

THE REAL NUMBER OF COVID VACCINE INJURIES AND DEATHS

WHY **LESS THAN 1%**
ARE REPORTED IN THE
"OFFICIAL" FIGURES

VACCINE SECRETS: COVID CRISIS
THE REAL NUMBER OF
COVID VACCINE
INJURIES AND DEATHS
WHY LESS THAN 1% ARE REPORTED IN THE “OFFICIAL” FIGURES

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- 1,273,539 reports of vaccine adverse events in VAERS (Vaccine Adverse Events Reporting System)
- 10,991 COVID vaccine related deaths / 20,513 total deaths
- 30,781 COVID vaccine related hospitalizations / 108,260 total hospitalizations
- 463,456 COVID vaccine adverse event reports through July 9, 2021¹

America's Frontline Doctors (AFLDS) filed a motion July 19 [2021], seeking immediate injunctive relief in Alabama Federal District Court to stop the use of Emergency Use Authorization (EUA) COVID vaccines — Pfizer/BioNTech, Moderna and Johnson & Johnson (J&J) — for three groups of Americans... From 2009 to 2019, there were 1529 reported deaths associated with all vaccines reported to VAERS, according to the motion. In the first quarter of 2021, there were more than 4,000 reported deaths with 99% of all reported vaccine deaths in 2021 attributed to the COVID vaccine. Only 1% were attributed to other vaccines in the system.²

Previous new vaccines, drugs, and other consumer products have been quickly pulled off the market with far fewer reports of death. Yet the Centers for Disease Control (CDC), most news media, and many politicians continue to state, "COVID-19 vaccines are safe and effective" and "CDC recommends you get a COVID-19 vaccine as soon as possible."³

So what is the TRUE number of COVID-19 vaccine deaths and injuries and what can we do to stay safe from COVID-19? This eBook will explore the answers from experts in the field.

DR. PETER MCCULLOUGH

Dr. Peter McCullough: I'm Peter McCullough and I'm an internist and cardiologist at Baylor University Medical Center in Dallas, Texas. I'm professor of medicine at Texas A and M College of Medicine, which is, we're a major teaching campus for the medical school. And I care for patients who have both internal medicine in cardiology, subspecialty problems, including common infections and pulmonary heart, lung, and kidney disease. My particular interest is actually the interface between heart and kidney disease. And that's my major research focus. I spend part of my time in practice and part in research. I'm the president of the Cardiorenal Society of America right now. I am the editor in chief of Cardiorenal Medicine, a journal that's published by Karger Communications in Basel, Switzerland. I'm the editor and chief of Cardiorenal Medicine, which is officed out of Hong Kong. And I'm the senior associate editor of the American Journal of Cardiology, which is published by the Baylor University Medical Center through a contract. And so I'm very involved academically. I'm the overall editor of the chapter on cardiorenal medicine in Braunwalds' textbook of cardiology, that's considered the bible of cardiology. And our signature, if you will, in academic cardiology is the number of citations we have in the National Library of Medicine. So I have over 600 citations in the National Library of Medicine, and that's considered on the high end of anybody in the academic profession right now. And in the area of heart and kidney disease, I'm the most published person in my field, in the world and history. So when COVID-19 hit, I did say it was our medical Super Bowl.

And I knew my efforts and my talents in interpreting data and understanding both the basic science and clinical science and epidemiology were really important. I have a bachelor's degree, medical degree. I've a master's of public health and epidemiology from the University of Michigan, and I'm about as trained and qualified, I think, as anybody that exists right now in COVID-19. I have 46 publications in the topic, and I think that exceeds anybody who's rendering an opinion on this. And when it first started, for an entire year I published a series of opinion editorials in an online and print journal, The Hill, where I chronicled every twist and turn of the pandemic. And I predicted every major inflection point in the pandemic, everything from what we see with outbreaks, treatment, as well as the COVID-19 vaccine. Now, I led a group of international experts and published the first guidance for doctors on how to treat COVID-19 as an outpatient. That was published in the American Journal of Medicine in August of 2020. And I followed it up with a critical update when we had more information on early ambulatory treatment in reviews and cardiovascular medicine in 2020 and December of 2020. And both of those papers are the most frequently downloaded and utilized papers in all of ambulatory COVID-19. So I geared up, it was my Superbowl, and I said a very important statement that really was not said by any other leader, and that is, "COVID-19 has two bad outcomes: hospitalization and death." I was going to put together a team of experts. I was going to develop the clinical and academic expertise, and I was going to put a stop to these hospitalizations and deaths. And I can tell you, as we sit here today, I'm the only leader who's done that.



Jonathan Otto: Wow. And I so appreciate that.

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Some people are going out and getting the vaccine with the basis that they feel like, well, it's going to become mandatory for travel, even though it is not that way in most cases. And then they're doing it preemptively. So then come to VAERS. We know that VAERS is an important reporting system. A lot of confusion is coming out around this. And there's a lot of fact checking that is completely ridiculous when it comes to people misunderstanding how this platform is supposed to be used. The importance of the data, the fact that under-reporting is the biggest issue in terms of that it's just a tip of the surface. It's like a fin on the top of a shark that tells you that it's a shark, but it doesn't tell you how big that shark is. It gives you a prospective measurement. Namely, the government-funded Harvard study that showed that only less than 1% of vaccine adverse reactions were reported due to how difficult that is. And I'd like to hear from you about that. And also why it's important for people to understand that VAERS has very important data that we need to be assessing. And the way that it's supposed to be consumed, that information, because it's been widely discredited. I'm sharing this with friends and family and they're getting used to giving these blanket statements. "Well, this is not proven", as if they're waiting for all the autopsies to be done, and they're not actually waiting for those autopsies to happen or expecting them to happen. And it's basically like shutting up your ears to all these people screaming at you. It's very inhumane, by the way, but I'd love to hear from you on that point.

Dr. Peter McCullough: Well, the Vaccine Adverse Event Reporting System, or VAERS, in the United States, and there's a Yellow Card system in the UK. I'll tell you about the United States since I know it well. The CDC tells the public, "Go to VAERS and study the safety outcomes." The consent form says, "Go to VAERS and review the safety." So VAERS is the way that the CDC is telling the public regarding safety. It's all through their web pages. It's all through the consent form.



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The VAERS reports start out as preliminary reports. So doctors and nurses largely fill these out and then they're submitted and then they actually have to be verified by the Center for Disease Control. I've done this myself, where I filled out a VAERS report, and then I get a phone call or an email from the CDC to verify what's going on before they accept it as a verified safety report. So what I'm showing you on the red box is that comes from OPENVAERS.com, and that is an overlay over the VAERS system that's updated once a week. And those are verified by the CDC. They use some search algorithms, for instance, to search for death anywhere in the report, and a few other things, so the numbers can be a little bit different than what others may quote, but those are basically demonstrating to the public that this is an extraordinarily unsafe set of products, an extraordinarily unsafe. We've never had 9,000 deaths that just happened right after receiving... If we had a drug that had 9,000 deaths that occurred after it, it would be considered basically a lethal product. The usual thing, if a new drug hits the market and there's five deaths, it gets a black box warning by the FDA. We get to 50 or 60 deaths, that product is off the market. And I've been involved in some of those market recalls and to be one of the adjudicators, to look at it. To blow past 186 deaths in January 22nd, we were far beyond any limit of acceptability. And now to run it up to the current numbers of 9,100 deaths is basically unacceptable. It is considered completely and totally unacceptable. Americans are going absolutely nuts about this. I just drove past the vaccine center coming home today. It's closed. I mean, people haven't been in the vaccine center for a couple of months. Every American knows somebody who's died, been injured, or been hospitalized after the vaccine now. And we're stuck at about 48% of Americans getting vaccinated.



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Jonathan Otto: That is important news for people. Australia's had some issues there too, because we have a higher death rate of people that have died from the COVID vaccine than from COVID here in Australia. And the reports have been, up until a couple of weeks ago, it was 303 reported deaths, in comparison to one death from COVID, and then now allegedly it's two, and it was a 95-year-old woman. I'm talking as of July 14th. So this is important to know that a lot of people are seeing the credibility in voices such as yourself and the testimonies of others that is causing them to not go get the vaccine. That's good news. I see such mixed reactions. I see a lot of people, like, virtue signaling, making everybody else go get it, everyone, all that as well. But coming to this issue of the fact that all the warning signals have been ignored. It's full steam ahead. The fact that these companies have no liability. The fact that they've had over \$33 billion in lawsuits, criminal offenses, including falsifying clinical trials paid out to the Department of Justice. There seems to me, I perceive malevolence. I perceive. But some of these things could be explained by a pursuit for money. Some people talk about depopulation. Some people talk about bio weapons. I'd like to hear from you what you think about these subjects as to why the death rate could go so high and it's still full steam ahead.



Dr. Peter McCullough: Well, it's the perfect storm. So we had a pandemic. The pandemic created unprecedented amounts of fear, loneliness, isolation. Our governments and our major academic medical centers basically walked out on the public. They provided no early treatment approaches, no guidelines, no studies. You know, Harvard and Mayo Clinic and Monash. They just evaporated as institutions. They didn't do anything to help outpatients to prevent hospitalization and death. The public was wondering what happened. What happened to any help? Doctors quit answering the phone. I mean, it was really extraordinary what happened. So there was this kind of auto preparation for the narrative, and the narrative was, "You're going to be saved by a vaccine. Stay in lockdown, wear your mask, follow all the rules, and wait until you're saved by the vaccine. In fact, freedoms would be tethered to the vaccine. You can go out now and do something if you take the vaccine".

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Well, listen, the vaccine better be really good and really safe in order to pull off that type of policy approach. We know now that the vaccine basically doesn't work. So we had coming out of the clinical trials, Pfizer and Moderna were at about 90% effectiveness. Then we saw a paper from Denmark showing it was about 90% effective in the nursing home markers, but only 60% effective in the seniors who are sicker. We've had now reports of patients with immunodeficiencies. They get no antibody responses whatsoever. With AstraZeneca, we know that the South African variant, 50% of the time, it just easily got past the vaccine. Fast forward. Now with Delta, the Indian variant, born out of India when they started vaccination, we now have 90% of cases in the UK of the Delta variant. 42% were fully vaccinated, most frequently with Pfizer or Moderna. We have about a 60, calculated 67% efficacy rate in Israel. That means they have tons of people in Israel who are getting COVID-19 that are fully vaccinated. Now fortunately, the rates are low and these are small bumps off low rates. Okay? And not only that, but the subsequent variants are far more indolent. And so Delta is far less fatal or serious than the UK variant or even the South African variant or Brazilian variant. And now we have Lambda coming out of Peru. That was because of the Sinovac vaccine that was used there that actually prompted that variant. And now Epsilon from California, prompted because of Pfizer and Moderna. So the vaccines are reducing the genetic diversity of the strains, and they're kind of prompting these variants. Fortunately they're mild, but they escape the vaccine. The vaccine at this point in time is completely useless. It doesn't work well enough. None of them work well enough to actually take, because you're not going to get much of a benefit out of it. And again, they look so terrible in terms of safety. So leveraging the entire pandemic response on biotechnology that was destined to fail, basically it failed within six months, and that has racked up a safety record like this, is going to go down in world history as probably one of the biggest overall global blunders of public health authorities of all time.



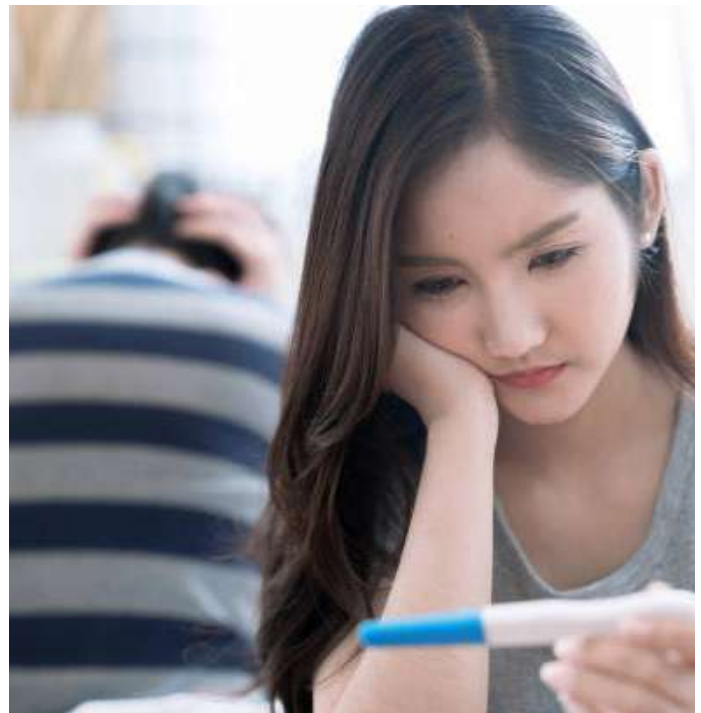
Jonathan Otto: Wow. Yeah. That's true. And for those that live to tell the tale, because it... And that's the scary part... When it comes to the animal trials and animals dying, some studies where all the animals died and then, fact checkers try to say, "Well, the animals didn't die from the vaccine, but it was this issue that happened with the immune systems of the animals." And, for me, I've looked at blanket summaries over these that over 50% in general of the animals died and some of the studies where all the animals died. And I start to worry about what the future looks like for the vaccinated and what it looks like 6 months, 12 months into the future. What are your concerns there with people, and in regard to some of this data that came out with the animal studies?

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Dr. Peter McCullough: Well, the temporal relationship with death, which is the most serious outcome, has been carefully analyzed by Rose and colleagues in the Journal of Public Health Policy and Law. It's clear that this mortality risk is in about a week and it is explosive. Patients die of these reactogenic deaths. The spike protein basically causes fever, chills, nausea, vomiting, difficulty breathing, and it's lethal in about 48 hours. Much more in seniors than younger people, people in their seventies or eighties. There can be immediate allergic reactions where patients die right in the vaccine centers. And then there are these late deaths at about two weeks that relate to blood disorders, blood clotting, low blood platelet count called thrombocytopenia purpura. There's actually names of diseases based on this called spike protein disease or vaccine-induced thrombocytopenic purpura. So believe it or not, we have diseases named for what the vaccine does in terms of these serious injuries.



We'll never know on animals because the animal studies were truncated. We never had mutagenicity studies. We never had comprehensive animal studies. As you've mentioned, what was done in animals didn't look good. Many of the animals died in some of these models maybe because of wrong dose or because the cells couldn't take out messenger RNA. We know in the biodistribution study from Pfizer in Japan, that the lipid nanoparticles hyper concentrate in the ovaries and the adrenals. That's very worrisome. In fact, it was known several years ago that these lipid nanoparticles would be taken up in the corpus luteum of the ovaries and no surprise why women have disturbed periods. And almost certainly we're going to have impact on fertility. And then we have the Moderna study in the animals from the European Medical Association where they basically asked them to do a study in animals and it did drop fertility. Not to the level where it killed the program, but it was a substantial drop. So everything we've seen scientifically on the vaccines looks bad.



DR. CARRIE MADEJ

Dr. Carrie Madej: I graduated from medical school in 2001, from Kansas City University College of Osteopathic Medicine and Biosciences. I trained in three states. I ended up in Georgia, and graduated from allopathic residency in internal medicine. I have osteopathic and allopathic experience, both MD, DO. Also, I was medical director of two clinics. I owned two clinics. I taught medical students for eight years in clinical applications of internal medicine. I also attended scientific and business owners meetings in Georgia, where the discussion of the future of humanity and that included transhumanism, how that fit in. I gained knowledge that way about current events.

Jonathan Otto: Dr. Madej, let's talk about the side effects or better yet, the direct effects people are having because of the Coronavirus vaccine. What are you seeing? Is it as bad as what people are saying or anecdotal reports that are coming in? Or is this being overhyped? Or are you seeing enough evidence both from clinical data and as well as anything you have seen as a physician and reports that you're getting from other physicians as to how bad, when it comes to wide spread. Is this something that is one in just a few or are we seeing a greater majority? What kinds of effects, how bad are these effects that we're seeing?



Dr. Carrie Madej: Well, the patients that I still see, it's a skewed population. They've known not to take vaccines, so my personal patients don't take them, but I can tell you I am analyzing the data coming from the VAERS, the Vaccine Adverse Events Reporting System. It's horrifying, because we're seeing... First of all, this database is three to four months behind in reporting the data of what's happening. Right now, there's 4,500 deaths being reported since the introduction of the COVID injections, which they call vaccines. That's a horrible number, because that's between 1-10% of all events are being reported, meaning under-reported. You can extrapolate that by 10 to 100 times more. That's an extraordinary number of deaths and then adverse events as well.

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To put that into a reference for people, we pulled the Swine Flu vaccine back in 1976, because we rushed that vaccine. When they were doing this vaccine, a lot of Guillain Barre paralysis happened, and then about between 25 and 50 deaths happened from that vaccine. This was horrifying back then. They put a moratorium, they took the vaccine off the market and said, "Never again," and apologized, "We should have done more studies." 25-50 deaths. We are now at 4,500 deaths and again that's only 1-10% of the real number. What are we doing? Why are we not reporting that? Why are we continuing on with this? Again, we're in an experimental phase. It's a stage four research experiment. People are actually the lab rats and the guinea pigs and now we're introducing it to children, which to me are crimes against humanity. Children are not affected by this COVID-19. This is a tragedy, because here we are giving experimental agents to children without any reason. I don't understand this whatsoever.



The reports I'm getting from my colleagues who are taking care of people who are getting these injections, is not good. In the hospitals, they're reporting that they have all COVID-19 vaccine injury wings. Entire floors of just the injuries from the COVID-19 injection, they call it a vaccine. Children getting horrible rashes, they're being really sick, sometimes having seizures.

Adults, they're getting extremely sick, they're having joint pain, they're having headaches, a lot of times they're having cardiac, they're having heart attacks and strokes right after, they're having seizures. Young women, young men 30s and 40s being taken in ambulances, having convulsions from the vaccine. You don't hear about this in the news. This is coming from reports directly from people who are working in the hospitals, the nurses, the hospital administrators, the paramedics, directly from them.

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They're also being told not to report this to the Vaccine Adverse Events Reporting System. They say over half of the sick patients for any reason that they're getting, are people that had just got the injections called vaccines. Over half of all different kinds. We're seeing blood clots and bleeding disorders. This is unbelievable. I've never heard of this happening in medicine. Any other time in any other way we would have put a moratorium on this. Something isn't right here. We're not being told something and there's another purpose going on.

Jonathan Otto: Dr. Madej, these reports, how did you get access to them? How do you know about them, because if... What makes you think you can trust those sources?

Dr. Carrie Madej: Well, the Vaccine Adverse Events Reporting System has always been around since I've been a physician. That is the golden standard of reporting any problems with the vaccine issues, side effects for anybody. A doctor or nurse is supposed to report any vaccine side effects or deaths into the system. Also, the lay person can also report as well. However, this is the only way we know of vaccine adverse events or problems or deaths. This is what we do. Anyone can go on that website and they can look it up. Sometimes it's a little tricky in how to look for everything, but these are official reports as it stands. It's not hard to find that data online. It's strange that our own media, the major media won't report on these things, because this is hard and fast data, you can't refute it.

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In Europe, they're up to 12,000 deaths right now. Hundreds of thousands of adverse events. There, they're protesting in the streets every day. This is just a tragedy. Then you look at Israel, where the Netanyahu, their prime minister signed a secret deal with Pfizer to sell those people's data, all of the citizen's data, and for all of their medical records for the next four years. I mean, this is unbelievable. How can you sign away people's information like they're chattel, like they're property? This is the reason why so many people were pushed into getting vaccinated there in Israel, because of this contract made with Pfizer. It's been made public now, you could look at that online, that they made that deal. Slovakia supposedly also made a deal with Pfizer with this kind of experimental injection.



Jonathan Otto: Yeah, so that data is very conclusive and we were ignoring it and well, I mean a lot of the public are ignoring it. A lot of the people are very concerned about it. Now, in terms of this thing with the spike protein and shedding, what are you seeing for that? Is that a valid concern? Is it something that is time specific? Like for example, if someone is vaccinated, does that mean that they will do this for the rest of their life, or is it for a time period? What are the effects of that?

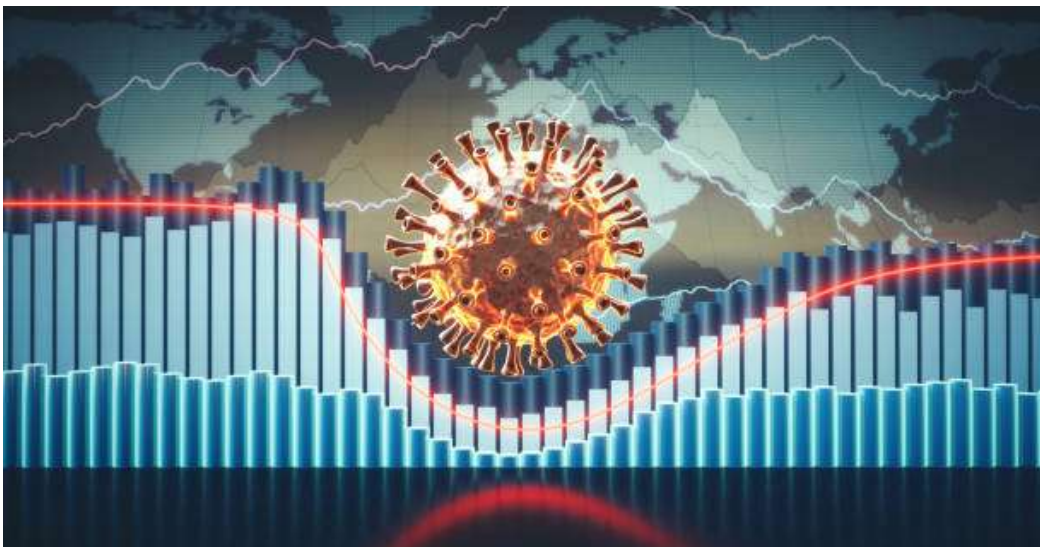
Dr. Carrie Madej: Well, something is going on. Let's put it that way. There are so many reports of people that have not been vaccinated, being in close proximity, close contact with people who have been vaccinated and they are reporting symptoms. Sometimes they feel like they're getting flu-like symptoms. Sometimes they're getting rashes but above and beyond what we're hearing is women complaining of having the worst menstrual cycles of their life.

DR. MARK SHERWOOD

Dr. Mark Sherwood: Before becoming a naturopathic doctor, I was involved in a lot of different things, including police work, believe it or not. Doing a little bit of work on the SWAT team. So I have a background that's very diverse. And then that kind of led me down the pathway of trying to figure out why police officers and why my colleagues were dying so early. So I went on this mission, which led me down the pathway of naturopathic medicine. So I went back to school late in life against all advice. And so now my wife and I, Dr. Michelle Neil-Sherwood- she's a DO. We actually have the Functional Medical Institute in Tulsa, Oklahoma, where we really lead people down a pathway of true healing. We see two purposes behind what we do. Number one is to eliminate all self-imposed choice-driven diseases, and there are many, and then secondly, we want to eradicate all unnecessary use of medications. So now we get the opportunity to speak and teach and treat worldwide. So it's a real blessing.

Jonathan Otto: Awesome. What's your biggest concerns around the COVID vaccine?

Dr. Mark Sherwood: Loaded question. There are several concerns I have with the COVID vaccine. First of all, the very premise of the COVID virus is concerning to me because when I look at the lethality of it, it seems to me that lethality has been created as well as the manipulation of statistics. And what I mean by that is you look back even in a retrospective study, looking back at New York City when it was at its highest or peak, supposedly, and you found an interesting statistic concerning some basic thing, like a Vitamin D, where a 4% chance of being hospitalized was evident with a Vitamin D level of 30. Well, 30 is pathetic. And so just to think that that's even out there and the usage of the ventilators and all of that, it didn't make sense to us at the beginning. We didn't buy it. We didn't believe it. So I think the whole concept of the lethality of the COVID-19 has been contrived, exaggerated to the point of manipulation. With that said, because of that, there is no need for a vaccine. The Vaccine Act of 1986 is I believe changed everything with vaccines in the sense that it made it protected from liability. So you went from five vaccines at that point in time that were being used for children to shortly thereafter within a year of 23.



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And that's not okay because no one is born with a vaccine deficiency and I've studied the immune system. And I happen to believe that it's created by the hand of God. And I believe that the immune system is the greatest war machine that's ever been thought of or conceived that it's outside of man's ability to understand. So it was more, we look at science and try to understand that we're not going to get it. And so that's going to be an exercise in utter futility to continue to search for understanding of the immune system. We have to accept it for what it is. There's an adaptive immune system that's so extraordinary. As evidenced, and this goes back to my statement on why we don't need the vaccine as evidenced by SARS Cov-1, which was back in 2003. We know viruses are naturally occurring in our environment and they've been around since the beginning of time. So grab on that statement for a second. Our bodies have learned how to adapt and live in a symbiotic together relationship with viruses instead of looking at them as negative. With that said, SARS Cov-1 people were exposed recently to SARS Cov-2 with the hypothesis that they would actually build an immune system response from your adaptive immune system. And you know what? They did.



So 17 years later, the body had this memory that was fascinatingly, extraordinarily, incredible and was able to build antibodies against SARS Cov-2. So that statement alone right there with that one study tells me that we do not need vaccines. Further to hammer the point home, you look back at the history of the origination of this “quote unquote” pandemic, and you see that young people and athletes did not die. And so based upon that, the question that we had in our clinic and what we put into initiative is how do we make our immune system more youthful and more athletic with the hypothesis again that no one would die. And sure enough, we did that. We put protocols into place and nobody died. To the tune of we're now 8,400 to 0. 8,400 people treated and zero have died. And so we don't believe in lethality of that. We don't believe in the vaccine. The vaccine is ripe with problems. When you initiate the activity of the immune system inappropriately, all you're doing is asking for problems. We're creating an unusual protein called the spike protein inside of the human body. It's not normal and to create abnormality and throw it into normalcy is the epitome of foolishness. And so I don't think it's feasible to look at it from a long-term effective standpoint as safety, but I don't think it's reasonable and rational from what I just laid out to you from a logical standpoint. Yeah. The fascinating thing about athletes is my wife said something brilliant to me a year ago or so. She said, “Mark, you know what?” She said, “We work out.” And I said, “Yes.” And she said, “The immune system needs to be worked out too, to get strong, just like the physical body does.”

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And it occurred to me that the incessant hand washing, the bathing and toxic alcohol. Seriously, this doesn't even make sense. And the fear of touching other people... When I was a kid, we stuck our fingers in other people's mouths. We went to the playground. We shared each other's spit and sweat and all this stuff. And back in the old days, when someone had measles or mumps, the neighbors would call each other and they'd all get their kids together to sort of build the natural immune system. So to really hammer that point home one nail further in the coffin is if you look at history, it always teaches you something. We're going to look back at history on this. And as we've done in America, we have destroyed our health. We've destroyed our health because of money and it's all about money. And one of my favorite books in the Bible says, "You can't serve two masters. One's got to be God or the other money." And right now we have taken this wonderful nation we have where I live, the United States of America. And instead of putting it one nation under God, we've made it one nation above God and one nation that worships money. And we're getting exactly what we asked for. We wanted God out, now we got vaccines in. We got nothing but chaos out of it. And my hope and prayer that as people watch this documentary and docuseries that they'll wake up and begin to make decisions based upon clear information, informed consent is all I want. I want people to have a choice and not be manipulated by someone just because they wear a white coat. This does not make a person a medical expert. As a matter of fact, our current system is clear. We don't have medical experts that know anything about health as evidenced by the trajectory of America's health crisis. We're going the wrong way fast. And the Centers of Disease out of control and lack of prevention is not to be trusted at all.



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Jonathan Otto: Are you seeing credible evidence for life changing side effects, whether fertility, autoimmune disease, neurological, or even fatalities?

Dr. Mark Sherwood: Well, certainly in our clinic, we have a wellness-based practice. So we don't see sick people. And we've had, unfortunately, some people that have taken the vaccine, whether one shot or two, this is what we've observed. We've observed this erroneous impressive upregulation of the immune system based upon the foreign protein that's been created. Now, having said that, we have not seen anybody die, but we've seen people that get really, really sick for several days. And when I'm talking about sick, I'm talking nausea, brain fog, joint pain, GI disturbances, including diarrhea. And long-term, I'm concerned because we don't know several answers to several questions. Number one is when do we get the spike protein creation shut off? How long does that occur? And is it permanently affecting the DNA? Well, the question is always from some experts that says DNA can't work backwards. It goes from the nucleus, the DNA to the transcription RNA onward outward and to the cytosol, which is a messenger RNA, but there is something called reverse transcriptase, which actually goes in reverse. So the question becomes is, does it change your DNA? And does it stop? And I think the answer is clearly, "We don't know."



So this is going to go down in history as one of the worst medical mistakes that we've ever made, including statin drugs. That's another subject for another day, but the bottom line is this is a big deal. And we are seeing people that I've seen personally that have gotten really, really sick. And I hear cases all the time about this. And I don't know if this helps, but hopefully it does. When we've taken the vaccine, and some people that I know and love dearly have, and they've done it out of fear. They've done it out of ignorance. They've done it out of trusting sources that they thought were credible. And people are going to do that. But the bottom line is I've watched many of these people come back and say, man, "Mark, I wished I could take that out of my body."

DR. LEE MERRITT

Dr. Lee Merritt: I graduated from the University of Rochester in New York in 1980. I went off to the Navy to do an internship and residency, and spent time as a surgeon in the Navy for 10 years. And after I got out, I did a spine fellowship, but I also served on the NRAC, which it's a subcommittee of the Congress that looks at defense technology for the Navy. And by law, they have to have a doctor on it, and I just happened to be living in Washington D.C. when that position came open.

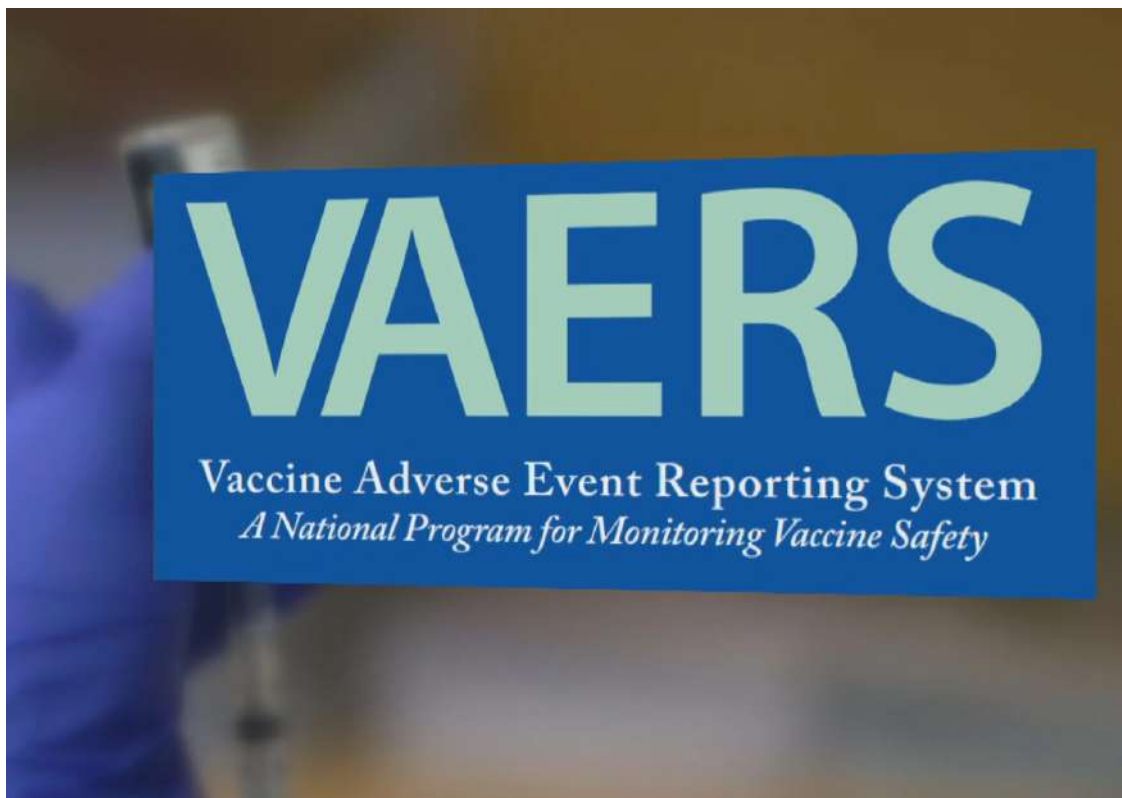
And so, I spent four years sitting next to rocket scientists and really thinking about defense stuff. And there wasn't a lot for the doctor to do, but I did think about bioweapons. So on my own, I mean, I'm not a bioweapons researcher, but on my own, I started researching what we knew and what we should really be concerned about. And I've been chief of staff of a 250-bed hospital.



Jonathan Otto: Let's dive into the side effects or direct effects connected to the vaccine. What are we seeing? Is it as bad as I've been worried that it would be, and what kinds of things are we talking about? Are we talking about issues with fertility? Is there anything that we can prove? What's the anecdotal reports coming out? What about brain health? What about autoimmune disease? What about fatalities, blood clotting? Is it worse with some of the vaccines? Are they all bad? Obviously, we already know they're all bad, so let's not even bother there, but in terms of are we correlating certain issues with certain strands or certain manufacturers? What are you seeing, Dr. Merritt?

Dr. Lee Merritt: Well, first of all, they always want to tell you this. Whenever a vaccine or any drug comes out, and there's a problem, they always have the same response, "Oh, we gave 41 million doses, and we only had 10 deaths, okay? That's nothing." Don't believe that. They took many vaccines off the market for less deaths than this. In all the years of the flu vaccine, there were less deaths associated with that than in four and a half months of the COVID vaccine. I'm the VAERS researcher for the America's Frontline Doctors.

I've gotten pretty good at looking at VAERS, and the Vaccine Adverse Event Reporting System, which again people will say, "Oh, those numbers are exaggerated, because anybody can put stuff in there." Well, in fact, doctors are less likely to put things in there than they should be, because they simply don't have the time. People don't know about it. A lot of doctors don't even know about this system and it's cumbersome for them, but average people are speaking up, and they're also not politicized to think it doesn't...



They're always not doubting that it's a relationship. A lot of problems with these vaccines, unfortunately, mimic things that we see in normal medical practice. So for example, the bleeding problem, that's what I looked at very early on, and I have an article that's out in The New American that's called Is This the New Thalidomide? And if you remember, thalidomide causes horrible birth defects, and we took that off the market very early, because we were paying attention, but we didn't have VAERS.

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Now, we should be even better at taking things off the market and nobody's really paying attention, or they are and ignoring it. So I looked at bleeding, and there's a couple things that caught my eye. A young doctor, 56-year-old doctor, OB/GYN doctor in Florida, and this doctor took the vaccine, took the Pfizer vaccine. Four days later, started having some spontaneous bleeding, went into the hospital and had zero platelets. Platelets are the part of your blood that stop bleeding.

They plug your arteries in your veins. He had zero. You should have over 150,000. Now, he was dead 12 days later of a brain bleed. He's a doctor in his own hospital. Trust me, they tried to save this guy. That is a disorder we've never seen before. Oh yes, we have thrombocytopenia. It's called idiopathic thrombocytopenic purpura. That's a disorder we know, but you don't die suddenly of it. Even if you lose your platelets down below 20,000, it doesn't go to zero usually, but below 20,000 you start bleeding, we can give you platelet support until we figure out what's going on.



And in 60% of the cases, we can reverse it. Now, with some of the cases, we're able to reverse it, but what we're seeing here are some people that have devastating zero-platelet thrombocytopenia from this and they're dead, and there's nothing you can do to stop it. That is a new disorder. In the past with vaccines, had that happened, we would have taken it off the market. We would at least halted the rollout. They're ignoring it. Now, so I looked at January, February, and March, and I looked at the number of cases, and I found 104 cases of thrombocytopenia and 370 cases of bleeding.

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And when you read the narratives of this, this is put in by patients and doctors and nurses. So it's not always a complete history. Sometimes, you have to discount people, because they didn't put enough data in, but there were 358 of those that were clear. And some of them, 94 cases of thrombocytopenia were very severe, life-threatening, or caused death. So I looked at that, and I published a paper about that. A month later, I thought, "Well, I'll go back and update the numbers, because I bet there are more cases reported."

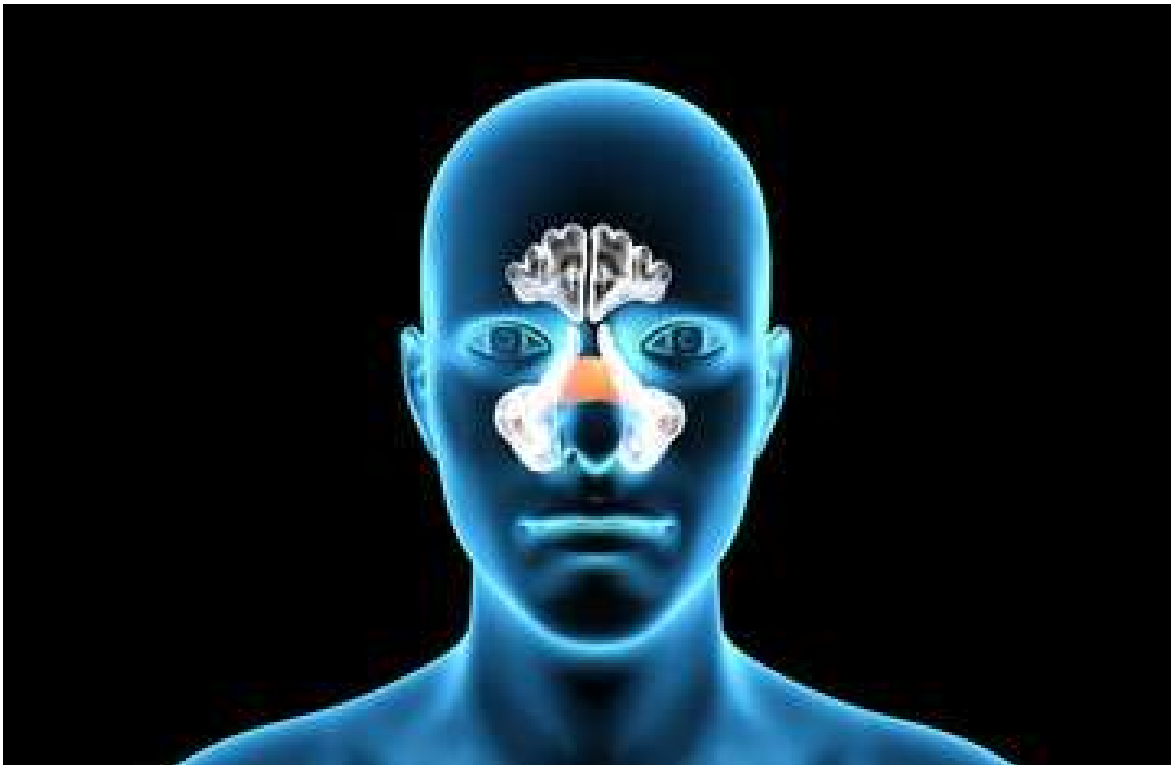
Now, I just looked at people that had developed the problem, had the vaccine between January, February, and March. When I went back to look at how many had been reported now, there were 6,270 and the narratives had become these huge dialogues, because people are waking up and realizing how bad this is and that they need to report it. Nurses and doctors are now putting really medical histories in there. You know what's going on. This is an avalanche. This is how all these drug problems start.



They start really small and a few people see it, but the damage is too far apart to see a pattern. VAERS allows us to see the pattern. And then, as the snowball starts rolling down the hill, it picks up steam and we are in that exponential growth rate right now. I looked at, for example, just death the first three months of 2021, and there were 2,919 deaths in the first quarter of 2021 and 99% of them were from COVID vaccine, 1% all the other vaccines put together.

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Then, I looked back at 2018, 2019, and 2020. The most death per year of any of those years was 22 deaths. So it went from 18, 22, 15, 2,912. When you start seeing these numbers, it starts making sense. There's a diagnosis called cavernous sinus thrombosis. I've never seen a case in my life. I'm a spine surgeon. I hung out with neurosurgeons all the time, never saw a case. I'm sure they did and my son, who's a general surgeon doing ICU and trauma fellowship, he sees it every once in a while, but they're collecting it from all over the state, for example, okay?



This is a rare disorder and we hear that, around the world, there are over 400 cases of that now. In our VAERS, I looked at 2018, '19, '20, and '21. It was zero, zero, zero, 40, okay? Every diagnosis you look at, that's what is happening. We've had 10 deaths right now under the age of 18. One of them is tragic. It tells us another thing about this vaccine. This alone should stop the vaccine rollout. We are hearing about this shedding. The people that didn't take the vaccine, and they have secondary damage, that they seem to be getting some of the problem.



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And I think I'm one of them. I touched a patient. It seems to be touch. I touched a patient. A couple days later, I started having diarrhea. And after that, I walked into my office, had this sudden bloody nose I couldn't get stopped. The way I stopped it, I took a bolus of ivermectin/hydroxychloroquine, and it stopped it. Now, bleeding is a side effect of this, and we're seeing young girls bleed that never have had periods. We're seeing postmenopausal women bleed that have stopped bleeding for years, and we're seeing women of childbearing age having varieties of different bleeding.



So we're worried that there's a secondary transmission here, okay? Well, we know, at least, it comes out in the breast milk. Something from this vaccine, probably the spike protein, comes out in breast milk, because we had a one-month-old baby die. The baby was breastfeeding from a mother. Mother takes a second dose of the Pfizer vaccine. Baby develops this very rare thrombocytopenia and is dead, again not something we see. So a lot of weird stuff is happening. Now, people want to make fun.

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One of the ways you can tell that things are true is either they're censored, the people talking about them are denigrated, or the fact-checkers come out in mass and in a Greek chorus, they all say, "It's not true. It's not true." Word for word, they tell you this. It's an intelligence program. The minute we started talking about secondary transmission or shedding or whatever you want to call it, they all came out. The fact-checkers jumped all over that, said we were a bunch of crazy loons.

We're doctors and we have patients talk to us. So these guys are fact-checkers, fine. They're not really looking at the facts, because they're not getting the facts. We're getting the facts and it used to be we listen to our patients, and we're supposed to listen to our patients. We're getting calls every day, all sorts, and I'm an orthopedic surgeon. If I'm getting a call every day about somebody that has secondary effects, what are the internists getting? What are the OB/GYN doctors getting?



DR. CHRISTIANE NORTHRUP

Dr. Christiane Northrup: I am by trade a Board Certified OB/GYN. I wrote three books on women's health that have been New York Times bestsellers. *Women's Bodies*, *Women's Wisdom*, *The Wisdom of Menopause*, *Goddesses Never Age*, though the one that is most relevant to where we are right now is *Dodging Energy Vampires*. I delivered babies and was an assistant clinical professor of OB/GYN at the University of Vermont College of Medicine for about 25 years. I did eight highly successful public television specials. I was on the Oprah Winfrey Show 10 times. And then 2013, I was named one of Reader's Digest's most trusted people in America, Tom Hanks was number one. So, just your audience probably knows what that means. I also was named this year Watkins 100 most spiritually something teachers, most inspirational living, spiritual teachers. I made the list, which was interesting given the fact that also in 2020, for the first time in my illustrious career, I was called a racist, a white supremacist a QAnon conspirator. And I'm now one of the Center for Countering Digital Hate, I'm one of 12 people targeted as being the source of 70% of the misinformation about vaccines on the internet. So it's a fascinating-

Jonathan Otto: The Disinformation Dozen.



Dr. Christiane Northrup: ... that's it. It's a fascinating fall from grace. And when I first saw the The Disinformation Dozen and who my colleagues were there, that was one of the highest honors of my career, because the whole thing doesn't make any sense.

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Jonathan Otto: Let's talk about some of the issues that are going on right now. I guess I really want to start with VAERS, this vaccine adverse reaction reporting system and what's coming out now like how high the number is, what you believe about how high that number actually may be if you feel that you could speak on that and the various types of things that are emerging and what kinds of numbers, how valid you believe that reporting is, and maybe what that could represent for the rest of the public? And I'm seeing quite a little bit of a fight back against that as if that is no longer the right way to do things, as if people weren't reporting correctly or something like that. But I'd be curious to hear from you about that.



Dr. Christiane Northrup: Well, it's interesting to me, the VAERS system has been around since 1986, and very few doctors have known about it or done anything about it. And Harvard medical school even reviewed it and said, "This whole thing needs to be overhauled to make it easier to use. It's a passive system. You don't have to report anything," but since December on the VAERS system, as inadequate as it is, since it reports only one to maximum 10% of all actual vaccine deaths or injuries, despite that there have been more deaths reported in the VAERS system since December, than in the entire time that the VAERS database has been up and this should be incredibly alarming to almost everyone. I think by the end of May, there were 5,125 deaths, 200,000 adverse reactions and we're not talking pain at the injection site, we're talking blindness, we're talking inability to walk, total body tremors.



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There are three women who were interviewed on Del Bigtree and they were shaking continuously and their tongues were in spasm. All three went to the doctor, went to various neurologists and they were told... You're going to love this, "A conversion reaction." Yes, darling. This was all in your head. This is insanity. Now, what I'm seeing on some of the alternative media, the actual real media is that they are now messing with the VAERS system. Here's a system that doctors wouldn't pay any attention to when we had kids regressing after an MMR shot, by the way, African American boys have three times the risk of autism after an MMR shot, but we were ignoring all of that. And we have all these parents with kids who've had injuries after getting a vaccine. Oh, well that didn't happen. That must be a coincidence.

But now that we have the VAERS database, the figures are alarming. So what are the powers that be doing, starting to fudge the numbers once again, up is down, down is up if it is reported in the mainstream media, except for an occasional little snippet, maybe from Tucker Carlson on Fox News, it's fake far as I can tell. And I noticed also in the medical literature this year, I unsubscribed from Medscape, from MedPage Today, it was all just propaganda. It was bad enough. And in fact, in 1992, somewhere around there, the editor in chief of the New England Journal of Medicine, Marcia Angell wrote a book saying we no longer had true objective science in medicine because of the role of the pharmaceutical industry paying for everything. Now, you know the United States is one of, I think only two countries allowed to advertise direct to consumer drug consumption.



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And this is kind of a mind trance. I remember listening to an ad for take this drug for small-cell lung carcinoma. And I thought, “Why would they have that?” This isn’t like very common. And then I realized, “Oh no, that was to program you,” so that your body would make, and I know this sounds outlandish, but the truth is what we pay attention to tends to... I think Napoleon Hill said this, “Thoughts have the peculiar quality of becoming their physical equivalence.” So, what have we been subjected to for a year and a half? Fear, fear, fear, fear, death, death, death, death, COVID death counts, even though the CDC itself admits that only 6% of all those deaths were just from COVID. Everyone else had confounding variables, diabetes, hypertension, obesity, all of those things. And even then, even then, if you talk to people like Dr. Bartlett and Dr. Meehan, if you were giving the right protocol, nobody needed to die, but let’s not ever let anyone get the right protocol.



People were told, are still told, “Go home, wait until your lips are blue, wait until you can’t breathe. Then come on in. Then we’ll put you on a ventilator.” And most people never get off. So, all of the doctors who were questioning the narrative were censored almost immediately. I watched it time and time again, and it’s done nothing but ramp up. In fact, that VAERS curve that you see, okay, 1990, 1991... 2021, zshoop!. You’re seeing the same thing with the censorship. So my colleague, Dr. Sherri Tenpenny just did a masterful presentation to the Ohio legislature. And the mainstream media is attacking her as though she’s some kind of nutcase. And when you watch her testimony, it is brilliant. It’s all from the peer-reviewed medical literature.

This is another witch-hunt for everyone who’s not going along with the mainstream media.

I have a friend who is a GP in London, and she has told me stories about the Yellow Card system. And you are encouraged as a physician to not report adverse events with the Yellow Card system. It’s just like the VAERS report here. You’re told not to report things. So, here’s what I can say. The bottom line is people are dying. They’re having adverse events and yet the lemmings keep running for the cliff.

CONCLUSION

We have touched on several topics regarding the COVID-19 disease, the COVID-19 numbers, the vaccine, viewpoints and reports that disagree with the mainstream dialogue, and solutions for preventing and treating infection.

Let's suppose we start to question the "safe and effective" vaccine information we're hearing, do our own research on other viewpoints, reports, and studies, and conclude that the vaccine may possibly be worse than the disease it is intended to prevent.



If we choose not to risk the potential harm of the vaccine, how do we protect ourselves and our families from COVID-19 and still safely participate in all that life has to offer? And what do we do if we get sick with COVID-19 so we don't become severely ill? Let's look at how our bodies were designed to resist and recover from disease, what was effective historically before vaccines were developed, and what steps can we take now to prevent infection and limit the severity of disease if acquired.

If you would like to know more about vaccines for COVID and for other diseases, such as:

- What is in vaccines
- How do vaccines work
- Short- and long-term side effects and injuries from vaccines
- Disease prevention and treatment without vaccines
- The Nuremberg Code, informed consent, and crimes against humanity
- What to do if you have already received the injection
- And much more...

Click to register now for our upcoming documentary series [Vaccine Secrets: Covid Crisis](#)

SOURCES

1. <https://www.openvaers.com/>
2. <https://childrenshealthdefense.org/defender/americas-frontline-doctors-federal-lawsuit-halt-covid-vaccines-cdc-vaccine-deaths>
3. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html>



ABOUT JONATHAN OTTO



Jonathan Otto is an investigative journalist, natural health researcher, documentary filmmaker, and humanitarian.

He has created several highly-acclaimed, groundbreaking docuseries — ***Depression, Anxiety & Dementia Secrets, Autoimmune Secrets, Natural Medicine Secrets, Women's Health Secrets, and Autoimmune Answers*** — covering innovative, effective natural remedies for autoimmune disease, neurodegenerative disease, mental health, cancer, and heart disease.

These docuseries — watched by millions around the world — represent Jonathan's unceasing quest to discover the root causes of debilitating diseases by interviewing over 100 world-renowned natural medicine doctors, scientists, natural health experts, and patients.

In response to this life-saving knowledge, Jonathan created ***Well of Life***, a line of doctor-formulated, 100% natural supplements specially designed to detox and fortify the body.

Jonathan's greatest reward has been hearing the testimonials from people whose lives have literally been saved with the protocols he developed.

His work has been featured in international TV broadcasts, print media, national news, and radio broadcasts. He received the awards, *Young Citizen of the Year* and *International Volunteer of the Year*, by the Australian government for international humanitarian contributions, which he continues to support.

Jonathan and his wife, Lori, welcomed their first son, Asher, in January 2019 and their second son, Arthur, in May 2021.