# No. 127 - Mission Possible SPECIAL REPORT
## REACHING THE POINT OF NO RETURN

**From Mission Possible World Health. INTL**
**Dr. Betty Martini, Founder**
**Ministry of Censored Facts and Evidence**
**www.wpwhi.com**

**Tom Armstrong**
**Kentucky Representative & Investigative Researcher**
**tomarmstrong49@yahoo.com**

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***The following is very valuable information concerning the COVID-19 injection bioweapons. It especially touches on the use of the Monkeypox as a cover to conceal and direct attention away from the illnesses, severe and permanent disabling events and death caused by the COVID-19 injections. SHARE!***

**Tom Armstrong**

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# Monkeypox Is a Cover Story to Conceal the Increasing Illnesses and Deaths Caused by the COVID-19 Vaccines

June 1, 2022 by Edward Hendrie

The alleged monkeypox outbreak is a cover story for the increasing illnesses and deaths caused by the COVID-19 vaccinations. The symptoms of monkeypox bear a striking similarity to the side effects of the COVID-19 vaccines. Those symptoms were known to Pfizer before their COVID-19 vaccine was authorized. The investigative reporters at *The Expose* determined that "[t]he confidential Pfizer documents also list another condition that has extreme similarities to monkeypox: autoimmune blistering disease." *The Expose* reporters explain:

Autoimmune blistering disease causes blisters on the skin and mucous membranes throughout the body. It can affect the mouth, nose, throat, eyes, and genitals. It is not fully understood but "experts" believe that it is triggered when a person who has a genetic tendency to get this condition comes into contact with an environmental trigger. This might be a chemical or a medicine. Such as the Pfizer Covid-19 injection?

*The Expose* team studied documents published by governments worldwide and discovered that the data "strongly suggest[] the Covid-19 injections cause extensive damage to the natural immune system, causing recipients to develop a new form of Acquired Immunodeficiency Syndrome." In

order to conceal the causal link between the COVID-19 vaccines and the AIDs symptoms, a plan was hatched to falsely report the symptoms as an outbreak of Monkeypox.

Michael Nevradakis, Ph.D., reveals that in May 2022, the World Health Organization held an emergency meeting to discuss the worldwide outbreak of monkeypox. But what is quite suspicious is that WHO meeting seemed to be following the script developed during a March 2021 meeting involving the Gates Foundation, WHO, and Big Pharma execs. At that meeting, participants conducted a monkeypox pandemic simulation. So, we have a monkeypox simulation in March 2021, followed a little more than a year later by worldwide reports of a breakout in monkeypox.

Dr. Nevradakis explains the striking parallels between the March 2021 monkeypox simulation and the subsequent alleged monkeypox outbreak and the October 2019 Event 201 exercise that mirrored the subsequent COVID-19 outbreak only months later.

In October 2019, just weeks before the outbreak of COVID-19, the Johns Hopkins Center for Health Security, along with the World Economic Forum (WEF) and the Bill & Melinda Gates Foundation, organized "Event 201," a "high-level pandemic exercise" that mirrored what later followed with COVID-19 pandemic.

In March 2021, the Nuclear Threat Initiative (NTI), in conjunction with the Munich Security Conference, held a "tabletop exercise on reducing high-consequence biological threats."

This "fictional exercise scenario" involved the simulation of "a deadly, global pandemic involving an unusual strain of monkeypox virus that first emerged in the fictional nation of Brinia and spread globally over 18 months."

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**Below is the investigative report from *The Expose*:**

Human monkeypox is a zoonosis thought to usually occur sporadically in the tropical rainforest of western and central Africa. But the exact incidence and geographical distribution are actually unknown because many cases are not recognized. The reason being is that it is commonly mistaken for chickenpox / shingles.

According to a scientific study published in 1988, between 19981-1986, 977 persons with skin eruption not clinically diagnosed as human monkeypox were laboratory tested in Zaire *(now known as the Democratic Republic of Congo)*.

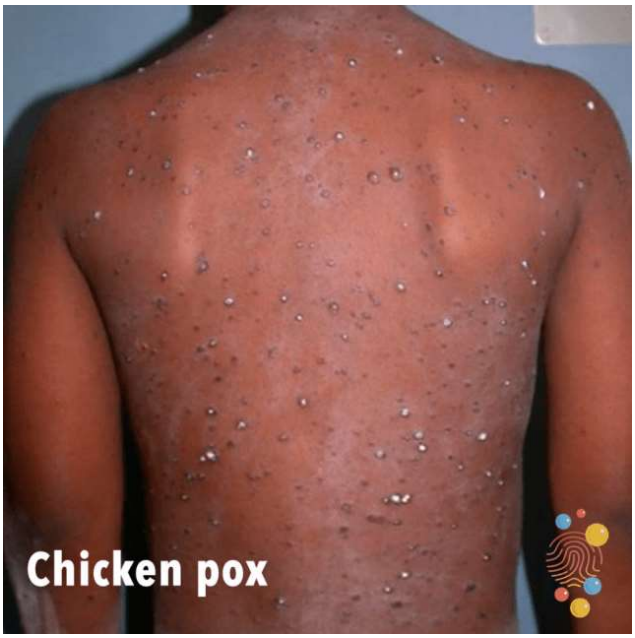
The results were as follows –

'3.3% of human monkeypox cases were found among 730 patients diagnosed as cases of chickenpox, 7.3% among cases diagnosed as "atypical chickenpox" and 6.1% among cases with skin rash for which clinical diagnosis could not be established.

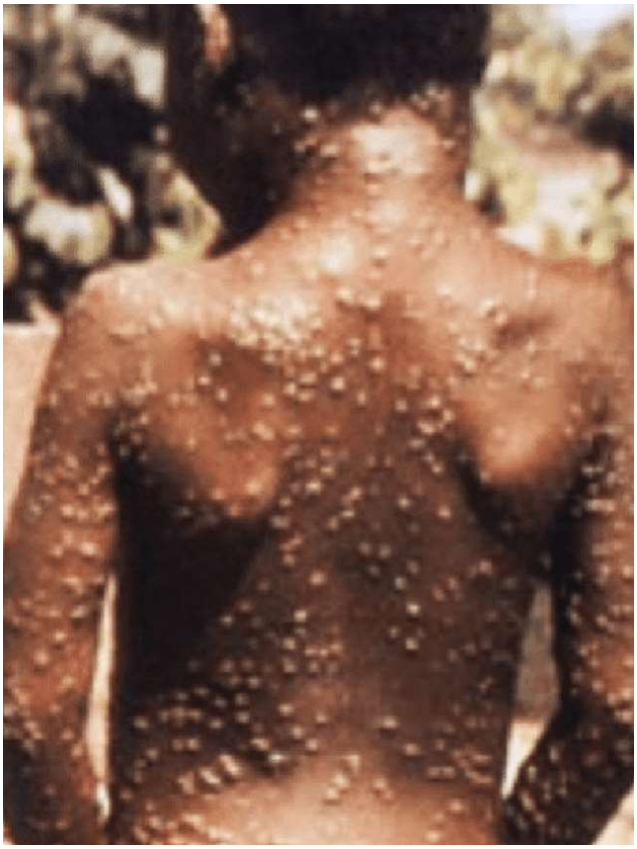
The diagnostic difficulties were mainly based on clinical features characteristic of chickenpox: regional pleomorphism (in 46% of misdiagnosed cases), indefinite body-distribution of skin eruptions (49%), and centripetal distribution of skin lesions (17%). Lymph-node enlargement was

observed in 76% of misdiagnosed patients. In the absence of smallpox, the main clinical diagnostic problem is the differentiation of human monkeypox from chickenpox.'

Can you spot any major differences between the following two images?




**Chickenpox / Shingles**



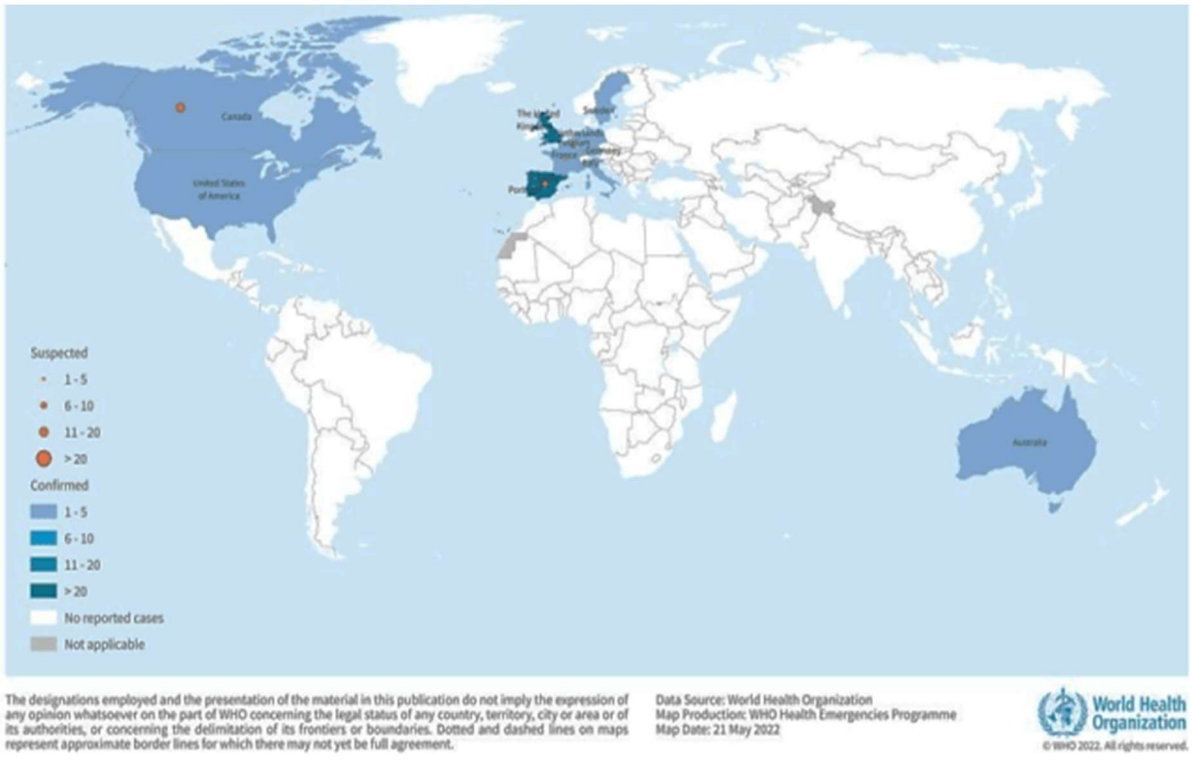
# Monkeypox

Now you can see why it was regularly misdiagnosed.

Human monkeypox was first identified in humans in 1970 in the Democratic Republic of the Congo in a 9-year-old boy. Since then, human cases of monkeypox have been reported in 11 African countries. It wasn't until 2003 that the first monkeypox outbreak outside of Africa was recorded, and this was in the United States.

The main points to take away from this are that the alleged monkeypox disease is extremely rare, has rarely been seen outside of Africa, and has never been recorded in multiple countries outside of Africa at the same time.

So with that being the case, do you not find it strange that we are suddenly being told that cases of monkeypox are now being recorded in the USA, Canada, the UK, Australia, Sweden, the Netherlands, Belgium, France, Spain, Italy and Germany, all at the same time?




*Source*

Especially when the World Health Organization has confirmed that there is zero evidence that the monkeypox virus has mutated.

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Ukraine and Russia: What you need to know right now

May 23, 2022
3:03 PM GMT+1
Last Updated an hour ago

Healthcare & Pharmaceuticals

# WHO says no evidence monkeypox virus has mutated

Reuters

1 minute read

The World Health Organization logo is pictured at the entrance of the WHO building, in

May 23 (Reuters) - The World Health Organization does not have evidence that the monkeypox virus has mutated, a senior executive at the U.N. agency said on Monday, noting the infectious disease that is endemic in west and central Africa

[Source]

But if you don't find it strange, then the following map showing the countries where the Pfizer Covid-19 injection has mainly been administered might change your mind –


**MAP 1: Map showing main distributions of Pfizer Vaccine. Approved in 85 countries.**

Because evidence suggests we're not witnessing an outbreak of monkeypox across first-world countries at all. Instead, we're witnessing the consequences of the damage that has been caused to immune systems by the Covid-19 injections in the very same first-world countries, and authorities are rushing to cover it up.

Herpes Simplex Virus (HSV) is a common cause of ulcerative skin disease in both immune-compromised and immune-competent individuals. Most individuals infected with HSV have either no symptoms or mild symptoms that go unnoticed.

When symptoms do appear, they initially present with tingling and/or redness, followed by blister-like lesions that rapidly merge into open, weeping sores. The sores are often quite painful and can be accompanied by a fever and swollen lymph glands.

Just like monkeypox.

In immune-compromised people, as in those with Acquired Immunodeficiency Syndrome, the frequency and symptoms of HSV outbreaks can sometimes be severe, spreading from the mouth or genitals to deeper tissues in the lungs or brain. As such, HSV has been classified as an "AIDS-defining condition" if lasting longer than a month or presenting in the lungs, bronchi or esophagus.

Did you know herpes is listed as an adverse event of special interest (AESI) by Pfizer in relation to their Covid-19 injection? You could be forgiven for not knowing because it was only recently revealed in the confidential Pfizer documents that the FDA were forced to publish by Court order in 2022.

# Confidential Pfizer Documents

The US Food and Drug Administration (FDA) attempted to delay the release of Pfizer's COVID-19 vaccine safety data for 75 years despite approving the injection after only 108 days of safety review on December 11th, 2020.

But in early January 2022, Federal Judge Mark Pittman ordered them to release 55,000 pages per month. They released 12,000 pages by the end of January.

Since then, PHMPT has posted all of the documents on their website. The latest drop happened on May 2nd, 2022.

One of the documents contained in the data dump is 'reissue_5.3.6 postmarketing experience.pdf'. Page 21 of the confidential document contains data on adverse events of special interest, with one of these specifically being herpes viral infections.

| | |
|---|---|
| **Other AESIs**<br>*Search criteria: Herpes viral infections (HLT) (Primary Path) OR PTs Adverse event following immunisation; Inflammation; Manufacturing laboratory analytical testing issue; Manufacturing materials issue; Manufacturing production issue; MERS-CoV test; MERS-CoV test negative; MERS-CoV test positive; Middle East respiratory syndrome; Multiple organ dysfunction syndrome; Occupational exposure to communicable disease; Patient* | • Number of cases: 8152 (19.4% of the total PM dataset), of which 4977 were medically confirmed and 3175 non-medically confirmed;<br>• Country of incidence (> 20 occurrences): UK (2715), US (2421), Italy (710), Mexico (223), Portugal (210), Germany (207), France (186), Spain (183), Sweden (133), Denmark (127), Poland (120), Greece (95), Israel (79), Czech Republic (76), Romania (57), Hungary (53), Finland (52), Norway (51), Latvia (49), Austria (47), Croatia (42), Belgium (41), Canada (39), Ireland (34), Serbia (28), Iceland (25), Netherlands (22). The remaining 127 cases were from 21 different countries;<br>• Subjects' gender (n=7829): female (5969), male (1860);<br>• Subjects' age group (n=7479): Adult (6330), Elderly (1125), Adolescent, Child (9 each), Infant (6); |



BNT162b2
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

**Table 7. AESIs Evaluation for BNT162b2**

| **AESIs[a] Category** | **Post-Marketing Cases Evaluation[b] Total Number of Cases (N=42086)** |
|---|---|
| *isolation; Product availability issue; Product distribution issue; Product supply issue; Pyrexia; Quarantine; SARS-CoV-1 test; SARS-CoV-1 test negative; SARS-CoV-1 test positive* | • Number of relevant events: 8241, of which 3674 serious, 4568 non-serious;<br>• Most frequently reported relevant PTs (≥6 occurrences) included: Pyrexia (7666), Herpes zoster (259), Inflammation (132), Oral herpes (80), Multiple organ dysfunction syndrome (18), Herpes virus infection (17), Herpes simplex (13), Ophthalmic herpes zoster (10), Herpes ophthalmic and Herpes zoster reactivation (6 each);<br>• Relevant event onset latency (n =6836): Range from <24 hours to 61 days, median 1 day;<br>• Relevant events outcome: fatal (96), resolved/resolving (5008), resolved with sequelae (84), not resolved (1429) and unknown (1685).<br><br>Conclusion: This cumulative case review does not raise new safety issues. Surveillance will continue |

*Source*

According to the document by the end of February 2021, just 2 months after the Pfizer vaccine was granted emergency use authorization in both the USA and UK, Pfizer has received 8,152

reports relating to herpes infection, and 18 of these had already led to multiple organ dysfunction syndrome.

Multiple organ dysfunction syndrome (MODS) is a systemic, dysfunctional inflammatory response that requires long intensive care unit (ICU) stay. It is characterized with a high mortality rate depending on the number of organs involved. It can be caused by herpes infection as this scientific study proved back in 2012 –

Case Rep Crit Care. 2012; 2012: 359360.
Published online 2012 Sep 6. doi: 10.1155/2012/359360
PMCID: PMC4010054
PMID: 24826337

## Fatal Multiorgan Failure Associated with Disseminated Herpes Simplex Virus-1 Infection: A Case Report

Michael Glas,[1,*] Sigrun Smola,[2] Thorsten Pfuhl,[2] Juliane Pokorny,[3] Rainer M. Bohle,[3] Arno Bücker,[4] Jörn Kamradt,[5] and Thomas Volk[1]

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Abstract Go to: ▸

Herpes simplex virus type 1 (HSV-1) infections cause typical dermal and mucosal lesions in children and adults. Also complications to the peripheral and central nervous system, pneumonia or hepatitis are well known. However, dissemination to viscera in adults is rare and predominantly observed in immunocompromised patients. Here we describe the case of a 70-year-old male admitted with macrohematuria and signs of acute infection and finally deceasing in a septic shock with multi organ failure 17 days after admission to intensive care unit. No bacterial or fungal infection could be detected during his stay, but only two days before death the patient showed signs of rectal, orolabial and genital herpes infection. The presence of HSV-1 was detected in swabs taken from the lesions, oropharyngeal fluid as well as in plasma. Post-mortem polymerase chain reaction analyses confirmed a disseminated infection with HSV-1 involving various organs and tissues but excluding the central nervous system. Autopsy revealed a predominantly retroperitoneal diffuse large B-cell lymphoma as the suspected origin of immunosuppression underlying herpes simplex dissemination.

*Source*

It should be noted how according to the study, septic shock alongside multiple organ failure led to the persons death, because we will be moving on to sepsis very shortly.

The confidential Pfizer documents also list another condition that has extreme similarities to monkeypox: autoimmune blistering disease.

The condition is hidden within the 9 pages long list of adverse events of special interest at the end of Pfizer's reissue_5.3.6 postmarketing experience.pdf document.

BNT162b2

5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

coronary;Arthralgia;Arthritis;Arthritis enteropathic;Ascites;Aseptic cavernous sinus thrombosis;Aspartate aminotransferase abnormal;Aspartate aminotransferase increased;Aspartate-glutamate-transporter deficiency;AST to platelet ratio index increased;AST/ALT ratio abnormal;Asthma;Asymptomatic COVID-19;Ataxia;Atheroembolism;Atonic seizures;Atrial thrombosis;Atrophic thyroiditis;Atypical benign partial epilepsy;Atypical pneumonia;Aura;Autoantibody positive;Autoimmune anaemia;Autoimmune aplastic anaemia;Autoimmune arthritis;Autoimmune blistering disease;Autoimmune cholangitis;Autoimmune colitis;Autoimmune demyelinating disease;Autoimmune dermatitis;Autoimmune disorder;Autoimmune encephalopathy;Autoimmune endocrine disorder;Autoimmune enteropathy;Autoimmune eye disorder;Autoimmune haemolytic anaemia;Autoimmune heparin-induced thrombocytopenia;Autoimmune hepatitis;Autoimmune hyperlipidaemia;Autoimmune hypothyroidism;Autoimmune inner ear disease;Autoimmune lung disease;Autoimmune lymphoproliferative syndrome;Autoimmune myocarditis;Autoimmune myositis;Autoimmune nephritis;Autoimmune neuropathy;Autoimmune neutropenia;Autoimmune pancreatitis;Autoimmune pancytopenia;Autoimmune pericarditis;Autoimmune retinopathy;Autoimmune thyroid disorder;Autoimmune thyroiditis;Autoimmune uveitis;Autoinflammation with infantile enterocolitis;Autoinflammatory disease;Automatism epileptic;Autonomic nervous system imbalance;Autonomic seizure;Axial

*Source*

Autoimmune blistering disease causes blisters on the skin and mucous membranes throughout the body. It can affect the mouth, nose, throat, eyes, and genitals. It is not fully understood but "experts" believe that it is triggered when a person who has a genetic tendency to get this condition comes into contact with an environmental trigger. This might be a chemical or a medicine. Such as the Pfizer Covid-19 injection?

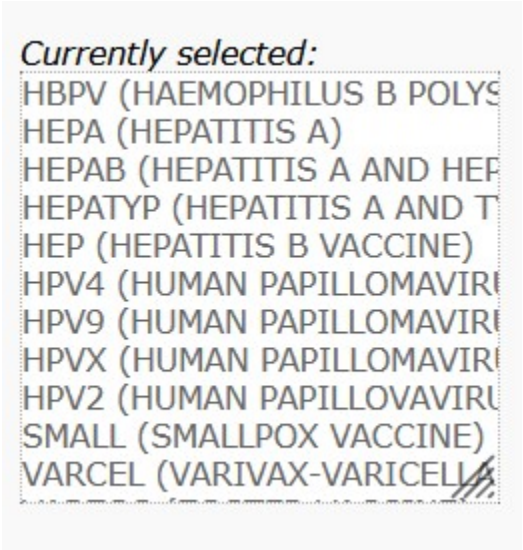
So now we know that Pfizer listed several conditions with extremely similar symptoms to monkeypox as 'adverse events of special interest to their Covid-19 injection, it would be very helpful to know if those same conditions have actually occurred regularly in the real-world. Thankfully, the U.S. Centers for Disease Control has a very useful tool that allows us to find out.

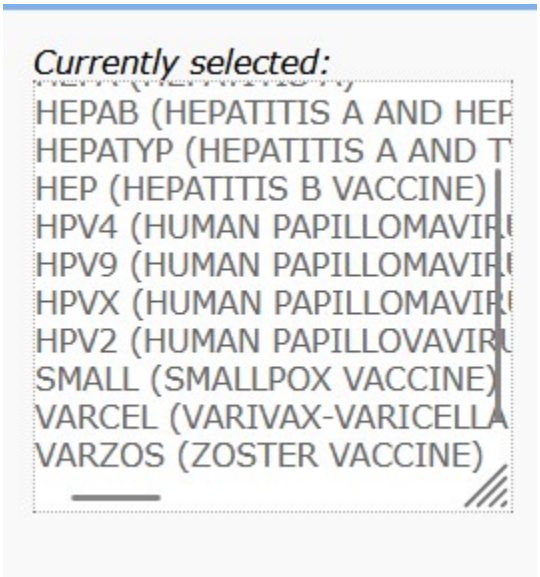
# Adverse Events Reported in the U.S.A

The Vaccine Adverse Event Reporting System (VAERS) hosted by the Centers for Disease Control (CDC) contains historical data on adverse reactions reported against every vaccine that has been administered in the United States of America and it can be accessed **here**.

We ran several searches on the database and have imported the data into charts. But here's an example of what you will find if you run the search yourselves.

The following is a list of all vaccines related to herpes, smallpox, chickenpox, hepatitis etc.

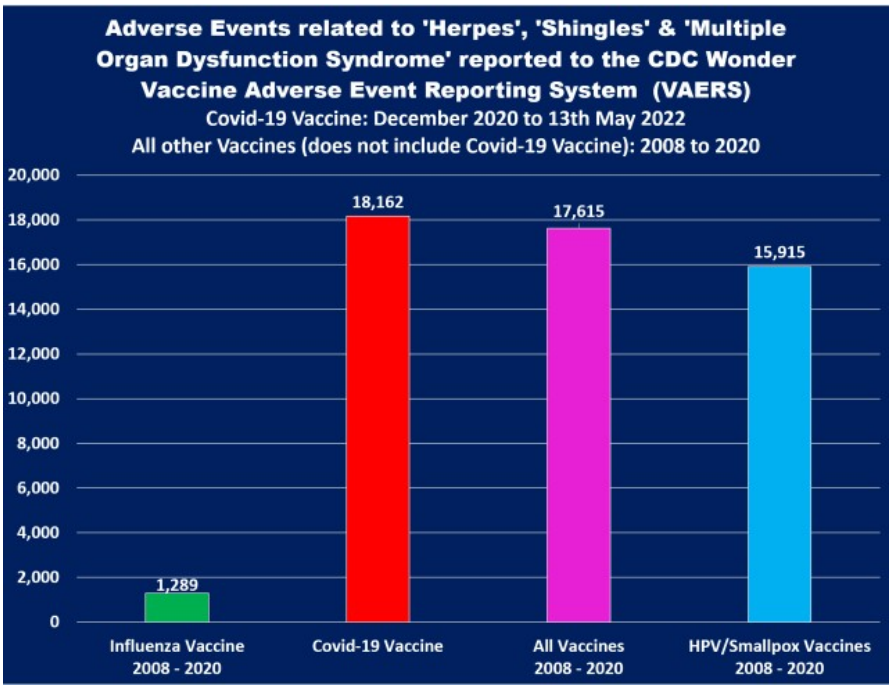



And the following is the list of search results returned on adverse reactions to the above vaccines in relation to herpes, infection between 2008 and 2020.

| Symptoms | Events Reported | Percent (of 15,915) |
|---|---|---|
| CONGENITAL HERPES SIMPLEX INFECTION | 1 | 0.01% |
| DISSEMINATED VARICELLA ZOSTER VIRUS INFECTION | 6 | 0.04% |
| ENCEPHALITIS HERPES | 3 | 0.02% |
| EXPOSURE TO COMMUNICABLE DISEASE | 91 | 0.57% |
| GENITAL HERPES | 66 | 0.41% |
| GENITAL HERPES SIMPLEX | 4 | 0.03% |
| GENITAL HERPES ZOSTER | 5 | 0.03% |
| HERPES DERMATITIS | 3 | 0.02% |
| HERPES OESOPHAGITIS | 3 | 0.02% |
| HERPES OPHTHALMIC | 40 | 0.25% |
| HERPES PHARYNGITIS | 2 | 0.01% |
| HERPES SEPSIS | 1 | 0.01% |
| HERPES SIMPLEX | 123 | 0.77% |
| HERPES SIMPLEX DNA TEST POSITIVE | 1 | 0.01% |
| HERPES SIMPLEX ENCEPHALITIS | 2 | 0.01% |
| HERPES SIMPLEX MENINGITIS | 1 | 0.01% |
| HERPES SIMPLEX MENINGOENCEPHALITIS | 1 | 0.01% |
| HERPES SIMPLEX OPHTHALMIC | 2 | 0.01% |
| HERPES SIMPLEX SEROLOGY | 21 | 0.13% |
| HERPES SIMPLEX SEROLOGY NEGATIVE | 144 | 0.90% |
| HERPES SIMPLEX SEROLOGY POSITIVE | 37 | 0.23% |
| HERPES SIMPLEX TEST | 10 | 0.06% |
| HERPES SIMPLEX TEST NEGATIVE | 104 | 0.65% |
| HERPES SIMPLEX TEST POSITIVE | 25 | 0.16% |
| HERPES VIRUS INFECTION | 143 | 0.90% |
| HERPES VIRUS TEST | 11 | 0.07% |
| HERPES VIRUS TEST ABNORMAL | 2 | 0.01% |
| HERPES ZOSTER | 14,037 | 88.20% |
| HERPES ZOSTER CUTANEOUS DISSEMINATED | 13 | 0.08% |
| HERPES ZOSTER DISSEMINATED | 46 | 0.29% |
| HERPES ZOSTER INFECTION NEUROLOGICAL | 5 | 0.03% |
| HERPES ZOSTER MENINGITIS | 13 | 0.08% |
| HERPES ZOSTER MENINGOENCEPHALITIS | 12 | 0.08% |
| HERPES ZOSTER MENINGOMYELITIS | 1 | 0.01% |
| HERPES ZOSTER MULTI-DERMATOMAL | 2 | 0.01% |
| HERPES ZOSTER NECROTISING RETINOPATHY | 2 | 0.01% |
| HERPES ZOSTER OPHTHALMIC | 69 | 0.43% |
| HERPES ZOSTER OTICUS | 88 | 0.55% |
| HERPES ZOSTER PHARYNGITIS | 1 | 0.01% |
| HERPES ZOSTER REACTIVATION | 3 | 0.02% |
| HUMAN HERPES VIRUS 6 SEROLOGY | 4 | 0.03% |
| HUMAN HERPES VIRUS 6 SEROLOGY NEGATIVE | 20 | 0.13% |
| HUMAN HERPES VIRUS 6 SEROLOGY POSITIVE | 1 | 0.01% |
| HUMAN HERPES VIRUS 8 TEST | 2 | 0.01% |
| HUMAN HERPESVIRUS 6 INFECTION | 5 | 0.03% |
| MENINGITIS HERPES | 1 | 0.01% |
| MENINGOENCEPHALITIS HERPETIC | 6 | 0.04% |
| MULTI-ORGAN FAILURE | 15 | 0.09% |
| MULTIPLE ORGAN DYSFUNCTION SYNDROME | 20 | 0.13% |
| OPHTHALMIC HERPES SIMPLEX | 25 | 0.16% |
| OPHTHALMIC HERPES ZOSTER | 520 | 3.27% |
| ORAL HERPES | 506 | 3.18% |
| PNEUMONIA HERPES VIRAL | 2 | 0.01% |
| ROSEOLOVIRUS TEST POSITIVE | 6 | 0.04% |
| SIMPLEX VIRUS TEST POSITIVE | 19 | 0.12% |
| VARICELLA VIRUS TEST POSITIVE | 404 | 2.54% |
| **Total** | **16,700** | **104.93%** |

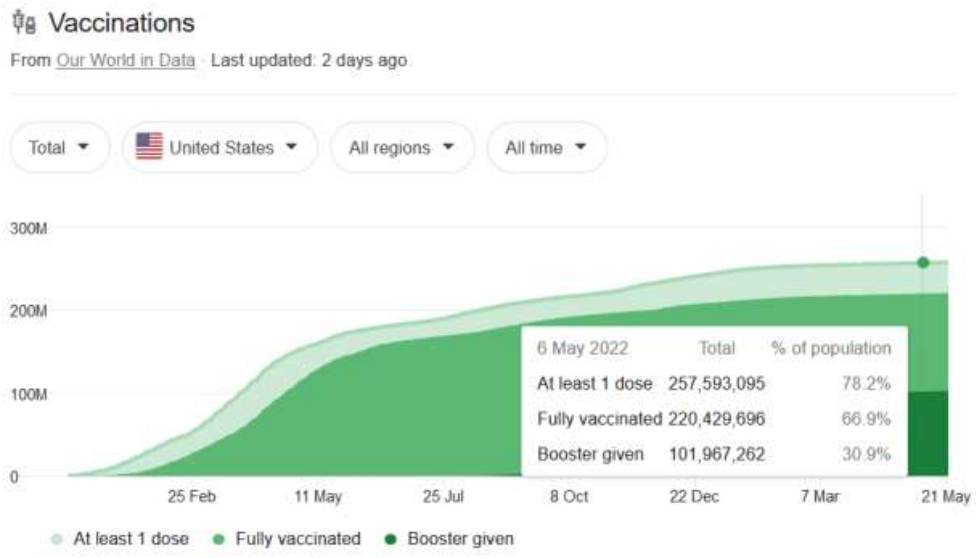
The following chart shows adverse events reported to VAERS related to herpes, shingles and multiple organ dysfunction syndrome. It shows the number of adverse events reported against the Flu Vaccines, all vaccines combined *(excluding Covid-19 injections)* and the HPV/Smallpox vaccines between 2008 and 2020. As well as the number of adverse events reported against the Covid-19 injections up to 13th May 2022.




As you can see the Covid-19 injections have caused the most herpes related infections, and this is within 17 months. When comparing these to the number of flareups reported against the HPV/Smallpox vaccines in 13 years, these numbers are extremely concerning.

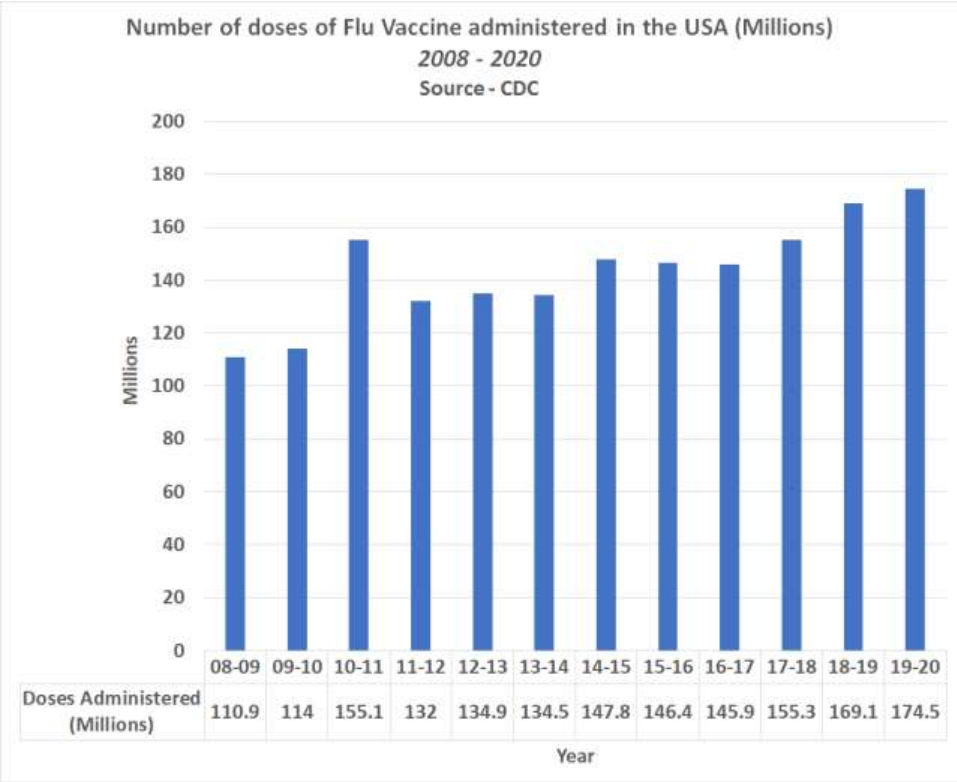
Many will argue that this could be completely unrelated and is just down to so many Covid-19 injections being administered. But same people who argue this also won't provide any evidence to back it up. So we will.

According to 'Our World in Data', as of 6th May 2022, a total of 579.9 million Covid-19 injections had been administered across the USA.



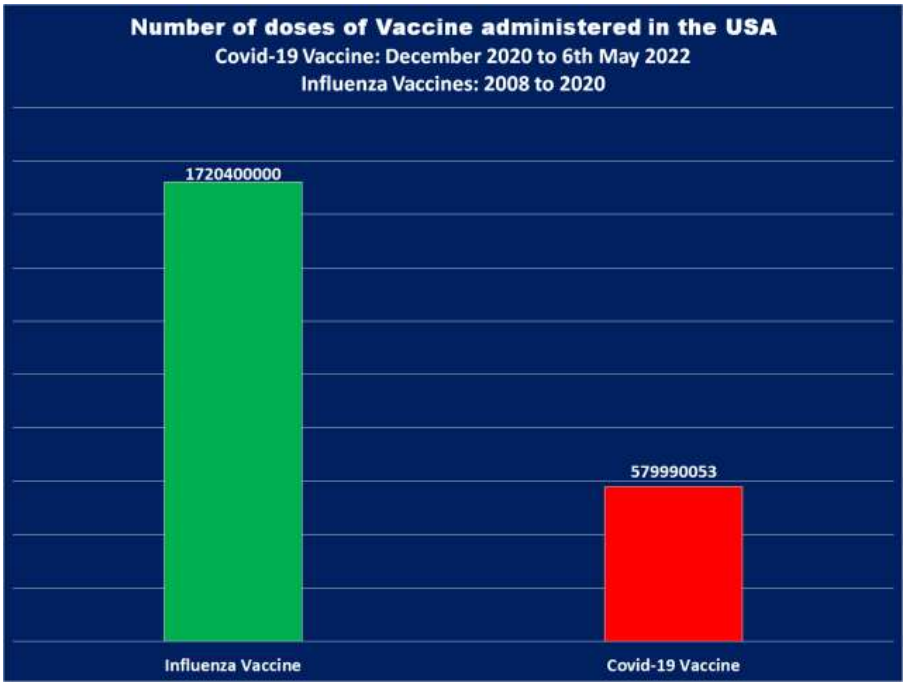

*Source*

But according to [figures released by the CDC,](#) a total of 1.72 billion flu vaccines were administered across the USA between 2008 and 2020.




*Source*

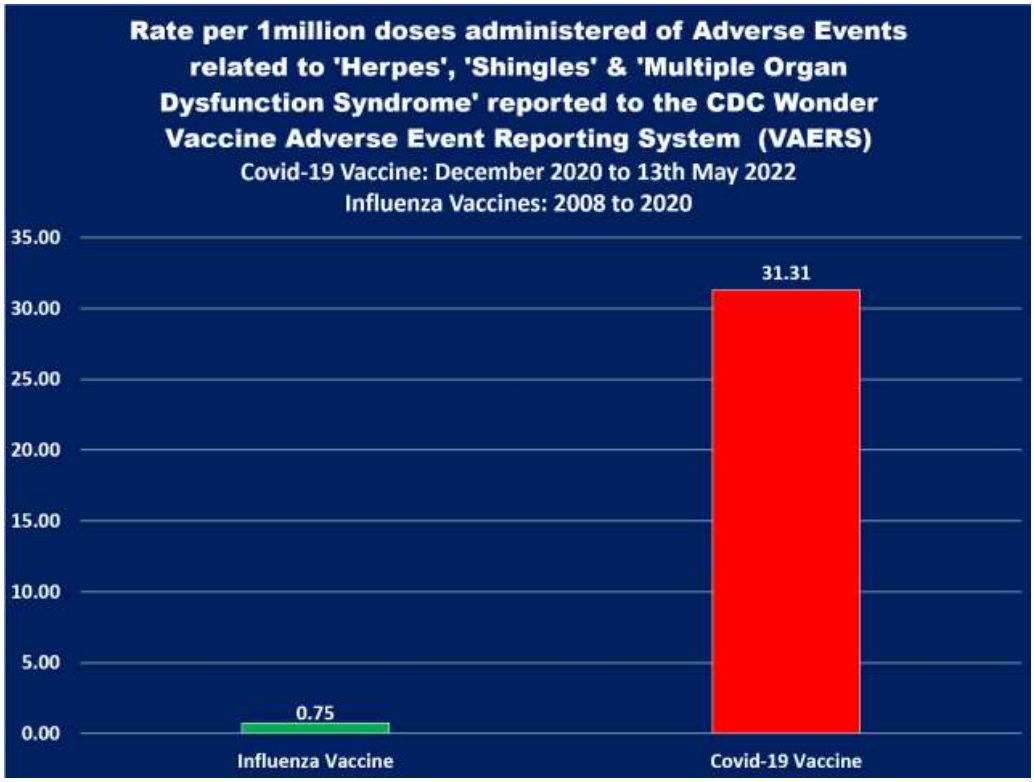
So as you can see, there were over 3 times as many flu jabs administered between 2008 and 2020 alone.



Now that we know these figures, we can use them to work out the rate of adverse events related to herpes etc. per 1 million doses administered. We just have to perform the following calculation –

*Number of doses administered / 1 million = Y*
*Number of Adverse Events / Y = Rate of adverse events per 1 million doses*

The following chart reveals the answer to that calculation –




The rate of herpes-related infections reported as adverse reactions to the Flu jabs is 0.75 adverse events per 1 million doses administered. But the rate of herpes-related infections reported as adverse reactions to the Covid-19 injections is 31.31 adverse events per 1 million doses administered.

That's a 4,075% difference, and indicative of a very serious problem. But what mechanism of Covid-19 vaccination is causing this to happen?

The answer lies in the fact that the Covid-19 injections cause recipients to develop Acquired Immunodeficiency Syndrome.

# Vaccine Acquired Immunodeficiency Syndrome (VAIDS)

Governments worldwide have been quietly publishing data for months on end that strongly suggests the Covid-19 injections cause extensive damage to the natural immune system, causing recipients to develop a new form of Acquired Immunodeficiency Syndrome.

Here's one example of that data from the UK Health Security Agency (UKHSA).

The following table has been stitched together from the case-rate tables found in the Week 3, Week 7 and Week 13 UKHSA Vaccine Surveillance Reports and it shows the Covid-19 case rates per 100,000 among the unvaccinated and triple vaccinated population in England –

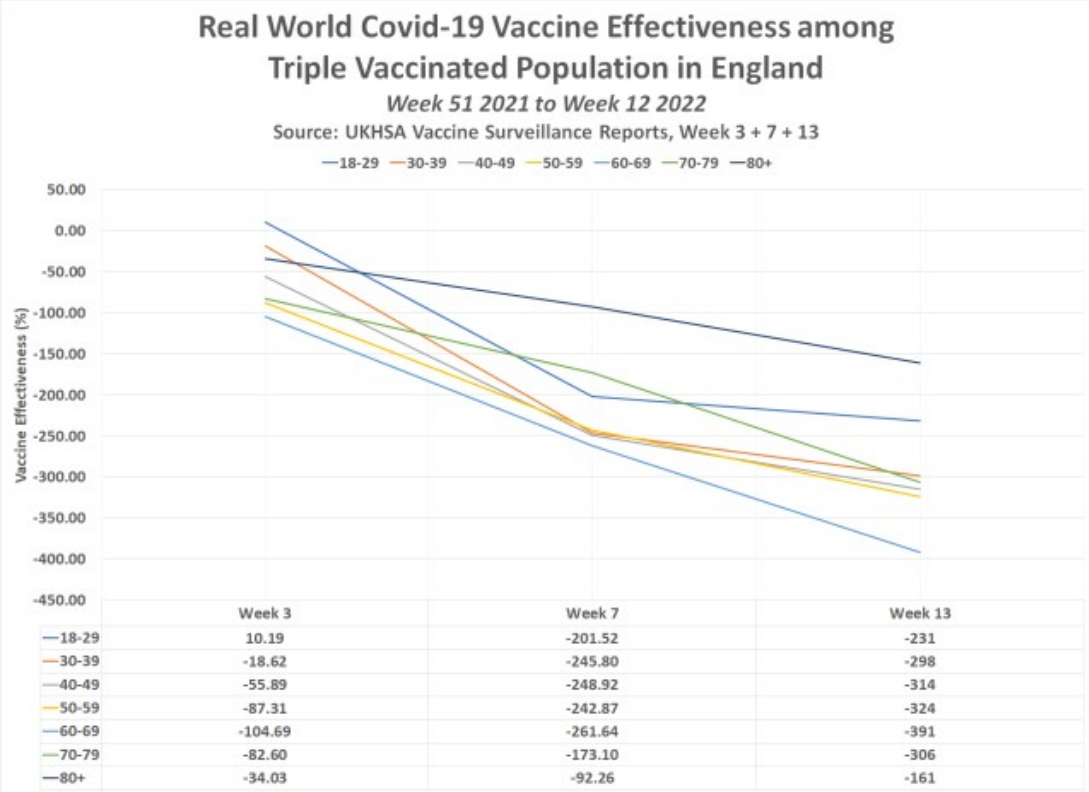
| | Cases reported by specimen date between week 51 2021 (w/e 26/12/21) and week 02 2022 (w/e 16/01/22) | | Cases reported by specimen date between week 3 2022 (w/e 23 January 2022) and week 6 2022 (w/e 13 February 2022) | | Cases reported by specimen date between week 9 2022 (w/e 6 March 2022) and week 12 2022 (w/e 27 March 2022) | |
|---|---|---|---|---|---|---|
| | | | [see | | [see | |
| | Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000) | Unadjusted rates among persons not vaccinated (per 100,000)[1,2] | Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000) | Unadjusted rates among persons not vaccinated (per 100,000)[1,2] | Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000) | Unadjusted rates among persons not vaccinated (per 100,000)[1,2] |
| Under 18 | 2,295.7 | 3,990.1 | 1,637.8 | 4,529.9 | 1,454.0 | 1,711.7 |
| 18-29 | 3,460.5 | 3,853.3 | 3,294.6 | 1,495.1 | 3,118.8 | 941.6 |
| 30-39 | 3,857.1 | 3,251.7 | 4,579.1 | 1,652.1 | 4,324.7 | 1,085.6 |
| 40-49 | 4,012.4 | 2,573.9 | 4,416.0 | 1,442.9 | 3,957.8 | 955.3 |
| 50-59 | 3,995.9 | 2,133.3 | 2,458.4 | 937.3 | 3,303.4 | 779.8 |
| 60-69 | 3,070.0 | 1,499.8 | 1,685.2 | 652.3 | 2,814.9 | 572.8 |
| 70-79 | 2,062.8 | 1,129.7 | 1,129.6 | 520.0 | 2,161.5 | 532.1 |
| ≥80 | 1,842.6 | 1,374.8 | 1,268.0 | 831.7 | 2,023.7 | 775.6 |

As you can see from the above, the case-rates per 100k were highest among the triple vaccinated population over these 3 months, except for the 18-29-year-olds in the week 3 report only, and the under 18's in all 3 months. But it is worth noting the rapid decline in rates among unvaccinated children compared to the small decline in rates among vaccinated children.

With those rates we can calculate the real-world vaccine effectiveness using Pfizer's efficacy formula –

*Unvaccinated Case Rate – Vaccinated Case Rate / Unvaccinated Case Rate x 100*

The following chart shows the Covid-19 vaccine effectiveness among the triple vaccinated population in England in the Week 3, Week 7 and Week 13 reports of 2022 –




| | Week 3 | Week 7 | Week 13 |
|---|---|---|---|
| 18-29 | 10.19 | -201.52 | -231 |
| 30-39 | -18.62 | -245.80 | -298 |
| 40-49 | -55.89 | -248.92 | -314 |
| 50-59 | -87.31 | -242.87 | -324 |
| 60-69 | -104.69 | -261.64 | -391 |
| 70-79 | -82.60 | -173.10 | -306 |
| 80+ | -34.03 | -92.26 | -161 |

As you can see from the above, by the beginning of 2022, things were significantly worse than they were in October in terms of effectiveness, and disastrously worse by the end of March.

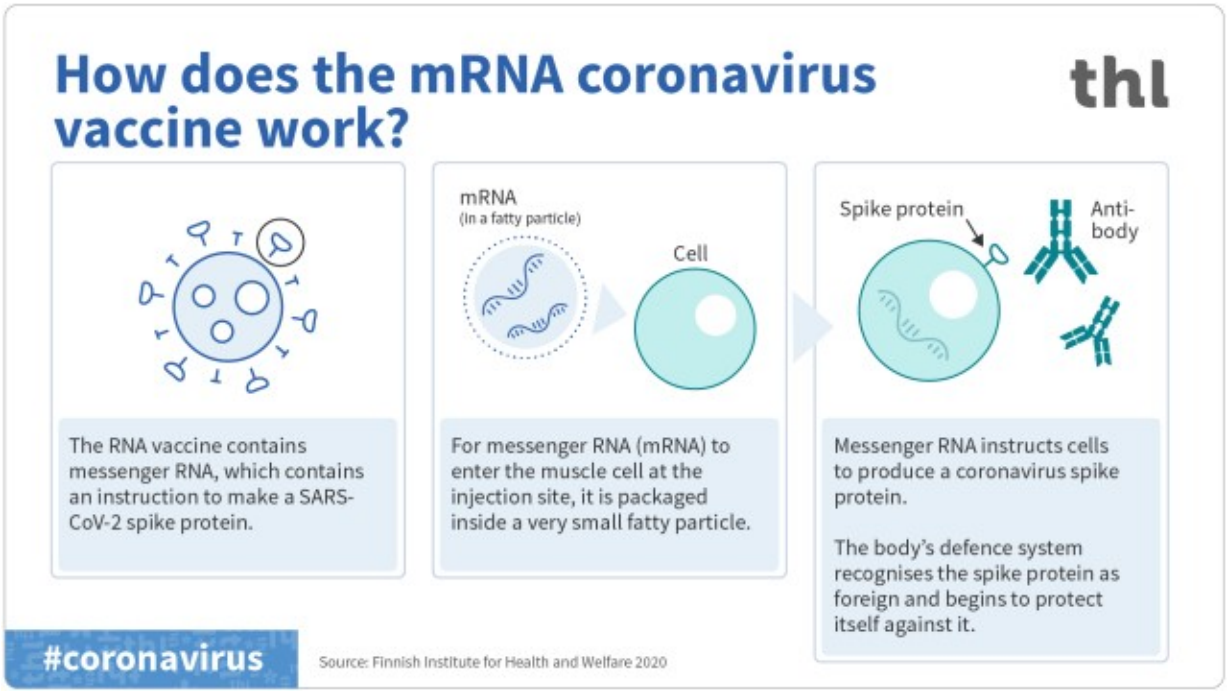
Data shows that vaccine effectiveness fell month on month, with the lowest effectiveness recorded among 60-69-year-olds at a shocking minus-391%. This age group also experienced the sharpest decline, falling from minus-104.69% in week 3.

But one of the more concerning declines in vaccine effectiveness has been recorded among 18-29-year-olds, falling to minus-231% by Week 12 of 2022 from +10.19% in Week 3.

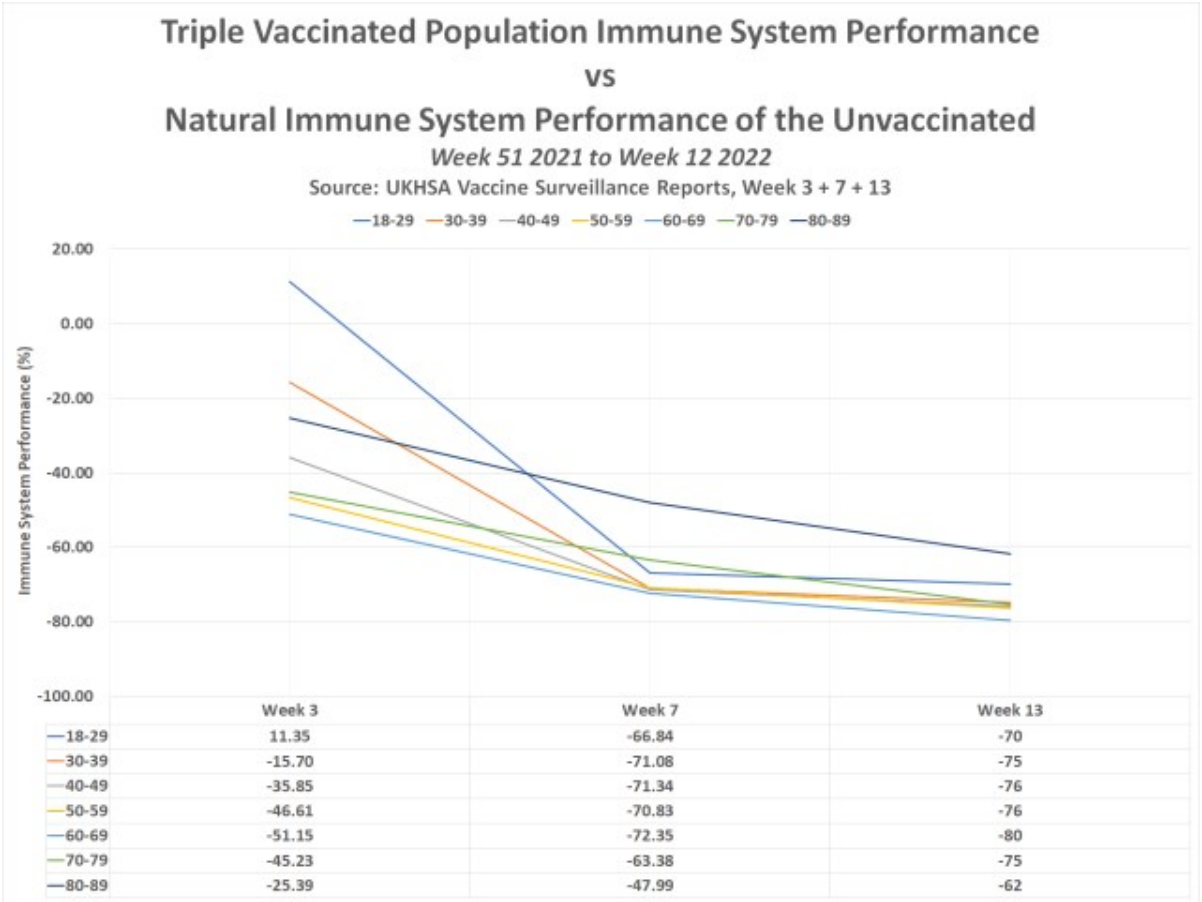
A negative vaccine effectiveness indicates immune system damage because vaccine effectiveness isn't really a measure of the effectiveness of a vaccine. It is a measure of a vaccine recipient's immune system performance compared to the immune system performance of an unvaccinated person.

The Covid-19 vaccine is supposed to train your immune system to recognise the spike protein of the original strain of the Covid-19 virus. It does this by instructing your cells to produce the spike protein, then your immune system produces antibodies and remembers to use them later if you encounter the spike part of the Covid-19 virus again.

But the vaccine doesn't hang around after it's done the initial training, it leaves your immune system to take care of the rest. So when the authorities state that the effectiveness of the vaccines weakens over time, what they really mean is that the performance of your immune system weakens over time.




The problem we're seeing in the official data is that the immune system isn't returning to its original and natural state, and the following chart shows the immune system performance of the triple vaccinated population in England by age group in four week periods, compared to the natural immune system of the unvaccinated population –



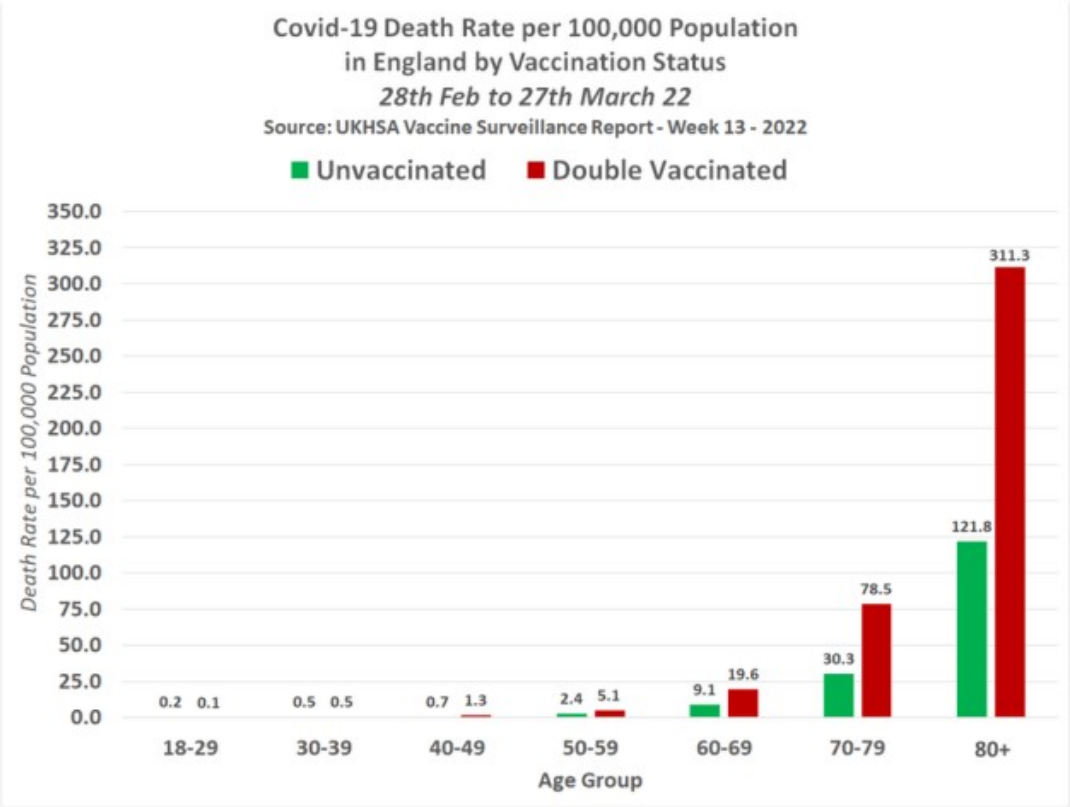

| | Week 3 | Week 7 | Week 13 |
|---|---|---|---|
| 18-29 | 11.35 | -66.84 | -70 |
| 30-39 | -15.70 | -71.08 | -75 |
| 40-49 | -35.85 | -71.34 | -76 |
| 50-59 | -46.61 | -70.83 | -76 |
| 60-69 | -51.15 | -72.35 | -80 |
| 70-79 | -45.23 | -63.38 | -75 |
| 80-89 | -25.39 | -47.99 | -62 |

By the end of March 2022, the lowest immune system performance was among 60-69-year-olds at a shocking minus-80%, but all triple vaccinated people aged 30 to 59 were not far behind, with an immune system performance ranging from minus-75% to minus-76%.

Even the 18 to 29-year-olds were within this region at minus-70%, falling from an immune system performance of +11.35% between week 51 and week 2, meaning they had suffered the fastest decline in immune system performance.

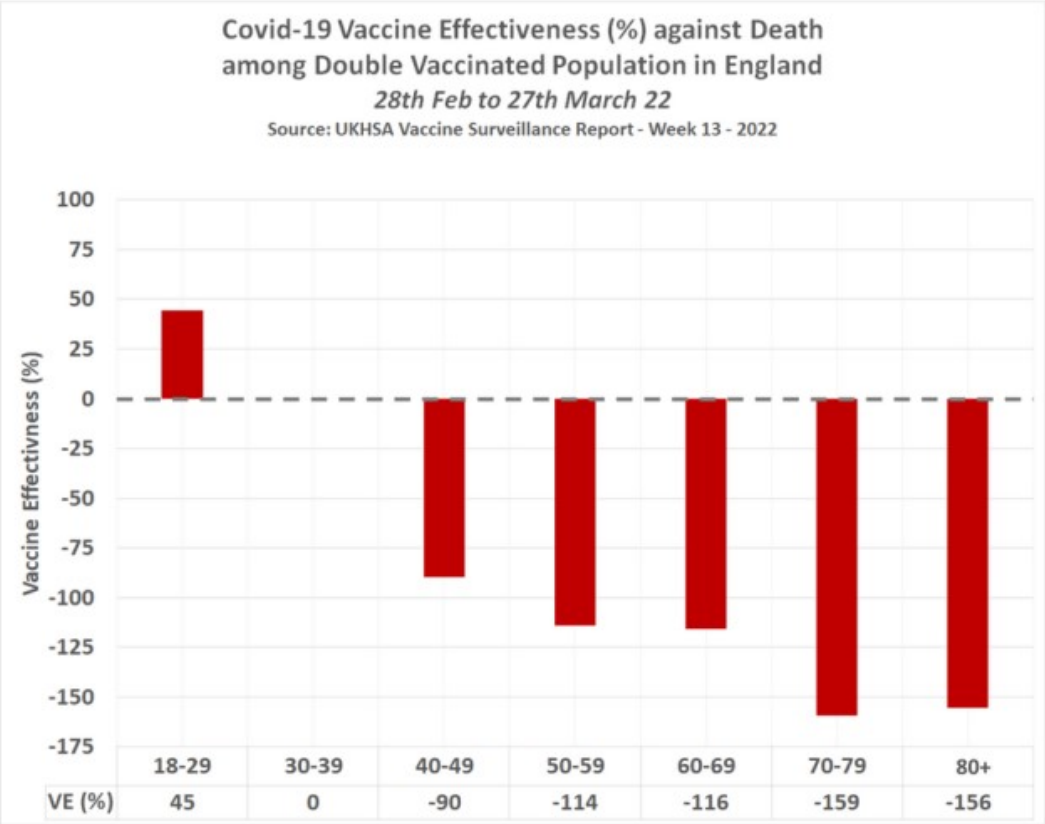
This has also translated into deaths.

The following chart shows the Covid-19 death rates per 100,000 by vaccination status across England in March 2022 based on [data published by the UKHSA ] –



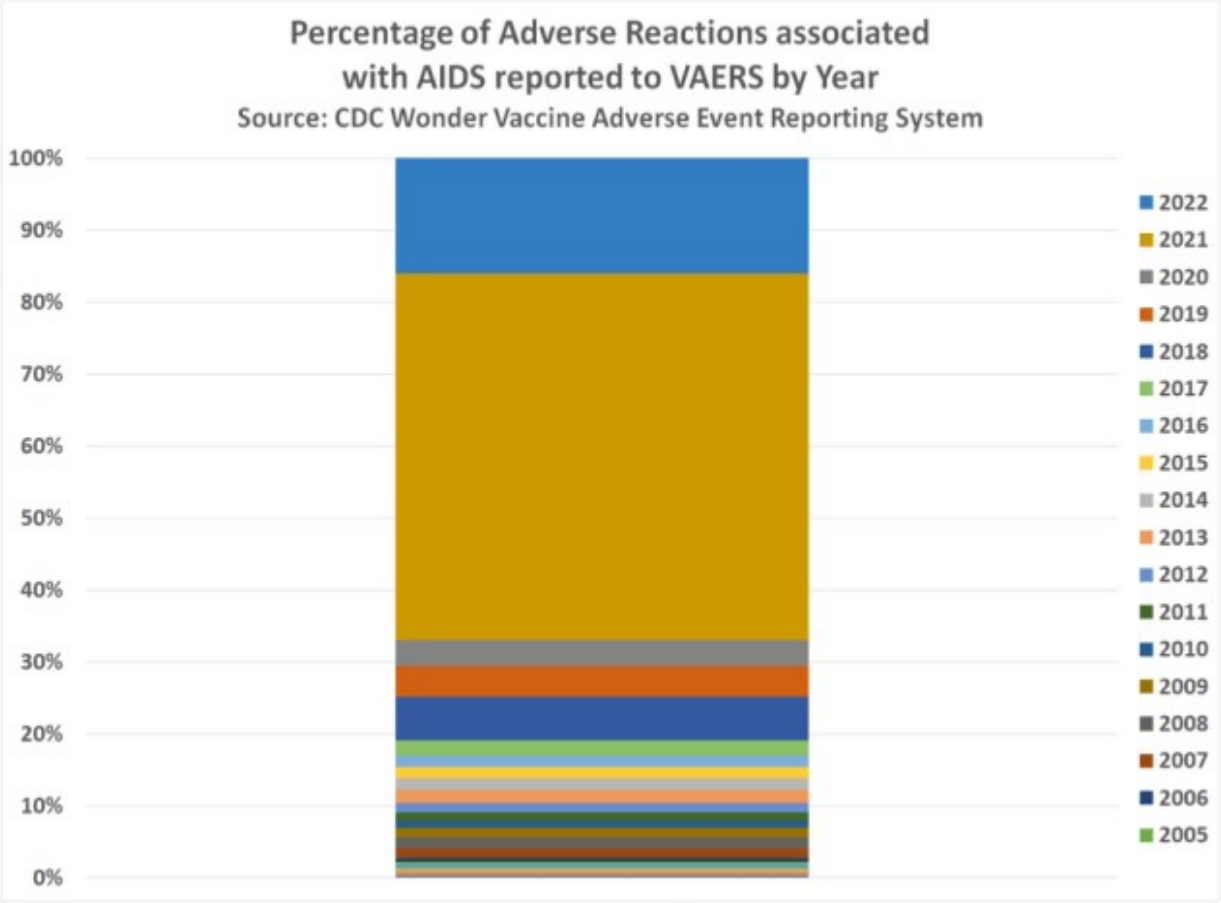

*Source Data*

Here's what that meant in terms of real-world vaccine effectiveness against death –



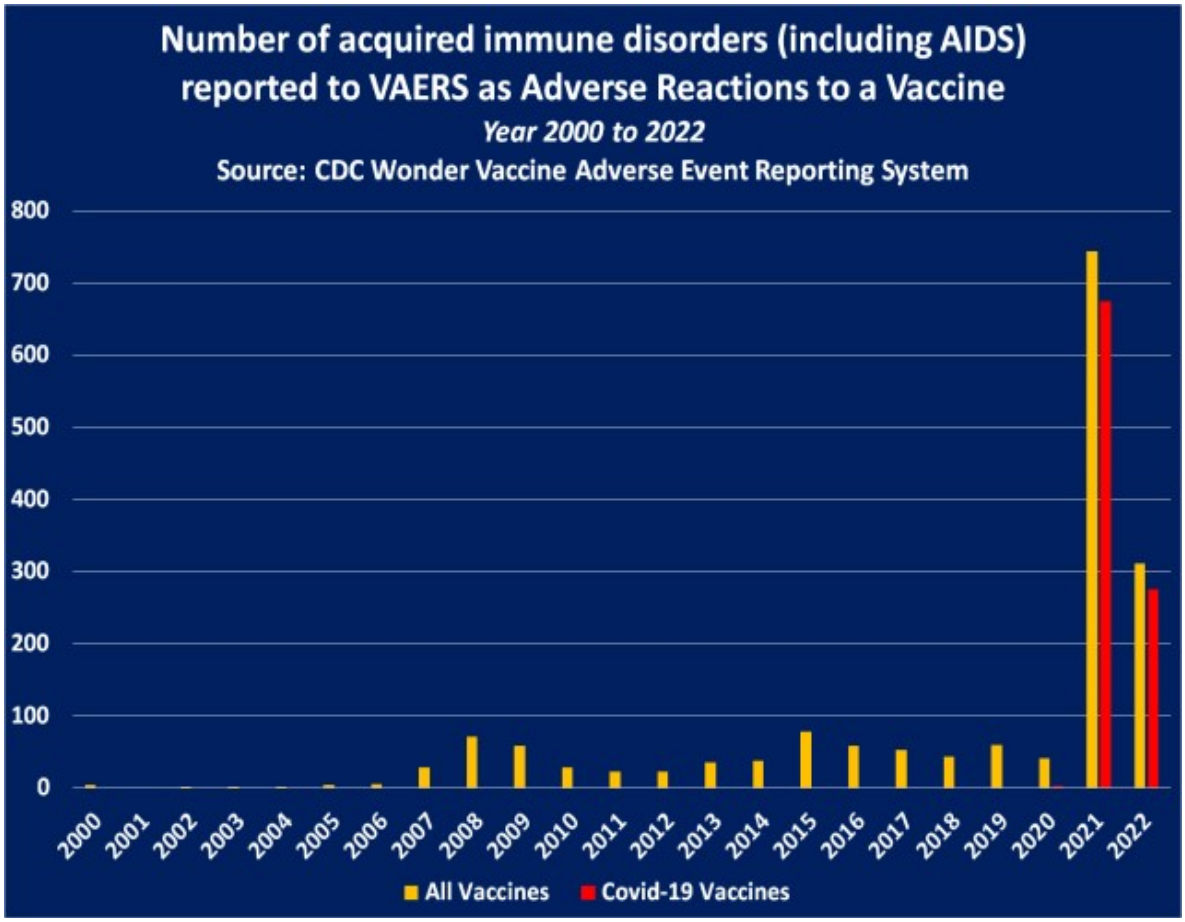

All of this is indicative of Covid-19 vaccine acquired immune deficiency syndrome, which in turn can lead to activating dormant herpes infections, and further data from the Centers for Disease Control's VAERS system supports this.

The following chart shows the percentage of all of the above AIDS-associated adverse reactions reported to VAERS to all vaccines by year –




Fifty-one percent of all adverse reactions associated with AIDS reported since the year 2000 were reported in 2021, and a further 16% have been reported in 2022 so far.

The following chart shows the number of acquired immune disorders, including AIDS, that have been reported to VAERS as adverse reactions to all vaccines *(including the Covid-19 jabs)* by the year reported, and the Covid-19 vaccines only by the year reported –



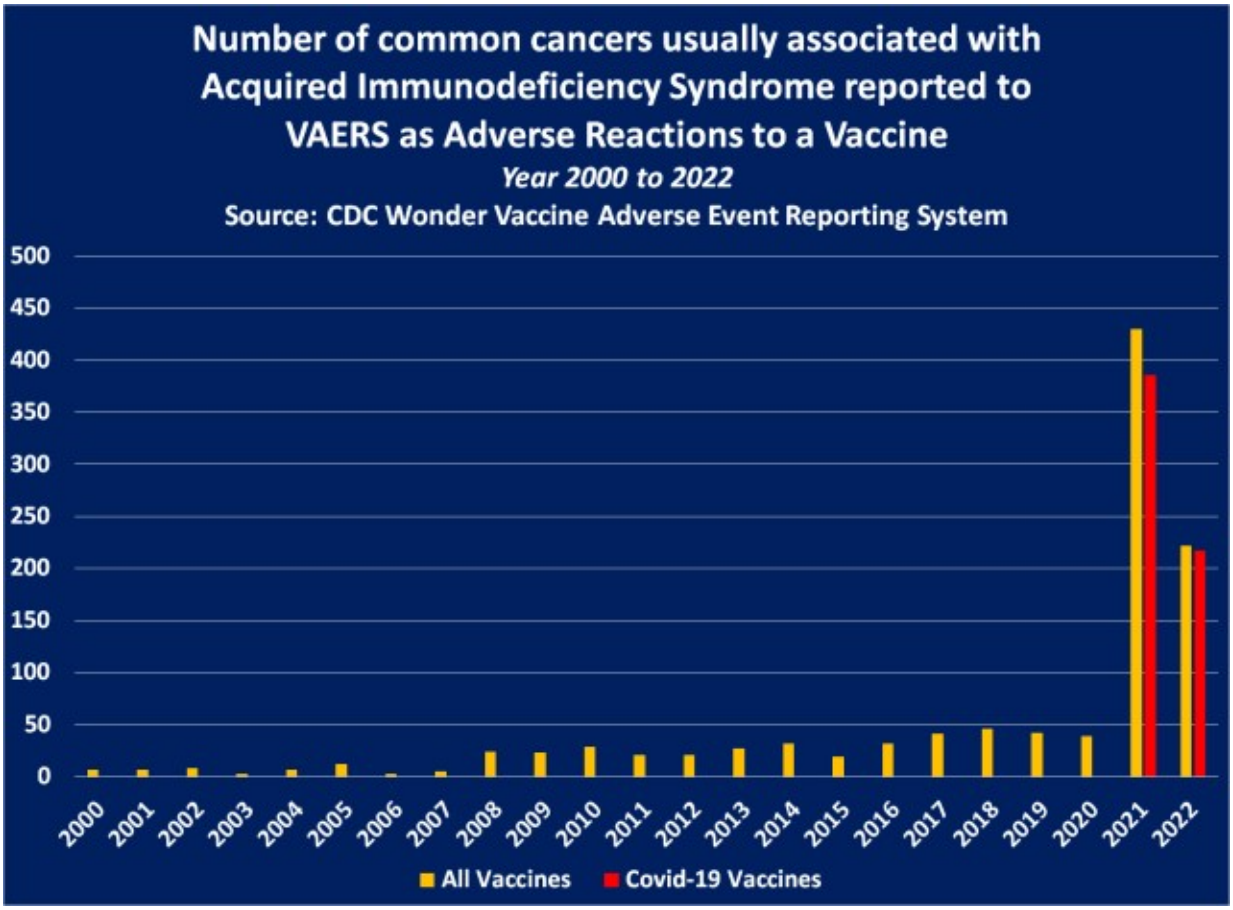

There was a huge increase in reports in 2021 and in 2022 so far, with the vast majority being attributed to the Covid-19 injections.

The average number of acquired immune disorders being reported as adverse reactions to any vaccine between the years 2000 and 2020 equates to 31.

The total number of acquired immune disorders reported as adverse reactions in 2021 was 386. This represents a 1145% increase.

It is however important to note that not all adverse reactions are reported to VAERS. In fact the CDC has admitted just 1 to 10% of adverse reactions are actually reported to the system. But a brilliant analysis conducted by Jessica Rose Phd accurately estimates the underreporting factor to be at least 41.3. See **here**.

The following chart shows the number of common cancers usually associated with AIDS that have been reported to VAERS as adverse reactions to all vaccines *(including the Covid-19 jabs)* by the year reported, and the Covid-19 vaccines only by the year reported –

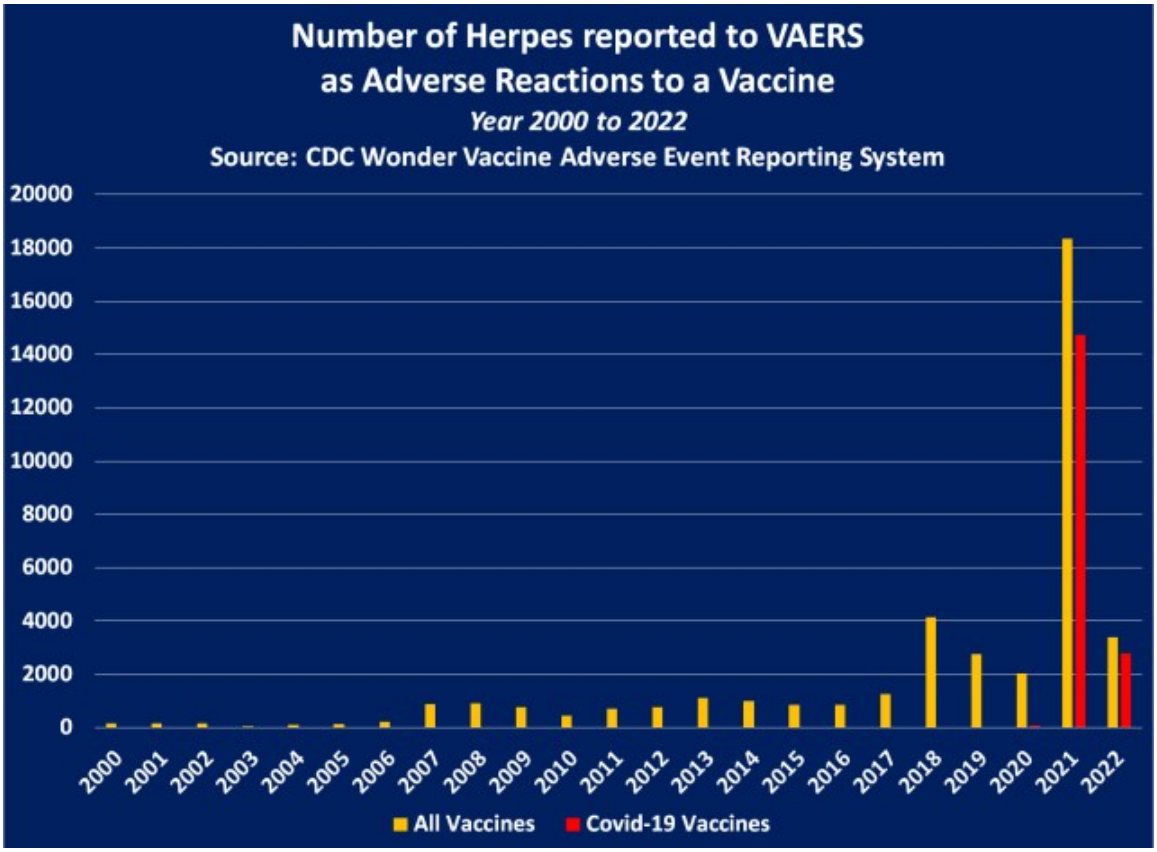



As you can see there was a huge increase in reports in 2021 and in 2022 so far, with the vast majority being attributed to the Covid-19 injections.

The average number of common cancers associated with AIDS being reported as adverse reactions to any vaccine between the years 2000 and 2020 equates to 21.3.

The total number of common cancers associated with AIDS reported as adverse reactions in 2021 was 430. This represents a 1919% increase.

The following chart shows the number of herpes infections/complications that have been reported to VAERS as adverse reactions to all vaccines *(including the Covid-19 jabs)* by the year reported, and the Covid-19 vaccines only by the year reported –

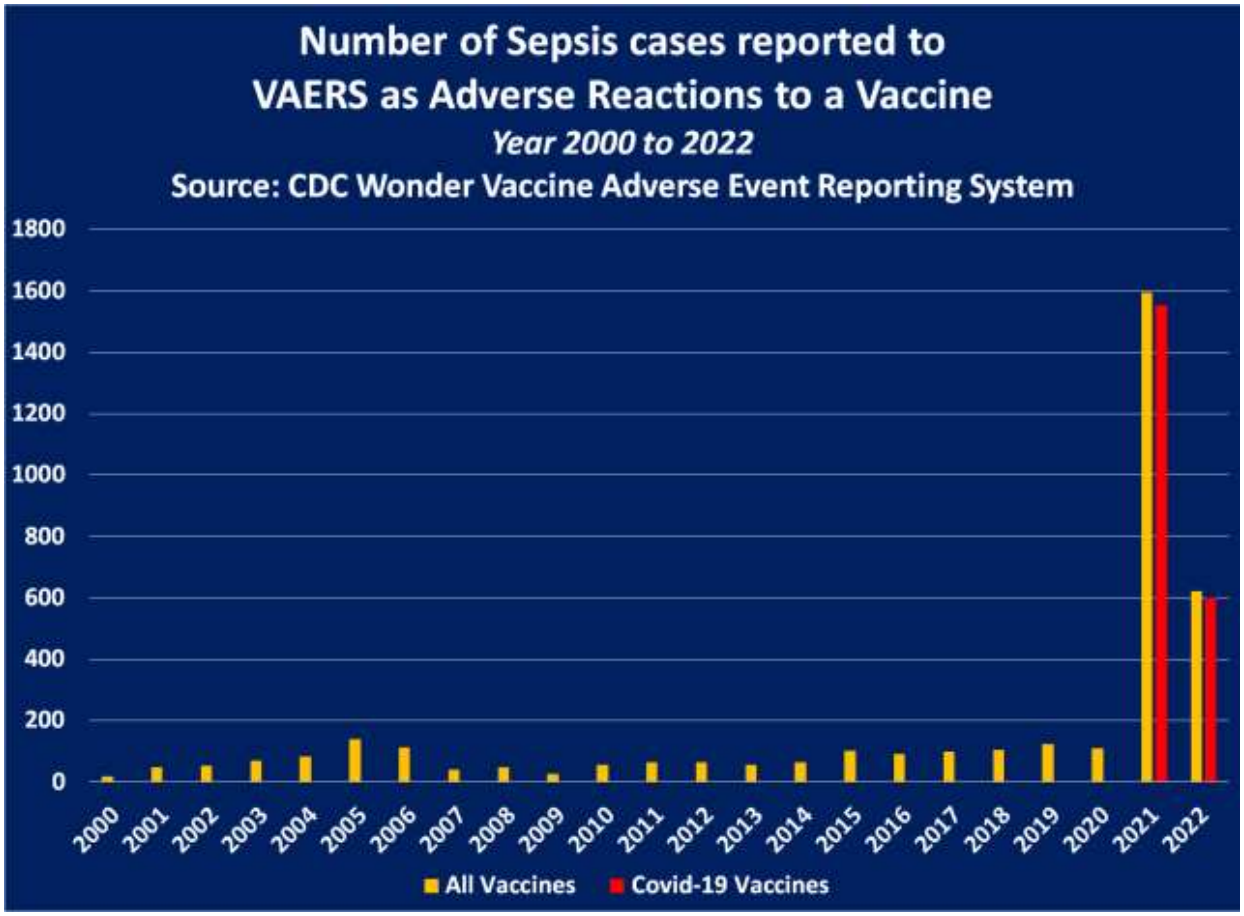



We assume you're beginning to see the pattern here. Another huge increase in 2021 and 2022.

The average number of herpes infections being reported as adverse reactions to any vaccine between the years 2000 and 2020 equates to 926.

The total number of herpes infections reported as adverse reactions in 2021 was 18,336. This represents a 1880% increase.

The following chart shows the number of sepsis cases that have been reported to VAERS as adverse reactions to all vaccines *(including the Covid-19 jabs)* by the year reported, and the Covid-19 vaccines only by the year reported –




Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have triggers a chain reaction throughout your body. Infections that lead to sepsis most often start in the lung, urinary tract, skin, or gastrointestinal tract.

The average number of sepsis cases being reported as adverse reactions to any vaccine between the years 2000 and 2020 equates to 75.

The total number of sepsis cases reported as adverse reactions in 2021 was 1593. This represents a 2024% increase.

This isn't only limited to the UK and USA. We're also seeing the same patterns in Canada and New Zealand. The evidence strongly suggests the Covid-19 injections cause recipients to develop acquired immunodeficiency syndrome.

This is in turn leading to flare-ups of herpes infections resulting in conditions such as shingles, auto-immune blistering disease and multiple organ dysfunction syndrome. But the authorities are telling you that monkeypox is to blame in an attempt to cover up the consequences of the damage that has been done to the natural immune system by Covid-19 vaccination.

The confidential Pfizer documents suggest this, the Centres for Disease Control VAERS database suggests this, Government data published around the world suggests this, and this scientific study published in October 2021 suggests this –

International Journal of Infectious Diseases

Volume 111, October 2021, Pages 169-171

# Herpes zoster after COVID vaccination

C.S. van Dam [1], I. Lede [2], J. Schaar [3], M. Al-Dulaimy [1], R. Rösken [4], M. Smits [5]

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https://doi.org/10.1016/j.ijid.2021.08.048



## Highlights

- COVID-19 can present as a skin manifestation, including varicella-zoster reactivation
- The development of herpes zoster after vaccination with tozinameran is described in two adults
- A possible cause is a transient lymphocytopenia that occurs after vaccination
- An evaluation of the relationship between COVID-19 (vaccines) and herpes zoster is needed

*Source*

The question now is how far the authorities are prepared to take this. The UK Government is already "advising" that identified close contacts of "confirmed" monkeypox cases should isolate for a minimum of three weeks. Is "monkeypox" about to be used as the latest excuse to further advance draconian biosecurity policies and global power grabs?

We're about to find out.

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**Below is the May 23, 2022 article by Michael Nevradakis posted on James Fetzer's Blog:**

**Michael Nevradakis, Ph.D.**

*The World Health Organization on Friday held an emergency meeting to discuss the outbreak of monkeypox after more than 100 cases were reported across 12 countries, as a report surfaced showing the Gates Foundation, WHO and Pharma execs in March 2021 conducted a monkeypox pandemic "simulation."*

The World Health Organization (WHO) on Friday held an emergency meeting to discuss the outbreak of monkeypox after more than 100 cases were reported across 12 countries.

Days before the WHO convened, the Biden administration placed a $119 million order for monkeypox vaccines after the Centers for Disease Control and Prevention (CDC) confirmed six people in the U.S. were being monitored for the viral infection, and one person had tested positive.

Belgium on Sunday became the first country to introduce a compulsory 21-day quarantine for monkeypox patients after reporting four cases of the disease in the last week, Politico reported.

The 100 newly reported cases, or suspected cases, garnered attention because many of them do not appear to be linked to travel to Africa, where in some regions, monkeypox is endemic.

Cases were reported in Australia, Austria, Belgium, Canada, Denmark, France, Germany, Greece, Israel, Italy, the Netherlands, Portugal, Spain, Sweden, Switzerland and the U.K. No deaths are reported as of yet.

The number of identified cases in Europe is a record, described by Germany's armed forces medical services as "the largest and most widespread outbreak … ever seen in Europe," while its spread in the U.K. was described as "unprecedented."

U.K. public health officials warned more monkeypox cases are being detected "on a daily basis" and that there "could be really significant numbers over the next two or three weeks," though they did not specify what "numbers" would be considered "really significant."

The manner in which monkeypox may have spread — through sexual health services and sexual contact between men — also may have helped to heap attention on this new outbreak.

Many of the recent cases were traced to two "superspreader" events that involved situations in which men came into close physical contact, including 30 monkeypox cases in Spain traced to a single adult sauna in Madrid.

Monkeypox cases reported in Belgium appear to be connected to a recent gay "fetish festival."

For some, these developments may bring to mind the early onset of HIV, which at the time was connected to sexual contact among males, and to remarks by Dr. Anthony Fauci that he visited gay saunas and bars during the early years of the HIV outbreak to understand how the virus was spreading.

WHO Europe regional director Hans Kluge last week expressed concerns about transmission at "mass gatherings, festivals, and parties."

However, other public health professionals said there is a low risk to the public and a low likelihood that the epidemic will last long.

Meanwhile, questions are popping up about the similarity between a March 2021 tabletop "simulation" of a monkeypox outbreak and a similar simulation in 2019 — Event 201 — which correctly "predicted" the COVID-19 pandemic

## Monkeypox — what is it?

Monkeypox was first discovered in 1958 in monkeys, although they are not the source of the virus. It was first identified in humans in 1970.

The virus is particularly prevalent in Central and West Africa and is considered a rare zoonotic disease, which means that it is caused by germs that spread between animals and people.

Monkeypox typically is spread by wild animals, such as in instances when a human is bitten or comes into contact with animal blood or bodily fluids. However, human-to-human transmission, while rare, is possible.

The virus is known to enter the human body through broken skin, the respiratory tract, or the eyes, nose or mouth, for instance through large respiratory droplets or through contact — including sexual contact — with bodily fluids or lesions, or indirectly through contaminated clothing or linens.

However, "common household disinfectants can kill it."

A prior outbreak — the first to occur outside of the African continent — occurred in the U.S. in 2003, linked to animals shipped to Texas from Ghana.

And in July 2021, monkeypox was confirmed in a Texas individual who had returned to Dallas from Nigeria, according to the CDC.

Symptoms of monkeypox infection tend to be mild, and include fever, rash and swollen lymph nodes, and occasionally intense headache, back pain, muscle aches, lack of energy and skin eruptions which can cause painful lesions, scabs or crusts.

There are two strains of monkeypox: the West African and Central African strains. The latter is known as the deadlier of the two, but the cases identified in the recent outbreak all appear to have been caused by the milder West African strain.

## Did March 2021 'pandemic exercise' predict monkeypox outbreak?

In October 2019, just weeks before the outbreak of COVID-19, the Johns Hopkins Center for Health Security, along with the World Economic Forum (WEF) and the Bill & Melinda Gates Foundation, organized "Event 201," a "high-level pandemic exercise" that mirrored what later followed with COVID-19 pandemic.

In March 2021, the Nuclear Threat Initiative (NTI), in conjunction with the Munich Security Conference, held a "tabletop exercise on reducing high-consequence biological threats."

This "fictional exercise scenario" involved the simulation of "a deadly, global pandemic involving an unusual strain of monkeypox virus that first emerged in the fictional nation of Brinia and spread globally over 18 months."

According to NTI, this exercise, which was "[d]eveloped in consultation with technical and policy experts," brought together "19 senior leaders and experts from across Africa, the Americas, Asia, and Europe with decades of combined experience in public health, biotechnology industry, international security, and philanthropy."

The exercise culminated in a report, published November 2021, titled "Strengthening Global Systems to Prevent and Respond to High-Consequence Biological Threats: Results from the 2021 Tabletop Exercise Conducted in Partnership with the Munich Security Conference."

This report contains key findings from the exercise, as well as "actionable recommendations for the international community."

The outcome of this "exercise scenario" found the fictional pandemic, "caused by a terrorist attack using a pathogen engineered in a laboratory with inadequate biosafety and biosecurity provisions and weak oversight," led to "more than three billion cases and 270 million fatalities worldwide."

The fictional start date of the monkeypox pandemic in this exercise was May 15, 2022. The first European case of monkeypox was identified on May 7, 2022.

Key findings from the report included:

- The "need" for "a more robust, transparent detection, evaluation, and early warning system that can rapidly communicate actionable information about pandemic risks."
- "Gaps in national-level preparedness," which will require national governments to "improve preparedness by developing national-level pandemic response plans built upon a

coherent system of 'triggers' that prompt anticipatory action, despite uncertainty and near-term costs," described as a "no-regrets" policymaking basis.
- "Gaps in biological research governance" in order to "meet today's security requirements" and be "ready for significantly expanded challenges in the future."
- "Insufficient financing of international preparedness for pandemics," and a lack of financing for countries to "make the essential national investments in pandemic preparedness."

Key recommendations included:

- Bolstering international systems "for pandemic risk assessment, warning, and investigating outbreak origins," calling upon the WHO to "establish a graded, transparent, international public health alert system" and the United Nations system to "establish a new mechanism for investigating high-consequence biological events of unknown origin."
- The development and implementation of "national-level triggers for early, proactive pandemic response," including the adaptation of the "no-regrets" approach to responding to pandemics via "anticipatory action" based on "triggers" that would automatically generate a response to "high-consequence biological events."
- The establishment of "an international entity dedicated to reducing emerging biological risks associated with rapid technology advances," that would "support interventions throughout the bioscience and biotechnology research and development life cycle — from funding, through execution, and on to publication or commercialization."
- The development of "a catalytic global health security fund to accelerate pandemic preparedness capacity building in countries around the world," which would include "[n]ational leaders, development banks, philanthropic donors, and the private sector" with the aim of establishing and funding "a new financing mechanism to bolster global health security and pandemic preparedness" and that would incentivize "national governments to invest in their own preparedness over the long term."
- The establishment of "a robust international process to tackle the challenge of supply chain resilience," based on a "high-level panel' that would be convened by the UN secretary-general "to develop recommendations for critical measures to bolster global supply chain resilience for medical and public health supplies."

The above recommendations were borne out in practice during the simulated monkeypox pandemic scenario.

As stated in the report:

"In national pandemic response plans, specific readiness measures would be 'triggered' based on factors related to the potential severity of the outbreak, expected delays in situational awareness, and the time it would take to implement response measures and see results."

What would be "triggered" bears a remarkable similarity to the COVID-19-related measures of the past two-plus years.

The report states:

"Although triggered actions would vary depending upon the particular needs of the country, in most cases the goals are the same: slow the spread of disease to buy time and flatten the

epidemiological curve, while using that time to scale up public health and medical systems to keep up with growing caseloads and save lives.

"NPIs [non-pharmaceutical interventions] such as mask mandates and ceasing mass gatherings were deemed to be critical for blocking chains of disease transmission.

"Participants generally did not endorse travel restrictions such as border closures, but travel health screening measures [i.e., vaccine passports] were viewed as valuable."

According to the results of the simulated scenario, the fictional countries that "prioritized keeping their economies open, undertaking little-to-no NPIs, and downplaying the virus and its potential impacts … have experienced much worse outcomes in terms of illness and mortality" than those fictional countries that "promptly adopted aggressive measures to slow virus transmission," such as "shutting down mass gatherings, imposing social-distancing measures, and implementing mask mandates," in addition to establishing "large-scale testing and contact-tracing operations."

## Gates Foundation, pharma execs, WHO participated in monkeypox pandemic simulation

Who took part in the NTI's monkeypox pandemic simulation?

Key participants included:

- Dr. Ruxandra Draghia-Akli, global head of Johnson & Johnson Global Public Health R&D and Janssen Research & Development.
- Dr. Chris Elias, president of the global development division of the Bill & Melinda Gates Foundation.
- Dr. George Gao, director-general of the Chinese Center for Disease Control and Prevention (the Chinese CDC).
- Dr. Margaret (Peggy) A. Hamburg, interim vice president for global biological policy and programs at NTI, a member of the global health scientific advisory committee for the Gates Foundation and a member of the board of GAVI-The Vaccine Alliance.
- Sam Nunn, a former U.S. senator who is the founder and co-chair of NTI.
- Dr. Michael Ryan, executive director of the WHO Health Emergencies Program and a highly visible figure during COVID-19 times.
- Dr. Petra Wicklandt, head of corporate affairs for Merck.

Several of the participants listed above also "participated" in Event 201.

The authors of the report also stand out for their background.

For example, Dr. Jaime M. Yassif, vice president of NTI global biological policy and programs, holds a Ph.D. in biophysics from the University of California-Berkeley and a master's degree in science and security from the King's College, London, war studies department.

Yassif previously led the initiative on biosecurity and pandemic preparedness at the Open Philanthropy Project, including the management of nearly $40 million in biosecurity grants, the

"initiation of new biosecurity work in China and India," and "establishment of the Global Health Security Index."

She also previously advised the U.S. Department of Defense on science and technology policy and worked on the Global Health Security Agenda at the U.S. Department of Health and Human Services.

Co-author Chris Isaac, program officer for NTI's Global Biological Policy and Programs team, "has been involved with synthetic biology through the Internationally Genetically Engineered Machines Competition since the start of his scientific career" and "is an alumnus of the Emerging Leaders in Biosecurity Fellowship at the Johns Hopkins Center for Health Security."

The report is the product of a partnership between NTI, co-founded by Nunn and Ted Turner, and the Munich Security Conference.

Both NTI ($3.5 million, for "vaccine development") and the Munich Security conference ($1.2 million) received funding from the Gates Foundation.

The report itself was funded by the Open Philanthropy project, one of whose main funders is Dustin Moscovitz, co-founder of Facebook along with Mark Zuckerberg.

Open Philanthropy, over the past decade, has provided donations and grants to the following entities and for the following purposes:

- $166.9 million for "global health."
- $90.2 million for "biosecurity and pandemic preparedness."
- $18 million for "global catastrophic risks."
- $40.2 to Johns Hopkins Center for Health Security.
- $17.9 to NTI.
- $2.2 to The Guardian.
- $1.6 to Rockefeller University.

## Johns Hopkins Center for Health Security at center of multiple tabletop exercises

NTI and the Munich Security Conference are not new to "tabletop exercises" — their report highlights previous simulations, including a 2019 report titled "A Spreading Plague," and a 2020 report titled "Preventing Global Catastrophic Biological Risks."

Other simulations in the recent past, in addition to Event 201, include:

- Operation Dark Winter (June 2001, less than three months before the 9/11 attacks and subsequent anthrax scare, "examining the national security, intergovernmental, and information challenges of a biological attack on the American homeland").
- Operation Atlantic Storm (January 2005, "designed to mimic a summit of transatlantic leaders forced to respond to a bioterrorist attack").
- The Clade X exercise (May 2018, "to illustrate high-level strategic decisions and policies that the United States and the world will need to pursue in order to prevent a pandemic or

diminish its consequences should prevention fail"). Yassif helped develop the Clade X exercise.

The common denominator among all of these simulations? The Johns Hopkins Center for Health Security, which published a document titled "The SPARS Pandemic 2025-2028," comprising "a futuristic scenario that illustrates communication dilemmas concerning medical countermeasures (MCMs) that could plausibly emerge in the not-so-distant future."

Predictions for the future don't end there, however. For instance, in September 2017, NTI and the WEF organized a roundtable discussion on the current state of biological risks presented by technology advancement in light of the Fourth Industrial Revolution.

And in January 2020, NTI and the WEF again joined forces, issuing a report titled "Biosecurity Innovation and Risk Reduction: A Global Framework for Accessible, Safe and Secure DNA Synthesis."

According to the report:

"Rapid advancements in commercially available DNA synthesis technologies — used for example to artificially create gene sequences for clinical diagnosis and treatment — pose growing risks, with the potential to cause a catastrophic biological security threat if accidentally or deliberately misused."

Merck, whose head of corporate affairs participated in the monkeypox simulation, was the subject of an FBI and CDC investigation in November 2021 regarding 15 suspicious vials labeled "smallpox" at a Merck facility in Philadelphia.

## Bill Gates no stranger to predicting the future

Bill Gates has himself been remarkably prescient with his predictions of future events.

**Here are some of Gates' predictions:**

- In a November 2015 TED talk, he stated "[i]f anything kills over 10 million people in the next few decades, it's most likely to be a highly infectious virus rather than a war. Not missiles, but microbes."
- In a 2017 speech at that year's Munich Security Conference, he said "the next epidemic could originate on the computer screen of a terrorist intent on using genetic engineering to create a synthetic version of the smallpox virus," arguing in favor of the merger of "health security" and "international security."
- In May 2021, Gates said "[s]omebody who wants to cause damage could engineer a virus so that the cost, the chance of running into this is more than that of naturally-caused epidemics such as the current one … [t]he ways the humans interact with other species, these viruses are coming across the species barriers whether it's bats or monkeys."
- In November 2021, Gates publicly pondered, "[y]ou say, OK, what if a bioterrorist brought smallpox to 10 airports? You know, how would the world respond to that? There's naturally-caused epidemics and bioterrorism-caused epidemics that could even be way worse than what we experienced today."

- In February 2022, Gates warned that the next pandemic "… won't necessarily be a coronavirus or even the flu. It is likely to be a respiratory virus. Because, with all the human travel we have now, that's the one that can spread in such a rapid way," emphasizing the significance of providing sufficient funds to the private sector and academia to build better vaccines, therapeutics and diagnostics.
- Earlier this month, Gates called for the development of a so-called "Global Epidemic Response and Mobilization" (GERM) initiative, stating that present WHO funding was "not at all serious about pandemics" and that $1 billion a year would be needed to operate this initiative.
- Also this month, the Bill & Melinda Gates Foundation announced "a new financial commitment of up to US$125 million to help end the acute phase of the COVID-19 pandemic and prepare for future pandemics," with much of the money going toward "strengthening health systems in low-income countries, enhancing integrated disease monitoring, expanding access to pandemic tools, and helping countries manage COVID-19 alongside other pressing health needs."
- In his new book, "How to Prevent the Next Pandemic," Gates argues that, despite COVID fatigue, the world must focus on preparing for future pandemics, regardless of whether a disease is circulating.

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**UK Government Reports That 9 out of 10 Who Are Now Dying from COVID-19 Are Vaccinated**

**German Health Insurance Company Reports Massive Deaths from COVID-19 Vaccines Concealed from the Public**

**How the Federal Government Has Turned Hospitals into Death Chambers**

**COVER-UP: Scotland Health Authorities Will Stop Reporting COVID Deaths by Vaccine Status**

**National Suicide**

**Doctor Finds That His Patients Have Permanent Organ Damage from Blood Clots Caused by COVID-19 Vaccines**

**The Media Is Suppressing Autopsy Studies Showing COVID-19 Vaccines as the Cause of Death**

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**SOURCE:**

***https://greatmountainpublishing.com/2022/06/01/monkeypox-is-a-cover-story-to-conceal-the-increasing-illnesses-and-deaths-caused-by-the-covid-19-vaccines/***