: badfood, badhealth, badmedicine, canola bad, canola oil, clean food watch, COVID, dairy inflammation, Dangerous Medicine, deception, disinfo, Fluoride, food supply, grocery, lies, milk inflammation, products, propaganda, toxic food, toxic products, toxic water, Vaccine dangers

This article may contain statements that reflect the opinion of the author

(Natural News) It's a shame the FDA doesn't protect customers by investigating questionable claims by product makers and distributors, especially ones that claim the exact opposite of what they do. In other words, the world's most deadly and dangerous products are claiming they are safe, healthy and effective, when they are actually dangerous, harmful and ineffective at what they are supposed to be good for.

This is not just 'ironic' but unethical, misleading and should be illegal. This goes for fluoride, vaccines, canola oil and dairy products, which are some of the most "consumed" products in America.

Fluoride and the insidious lie perpetuated in America since WWII

Fluoride, a drug and a by-product of the phosphate mining industry, goes completely unchecked, unregulated and dispensed into municipal water across the United States. Any child, teen or adult can drink as much water as they want, ingesting this chemical-based additive that causes cancer, brittle bones and weakening of teeth enamel. That's right folks, weakening, not strengthening. There are natural ways to help remove toxic fluoride from your body.

Sodium fluoride is horrible for teeth, bones, cleansing organs and the pineal gland. Want to calcify yourself while still living? Drink lots of tap water and use fluoridated toothpaste. Fluoride is a known carcinogen that the United States imports from China's industrial waste factories and then medically dripped into our drinking water.

Vaccines, including the gene-mutation therapy stabs for Wuhan coronavirus (COVID-19), are FAR from safe and have scientifically been proven NOT to be effective in warding off COVID, or the flu, or keeping people from transmitting it once they catch it, or keeping people from getting a "bad case" of it. It's all been a farce. A lie. A sales pitch. Propaganda. In fact, vaccines, thanks to the Fauci Flu jabs, now are responsible for more injuries and deaths per year than opioids, guns and vehicle crashes combined. What a sad state of affairs for the scamdemic front.

Then there's canola oil, which coagulates inside the body, causing all kinds of health mayhem that's very tough to ever undo. Canola oil is the *margarine of yesteryear*. According to research, canola oil makes animals obese and dumb, and fast. According to research conducted with mice, just two tablespoons of canola oil daily can cause rapid weight gain and SEVERE progression of Alzheimer's disease. Let that sink in for a moment.

Canola oil is in almost everything processed, just take a look at the ingredients on the back of every product you pick up that's pre-packaged and mixed, like salad dressings, baked products, frozen meals, soups, chips and deli salad mixes (think potato salad, chicken salad, macaroni salad, and so on). Canola oil is the cheapest of all oils, so most restaurants use it for everything. That's why it's Canada's number one export to the United States, except the Canadians themselves don't eat it, because they know better.

The four most insidious lying slogans that brainwash consumers into consuming and injecting toxic products

#1. Fluoride "*makes your teeth strong*" – It's just the opposite, as fluoridated water can lead to the *weakening of enamel*, especially for children during stages of tooth development. Pile on that most commercial toothpastes contain fluoride also, compounding the issue.

#2. Vaccines are always deemed "*safe and effective*" – It's just the opposite, as the clot shots for Covid have proven to be experimental, dangerous, ineffective and deadly.

#3. Canola oil is "*heart healthy*" – It's just the opposite, as this oil coagulates in the body like glue and can contribute to weight gain, heart disease and dementia.

#4. "*Milk… it does a body good*" – It's just the opposite, as processed, homogenized milk can lead to excess mucus development and chronic inflammation, not to mention that nearly all conventional dairy contains growth hormones and antibiotics. (Buy raw milk instead.)

Sources for this article include:

FluorideAlert.org

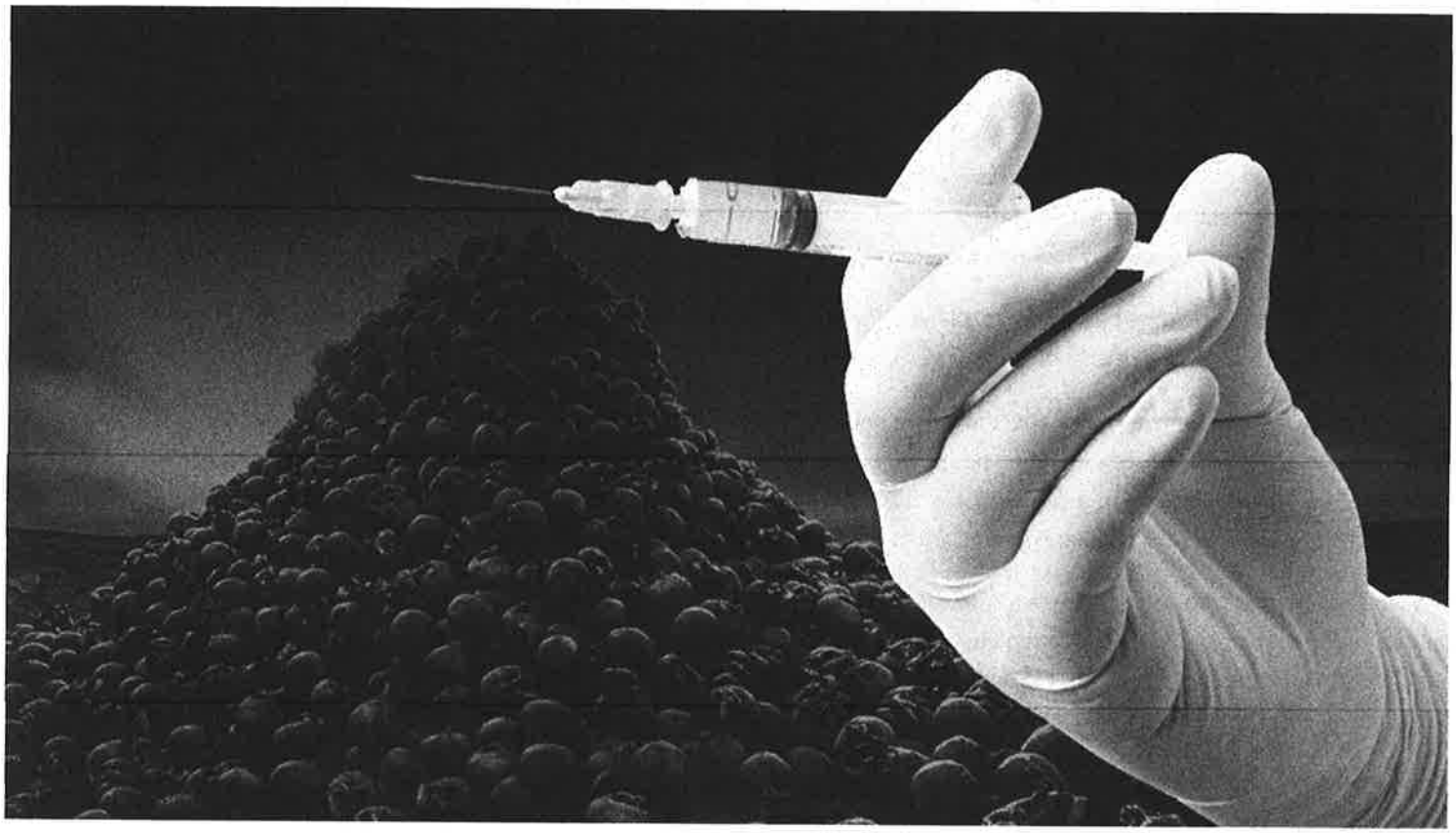
LAtimes.com

Americans are DYING AT WARP SPEED from the Wuhan Flu vaccinations

Thursday, December 08, 2022 by: S.D. Wells

Tags: Dangerous Medicine, pharmaceutical fraud, SADS, science deception, SIDS, sudden death, sudden death syndrome, Suppressed, vaccine death, vaccine injury, vaccine rollout, vaccine statistics, vaccine wars, vaccines, warp-speed

This article may contain statements that reflect the opinion of the author



(Natural News) No contaminated food, beverage, medicine, or vaccination has ever been more deadly or caused more fatalities than the Wuhan virus jabs. Instead of reducing the surge of sudden deaths, the Fauci Flu injections have increased the surge of sudden deaths, and a government report PROVES the spike-protein-prion injections are to blame. As many Americans have died by lethal injection (Coronavirus vaccines) — that's 6 million, in just the past two years — as Jews who died in the Holocaust. Are the Covid vaccines the new gas chambers?

It's time to take an in-depth look at the secretive CDC report that reveals the statistics of the gene-mutation, vascular-clogging Covid death stabs. Pfizer-Gate is no conspiracy theory. Americans are dying at warp speed and hardly a vaccinated soul has any idea what's really going on.

CDC report shows 6 million Americans have "died suddenly" since pandemic vaccine rollout

The deadly vaccine campaign began in mid-December of 2020. Now, in an official report called *Deaths by Vaccination Status*, published by the United Kingdom government's Office for National Statistics (ONS), the proof is in the data. Every month since the start of 2022, the more vaccines someone gets, the more likely they are to die unexpectedly and suddenly by unknown causes, and much more likely than anyone who is fully unvaccinated.

Plus, every month that goes by proves to be a higher mortality rate for those getting booster shots for Fauci Flu. That means the triple-vaccinated adult populace is under triple-threat of SADS (sudden adult death syndrome), and the triple-vaccinated teen and child

population is under triple threat also. They're all dying at a mortality rate of nearly 30 per 100,000. The vaxxed sheeple are doing themselves in, so there's no "safety in numbers" and the old 'herd theory' is out the window, for sure.

"Booster" campaigns are boosting death, not immunity, but the mass media complex and Big Pharma are censoring all news about it

The absolute worst mortality rates for the vaccinated masses include those double vaccinated who are in their forties, with a 264 percent more likely chance of dying than their counterparts who are unvaccinated. When will Fauci and Walensky talk about *that*? Where are the talking heads now and all those "experts" to analyze *that* data? The mass booster campaigns are wiping people out, while the pandemic itself has waned and faded, almost out of existence. Why are so many people so gullible and still getting jabbed up with these deadly, "emergency only" gene therapy jabs?

In all age groups analyzed, the partly and double vaccinated are more likely to die than the fully unvaccinated. This is a tough pill to swallow for the allopathic sheeple, should they ever even find out about these government studies and raw data.

As the masses die off from the Covid jabs, the media and Big Pharma are blaming everything else, even absurd excuses that are published by major media outlets, including death by referee whistle, cold shower, video game, and tiny particles from industry pollution. Suddenly these are the culprits of a billion people dropping dead suddenly across the planet, and the vaccinated sheeple are so doped up and clogged up they can't think straight enough to see the forest for the trees.

Pay close attention to the data, because it's obvious now that the fully unvaccinated are much better protected from viruses and other pathogens by keeping an organic food regimen, supplemented by natural remedies, vitamins, minerals, and superfoods. Bookmark Vaccines.news to your favorite independent websites for updates on experimental gene therapy injections the CDC and fake news claim are "safe and effective" when they're really dangerous and health-damaging.

Sources for this article include:

Pandemic.news

Expose-news.com

NaturalNews.com

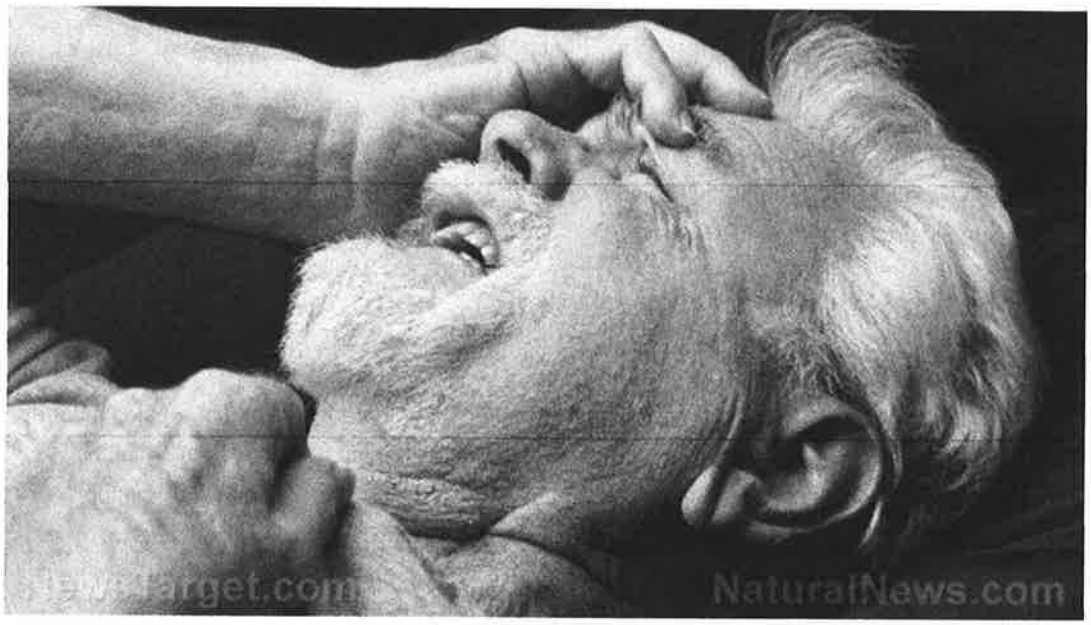
ONS.gov.UK

Autopsies confirm: Covid-19 vaccine causes fatal heart inflammation or "Sudden Adult Death Syndrome"

Thursday, December 08, 2022 by: Lance D Johnson

Tags: autopsy, badhealth, badmedicine, cardiac failure, cardiovascular system, death by vaccination, histopathology, inflammation, medical examination, medical violence, mRNA, myocarditis, nervous system, pericarditis, SADS, spike proteins, thrombotic thrombocytopenia, unexpected death, vaccine damage, Vaccine deaths, Vaccine injuries, vaccine injury, vaccine wars, vaccines

This article may contain statements that reflect the opinion of the author



(Natural News) Previously healthy individuals are dying "suddenly and unexpectedly" after covid-19 vaccination. These individuals are of all ages, and many show no sign of pre-existing heart conditions. A new medical term– Sudden Adult Death Syndrome (SADS) was created to categorize these unexplained deaths. Vaccination is intended to protect individuals from infections and to prolong their life; however, vaccinated individuals are being hospitalized and diagnosed with new heart problems (myocarditis and pericarditis) and vaccine-induced thrombotic thrombocytopenia. Sometimes, these vaccine injuries go undetected. Sometimes they are mild, but other times, they are fatal in the first week after vaccination.

In a new case study, twenty-five individuals who died after covid-19 vaccination showed inflammation of the heart that coincided with the inflammation caused in the deltoid muscle, post vaccination.

Autopsies confirm covid jabs cause fatal inflammation of the heart muscle

Medical examiners from Germany conducted autopsies on thirty-five individuals who died within twenty days after taking a second dose of the covid-19 mRNA vaccine (Comirnaty & Spikevax). They concluded that ten of the fatalities were clearly not due to the vaccine, due to evidence of drug overdose. The majority of the fatalities (71%) presented vascular damage that is specific to vaccine injuries, including rapid heart failure, vascular aneurysm, pulmonary embolism, myocardial infarction, fatal stroke, and vaccine-induced thrombotic thrombocytopenia.

A closer examination of five of these cases showed new onset inflammation in the cardiovascular system and histopathologies directly in the heart muscle. These five individuals were diagnosed with lymphocytic (epi-)myocarditis and died suddenly in their homes in the first week after covid-19 mRNA vaccination. The medical examiners found patchy inflammation in the heart muscle that mirrored the same patchy inflammation that is induced in the deltoid muscles after covid-19 mRNA vaccination.

Previous studies have shown that the translated spike proteins do not stay in the deltoid muscle and degrade. In cases of vaccine injury, the translated spike proteins are not neutralized by the immune system; instead, they were found reproducing uncontrollably and traveling throughout the body to distal organs, including the heart. Other studies corroborate the reality that vaccine-induced spike proteins and mRNA persist for weeks in lymph nodes.

The medical examiners determined that a causal link between the covid-19 vaccine and deadly myocarditis was based on: a close temporal relation to vaccination (within 1 week of administration); absence of any other significant pre-existing heart disease in the deceased (especially ischaemic heart disease or cardiomyopathy); negative testing for potential myocarditis-causing infectious agents; and finally, presence of a peculiar CD4 predominant T-cell infiltrate, suggesting an immune mediated mechanism brought on by the vaccine.

"Histology showed patchy interstitial myocardial T-lymphocytic infiltration, predominantly of the CD4 positive subset, associated with mild myocyte damage," the researchers wrote. "Overall, autopsy findings indicated death due to acute arrhythmogenic cardiac failure. Thus, myocarditis can be a potentially lethal complication following mRNA-based anti-SARS-CoV-2 vaccination."

Autopsies and non-biased medical examiners must explore histopathologies behind covid-19 vaccine fatalities

Autopsies are essential to determine if the covid-19 vaccines are the cause of sudden and unexpected death. These autopsies must be conducted by non-biased medical professionals who are open to investigating the histopathologies behind potential vaccine injury. Equally important: medical examiners must be aware of the issues with mRNA technology, must be able to track the inflammation caused by the vaccine's spike proteins, and must be open to investigating the various histopathologies behind vaccine damage. Many of these underlying vaccine injuries are not fully understood or accepted, such as the spike proteins' potential to inflame the nervous system and the brain stem. Inflammation of the nervous system could affect a person's mood, impulsivity, mental health, drug use, and suicide risk, but these issues are yet to be addressed in autopsies and other medical examinations.

Dr. Peter McCullough posted on his sub stack: "The very high yield of post-vaccination autopsy should spur families and physicians to push for post-mortem exams so we can learn more on how this medical procedure is leading to such a large loss of human life."

Sources include:

DailyMail.co.uk

TheEpochTimes.com

Link.Springer.com

PHMPT.org [PDF]

Cell.com

PeterMcCulloughMD.substack.com

Killer Robots Outlawed

(ReclaimingAmerica.net) – The members of the San Francisco city legislature have voted unanimously to backtrack on last week's decision to allow the use of "killer robots" by the local police.

All eleven members of San Francisco's Board of Supervisors are Democrats. Last week they voted 8-3 in favor of approving the deployment of explosive-armed robots to kill or incapacitate criminals.

Their vote made national headlines, sparking backlash from various sides of the political spectrum. That includes far-left activists and officials who slammed the use of killer robots as something that would "disproportionately" affect people of color and poorer Americans.

With their new vote, the San Francisco supervisors decided to ban the police from deploying robots in any lethal manner, The National Review reported, citing The Associated Press.

However, the liberal-dominated city's Supervisory Board still directed the issue to one of its committees for additional discussions.

Among those who voted in the minority against the use of killer robots last week was board president Shamman Walton, who said it would hurt disadvantaged groups.

Another opponent of last week's preliminary decision, Supervisor Dean Preston, welcomed its reversal in a prepared statement released after the new vote.

"The people of San Francisco have spoken loud and clear: There is no place for killer police robots in our city," Preston said.

"We should be working on ways to decrease the use of force by local law enforcement, not giving them new tools to kill people," he argued.

Earlier this week, ahead of the second vote, there was a protest rally outside the San Francisco city hall.

"We all saw that movie ... No Killer Robots," read the protesters' banners.

The police the San Francisco board had approved last week stipulated that a limited number of senior law enforcement officials would be able to authorize the use of deadly killer robots.

It said they would be able to do that only in cases "when [there is] risk of loss of life to *members* of the public or officers" and the killer robots "outweigh other force options available to SFPD."

The policy allowed the police "to contact, incapacitate, or disorient violent, armed, or dangerous suspects" through robots armed with explosives.

The San Francisco Police Department has a dozen functioning robots.

Those have been used for inspecting suspected bombs, executing warrants, and accessing hazmat and low-visibility situations.

The votes by the San Francisco's board came after a new California state law – California Assembly Bill 481 – required that local legislatures issue directions on how their police departments could utilize military-style equipment, such as robots.

the Defender™
CHILDREN'S HEALTH DEFENSE NEWS & VIEWS

06/09/22 • COVID › NEWS

Biden Administration Makes Available 10 Million Doses of COVID Vaccine for Kids Under 5 — Before FDA Authorizes Shot

The Biden administration today said it has made available 10 million doses of COVID-19 vaccines for children under age 5 to states and healthcare workers with "millions more available in the coming weeks."

By The Defender Staff

The Biden administration today said it made available 10 million doses of COVID-19 vaccines for children under age 5 to states and healthcare workers with "millions more available in the coming weeks."

The White House unveiled its "Operational Plan" for vaccinating the youngest age group — one week before advisors to the U.S. Food and Drug Administration (FDA) are scheduled to meet to decide whether to grant Emergency Use Authorization for the Pfizer-BioNTech and Moderna pediatric vaccines for babies as young as 6 months old.

According to the White House:

> "If FDA authorizes and [Centers for Disease Control and Prevention (CDC)] recommends one or both of the COVID-19 vaccines for this age group, it would be a historic milestone in the nation's fight against the virus — and would mean nearly every American is eligible for the protection that vaccination provides."

Children under 5 could begin receiving the vaccines as early as "the week of June 20th — with the program ramping up over time as more doses are delivered and more appointments become available," the White House said.

Senior administration officials told The New York Times orders for the vaccines from states "have been somewhat tepid so far."

Of the 5 million doses offered last week — prior to today's announcement — 58% of the available Pfizer vaccines were ordered, and "roughly a third" of the available Moderna vaccines had been ordered.

The vaccines, paid for by the U.S. government, are being made available to pediatricians' offices, community health centers, rural health clinics, children's hospitals, public health clinics, local pharmacies and other community-based organizations.

The administration said it "will remain laser-focused on equity and making sure that we reach those hardest-hit and most at-risk communities."

The plan includes working with programs such as Head Start and the Women, Infants, and Children, or WIC, Program in addition to Medicaid, the Children's Health Insurance Program, known as CHIP, and Latino, Black and Native American community programs.

The White House also will focus on parents, especially moms:

> "'What to Expect,' a platform of over 20 million moms, will author a blog series featuring doctors and other trusted experts answering questions about pediatric COVID-19 vaccines, and how moms, expecting moms, and all parents can get the information they need to get themselves and their children vaccinated; author new articles dispelling myths about the COVID-19 vaccine and children; and create and amplify new What to Expect social media content, reaching moms where they are and fighting vaccine misinformation across all platforms."

Critics question need, raise safety, efficacy concerns

Many experts have questioned the need to vaccine young children in part because the virus poses little-to-no serious risk to them and in part because, according to the CDC, the majority of children have already had, and recovered from the virus.

Dr. Marty Makary last week told Fox News the COVID-19 vaccines do "not make sense" for most kids.

Makary, a physician and public health researcher at Johns Hopkins Bloomberg School of Public Health, said:

> "If you look at the fact that 75% of kids had COVID as of a CDC study back in February and Omicron has been ubiquitous since then, 80 to 90 plus percent of kids have already had COVID. So we're talking about immunizing those who are already immune for a lot of people. That just does not make sense.

Others, including Dr. Michelle Perro, a pediatrician, have warned about the risks associated with the vaccine, and evidence the vaccines provide weak protection, especially as they were designed for the original Wuhan strain which has been supplanted by a wave of new strains.

In a letter submitted Wednesday to the FDA, 18 members of Congress addressed a number of concerns about the vaccines.

They asked the agency to, "Please list the medical emergencies of children 0 to 4 years old that enables the FDA to approve the COVID vaccine for children using its EUA."

In all, the Congress members demanded answers to 19 questions and requested a response before next week's meeting.

Commenting on today's announcement by the White House and on its timing — a week before FDA scientists meet to review data on the vaccines — Children's Health Defense (CHD) Chairman and Chief Legal Counsel Robert F. Kennedy, Jr. called on parents and physicians "now more than ever" to "step into the breach to protect our babies from our government."

Kennedy said the COVID-19 countermeasures, including the vaccines, were "never about science or public health."

He added:

> "Now they have departed from common sense and into naked cruelty and barbarism. By recommending an unapproved, experimental, zero-liability and high-risk medical intervention for an illness that poses zero statistical danger to that age group, the White House has made itself the enemy of America's children.
>
> "The Pharma gods have demanded child sacrifice and the high priests of public health have offered a generation of infants. Now more than ever, parents and physicians must step into the breach to protect our babies from our government."

Kennedy and CHD in February delivered a letter to top public health officials and the FDA's Vaccines and Related Biological Products Advisory Committee urging them to reject Pfizer's application for EUA of its COVID vaccine for children 6 months through 4 years of age.

According to the letter:

> "We are writing to put you on notice that should you recommend this pediatric EUA vaccine to children under five years old, CHD is poised to take legal action against you.
>
> "CHD will seek to hold you accountable for recklessly endangering this population with a product that has little, no, or even negative net efficacy but which may put them, without warning, at risk of many adverse health consequences, including heart damage, stroke and other thrombotic events and reproductive harms."

The FDA was originally scheduled to meet Feb. 15 to review Pfizer's EUA application for COVID-19 vaccines for children 6 months to 5 years old, but postponed the meeting citing insufficient data. Pfizer resubmitted its application June 1.

Moderna submitted its application for the vaccine for children 6 months to age 6 on April 28, after changing its efficacy claims to meet FDA guidelines.

SUGGEST A CORRECTION

The Defender Staff

06/07/22 • COVID › NEWS

COVID Vaccines Linked to New Type of Incurable, Fatal Degenerative Brain Disorder

Studies suggest a link between a rapidly progressing, incurable and fatal prion disease known as Creutzfeldt-Jakob Disease and COVID-19 vaccines.

By Megan Redshaw

Studies suggest a link between an incurable and fatal prion disease known as Creutzfeldt-Jakob Disease (CJD) and COVID-19 vaccines.

Researchers believe the prion region from the original Wuhan COVID-19 variant's spike protein was incorporated into mRNA vaccines and adenovirus vector vaccines — given to hundreds of millions of humans — and that it can cause a new type of rapidly progressing sporadic CJD.

According to Mayo Clinic, CJD is a degenerative brain disorder that leads to dementia and, ultimately, death.

Although the Omicron variant does not have a prion region on its spike protein, current COVID-19 vaccines still use the genetic material — including the prion region — of the parent Wuhan strain.

A French pre-print paper published in May on CJD and COVID-19 vaccination identified a new form of sporadic CJD that occurred within days of receiving a first or second dose of Pfizer or Moderna COVID-19 vaccines.

Researchers analyzed 26 cases of CJD and found the first symptoms appeared on average 11.38 days after injection with a COVID-19 vaccine.

Of the 26 cases, 20 had died by the time the study was published and six were still alive.

"The 20 deaths occurred only 4.76 months after the injection. Among them, 8 of them lead to a sudden death (2.5 months)," researchers wrote.

"This confirms the radically different nature of this new form of CJD, whereas the classic form requires several decades," wrote the researchers.

Dr. Jean-Claude Perez, lead author of the French study, on June 6 told The Epoch Times that all 26 cases resulted in death.

According to the Centers for Disease Control and Prevention (CDC), prion diseases are a family of rare progressive neurodegenerative disorders that affect humans and animals. Prion diseases are usually rapidly progressive and always fatal.

Although prions occur naturally in the brain and are usually harmless, they can become diseased or misfolded, affecting nearby prions and causing them to become misshapen.

The abnormal folding of the prion proteins "leads to brain damage and the characteristic signs and symptoms of the disease," the CDC's website states.

Sporadic CJD occurs when a person becomes infected for no apparent reason. Once a single prion becomes infected, it will progress to other prions, and there is no treatment capable of stopping it.

Prion area of original Wuhan strain spike protein present in all COVID vaccines can interact with human cells

Although the Omicron variant does not have a prion region on its spike protein, French researchers said other COVID-19 variants, including the parent Wuhan strain used in currently administered vaccines, do.

"We are now studying the very first cases of patients with Omicron, in South

Africa, Europe and the USA and Canada in particular," the researchers wrote. "In ALL of these cases, the Prion region has disappeared."

However, the Wuhan variant's spike protein gene information — including its prion region — was integrated into the Pfizer and Moderna mRNA vaccines and the AstraZeneca and Johnson & Johnson adenovirus vector vaccines.

"We have also demonstrated [...] that the Spikes of the Pfizer and Moderna mRNA injections also contain this same Prion region," the researchers wrote. "The same is true of ALL the other SARS-CoV2 vaccines since ALL are made from the Spike sequence of SARS-CoV2 from Wuhan, which we have demonstrated contains the Prion region."

With mRNA vaccines, once mRNA is incorporated into the cells, the cell turns mRNA instructions into a COVID-19 spike protein that tricks the cells into believing it has been infected so the body will create an immunological memory against a piece of the virus.

With adenovirus vector vaccines, the DNA of the spike protein is carried into the cell through an adenovirus vector and then into the nucleus where all human DNA is stored. Once there, DNA is transcribed into mRNA and made into the spike protein.

A U.S. study published in Microorganisms in January 2022 showed the prion area of the SARS-CoV-2 spike protein incorporated into COVID-19 vaccines is able to interact with human cells.

Although the CDC says COVID-19 vaccines cannot "alter your DNA," studies show mRNA can be changed into DNA and incorporated into the human genome.

A U.S. study speculated that a misfolded spike protein could create a misfolded prion region that may be able to interact with healthy prions to cause damage, leading to CJD disease.

A peer-reviewed case report published in Turkey and the French preprint identified sudden CJD cases appearing following vaccination with the Pfizer, Moderna and AstraZeneca vaccines, suggesting links between getting vaccinated and the disease.

A study published last year in Microbiology & Infectious Diseases found a potential link between Pfizer's vaccine and prion disease in humans.

Despite the existence of new SARS-COV-2 variants, people are still receiving the original COVID-19 vaccines developed with the parent Wuhan variant's spike protein.

Numerous cases of CJD reported in the U.S.

A U.S. case report in March highlighted 64-year-old Cheryl Cohen's battle with CJD, which developed within days of her second dose of Pfizer's COVID-19 vaccine.

The report stated:

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> "This case identifies potential adverse events that could occur with the administration of the novel COVID-19 vaccine. Moreover, clinicians need to consider neurodegenerative diseases such as prion disease (e.g. sporadic Creutzfeldt-Jakob disease), autoimmune encephalitis, infection, non-epileptic seizure, toxic-metabolic disorders, etc. in their differential diagnoses when a patient presents with rapidly progressive dementia, particularly in the setting of recent vaccination.
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Beauchine said his mother received her first dose of Moderna on Feb. 16, 2021, and didn't report any complaints. After getting the second dose on March 17, Carol immediately said she "felt different."

Carol's symptoms began with numbness that spread from the arm in which she received her injection to the entire left side of her body.

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Doctors initially thought Carol had suffered a stroke or anxiety. Scans later showed there were abnormalities with her cerebellum.

Carol's condition progressed rapidly and she was eventually diagnosed with CJD and given days to live. She died within months of receiving her second dose of Moderna.

Carol's doctors filed a report with the CDC's Vaccine Adverse Event Reporting System (VAERS I.D. 2180699).

To date, the CDC has not reached out to the family despite an autopsy confirming her death was caused by CJD — a condition she did not have prior to receiving her COVID-19 vaccine.

In another exclusive interview with The Defender, Richard Sprague said his wife, Jennifer, developed CJD after the Pfizer COVID-19 shot and died within five months of the second dose.

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Four days after the second dose, Jennifer experienced her first episode of a "sudden strange event she couldn't explain."

Jennifer started having more episodes and her left hand and side began to tremble. On Oct. 13, 2021, Jennifer went back to the doctor, who prescribed Xanax for anxiety.

Jennifer's disease progressed rapidly until she was unable to sit up and walk independently. Scans confirmed Jennifer had significant changes on the right side of her brain. A new medical team performed a spinal tab and confirmed Jennifer had CJD. By this time, Jennifer was unable to get out of bed.

"Your brain is just disappearing. It's crazy," Sprague said. "You're in this perfect healthy body and your brain just dies within the course of a few months."

After Jennifer was diagnosed with CJD on Feb. 12, her insurance company said it would no longer pay for her care and Sprague was told his wife would not recover.

Jennifer died on Feb. 21 — five months after receiving her second dose of Pfizer.

According to the latest data from VAERS, 56 cases of rapid-onset CJD have been reported following COVID-19 vaccines since Dec. 14, 2021.

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SUGGEST A CORRECTION

Megan Redshaw
Megan Redshaw is a staff attorney for Children's Health Defense and a reporter for The Defender.

06/07/22 • COVID › NEWS

COVID Vaccines Linked to New Type of Incurable, Fatal Degenerative Brain Disorder

Studies suggest a link between a rapidly progressing, incurable and fatal prion disease known as Creutzfeldt-Jakob Disease and COVID-19 vaccines.

By Megan Redshaw

Studies suggest a link between an incurable and fatal prion disease known as Creutzfeldt-Jakob Disease (CJD) and COVID-19 vaccines.

Researchers believe the prion region from the original Wuhan COVID-19 variant's spike protein was incorporated into mRNA vaccines and adenovirus vector vaccines — given to hundreds of millions of humans — and that it can cause a new type of rapidly progressing sporadic CJD.

According to Mayo Clinic, CJD is a degenerative brain disorder that leads to dementia and, ultimately, death.

Although the Omicron variant does not have a prion region on its spike protein, current COVID-19 vaccines still use the genetic material — including the prion region — of the parent Wuhan strain.

A French pre-print paper published in May on CJD and COVID-19 vaccination identified a new form of sporadic CJD that occurred within days of receiving a first or second dose of Pfizer or Moderna COVID-19 vaccines.

Researchers analyzed 26 cases of CJD and found the first symptoms appeared on average 11.38 days after injection with a COVID-19 vaccine.

Of the 26 cases, 20 had died by the time the study was published and six were still alive.

"The 20 deaths occurred only 4.76 months after the injection. Among them, 8 of them lead to a sudden death (2.5 months)," researchers wrote.

"This confirms the radically different nature of this new form of CJD, whereas the classic form requires several decades," wrote the researchers.

Dr. Jean-Claude Perez, lead author of the French study, on June 6 told The Epoch Times that all 26 cases resulted in death.

According to the Centers for Disease Control and Prevention (CDC), prion diseases are a family of rare progressive neurodegenerative disorders that affect humans and animals. Prion diseases are usually rapidly progressive and always fatal.

Although prions occur naturally in the brain and are usually harmless, they can become diseased or misfolded, affecting nearby prions and causing them to become misshapen.

The abnormal folding of the prion proteins "leads to brain damage and the characteristic signs and symptoms of the disease," the CDC's website states.

Sporadic CJD occurs when a person becomes infected for no apparent reason. Once a single prion becomes infected, it will progress to other prions, and there is no treatment capable of stopping it.

Prion area of original Wuhan strain spike protein present in all COVID vaccines can interact with human cells

Although the Omicron variant does not have a prion region on its spike protein, French researchers said other COVID-19 variants, including the parent Wuhan strain used in currently administered vaccines, do.

"We are now studying the very first cases of patients with Omicron, in South

Africa, Europe and the USA and Canada in particular," the researchers wrote. "In ALL of these cases, the Prion region has disappeared."

However, the Wuhan variant's spike protein gene information — including its prion region — was integrated into the Pfizer and Moderna mRNA vaccines and the AstraZeneca and Johnson & Johnson adenovirus vector vaccines.

"We have also demonstrated [...] that the Spikes of the Pfizer and Moderna mRNA injections also contain this same Prion region," the researchers wrote. "The same is true of ALL the other SARS-CoV2 vaccines since ALL are made from the Spike sequence of SARS-CoV2 from Wuhan, which we have demonstrated contains the Prion region."

With mRNA vaccines, once mRNA is incorporated into the cells, the cell turns mRNA instructions into a COVID-19 spike protein that tricks the cells into believing it has been infected so the body will create an immunological memory against a piece of the virus.

With adenovirus vector vaccines, the DNA of the spike protein is carried into the cell through an adenovirus vector and then into the nucleus where all human DNA is stored. Once there, DNA is transcribed into mRNA and made into the spike protein.

A U.S. study published in Microorganisms in January 2022 showed the prion area of the SARS-CoV-2 spike protein incorporated into COVID-19 vaccines is able to interact with human cells.

Although the CDC says COVID-19 vaccines cannot "alter your DNA," studies show mRNA can be changed into DNA and incorporated into the human genome.

A U.S. study speculated that a misfolded spike protein could create a misfolded prion region that may be able to interact with healthy prions to cause damage, leading to CJD disease.

A peer-reviewed case report published in Turkey and the French preprint identified sudden CJD cases appearing following vaccination with the Pfizer, Moderna and AstraZeneca vaccines, suggesting links between getting vaccinated and the disease.

A study published last year in Microbiology & Infectious Diseases found a potential link between Pfizer's vaccine and prion disease in humans.

Despite the existence of new SARS-COV-2 variants, people are still receiving the original COVID-19 vaccines developed with the parent Wuhan variant's spike protein.

Numerous cases of CJD reported in the U.S.

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Megan Redshaw is a staff attorney for Children's Health Defense and a reporter for The Defender.

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Court Orders CDC to Release Data Indicating 18 Million Vaccine Injuries in America

written by GEG | October 17, 2022

A federal court ordered the CDC to release internal data to vaccine watchdog group, the Informed Consent Action Network (ICAN). The CDC's data shows that 10 million people participated in V-safe, a CDC vaccine monitoring program that began at the very beginning of the COVID shot rollout in December of 2020. Of the 10 million people who participated in V-safe, 3.3 million reported Adverse Health Impacts (AHIs) immediately after their first vaccination; 1.3 million reported getting so sick from the shots that they had to miss school or work; 800,000 reported being hospitalized by their COVID vaccination. That's an 8% hospitalization rate!

An estimated 230 million Americans received at least one shot, and 8% of them, or 18 million people, may have been hospitalized due to vaccine injury. The CDC has been lying to the American people about the vaccines all this time.

More than 18 million people were injured so badly by their first COVID shot from Pfizer or Moderna that they had to go to the hospital. That's according to the CDC's own internal data, which a court just ordered the federal agency to release to a watchdog

group.

Instead of alerting the public to the incredible dangers of these shots and completely shutting down Joe Biden's mass vaccination mandates, the CDC covered up the info until it was forced to release. Everyone in a position of authority at the CDC should be fired for this. What good is a "public health" agency if it fails to alert the public that 8% of vaccine recipients are being hospitalized?

The CDC started a vaccine monitoring program back at the very beginning of the COVID shot rollout in December of 2020. You might remember it. The program was called V-safe. People were asked to install the V-safe app on their smartphones and then self-report if they have any negative effects from the experimental mRNA shots, which were released to the public under an Emergency Use Authorization from the FDA.

A lot of people were eager to help, because world governments had scared many folks very badly over the virus. Many thought that the COVID shots were a medical miracle in late 2020. So, more than 10 million people downloaded V-safe on their smartphones, and then proceeded to get vaccinated.

That's a huge sample size for a medical study. With 10 million people participating in the V-safe self-reporting system, it gives us an extremely accurate statistical model to use when studying the 230 million Americans who have had at least one COVID shot.

The CDC tracked data in the V-safe program for the first 18 months of the vaccine's public availability, up through July of this year. But then, strangely, the CDC never published any data from V-safe. We couldn't see it. We just had to trust the CDC, which had been caught lying repeatedly.

The CDC's main webpage about the mRNA COVID shots still says, to this very day, "COVID-19 vaccines are safe, effective and free." That's the very first sentence on the website. Safe and effective! That's been the CDC's position for the entire time. The vaccines are safe, and they cannot hurt you.

If that's true, then why wouldn't the CDC release the data until a court ordered it to do so following a lawsuit by the Informed Consent Action Network (ICAN)? The data speaks for itself.

Of the 10 million people who participated in V-safe – again, a massive sample size – 3.3 million reported Adverse Health Impacts (AHIs) immediately after their first vaccination. That's 33% or one-in-three. Of those 3.3 million people, 1.2 million reported that they were unable to perform daily activities for a time after vaccination. 1.3 million reported getting so sick from the shots that they had to miss school or work. And about 800,000 reported being hospitalized by their COVID vaccination.

That last figure is the most worrisome. 800,000 hospitalizations out of 10 million people? That's an 8% hospitalization rate. It means that as many as 18 million of the 230 million people who received at least one shot may have been hospitalized with an adverse reaction.

A study published in June of 2021 by the National Institutes of Health – where Tony Fauci works – found that the hospitalization rate from COVID-19 for the total population was 2.1%. If you are under the age of 40, the hospitalization rate from COVID-19 is just 0.4%.

For the shots, the hospitalization rate has been 8%.

Read full article here…

Canada Drops COVID Vaccine Travel Mandate. 9 out of 10 People Who Recently Died Were Vaxxed

September 28, 2022 UK Expose 6

Justin Trudeau, Youtube

Canada has dropped its COVID injection mandate and mask requirement on airplanes. Official Government of Canada reports

TRENDING

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confirm that over the past three months, quadruple and triple vaccinated Canadians have reportedly accounted for 9 in every 10 Covid-19 deaths. The most recent figures show that there were 2,145 Covid-19 deaths between 13th June and 28th August 2022, and the vaccinated population accounted for 1,841 of them, with a shocking 1,123 deaths among the triple vaccinated and 548 deaths among the quadruple vaccinated population. Prime Minister Justin Trudeau has tested positive for COVID, for a second time despite receiving three COVID vaccines.

Back in June, Justin Trudeau, the Prime Minister of Canada, tested positive for Covid-19 for a second time despite allegedly being triple vaccinated. But despite this personal and clear evidence the that Covid-19 injections are useless, Trudeau refused to remove the Covid vaccine mandates he had enforced across Canada.

However, four months later, Trudeau has finally relented and decided to drop the Covid-19 vaccine mandates across Canada.

What's changed his mind? Trudeau will most likely insist it's because of the huge success of the Covid-19 vaccine roll-out. But he will be lying.

We know he will be lying because official Government of Canada reports confirm that over the past three months, quadruple and triple vaccinated Canadians have accounted for 9 in every 10 Covid-19 deaths.

This and the fact he has repeatedly tested positive for Covid-19 despite having numerous jabs are most likely the two main reasons why Justin Trudeau has finally decided to end his two and half year dictatorship in the name of Covid-19 across Canada.

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GEG COMMENTARY – MOST RECENT

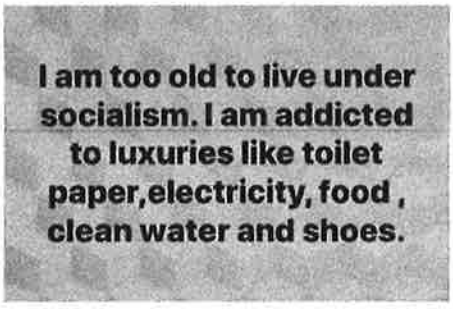
Vaccine Injuries and Deaths Caught on Camera
September 27, 2021 2

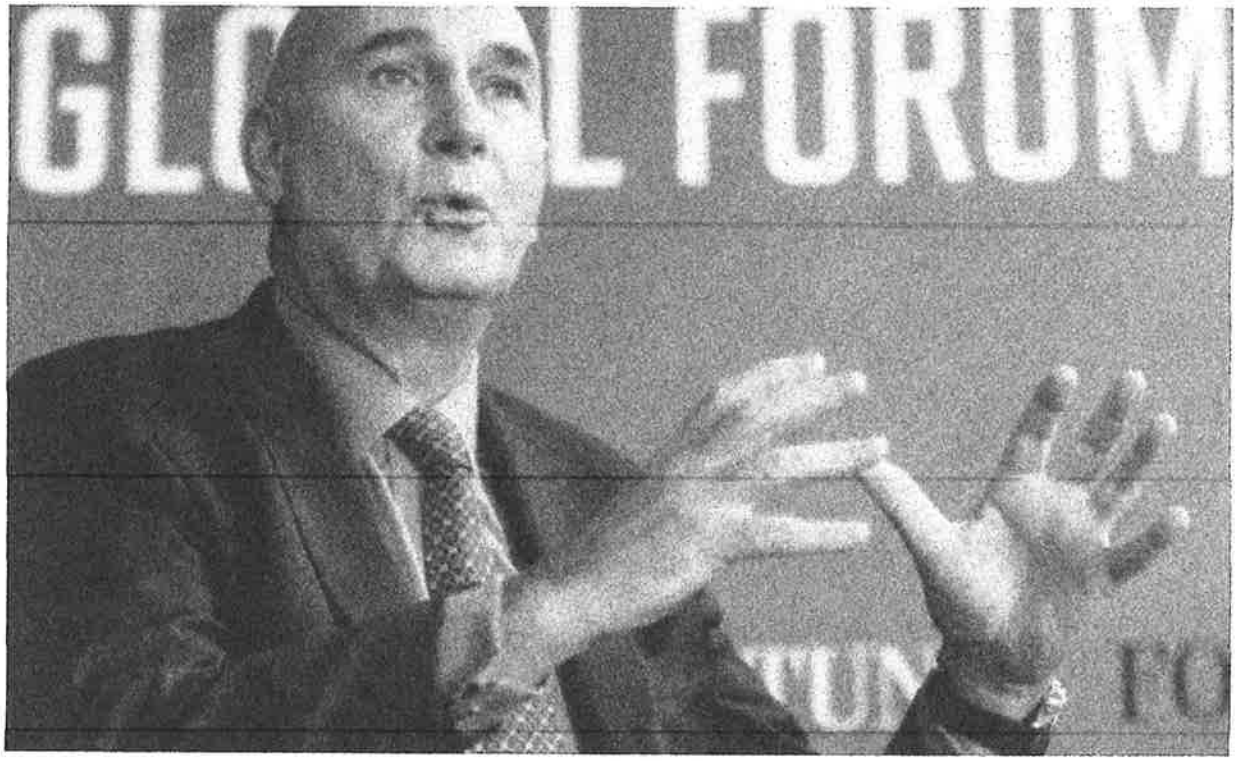
Hospital Whistleblower Reports that Doctors & Hospitals do not Report Vaccine Injuries & Deaths
September 27, 2021 0

'Freedom Angels' Teach How to Organize against and Defeat Mandatory Vaccines in Schools
September 13, 2021 0

Los Angeles School System First in Nation to Require 2 Doses of Pfizer Vax for Students
September 12, 2021 1

Members of Congress, their Aides and Federal Courts are Exempt from Vaccine Mandate!
September 12, 2021 3





While we all fixate on glyphosate, Monsanto prepares its next GM trick: RNA pesticides

JP Sottile | 11th April 2016

The global pesticide and bioscience giant Monsanto is a byword for evil for millions of campaigners and concerned citizens, writes JP Sottile. But that has never stopped it getting its way with the people that matter - politicians and regulators. And now the company is on the verge of biggest victory ever - winning clearance to spray biologically active RNA sequences on US crops.

Americans are now drinking biosludge water recycled from raw human sewage

Monday, August 22, 2022 by: Belle Carter

Tags: badhealth, Biosludge, California, clean water, Collapse, Dangerous, direct potable reuse, DPR, Drought, Los Angeles, rationing, scarcity, sewer water, tap water, Texas, water filtration, water purification, water recycling, water supply, water system

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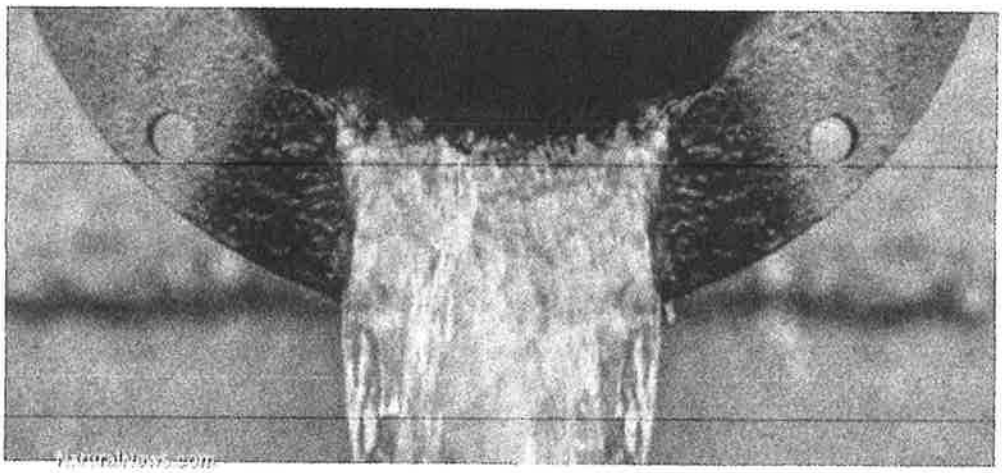


(Natural News) The worst recorded drought in modern history has left farmlands dry, causing diminished feed available for livestock in the agricultural areas of the United States. The dry spell has also caused shortages in drinking water.

Some states such as Texas, which is very much affected by the drought, have already legalized a water recycling method known as direct potable reuse (DPR).

The process involves sending treated sewage water directly to a drinking water system for distribution to communities. This differs from indirect potable reuse, where water spends time in a substantial environmental barrier such as an underground aquifer or in a reservoir.

This method is case-by-case basis legal in Arizona. Other states are also in the process of formulating regulations to legalize it, including California, Colorado and Florida.

According to so-called experts, drinking water that was recently flushed down the toilet bowl, shower drain or kitchen sink isn't really bad as the water produced by DPR meets federal drinking water quality standards.

"People need that change in mindset, forgetting where your water came from and focusing more on how clean it is when it is in front of you," Dan McCurry, a civil and environmental engineering professor at the *University of Southern California*, told *CNBC*.

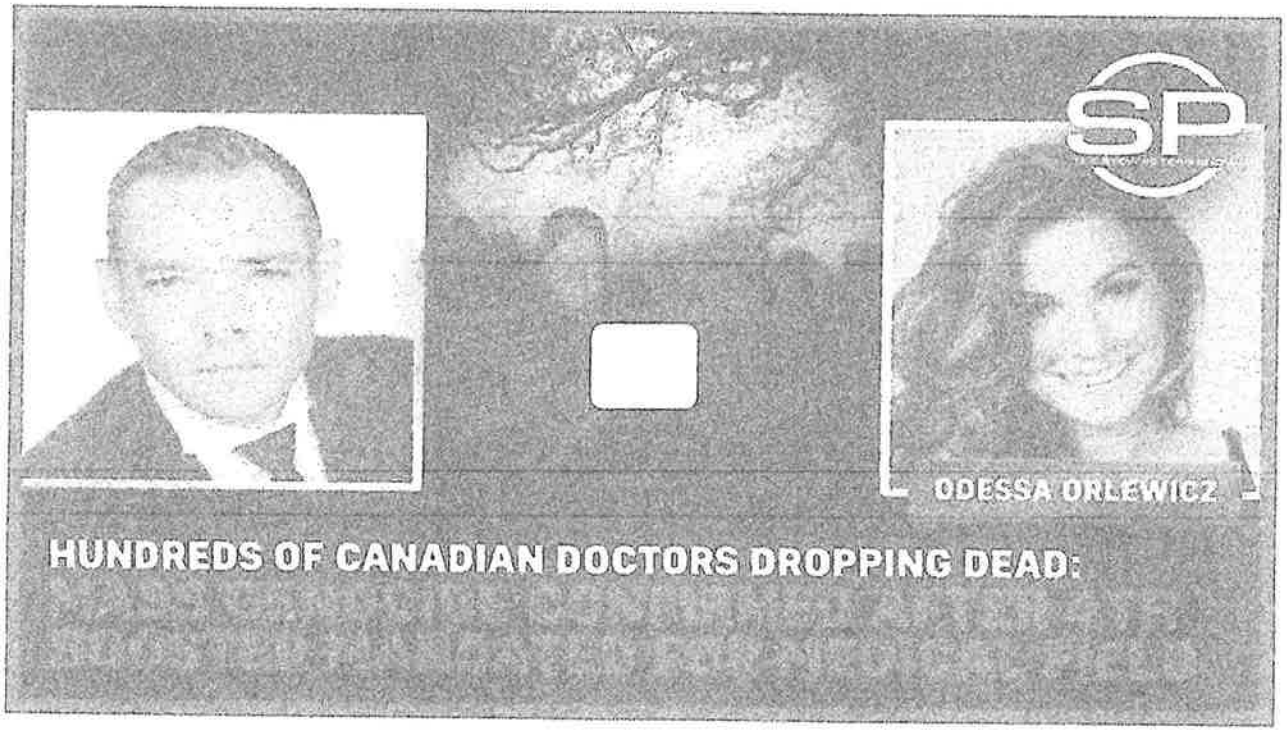
Big Spring and Wichita Falls, both located in Texas, have already used DPR to boost the cities' drinking water supply. According to reports, Wichita Falls implemented DPR starting in July 2014 for about a year. This was their emergency solution to the historic five-year drought.

As per Chris Horgen, the city's public information officer, DPR produced five million gallons of treated water each day in the city, representing a third of the drinking water distributed to taps.

"The state was that close to delivering water bottles to us in that final year. That is what would have happened without DPR," he said. McCurry said that DPR involves sewage water being treated at a wastewater treatment plant, which cleans it to a level that meets the

Hundreds Of Canadian Doctors Dead: Genocide Confirmed After 4th Booster Mandated For Medical Field

Stew Peters Network · Published August 22, 2022 · 136,378 Views



Doctors are dropping like flies in Canada, and the culprit is the deadly vaccine forced upon them by the tyrannical government.
Canada is raising the requirements to be considered fully jabbed, and it is killing people!

Odessa Orlewicz joins us today to discuss this ongoing problem.
Prepare your family for famine and shortages by purchasing food through: https://heavensharvest.com/.

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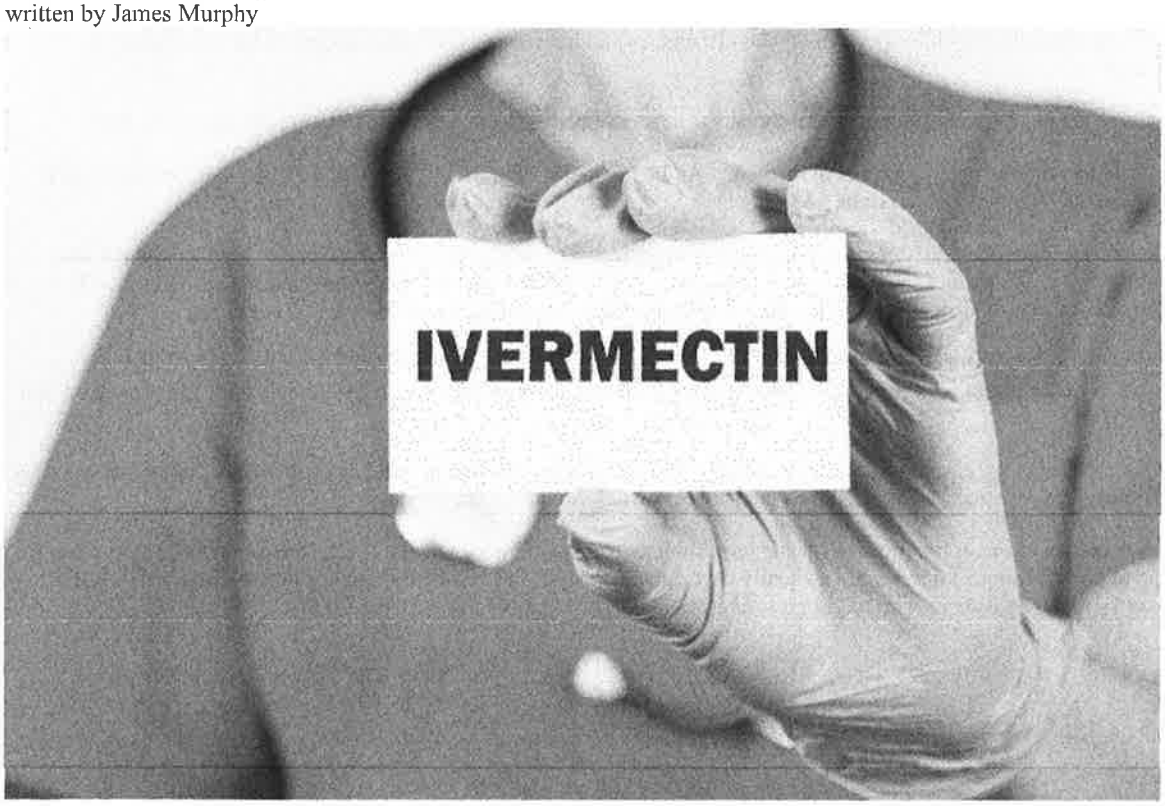
The New American

TheNewAmerican.com

Tuesday, November 29, 2022

Physicians Sue FDA Over Statements Disparaging Ivermectin

written by James Murphy



Three prominent physicians have filed a lawsuit against the U.S. Food and Drug Administration (FDA) and the Department of Health and Human Services (HHS) over allegations that those federal agencies effectively banned the use of ivermectin to treat Covid-19. Also named in the lawsuit were HHS head Xavier Becerra and FDA chief Dr. Robert Califf.

The three physicians — Dr. Robert L. Apter, M.D., Dr. Mary Talley Bowden, M.D., and Dr. Paul E. Marik — claim that the federal government overstepped its bounds when it directed physicians and the general public "not to use ivermectin to treat COVID-19, even though the drug remains fully approved for human use."

Recall that during the height of Covid-19 hysteria, ivermectin was widely ridiculed by many in the mainstream media as a "horse dewormer," even though it had Nobel Prize-winning pedigree for its uses in treating malaria and had been approved for use in humans by none other than the FDA.

According to FDA attorney Isaac Belfer, the federal agency did disparage the drug but did not, technically, ban its use.

"The cited statements were not directives. They were not mandatory. They were recommendations. They said what parties should do," Belfer said.

"They did not say you may not do it, you must not do it. They did not say it's prohibited or it's unlawful. They also did not say that doctors may not prescribe ivermectin," Belfer has said.

"They use informal language, that is true. It's conversational but not mandatory," Belfer said.

Among that "informal language" were several social-media posts, which strongly hinted that taking ivermectin, whether provided by a physician or not, was a fool's errand, akin to using veterinary medicine.

One tweet from August 21, 2021 stated, "You are not a horse. You are not a cow. Seriously, y'all. Stop it." The tweet linked to an article from the FDA titled Why You Should Not Use Ivermectin to Treat or Prevent COVID-19.

Another tweet dated April 26, 2022 read, "Hold your horses y'all. Ivermectin may be trending but it still isn't authorized or approved to treat COVID-19." This tweet linked to the same FDA article about why one should not use ivermectin to treat Covid-19.

> Hold your horses, y'all. Ivermectin may be trending, but it still isn't authorized or approved to treat COVID-19. https://t.co/TWb75xYEY4
>
> — U.S. FDA (@US_FDA) April 26, 2022

An attorney for the physicians, Jared Kelson, says that the FDA went way too far in criticizing a medication that had been proven effective in certain antiviral applications.

"Conversational" or not, Kelson argued that the FDA words "clearly convey that [ivermectin] is not an acceptable way to treat these patients."

The attorney for the physicians noted if the government "is going to label ivermectin a horse medicine or a horse de-wormer and promulgate the idea that it is only for animals, then the natural correlation is that doctors who prescribe it are horse doctors or quack doctors, which has played out."

The FDA and HHS were very strong supporters of the experimental Covid vaccines and have disparaged other treatment options including ivermectin and hydroxychloroquine.

Government lawyers have moved to dismiss the case, claiming that the physicians' complaints can't be reasonably linked back to the FDA.

"It's one of the most famously safe drugs in the history of human medicine. And when people did exactly what the FDA said to 'Stop it. Stop it with the ivermectin,' I don't understand how that would not be traceable back to the FDA," Kelson said.

One of the physicians suing the government, Dr. Marik, chief of pulmonary and critical care medicine at Eastern Virginia Medical School and director of the intensive care unit at Sentara Norfolk General Hospital, was using ivermectin to treat Covid-19 patients in 2020. After the FDA's "conversational" statements, the medical school demanded that he remove his ivermectin protocol from its website.

Also after the government's badmouthing of ivermectin, Sentara cited the FDA in a memo directing hospital staff to stop using the drug for the treatment of Covid-19. Marik sued Sentara, claiming it was outrageous to block a treatment option without scientific evidence that the option was harmful or ineffective.

"This is really unprecedented in the world," Marik said on a podcast with Dr. Mobeen Syed. "The doctor at the bedside decides what's best for his or her patient. He takes responsibility or the patient. He understands the patient. He individualizes the patient."

In the case of ivermectin, hospital and government functionaries "who have limited or no experience with COVID," according to Marik, were guilty of telling physicians what to do regarding a known and frequently used antiviral drug. And in the process they attacked the drug itself as being a purely veterinary drug and painted physicians who might prescribe it as fools.

3 Ways Spike Protein Harms the Body and How to Remove It

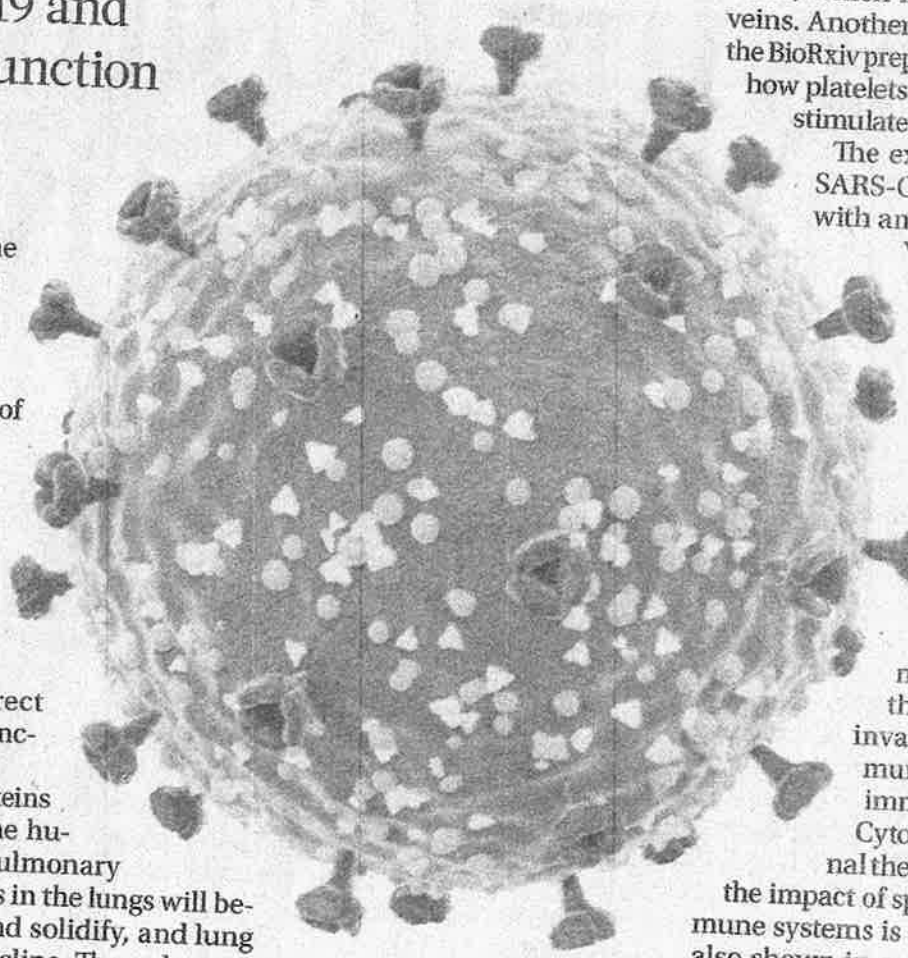
he signature protein of COVID-19 and ne vaccine can undermine cell function with long-lasting effects

ntinued from C1

w more and more people are concerned t the spike proteins used in the vaccines l present in the virus are the cause of g COVID syndrome.

ne spike protein, also known as the S tein, is the largest structural protein he SARS-CoV-2 virus, which causes /ID-19. It's a signature structure that rudes from the surface of the virus, ting the crown-like shape that coro- ruses get their name from. Corona is n for "crown" or "wreath."

nen the pandemic first started to ad, people's understanding of the spike ein was very limited. It was thought the spike protein only played the role vading our cells by binding to the ACE iotensin-converting enzyme) recep- on our cell walls. However, scientists slowly discovered that the effects of rotein are multifaceted, and it inter- vith other cellular tissues besides the receptors.



and putting the body in a hyperoxidized state, which may further increase the risk of cancer.

A new study published in the Journal of the American Heart Association found that spike proteins also have a direct effect on lung function.

When spike proteins are present in the human body, the pulmonary alveolar cell walls in the lungs will begin to thicken and solidify, and lung functions will decline. The pulmonary alveoli are the tiny, balloon-shaped air sacs that expand and shrink in our lungs as we breathe.

ERSTOCK

In addition, spike proteins themselves can directly stimulate pericardial cells to produce more pro-inflammatory factors that can damage the myocardium and cause blood clots.

Spike proteins can also induce thrombosis, which is when blood clots block veins. Another experiment published in the BioRxiv preprint repository investigated how platelets would change after being stimulated by spike proteins.

The experiment compared the SARS-CoV-2 virus spike protein with another viral protein called VSV (Vesicular stomatitis virus) and found that more platelets were induced to clot in the presence of the spike proteins.

Spike Proteins Impair Immunity

When the human body is infected by a coronavirus such as COVID-19, the immune system recognizes the spike protein as an invader and the innate immune system and acquired immune system get to work. Cytokines are released to signal the area to defend. In short, the impact of spike proteins on the immune systems is comprehensive. This is also shown in a paper published in the journal Leukemia.

For instance, there are 11 types of toll-like receptors in the innate immune system and

The Last American Vagabond

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The Last American Vagabond

By Ryan Cristián

United States

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Clint Russell Interview – Battling The Two-Party Illusion & Its Fast Track To The Great Reset

November 15, 2022

Joining me today on Moving Target is Clint Russell of Liberty Lockdown, here to discuss the Two Party Illusion, why it exists, and the may different ways in which this deception influences our daily l

Ukraine/CIA Ties To "Unite The Right Rally", MSM Truth Lite, RSV Sidestep & CBDC/Digital ID Lockstep

November 14, 2022

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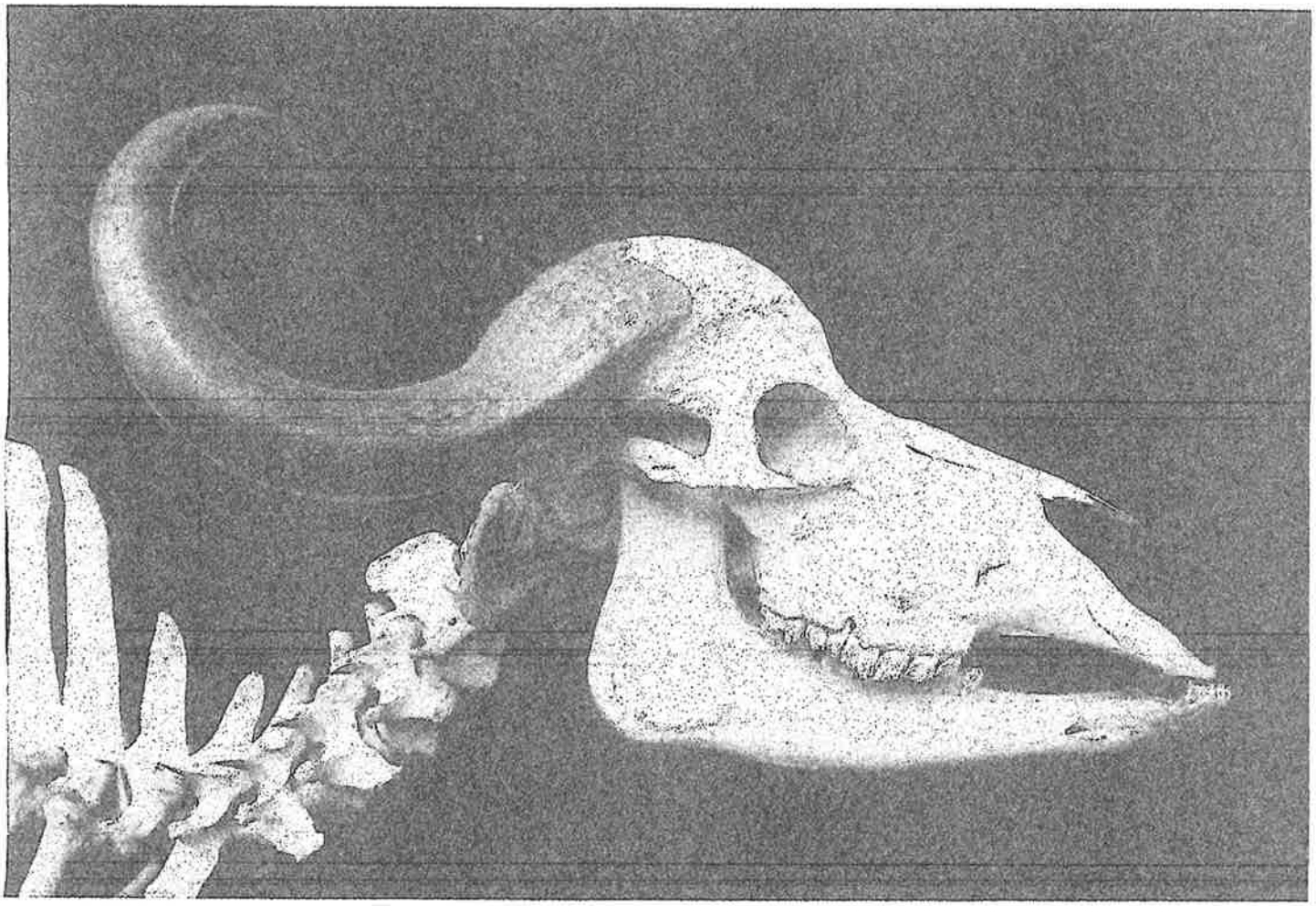
County	WS City	PWS ID	PWS Name	Fluoride Source	FT ResPop
CLALLAM	FORKS	26000	FORKS MUNICIPAL WATER DEPT	Fluoridated	4350
CLALLAM	PORT ANGELES	07386	OLD JOE ROAD	Intertie	8
CLARK	BATTLE GROUND	04700	BATTLE GROUND WATER DEPT, CITY OF	Fluoridated	16710
CLARK	CAMAS	10800	CAMAS MUNICIPAL WATER SEWER SYSTEM	Fluoridated	23020
CLARK	VANCOUVER	91200	VANCOUVER, CITY OF	Fluoridated	231000
COWLITZ	CASTLE ROCK	11800	CASTLE ROCK MUNICIPAL WATER	Fluoridated	2373
COWLITZ	KALAMA	37550	KALAMA, CITY OF	Fluoridated	2900
COWLITZ	KELSO	38000	KELSO, CITY OF	Fluoridated	12288
COWLITZ	LONGVIEW	48100	LONGVIEW WATER DEPARTMENT	Fluoridated	40878
COWLITZ	KELSO	15650	BEACON HILL WATER & SEWER DISTRICT	Intertie	9500
COWLITZ	WOODLAND	18150	DAVIS TERRACE WATER ASSN	Intertie	222
COWLITZ	KELSO	88905	TOUTLE COMMUNITY REGIONAL WATER	Intertie	2103
FRANKLIN	PASCO	66400	PASCO WATER DEPARTMENT	Fluoridated	51590
GRAYS HARBOR	ABERDEEN	00050	ABERDEEN, CITY OF	Fluoridated	16920
GRAYS HARBOR	MONTESANO	56000	MONTESANO, CITY OF	Fluoridated	4711
GRAYS HARBOR	COSMOPOLIS	15050	COSMOPOLIS WATER DEPARTMENT	Intertie	1635
ISLAND	OAK HARBOR	62650	OAK HARBOR, CITY OF	Fluoridated	18716
ISLAND	OAK HARBOR	61603	NORTH WHIDBEY WATER DISTRICT	Intertie	20
KING	MAPLE VALLEY	41800	CEDAR RIVER WATER & SEWER DISTRICT	Fluoridated	23635
KING	KENT	40650	HIGHLINE WATER DISTRICT	Fluoridated	68258
KING	ISSAQUAH	36350	ISSAQUAH WATER SYSTEM	Fluoridated	22926
KING	KENT	38150	KENT WATER DEPARTMENT	Fluoridated	67151
KING	KENT	41900	KING COUNTY WATER DISTRICT 111	Fluoridated	20000
KING	RENTON	41150	KING COUNTY WATER DISTRICT NO 90	Fluoridated	18000
KING	REDMOND	71650	REDMOND WATER SYSTEM, CITY OF	Fluoridated	60650
KING	RENTON	71850	RENTON, CITY OF	Fluoridated	62100
KING	SAMMAMISH	40900	SAMMAMISH PLATEAU WATER & SEWER	Fluoridated	54468
KING	SEATTLE	77050	SEATTLE PUBLIC UTILITIES	Fluoridated	678000
KING	BELLEVUE	05575	BELLEVUE, CITY OF	Intertie	142900
KING	BOTHELL	07900	BOTHELL WATER, CITY OF	Intertie	15268
KING	NEWCASTLE	41750	COAL CREEK UTILITY DISTRICT	Intertie	11833
KING	ENUMCLAW	AC190	Coal Creek Water Society	Intertie	24
KING	ENUMCLAW	16650	CUMBERLAND COOP WATER SYSTEM	Intertie	152
KING	DUVALL	20750	DUVALL, CITY OF	Intertie	7183
KING	GIG HARBOR	AA882	GRAND RIDGE	Intertie	24
KING	SHORELINE	32900	HIGHLANDS, INC., THE	Intertie	243
KING	SEATTLE	41998	KING COUNTY WATER DISTRICT #125	Intertie	14760
KING	SEATTLE	38950	KING COUNTY WATER DISTRICT #20	Intertie	31710

County	WS City	PWS ID	PWS Name	Fluoride Source	FT ResPop
KING	SEATTLE	39700	KING COUNTY WATER DISTRICT #45	Intertie	3413
KING	BURIEN	39800	KING COUNTY WATER DISTRICT #49	Intertie	15987
KING	DUVALL	41985	KING COUNTY WATER DISTRICT 119	Intertie	3250
KING	KIRKLAND	42250	KIRKLAND, CITY OF	Intertie	40648
KING	MAPLE VALLEY	46415	LAYTON CREEK ASSOC INC	Intertie	23
KING	MERCER ISLAND	53640	MERCER ISLAND, CITY OF	Intertie	22720
KING	KENMORE	40800	NORTHSHORE UTILITY DISTRICT	Intertie	70146
KING	SHORELINE	39600	North City Water District	Intertie	24886
KING	RENTON	40100	SOOS CREEK WATER & SEWER DISTRICT	Intertie	62898
KING	TUKWILA	89500	TUKWILA WATER DEPARTMENT	Intertie	8260
KING	WOODINVILLE	41600	WOODINVILLE WATER DISTRICT	Intertie	48400
KITSAP	BAINBRIDGE ISLAND	97650	BAINBRIDGE ISLAND, CITY OF	Fluoridated	5995
KITSAP	MANCHESTER	50700	MANCHESTER WATER DISTRICT	Fluoridated	8148
KITSAP	PORT ORCHARD	68900	PORT ORCHARD WATER DEPT	Fluoridated	7827
KITSAP	POULSBO	69150	POULSBO, CITY OF	Fluoridated	9388
KITSAP	BAINBRIDGE ISLAND	73450	ROCKAWAY BEACH WATER	Fluoridated	190
KITSAP	PORT ORCHARD	02600	West Sound Utility District #1	Fluoridated	18790
KITTITAS	ELLENSBURG	22950	ELLENSBURG WATER DEPT	Fluoridated	18370
LEWIS	CENTRALIA	12200	CENTRALIA UTILITIES	Fluoridated	15751
LEWIS	CHEHALIS	12250	CHEHALIS WATER DEPARTMENT	Fluoridated	7185
PACIFIC	RAYMOND	71500	RAYMOND WATER DEPARTMENT	Fluoridated	2970
PACIFIC	SOUTH BEND	81500	SOUTH BEND WATER DEPARTMENT	Fluoridated	1630
PIERCE	FIRCREST	25150	FIRCREST, CITY OF	Fluoridated	6080
PIERCE	JOINT BASE LEWIS-MCCORD	26050	JBLM Lewis	Fluoridated	29115
PIERCE	JOINT BASE LEWIS-MCCORD	52200	JBLM McChord Field	Fluoridated	3598
PIERCE	TACOMA	86800	TACOMA WATER DIVISION, CITY OF	Fluoridated	315777
PIERCE	PUYALLUP	18552	ANDRAIN ROAD WATER ASSN	Intertie	189
PIERCE	TACOMA	16950	CURRAN ROAD MUTUAL WATER ASSN	Intertie	1447
PIERCE	FIFE	25050	FIFE DEPT OF PUBLIC WORKS	Intertie	9290
SKAGIT	ANACORTES	02200	ANACORTES, CITY OF	Fluoridated	15734
SNOHOMISH	EVERETT	24050	EVERETT PUBLIC WORKS DEPT. CITY OF	Fluoridated	103000
SNOHOMISH	EDMONDS	63600	OLYMPIC VIEW WATER & SEWER DISTRICT	Fluoridated	12938
SNOHOMISH	EVERETT	80907	SNO PUD 1 - LAKE STEVENS	Fluoridated	46298
SNOHOMISH	SULTAN	84770	SULTAN WATER DEPARTMENT	Fluoridated	4500
SNOHOMISH	SNOHOMISH	02603	103RD DR SE WATER SYSTEM	Intertie	11
SNOHOMISH	LAKE STEVENS	04158	122ND AVE WATER SYSTEM	Intertie	9
SNOHOMISH	MONROE	44841	273RD AVE SE WATER SYSTEM	Intertie	9
SNOHOMISH	SNOHOMISH	37925	60TH STREET WATER WORKS	Intertie	24

LETHAL INJECTIONS: 18% of cattle DIE immediately following mRNA "vaccination"

Friday, October 21, 2022 by: Ethan Huff
Tags: animal health, Cattle, chemical violence, COVID, death, food supply, mRNA, new vaccines, vaccines, world agriculture

This article may contain statements that reflect the opinion of the author



(Natural News) Much of the conversation surrounding mRNA (messenger RNA) "vaccines" centers around their impact on humans, how about all the animals that are being injected with it?

Believe it or not, cattle are reportedly now getting jabbed with the stuff, which in a recent mass "vaccination" campaign of an Austra herd resulted in 35 of the 200 animals dying *immediately*.

We are told that dairy farmers and others are now being *forced* to inject their animals for the Fauci Flu in order to remain in busines and that the animals are not responding well to it.

Just like in humans, the shots are causing such profound damage that many of the animals are succumbing to *instant death*, while others are getting sick and dying over a longer period of time. (Related: mRNA spike proteins linger in the heart and brain long afte injection.)

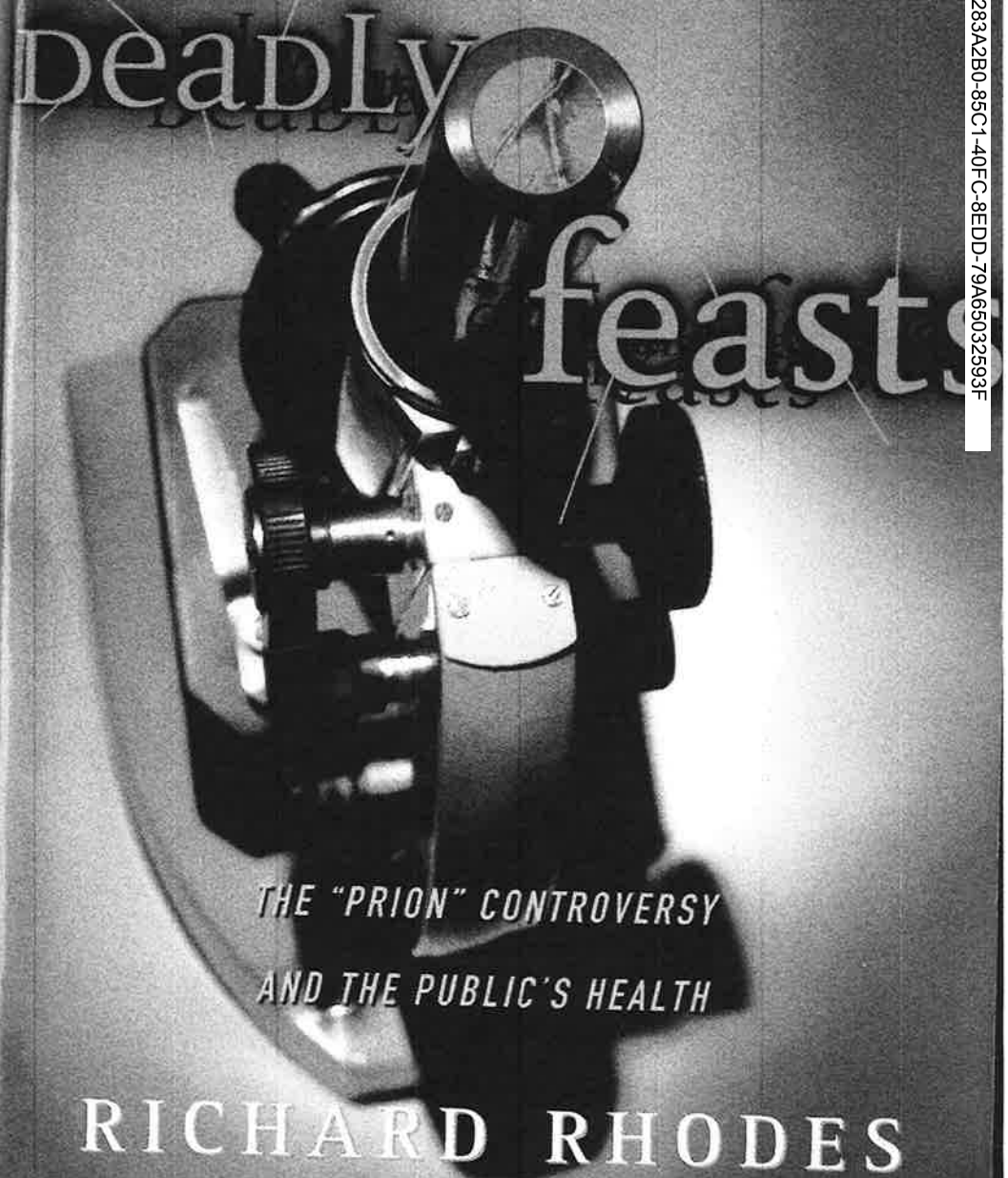
For the animals that survive, one wonders what is becoming of their milk, which gets passed on as food for other animals as well as humans. Is it safe to consume mRNA-tainted milk and cheese from a "fully vaccinated" dairy cow? The answer is *probably not*.

"Dairy herd DNA is altered," one report explains. "Milk is altered and you consume it! Butter constitution, yoghurt, and cheese is alt meat is altered – will chicken and other meats be next?

Vaccine	Contains	Source: Manufacturer's P.I. Dated
Hib/Hep B (Comvax)	yeast (vaccine contains no detectable yeast DNA), nicotinamide adenine dinucleotide, hemin chloride, soy peptone, dextrose, mineral salts, amino acids, formaldehyde, potassium aluminum sulfate, amorphous aluminum hydroxyphosphate sulfate, sodium borate, phenol, ethanol, enzymes, detergent	December 2010
Hib/Mening. CY (MenHibrix)	tris (trometamol)-HCl, sucrose, formaldehyde, synthetic medium, semi-synthetic medium	2012
Hep A (Havrix)	aluminum hydroxide, amino acid supplement, polysorbate 20, formalin, neomycin sulfate, MRC-5 cellular proteins	December 2013
Hep A (Vaqta)	amorphous aluminum hydroxyphosphate sulfate, bovine albumin, formaldehyde, neomycin, sodium borate, MRC-5 (human diploid) cells	February 2014
Hep B (Engerix-B)	aluminum hydroxide, yeast protein, phosphate buffers, sodium dihydrogen phosphate dihydrate	December 2013
Hep B (Recombivax)	yeast protein, soy peptone, dextrose, amino acids, mineral salts, potassium aluminum sulfate, amorphous aluminum hydroxyphosphate sulfate, formaldehyde, phosphate buffer	May 2014
Hep A/Hep B (Twinrix)	formalin, yeast protein, aluminum phosphate, aluminum hydroxide, amino acids, phosphate buffer, polysorbate 20, neomycin sulfate, MRC-5 human diploid cells	August 2012
Human Papillomavirus (HPV) (Cerverix)	vitamins, amino acids, lipids, mineral salts, aluminum hydroxide, sodium dihydrogen phosphate dehydrate, 3-O-desacyl-4' Monophosphoryl lipid A, insect cell, bacterial, and viral protein	November 2013
Human Papillomavirus (HPV) (Gardasil)	yeast protein, vitamins, amino acids, mineral salts, carbohydrates, amorphous aluminum hydroxyphosphate sulfate, L-histidine, polysorbate 80, sodium borate	June 2014
Human Papillomavirus (HPV) (Gardasil 9)	yeast protein, vitamins, amino acids, mineral salts, carbohydrates, amorphous aluminum hydroxyphosphate sulfate, L-histidine, polysorbate 80, sodium borate	December 2014
Influenza (Afluria)	beta-propiolactone, thimerosol (multi-dose vials only), monobasic sodium phosphate, dibasic sodium phosphate, monobasic potassium phosphate, potassium chloride, calcium chloride, sodium taurodeoxycholate, neomycin sulfate, polymyxin B, egg protein, sucrose	December 2013
Influenza (Agriflu)	egg proteins, formaldehyde, polysorbate 80, cetyltrimethylammonium bromide, neomycin sulfate, kanamycin, barium	2013
Influenza (Fluarix) Trivalent and Quadrivalent	octoxynol-10 (Triton X-100), α-tocopheryl hydrogen succinate, polysorbate 80 (Tween 80), hydrocortisone, gentamicin sulfate, ovalbumin, formaldehyde, sodium deoxycholate, sucrose, phosphate buffer	June 2014
Influenza (Flublok)	monobasic sodium phosphate, dibasic sodium phosphate, polysorbate 20, baculovirus and host cell proteins, baculovirus and cellular DNA, Triton X-100, lipids, vitamins, amino acids, mineral salts	March 2014
Influenza (Flucelvax)	Madin Darby Canine Kidney (MDCK) cell protein, MDCK cell DNA, polysorbate 80, cetyltrimethlyammonium bromide, β-propiolactone, phosphate buffer	March 2014
Influenza (Fluvirin)	nonylphenol ethoxylate, thimerosal (multidose vial--trace only in prefilled syringe), polymyxin, neomycin, beta-propiolactone, egg proteins, phosphate buffer	February 2014
Influenza (Flulaval) Trivalent and Quadrivalent	thimerosal, formaldehyde, sodium deoxycholate, egg proteins, phosphate buffer	February 2013
Influenza (Fluzone: Standard (Trivalent and Quadrivalent), High-Dose, & Intradermal)	formaldehyde, octylphenol ethoxylate (Triton X-100), gelatin (standard trivalent formulation only), thimerosal (multi-dose vial only) , egg protein, phosphate buffers, sucrose	2014

BY THE PULITZER PRIZE–WINNING
AUTHOR OF *THE MAKING OF THE ATOMIC BOMB*

Deadly Feasts



THE "PRION" CONTROVERSY AND THE PUBLIC'S HEALTH

RICHARD RHODES

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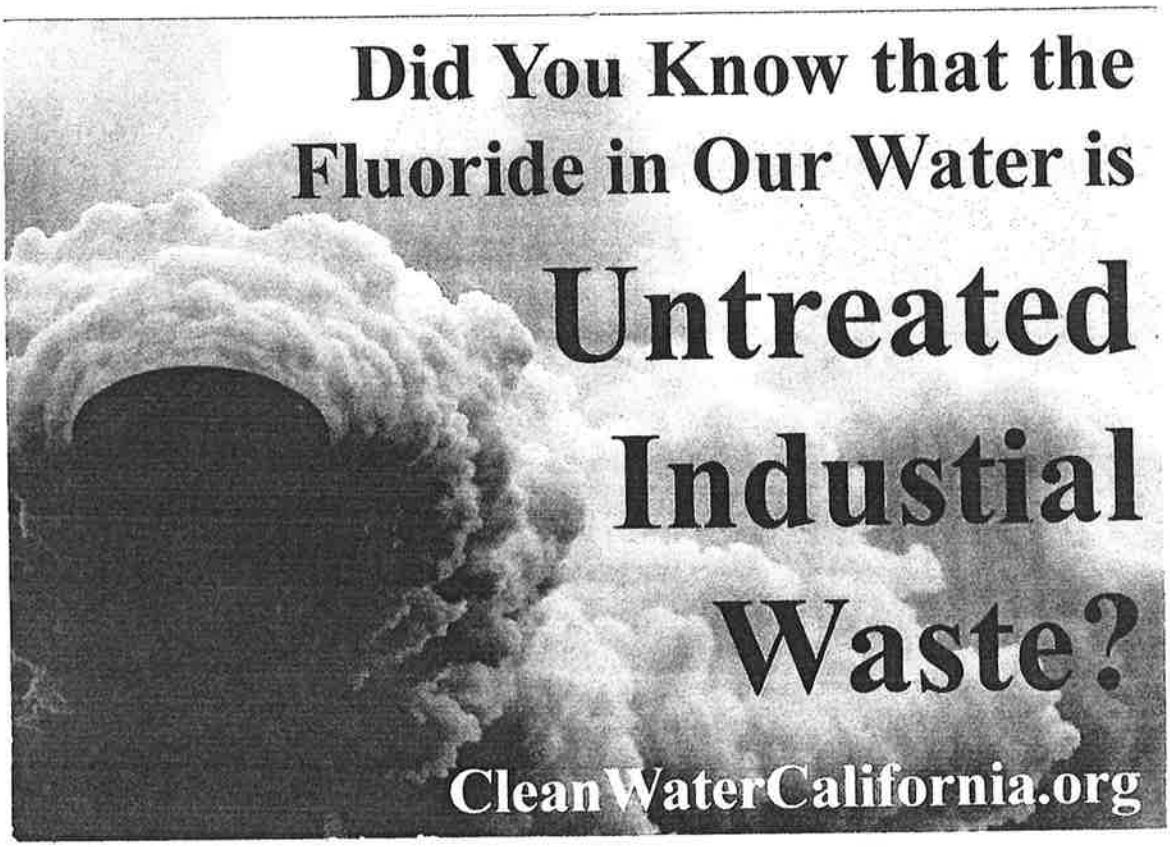

US010703789B2

(12) **United States Patent**
De Fougerolles et al.

(10) **Patent No.: US 10,703,789 B2**
(45) **Date of Patent: *Jul. 7, 2020**

(54) **MODIFIED POLYNUCLEOTIDES FOR THE PRODUCTION OF SECRETED PROTEINS**

(71) Applicant: **ModernaTX, Inc.**, Cambridge, MA (US)

(72) Inventors: **Antonin De Fougerolles**, Waterloo (BE); **Justin Guild**, Framingham, MA (US)

(73) Assignee: **ModernaTX, Inc.**, Cambridge, MA (US)

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

This patent is subject to a terminal disclaimer.

(21) Appl. No.: 16/438,978

(22) Filed: Jun. 12, 2019

(65) **Prior Publication Data**

US 2020/0017565 A1 Jan. 16, 2020

Related U.S. Application Data

(63) Continuation of application No. 14/987,328, filed on Jan. 4, 2016, now Pat. No. 10,385,106, which is a (Continued)

(51) **Int. Cl.**

A61K 48/00	(2006.01)
A61K 38/17	(2006.01)
A61K 47/54	(2017.01)
A61K 9/127	(2006.01)
C07K 14/535	(2006.01)
C12N 15/88	(2006.01)
A61K 9/50	(2006.01)
C07K 14/47	(2006.01)
A61K 31/7088	(2006.01)
C07K 19/00	(2006.01)
C12N 15/85	(2006.01)
A61K 38/18	(2006.01)
A61K 38/19	(2006.01)
A61K 38/48	(2006.01)
A61K 9/14	(2006.01)
A61K 47/10	(2017.01)
A61K 38/21	(2006.01)
A61K 38/36	(2006.01)
A61K 38/44	(2006.01)
A61K 39/395	(2006.01)

(Continued)

(52) **U.S. Cl.**

CPC *C07K 14/535* (2013.01); *A61K 9/1271* (2013.01); *A61K 9/1272* (2013.01); *A61K 9/1277* (2013.01); *A61K 9/14* (2013.01); *A61K 9/5031* (2013.01); *A61K 31/7088* (2013.01); *A61K 38/1767* (2013.01); *A61K 38/1816* (2013.01); *A61K 38/1866* (2013.01); *A61K 38/191* (2013.01); *A61K 38/193* (2013.01); *A61K 38/212* (2013.01); *A61K 38/215* (2013.01); *A61K 38/36* (2013.01); *A61K 38/363* (2013.01); *A61K 38/44* (2013.01); *A61K 38/4833* (2013.01); *A61K 38/4846* (2013.01); *A61K 39/3955* (2013.01); *A61K 47/10* (2013.01); *A61K 47/54* (2017.08); *A61K 47/542* (2017.08); *A61K 48/0033* (2013.01); *A61K 48/0066* (2013.01); *A61K 48/0075* (2013.01); *C07K 14/47* (2013.01); *C07K 14/475* (2013.01); *C07K 14/505* (2013.01); *C07K 14/525* (2013.01); *C07K 14/56* (2013.01); *C07K 14/565* (2013.01); *C07K 14/745* (2013.01); *C07K 14/75* (2013.01); *C07K 16/2887* (2013.01); *C07K 16/32* (2013.01); *C07K 19/00* (2013.01); *C12N 9/0069* (2013.01); *C12N 9/644* (2013.01); *C12N 15/85* (2013.01); *C12N 15/88* (2013.01); *C12Y 113/12007* (2013.01); *C12Y 304/21005* (2013.01); *C12Y 304/21022* (2013.01); *A61K 9/0019* (2013.01); *A61K 48/00* (2013.01); *C12N 2840/00* (2013.01)

(58) **Field of Classification Search**

CPC C07H 21/02; C12N 15/67; C12N 15/11

See application file for complete search history.

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Primary Examiner — Antonio Galisteo Gonzalez
(74) *Attorney, Agent, or Firm* — Clark & Elbing LLP

(57) **ABSTRACT**

A pharmaceutical composition which has a plurality of lipid nanoparticles that has a mean particle size of between 80 nm and 160 nm and contains a modified mRNA encoding a polypeptide. The lipid nanoparticles include a cationic lipid, a neutral lipid, a cholesterol, and a PEG lipid. The mRNA contains a 5'-cap, 5'-UTR, N1-methyl-pseudouridine, a 3'-UTR, and a poly-A region with at least 100 nucleotides.

14 Claims, 14 Drawing Sheets

Specification includes a Sequence Listing.

tured herein have morpholino backbone structures of the above-referenced U.S. Pat. No. 5,034,506.

Modifications at the 2' position may also aid in delivery. Preferably, modifications at the 2' position are not located in a polypeptide-coding sequence, i.e., not in a translatable region. Modifications at the 2' position may be located in a 5'UTR, a 3'UTR and/or a tailing region. Modifications at the 2' position can include one of the following at the 2' position: H (i.e., 2'-deoxy); F; O—, S—, or N-alkyl; O—, S—, or N-alkenyl; O—, S- or N-alkynyl; or O-alkyl-O-alkyl, wherein the alkyl, alkenyl and alkynyl may be substituted or unsubstituted C_1 to C_{10} alkyl or C_2 to C_{10} alkenyl and alkynyl. Exemplary suitable modifications include $O[(CH_2)_nO]_mCH_3$, $O(CH_2)_nOCH_3$, $O(CH_2)_nNH_2$, $O(CH_2)_nCH_3$, $O(CH_2)_nONH_2$, and $O(CH_2)_nON[(CH_2)_nCH_3)]_2$, where n and m are from 1 to about 10. In other embodiments, the polynucleotides, primary constructs or mmRNA include one of the following at the 2' position: C_1 to C_{10} lower alkyl, substituted lower alkyl, alkaryl, aralkyl, O-alkaryl or O-aralkyl, SH, SCH_3, OCN, Cl, Br, CN, CF_3, OCF_3, $SOCH_3$, SO_2CH_3, ONO_2, NO_2, N_3, NH_2, heterocycloalkyl, heterocycloalkaryl, aminoalkylamino, polyalkylamino, substituted silyl, an RNA cleaving group, a reporter group, an intercalator, a group for improving the pharmacokinetic properties, or a group for improving the pharmacodynamic properties, and other substituents having similar properties. In some embodiments, the modification includes a 2'-methoxyethoxy (2'-O—$CH_2CH_2OCH_3$, also known as 2'-O-(2-methoxyethyl) or 2'-MOE) (Martin et al., *Helv. Chin. Acta*, 1995, 78:486-504) i.e., an alkoxy-alkoxy group. Another exemplary modification is 2'-dimethylaminooxyethoxy, i.e., a $O(CH_2)_2ON(CH_3)_2$ group, also known as 2'-DMAOE, as described in examples herein below, and 2'-dimethylaminoethoxyethoxy (also known in the art as 2'-O-dimethylaminoethoxyethyl or 2'-DMAEOE), i.e., 2'-O—CH_2—O—CH_2—$N(CH_2)_2$, also described in examples herein below. Other modifications include 2'-methoxy (2'-OCH_3), 2'-aminopropoxy (2'-$OCH_2CH_2CH_2NH_2$) and 2'-fluoro (2'-F). Similar modifications may also be made at other positions, particularly the 3' position of the sugar on the 3' terminal nucleotide or in 2'-5' linked dsRNAs and the 5' position of 5' terminal nucleotide. Polynucleotides of the invention may also have sugar mimetics such as cyclobutyl moieties in place of the pentofuranosyl sugar. Representative U.S. patents that teach the preparation of such modified sugar structures include, but are not limited to, U.S. Pat. Nos. 4,981,957; 5,118,800; 5,319,080; 5,359,044; 5,393,878; 5,446,137; 5,466,786; 5,514,785; 5,519,134; 5,567,811; 5,576,427; 5,591,722; 5,597,909; 5,610,300; 5,627,053; 5,639,873; 5,646,265; 5,658,873; 5,670,633; and 5,700,920 and each of which is herein incorporated by reference.

In still other embodiments, the polynucleotide, primary construct, or mmRNA is covalently conjugated to a cell penetrating polypeptide. The cell-penetrating peptide may also include a signal sequence. The conjugates of the invention can be designed to have increased stability; increased cell transfection; and/or altered the biodistribution (e.g., targeted to specific tissues or cell types).

In one embodiment, the polynucleotides, primary constructs or mmRNA may be conjugated to an agent to enhance delivery. As a non-limiting example, the agent may be a monomer or polymer such as a targeting monomer or a polymer having targeting blocks as described in International Publication No. WO2011062965, herein incorporated by reference in its entirety. In another non-limiting example, the agent may be a transport agent covalently coupled to the polynucleotides, primary constructs or mmRNA of the present invention (See e.g., U.S. Pat. Nos. 6,835,393 and 7,374,778, each of which is herein incorporated by reference in its entirety). In yet another non-limiting example, the agent may be a membrane barrier transport enhancing agent such as those described in U.S. Pat. Nos. 7,737,108 and 8,003,129, each of which is herein incorporated by reference in its entirety.

In another embodiment, polynucleotides, primary constructs or mmRNA may be conjugated to SMARTT POLYMER TECHNOLOGY® (PHASERX®, Inc. Seattle, Wash.).

Self-Assembled Nanoparticles

Nucleic Acid Self-Assembled Nanoparticles

Self-assembled nanoparticles have a well-defined size which may be precisely controlled as the nucleic acid strands may be easily reprogrammable. For example, the optimal particle size for a cancer-targeting nanodelivery carrier is 20-100 nm as a diameter greater than 20 nm avoids renal clearance and enhances delivery to certain tumors through enhanced permeability and retention effect. Using self-assembled nucleic acid nanoparticles a single uniform population in size and shape having a precisely controlled spatial orientation and density of cancer-targeting ligands for enhanced delivery. As a non-limiting example, oligonucleotide nanoparticles were prepared using programmable self-assembly of short DNA fragments and therapeutic siRNAs. These nanoparticles are molecularly identical with controllable particle size and target ligand location and density. The DNA fragments and siRNAs self-assembled into a one-step reaction to generate DNA/siRNA tetrahedral nanoparticles for targeted in vivo delivery. (Lee et al., Nature Nanotechnology 2012 7:389-393; herein incorporated by reference in its entirety).

In one embodiment, the polynucleotides, primary constructs and/or mmRNA disclosed herein may be formulated as self-assembled nanoparticles. As a non-limiting example, nucleic acids may be used to make nanoparticles which may be used in a delivery system for the polynucleotides, primary constructs and/or mmRNA of the present invention (See e.g., International Pub. No. WO2012125987; herein incorporated by reference in its entirety).

In one embodiment, the nucleic acid self-assembled nanoparticles may comprise a core of the polynucleotides, primary constructs or mmRNA disclosed herein and a polymer shell. The polymer shell may be any of the polymers described herein and are known in the art. In an additional embodiment, the polymer shell may be used to protect the polynucleotides, primary constructs and mmRNA in the core.

Polymer-Based Self-Assembled Nanoparticles

Polymers may be used to form sheets which self-assembled into nanoparticles. These nanoparticles may be used to deliver the polynucleotides, primary constructs and mmRNA of the present invention. In one embodiment, these self-assembled nanoparticles may be microsponges formed of long polymers of RNA hairpins which form into crystalline 'pleated' sheets before self-assembling into microsponges. These microsponges are densely-packed sponge like microparticles which may function as an efficient carrier and may be able to deliver cargo to a cell. The microsponges may be from 1 um to 300 nm in diameter. The microsponges may be complexed with other agents known in the art to form larger microsponges. As a non-limiting example, the microsponge may be complexed with an agent to form an outer layer to promote cellular uptake such as polycation polyethyleneime (PEI). This complex can form a 250-nm

Vascular and organ damage induced by mRNA vaccines: irrefutable proof of causality

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Thursday 18th August, 2022

Abstract

This article summarizes evidence from experimental studies and from autopsies of patients deceased after vaccination. The collective findings demonstrate that

1. mRNA vaccines don't stay at the injection site by instead travel throughout the body and accumulate in various organs,
2. mRNA-based COVID vaccines induce long-lasting expression of the SARS-CoV-2 spike protein in many organs,
3. vaccine-induced expression of the spike protein induces autoimmune-like inflammation,
4. vaccine-induced inflammation can cause grave organ damage, especially in vessels, sometimes with deadly outcome.

We note that the damage mechanism is which emerges from the autopsy studies is not limited to COVID-19 vaccines only but is completely general—it must be expected to occur similarly with mRNA vaccines against any and all infectious pathogens. This technology has failed and must be abandoned.

While clinical case reports (e.g. [1, 2]) and statistical analyses of accumulated adverse event reports (e.g. [3, 4]) provide valuable evidence of damage induced by mRNA-based COVID-19 vaccines, it is important to establish a causal relationship in individual cases. Pathology remains the gold standard for proof of disease causation. This short paper will discuss some key findings on autopsy materials from patients who died within days to several months after vaccination. For context, some experimental studies are briefly discussed as well.

1 Most of the evidence presented here is from the work of pathologist Prof. Arne Burkhardt, MD

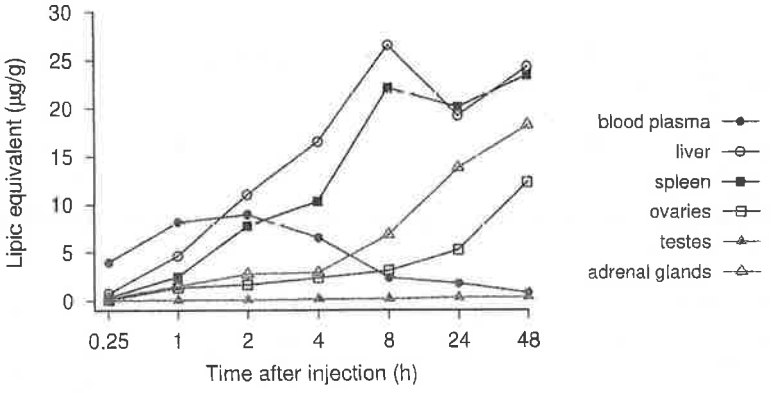
Prof. Burkhardt is a very experienced pathologist from Reutlingen, Germany. With the help of his colleague Prof. Walter Lang, he has studied numerous cases of death which occurred within days to several months after vaccination. In each of these cases, the cause of death had been certified as "natural" or "unknown." Burkhardt became involved only because the bereaved families doubted these verdicts and sought a second opinion.

It is remarkable, therefore, that Burkhardt found not just a few but the majority of these deaths to be due to vaccination.

- Dr. Burkhardt was approached by the families of patients deceased after "vaccination"
- Autopsy materials were examined by standard histopathology and immunohistochemistry
- Based on the findings, most deaths were attributed to "vaccination" with a high to very high degree of likelihood

While all four major manufacturers of gene-based vaccines were represented in the sample of patients studied by Burkhardt and Lang, most patients had received an mRNA vaccine from either Pfizer or Moderna. Some of the deceased patients had received both mRNA- and viral vector-based vaccines on separate occasions.

2 Pfizer's own animal experiments show that the vaccine quickly distributes throughout the body



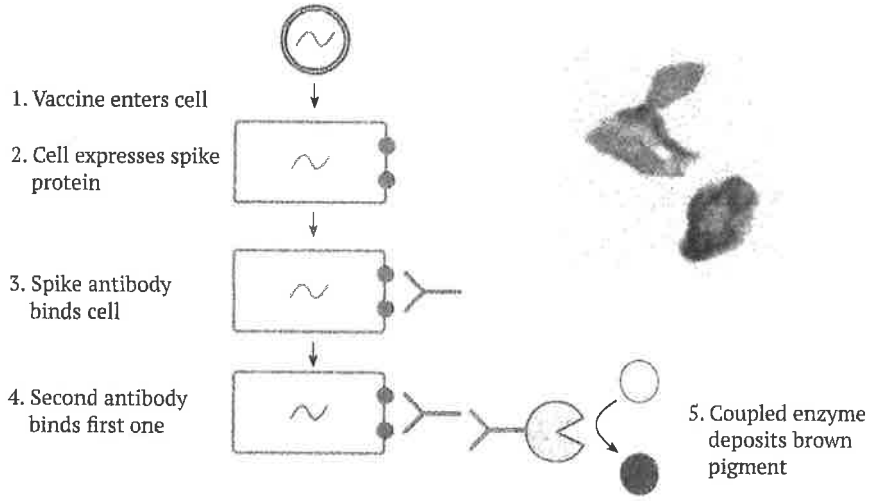
In order to cause potentially lethal damage, the mRNA vaccines must first distribute from the injection site to other organs. That such distribution occurs is apparent from animal experiments reported by Pfizer to Japanese authorities with its application for vaccine approval in that country [5]. Rats were injected intramuscularly with a radioactively labelled model mRNA vaccine, and the movement of the radiolabel first into the bloodstream and subsequently into various organs was followed for up to 48 hours.

The first thing to note is that the labelled vaccine shows up in the blood plasma after a very short time—within only a quarter of an hour. The plasma level peaks two hours after the injection. As it drops off, the model vaccine accumulates in several other organs. The fastest and highest rise is observed in the liver and the spleen. Very high uptake is also observed with the ovaries and the adrenal glands. Other organs (including the testes) take up significantly lower levels of the model vaccine. We note, however,

that at least the blood vessels will be exposed and affected in every organ and in every tissue.

The rapid and widespread distribution of the model vaccine implies that we must expect expression of the spike protein throughout the body. For a more in-depth discussion of this biodistribution study, see Palmer and Bhakdi [6].

3 Expression of viral proteins can be detected with immunohistochemistry



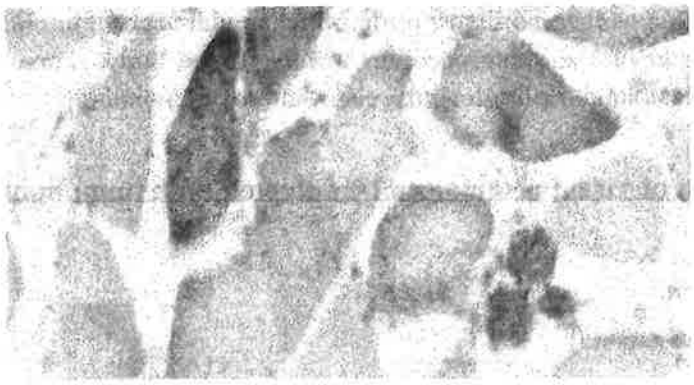
While the distribution of the model vaccine leads us to expect widespread expression of the spike protein, we are here after solid proof. Such proof can be obtained using *immunohistochemistry*, which method is illustrated in this slide for the vaccine-encoded spike protein.

If a vaccine particle—composed of the spike-encoding mRNA, coated with lipids—enters a body cell, this will cause the spike protein to be synthesized within the cell and then taken to the cell surface. There, it can be recognized by a spike-specific antibody. After washing the tissue specimen to remove unbound antibody molecules, the bound ones can be detected with a secondary antibody that is coupled with some enzyme, often horseradish peroxidase. After another washing step, the specimen is incubated with a water-soluble precursor dye that is converted by the enzyme to an insoluble brown pigment. Each enzyme molecule can rapidly convert a large number of dye molecules, which greatly amplifies the signal.

At the top right of the image, you can see two cells which were exposed to the Pfizer vaccine and then subjected to the protocol outlined above. The intense brown stain indicates that the cells were indeed producing the spike protein.

In short, wherever the brown pigment is deposited, the original antigen—in this example, the spike protein—must have been present. Immunohistochemistry is widely used not only in clinical pathology but also in research; it could readily have been used to detect widespread expression of spike protein in animal trials during preclinical development. However, it appears that the FDA and other regulators never received or demanded such experimental data [7].

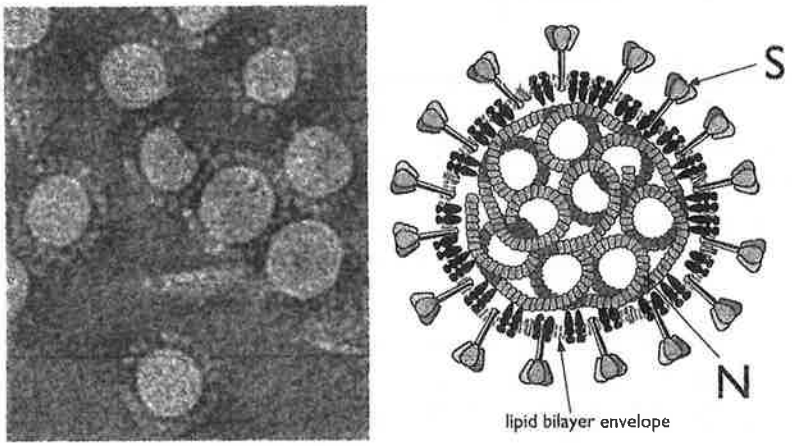
4 Expression of spike protein in shoulder muscle after vaccine injection



This slide (by Dr. Burkhardt) shows deltoid muscle fibres in cross section. Several (but not all) of the fibres show strong brown pigmentation, again indicating spike protein expression.

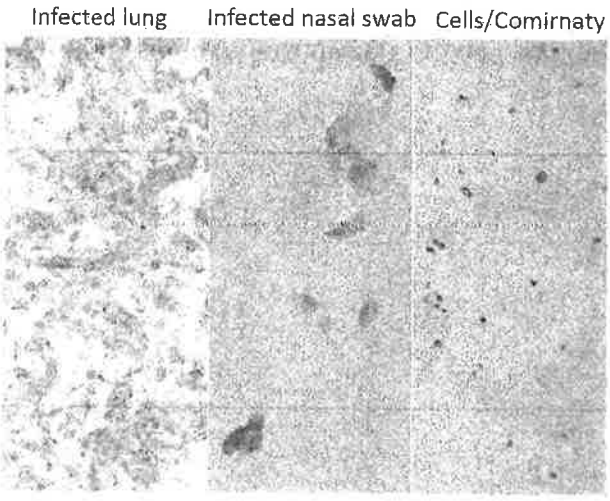
While the expression of spike protein near the injection site is of course expected and highly suggestive, we would like to make certain that such expression is indeed caused by the vaccine and not by a concomitant infection with the SARS-CoV-2 virus. This is particularly important with respect to other tissues and organs which are located far away from the injection site.

5 Coronavirus particles contain two prominent proteins: spike (S) and nucleocapsid (N)



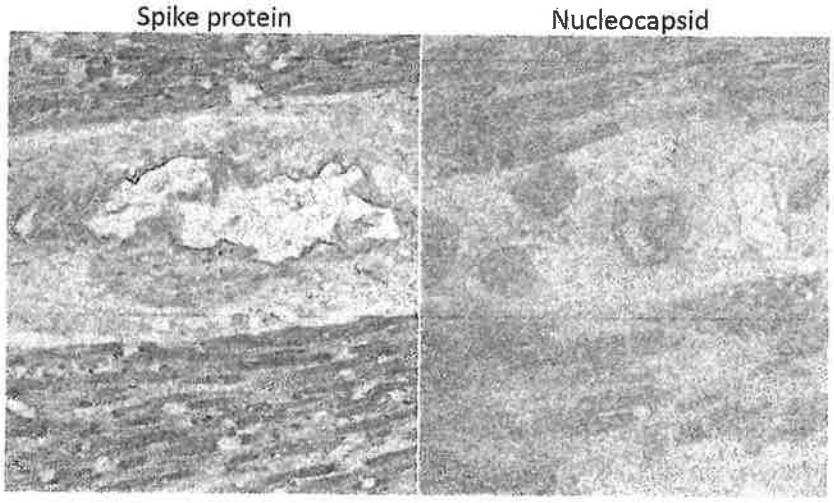
To distinguish between infection and injection, we can again use immunohistochemistry, but this time apply it to another SARS-CoV-2 protein—namely, the nucleocapsid, which is found inside the virus particle, where it enwraps and protects the RNA genome. The rationale of this experiment is simple: cells infected with the virus will express all viral proteins, including the spike and the nucleocapsid. In contrast, the mRNA-based COVID vaccines (as well as the adenovirus vector-based ones produced by AstraZeneca and Janssen) will induce expression only of spike.

6 Infected persons express the nucleocapsid protein (and also the spike protein)



This slide simply illustrates that the method works: lung tissue or cells from a nasal swab of a person infected with SARS-CoV-2 stain positive for nucleocapsid expression, whereas cultured cells exposed to the vaccine do not (but they stain strongly positive for the spike protein; see inset at the top right of Slide 3).

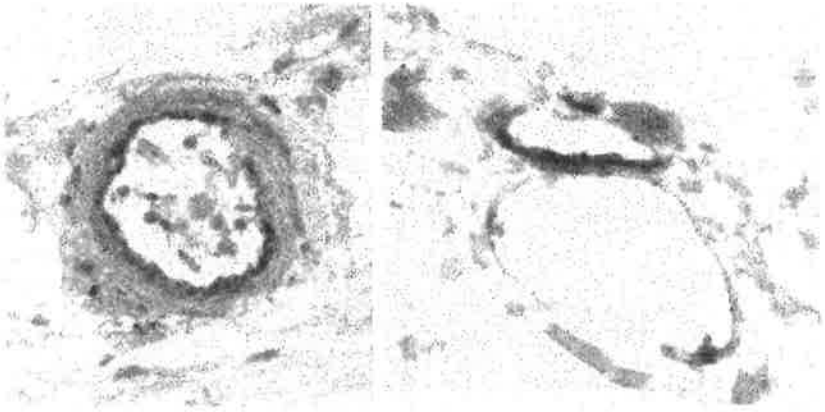
7 Injected persons express *only* the spike protein, which implicates the vaccine



Here, we see immunohistochemistry applied to heart muscle tissue from an injected person. Staining for the presence of spike protein causes strong brown pigment deposition. In contrast, only very weak, non-specific staining is observed with the antibody that recognizes the nucleocapsid protein. The absence of nucleocapsid indicates that the expression of the spike protein must be attributed ot the vaccine rather than an infection with SARS-CoV-2.

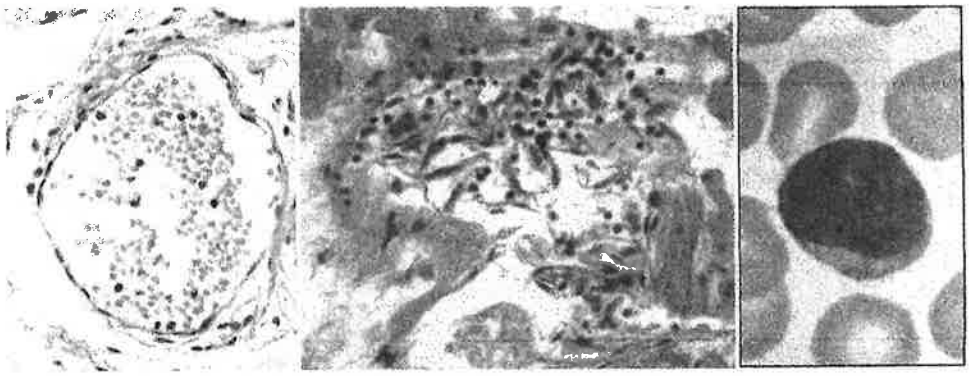
We will see shortly that the strong expression of spike protein in heart muscle after vaccination correlates with significant inflammation and tissue destruction.

8 Expression of spike protein within the walls of small blood vessels



We see spike protein expression in arterioles (small arteries; left) as well as in venules (small veins) and capillaries (right). Expression is most prominent in the innermost cell layer, the *endothelium*. This makes the endothelial cells "sitting ducks" for an attack by the immune system.

9 Endothelial stripping and destruction of a small blood vessel after vaccination



We now turn to the evidence of immune attack on the endothelial cells which produce the spike protein. On the left, a normal venule, delimited by an intact endothelium and containing some red blood cells and few white blood cells (stained blue) inside.

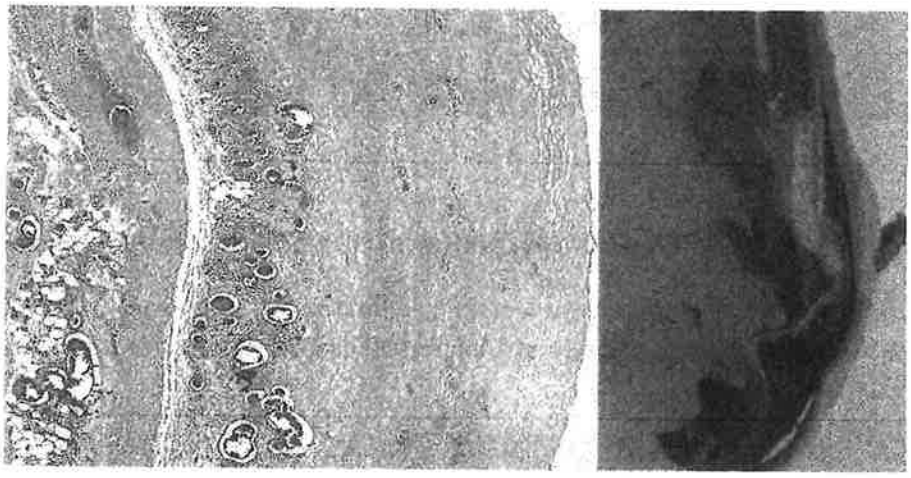
The image on at the centre shows a venule that is being attacked and destroyed by the immune system. The outline is already dissolving, and the spindle-shaped (and swollen) endothelial cells have peeled off from the vessel wall. Furthermore, we see lymphocytes—the small cells with dark, round nuclei and with very little cytoplasm around them; a single lymphocyte (at much higher magnification) is shown on the right.

Lymphocytes are the backbone of the specific immune system—whenever antigens are recognized and antibodies are produced, this is done by lymphocytes. Also among

the lymphocytes we find cytotoxic T cells and natural killer cells, which serve to kill virus-infected cells—or ones that look to them as if infected, because they have been forced to produce a viral protein by a so-called vaccine.

A crucial function of the endothelium is to prevent blood clotting. Thus, if the endothelium is damaged, as it is in this picture, and the tissues beyond it make contact with the blood, this will automatically set off blood clotting.

10 A crack in the wall of the aorta, lined by clusters of lymphocytes, leading to aortic rupture

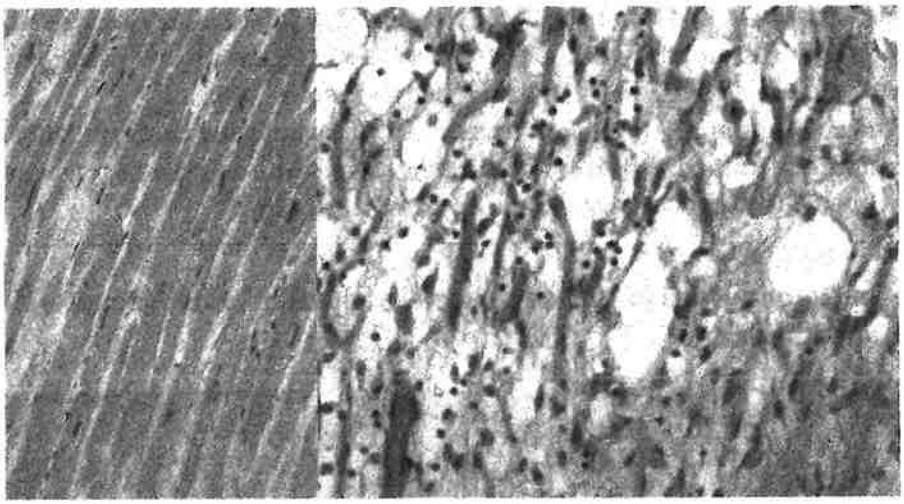


On the left, a section through the wall of an aorta. This picture is taken at an even lower magnification than the one before; the lymphocytes now appear as just a cloud of tiny blue specks. To the left of this blue cloud, we see a vertical crack running through the tissue. Such a crack is also visible macroscopically in the excised specimen of an aorta shown on the right.

The aorta is the largest blood vessel of the body. It receives the highly pressurized blood ejected by the left ventricle of the heart, and it is thus exposed to intense mechanical stress. If the wall of the aorta is weakened by inflammation, as it is here, then it may crack and rupture. Aortic rupture is normally quite rare, but Prof. Burkhardt found multiple cases in his limited number of autopsies. Some of the affected aortas were also shown to have expressed the spike protein.

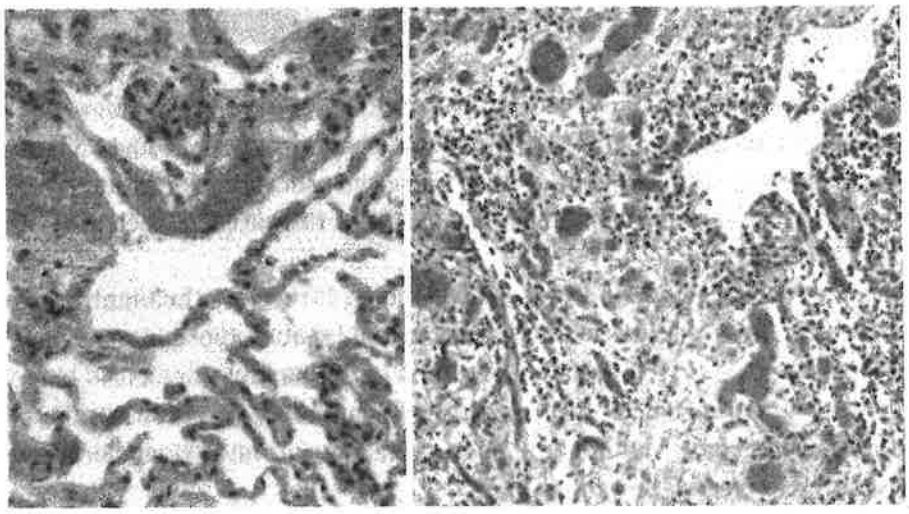
11 Healthy heart muscle tissue, and lymphocytic myocarditis

In Slide 7, we saw that heart muscle cells strongly expressed the spike protein after vaccine injection. Here, we see the consequences. The picture on the shows a sample of healthy heart muscle tissue, with regularly oriented and aligned heart muscle fibres. On the right, we see a heart muscle sample from one of the autopsies. The muscle fibres are disjointed and disintegrating, and they are surrounded by invading lymphocytes. Burkhardt found myocarditis in multiple of his deceased patients.



12 Lymphocytic infiltration and proliferative inflammation in lung tissue

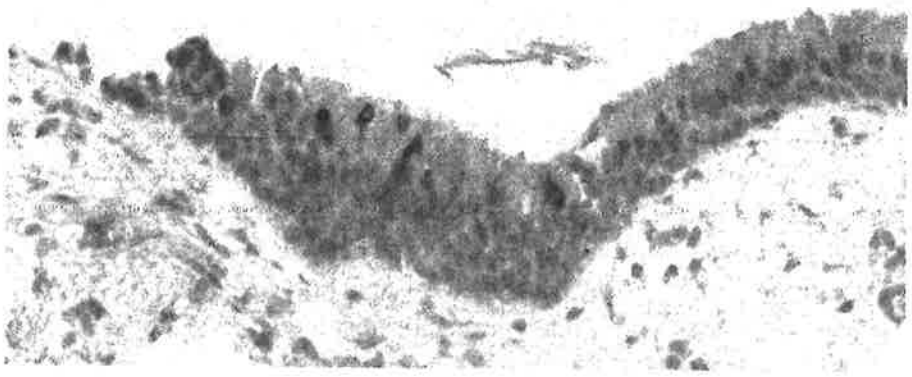
On the left, we see healthy lung tissue, with air-filled spaces (the alveoli), delimited by delicate alveolar septa with embedded, blood-filled capillaries. We also see some larger blood vessels.



On the right hand side, we see lung tissue overrun by lymphocytes. The air-filled spaces have largely disappeared and been filled with scar (connective) tissue. This vaccine-injected patient would obviously have had very great trouble breathing.

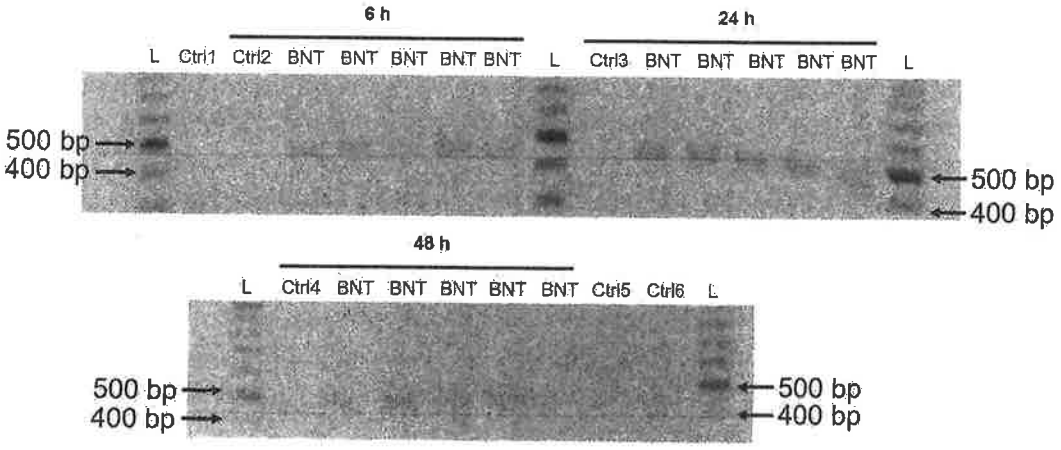
Lymphocytic infiltration, inflammation and destruction were also observed in many other organs, including the brain, the liver, the spleen, and multiple glands. However, instead of illustrating them all, we will conclude the pathological evidence with another immunohistochemistry result, which strikingly shows the long duration of spike protein expression.

13 Vaccine-induced expression of spike protein in a bronchial biopsy nine months after vaccination



The slide shows a sample of bronchial mucous membrane, from a patient who is alive but has suffered respiratory symptoms ever since being vaccinated. We see several cells in the uppermost cell layer that strongly express spike protein—and this even nine months after his most recent vaccine injection! While this is indeed the most extreme case of long-lasting expression, there is evidence both from Burkhardt's autopsies and from published studies on blood samples [8] or lymph node biopsies [9] to indicate that expression does last several months.

14 The Pfizer vaccine mRNA gets copied ("reverse-transcribed") into DNA and inserted into the cellular genome



The official mRNA vaccine narrative maintains that the modified mRNA contained in the vaccine will not be replicated in vivo; expression of the spike protein should therefore cease once the injected RNA molecules have been degraded.

The limited experimental studies available [10, 11] suggest that the injected modified mRNA should be degraded within days to a few weeks of the injection. This is obviously difficult to square with the observed long-lasting expression; in some form or other, the genetic information appears to be perpetuated in vivo.

A recent experimental study from Sweden [12] has shown that human-derived cells can copy the Pfizer mRNA vaccine into DNA and then insert it into their own chromosomal DNA. The image shows the key evidence from this study. The cells were exposed to the vaccine for the lengths of time indicated. Cellular DNA was then isolated, and inserted DNA copies of the vaccine mRNA detected by PCR amplification of a fragment 444 base pairs (bp) in length.

All samples labelled with "BNT" had been treated with the vaccine, and they all show a PCR product of the expected length, as is evident from comparison to a DNA fragment length standard ("L"). Samples labelled with "Ctrl *n*" were controls: Ctrl 1–4 contained DNA from cells not incubated with vaccine, Ctrl 5 contained RNA (not DNA) from vaccine-treated cells; Ctrl 6 contained the same but was additionally treated with RNAse, which step was also performed in the purification of DNA samples. As expected, none of the control samples contain the PCR product.

Considering Aldén's observation of DNA insertion in every single experimental sample, it seems highly likely that this will also occur in vivo. Beyond providing a plausible mechanism for perpetuating the expression of spike protein, DNA insertion also poses risks of genetic damage, leading to cancers and leukemias.

15 Summary

The evidence presented here clearly demonstrates a chain of causation from vaccine injection to

- rapid distribution of the vaccine through the bloodstream,
- widespread spike protein expression, prominently in blood vessels, and
- autoimmune-like inflammation and organ damage.

Vaccine-induced vascular damage will promote blood clotting, and clotting-related diseases such as heart attack, stroke, lung embolism are very common in the adverse events databases [4, 13].

In addition to autoimmune-like inflammation, other disease mechanisms, including prion-mediated CNS degeneration [14], aberrant vascular protein deposition (amyloidosis) [15, 16], and lipid nanoparticle toxicity [6], are plausible but require further study and corroboration. Overall, these vaccines can no longer be considered experimental—the "experiment" has resulted in the disaster that many medical doctors and scientists predicted from the outset [17]. The vaccination must be stopped, and all approvals and authorizations of their use must be revoked.

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[17] S. Bhakdi et al.: *Urgent Open Letter from Doctors and Scientists to the European Medicines Agency regarding COVID-19 Vaccine Safety Concerns.* 2021. URL: https://doctors4covidethics.org/urgent-open-letter-from-doctors-and-scientists-to-the-european-medicines-agency-regarding-covid-19-vaccine-safety-concerns/.

This clearly means: if a symptom of vaccination develops after mRNA vaccination, neither I nor any other therapist can help you, because **DAMAGE CAUSED BY VACCINATION WILL BE GENETICALLY** Irreversible.

Vaccination – Bio-weapons of genocide of the 21st century. Former Pfizer Chief Scientist Mike Yeedon has once again expressed his position that it is too late now to save those who have been injected with a substance publicly called "the Covid-19 vaccine." He encourages those who have not yet received the lethal injection to fight for their lives, those around them and the lives of their children.

The internationally renowned immunologist goes on to describe a process that he says will kill the vast majority of people: "Immediately after the first vaccination, about 0.8% of people die within two weeks. The average life expectancy of survivors will be a maximum of two years, but it also decreases with each new "injection".

" Additional vaccines are still being developed to cause deterioration in certain organs, including the heart, lungs and brain. After two decades at Pfizer, Professor Yedon was familiar with the functions and research and development goals of pharmaceutical giant Pfizer, and states that the ultimate goal of the current "vaccination" regime can only be a massive demographic event that will make all world wars put together, like Mickey's staging Mouse.

"Billions of people have already been sentenced to certain, inevitable and painful death. Anyone who receives the injection will die prematurely, and three years is a generous estimate of how long they can survive."

www.latestusanews.com

9 March 22

BREAKING NEWS: The Supreme Court In The US Has Ruled That The Covid Pathogen Is Not A Vaccine, Is Unsafe, And Must Be Avoided At All Costs-Supreme Court has Canceled Universal Vax

Just got this:

Has not been in the news anywhere. Looks like we are getting closer to the Final Scene in the movie.

Please ALERT everyone in the family, friends and relatives! BREAKING NEWS ! Supreme Court has canceled universal vaccination In the United States, the Supreme Court has canceled universal vaccination. Bill Gates, US Chief Infectious Disease Specialist Fauci, and Big Pharma have lost a lawsuit in the US Supreme Court, failing to prove that all of their vaccines over the past 32 years have been safe for the health of citizens!

The lawsuit was filed by a group of scientists led by Senator Kennedy. Robert F. Kennedy Jr .: "The new COVID vaccine should be avoided at all costs. I urgently draw your attention to important issues related to the next vaccination against Covid-19. For the first time in the history of vaccination, the so-called mRNA vaccines of the latest generation directly interfere with the patient's genetic material and therefore alter the individual genetic material, which is genetic manipulation, which was already prohibited and was previously considered a crime.

The coronavirus VACCINE IS NOT A VACCINE! ATTENTION!

What has always been a vaccine? It was always the pathogen itself – a microbe or virus that was killed or attenuated, that is, weakened – and it was introduced into the body in order to produce antibodies. Not even a coronavirus vaccine! It is not that at all! It is part of the newest group of mRNA (mRNA) allegedly "vaccines". Once inside a human cell, mRNA reprograms normal RNA / DNA, which begins to make another protein.

That is, nothing to do with traditional vaccines! That is, it is an instrument of genetic influence. Genetic bioweapon! That is, they were going to destroy from earthlings, and the survivors will become GMOs! Following the unprecedented mRNA vaccine, the vaccinated will no longer be able to treat the symptoms of the vaccine in an additional way.

Vaccinated people will have to come to terms with the consequences, because they can no longer be cured by simply removing toxins from the human body, as in a person with a genetic defect such as Down syndrome, Klinefelter syndrome, Turner syndrome, genetic heart failure, hemophilia, cystic fibrosis, Rett syndrome, etc.), because the genetic defect is forever!

Everybody Knew CV-19 Vax Was a Criminal Bioweapon – Karen Kingston

By Greg Hunter On December 3, 2022 In Political Analysis 84 Comments

By Greg Hunter's USAWatchdog.com
(Saturday Night Post)

Karen Kingston is a biotech analyst and former Pfizer employee who has researched and written about many aspects of the so-called CV19 vaccines. Kingston has uncovered documents that prove everybody knew or should have known the deadly effects of these criminal injections. Kingston says documents with the drug makers, FDA and CDC listed the deadly and debilitating "side effects" of the injections. Kinston shows that vaccine makers gave a list to the FDA of "side effects" or "possible adverse event outcomes" from the injections. Kinston says, "Common side effects should be muscle aches, headaches, fever and pain. With these injections, common side effects are Guillain-Barre, . . . inflammation of your brain and your spinal cord, meningitis, stroke, narcolepsy, anaphylaxis, heart attack, myocarditis, pericarditis, auto immune disease, death, pregnancy and birth outcomes, fetal injuries, fetal mutations, spontaneous abortion. . . and vaccine enhanced disease. . . . So, they knew this was not mild side effects. . . . This is not me speaking. This is literally their documents. . . .This information is just the tip of the iceberg, which show how really sick and perverse these CV19 injections are."

Kingston asks, "How much longer are doctors going to defend the safety of these injections? Why are people not waking up? Their trusted leaders and their family doctors are telling them these mRNA injections are safe and effective. . . . In legal terms, it is the definition of extrinsic fraud. . . . These are gene editing technologies, and the FDA does not have the right to call these injections a vaccine. They are not even gene therapies because they cause disease, disabilities and death. . . . They are bioweapons."

Kingston goes on to say, "This is fraud. The claim that these injections are safe and effective are all based on fraud. It is blatant misrepresentation of facts to the American people. This was parroted and repeated to the American people through the mainstream media as well as through all of the healthcare organizations. We are in a real pickle, we really are because those who know the truth are being hammered down, myself included. This is premeditated battery and murder of adults and children. They knew what was going to happen, and they authorized it any way. Keep in mind, your entire medical industrial complex, which includes your local family practitioner, nurses and pediatricians, went along with it. Why? If they were not getting large financial incentives and being pressured to go along with it, they would have never stuck these shots in

people's arms. . . . They were getting peer pressure, and everyone else was doing it. So, how bad could it be? We can't get caught if we all agree to the lie. Again, this is called extrinsic fraud. Extrinsic fraud is brought against a large population or party when there are many people involved. This is exactly what has happened with these mRNA injections, which are bioweapons. . . . It is a group of people who are all in a club together who agreed to go along with the lie. They got financial incentives, which gave them additional power. . . . They followed the orders of tyranny believing they were going to get away with it. They went against our God-given rights, and they think they are going to get away with it with no costs because they are all in agreement together. They let other people suffer for their gain, and they don't have to lose their jobs, and they don't have to miss out on these financial incentives called Covid19. That's what has happened."

In closing, Kingston says, "Look, they are burning down the house with you and the baby in it. My concern is that people have been told nothing can stop what is coming. . . . They are going to do what they attempted to do for centuries. . . . We are going to exterminate a lot of humans and enslave the rest of them. . . . There are too many people in power who have been bought and sold. . . . A crime has been brought against all Americans and all of humanity. We have to stand in the truth, and truth in evidence and God and not false idols. I think a lot of people know that they have been fooled, but they have been told you might as well go along with this until the ride is over."

There is much more in the 1-hour and 7-minute presentation.

Join Greg Hunter of USAWatchdog.com as he goes One-on-One with biotech analyst Karen Kingston as she gives a mind-blowing update on the bioweapon injections for 12.3.22.

(To Donate to USAWatchdog.com Click Here)

After the Interview:

To look at some of the data and documents Kingston shows to prove the CV19 vax is a criminal act of releasing a bioweapon on an unsuspecting public, go to the kingstonreport@substack.com.

To support Kingston financially, you can become a subscriber by clicking here.

If you want to make a snail mail donation to Karen Kingston, please do so at:

miFight Inc.

960 Postal Way #307

Vista, CA 92085

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POLL: WHAT DO YOU THINK?

Do you think the economy will hold together for the rest of the year?

- ○ Yes! and things get a little better by Christmas
- ○ No! It blows up and Mad Max Makes his return
- ○ I don't know

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www.supremecourt.gov/opinions/12pdf/12-398_1b7d.pdf

The Vaccinated Can Be Patented (Owned)

In a court case in 2013 Pathology v Myriad Genetics, inc, in the United States the Supreme Court ruled that you cannot patent human DNA as it was "a product of nature". But at the end of the ruling the Supreme Court did rule that if you were to change a humans genome by mRNA vaccines (which are being used currently) then the genome can be patented.

This means that everyone who has had the vaccine is now technically 'patented' and something that is patented is 'owned' and will come under the definition of 'trans human'.

Those people that are legally identified as 'trans human' do not have access to Human Rights or any rights provided by the State. This is because they are not classed as 100% organic or human.

Therefore, technically anyone having this vaccine could no longer have any access to human rights. There have been a few legal papers discussing this recently, so clarification should be available on this soon.

https://www.supremecourt.gov/opinions/12pdf/12-398_1b7d.pdf

Appendix B

Vaccine	Contains	Source: Manufacturer's P.I. Dated
Hib/Hep B (Comvax)	yeast (vaccine contains no detectable yeast DNA), nicotinamide adenine dinucleotide, hemin chloride, soy peptone, dextrose, mineral salts, amino acids, formaldehyde, potassium aluminum sulfate, amorphous aluminum hydroxyphosphate sulfate, sodium borate, phenol, ethanol, enzymes, detergent	December 2010
Hib/Mening. CY (MenHibrix)	tris (trometamol)-HCl, sucrose, formaldehyde, synthetic medium, semi-synthetic medium	2012
Hep A (Havrix)	aluminum hydroxide, amino acid supplement, polysorbate 20, formalin, neomycin sulfate, MRC-5 cellular proteins	December 2013
Hep A (Vaqta)	amorphous aluminum hydroxyphosphate sulfate, bovine albumin, formaldehyde, neomycin, sodium borate, MRC-5 (human diploid) cells	February 2014
Hep B (Engerix-B)	aluminum hydroxide, yeast protein, phosphate buffers, sodium dihydrogen phosphate dihydrate	December 2013
Hep B (Recombivax)	yeast protein, soy peptone, dextrose, amino acids, mineral salts, potassium aluminum sulfate, amorphous aluminum hydroxyphosphate sulfate, formaldehyde, phosphate buffer	May 2014
Hep A/Hep B (Twinrix)	formalin, yeast protein, aluminum phosphate, aluminum hydroxide, amino acids, phosphate buffer, polysorbate 20, neomycin sulfate, MRC-5 human diploid cells	August 2012
Human Papillomavirus (HPV) (Cerverix)	vitamins, amino acids, lipids, mineral salts, aluminum hydroxide, sodium dihydrogen phosphate dehydrate, 3-O-desacyl-4' Monophosphoryl lipid A, insect cell, bacterial, and viral protein	November 2013
Human Papillomavirus (HPV) (Gardasil)	yeast protein, vitamins, amino acids, mineral salts, carbohydrates, amorphous aluminum hydroxyphosphate sulfate, L-histidine, polysorbate 80, sodium borate	June 2014
Human Papillomavirus (HPV) (Gardasil 9)	yeast protein, vitamins, amino acids, mineral salts, carbohydrates, amorphous aluminum hydroxyphosphate sulfate, L-histidine, polysorbate 80, sodium borate	December 2014
Influenza (Afluria)	beta-propiolactone, thimerosol (multi-dose vials only), monobasic sodium phosphate, dibasic sodium phosphate, monobasic potassium phosphate, potassium chloride, calcium chloride, sodium taurodeoxycholate, neomycin sulfate, polymyxin B, egg protein, sucrose	December 2013
Influenza (Agriflu)	egg proteins, formaldehyde, polysorbate 80, cetyltrimethylammonium bromide, neomycin sulfate, kanamycin, barium	2013
Influenza (Fluarix) Trivalent and Quadrivalent	octoxynol-10 (Triton X-100), α-tocopheryl hydrogen succinate, polysorbate 80 (Tween 80), hydrocortisone, gentamicin sulfate, ovalbumin, formaldehyde, sodium deoxycholate, sucrose, phosphate buffer	June 2014
Influenza (Flublok)	monobasic sodium phosphate, dibasic sodium phosphate, polysorbate 20, baculovirus and host cell proteins, baculovirus and cellular DNA, Triton X-100, lipids, vitamins, amino acids, mineral salts	March 2014
Influenza (Flucelvax)	Madin Darby Canine Kidney (MDCK) cell protein, MDCK cell DNA, polysorbate 80, cetyltrimethlyammonium bromide, β-propiolactone, phosphate buffer	March 2014
Influenza (Fluvirin)	nonylphenol ethoxylate, thimerosal (multidose vial–trace only in prefilled syringe), polymyxin, neomycin, beta-propiolactone, egg proteins, phosphate buffer	February 2014
Influenza (Flulaval) Trivalent and Quadrivalent	thimerosal, formaldehyde, sodium deoxycholate, egg proteins, phosphate buffer	February 2013
Influenza (Fluzone: Standard (Trivalent and Quadrivalent), High-Dose, & Intradermal)	formaldehyde, octylphenol ethoxylate (Triton X-100), gelatin (standard trivalent formulation only), thimerosal (multi-dose vial only) , egg protein, phosphate buffers, sucrose	2014

B

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3 other pages

06/07/22 • COVID › NEWS

COVID Vaccines Linked to New Type of Incurable, Fatal Degenerative Brain Disorder

Studies suggest a link between a rapidly progressing, incurable and fatal prion disease known as Creutzfeldt-Jakob Disease and COVID-19 vaccines.

By Megan Redshaw

Studies suggest a link between an incurable and fatal prion disease known as Creutzfeldt-Jakob Disease (CJD) and COVID-19 vaccines.

Researchers believe the prion region from the original Wuhan COVID-19 variant's spike protein was incorporated into mRNA vaccines and adenovirus vector vaccines — given to hundreds of millions of humans — and that it can cause a new type of rapidly progressing sporadic CJD.

According to Mayo Clinic, CJD is a degenerative brain disorder that leads to dementia and, ultimately, death.

Although the Omicron variant does not have a prion region on its spike protein, current COVID-19 vaccines still use the genetic material — including the prion region — of the parent Wuhan strain.

A French pre-print paper published in May on CJD and COVID-19 vaccination identified a new form of sporadic CJD that occurred within days of receiving a first or second dose of Pfizer or Moderna COVID-19 vaccines.

Researchers analyzed 26 cases of CJD and found the first symptoms appeared on average 11.38 days after injection with a COVID-19 vaccine.

Of the 26 cases, 20 had died by the time the study was published and six were still alive.

"The 20 deaths occurred only 4.76 months after the injection. Among them, 8 of them lead to a sudden death (2.5 months)," researchers wrote.

"This confirms the radically different nature of this new form of CJD, whereas the classic form requires several decades," wrote the researchers.

Dr. Jean-Claude Perez, lead author of the French study, on June 6 told The Epoch Times that all 26 cases resulted in death.

According to the Centers for Disease Control and Prevention (CDC), prion diseases are a family of rare progressive neurodegenerative disorders that affect humans and animals. Prion diseases are usually rapidly progressive and always fatal.

Although prions occur naturally in the brain and are usually harmless, they can become diseased or misfolded, affecting nearby prions and causing them to become misshapen.

The abnormal folding of the prion proteins "leads to brain damage and the characteristic signs and symptoms of the disease," the CDC's website states.

Sporadic CJD occurs when a person becomes infected for no apparent reason. Once a single prion becomes infected, it will progress to other prions, and there is no treatment capable of stopping it.

Prion area of original Wuhan strain spike protein present in all COVID vaccines can interact with human cells

Although the Omicron variant does not have a prion region on its spike protein, French researchers said other COVID-19 variants, including the parent Wuhan strain used in currently administered vaccines, do.

"We are now studying the very first cases of patients with Omicron, in South

Africa, Europe and the USA and Canada in particular," the researchers wrote. "In ALL of these cases, the Prion region has disappeared."

However, the Wuhan variant's spike protein gene information — including its prion region — was integrated into the Pfizer and Moderna mRNA vaccines and the AstraZeneca and Johnson & Johnson adenovirus vector vaccines.

"We have also demonstrated [...] that the Spikes of the Pfizer and Moderna mRNA injections also contain this same Prion region," the researchers wrote. "The same is true of ALL the other SARS-CoV2 vaccines since ALL are made from the Spike sequence of SARS-CoV2 from Wuhan, which we have demonstrated contains the Prion region."

With mRNA vaccines, once mRNA is incorporated into the cells, the cell turns mRNA instructions into a COVID-19 spike protein that tricks the cells into believing it has been infected so the body will create an immunological memory against a piece of the virus.

With adenovirus vector vaccines, the DNA of the spike protein is carried into the cell through an adenovirus vector and then into the nucleus where all human DNA is stored. Once there, DNA is transcribed into mRNA and made into the spike protein.

A U.S. study published in Microorganisms in January 2022 showed the prion area of the SARS-CoV-2 spike protein incorporated into COVID-19 vaccines is able to interact with human cells.

Although the CDC says COVID-19 vaccines cannot "alter your DNA," studies show mRNA can be changed into DNA and incorporated into the human genome.

A U.S. study speculated that a misfolded spike protein could create a misfolded prion region that may be able to interact with healthy prions to cause damage, leading to CJD disease.

A peer-reviewed case report published in Turkey and the French preprint identified sudden CJD cases appearing following vaccination with the Pfizer, Moderna and AstraZeneca vaccines, suggesting links between getting vaccinated and the disease.

A study published last year in Microbiology & Infectious Diseases found a potential link between Pfizer's vaccine and prion disease in humans.

Despite the existence of new SARS-COV-2 variants, people are still receiving the original COVID-19 vaccines developed with the parent Wuhan variant's spike protein.

Numerous cases of CJD reported in the U.S.

A U.S. case report in March highlighted 64-year-old Cheryl Cohen's battle with CJD, which developed within days of her second dose of Pfizer's COVID-19 vaccine.

The report stated:

> "Here, we highlight a case of a 64-year-old woman who presents with rapidly declining memory loss, behavior changes, headaches and gait disturbance approximately one week following administration of the second dose of the novel Pfizer-BioNTech messenger ribonucleic acid (mRNA) COVID-19 vaccine.
>
> "After extensive investigation, conclusive evidence identified the fatal diagnosis of sporadic Creutzfeldt-Jakob disease."

In an exclusive interview with The Defender in Aug. 2021, Cohen's daughter, Gianni, said her mother's regression was "mind-blowing, confusing and truly heartbreaking."

She went from being able to work and do normal everyday activities to being unable to walk, speak or control her body's movement, Gianni said. Cohen felt as if her head was "going to explode" and died within three months of receiving her second dose of Pfizer.

In a written statement to The Defender, her physician said:

> "This case identifies potential adverse events that could occur with the administration of the novel COVID-19 vaccine. Moreover, clinicians need to consider neurodegenerative diseases such as prion disease (e.g. sporadic Creutzfeldt-Jakob disease), autoimmune encephalitis, infection, non-epileptic seizure, toxic-metabolic disorders, etc. in their differential diagnoses when a patient presents with rapidly progressive dementia, particularly in the setting of recent vaccination.
>
> "Although there is currently no cure for sporadic Creutzfeldt-Jakob disease (sCJD), early diagnosis is crucial to avoid the unnecessary administration of empiric medications for suspected psychological or neurological disorders.
>
> "Furthermore, tracking adverse events could potentially lead to further characterization and understanding of both the novel COVID-19 messenger ribonucleic nucleic acid (mRNA) vaccine as well as the etiology of sCJD.
>
> "More importantly, recognizing adverse effects provides individuals with vital information to make a more educated decision regarding their health."

In another exclusive interview with The Defender, Jeffrey Beauchine said his mother, Carol, knew her Creutzfeldt-Jakob Disease was related to the Moderna shot. Watching her death was like "something you see out of a movie," he said.

Beauchine said his mother received her first dose of Moderna on Feb. 16, 2021, and didn't report any complaints. After getting the second dose on March 17, Carol immediately said she "felt different."

Carol's symptoms began with numbness that spread from the arm in which she received her injection to the entire left side of her body.

She complained that something was wrong with her brain, couldn't put thoughts together or make sense of things, developed double vision and blindness and began to experience hallucinations.

Doctors initially thought Carol had suffered a stroke or anxiety. Scans later showed there were abnormalities with her cerebellum.

Carol's condition progressed rapidly and she was eventually diagnosed with CJD and given days to live. She died within months of receiving her second dose of Moderna.

Carol's doctors filed a report with the CDC's Vaccine Adverse Event Reporting System (VAERS I.D. 2180699).

To date, the CDC has not reached out to the family despite an autopsy confirming her death was caused by CJD — a condition she did not have prior to receiving her COVID-19 vaccine.

In another exclusive interview with The Defender, Richard Sprague said his wife, Jennifer, developed CJD after the Pfizer COVID-19 shot and died within five months of the second dose.

Jennifer received the first dose of Pfizer on Aug. 29, 2021, and her second dose on Sept. 21, 2021. Although her husband remained unvaccinated, Jennifer was required to get vaccinated as part of her employment.

Four days after the second dose, Jennifer experienced her first episode of a "sudden strange event she couldn't explain."

Jennifer started having more episodes and her left hand and side began to tremble. On Oct. 13, 2021, Jennifer went back to the doctor, who prescribed Xanax for anxiety.

Jennifer's disease progressed rapidly until she was unable to sit up and walk independently. Scans confirmed Jennifer had significant changes on the right side of her brain. A new medical team performed a spinal tab and confirmed Jennifer had CJD. By this time, Jennifer was unable to get out of bed.

"Your brain is just disappearing. It's crazy," Sprague said. "You're in this perfect healthy body and your brain just dies within the course of a few months."

After Jennifer was diagnosed with CJD on Feb. 12, her insurance company said it would no longer pay for her care and Sprague was told his wife would not recover.

Jennifer died on Feb. 21 — five months after receiving her second dose of Pfizer.

According to the latest data from VAERS, 56 cases of rapid-onset CJD have been reported following COVID-19 vaccines since Dec. 14, 2021.

Historically, VAERS has been shown to report only 1% of actual vaccine adverse events.

SUGGEST A CORRECTION

Megan Redshaw
Megan Redshaw is a staff attorney for Children's Health Defense and a reporter for The Defender.

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Please read our Comment Policy before commenting.

Autopsies confirm: Covid-19 vaccine causes fatal heart inflammation or "Sudden Adult Death Syndrome"

Thursday, December 08, 2022 by: Lance D Johnson

Tags: autopsy, badhealth, badmedicine, cardiac failure, cardiovascular system, death by vaccination, histopathology, inflammation, medical examination, medical violence, mRNA, myocarditis, nervous system, pericarditis, SADS, spike proteins, thrombotic thrombocytopenia, unexpected death, vaccine damage, Vaccine deaths, Vaccine injuries, vaccine injury, vaccine wars, vaccines

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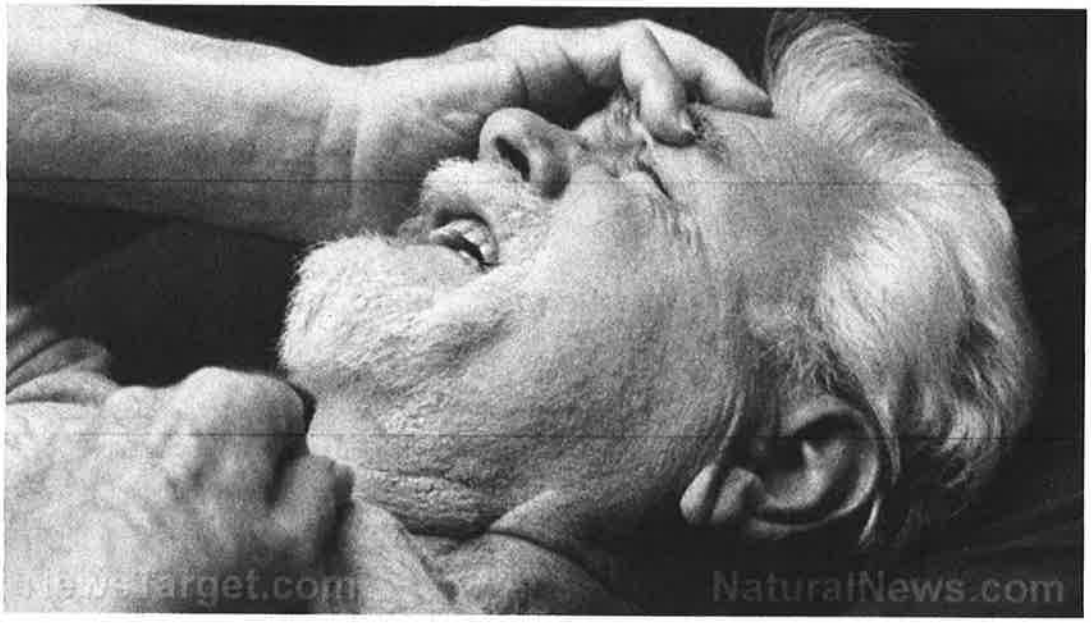


(Natural News) Previously healthy individuals are dying "suddenly and unexpectedly" after covid-19 vaccination. These individuals are of all ages, and many show no sign of pre-existing heart conditions. A new medical term– Sudden Adult Death Syndrome (SADS) was created to categorize these unexplained deaths. Vaccination is intended to protect individuals from infections and to prolong their life; however, vaccinated individuals are being hospitalized and diagnosed with new heart problems (myocarditis and pericarditis) and vaccine-induced thrombotic thrombocytopenia. Sometimes, these vaccine injuries go undetected. Sometimes they are mild, but other times, they are fatal in the first week after vaccination.

In a new case study, twenty-five individuals who died after covid-19 vaccination showed inflammation of the heart that coincided with the inflammation caused in the deltoid muscle, post vaccination.

Autopsies confirm covid jabs cause fatal inflammation of the heart muscle

Medical examiners from Germany conducted autopsies on thirty-five individuals who died within twenty days after taking a second dose of the covid-19 mRNA vaccine (Comirnaty & Spikevax). They concluded that ten of the fatalities were clearly not due to the vaccine, due to evidence of drug overdose. The majority of the fatalities (71%) presented vascular damage that is specific to vaccine injuries, including rapid heart failure, vascular aneurysm, pulmonary embolism, myocardial infarction, fatal stroke, and vaccine-induced thrombotic thrombocytopenia.

A closer examination of five of these cases showed new onset inflammation in the cardiovascular system and histopathologies directly in the heart muscle. These five individuals were diagnosed with lymphocytic (epi-)myocarditis and died suddenly in their homes in the first week after covid-19 mRNA vaccination. The medical examiners found patchy inflammation in the heart muscle that mirrored the same patchy inflammation that is induced in the deltoid muscles after covid-19 mRNA vaccination.

Previous studies have shown that the translated spike proteins do not stay in the deltoid muscle and degrade. In cases of vaccine injury, the translated spike proteins are not neutralized by the immune system; instead, they were found reproducing uncontrollably and traveling throughout the body to distal organs, including the heart. Other studies corroborate the reality that vaccine-induced spike proteins and mRNA persist for weeks in lymph nodes.

The medical examiners determined that a causal link between the covid-19 vaccine and deadly myocarditis was based on: a close temporal relation to vaccination (within 1 week of administration); absence of any other significant pre-existing heart disease in the deceased (especially ischaemic heart disease or cardiomyopathy); negative testing for potential myocarditis-causing infectious agents; and finally, presence of a peculiar CD4 predominant T-cell infiltrate, suggesting an immune mediated mechanism brought on by the vaccine.

"Histology showed patchy interstitial myocardial T-lymphocytic infiltration, predominantly of the CD4 positive subset, associated with mild myocyte damage," the researchers wrote. "Overall, autopsy findings indicated death due to acute arrhythmogenic cardiac failure. Thus, myocarditis can be a potentially lethal complication following mRNA-based anti-SARS-CoV-2 vaccination."

Autopsies and non-biased medical examiners must explore histopathologies behind covid-19 vaccine fatalities

Autopsies are essential to determine if the covid-19 vaccines are the cause of sudden and unexpected death. These autopsies must be conducted by non-biased medical professionals who are open to investigating the histopathologies behind potential vaccine injury. Equally important: medical examiners must be aware of the issues with mRNA technology, must be able to track the inflammation caused by the vaccine's spike proteins, and must be open to investigating the various histopathologies behind vaccine damage. Many of these underlying vaccine injuries are not fully understood or accepted, such as the spike proteins' potential to inflame the nervous system and the brain stem. Inflammation of the nervous system could affect a person's mood, impulsivity, mental health, drug use, and suicide risk, but these issues are yet to be addressed in autopsies and other medical examinations.

Dr. Peter McCullough posted on his sub stack: "The very high yield of post-vaccination autopsy should spur families and physicians to push for post-mortem exams so we can learn more on how this medical procedure is leading to such a large loss of human life."

Sources include:

DailyMail.co.uk

TheEpochTimes.com

Link.Springer.com

PHMPT.org [PDF]

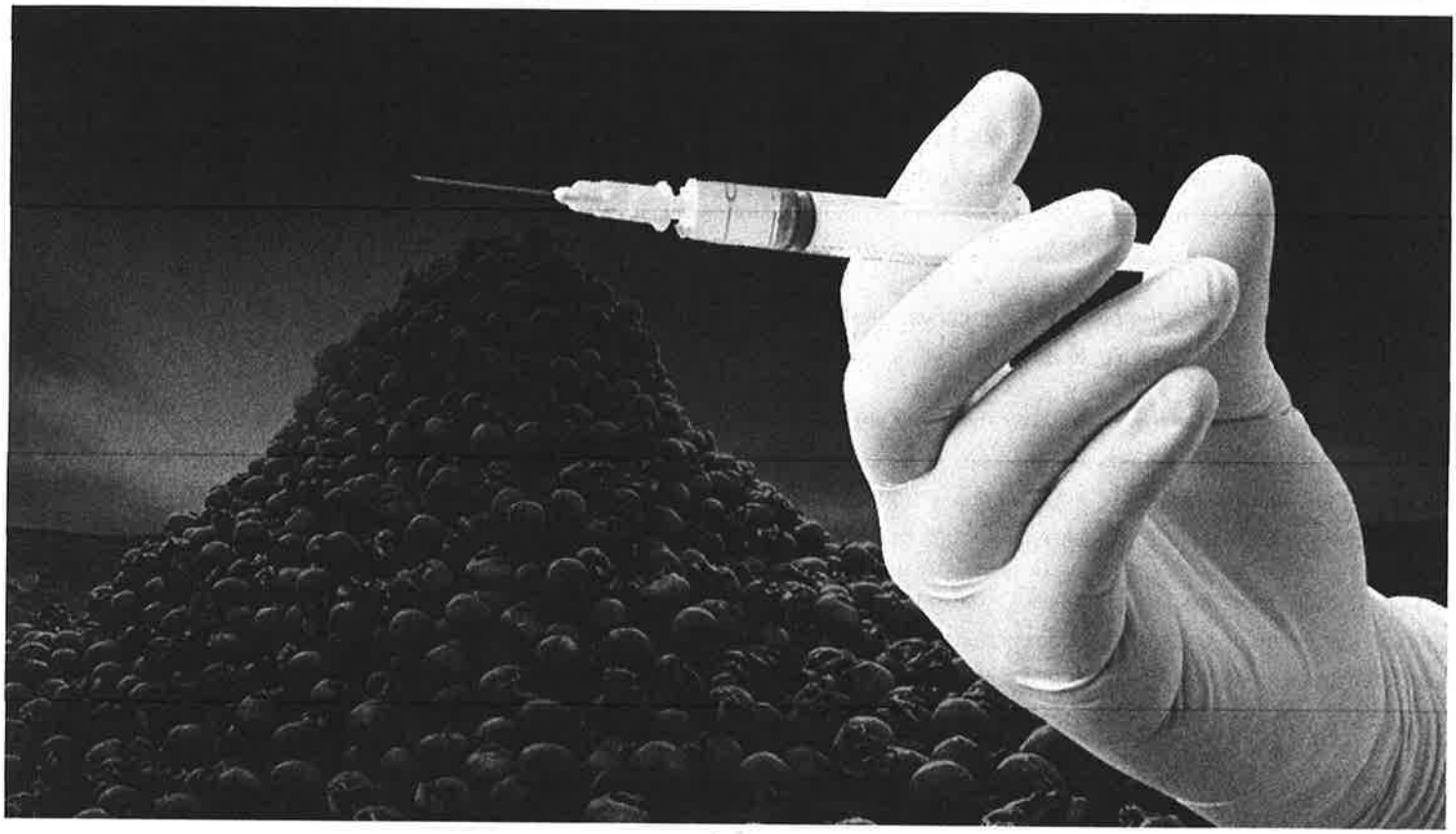
Cell.com

PeterMcCulloughMD.substack.com

Americans are DYING AT WARP SPEED from the Wuhan Flu vaccinations

Thursday, December 08, 2022 by: S.D. Wells
Tags: Dangerous Medicine, pharmaceutical fraud, SADS, science deception, SIDS, sudden death, sudden death syndrome, Suppressed, vaccine death, vaccine injury, vaccine rollout, vaccine statistics, vaccine wars, vaccines, warp-speed

This article may contain statements that reflect the opinion of the author



(Natural News) No contaminated food, beverage, medicine, or vaccination has ever been more deadly or caused more fatalities than the Wuhan virus jabs. Instead of reducing the surge of sudden deaths, the Fauci Flu injections have increased the surge of sudden deaths, and a government report PROVES the spike-protein-prion injections are to blame. As many Americans have died by lethal injection (Coronavirus vaccines) — that's 6 million, in just the past two years — as Jews who died in the Holocaust. Are the Covid vaccines the new gas chambers?

It's time to take an in-depth look at the secretive CDC report that reveals the statistics of the gene-mutation, vascular-clogging Covid death stabs. Pfizer-Gate is no conspiracy theory. Americans are dying at warp speed and hardly a vaccinated soul has any idea what's really going on.

CDC report shows 6 million Americans have "died suddenly" since pandemic vaccine rollout

The deadly vaccine campaign began in mid-December of 2020. Now, in an official report called *Deaths by Vaccination Status*, published by the United Kingdom government's Office for National Statistics (ONS), the proof is in the data. Every month since the start of 2022, the more vaccines someone gets, the more likely they are to die unexpectedly and suddenly by unknown causes, and much more likely than anyone who is fully unvaccinated.

Plus, every month that goes by proves to be a higher mortality rate for those getting booster shots for Fauci Flu. That means the triple-vaccinated adult populace is under triple-threat of SADS (sudden adult death syndrome), and the triple-vaccinated teen and child

population is under triple threat also. They're all dying at a mortality rate of nearly 30 per 100,000. The vaxxed sheeple are doing themselves in, so there's no "safety in numbers" and the old 'herd theory' is out the window, for sure.

"Booster" campaigns are boosting death, not immunity, but the mass media complex and Big Pharma are censoring all news about it

The absolute worst mortality rates for the vaccinated masses include those double vaccinated who are in their forties, with a 264 percent more likely chance of dying than their counterparts who are unvaccinated. When will Fauci and Walensky talk about *that*? Where are the talking heads now and all those "experts" to analyze *that* data? The mass booster campaigns are wiping people out, while the pandemic itself has waned and faded, almost out of existence. Why are so many people so gullible and still getting jabbed up with these deadly, "emergency only" gene therapy jabs?

In all age groups analyzed, the partly and double vaccinated are more likely to die than the fully unvaccinated. This is a tough pill to swallow for the allopathic sheeple, should they ever even find out about these government studies and raw data.

As the masses die off from the Covid jabs, the media and Big Pharma are blaming everything else, even absurd excuses that are published by major media outlets, including death by referee whistle, cold shower, video game, and tiny particles from industry pollution. Suddenly these are the culprits of a billion people dropping dead suddenly across the planet, and the vaccinated sheeple are so doped up and clogged up they can't think straight enough to see the forest for the trees.

Pay close attention to the data, because it's obvious now that the fully unvaccinated are much better protected from viruses and other pathogens by keeping an organic food regimen, supplemented by natural remedies, vitamins, minerals, and superfoods. Bookmark Vaccines.news to your favorite independent websites for updates on experimental gene therapy injections the CDC and fake news claim are "safe and effective" when they're really dangerous and health-damaging.

Sources for this article include:

Pandemic.news

Expose-news.com

NaturalNews.com

ONS.gov.UK

BREAKING NEWS: The Supreme Court In The US Has Ruled That The Covid Pathogen Is Not A Vaccine, Is Unsafe, And Must Be Avoided At All Costs-Supreme Court has Canceled Universal Vax

Just got this:

Has not been in the news anywhere. Looks like we are getting closer to the Final Scene in the movie.

Please ALERT everyone in the family, friends and relatives! BREAKING NEWS ! Supreme Court has canceled universal vaccination In the United States, the Supreme Court has canceled universal vaccination. Bill Gates, US Chief Infectious Disease Specialist Fauci, and Big Pharma have lost a lawsuit in the US Supreme Court, failing to prove that all of their vaccines over the past 32 years have been safe for the health of citizens!

The lawsuit was filed by a group of scientists led by Senator Kennedy. Robert F. Kennedy Jr .: "The new COVID vaccine should be avoided at all costs. I urgently draw your attention to important issues related to the next vaccination against Covid-19. For the first time in the history of vaccination, the so-called mRNA vaccines of the latest generation directly interfere with the patient's genetic material and therefore alter the individual genetic material, which is genetic manipulation, which was already prohibited and was previously considered a crime.

The coronavirus VACCINE IS NOT A VACCINE! ATTENTION!

What has always been a vaccine? It was always the pathogen itself – a microbe or virus that was killed or attenuated, that is, weakened – and it was introduced into the body in order to produce antibodies. Not even a coronavirus vaccine! It is not that at all! It is part of the newest group of mRNA (mRNA) allegedly "vaccines". Once inside a human cell, mRNA reprograms normal RNA / DNA, which begins to make another protein.

That is, nothing to do with traditional vaccines! That is, it is an instrument of genetic influence. Genetic bioweapon! That is, they were going to destroy from earthlings, and the survivors will become GMOs! Following the unprecedented mRNA vaccine, the vaccinated will no longer be able to treat the symptoms of the vaccine in an additional way.

Vaccinated people will have to come to terms with the consequences, because they can no longer be cured by simply removing toxins from the human body, as in a person with a genetic defect such as Down syndrome, Klinefelter syndrome, Turner syndrome, genetic heart failure, hemophilia, cystic fibrosis, Rett syndrome, etc.), because the genetic defect is forever!

This clearly means: if a symptom of vaccination develops after mRNA vaccination, neither I nor any other therapist can help you, because **DAMAGE CAUSED BY VACCINATION WILL BE GENETICALLY** Irreversible.

Vaccination – Bio-weapons of genocide of the 21st century. Former Pfizer Chief Scientist Mike Yeedon has once again expressed his position that it is too late now to save those who have been injected with a substance publicly called "the Covid-19 vaccine." He encourages those who have not yet received the lethal injection to fight for their lives, those around them and the lives of their children.

The internationally renowned immunologist goes on to describe a process that he says will kill the vast majority of people: "Immediately after the first vaccination, about 0.8% of people die within two weeks. The average life expectancy of survivors will be a maximum of two years, but it also decreases with each new "injection".

" Additional vaccines are still being developed to cause deterioration in certain organs, including the heart, lungs and brain. After two decades at Pfizer, Professor Yedon was familiar with the functions and research and development goals of pharmaceutical giant Pfizer, and states that the ultimate goal of the current "vaccination" regime can only be a massive demographic event that will make all world wars put together, like Mickey's staging Mouse.

"Billions of people have already been sentenced to certain, inevitable and painful death. Anyone who receives the injection will die prematurely, and three years is a generous estimate of how long they can survive."

To the Mayor and City Council of Vancouver. 12-12-22

Please put this on public record.

I was shocked and angered by the City of Vancouver's latest proposal to limit Community Forum to once every 3 months outside of the City Council Chambers without video coverage. Talk about denying freedom of speech. The truth is, you don't want the people in our city to know what you are doing, and any opposition there might be. When people in this city voted for you, they were led to believe that you were working on their behalf. How could you possibly know the needs or problems in this city are, if the people have no voice? I went to one of your off-site meetings. The people broke off in groups but no one knew what was being said in the other groups and there was no video coverage. What a waste of taxpayer's money for these off-site meetings! This is all about control! This is a total Communist move to suppress speech. The people in the city need to know this. Recalls may be needed if you continue to follow the UN agenda pushed through the ICLEI, a foreign entity of which you are members of. We know the UN's Agenda 2030 is out to destroy our Constitution and take our inalienable rights of life, liberty, and the pursuit of Happiness.

You know the climate change we are experiencing has been going on for decades through our federal government, DARPA, and with funding from the Gates Foundation. They are using HAARP, chemtrails, 5Gs. laser guided lightning rods, etc. We should not be breathing the crap coming out of the chemtrails. They are destroying our environment. People need oxygen from plants, and plants need CO2 from mammals. Bill Gates idea to blackout the sun is insane! Sunlight is essential for life. It is needed for photosynthesis. (Dictionary: The process by which green plants and some other organisms use sunlight to synthesize foods from carbon dioxide and water.)

On March 28, 2022, I asked you to revoke your membership to the ICLEI and stop paying dues. I asked that you make our city a No-Fly-Zone for chemtrails. We the people should have the right to breath air that is clean and not laced with heavy metals and chemicals. The City of Richmond,

CA passed an ordinance, so can you! What gives our government the right to poison us? Why aren't you protecting the people in this city?

This council wants to do electric everything when you know that we don't have the grid to support it. Remember how Texas faired with the freeze? So much for solar and wind! We live where there are mountains and tall trees. It's not necessarily ideal for solar and wind. In addition, there isn't enough raw materials to make all the batteries needed for those electric cars. When the car batteries can no longer be recycled and the toxic wind turbines need to be disposed of, where do you plan to put them? Why are you rushing this plan when you are just creating another environmental mess? No one is taking ~~they don't take~~ into account the EMFs and dirty electricity by going all electric. Cows grazing under electrical lines have been known to develop leukemia. What do you think is does to people? This is a health issue especially when you add all the radiation from the 5G cell towers and cell phones.

Stop the insanity!

Laurel Pascual

Laurel Pascual

Vancouver, WA