



NEWS

'Fully vaccinated' account for 82% of Illinois public high school's COVID cases

Of the 17 individuals who have tested positive for COVID-19, 14 are considered 100% inoculated.



Wikimedia Commons

Matt Lamb

Tue Sep 14, 2021 - 7:38 pm EDT

LifeSiteNews has produced an extensive COVID-19 vaccines resources page. [View it here.](#)

OAK PARK, Illinois (LifeSiteNews) — Oak Park and River Forest High School (OPRF) has 17 confirmed cases of COVID-19 as of September 9, with 14 cases coming from individuals who have been fully jabbed.

The public school, located just outside the city of Chicago, lists on its [COVID dashboard](#) 79% of students as fully jabbed and 88% of teachers and staff fully inoculated. At least 11 cases are students and four are employees, but the breakdown of vaccinated individuals is not provided.

Illinois Democrat Gov. JB Pritzker has [mandated](#) all school staff receive the jab as a condition of employment. College students must also get jabbed.

While K-12 students are not required to get vaccinated in the Land of Lincoln, the high school has encouraged its enrollees to get jabbed.

“Earlier in the pandemic, the overall target for approaching herd immunity was 70% of our population fully vaccinated,” the school said. “However, the Delta variant has changed the equation. According to our most recent guidance, we should aim for a fully vaccinated rate of closer to 90% or higher.”

It has also [hosted](#) jab clinics for teachers and staff and [asked everyone](#) to submit inoculation proof, though it is not yet mandatory.

LifeSiteNews emailed OPRF on September 14 but did not receive a response to questions. LifeSite asked communications director Karin Sullivan and communications coordinator Jackie McGoey if they could confirm the infection data and if they had any comment on the infections among fully jabbed students and staff.

While neither 14 infections nor 17 cases are alarming, it adds to the stories about vaccinated people contracting COVID. [Children’s Health Defense](#) has raised the possibility that people who have been jabbed could be responsible for increases in infection.

“The U.K. is among the most highly vaccinated countries in the world, but it is experiencing a third wave of coronavirus infections [reportedly](#) largely due to the [spread of the Delta variant](#) of the virus,” the group said. “Other highly vaccinated countries like Israel are also experiencing a new wave of coronavirus infections due to the [Delta variant](#).”

As previously reported by LifeSite, Cornell University has experienced five times as many infections from COVID since reaching 95% vaccination compared with pre-jab availability.

“Despite testing fewer individuals, most of whom are vaccinated, the University still showed a positivity rate of 2x higher than the previous year,” LifeSite noted. “The recorded data suggests that the COVID shots are not preventing the virus from spreading and that perhaps virus spread is increasing as more and more people succumb to coercive measures used to persuade everyone to take the shots.”

High school students in particular could have concerns about the benefits of a COVID jab, especially if they see peers still contracting an infection.

For example, a report from Ontario two weeks ago [identified](#) 106 cases of heart inflammation in people ages 12 to 24. “The recent [report released](#) by Public Health of Ontario, which looked at the vaccine injury data from December 13, 2020 to August 7, 2021, confirmed in their findings that young people, primarily adolescent males, have an increased susceptibility to developing cardiac conditions following the jab,” LifeSite reported.

TOPICS

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TAGGED AS

**NEWS**

TV station asks for stories of unvaxxed fatalities but gets deluged with job death and injury stories

An ABC affiliate in Detroit sought stories of death to the unvaccinated. Instead, it got countless stories of harm from the COVID jab.



Shutterstock

Emily Mangiaracina

Tue Sep 14, 2021 - 9:52 pm EDT

LifeSiteNews has produced an extensive COVID-19 vaccines resources page. [View it here.](#)

DETROIT, Michigan ([LifeSiteNews](#)) – Detroit’s ABC station asked Facebook users to share stories of unvaccinated people who have passed away from COVID-19, only to be flooded with stories of death and injury as a result of the shots.

“After the vaccines were available to everyone, did you lose an unvaccinated loved one to COVID-19? If you’re willing to share your family’s story, please DM us your contact information. We may reach out for a story we’re working on,” wrote WXYZ-TV Channel 7 on Friday.

An overwhelming number of people responded with stories not of death of the unvaccinated but of death and injury soon after the COVID-19 shot.

“I don’t know anyone who died from covid but I do know a 37 year old who got the vaccine and died of brain aneurysm 8 days later,” wrote a Facebook user under the name Maximilien Robespierre.

Immediately below, Richard Smother shared, “My coworkers daughter (12 years old) had to be rushed to the ER after she collapsed an hour after her second shot.”

Krista Evans shared, “I know 3 people personally that died shortly after being fully vaxxed. All the people I know that have had the China virus, had very mild flu-like symptoms so why the hell would anyone get poked with this poison???”

Becky Burch commented, “An Aunt died a week after the shot. The family never thought much about it until visiting with another cousin who had family die after the shot with the same ‘strange’ issue...not sure of the details. Now, they think it was the shot.”

Besides deaths, the testimonies of side effects from the jab cover a wide range of injuries and symptoms, from heart attacks and blood clots to digestive issues to loss of sight and movement.

“My mother had a heart attack 4 days after receiving her first vaccine. She now has a blood clot in her lung,” Jessica Mauldin commented.

The stories go on and on, prompting many social media users to openly marvel at how the Facebook testimonies almost entirely contradict the intended direction of the thread and the mainstream media COVID-19 narrative..

“So, the comments section isn’t going the way you planned,” wrote Nicole Boucher Sargent.

“This backfired on you rotten SOB’s in the media,” said Scott McCarty.

The post has since had at least 125,000 comments and 125,000 shares.

The heavy ratio of comments about death and injury from the jab tells a starkly different story about the safety and usefulness of the shot than that shared by mainstream news outlets like WXYZ-TV.

The same day it asked for stories of death of the unvaccinated due to COVID-19, it shared the CDC statistic claiming that “Unvaccinated people are 11 times more likely to die from COVID-19 than those fully vaccinated.”

U.S. Centers of Disease Control and Prevention director Dr. Rochelle Walensky even claimed in late July that “more than 97% of hospitalizations from COVID right now are of unvaccinated people.” This contradicted the CDC’s own data released at the time, which stated that 15 percent of in-hospital COVID-19 deaths occurred in the vaccinated.

Moreover, Walensky later admitted during a White House press briefing that the number “didn’t reflect the data” from the Delta variant. As of early August, Israel was reporting “waning” effectiveness of the jabs and that “85-90% of the hospitalizations are in fully vaccinated people.”

TOPICS

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TAGGED AS

[abc affiliate](#)[Covid-19](#)[Detroit](#)[Michigan](#)[vaccinated deaths](#)[wxyz-tv](#)

THURSDAY, SEPTEMBER 16TH, 2021



EXCLUSIVE – 80% of Covid-19 deaths in August were people who had been vaccinated according to Public Health data

BY DAILY EXPOSE ON SEPTEMBER 8, 2021 • (57 COMMENTS)



Listen Now

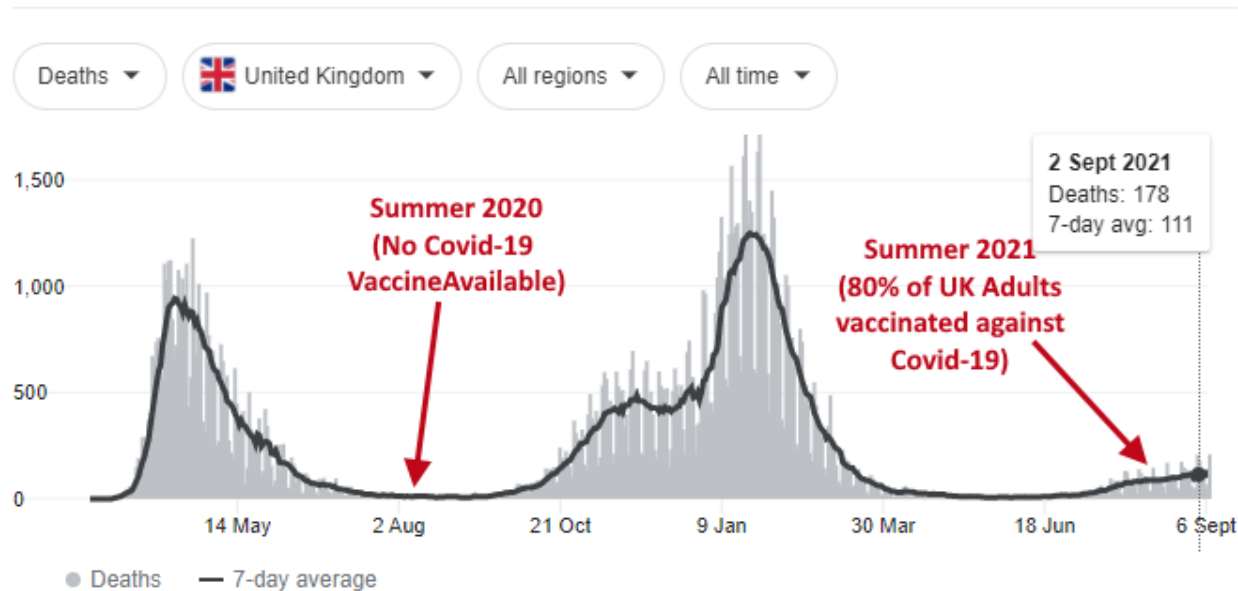
Further evidence proving the Covid-19 vaccination programme is a huge failure has been released which confirms throughout the whole of August 80% of the people who allegedly died of Covid-19 had been vaccinated against the disease.

We're living in strange times, and if you believe the Covid-19 vaccination programme is working because the authorities on the television tell you that it is, then you must surely find it extremely strange that the UK is in the middle of a third wave in the middle of summer? Especially when you consider that in summer 2020 Covid-19 deaths flat-lined to zero even though a Covid-19 injection was not available.



New cases and deaths

From [JHU CSSE COVID-19 Data](#) · Last updated: 2 days ago



But the strangeness doesn't end there, just take a look at the latest Covid-19 Statistical Report (https://publichealthscotland.scot/media/9030/21-09-08-covid19-publication_report.pdf) released by Public Health Scotland (PHS) on the 8th September 2021.

The report (https://publichealthscotland.scot/media/9030/21-09-08-covid19-publication_report.pdf) provides an array on data on testing, quarantining, vaccinations, cases, hospitalisations, and deaths but it doesn't get very interesting until you read Table 15 which covers the number of Covid-19 positive cases by week and vaccination status.

Interesting because it shows that the majority of confirmed cases are now among the vaccinated population. In the most recent week from 28th August to 3rd September 2021 the report shows that there were 20,744 confirmed cases among the unvaccinated population, who are more likely to be tested for the same reason they have not been vaccinated.

But the report also shows that there were 5,508 confirmed cases among the partly vaccinated population, and 16,810 cases among the fully vaccinated population – two populations who are least likely to be tested due to being vaccinated.

This means that between 28th August and 3rd September there were 22,318 cases among the vaccinated population – almost 2,000 more than the unvaccinated population.

SEE THE REST OF THE ARTICLE HERE

THURSDAY, SEPTEMBER 16TH, 2021

THE EXPOSÉ



BREAKING – 30,305 people died within 21 days of having a Covid-19 Vaccine in England during the first 6 months of 2021 according to ONS data

BY DAILY EXPOSE ON SEPTEMBER 15, 2021 • (22 COMMENTS)



Listen Now

Official Office for National Statistics data has inadvertently revealed that 30,305 people have died within twenty-one days of having a Covid-19 vaccine in England during the first 6 months of 2021.

Dozens of freedom of information requests (https://www.whatdotheyknow.com/request/deaths_for_any_reason_within_28_34) have been made to Public Health England (PHE) over the past few months requesting to know how many people have died within 28 days of having a Covid-19 vaccine, but each and every time PHE has claimed they do “not hold the information requested”.

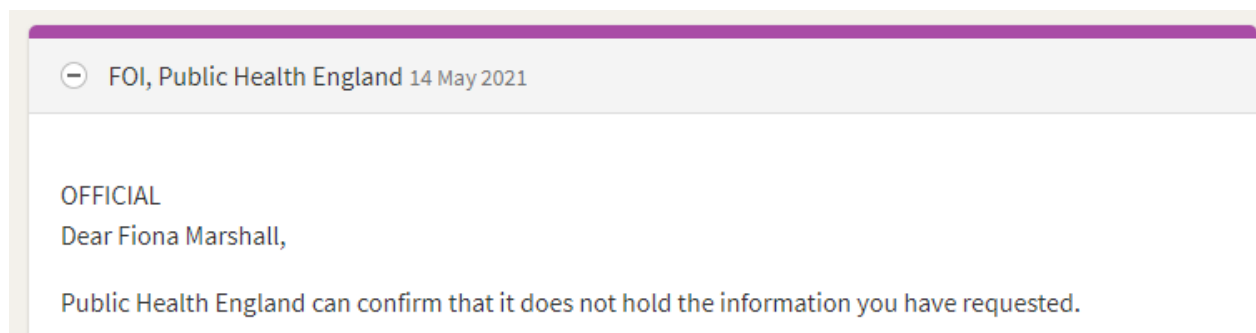


Dear Public Health England,

I would like to request to see the exact mortality figures for people who have died within 28 days of receiving the vaccination against coronavirus, for any reason, in England only.

Please can this include the dates from the start of the vaccination roll out to today's date, 29th April 2021.

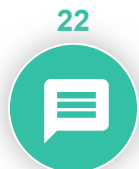
Yours faithfully,



Source

It is extremely strange to find that PHE do not hold the information considering their counterpart in Scotland has been able to publish the data on deaths within 28 days of a Covid-19 vaccination.

Public Health Scotland last published the figures (https://beta.publichealthscotland.scot/media/8183/21-06-23-covid19-publication_report.pdf) on the 23rd June 2021 in their 'Covid-19 Statistical Report' (https://beta.publichealthscotland.scot/media/8183/21-06-23-covid19-publication_report.pdf) in which they revealed 5,522 people had died within 28 days of having a Covid-19 vaccine between December 8th 2020 and June 11th 2021 in Scotland.



Public Health Scotland

Between 8 December 2020 and 11 June 2021, a total of 5,522 people died within 28 days of receiving a COVID-19 vaccine in Scotland (number of days between vaccine and death is 0-27, where 0 is the day of vaccination, all age groups). A breakdown of these deaths by day and vaccine type is available in the [spreadsheet](#) provided along with this report.



DONATE

HEALTH

Doctors At Hard-Hit Hospitals Say They're Facing Shortage Of Dialysis Equipment

April 19, 2020 · 8:00 AM ET

Heard on Weekend Edition Sunday

FRED MOGUL

(SHORTAGE WAS DUE TO "DR" FAUCI'S MANDATE FOR HOSPITALS TO TREAT COVID PATIENTS EXCLUSIVELY WITH REMDESIVIR) -- see Dr. Bryan Ardis video and docs below)

FROM **WNYC** wnyc.org
52.9 fm
am 820

3-Minute Listen

PLAYLIST [Download](#)
[Transcript](#)

Fears about ventilator shortages have dominated headlines. But doctors in coronavirus hotspots are finding themselves scrambling for enough dialysis machines, to save patients with damaged kidneys.

LULU GARCIA-NAVARRO, HOST:

Lack of testing, a struggle to find ventilators - all that has hampered dealing with the pandemic here in the United States. But doctors in hard-hit hospitals are now saying the problem is not enough dialysis equipment. Fred Mogul at WNYC reports that the shortage is leading to hard decisions inside New York hospitals about who gets treated and who doesn't.

FRED MOGUL, BYLINE: At the Manhattan VA, Dr. David Goldfarb is getting an update on the most critical patients.

DAVID GOLDFARB: Go ahead. Let's just talk about the patients. That's all.

MOGUL: Dr. Seeta Lakshmi Iyer tells him about one man with COVID-19 who's on a ventilator.

SEETA LAKSHMI IYER: His potassium is 4.1, and his bicarb is 25.

MOGUL: This patient might need dialysis, which means running his blood through a machine to remove waste because his kidneys are struggling.

GOLDFARB: So he could have chronic kidney disease, or he could've had AKI.

MOGUL: That's acute kidney injury. But the good news is he's responding to medication.

IYER: I don't think he needs dialysis at this point since he's making good amount of urine.

MOGUL: Goldfarb recorded the exchange on his phone. Later, he says this man is relatively lucky. Almost one-third of coronavirus patients on ventilators also have kidney failure.

GOLDFARB: They are critically ill. They are not doing well. And every day, a couple of patients have died.

MOGUL: Goldfarb says, so far, at the three hospitals where he works, they have enough dialysis equipment and staff. But three doctors who work elsewhere in the New York City region describe much more dire situations. They say no one wants to call it rationing, but that's exactly what's happening.

UNIDENTIFIED DOCTOR: We only have nine machines or 10 machines. And now we have over 30 patients that need them.

GOLDFARB: That's a doctor who manages an ICU at a hospital in Queens. We're not naming him because he fears losing his job for speaking freely.

UNIDENTIFIED DOCTOR: So it becomes an issue of who the resource goes to. And those are very difficult decisions.

MOGUL: It's not clear exactly how the coronavirus damages kidneys. Dr. Benjamin Humphreys at Washington University Hospital in St. Louis says the virus could be infiltrating kidneys directly, or it could be an indirect effect from COVID patients' tendency to develop blood clots.

BENJAMIN HUMPHREYS: We don't have any other clues as to what differentiates patients that do develop kidney failure who are infected with COVID with those that don't.

MOGUL: The widespread need for dialysis has come as a surprise. Research from China didn't indicate major kidney problems, particularly not among patients who

don't already have other problems like diabetes. But that's what American doctors are seeing now.

Dr. Steven Fishbane is with Northwell Health, New York's largest hospital network.

STEVEN FISHBANE: Everybody is running into shortages at this point.

MOGUL: The shortage isn't just dialysis machines but also the unique fluids and filters they use. And there also are not enough of the highly specialized dialysis nurses, many of whom have gotten sick with COVID-19 themselves. Fishbane says hospitals need to get creative.

FISHBANE: These are intensive care unit nurses who usually might take care of two patients. Now it's one nurse for four patients.

MOGUL: Doctors at at least two hospitals in the city say they're coping with the shortage by taking patients off 24-hour continuous dialysis. Instead, they're having two patients share a machine, and each gets 12 hours. And sometimes, doctors and nursing supervisors have to choose which patients will simply go without dialysis, based on their prospects of surviving. Again, the doctor in Queens.

UNIDENTIFIED DOCTOR: There are hospital ethics councils. There are palliative care teams. But the kidney doctors are the ones deciding who's in the worst failure at a given time.

MOGUL: So is a dialysis shortage actually killing patients in the ICU? It's hard to say. The virus is what's killing patients, mostly by shutting down the lungs. Doctors say it is possible to get the lungs working again, but it's hard. And these patients need all the help they can get from the kidneys or from the best mechanical substitutes available.

For NPR News, I'm Fred Mogul in New York.

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NEWS [/NEWS]

A Shortage Is Looming, But Instead of Ventilators, Now It's Dialysis Machines

BY FRED MOGUL, WNYC [/STAFF/FRED-MOGUL]

APR 17, 2020 9:11 PM •

17 COMMENTS [/NEWS/A-SHORTAGE-IS-LOOMING-BUT-INSTEAD-OF-VENTILATORS-NOW-ITS-DIALYSIS-MACHINES#COMMENTS]



➔ A handout photo made available by the US Navy shows US Navy Hospital Corpsman 3rd Class James Abbe preparing a dialysis machine aboard the Military Sealift Command hospital ship USNS Comfort (T-AH 20), in New York on April 13, 2020
MC2 SARA ESHLEMAN/US NAVY HANDOUT/EPA-EFE/Shutterstock

After weeks of searching high and low for ventilators, Governor Andrew Cuomo and health care leaders around the state are breathing a little easier—and sending some of the frantically acquired units (<https://www.politico.com/states/new->

[york/albany/story/2020/04/16/new-york-sending-100-ventilators-to-new-jersey-1277241](https://www.gothamist.com/news/a-shortage-is-looming-but-instead-of-ventilators-now-its-dialysis-machines-york/albany/story/2020/04/16/new-york-sending-100-ventilators-to-new-jersey-1277241)) to New Jersey, where they're increasingly needed during the coronavirus pandemic.

But now, many hospital workers on the front lines in the metro area have been sounding the alarm that a different piece of life-saving equipment is in short supply and high demand: dialysis machines.

"We only have nine or ten machines, and now we have over 30 patients that need them," said one physician who manages an intensive care unit in Queens but who wasn't authorized to speak. "So it becomes a question of who the resource goes to, and these are very difficult decisions."

COVID-19 sickens people—and kills some—mainly by attacking the lungs. That's why health officials around the country have focused on finding ventilators and staff members to operate them. But ICU doctors are discovering that up to one-third of their most severely ill patients are developing Acute Kidney Injury, as they call it. These largely are not people with advanced diabetes or chronic renal conditions.

No one anticipated the trend, based on research from the coronavirus outbreaks in Asia or Europe.

"It's created a pretty substantial burden on supplies," said Dr. Steven Fishbane, head of nephrology at Northwell Health, New York's largest hospital network. "Everybody is running into shortages at this point."

Those shortages include ICU dialysis machines—which are different than the ones chronic dialysis patients use—and the unique fluids and filters needed to operate them. Most important of all is the lack of highly specialized dialysis nurses, with many in their already thin ranks now sidelined by Covid.

"Our intensive care unit nurses usually [each] take care of two patients," Fishbane said. "Now, it's one nurse for four patients."

Like ventilators, dialysis machines are mechanical substitutes for an incapacitated organ system. Ventilators breathe for you when your lungs can't, and dialysis machines clean your blood of salts and toxins when your kidneys can't. Neither

machine heals you. They only buy time while your immune system fights off pathogens, perhaps with the help of medication.

Unlike the dialysis machines elsewhere in the hospital or in outpatient treatment centers, ICU machines operate continuously, 24 hours a day—unless you have more patients than machines.

It's not clear exactly how COVID-19 damages kidneys, limiting their ability to clean blood. Dr. Benjamin Humphreys, from Washington University Hospital, suggested the virus could be infecting kidneys directly, exploiting the same protein receptors they attack in the lungs. Or it could be that the higher tendency to develop blood clots among COVID-19 patients is taking its toll on the blood-vessel-rich organs.

"We don't have any other clues as to what differentiates patients that do develop kidney failure, who are infected with COVID with those that don't," Humphreys said.

The term "rationing" is triggering for political leaders, health officials, and hospital executives, but the Queens and Brooklyn doctors unauthorized to speak both said they already are, in effect, rationing dialysis care. They and other doctors and nursing supervisors are deciding together who gets a machine and who doesn't, based on who has the best chance of recovering.

Those physicians are at hospitals that serve minorities and immigrants in poor and working class communities. Other doctors in less adverse environments say their situation isn't quite so dire—yet.

"We haven't had to ration health care at NYU, at Bellevue, or the V.A.," said Dr. David Goldfarb, who heads nephrology units at all three. "We've had discussions about whether rationing was going to occur, under what circumstances it would occur, how that would go, what person or group of people would make those kinds of choices. We've read the documents that exist providing guidance on this topic. But, fortunately, we haven't quite gotten there."

Fishbane, from Northwell Health, said at his largely suburban hospital network when patients on ventilators aren't getting better—perhaps they have other problems like dementia or metastatic cancer, but perhaps they don't—"that leads

to questions about should dialysis be provided," when their kidneys begin to fail. So care-givers discuss with patients and families what their values are and what the likely medical outcomes will be from dialysis.

"Often in those kind of situations, we're not really adding to the dignity at the ends of life, but rather perhaps even sustaining discomfort that isn't necessary," Fishbane said.

What Fishbane calls "thoughtful conversations" are the way things are supposed to happen. But his counterparts at busy urban hospitals say that process isn't possible when you're overwhelmed. Things move too fast, they say, and they don't have the time, equipment or staff to have those conversations.

"There are hospital ethics councils. There are palliative care teams," the Queens ICU chief said. "But the kidney doctors are the ones deciding who needs, you know, who is in the worst failure at a given time. They're doing their best, but the renal failure is probably near a 100 percent mortality rate."

So, is lack of full-time dialysis actually killing patients in the ICU? Goldfarb says it may be a contributing factor, but it's hard to say how much.

"Lung failure and kidney failure is a really bad combination—and I'm not even confident that dialysis of any sort will change the mortality of that combination," he said. "But we want to be able to address that kidney failure with all the techniques that we have."

In other words: the virus is what's killing patients, mostly by shutting down their lungs. Doctors say reversing that, once it's advanced, is an uphill battle, and they need all the help they can get from the kidneys—or the best mechanical substitutes available.

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your@email.com

Manufacturing partnership to address dialysis machine shortage

10 JUNE 2020 10:57

Share

Eurolaz Technologies is working with Quanta Dialysis Technologies to manufacture consumables for its next-generation haemodialysis system, SC+.



To support the ongoing NHS COVID-19 response for emergency dialysis provision, the systems are now being supplied to select NHS Trusts in the United Kingdom.

Much government discussion and media focus has been around the shortage of ventilators, which are desperately needed for patients being treated for severe symptoms of COVID-19 in Intensive Care Units (ICU). At the start of the pandemic, this was one of the main concerns for hospitals – whether or not there would be a sufficient supply of ventilators available to treat patients during the peak of the virus.

Much like the ventilators, there is a country-wide shortage of renal replacement capacity and the COVID-19 outbreak has led to a significant increase in NHS demand. Figures from the BBC suggest that over 2,000 patients admitted to intensive care for COVID-19 suffered from kidney failure – highlighting the critical importance of dialysis during the pandemic.

In response to this shortage, Eurolaz has been working with Quanta to manufacture consumables necessary for the supply of SC+ to the NHS. The outbreak of COVID-19 has highlighted an unmet demand for dialysis provision within ICUs where patients regularly present with kidney failure following diagnosis of COVID-19. As a small, simple-to-use dialysis system, SC+ is well suited for this demanding application.

These are the docs recommended in this **MUST WATCH** presentation
by Dr. Bryan Ardis: <https://www.bitchute.com/video/Pz0SBTvKrDrV/>

THE DANGERS OF THE COVID 19 VACCINE REPORT

**NIC and CDC Protocols ARE Causing More
COVID Deaths then Covid Alone!!!**

Prepared by Dr. Bryan Ardis

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**If You Have COVID: Why You Should NOT go to a HOSPITAL,
and what you should ASK for if you are admitted to a hospital and have tested
Positive for COVID! How to Prevent and Protect You and Your Loved Ones from
COVID and Proven Protocols, One Medical and One Natural!**

**Did you know that Medical Doctors errors are the 3rd leading cause of death in
America, in and out of Hospitals?
Between 250k and 440k killed every year!
-John Hopkins University**

[Study Suggests Medical Errors are now the third leading cause of death in the USA](#)

Now for COVID

**CDC website directs patients and doctors to NIH Website for
protocol for treating COVID Patients.**

Here is the link to the [CDC website](#). **[BAD LINK]**

Click under "Management" section see the link to NIH site.

Scroll down to "clinical management and treatment" and also "severe disease", click link
directing you to NIH guidelines.

NIH issues [Protocol to Hospitals](#), on how to treat COVID patients.

Please take a moment to read the Remdesivir protocol on NIH site.

Remdesivir is an INVESTIGATIONAL DRUG, and is NOT FDA APPROVED FOR ANYTHING

Do you know what the side effects of this NIH recommended?

This investigational drug, which is also confirmed to NOT be FDA approved for any medical condition.

Read the [Remdesivir Drug Overview](#)

Read the [Remdesivir Side Effects](#)

Please read the 3 summaries under the warning section, 3 Chinese produced findings from clinical experiences in CHINA on COVID patients.

Please read the 3rd paragraph under the WARNING BOX on this page quoted below...

I quote:

Cohort of 53 hospitalized patients in manufacturer's compassionate-use program:

Adverse effects:

1. Increased hepatic enzymes (evidence of liver damage)
2. Diarrhea (body rejecting it), rash (body trying to sweat out drug or allergic reaction to Remdesivir)
3. Renal impairment (kidneys are shutting down)
4. Hypotension (fatally low blood pressure), reported in 60% of patients.

Serious adverse effects:

1. Multiple organ dysfunction syndrome ("more than one" organ failure)
2. Septic shock (life threatening)
3. Acute kidney injury (kidneys fail, body retains water, lungs fill with fluid causing pulmonary edema (lungs filling with fluid) being misdiagnosed as pneumonia, patients drown to death)
4. Hypotension (fatal low blood pressure)) reported in 23% of patients in the study.

Drug discontinued: because of adverse effects in 8% of patients. (people who had too severe side effects to continue the drug trial with Remdesivir.

Memorize this number, 8%, In this Chinese group 8% of COVID patients had such severe side effects to the drug, that the doctors **STOPPED** the REMDESIVIR treatment to not make them sicker or kill them. Now check out this stat. As of June 20,2020, according to worldmeter.com, 7% of all treated patients in America are dying in hospitals. That number is awfully close to this 8% being poisoned by Remdesivir in the Cohort study quoted above, from drugs.com.

Ironic, I think NOT.

Check out the [World Meter Website](#) which is tracking all the COVID Cases numbers and deaths worldwide.

Tell me what the % is, of people who lived through treatment and the % **OF THOSE THAT DIED... WHAT PERCENTAGE IS DYING AS A RESULT OF TREATMENT.**

Look it up.

Did you know that United States has more than half of all the represented deaths from COVID in the entire world...? Can you guess why... Our NIH and CDC recommended protocol is **POISONING** our citizens and if it continues so will the massacre.

Read the side effects "AGAIN" from the experiences in CHINA with this investigational drug... Remdesivir

I quote:

"Cohort of 53 hospitalized patients in manufacturer's compassionate-use program:

Adverse effects (e.g., increased hepatic enzymes, diarrhea, rash, renal impairment, hypotension) reported in 60% of patients.

Serious adverse effects (e.g., multiple organ dysfunction syndrome, septic shock, acute kidney injury, hypotension) reported in 23%.

Drug discontinued because of adverse effects in 8% of patients. "

To help educate all the readers of this presentation, I have copied definitions for each of the **ADVERSE SIDE EFFECTS** listed above, due to being treated by **REMDESIVIR**.

Definitions:

Sourced from various reputable medical sources.

Multiple Organ Dysfunction Syndrome:

"The multiple organ dysfunction syndrome. The most common cause of death for patients admitted to a contemporary intensive care unit (ICU) is a clinical condition that owes its existence to the development of the ICU." -John C Marshall, M.D.

Acute Kidney Injury:

Mayo Clinic in 2018 stated "Acute kidney failure can be fatal and requires intensive treatment. However, acute kidney failure may be reversible. If you're otherwise in good health, (COVID death victims are NOT in Good health) you may recover normal or nearly normal kidney function. Jun 23, 2018"

Septic Shock:

Medical News Today reports that- "Septic shock is a severe and potentially fatal condition that occurs when sepsis leads to life-threatening low blood pressure. Knowing how to recognize and prevent septic shock is vital. Sep 24, 2018"

Hypotension:

Mayo Clinic States-"Low blood pressure might seem desirable, and for some people, it causes no problems. However, for many people, abnormally low blood pressure (hypotension) can cause dizziness and fainting. In severe cases, low blood pressure can be life-threatening. Apr 21, 2020"

** Here are 4 serious adverse reactions to Remdesivir, each of the 4 serious adverse reactions to the Drug from the studies are potentially FATAL!**

[Report in Science Magazine April 2020](#)

[BAD LINK]

Two quotes from the Science Magazine article linked above should sound alarm:

Multiple battlefields (paragraph).

“The worldwide fears of ventilator shortages for failing lungs have received plenty of attention. Not so a scramble for another type of equipment: dialysis machines. “If these folks are not dying of lung failure, they’re dying of renal failure,” says neurologist Jennifer Frontera of New York University’s Langone Medical Center, which has treated thousands of COVID-19 patients. Her hospital is developing a dialysis protocol with different machines to support additional patients. The need for dialysis may be because the kidneys, abundantly endowed with ACE2 receptors, present another viral target. According to one preprint, 27% of 85 hospitalized patients in Wuhan had kidney failure. Another reported that 59% of nearly 200 hospitalized COVID-19 patients in China’s Hubei and Sichuan provinces had protein in their urine, and 44% had blood; both suggest kidney damage. Those with acute kidney injury (AKI), were more than five times as likely to die as COVID-19 patients without it, the same Chinese preprint reported.”

Crazy right...

IMPORTANT!

1. DID YOU READ THAT?!!!!!!! Reported by China...” Those with acute kidney injury (AKI), were more than five times as likely to die as COVID-19 patients without it “!
2. Stay with me... Those with Acute Kidney Injury are 5 X more likely to DIE than COVID patients without Acute Kidney Injury!

3. Remdesivir: **CAUSES "ACUTE KIDNEY INJURY IN 23% of ALL patients**, per the drug makers cohort study!!!! quoted again from drugs.com "Serious adverse effects (e.g., multiple organ dysfunction syndrome, septic shock, ACUTE KIDNEY INJURY, hypotension) reported in 23%;"

Logical Conclusion:

If the NIH and CDC are going to enforce Hospitals to use Remdesivir as the go to drug for COVID patients, **(remember it isn't even an FDA approved drug for anything)**. And Remdesivir Causes Acute Kidney Failure in COVID patients as reported in China's Cohort study, and COVID patients who experience ACUTE KIDNEY INJURY COVID victims are 5X more likely to die than COVID infected patients alone... **Would it be logical and I scream, WOULD IT NOT BE LOGICAL TO "NOT" GIVE COVID POSTIVE PATIENTS A DRUG THAT IS PROVEN TO CAUSE ACUTE KIDNEY INJURY?!...THE ONE SIDE EFFECT OR ORGAN INJURY THAT ENSURES THE LIKELIHOOD OF YOU DYING GOES UP BY 5 times!!!**

Anyone else see the madness in pumping millions of people with this **NON-FDA APPROVED, ACUTE KIDNEY INJURY-ing AND DEATH CAUSING "INVESTIGATIONAL" DRUG, REMDESIVIR.**

It is MADNESS...

Why would our government health agencies push this proven poison known as Remdesivir? Why... it doesn't make any sense.

Second quote from Science Magazines article cited above: "The intestines are not the end of the disease's march through the body.

"For example, up to one-third of hospitalized patients develop conjunctivitis—pink, watery eyes—although it's not clear that the virus directly invades the eye. Other reports suggest liver damage: More than half of COVID-19 patients hospitalized in two Chinese centers had elevated levels of enzymes indicating injury to the liver or bile ducts. But several experts told Science that direct viral invasion isn't likely the culprit.

They say other events in a failing body, like drugs or an immune system in overdrive, are more likely driving the liver damage."

IMPORTANT!

1. All along, the treated COVID patients in hospitals are not only experiencing Acute Kidney Injury, but also **LIVER DAMAGE!**

2. Remember the Serious Adverse Reactions to Remdesivir (the ONLY drug these hospitals are being told to treat COVID patients with!)

I quote again... "Serious adverse effects (e.g., **MULTIPLE ORGAN DYSFUNCTION**, septic shock, **ACUTE KIDNEY INJURY**, hypotension) reported in 23%;"

3. Remember the definition of **MULTIPLE ORGAN DYSFUNCTION SYNDROME** (now we have liver and kidney injury being reported by hospitals) here is the definition from John C. Marshall.... "The multiple organ dysfunction syndrome. The most common cause of death for patients admitted to a contemporary intensive care unit (ICU) is a clinical condition that owes its existence to the development of the ICU."

4. Hospital treatments including Remdesivir, are **CAUSING** Multiple Organ Dysfunction Syndrome in COVID patients, and Multiple Organ Dysfunction Syndrome is the "The most common cause of death for patients admitted to a contemporary intensive care unit (ICU)"

Conclusion:

NIH hospital protocols using Remdesivir is causing COVID patients to experience Acute Kidney Injury and Multiple Organ Dysfunction Syndrome which is Literally Killing COVID 19 Patients 5 times more often than those suffering with COVID alone!

Stop the DEADLY NON-FDA-APPROVED PROTOCOL!

(* this report was created in June 2020, as of 10/2020, FDA has been pressured and has approved Remdesivir, after 8 months of killing thousands of American citizens)

Why is the NIH and CDC telling Hospitals to use Remdesivir?

Because of a study on Ebola in Africa, four years ago, in which the Remdesivir trial group was taken OFF Remdesivir halfway through the trial and put on different medications being used in the study, BECAUSE Remdesivir had the HIGHEST MORTALITY RATES (DEATH RATE) of ALL 4 trial drugs!!!

Rear the study and see for yourself: [A Randomized, Controlled Trial Of Ebola Virus Therapeutics](#)

Check out Figure 1-4 in the Mortality section.

Remdesivir had a higher percentage of death than ALL the other 3 trial medications for the Ebola Virus, in first 28 days of treatment.

Follow these Study Results with the summaries quoted on drugs.com of Remdesivir side effects and in my opinion, you have a protocol of death, if you treat any COVID patients with Remdesivir.

Now on to the next PROBLEM, I have with the Hospital protocols for COVID. WHY ARE THEY PRESCRIBING MULTIPLE ANTIBIOTICS TO COVID PATIENTS IF ANTIBIOTICS ONLY KILL BACTERIA? EVERY HUMAN BEING KNOWS COVID IS AN INFECTION OF A VIRUS, AND EVERY DOCTOR AND HOSPITAL KNOWS THAT ANTIBIOTICS DON'T TREAT OR KILL ANY VIRUSES, THEY ONLY TREAT BACTERIA INFECTIONS!

A few articles from the trusted WebMD website and statements from the CDC on use of antibiotics when you someone has a virus not a bacteria infection.

Read this WebMD article titled: [Why you SHOULD NOT be prescribed antibiotics when you have a viral infection.](#)

“Antibiotics only cure certain infections due to bacteria -- and if taken carelessly, you may get more serious health problems than you bargained for. With any illness, it is critical to address the underlying cause, whether it's bacterial or viral. Antibiotics will not kill...viruses.”

Why in the WORLD are we adding ANTIBIOTICS to try and TREAT COVID, a known disease caused by a VIRUS?

So now we are killing people who have COVID, with drug that is **NOT FDA Approved** drug (Remdesivir) and putting unwarranted bacterial drugs, called antibiotics (that have their own side effects which some include Acute Kidney Injury as a side effect) into people with confirmed virus infections. Aren't we smarter than that? Appears not.

Even the CDC has said that giving Antibiotics to people with Viral Infections is Dangerous!" [Check out this article in Medical News Today titled: Taking Antibiotics for Viral Infections Can Do More Harm Than Good, CDC.](#)

"According to the US Centers for Disease Control and Prevention, where children are concerned, antibiotics are the most common cause of emergency department visits for adverse drug events. Rest, fluids, and over-the-counter medication is the preferred option for treating a virus, says the CDC. Colds and many other infections of the upper respiratory tract, plus some ear infections, are not caused by bacteria, but by viruses. Antibiotics do not work against viruses, only bacteria, yet although CDC efforts have led to fewer children receiving unnecessary antibiotics in recent years, too many are too often being given antibiotics for colds and other viral infections."

The Truth about Hydroxychloroquine and COVID 19

The Real Research Proven Benefits of Hydroxychloroquine (HCQ) and the STUDIES of its use with COVID patients. This link will show you the 66 medical research studies as of 05/2021 of HCQ use with COVID patients. Over 50 show positive results and almost 30 of these recent and current studies are **PEER REVIEWED**.

Study the results and proof for yourself here.

[C19 Study](#)

There is even more hope however...

Go with what is safe proven and use medications when warranted that are FDA approved and proven effective against ANY viruses! First if you are going to do any medical treatment whatsoever use FDA approved medications. I personally would recommend Dr Richard Bartlett MD's, COVID PROTOCOL which he combines with Zinc supplementation and has experienced 100% COVID cure like **ALL** his patients in Odessa, TX

You can watch Dr Bartlett's Interview on YouTube explaining his protocol and success with COVID patients, type this title of the interview in YouTubes Search engine.

[Dr. Richard Bartlett | ACWT Interview 7.2.20](#)

Here is his paper submitted to Ted Cruz and delivered to the White House last week.

[Dr. Richard Bartlett Paper to Ted Cruz](#)

Be sure to check out the links below in his paper that reference how zinc and other nutrients help fight viruses including COVID-19

[Respiratory Therapeutics Week. \(2020, May 11\). Coronavirus - COVID-19; The LEAD COVID-19 trial: Low-risk, early aspirin, and vitamin d to reduce COVID-19 hospitalizations.](#)

Skalny, A., Rink, L., Ajsuvakova, O., Aschner, M., Gritsenko, V., Alekseenko, S., Svistunov, A., Petrakis, D., Spandidos, D., Aaseth, J., Tsatsakis, A., & Tinkov, A. (2020).

Zinc and respiratory tract infections: [Perspectives for COVID-19 \(Review\). International Journal of Molecular Medicine, 46\(1\).](#) Kumar, A., Kubota, Y., Chernov, M., & Kasuya, H. (2020).

[Potential role of zinc supplementation in prophylaxis and treatment of COVID-19. Medical Hypotheses, 144, 109848.](#)

Dr Ardis' thoughts on Dr. Richard Bartlett's Protocol.

1. I believe his protocol is safe and he is using ONLY FDA approved medications.

2. He is NOT using investigational drugs (Remdesivir) that is proving to kill hundreds of thousands of people in hospitals.

3. I do not agree with his use of Antibiotics at all, but he is suggesting it short term, which is better, and if you are concerned enough about your health that you want to follow a medical protocol and have COVID, I would say 100% of the time.

Demand Richard Bartlett's Protocol, print his paper and give it to your primary care doctor. **DO NOT GO TO THE HOSPITAL!**

4. In my opinion the zinc supplementation is killing the virus, not the steroid, steroids don't kill infections, just as antibiotics don't kill viruses. However, Zinc for decades has proven to kill viruses and stop viruses from replicating!

Know your rights as a [Patient or Patient Advocate in Hospitals](#), It can and will save your life or loved one's life!

DR ARDIS'S RECOMMENDATIONS

FOR ALL THOSE WHO CHOOSE TO TAKE A MORE NATURAL APPROACH TO BOOSTING YOUR IMMUNE SYSTEM AND HANDLING ANY INFECTION INCLUDING COVID, WITHOUT MEDICATIONS!

Vitamin C (ascorbic acid): (preventative 3,000 mg daily/ with COVID 10,000 mg daily)

has been shown for decades to have antiviral and antibacterial benefits. It increases our White Blood Cell count (our natural antibodies), and it specifically increases INTERFERON levels, which is a chemical factor our body makes that fights viral infections specifically! At specific doses our immune system can effectively handle the removal of any virus.

Here is some evidence.

J. SCOTT, "ON THE BIOCHEMICAL SIMILARITIES OF ASCORBIC ACID AND INTERFERON," J THEOR BIOL 98 (1982): 235-8.

C. HUNT ET AL., "THE CLINICAL EFFECTS OF VITAMIN C SUPPLEMENTATION IN ELDERLY HOSPITALIZED PATIENTS WITH ACUTE RESPIRATORY INFECTIONS," INT J VIT NUTR RES 64 (1994):212-9.

H. BAUR AND H. STAUB. "TREATMENT OF HEPATITIS WITH INFUSIONS OF ASCORBIC ACID: COMPARISON WITH OTHER THERAPIES," JAMA 156 (1954):565.

E. GINTER, "OPTIMUM INTAKE OF VITAMIN C FOR THE HUMAN ORGANISM," NUTR HEALTH 1 (1982): 66-77.

Zinc: (50mg daily/ with COVID 100mg Daily, I prefer zinc gluconate)

inhibits the growth of many viruses! A deficiency of zinc in the body causes suppression of the immune system by reducing white blood cell count, reducing T cell count, lowers thymus hormones that keep immunity strong. The immune systems strength immediately improves upon supplementation.

Here is some evidence.

J.W. HADDEN, "THE TREATMENT OF ZINC DEFICIENCY IS AN IMMUNOTHERAPY," INT J IMMUNOPHARMAC 17 (1995): 697-701.

M. DARDENNE, J. PLEAU, B. NABARRA, ET AL., "CONTRIBUTION OF ZINC AND OTHER METALS TO THE BIOLOGICAL ACTIVITY OF THE SERUM THYMIC FACTOR," PROC NATL ACAD SCI 79 (1982): 5370-3.

E. KATZ AND E. MARGALITH, "INHIBITION OF VACCINIA VIRUS MATURATION BY ZINC CHLORIDE," ANTIMICROBIAL AGENTS CHEMOTHERAPY 19 (1981): 213-7.

M. GERSHWIN, R. BEACH, AND L. HURLEY, "TRACE METALS, AGING, AND IMMUNITY," J AM GER SOC 31 (1983): 374-8.

*PLUS, RICHARD BARTLETT'S TWO CITED ZINC STUDIES ABOVE IN HIS PROTOCOL

Selenium: (Preventative 200mcg daily/ with COVID 400mcg daily)

deficiency has been shown to inhibit resistance to infection because of impaired white blood cell and thymus function! Low in selenium, you cannot and will not be able to prevent the acquiring of the COVID-19 virus and its onslaught of symptoms. Selenium supplemented stimulates increase in white blood cells and increases immediately thymus function, thus empowering your immunity!

Here is some evidence.

L. KIREMIDJIAN; SCHUMACHER AND G. STOTSKY, "SELENIUM AND IMMUNE RESPONSES," ENVIRONMENTAL RES 42 (1987): 277-303.

M. ROY, "SUPPLEMENTATION WITH SELENIUM AND HUMAN IMMUNE CELL FUNCTIONS 1: EFFECT ON LYMPHOCYTE PROLIFERATION AND INTERLEUKIN 2 RECEPTOR EXPRESSIONS," BIOL TRACE ELEM RES 41 (1994):103-14.

ECHINACEA: (PREVENTATIVE 900MG DAILY, WITH COVID 1800MG DAILY) HERBAL CAPSULES PROVIDE THE MOST POWERFUL PREVENTATIVE AND ACTIVE

IMMUNITY AGAINST ALL VIRUSES INCLUDING THE CORONA VIRUS. EVERY ASPECT OF OUR INTERNAL IMMUNE SYSTEMS ARE ENHANCED BY ECHINACEA! IT MUST BE UTILIZED NOW TO HELP PROTECT ALL OF US.

R. BAUER AND H. WAGNER, "ECHINACEA SPECIES AS POTENTIAL IMMUNOSTIMULATORY DRUGS," ECON MED PLANT RES 5 (1991): 253-321.

M. ERHARD ET AL., "EFFECT OF ECHINACEA ACONITUM, LACHESIS, AND APIS EXTRACTS AND THEIR COMBINATIONS ON PHAGOCYTOSIS OF HUMAN GRANULOCYTES," PHYTOTHER RES 8 (1994): 14-7

Your fear should be greatly reduced I hope after doing through **ALL** this information I have provided. I wish all of you and your loved ones the healthiest of lives and the least amount of stress and worry imaginable. There are better alternative approaches to beat and have victory over COVID-19.

We **NO LONGER NEED TO BE CRIPPLED BY FEAR.**

I plead with all of you to learn as much as you can about the nutritional protocol, I listed above to support your own bodies defenses against ALL viruses forever into the future. Our Natural Killer cells in our bodies are 99.997 percent effective at clearing and

handling and healing from the COVID 19 virus and all other viruses! Before ever considering vaccine please look at the links I provide in the next section.

THE COVID MIRACLE DRUG: IVERMECTIN FLCCC.NET

IVERMECTIN is the GREATEST PROVEN DRUG TO PREVENT AND BEAT COVID19!

With over 30 studies in 18 countries just in 2020 alone. To learn more please go to FLCCC.NET, if you haven't seen Dr. Pierre Kory's testimony before the senate in Washington pleading for the NIH to look at all the research, I would recommend you watch it! Ivermectin has been proven to STOP 100% of transmission of Covid 19 in less than 48 hours! None of the Covid 19 vaccines even state on their fact sheets that they protect you from getting covid and they don't stop transmission of Covid.

I beg you to learn more about Ivermectin. If your MD won't prescribe it to you, then search the FLCCC.net website, they have directories around the world and US of MD's who will write you a prescription. Check it out!

COVID 19 VACCINES

What should you know about COVID 19 Vaccines?

An October 22, 2020, FDA internal report including Serious Adverse Events expected from the coming COVID-19 vaccines. In this presentation on [slide #16](#) the FDA listed 110 possible diseases and neurological conditions and deaths, listed as expected Side Effects. These are expected to be reported when COVID-19 Vaccines become available in December 2020. This FDA report was published in October two months before the Emergency Use Authorization was published by the FDA, which includes **NONE** of the Serious Listed Side Effects listed in their internal report in October. Why would they exclude these expected horrible side effects in December, that they knew were to be expected in the October report. Anyone have a problem with this? I do.

Look at [Slide 16...](#)

2. Fact Sheets on FDA website for each Vaccine being administered state the vaccine is **NOT FDA** approved to prevent COVID 19. This is stated in the first paragraph of the EUA Fact Sheet. Check them out [here](#), also look at the list of side effects possible from the Fact Sheet, and ask yourself, why did the FDA exclude in these Fact Sheets supposedly to be shared with citizens getting the COVID 19 vaccines, why did they exclude the listed Disease and Death side effects found on slide 16 from the FDA report in October, why are they hiding this from the public, this is conspiring to hide info.

3. What Serious Adverse Events are being reported to the government directly caused by COVID 19 Vaccines. Thousands of deaths and Serious life-threatening injuries reports to vaers.hhs.gov. You can download the updated list daily.

4. Harvard in 2010 published a report that less than 1% of ALL injuries from ALL vaccines are reported to VAERS. There have already been over 2000 deaths contributed and reported due to the COVID 19 Vaccines. If that represented less than 1 % reported to VAERS, than that means there has been possibly over 200,000 deaths due to the COVID vaccine alone. That is if you trust Harvard's data.

5. Everyone I recommend watching this interview with Dr. Lee Merritt MD, licensed 30-year spinal surgeon who discusses why she promotes the use of Smallpox Vaccines and why she does NOT recommend COVID 19 Vaccines, and her medical and scientific use of masks. Here is the [link](#).

COVID-19 VACCINE INJURIES - THE NUMBERS

Dr. Bryan Ardis

Updated 5/17/2021

VAERS Data 5/7/2021, Less than 1% is being reported. Per Harvard's 2010 Published review of the Vaccine Adverse Events Reporting System of the Dept. of Health and Human Services. Included in this report is the Harvard 2010 published review of the

government vaccine injury reporting system, please reference this link to the [Harvard Report](#).

First 150 days of Vaccinating Americans. (Please reference slide 16 from FDA's report in October 2020, link is in my Covid report), they knew ALL of these were going to happen before they started pushing the vaccines in December 2020.

Per the [October Report](#) slide 16 has 4 blood clotting issues listed as side effects.

J&J reports in the media that 6 rare blood clots were enough to pause the J&J vaccine use.

Numbers of reported **Blood Clot related injuries to VAERS for all Vaccines is 3,272 means more likely 327,200 have occurred.**

Reported so far **Pfizer (1,218 blood clot reports), Moderna 1,034 blood clot reports, and J & J (1,000 blood clot reports) Blood clot disorders reported total per VAERS.HHS.GOV: 3,272 (per Harvard it would be more like 327,200 have happened. 3,272 would be only 1% of actual events)**

Why has the Moderna and Pfizer vaccine distribution remained un-paused? All readers should do a search into which of these other three vaccines, Anthony Fauci's Organization (NIAID) owns portions of the patent on one of these vaccines and he personally receives royalties on. It is **NOT** the J&J vaccine by the way.

Some Numbers Listed as: Reported and (Actual) Deaths 7/16/2021.

VAERS Data Reported Injuries: 7/16/2021

Blood Clot related injuries: 7,633 (763,300)

GUILLAIN-BARRE: 429 (42,900)

PREGNANT WOMEN INJURED and/or MISCARRIED 2,488 (248,800)

BELL'S PALSY 2,428 (242,800)

NOT EVEN ON THE LIST FROM OCT SLIDE 16 SERIOUS ADVERSE EVENTS: 17,190 (1,719,000 EVENTS, FROM THE FDA OCT REPORT SLIDE 16)

ANAPHYLACTIC SHOCK: 117,379, (11,737,900) THIS IS OVER 11 MILLION PEOPLE, ONLY 2 MILLION DIED WORLDWIDE SUPPOSEDLY.

DISGUSTING. THIS IS JUST THE AMERICAN REPORTS.

TOTAL ADVERSE EVENTS REPORTED: 192,954 (19,295,400) ADVERSE EVENTS.

Now why are we telling people to get COVID 19 Shots?

626,769 Americans supposedly died from COVID as of 7/26/2021.

Check this out...

Deaths reported from Covid 19 Vaccines: 11,405 equals 1,140,500 probable deaths from COVID 19 Vaccines (16% Died within 24 hours of shots; 24% died in less than 48 hours) 21% due to Heart Attacks and Strokes

For up-to-date VAERS underreporting data, sign up at [Children's Health Defense](#). They provide weekly email updates.

To access data on COVID injuries reported go to [VAERS.HHS.GOV](#)! To get the latest updates from The Dr. Ardis Show please click the links below to subscribe!



VOKCL

