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The COVID-19 "Vaccines": What is the truth?

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Editor's Abstract:

The following is being published as if it were a "Letter to the Editor"[1] of the *IJVTPR*. It was written in response to a request to the Editorial Board from Charles Tortise on behalf of the *de jure* Sovereign Wakaminenga Maori Government (WMG) of Nui Tireni New Zealand. He called on the journal editors and authors to supply up to the minute information to be used in helping to shape nationwide policy in New Zealand during the COVID-19 Aftermath. Whereas the leader of the *de facto* Wellington government, the Prime Minister Jacinda Ardern, recently relaxed certain "mandates" — ones that Blaylock refers to as "draconian" — concerning the COVID-19 masks and injections, her whole *de facto* NZ government, which draws authority from the 1840 Treaty of Waitangi has always been legally subordinated to the *de jure* Sovereign Wakaminenga, in accordance with the 1835 He Wakaputanga, a Declaration of Independence by the Confederation of the Chiefs of the United Maori tribes. By law, the subordinate NZ government headed up now by Ardern, must be authorized each year by the agreement of the direct descendants of those Chiefs, meeting in Congress, known as the National Wakaminenga, to continue as the *de facto* government. This being the case, it is the declared intention of the WMG to learn as much as possible about the COVID-19 injectables, and about the world-wide genetic experiments that are underway. Such information is needed in order for the *de jure* WMG to decide wisely about whether the policies and regulations put in place as the COVID-19 response of the *de facto* NZ government in Wellington were as "safe and effective" as has been said and review their performance accordingly. Maori are defined as people who "aspire to purity without blemish", and the jurisdiction they have is, as far as we know, unique in all the world. Therefore, the discussion underway there, incorporating the information in this letter, written by Russell Blaylock, MD and retired neurosurgeon, is addressed not only to the WMG through Charles G. Tortise, but also the whole world. It is written on behalf of a group of people hardly known to much of the rest of the world but who are, in the estimation of the editors of this journal, about to make world-wide history in respect to the *COVID Aftermath*. It was after consultation among several members of our Editorial Board that we decided to call on Russell Blaylock, to write the initial position paper, as it were, to be presented to the WMG. He won't say it but we will: he is eminently well qualified and credentialed to write the opinion letter that follows. This is his position paper for the WMG.

[1] This letter has been reviewed by three other members of the Editorial Board for the *IJVTPR* and is published here because of the importance of the issues at stake not only to all New Zealand, but to the whole world. In the opinion of the editors, the policies being challenged by the sovereign Wakaminenga Maori Government (WMG) of New Zealand — for reasons detailed by Russell Blaylock, MD — are of critical importance to the whole world. The WMG is led by Arikinui Ripekatangi also known by her English name as Georgina Job. The term "Wakaminenga" in Te reo, the Maori language, means "assembly". The Maori people are from different tribes called "iwi" and smaller groups known as "hapu". Leaders of the northern tribes began meeting from about 1808 in a formal assembly to discuss laws and policy concerning the increasing interactions with foreigners, especially the British that followed soon after James Cook landed there during one of his voyages of exploration. The assembly was known as "Te Wakaminenga o Ngā Hapū o Nu Tīreni" [the General Assembly of the Tribal Nations]. The WMG is the administrative arm of the current National Assembly, website here. Of note Arikinui Ripekatangi issued a statement dated August 16, 2022 outlining the background leading to this article. The website address for the WMG news releases is here.

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Background

We are all now living in a nightmare, one that just will not end. This nightmare is not due to a natural disaster. It is not an authentic pandemic, a declared war, or any other accidental or conventional event. It is, by all truthful analysis, a carefully planned, highly manipulated, logistically engineered experiment that if not stopped will end in the death of all freedom in the world as well as a massive number of deaths and permanent injuries from these injections, and this is not an exaggeration. I have written two papers on this "event" and a final paper on the response to these articles (Blaylock, 2021, 2022a). The second of these papers has had an unbelievable response worldwide, as I describe in my third paper (Blaylock, 2022b).

In this paper, I ask a number of questions that demand answers, but I am sure that no valid responses will be forthcoming from those who have engineered this disaster. Sometimes the right questions can shed more light on a subject than a detailed dissertation on the particulars. For example, why have the governments of the world not even considered temporarily halting their so-called "vaccines" in the face of the 40,000 deaths secondary to the injections and millions of injuries worldwide leading to permanent disabilities from the jabs? If their own data show such deaths and injuries why do they not call a halt to the madness? Instead the authorities are aggressively increasing the injection programs and tightening up mandates in spite of an ever increasing, documented severe complication rate, with permanent disabilities and deaths directly linked to these injections. Why are they doing this?

Why would businesses, the military, and the medical care systems mandate such experimental injections when the ones being mandated are for a virus strain that no longer exists, and, if that were not enough, when the studies clearly show that these particular "vaccines" have no protective effect on the extant variants? Why would governments and businesses continue to inject millions of people with any products that have been shown to severely damage their immune system and, after a series of boosters, to leave the injected persons with severely and progressively crippled immune systems — so severely damaged that they are not only susceptible to all infections but also so weakened that latent infections, and dormant cancers, can be reactivated and can then become deadly (Majumder & Chakrabarti, 2018; Malone, 2022; Wolf, 2022a, 2022b)? Who would do that?

Why would the government bureaucracies, along with medical societies for obstetrics and state public health authorities encourage pregnant women to get the injections at a time when no studies —absolutely none — had been done to demonstrate the workability, much less the safety, of such an insane undertaking? Why are these individuals and the media supporting such draconian programs directed at pregnant women? Not only have they been working relentlessly to hide the data demonstrating that in fact the injected women are undergoing a miscarriage rate eight time higher than normal, but the incidence of severe infant malformations is skyrocketing among the "vaccinated" (Thorp, 2022)? Why did the *New England Journal of Medicine* publish an article proclaiming safety of these injections in pregnant women when the article has been shown, beyond all doubt, to contain manipulated data to falsely show safety, when in fact the study demonstrated that women in their 1st trimester who received the injection had an 82% higher miscarriage rate (Shimabukuro et al., 2021)?

Why were these same individuals within the governmental health bureaucracies carrying out a massive promotional campaign to encourage the use of these so-called "vaccines" on healthy young people, when

powerful scientific studies clearly stated, beyond all doubt, that the risk of infection and of transmitting the virus for them was infinitesimal?

Why did the CDC vehemently deny that young men were developing myocarditis/pericarditis at a much higher rate than normally seen prior to the world-wide experiments? They continued their denials until hundreds of young men were either dead or crippled from heart damage. Why have they promoted the lie that these cases are "mild" and the young people "fully recover" when, in fact, competent cardiologists have stated that those claims are false. Now we find, from new studies using advanced technologies that these young people have permanent scarring of their hearts (McLernon, 2022; Patel et al., 2021; Schauer et al., 2022)? Why, given that this "vaccine" is a totally untested experimental new technology, for which there have been essentially no safety studies, neither with animals or with humans, are we not following every injected person with an extensive battery of tests and follow-up examinations — looking especially for hypercoagulation from the known and demonstrated risk of forming deadly clots (see Hughes, 2022, and his many references) not to mention the damage to immune functions? Instead the people injured by these experimental injections masquerading as traditional "vaccines" (which they are not) are left to fend for themselves and on the COVID battlefield where more many are already lying dead.

Why does Fauci continue to insist that babies down to age 6 months and toddlers need to receive such dangerous experimental injections? Why did he provide funding and support to Chinese scientists at the Chinese communist directed Wuhan Virological Bioweapons laboratory, which allowed them to create the underlying coding sequence to which this viral scourge has been reasonably attributed by Fleming (2021) with a great deal of documentary support from patents and government grants as well as a stream of published research papers. How the governments of the world and the US authorities at the CDC and FDA can continue to deny such evidence defies imagination. They are accused and convicted by their own words of criminal acts against humanity as Hughes argued recently in the *IJVTPR*.

The risk that babies and toddlers can contract and transmit the SARS-CoV-2 virus is essentially zero. Why did the FDA, a corrupt federal bureaucracy (see Kennedy, 2021), approve these so-called "vaccines" for babies and toddlers? The data showing no risk for infants and toddlers as carriers of the virus was available to them and qualified people testified at the approval hearing exposing these scientific facts. Those attending these hearing stated that the members of the approval panel made no effort to either answer these questions or defend what they were doing — none.

Why, after this approval by the FDA, did a large number of employees at the FDA and CDC suddenly quit? Did they suddenly acquire a conscience? Or are they heading for the hills? We now know that young women injected with these deadly genetic altering agents risk a high incidence of sterility in the future. Is this why pharmaceutical companies either did no testing on pregnant animals or hid such data from public scrutiny?

One should also ask — why did Pfizer hide its biodistribution study? It took a freedom of information lawsuit to force its release. Interestingly, when we finally learned what it demonstrated it became quite easy to see why they wanted it hidden. The CDC, FDA and the pharmaceutical companies all assured the public that the injected nanolipid carrier and the mRNA that produces prodigious amounts of spike proteins stayed at the site of the injection and did not travel throughout the body. The media, the handmaidens for these companies and the government, loudly stated that the charge that the nanolipid carriers spread throughout the body had been "fact checked" and found to be a lie — i.e. misinformation. That happens when the sources for "fact checking" are the pharmaceutical manufacturers making billions from the dangerous products they keep saying as "safe and effective", or the facts are checked by the collaborating and lying CDC, also being enriched by marketing the experimental injections (see Kennedy, 2021, for documentation; also Fleming, 2021).

Why is all this important? Because we now know why so many "vaccinated" are dying suddenly, including a large number of healthy, young individuals. The nanolipid carrier delivers the mRNA generated spike protein throughout the body — to all organs, including the liver, the spleen, the heart, the lymphatics, the kidneys, the brain and spinal cord — everywhere.

When this Pfizer safety study was finally released and examined (the release forced by a court order), it was found that the highest concentration of the deadly spike protein-producing carriers was concentrated in the ovaries of females and the bone marrow of everyone. High levels were also seen in the liver and spleen. Substantial amounts were also deposited in the male reproductive system. To no one's surprise, the spike proteins were found scattered all along the inner lining of blood vessels, explaining the finding of extensive blood clots scattered throughout the body. It also explained the high incidence of strokes, brain hemorrhages, pulmonary blood clots and heart attacks being seen post-injection with this deadly product. It also accounts for the growing number of people, many very young, who are discovered dead in their beds, a few days after an experimental injection.

Dr. Ryan Cole, a highly trained pathologist who carefully catalogs all causes of deaths observed among his patients, noticed that there was a dramatic number of cancer deaths and cases occurring quite soon after the "vaccine" rollout (Cole, 2022; Hunter, 2022). The highest incidence included highly aggressive malignant melanomas in young males and uterine cancers in females.

This spike in cancers following the rollout was being seen all over the world, as Dr. Cole met with pathologists who reported they were seeing the same thing in their countries. Dr. Cole also noticed that patients who had cancers before being injected with one or more of the COVID-19 "vaccines" — patients that where in remission and had the cancer under control — soon after being injected (within a few weeks or months), experienced an aggressive resurgence of their cancers with extensive metastases throughout organ systems of the body. All of a sudden they had what we call "stage IV cancer". Other pathologists and cancer specialists were seeing the same thing among the recipients of the experimental "vaccines" across the globe.

So, one must ask, why are cancer patients being strongly encouraged, and even forced in many instances by mandates (see the documentary *Uninformed Consent* by Todd Harris), to take these vaccines? Why are the medical societies for oncologists telling their member physicians to follow this deadly practice? Many of the medical societies are receiving substantial financial rewards from these pharmaceutical companies. We must also keep in mind that many of the cancer patients being "vaccinated" are small children, even toddlers and babies. Why the silence as to what is happening to the injected children with cancer?

Among the more common cancers in children, such as leukemias and lymphomas, which arise from the bone marrow and lymphatic tissue — we are seeing both tissues were found to contain high levels of the "vaccine-distributed" spike proteins and nanolipid carriers. One study, conveniently and forcibly retracted from the medical literature, found that the spike proteins from the "vaccine" impaired two critical DNA repair enzymes, which when impaired greatly increase one's risk of developing a cancer of some type (Jiang & Mei, 2021). Another study found that the mRNA actually, by a special enzyme, was able to insert itself into the person's DNA — enabling it not only to continue producing the injected spike protein indefinitely, but making it transmissible to any children they might have (Aldén et al., 2022). No one promoting these injections seemed to care.

Another question we should all ask is, why did Pfizer appeal to the court to hide its safety data for at first for 55 years, and, why did they then up the time for concealment of their data to 75 years? We are talking about all the information about how the "safety" studies and "efficacy" studies were done. They aimed to hide from the public and researchers all the actual data as to what was found, what were the complications

seen in the participants of the "safety" study, and just how "effective" actually was this experimental genetic therapy, one called a "vaccine", at preventing infection by the targeted virus? How "effective" we all need to know was it in protecting the population from hospitalization, or death, attributable to the targeted virus? Only access to that data would tell us how carefully the "safety and efficacy" studies were designed and performed.

Now that hundreds of lawyers are pouring though this court released data, it is becoming clear why they wanted it hidden for 75 years. The studies were very poorly and sloppily done. The endangered participants were not properly followed and their complications were not recorded accurately. For example, one young lady, age 13, was left partially paralyzed, severely cognitively impaired, and requiring a lifelong feeding tube. On her official Pfizer data card, they wrote that she was having a "stomach ache".

What the lawyers also found was that in the secret original "efficacy" studies, Pfizer makes the bold statement that the "vaccines" had *no effectiveness*. But, when the "vaccines" were released, that complete failure suddenly became a *95.5% effectiveness*. Nonetheless, the government health agencies, the CDC, the public health departments, medical societies, and virtually all of the media outlets parroted the lying nonsense — over and over. The endless mantra for the media and the CDC became — the COVID-19 "vaccines" are "safe" and "effective". Virtually every practicing doctor told patients the same lie, either knowingly or unknowingly. Many doctors, sad to say for someone who spent his whole career on the inside of that group, are, in my experience, as naive as the general public trusting in the folks wearing the white coats and stethoscopes.

Now we are being told the same lie, again, especially about the "safety" of the experimental injections for babies and toddlers. One whistleblower testified before a senate panel that when the injection was tested using animals — all of the animals died. So, as usually happens, they stopped doing animal testing. Now the experimental "animals" will be helpless human babies and toddlers.

CDC Massages Data: Says Unvaccinated Persons Carry and Transmit COVID-19

What we have seen throughout this "pandemic", especially as regards the "vaccines", is a deliberate presentation of so-called studies by the CDC and other promoters of the injection, implying that the vaccines are very safe and highly effective and that the unvaccinated are at a very high risk of infection and subsequent hospitalization and risk. How they did this is well explained in a paper appearing on the Children's' Health Defense website (The Defender) by physician Dr. Madhava Setty (2022).

Of particular interest is the issue of vaccinating pregnant women. In an article appearing in the Jan 7th MMWR (Morbidity and Mortality Weekly Report of the CDC), the CDC relied on, in my opinion and Dr. Setty's opinion, on a totally fraudulent study, purposefully designed to show "safety" when vaccinating pregnant women. The end point of the study was based on the number of preterm births in vaccinated vs unvaccinated women.

Based on this manipulated study, the CDC authors concluded that "the CDC recommends COVID-19 vaccinations for women who are pregnant, recently pregnant (including those lactating), who are trying to become pregnant now, or who might become pregnant in the future to reduce the risk for severe COVID-19-associated outcomes" (all of such women without exception in other words).

But, was this "safety" study actually true? To "fix" the study, the study designers first allowed or made sure that more of the unvaccinated were in a medical condition that naturally would put them at a higher risk of having a premature birth, such as obesity, poor general health or other high risk medical factors, and in addition, 25% of the unvaccinated mothers were already infected with COVID-19. This is called stacking the deck.

The most glaring "fix" was that very few of the mothers were in the first trimester of their pregnancy. Keep in mind that a previous study had demonstrated that the risk of miscarriage of those vaccinated during the 1st trimester was 82% higher than normal. Yet, take a look at the CDC's recommendations. They were recommending the COVID-19 injections during all stages of pregnancy, including the 1st trimester. This high risk would also include women who "might get pregnant" and those "trying to get pregnant" as well.

Despite the compelling evidence that these "vaccines" dramatically increased miscarriages, fetal malformation, neonatal deaths and other newborn baby complications, the media and the CDC continued to promote injecting pregnant women (Wolf, 2022b, Thorp 2022).

What about the babies and toddlers? The reanalysis of the data by Dr. Setty disclosed that in order for one child to benefit from the vaccine, over 10,000 would have to be injected with all of the proposed "vaccines"— in essence, all receiving the jabs would risk the deadly complications of the injections — all 10,000 — with no benefits.

Also, keep in mind, no studies have been done on the possible long-term effects of these vaccines, either during pregnancy or after birth. And, incredibly, no such studies have been even proposed by the CDC or medical establishment. We know that brain development, as well as other organ development, can be drastically affected in a delayed manner by such immune stimulation and that these injuries can affect these children throughout their lives.

One other pearl is of critical importance. The CDC admitted that they "lost the control babies and toddlers" during these studies. What does that mean? For one, we learned that within a short period after these studies began, the children that were supposed to be the unvaccinated controls, were fully vaccinated by the conductors of the study. That destroys the credibility of the study and hides any delayed critical health disasters. No one can convince me that that was an accident.

We know that after full vaccination with these mRNA injections, one's immune system begins to undergo a progressive loss of effectiveness. That is, they become susceptible not only to infection by COVID-19 and it variants but to all infectious organisms — viral, bacterial and fungal. The more boosters they get, the greater the immune system destruction. This also puts them at a high risk of cancers and neurodegenerative disorders.

All women injected with these mRNA "vaccines" should be made aware that the Pfizer biodistribution studies indicated that the spike proteins are massively generated by the nanolipid/mRNA system had their highest concentration in the woman's *ovaries*. This not only increases the risk of sterility, but also the potential of developing ovarian cancer, as chronic inflammation in a tissue dramatically increases cancer risk. In addition, the spike proteins were found to enter the nucleus of the cell and suppress a critical anticancer system normally found in all cells, including one system, that when damaged, is associated with a higher incidence of breast cancer and prostate cancer (Jiang & Mei, 2021).

Because the immune system of these "vaccinated" individuals would also be impaired, should they develop a cancer it would be highly aggressive and deadly.

Two Overlooked Risk Factors Among Many

One of the major flaws in a controlled study is that such studies never mirror the real world. Take as an example the use of statin, cholesterol-lowering drugs. It is accepted that these drugs are rather powerful immune system inhibitors. Tens of millions of people take these drugs every day of their lives and as a consequence they are at an increased risk of common infections. Knowing this, wouldn't you think that these people would also be at greater risk of immune-related complications caused by these injections? We also must consider another widespread toxic substance in our environment — glyphosate, the major

ingredient in Roundup. It is found virtually everywhere we look, our food, water, medications and even vaccines (Samsel & Seneff, 2015). All these toxic substances are in our environment and can greatly magnify the toxicity of these deadly injections.

Unfortunately, most of the so-called "safety" studies were not done considering real world situations. No studies have been done as regards the "safety" of these injections when they are administered to persons with chronic conditions, such as diabetes, metabolic syndrome, autoimmune disorders, neurodegenerative diseases, autism spectrum disorders, ADD and ADHD, individuals with chronic heart conditions (arrhythmias, heart failure and previous myocarditis) and many other such illnesses. No studies have been done on the long-term consequences of the "vaccines" on brain development nor are even planned. Neurodevelopment of the child's brain is rather intense through age 6 years. We also know that neurodevelopment continues in critical areas of the brain (prefrontal cortex) until age 27 in humans and that these neurodevelopmental systems are very sensitive to changes in the immune system. Safety has just been "assumed", but as Seneff and Nigh (2021) suggested some time ago, the supposed preventative shots, in the case of COVID-19, may very well turn out to be worse than the disease, a lot worse.

Countries, corporations and states imposing rigid mandates do not take any of these conditions and other contraindications into consideration. To their thinking, everyone must be vaccinated. In most situations exemptions are being denied no matter how legitimate. As I tell people often — you can get vaccinated but you cannot get unvaccinated.

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