

Warnung vor Lockerungen und den Corona-Impfungen

Auszug aus dem 771. Kontakt vom Sonntag, 18. Juni 2021

Florena Du hast recht, lieber Vaterfreund. Wir können uns über all das Private noch später unterhalten. Ausserdem möchten Bermunda und ich später mit dir noch weggehen. Aber erst habe ich dir zu sagen, was Ptaah erklärte, was ich folgend in Punkten anführen werde.

1. Es soll vorderhand alles so bleiben, wie er es genannt hat, denn die Lockerungen, die von den irdischen Staatsverantwortlichen angeordnet werden bezüglich der Seuche, entsprechen – seines Erachtens – einer völligen Fehlentscheidung.
2. Das Tragen von geeigneten Atemschutzmasken ist aus gesundheitlichen Gründen für jede Person erforderlich, ob diese geimpft ist oder nicht, denn 1. ist die Seuche durch eine Impfung nicht gebannt, und 2. ist der Impfstoff äusserst fragwürdig, ungetestet und nicht derart, dass auf alle Zeit eine Infektion verhindert wird.
3. Es sollte noch kein Haus betreten werden ohne das Tragen einer Atemschutzmaske, und zwar selbst nicht bei Familienangehörigen, die als frei von der Seuche gelten, denn eine absolute Sicherheit kann vorderhand nicht gewährleistet werden.
4. Noch bedeutet eine Impfung keinerlei Sicherheit und Gewähr für eine Seuchen-Immunität.
5. Es gibt zu viele Todesfälle durch die Impfungen, was auf die Unzulänglichkeit des Impfstoffes zurückführt, was jedoch grundlegend durch die zuständigen Behörden und Mediziner, Virologen und Epidemiologen usw. der Öffentlichkeit verschwiegen wird.
6. Die Geimpften können trotzdem durch das Virus neu infiziert werden, wie diese trotz einer Impfung weiterhin infektiös bleiben können.
7. Wer sich nicht an die Regel hält,

Warning Against Relaxations and the Corona Vaccinations

Excerpt from the 771st contact from Sunday, the 18th of June 2021

28th July, 2021

Florena You are right, dear father friend. We can still talk about all the private things later. Besides, Bermunda and I would like to go out with you later. But first I have to tell you what Ptaah explained, which I will list in points below.

1. For the time being, everything should remain as he has specified, because the relaxations ordered by the terrestrial state officials concerning the epidemic correspond – in his opinion – to a completely wrong decision.
2. The wearing of suitable respiratory protection masks is necessary for health reasons for every person, whether vaccinated or not, because 1. the disease is not eliminated by vaccination, and 2. the vaccine is highly questionable, untested and not such as to prevent infection for all time.
3. No house should yet be entered without wearing a respiratory protection mask, indeed not even with family members who are considered free of the rampantly spreading disease, because absolute safety cannot be guaranteed for the time being.
4. Vaccination does not yet mean any certainty or guarantee of disease immunity.
5. There are too many deaths from vaccinations, which is due to the inadequacy of the vaccine, which, however, is fundamentally concealed from the public by the responsible authorities and medical doctors, virologists and epidemiologists and so forth.
6. The vaccinated ones can still be reinfected by the virus, just as they can remain infectious despite vaccination.
7. Anyone who does not comply with the rule

notwendigerweise die Atemschutzmaske zu tragen und den notwendigen Abstand zum Nächsten einzuhalten, ist ein Mensch, der entweder derart verantwortungslos oder leichtsinnig ist, dass es für ihn keine Rolle spielt, mit der eigenen Gesundheit oder der von anderen Personen zu spielen.

8. Den notwendigen Abstand einzuhalten ist unbedingt ebenso notwendig, wie das Tragen von Atemschutzmasken im Umgang mit anderen Menschen, von denen man keinerlei Kenntnis hat, ob sie Träger von Seucheregern sind oder nicht.

Das sind die Regeln, die gemäss Ptaah absolut einzuhalten sind, ansonsten die Gefahr einer Infizierung mit der Seuche besteht, die weiterhin – seinen Angaben und Vorausschauen gemäss – noch viele Todesopfer fordern wird. Dies darum, weil die Seuche von den Erdenmenschen unterschätzt werde und noch lange gewärtig bleiben und sich niemals mehr endgültig auflösen werde, selbst dann nicht, wenn sie sich zurückziehe.

Billy Das klingt nicht gerade erfreulich. Lest beide aber einmal das hier, es ist ein Aufruf an die Vernünftigen. Noch weiss ich leider nicht, ob dieser Artikel hier offiziell veröffentlicht werden darf. Michael hat jedenfalls nachgefragt, ob wir ihn eventuell öffentlich gebrauchen dürfen. Wenn es sein sollte, dann füge ich ihn bei, wo ihr ihn jetzt lesen könnt. Hier bitte.

Michael hat das Ganze aus dem Internetz, meinerseits finde ich es richtig und gut, ja sogar sehr gut, denn es sagt einmal das aus, was wirklich ist.

Bermunda Danke.

Florena Das interessiert mich. *(Beide lesen)*

of necessarily wearing the respiratory protection mask and keeping the necessary distance from the next person is a human who is either so irresponsible or reckless that it does not matter to him/her to play with his/her own health or that of other persons.

8. Keeping the necessary distance is absolutely necessary, as is wearing respiratory protection masks when dealing with other human beings of whom one has no knowledge whatsoever as to whether they are carriers of disease pathogens or not.

These are the rules which, according to Ptaah, must absolutely be observed, otherwise there is a danger of infection with the rampantly spreading disease, which will continue – according to his indications and forecasts – to claim many more lives. This is because the rampantly spreading disease is underestimated by the human beings on Earth and will remain for a long time and will never finally disappear, even if it withdraws.

Billy That does not sound good at all. But both of you should read this; it is an appeal to the rational ones. Unfortunately, I do not yet know whether this article can be officially published here. In any case, Michael has asked whether we might be allowed to use it publicly. If it can, I will add it there where you can read it now. Here you are.

Michael got the whole thing from the internet. For my part I think it is right and good, even very good, because for once it says what really is.

Bermunda Thanks.

Florena I am interested in that. *(Both of them read)*

Moderna Rep Admits Everyone Is Part of Huge Experiment

By Joseph Mercola

In the featured video, which aired June 22, 2021, independent reporter Stew Peters plays an audio recording¹ made by a young woman who suddenly developed Guillain-Barre syndrome after her Moderna injection. Her neurologist believes her condition is the direct result of the COVID shot.

While the neurologist filed an adverse event report with the U.S. Vaccine Adverse Events Reporting System (VAERS), the woman decided to report it to Moderna as well. The Moderna rep does not appear the least surprised by the injury, and appears to admit he's received similar reports before.

Everyone Who Gets the Jab Is Part of the Safety Trial

During that call, the Moderna representative reads her the following disclaimer:

"The Moderna COVID-19 vaccine has not been approved or licensed by the Food and Drug Administration, but it has been authorized for emergency use by the FDA under an emergency use authorization to prevent coronavirus disease 2019, for use in individuals 18 years of age and older.

There is no FDA-approved vaccine to prevent COVID-19. The EUA for the Moderna COVID-19 vaccine is in effect for the duration of the COVID-19 EUA declaration, justifying emergency use of the product unless that declaration is terminated or the authorization is revoked sooner."

The rep also points out that all clinical trial phases are still ongoing, and that long-term protective efficacy against COVID-19 is unknown. When the patient asks whether everyone who gets the COVID shot — even if they did not specifically sign up to be a trial participant — is in fact part of the clinical trial, he replies, with a chuckle, "pretty much, yeah."

So, in a nutshell, while vaccine makers, health authorities, mainstream media, social media platforms like Facebook and public advertisements tell you the vaccine has undergone rigorous testing, has been "approved" and is safe and effective, none of those claims are true.

The shots have received emergency use authorization only, which is completely different from regular FDA approval and licensing. They don't know how effective the shot is, or how long the effects last, and they don't know if it's safe, because the trials have not been completed. In fact, the public vaccination campaign is a big part of those trials, whether people realize it or not.

Children Are Being Coerced into Medical Experimentation

This makes the push to inject children and teens all the more disturbing. Vaccine manufacturers have received EUA for children as young as 12², and parents are now being told their children "must" participate in what is a medical experiment.

People are being told it's their social "duty" to participate in a medical experiment. People are told they have to participate in a medical experiment or lose their job or educational prospects. What's happening here is no different than being told you "must" participate in a new cancer drug trial in order to keep your job or attend school. It's completely absurd, unethical and illegal.^{3,4,5}

When people do get the shot, they are not informed that they're taking part in a medical experiment and they're not asked to sign a consent form (as this particular requirement is waived under EUA rules). While consent forms are waived under an EUA, providing truthful information about potential side effects is not.

It's really important to realize that coercing people to participate in medical experimentation violates long-established research ethics rules. If you wanted to perform

a medical study and decided to lure participants with free ice cream or a free Playstation, the ethics committee would shut down your project.

The problem here is that the COVID-19 injection trials have no oversight boards. There's no Data Safety Monitoring Board, no Clinical Event Committee and no Clinical Ethics Committee. This despite the fact that such oversight is standard practice for all human research. If such committees do exist, they've not been announced and no standard reports have been published.

Myocarditis Update

Peters also addresses an increasingly common side effect, namely myocarditis, i.e., heart inflammation. Animal research performed by Masonic Medical Research Institute researchers in collaboration with the Boston Children's Hospital was posted on the preprint server bioRxiv, June 20, 2021.⁶

The SARS-CoV-2 spike protein subunit directly damages the heart and causes myocarditis by triggering an exaggerated immune response — a cytokine storm — in the heart cells.

The study, "Selectively Expressing SARS-CoV-2 Spike Protein S1 Subunit in Cardiomyocytes Induces Cardiac Hypertrophy in Mice"⁷, found that the spike protein itself (without the rest of the virus) "directly impairs endothelial function." As it turns out, the S1 subunit of the SARS-CoV-2 spike protein activates NF-κB, a protein that controls not only the transcription of DNA but also cellular survival, cytokine production and secondary inflammation.

This disease process does not involve the ACE2 receptor but rather the toll-like receptor 4 (TLR4), which is responsible for the detection of pathogens and the initiation of innate immune responses. In summary, the research showed spike protein subunit "caused heart dysfunction, induced hypertrophic remodeling and elicited cardiac inflammation."

"Since CoV-2-S does not interact with murine ACE2, our study presents a novel ACE2-independent pathological role of CoV-2-S [SARS-CoV-2], and suggests that the circulating CoV-2-S1 [CoV-2-spike protein subunit 1] is a TLR4-recognizable alarmin that may harm the CMs [cardiomyocytes, i.e., heart cells] by triggering their innate immune responses," the authors state.⁸

In short, the SARS-CoV-2 spike protein subunit directly damages the heart and causes myocarditis by triggering an exaggerated immune response — a cytokine storm — in the heart cells.

Importantly, hypertrophic remodeling means this is a permanent reshaping and damage of the heart, which refutes claims that the hundreds of myocarditis cases reported to VAERS are of little concern and that their hearts will eventually heal. I believe those assumptions will be found to be wrong, and that many of them may be left with permanently damaged hearts.

'They Knew What They Were Doing'

As noted by Jane Ruby, Ph.D., on the Stew Peters Show, this research should have been done before these injections were put out into the public domain. Instead of conducting rigorous animal trials, vaccine makers are using the public as guinea pigs in one of the biggest experiments in human history, making tens of billions of dollars in profits while enjoying absolute immunity from any damage their experimental jabs cause.

By falsely labeling these gene modification tools as vaccines (because gene therapy does not qualify as a pandemic treatment that can be granted immunity against liability), they've been given the green light to conduct human experimentation without remuneration, informed consent or liability under the guise of a public health emergency.

There's no way these gene therapies in any rational society would have been released to be tested on this many human subjects, including pregnant women and children, were it not for this sinister misrepresentation.

Here's the most disturbing part, though: It appears these COVID injections may have been designed to cause this kind of cell damage on purpose. Why? Because the researchers also tested the natural spike protein subunit of another coronavirus called NL63.

This virus was chosen because it, like SARS-CoV-2, uses the ACE2 receptor for entry into the human cell. The NL63 spike protein did not, however, trigger this kind of heart damage. "They knew what they were doing when they engineered this mRNA to make this particular spike protein," Ruby says.

Pfizer Injection Victim Speaks Out

In another video, Peters interviews Stevie Thrasher, a previously healthy 29-year-old in Washington state who got her first Pfizer shot April 27, 2021. Since then, she's been hospitalized nine times, and her doctor has confirmed her injuries are a direct result of the Pfizer mRNA injection. Her neurologist has told her not to get a second dose.

One of her first symptoms was severe menstrual bleeding. After that, she started experiencing severe body pains, muscle weakness and muscle failure, fatigue, dizziness and disorientation. Since her shot, she's been in the hospital nine times, had three neurological evaluations and received referrals to rheumatologists and immunologists.

Remarkably, despite the severity of her symptoms, all tests, including imaging and blood work, appear normal, with the exception of an ANA blood test (a test that detects antinuclear antibodies that can attack your own tissues) indicating she might have an autoimmune condition, although it's unclear which one.

Her doctors have thus far been unable to explain why her test results are all normal while she's clearly experiencing symptoms of disease, and all she's been diagnosed with so far is "adverse reaction to Pfizer COVID vaccine with myalgias." As you can see in the video above, she has involuntary tremors. She says they come and go depending on circumstances. Triggers include sunlight, heat, elevation, stress and physical activity.

While Thrasher was warned of the possibility of blood clots and anaphylactic reactions, she was not informed there may be neurological and autoimmune side effects. "If I had known this was a possibility, I would have turned around and ran," she tells Peters.

Unvaccinated Falsely Accused of Being 'Disease Factories'

Adding insult to injury, mainstream media are now pushing the idea that those who refuse the COVID shot are to blame for the emergence of SARS-CoV-2 variants, even though a number of health experts have warned that it's the complete opposite — that mass injections, causing a very narrow band of antibodies, are forcing more rapid mutations of the virus.⁹

It's a general principle in biology, vaccinology and microbiology, that if you put living organisms like bacteria or viruses under pressure, via antibiotics or antibodies, for example, but don't kill them off completely, you can inadvertently encourage their mutation into more virulent strains. Those that escape your immune system end up surviving and selecting mutations to ensure their further survival.

If an individual who does not have a narrow band of antibodies becomes infected, then, if mutation does occur, it's far less likely to result in a more aggressive virus. So, while mutation can occur in both vaccinated and unvaccinated people, vaccinated individuals are actually far more likely to pressure the virus into a mutation that strengthens it and makes it more dangerous. Alas, according to CNN:¹⁰

"Unvaccinated people do more than merely risk their own health. They're also a risk to everyone if they become infected with coronavirus, infectious disease specialists say. That's because the only source of new coronavirus variants is the body of an infected person.

'Unvaccinated people are potential variant factories,' Dr. William Schaffner, a professor in the Division of Infectious Diseases at Vanderbilt University Medical Center, told CNN ...

'The more unvaccinated people there are, the more opportunities for the virus to multiply,' Schaffner said."

What Schaffner and CNN fail to address is the confirmed fact that the COVID shot does not provide immune protection against a SARS-CoV-2 infection. So those who have gotten the injection can also become hosts to the virus, just like those who have haven't been scammed into taking the COVID jab.

There's absolutely no medical justification for singling out unvaccinated people as the sole disease vectors, or the sole vectors for mutation. Breakthrough cases in fully "vaccinated" people prove this point. Unfortunately, vaccinated individuals are not informed about the potential that they might experience antibody-dependent enhancement (ADE) or paradoxical immune enhancement (PIE), which may actually render them more susceptible to infection by variants.¹¹

If that turns out to be the case, and there are already indicators suggesting this is happening,^{12,13,14,15,16,17} then vaccinating even more people is not the answer. Unvaccinated individuals cannot be held responsible for what happens to those who volunteered to take part in this mass experiment, or be asked to "save" those people by putting their own health at risk.

Control Groups Destroyed on Purpose

Disturbingly, all the evidence points to vaccine makers and health agencies not wanting to identify problems with these shots. Despite this being the largest medical experiment in human history, vaccine makers are purposely eliminating their control groups so that injuries will be far more difficult to ascertain, since they won't have anything to compare the vaccine recipients against.

In a JAMA report¹⁸, Rita Rubin, senior writer for JAMA medical news and perspectives, quotes the chief scientific adviser for Operation Warp Speed, Moncref Slaoui, Ph.D., saying he thinks "it's very important that we unblind the trial at once and offer the placebo group vaccines" because trial participants "should be rewarded" for their participation.

Such statements violate the very basics of what a safety trial needs, which is a control group against which you can compare the effects of the drug in question over the long term. I find it inconceivable that unblinding was even considered, seeing how the core studies have not even concluded yet, and some standard safety studies have been bypassed entirely.

For example, Pfizer has not conducted any reproductive toxicology studies despite finding the mRNA and spike protein accumulates in the ovaries. The only purpose of this unblinding is to conceal the fact that these injections are unsafe. Safety evaluations have also been undermined by the U.S. Food and Drug Administration, which chose not to require vaccine makers to implement robust post-injection data collection and follow-up on the general public.

What Is the Mass Injection Campaign Really All About?

It's obvious the COVID injection manufacturers intentionally removed every safety monitoring control because they wanted to obfuscate the anticipated complications that were certain to occur. They wanted to prevent as many complications as possible from surfacing. Safety is clearly not something they are concerned about.

Think about it: If the vaccination campaign were about creating a high rate of immunity within the population, they would accept natural immunity to COVID as an alternative to the jab. But they don't. Even if you can prove you have high levels of antibodies from natural infection, you still must get the COVID shot if you want to attend school or keep your job in some areas, and natural immunity does not count if you want a COVID immunity passport.

This means the injections are NOT about creating herd immunity. They want a needle in every arm for some other reason. What do you think that reason might be? Many who

have pondered this question have reached the conclusion that whatever the reason might be, it's a nefarious one.

At a minimum, this campaign is about getting a needle in every arm to maximize their profits. At its extreme worst, it could be part of a cleverly constructed depopulation strategy.

Michael Yeadon, Ph.D., a life science researcher and former vice-president and chief scientist of allergy and respiratory research at Pfizer, has gone on record saying he believes the COVID-19 injections, and the upcoming boosters in particular, are a "serious attempt at mass depopulation."¹⁹

In my view, there are still so many potential avenues of harm and so many uncertainties, I would encourage everyone to do your homework, keep reading and learning, weigh the potential pros and cons, and take your time when deciding whether to get any of these COVID-19 gene therapies. If you have already had one, think long and hard before getting any boosters.

Sources and References

¹ [Red Voice Media, June 22, 2021](#)

² [The Guardian, May 10, 2021](#)

³ [Trial Site News, May 30, 2021](#)

⁴ [Nuremberg Code of 1947](#)

⁵ [HHS.gov - The Belmont Report](#)

^{6, 7, 8} [bioRxiv June 20, 2021 DOI: 10.1101/2021.06.20.448993](#)

⁹ [Geert Vanden Bossche, DMV PhD Open Letter](#)

¹⁰ [CNN July 3, 2021](#)

¹¹ [International Journal of Clinical Practice, October 28, 2020 DOI: 10.111/ijcp.13795](#)

¹² [Epoch Times April 11, 2021](#)

¹³ [Reuters April 10, 2021](#)

¹⁴ [Washington Examiner April 11, 2021](#)

¹⁵ [Medical Xpress April 11, 2021](#)

¹⁶ [Cell Host & Microbe March 20, 2021](#)

¹⁷ [BioRxiv January 25, 2021 DOI: 10.1101/2021.01.25.427948](#)

¹⁸ [JAMA 2021;325\(10\):918-921](#)

¹⁹ [Rumble, Planet Lockdown interview with Michael Yeadon](#)

Source: [lewrockwell](#), *Moderna Rep Admits Everyone Is Part of Huge Experiment*. Retrieved 23 July 2021.

Whistleblower von der WHO:

Die 18'000 gemeldeten Impftodesfälle in Europa sind nur ein Bruchteil der tatsächlichen Zahl

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Mehr als 18'000 Todesfälle, die in direktem Zusammenhang mit dem Corona-Impfstoff stehen, wurden inzwischen an EudraVigilance, die europäische Datenbank für Berichte über vermutete Nebenwirkungen von Medikamenten, gemeldet. So die WHO-Whistleblowerin Astrid Stuckelberger am Donnerstag in der Sendung [The Highwire](#).

Ausserdem wurden 1,8 Millionen Fälle von schwerwiegenden unerwünschten Wirkungen gemeldet. Normalerweise würde das Impfprogramm sofort gestoppt werden, betonte sie.

Es werden nur 1 bis 10 Prozent aller Fälle gemeldet

Stuckelberger wies darauf hin, dass Rechtsanwalt Reiner Fuellmich und mehrere Wissenschaftler darauf hinweisen, dass nur 1 bis 10 Prozent aller Fälle gemeldet werden. Um eine unerwünschte Arzneimittelwirkung zu melden, müssen Ärzte ein Formular ausfüllen, was ein zeitaufwändiger Prozess ist.

Sie müssen auch sicher sein, dass es einen kausalen Zusammenhang zwischen dem Impfstoff und dem Todesfall gibt, sagte Stuckelberger, die zwischen 2009 und 2012 als WHO-Expertin für Pandemien arbeitete.

WHO-Insiderin Stuckelberger, die an der Universität Genf lehrt, fügte hinzu, dass es eine weit verbreitete Zensur gibt. Mit anderen Worten, es wird den Mitarbeitern im Gesundheitswesen nicht leicht gemacht, eine unerwünschte Arzneimittelwirkung zu melden.

Whistleblower from the WHO:

The 18,000 reported vaccination deaths in Europe are only a fraction of the actual number

[Uncut-news](#) / Juli/July 19, 2021

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More than 18,000 deaths directly linked to the Corona vaccine have now been reported to EudraVigilance, the European database for reports of suspected adverse drug reactions. WHO whistleblower Astrid Stuckelberger told [The Highwire](#) on Thursday.

In addition, 1.8 million cases of serious adverse effects were reported. Normally, the vaccination programme would be stopped immediately, she stressed.

Only 1 to 10 percent of all cases are reported

Stuckelberger pointed out that lawyer Reiner Fuellmich and several researchers point out that only 1 to 10 percent of all cases are reported. To report an adverse drug reaction, doctors have to fill out a form, which is a time-consuming process.

They also need to be sure that there is a causal link between the vaccine and the death, said Stuckelberger, who worked as a WHO pandemic expert between 2009 and 2012.

WHO insider Stuckelberger, who teaches at the University of Geneva, added that there is widespread censorship. In other words, it is not made easy for health care workers to report an adverse drug reaction.

Wie erwähnt, werden 1 bis 10 Prozent der Fälle gemeldet. Das würde bedeuten, dass in der Realität im besten Fall 180'000 Europäer durch den <Corona-Impfstoff> gestorben wären und im schlimmsten Fall 1,8 Millionen.

As mentioned, 1 to 10 percent of cases are reported. This would mean that in reality 180,000 Europeans would have died from the 'Corona vaccine' in the best case and 1.8 million in the worst case.

How the Jab Works, Why It Causes Blood Clots at a Microscopic Level

*July 18, 2021, 4,279 views; Contributed by Alexandra
Bruce, Alexandra.bruce18@gmail.com*

Dr Charles Hoffe has been practicing medicine for 28 years in the small, rural town of Lytton in British Columbia, Canada and he has administered about 900 doses of the Moderna experimental mRNA injection and is now coming forward to warn about the severe reactions he's observed in his patients, including death. This resulted in his being fired from his job at the local hospital.

He tells host, Laura Lynne that the core problem he's seeing among these patients is microscopic clots in his patients' tiniest capillaries, of which Cliff High has commented, "Blood clots occurring at a capillary level. This has never before been seen. This is not a rare disease. This is an absolutely new phenomenon."

Dr Hoffe explains that these micro-clots are too small to show up on CT scans, MRI, etc., and can only be detected using the D-dimer test, of which 62% of his own patients injected with an mRNA shot are positive.

"We now know that only 25% of the 'vaccine' injected into a person's arm actually stays in your arm. The other 75% is collected by your lymphatic system and literally fed into your circulation so these little packages of messenger RNA, and by the way in a single dose of Moderna 'vaccine' there are literally 40 trillion mRNA molecules. These packages are designed to be absorbed into your cells. But the only place they can be absorbed is around your blood vessels and the place where they are absorbed is the capillary networks – the tiniest blood vessels where the blood flow slows right down and where the genes are released. Your body then gets to work reading and then manufacturing trillions and trillions of these spike proteins. Each gene can produce many, many spike proteins. The body then recognises these are foreign bodies so it makes antibodies against it so you are then protected against COVID. That's the idea.

"But here's where the problem comes. In a coronavirus that spike protein becomes part of the viral capsule. In other words it becomes part of the cell wall around the virus. But it is not in a virus. It is in your cells. So it becomes part of the cell wall of your vascular endothelium. This means that these cells which line your blood vessels, which are supposed to be smooth so that your blood flows smoothly now have these little spikey bits sticking out...

"So it is absolutely inevitable that blood clots will form because your blood platelets circulate round your blood vessels, and the purpose of blood platelets is to identify damaged vessels and stop bleeding. So, when the platelet comes through the capillary it suddenly hits all these COVID spikes and it becomes absolutely inevitable that blood clots will form to block that vessel.

"Therefore, these spike proteins can predictably cause blood clots. They are in your blood vessels (if mRNA 'vaccinated') so it is guaranteed. Dr Bahrdi then said to me that the way to prove this is to do a blood test called a D-dimer blood test.

"The blood clots we hear about which the media claim are very rare are the big blood clots which are the ones that cause strokes and show up on CT scans, MRI, etc. The clots I'm talking about are microscopic and too small to find on any scan. They can thus only be detected using the D-dimer test...

"The most alarming part of this is that there are some parts of the body like the brain, spinal cord, heart and lungs which cannot re-generate. When those tissues are damaged by blood clots they are permanently damaged."

The result, says Dr Hoffe, is that these patients have what is termed Reduced Effort Tolerance (RET) which means they get out of breath much easily than they used to. It is because the blood vessels in their lungs are now blocked up. In turn, this causes the heart to need to work harder to try to keep up against a much greater resistance trying to get the blood through your lungs.

This is called pulmonary artery hypertension – high blood pressure in the lungs because the blood simply cannot get through effectively. People with this condition usually die of heart failure within a few short years.

Dr Hoffe warns sadly, “These shots are causing huge damage and the worst is yet to come.”

(For the original interview: [forbiddenknowledgetv](#))

Hinweise auf massive Veränderungen des weiblichen Menstruationszyklus durch mRNA-Impfungen

3. Juni 2021 13:28 Uhr

Verursachen mRNA-Impfstoffe bei Frauen Menstruationsstörungen und starke Monatsblutungen? Im Internet mehren sich die Berichte darüber. Selbst Frauen in den Wechseljahren sollen betroffen sein. Experten vermuten einen möglichen Zusammenhang mit mRNA-Impfstoffen.

Hinweise auf massive Veränderungen des weiblichen Menstruationszyklus durch mRNA-Impfungen.

Evidence of massive changes in the female menstrual cycle due to mRNA vaccinations

3rd of June 2021, 1:28 pm

Do mRNA vaccines cause menstrual disorders and heavy menstrual bleeding in women? There are more and more reports about this on the internet. Even menopausal women are said to be affected. Experts suspect a possible connection with mRNA vaccines.

Evidence of massive changes in the female menstrual cycle due to mRNA vaccination.

Quelle/Source: [globallookpress](https://www.globallookpress.com)

In den letzten Monaten haben sich viele Frauen in den sozialen Netzwerken zu Wort gemeldet und von starken, schmerzhaften Monatsblutungen berichtet. Viele dieser Frauen sagen, dass sie der Überzeugung sind, dass ihr Menstruationszyklus durch mRNA-Impfstoffe gegen COVID-19 gestört wurde.

Die ersten Fälle von Menstruationsstörungen bei Frauen traten Anfang Februar dieses Jahres in Israel auf. Zu diesem Zeitpunkt waren bereits viele Frauen mit dem Impfstoff von BioNTech-Pfizer geimpft worden. Im Internet beschrieben zahlreiche geimpfte Frauen, dass ihre Monatsblutung zur falschen Zeit auftrat und viel stärker und schmerzhafter war.

Um diesem beunruhigenden Phänomen nachzukommen, führt Dr. Kate Clancy, eine biologische Anthropologin und Dozentin an der US-amerikanischen University of Illinois at Urbana-Champaign, eine offene Umfrage durch, um qualitative Daten zur Menstruation zu sammeln.

«Eine Kollegin erzählte mir, dass sie von anderen gehört hat, dass ihre Perioden nach der Impfung verstärkt waren. Ich bin neugierig, ob andere Menstruierende auch Veränderungen bemerkt haben.», fragte sie im Februar per Tweet, einen Monat vor dem Start ihrer Umfrage. «Ich habe anderthalb Wochen nach der ersten

In recent months, many women have taken to social media to report heavy, painful periods. Many of these women say they believe their menstrual cycle has been disrupted by mRNA vaccines against COVID-19.

The first cases of menstrual disorders in women occurred in Israel at the beginning of February this year. At that time, many women had already been vaccinated with the BioNTech-Pfizer vaccine. On the internet, numerous vaccinated women described that their menstruation occurred at the wrong time and was much stronger and more painful.

To address this disturbing phenomenon, Dr Kate Clancy, a biological anthropologist and lecturer at the US University of Illinois at Urbana-Champaign, is conducting an open survey to collect qualitative data on menstruation.

"A colleague told me that she heard from others that their periods were increased after vaccination. I'm curious if other menstruators have noticed changes too?" she asked via a tweet in February, a month before her survey was launched. "I got my period a day or so early a week and a half after my first Moderna dose

Moderna-Dosis meine Periode einen Tag oder so früher bekommen und sprudle, als wäre ich wieder in meinen 20ern.»

In den Antworten auf Dr. Clancys Umfrage beschrieben Frauen, die bereits geimpft worden waren, Zyklusstörungen und verlängerte, äusserst schwere sowie schmerzhafte Blutungen. Eine Frau berichtete, dass sie ihre Periode zum dritten Mal innerhalb eines Monats bekam. Einige Frauen, die über 50 Jahre alt sind und eigentlich schon seit Jahren in den Wechseljahren waren, berichteten, dass sie kurz nach der Impfung wieder stark zu bluten begannen. Bis Ende April sollen dort bereits mehr als 25.000 Frauen Angaben zu einer möglichen Zyklusbeeinträchtigung nach der Impfung gemacht haben.

Ob sich die mRNA-Impfungen auf den Zyklus der Frauen auswirken, muss noch genauer erforscht werden. Clancy erklärte weiter auf Twitter, dass möglicherweise eine Entzündungsreaktion im Körper die Ursache sein könnte, ausgelöst durch die in mRNA-Impfstoffen enthaltenen Lipid-Nanopartikel. Diese Partikel stehen bereits im Verdacht, bei einigen geimpften Menschen schwere allergische Reaktionen ausgelöst zu haben.

In den ursprünglichen Studien zu den COVID-19-Impfstoffen untersuchten die Forscher, ob der Impfstoff bei der Vorbeugung von symptomatischem COVID-19 wirksam war, indem sie ihn mit einer Placebo-Injektion verglichen. Sie untersuchten auch schwerwiegende Komplikationen, wie z.B. allergische Reaktionen, und Nebenwirkungen, die manchmal mit der Impfung verbunden sind, wie Fieber. Die ursprünglichen Studien berichteten jedoch nicht über Veränderungen des Menstruationszyklus, z.B. ob die Menstruation früher oder später kommt, ob sie stärker oder schwächer ausfällt oder ob sie mehr oder weniger schmerzhaft ist.

Laut den US-amerikanischen Zentren für Seuchenkontrolle (Centers for Disease Control, abgekürzt CDC) gibt es derzeit keine Hinweise darauf, dass Impfstoffe, einschliesslich der COVID-19-Impfstoffe, Fruchtbarkeitsprobleme verursachen. Die CDC berichtet auch, dass vorläufige Daten keine Sicherheitsbedenken für Schwangere, die geimpft wurden, oder für

and am gushing like I'm back in my 20s."

In the responses to Dr Clancy's survey, women who had already been vaccinated described menstrual irregularities and prolonged, extremely heavy as well as painful bleeding. One woman reported that she got her period for the third time in a month. Some women over the age of 50 who had actually been in menopause for years reported that they started bleeding heavily again shortly after the vaccination. By the end of April, more than 25,000 women are said to have given information about a possible cycle impairment after the vaccination.

Whether the mRNA vaccinations have an effect on the women's menstrual cycle still needs to be researched in more detail. Clancy further explained on Twitter that an inflammatory reaction in the body could possibly be the cause, triggered by the lipid nanoparticles contained in mRNA vaccines. These particles are already suspected of having triggered severe allergic reactions in some vaccinated people.

In the original COVID-19 vaccine trials, researchers looked at whether the vaccine was effective in preventing symptomatic COVID-19 by comparing it to a placebo injection. They also looked at serious complications, such as allergic reactions, and side effects sometimes associated with vaccination, such as fever. However, the original studies did not report changes in the menstrual cycle, such as whether menstruation comes earlier or later, whether it is heavier or lighter, or whether it is more or less painful.

According to the US Centers for Disease Control (CDC), there is currently no evidence that vaccines, including the COVID-19 vaccines, cause fertility problems. The CDC also reports that preliminary data found no safety concerns for pregnant women who were vaccinated or for their babies. However, further studies and research are being conducted.

ihre Babys ergaben. Es werden jedoch weitere Studien und Untersuchungen durchgeführt.

Quelle/Source: [de.rt](#)

Billy Und, was meint ihr dazu?

Billy And, what is your opinion?

Bermunda Das ist wirklich der Wahrheit entsprechend.

Bermunda That really corresponds to the truth.

Florena Das finde ich gut, ja bestens. Das ist notwendig, dass dies durch die FIGU auch veröffentlicht wird. Das sollte wirklich sein.

Florena I think that is good, yes, the best. It is necessary that this is also published by FIGU. It really should be.

Billy Werde sehen ob wir dafür die Erlaubnis bekommen. (Haben wir erhalten, wir dürfen es im Kontaktbericht und auch weiter veröffentlichen. 16.7.2021).

Billy I will see if we can get permission for that. (We did, we are allowed to publish it in the contact report and further. 16.7.2021).

Bermunda Das wäre gut.

Bermunda That would be good.

Florena Ja.

Florena Yes.

Billy Wir werden sehen.

Billy We shall see.

Translation: Vibka Wallder. Corrections: Vivienne Legg and Christian Frehner.

The articles, 'Moderna Rep Admits Everyone Is Part of Huge Experiment' and 'How the Jab Works, Why It Causes Blood Clots at a Microscopic Level' were copied from the internet.