Statement

Evidence in support of intent to harm and negligence

Submitted by :

Craig Paardekooper, 17 Dacre House, Beaufort Street, London, SW3 5BH

Background :

BSc Psychology

H Cert Life Sciences Allied to Medicine

BSc undergraduate Pharmaceutical Sciences

Contact :

Email : craig_pkooper@yahoo.com

Whatsapp : +447531 039 200

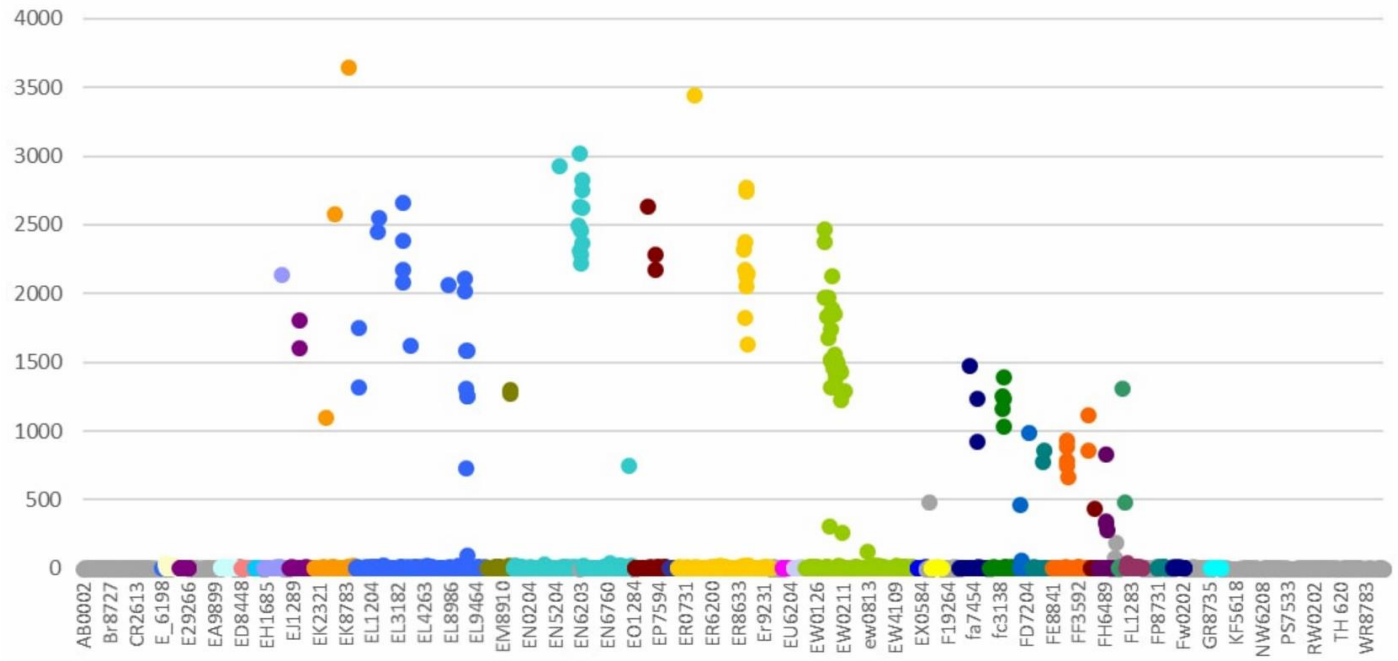
EVIDENCE – PART 1 – 100 FOLD VARIATION IN LOT TOXICITY

Analysis of number of adverse reaction reports, deaths, disabilities and life threatening illnesses recorded in VAERS for Pfizer and Moderna lots, reveals that –

1. The lots are part of alphabetical series
2. Lots within any one series vary in number of associated adverse reaction reports – such that some lots are associated with 100 x higher number of adverse reactions compared to the others
3. There is a sudden drop in adverse reaction numbers between the high toxic and low toxic lots
4. The high toxic lots are all labelled with batch codes that form a continuous, consecutive mathematical series

Here is a graph showing all the Pfizer lots arranged alphabetically along the x-axis. The Y-axis shows the number of adverse reactions for each lot.

The lots with the same first two letters, i.e. EN, EP, ER, EW, etc, are found to occupy distinct ranges of toxicity (toxicity being determined by the number of adverse reactions produced). Curiously, as the alphabet ascends, the toxicity decreases.

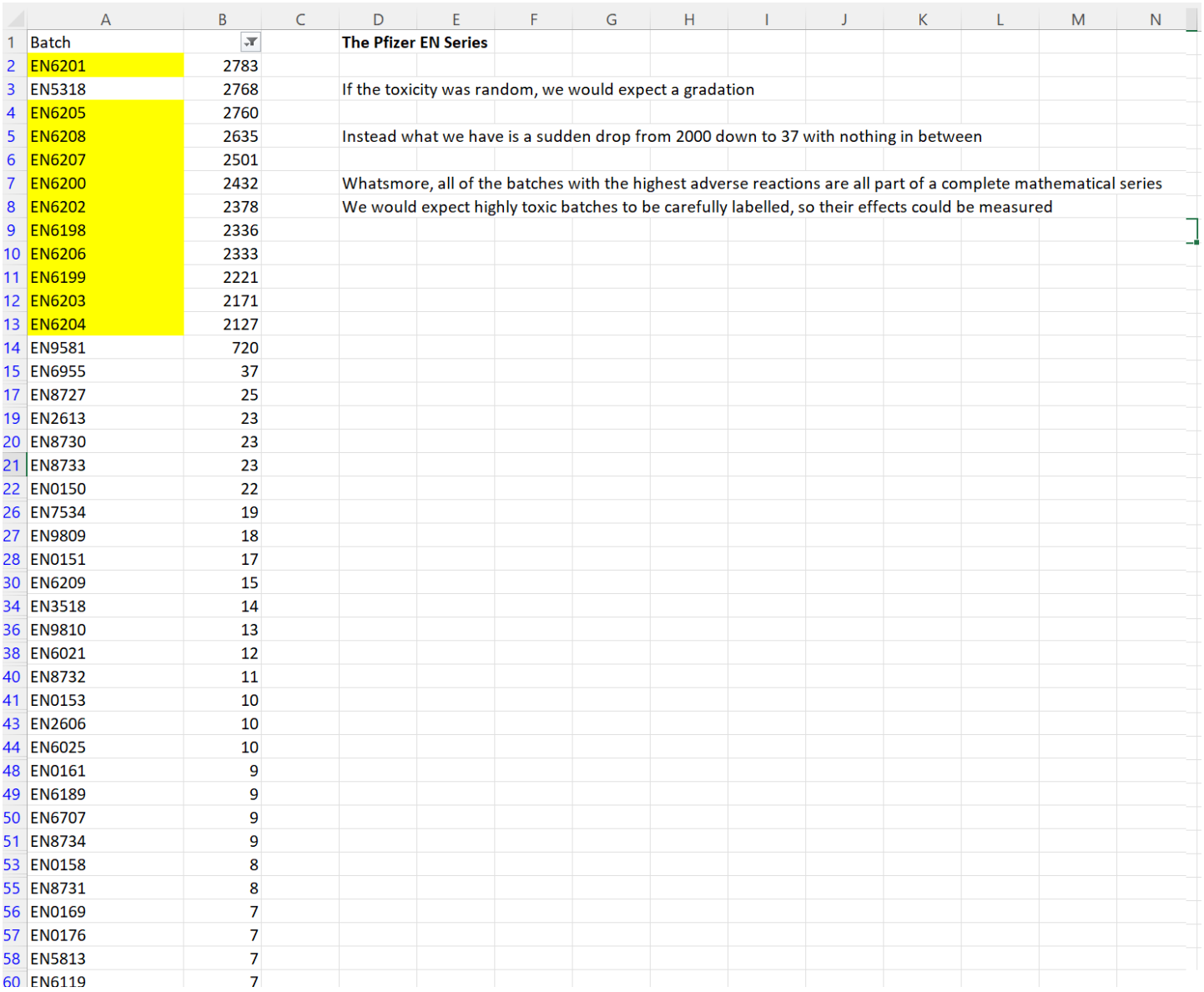


When I first observed this pattern, it was immediately obvious that lots with similar lot codes were occupying distinct ranges of toxicity, and that these toxic ranges decreased in a linear, step-wise fashion as the lot codes ascended the alphabet.

Within each alphabetic group there were a group of high toxicity lots, and a large number of low toxicity lots (clustered against the x axis), and nothing in between.

Statisticians who have studied this pattern have concluded that it is non-random.

Pfizer EN Series of Lots



Batch			
EN6201	2783	**The Pfizer EN Series**	
EN5318	2768	If the toxicity was random, we would expect a gradation	
EN6205	2760		
EN6208	2635	Instead what we have is a sudden drop from 2000 down to 37 with nothing in between	
EN6207	2501		
EN6200	2432	Whatsmore, all of the batches with the highest adverse reactions are all part of a complete mathematical series	
EN6202	2378	We would expect highly toxic batches to be carefully labelled, so their effects could be measured	
EN6198	2336		
EN6206	2333		
EN6199	2221		
EN6203	2171		
EN6204	2127		
EN9581	720		
EN6955	37		
EN8727	25		
EN2613	23		
EN8730	23		
EN8733	23		
EN0150	22		
EN7534	19		
EN9809	18		
EN0151	17		
EN6209	15		
EN3518	14		
EN9810	13		
EN6021	12		
EN8732	11		
EN0153	10		
EN2606	10		
EN6025	10		
EN0161	9		
EN6189	9		
EN6707	9		
EN8734	9		
EN0158	8		
EN8731	8		
EN0169	7		
EN0176	7		
EN5813	7		
EN6119	7		

Note

- huge variation between lots with high numbers of adverse reactions, and lots with low numbers. It is 100 fold difference.
- sudden drop from the 2000 range down to 37
- all the high toxic lots are part of a mathematical series –

  EN6198, EN6199, EN6200, EN6201, EN6202, EN6203, EN6204, EN6205, EN6206, EN6207, EN6208.

If adverse reactions were the random result of personal comorbidities, then why are they predominantly occurring with lots that are part of a mathematical series?

Pfizer EW Series of Lots

Batch	ADR	Death	Disability	L Threat
EW0150	2437	20	51	35
EW0151	2334	16	41	35
EW0172	2141	17	36	30
EW0162	1935	16	37	25
EW0173	1902	7	28	19
EW0153	1867	11	40	28
EW0179	1867	5	30	24
EW0164	1845	17	24	23
EW0158	1834	13	36	32
EW0171	1789	20	34	35
EW0169	1725	19	30	23
EW0161	1666	12	25	30
EW0177	1568	9	15	21
EW0187	1524	8	13	21
EW0176	1505	11	35	16
EW0180	1488	6	14	17
EW0167	1487	12	36	34
EW0170	1486	8	38	19
EW0185	1485	3	24	20
EW0175	1465	10	25	17
EW0191	1455	9	25	17
EW0196	1446	4	24	10
EW0186	1405	11	24	16
EW0182	1396	7	36	27
EW0181	1383	6	22	14
EW0217	1340	8	29	20
EW0178	1336	4	22	19
EW0183	1322	6	16	18
EW0168	1290	11	25	20
EW0198	1256	1	19	12
EW0165	291	3	8	9
EW0202	276	3	8	7
EW0810	117			
EW0183H	22			
EW1058	22			
EW5318	20	1	1	
EW1050	19			
EW0185H	17			
EW0189	17		1	
EW1053	17			
EW0175H	16			
EW017	15			1
EW1075	15			
EW0127	14		1	
EW0193	14		1	1
EW1077	14			
EW0186H	13			
EW6208	13		1	
EW0160	12		1	1

Pfizer EW Series
The top 30 batches for EW.

Notice the sudden drop in "toxicity" from 1256 down to 291, then rapidly down to 22

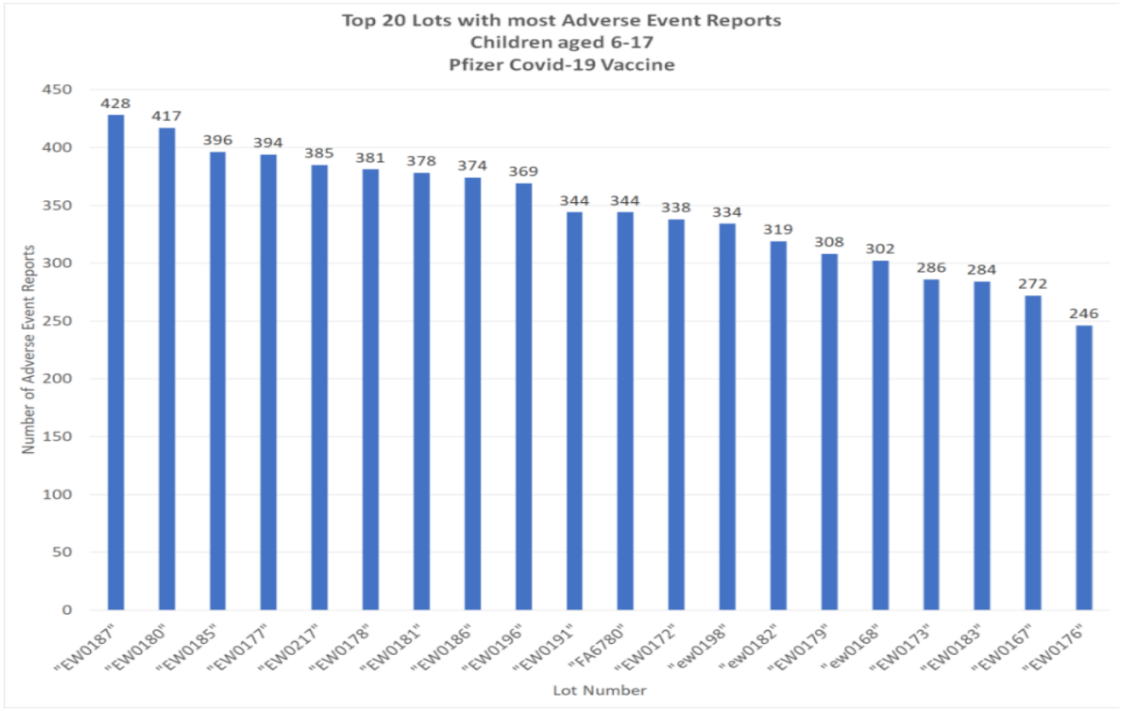
The batch codes for top 30 are all part of a mathematical series -

EW0150
EW0151
EW0153
EW0158
EW0161
EW0162
EW0164
EW0165
EW0167
EW0168
EW0169
EW0170
EW0171
EW0172
EW0173
EW0175
EW0176
EW0177
EW0178
EW0179
EW0180
EW0181
EW0182
EW0183
EW0185
EW0186
EW0187
EW0191
EW0196
EW0198
EW0202
EW0217

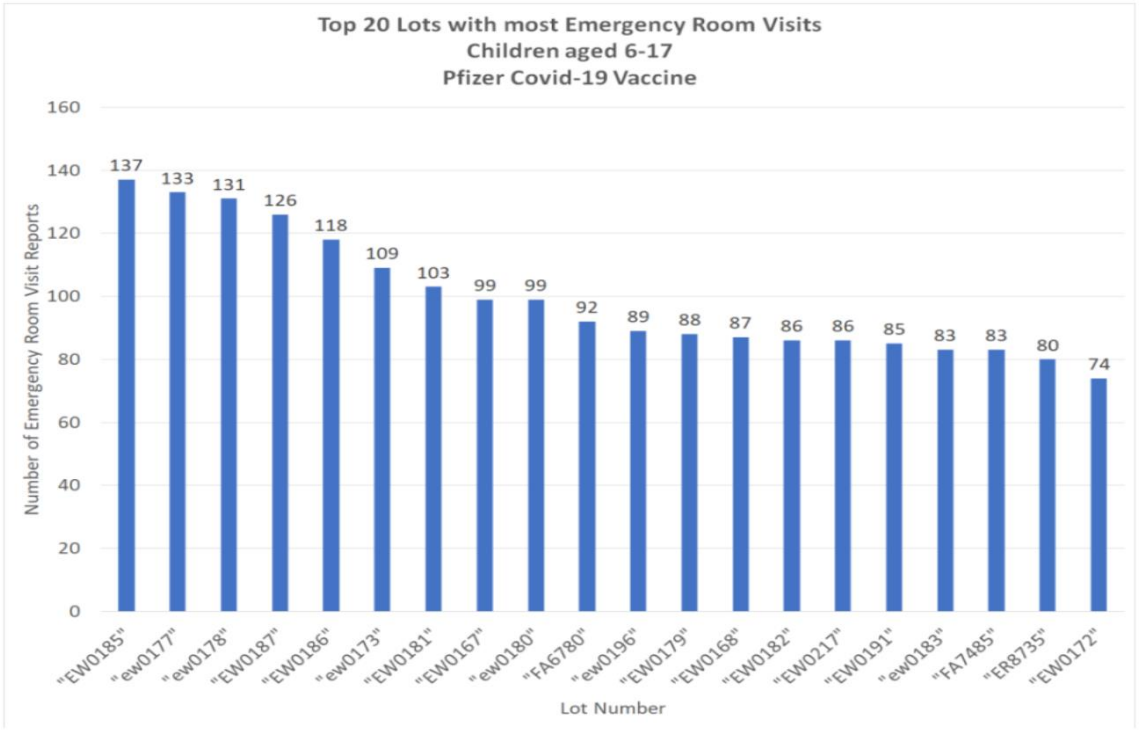
If your EW batch code is in this series - EW0150 - EW0217, then be aware that this may be a toxic batch.

- As you can see, the lots high-lighted in yellow are responsible for most of the deaths, disabilities and life threatening illnesses following vaccination. They are 100 fold higher than the remaining lots
- There is a sudden drop between high and low toxicity lots
- The toxic lots form part of a continuous mathematical series

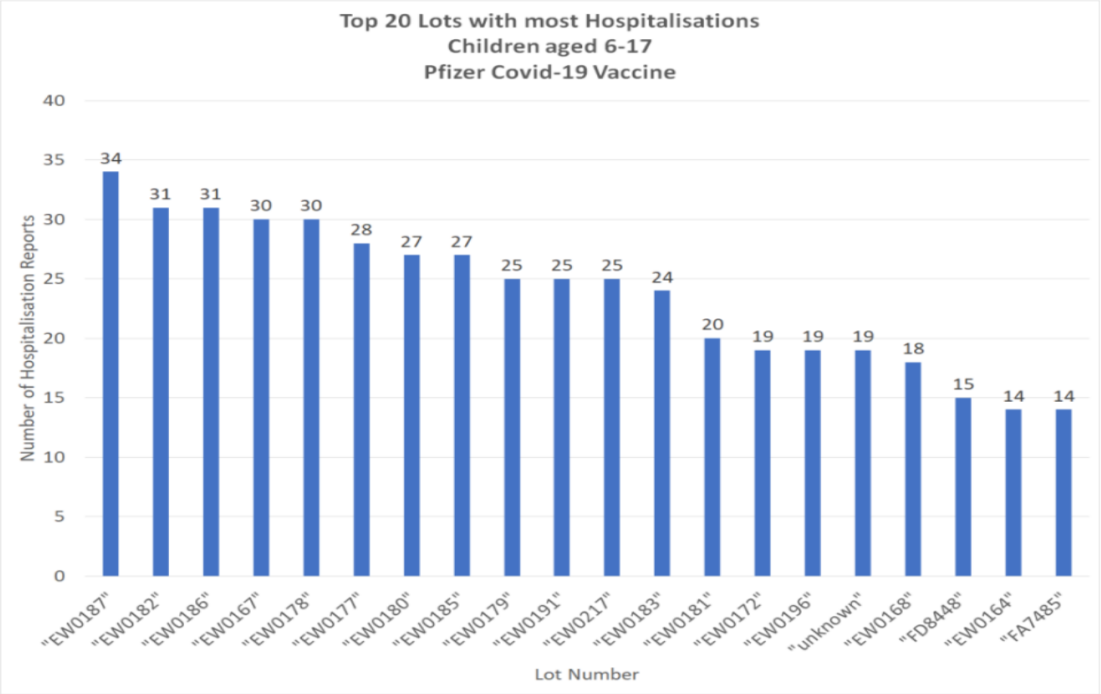
EW Series are the Child Killers



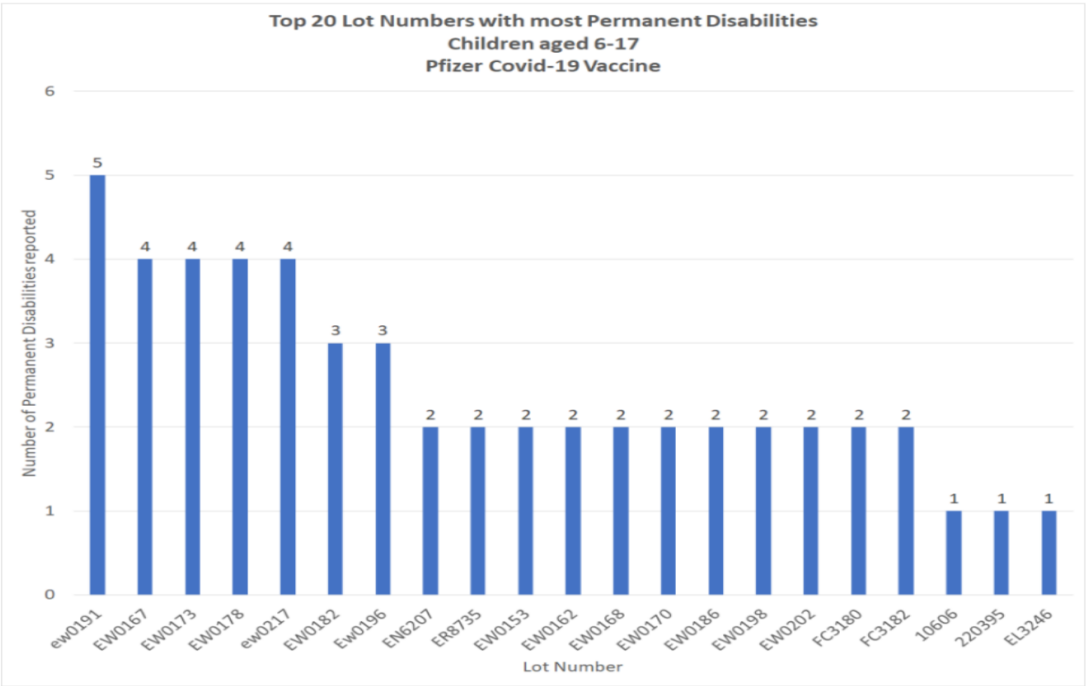
The lots responsible for the highest number of adverse reactions in children are all in the mathematical series highlighted in yellow.



The lots responsible for the highest number of emergency room visits for children are all in the mathematical series highlighted in yellow.



The lots responsible for the highest number of hospitalisations for children are all in the mathematical series highlighted in yellow.



The lots responsible for the highest number of disabilities for children are all in the mathematical series highlighted in yellow.

The EW range, in particular the lots labelled with batch codes forming a continuous mathematical series from EW0150 to EW0217 is responsible for almost all of the deaths, disabilities of children following vaccination.

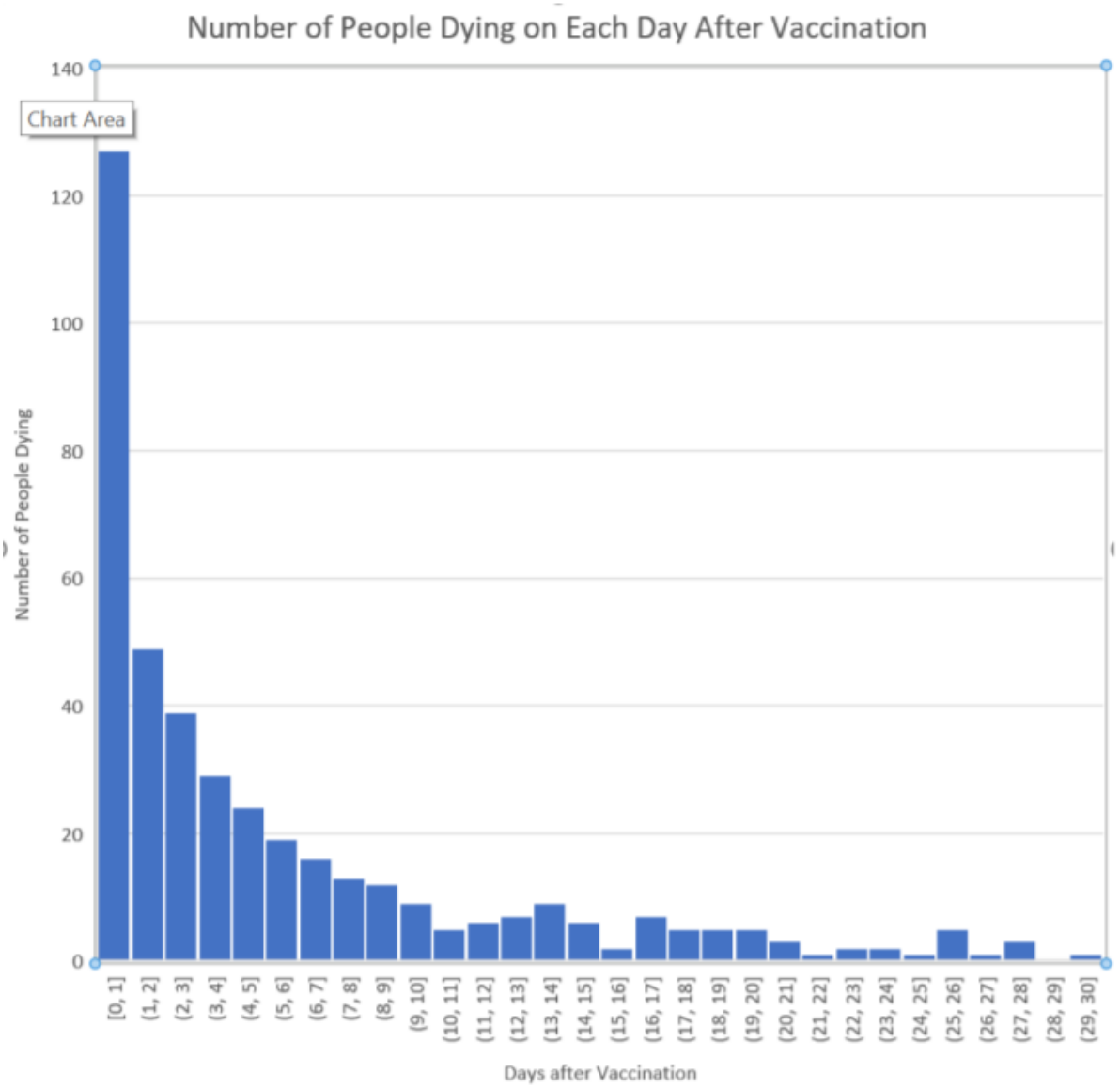
EVIDENCE – PART 2 – TEMPORAL ASSOCIATION BETWEEN VACCINE AND TOXIC REACTION

The time of onset between vaccination and severe adverse events is often within 24 hours of vaccination.

Immediacy of Severe Reactions

In Febuary of 2021 I looked at 456 deaths that were recorded in VAERS up to that time. It was claimed that these deaths were of very old people who were nearing the end of their lifespan anyway, and consequently that their death had nothing to do with the vaccination they received. If their deaths are completely unrelated to the vaccine then the date of their deaths should be randomly distributed relative to the date of the vaccination. There should be no clustering of death date around the date of the vaccination. So I took a look at the data to see if this was the case...

I published my findings in a document called - Lethal Injection. Here is a graph from that document showing the distribution of deaths following vaccination –



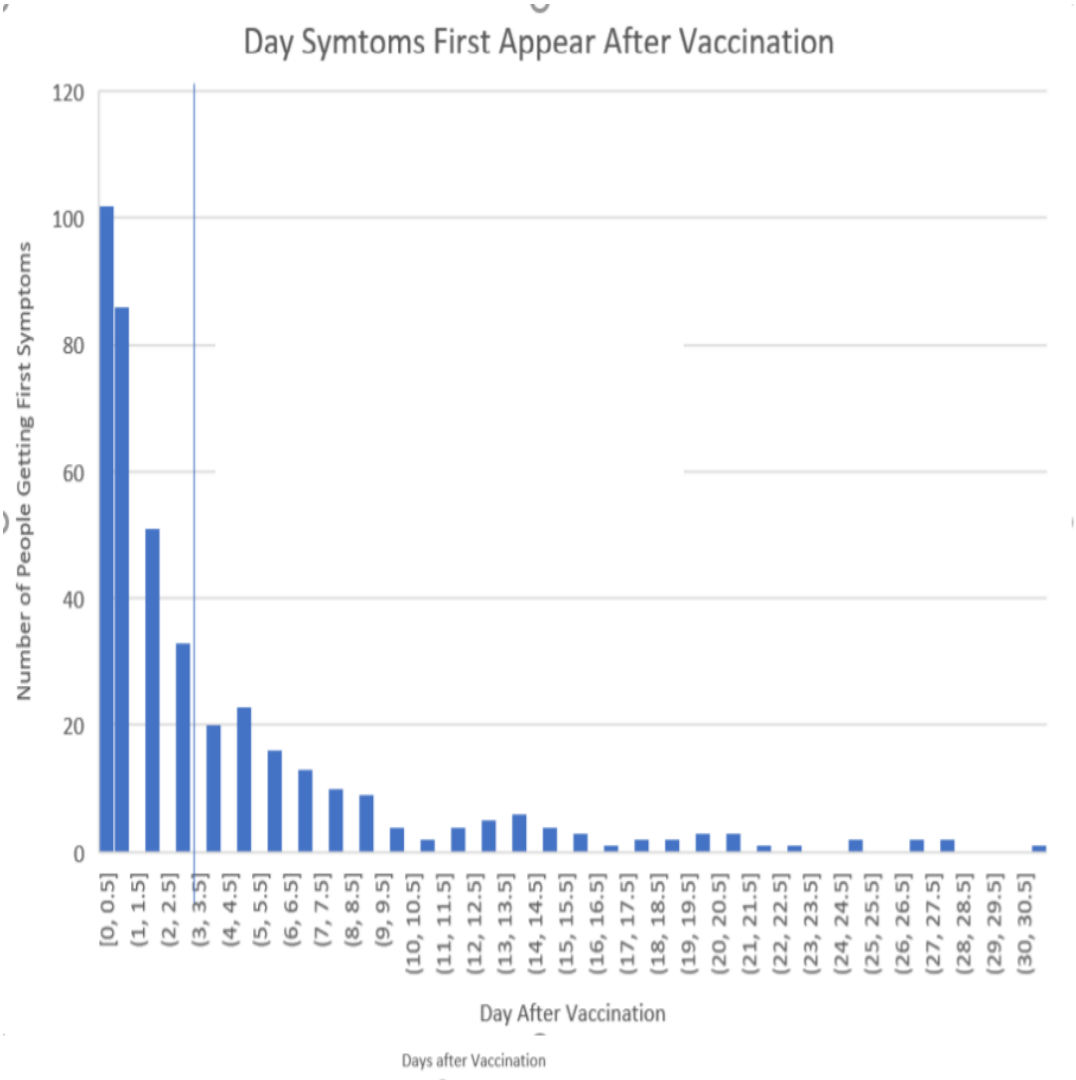
- 127 people died within 24 hours
- 49 people died after 2 days
- 39 people died after 3 days
- 29 people died after 4 days
- 24 people died after 5 days
- 19 people died after 6 days
- 16 people died after 7 days
- 13 people died after 8 days
- 12 people died after 9 days

This distribution of deaths is **strongly** clustered around the vaccination date, showing that the vaccine was a strong contributing cause to their death. A very high proportion of the death occurs **the same day as the vaccination**. In fact many died within 2 hours of the vaccine being administered !

What About the Onset of Symptoms that led to death?

456 people died, but their death was preceded by symptoms. People never die without symptoms, since there must be some organ failure or damage to produce death. When we look at the date of onset of symptoms, we find that there is an even stronger clustering around the date of vaccination. In 194 cases out of 457, the symptoms that led to death began within 24 hours of the vaccination.

It would have been obvious to the victim that their symptoms and illness began simultaneously with the vaccination, and hence the vaccine was responsible.



What was the cause of their death?

I looked at the patient records for each of the 127 people who died with 24 hours, to find out what they had died from. I gathered together these patient records into the appendix of Lethal Injection. You can read them for yourself. I was surprised that the vast majority died of heart attack.

Pfizer Leak : A document, pryed out of Pfizer using a Freedom of Information Request, describes 1209 serious cardiac events between December 1st 2020 and Feb 28th 2021. Here is the report. In the image below, Pfizer admits that these events occurred up to 21 days after the vaccination, BUT THE MEDIAN is less than 24 hours ! I am just going to repeat that - the MEDIAN is under 24 hours - so most of the adverse reactions followed the vaccinations almost immediately - in many cases the onset of the symptoms leading to their death or disability were apparent within hours, and the fatal or disabling outcome manifest within a single day. It must have seemed obvious to the victims, and to their relatives that the vaccine was the most likely cause. See - Pfizer Leak - see p 16 .

In the light of this information, derived from both VAERS and directly from Pfizer, it is confirmed that most of the adverse events occur within 24 hours of vaccination.

Table 7. AESIs Evaluation for BNT162b2

AESIs[a] Category	Post-Marketing Cases Evaluation[b] Total Number of Cases (N=42086)
Anaphylactic Reactions *Search criteria: Anaphylactic reaction SMQ (Narrow and Broad, with the algorithm applied), selecting relevant cases according to BC criteria*	Please refer to the Risk 'Anaphylaxis' included above in Table 4.
Cardiovascular AESIs *Search criteria: PTs Acute myocardial infarction; Arrhythmia; Cardiac failure; Cardiac failure acute; Cardiogenic shock; Coronary artery disease; Myocardial infarction; Postural orthostatic tachycardia syndrome; Stress cardiomyopathy; Tachycardia*	• Number of cases: 1403 (3.3% of the total PM dataset), of which 241 are medically confirmed and 1162 are non-medically confirmed; • Country of incidence: UK (268), US (233), Mexico (196), Italy (141), France (128), Germany (102), Spain (46), Greece (45), Portugal (37), Sweden (20), Ireland (17), Poland (16), Israel (13), Austria, Romania and Finland (12 each), Netherlands (11), Belgium and Norway (10 each), Czech Republic (9), Hungary and Canada (8 each), Croatia and Denmark (7 each), Iceland (5); the remaining 30 cases were distributed among 13 other countries; • Subjects' gender: female (1076), male (291) and unknown (36); • Subjects' age group (n = 1346): Adult[c] (1078), Elderly[d] (266) Child[e] and Adolescent[f] (1 each); • Number of relevant events: 1441, of which 946 serious, 495 non-serious; in the cases reporting relevant serious events; • Reported relevant PTs: Tachycardia (1098), Arrhythmia (102), Myocardial infarction (89), Cardiac failure (80), Acute myocardial infarction (41), Cardiac failure acute (11), Cardiogenic shock and Postural orthostatic tachycardia syndrome (7 each) and Coronary artery disease (6); • Relevant event onset latency (n = 1209): Range from <24 hours to 21 days, median <24 hours;

Pfizer's document - what it reveals

Between the 1st of December 2020 and the 28th Febuary 2021, 42,086 reports of adverse reactions were received by Pfizer. Pfizer published the results of these reports in April 2021 - Pfizer Report - see p 16 On page 16, Pfizer lays out a table of the major adverse effects and their time of onset. I invite you to read it for yourself. It may shock you.

Adverse Effect	Number of cases	% of all cases	Median time till onset
Heart Attack	1406	3.30%	< 24 hours
Haemorrhage	932	2.20%	1 day
Facial Paralysis	449	1.07%	2 days
Auto-immune illness	1050	2.50%	< 24 hours
Arthritis	3600	8.50%	1 day
Convulsions, tremors, seizures	501	1.20%	1 day
Herpes	8152	19.40%	1 day
Blood Clots	151	0.30%	4 days
Stroke	275	0.60%	2 days

These illnesses were breaking out in tens of thousands of people within 24 hours of vaccination. The effects were immediate. It was obvious to the victims and to their families that the vaccines were the cause.

Public Health Policy Report - symptoms preceding death

In May 2021, a report was published by Jessica Rose, PhD, MSc, BSc , entitled "A Report on the U.S. Vaccine Vaccine Adverse Events Reporting System (VAERS) of the COVID 19 Messenger Ribonucleic Acid (mRNA) Biologicals

Jessica looked at all those who died, and analysed the time of onset of symptoms that preceded death. On page 69 of this report, Jessica states that -

"70% of all individuals had onset of symptoms within 48 hours following first or second doses."

This is a massive safety signal. Did the government respond with investigations? Not at all. "Safety" was of no concern to them. Their intent was to ignore such safety signals.

Before and After

Such a striking association in time between the vaccine and associated death or disability should surely have occasioned an investigation, or even a halt of the vaccination roll-out until the issue was solved. But nothing has been investigated, and the roll out has not faltered.

No matter what the explanation is for this association - we must remember that in more than half of the reported events, the severe effect did occur within 24 hours - and stood out because these effects were absent prior to the vaccination. "Onset" is as the word says - "the beginning" of an illness. It wasn't there before. (I think people would have noticed if they had haemorrhages, heart attacks or facial paralysis before the vaccination.)

EVIDENCE - PART 3 – VARIATION IN THE EFFECTS OF THE VACCINE UPON DIFFERENT GROUPS WITHIN THE POPULATION

We see evidence of massive variation - this time, not between batches, but rather between different groups in the population. I demonstrate this variation for both women and children.

The vaccines were granted EUA based on a consistency of reaction for all members of the population - if the vaccine decimates or seriously afflicts one group compared to another, then this may void its EUA.

Gender Differences in Vaccine Effects

Here, I am providing data for what appears to be a highly consistent and very large difference in the effect of the vaccine on women compared to men

- **PDF by Craig :** Gender Effects
- **VIDEO by Craig:** Gender Effects
- **EXCEL by Mairead Price :** VAERS data for men and women by symptom - 18th June 2021

Women are experiencing far more adverse effects

Eudravigilance – Pfizer – **TOZINAMERAN -** (up to 01/01/2022)

Here are the number of cases reported for females and males aged 18-64, by type of disorder.

Disorder	Female	Male
Blood & lymphatic system disorders	29,155	6,516
Cardiac disorders	23,131	12,604
Congenital, familial and genetic disorders	162	85
Ear and labyrinth disorders	11,809	4,311
Endocrine disorders	1,103	181
Eye disorders	13,202	4,269
Gastro-intestinal disorders	79,906	16,971
Hepatobiliary disorders	643	397
Immune system disorders	10,617	2,342
Infections and infestations	28,774	14,204
Metabolism and nutrition disorders	4,799	1,547
Musculoskeletal and connective tissue disorders	375,397	32,358
Cancers, neoplasms, tumours	496	192
Nervous system disorders	155,126	44,560
Renal and urinary disorders	2,202	1,098
Respiratory, thoracic and mediastinal disorders	35,477	11,969
Skin and subcutaneous disorders	41,639	11,241
Vascular disorders	19,217	6,639

Source : https://www.adrreports.eu/en/search_subst.html#

Eudravigilance – Astrazeneca - **(CHADOX1 NCOV-19)** (up to 01/01/2022)

Here are the number of cases reported for females and males aged 18-64, by type of disorder.

Disorder	Female	Male
Blood & lymphatic system disorders	7,805	2,443
Cardiac disorders	11,008	3,911
Congenital, familial and genetic disorders	105	53
Ear and labyrinth disorders	7,552	2,401
Endocrine disorders	406	106
Eye disorders	11,196	3,644
Gastro-intestinal disorders	69,653	14,753
Hepatobiliary disorders	422	271
Immune system disorders	3,211	783
Infections and infestations	18,909	8,238
Metabolism and nutrition disorders	7,626	1,970
Musculoskeletal and connective tissue disorders	104,942	30,996
Cancers, neoplasms, tumours	298	121
Nervous system disorders	140,458	42,960
Renal and urinary disorders	2,041	925
Respiratory, thoracic and mediastinal disorders	21,551	7,822
Skin and subcutaneous disorders	30,608	8,510
Vascular disorders	13,816	5,212

And Pfizer's own documents support this - a document, provided by Pfizer following a Freedom of Information Request, describes 42,086 adverse events between December 1st 2020 and Feb 28th 2021.

In table 1 of that report, you can see the relative number of adverse reactions for females and males

Characteristics		Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17 18-30 31-50 51-64 65-74 ≥ 75 Unknown	175[a] 4953 13886 7884 3098 5214 6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400

a. in 46 cases reported age was <16-year-old and in 34 cases <12-year-old.

Females	29,914 adverse reaction cases
Males	9182 adverse reaction cases

If you scroll down to p16 of the report, Pfizer goes into some detail for each of the severe adverse reactions. Remember these reactions all happened in just 90 days from start of deployment of the vaccines, and they are only the ones reported to Pfizer directly.

Adverse Reaction	Female	Male
Cardio-vascular (e.g. Heart attack)	1076	291
Haematological (e.g. Haemorrhage)	676	222
Hepatic (e.g. liver damage)	43	26
Facial Paralysis	295	133
Auto-immune disease	526	156
Musculo-skeletal (e.g. Arthritis, chronic fatigue)	2760	711
Neurological (e.g. seizures, convulsions, multiple sclerosis, tremors)	328	150
Herpes	5969	1860
Renal (e.g. kidney failure)	46	23
Respiratory (e.g. severe acute respiratory distress)	72	58
Thromboembolic (e.g. blood clots)	89	55
Stroke	182	91
Vascular damage	26	6

Here we have a strong warning signal – a strong safety alert - that the vaccines are having a worse effect on women than on men.

This is a very significant safety signal that the Government has chosen to ignore. Neither have they warned women of this danger – so they have not provided informed consent.

• Is this warning signal being acknowledged by govt? No.

• Are they carrying out any investigations? No

• Are they exempting women from vaccination? No

So govt intention is to disregard strong safety signals completely? Yes.

If their intention is NOT to protect you from harm – AND

if they are actively promoting the harmful intervention –

then we can only conclude that their intention is to harm.

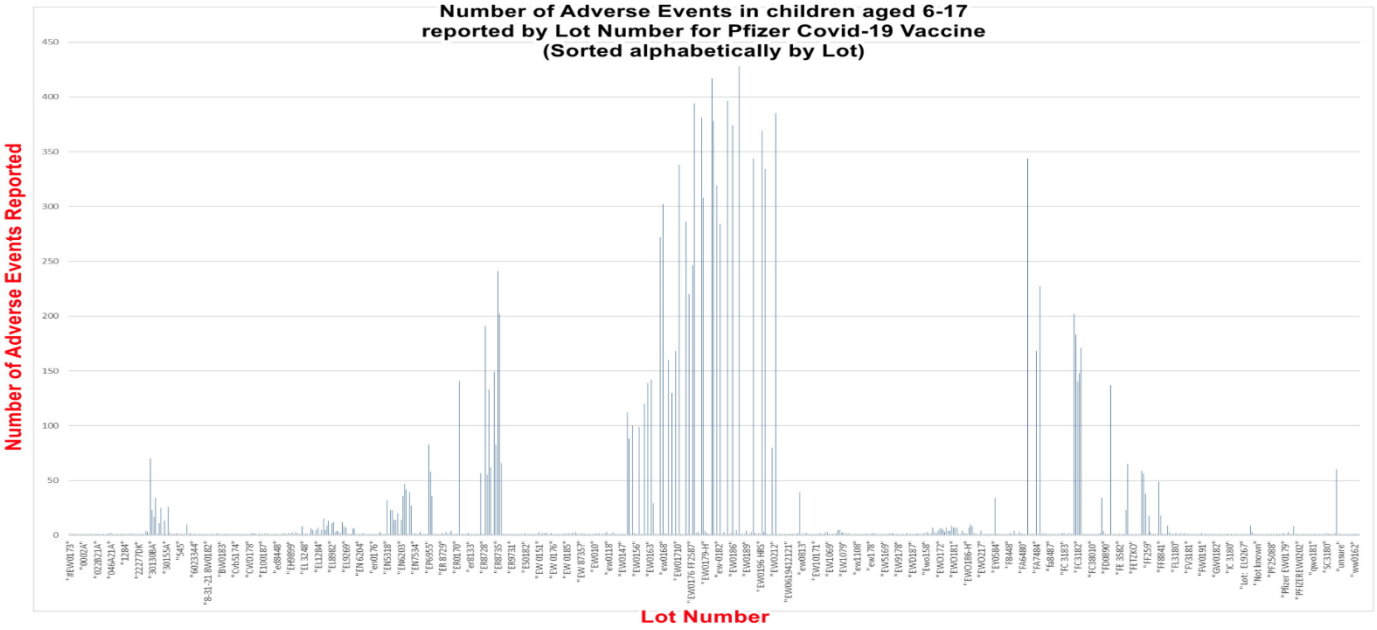
"If I were a vaccine manufacturer I would say how do we know these events were due to vaccine? But then we say if these events were not due to vaccine, then we would not see such a male female discrepancy."

Wayne L Winston, Indiana University

Effect on Children

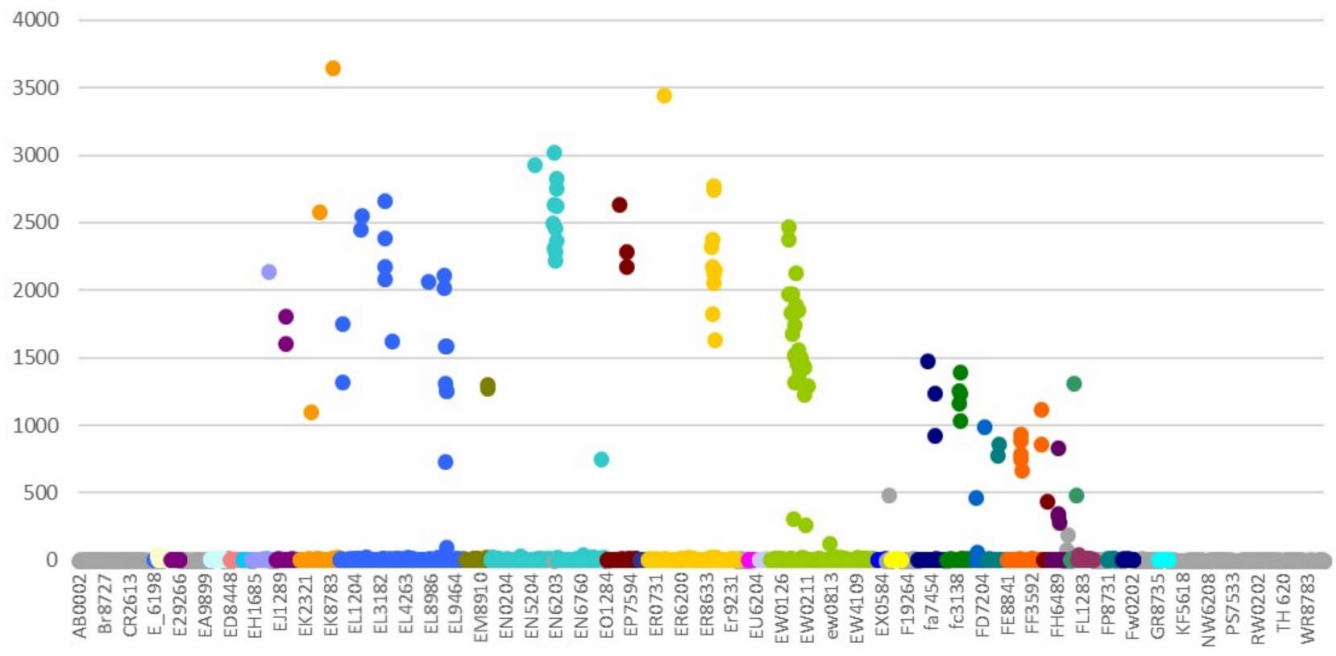
The lots causing most problems in children are the Pfizer batches in the EW series

The chart below shows number of adverse events per batch for **children only (aged 6 - 17)**



The EW range is shown in green below. The EW series has a toxicity of 1200 to 2500. Historical records show a large number of EW batches having this toxicity. Yet the regulators failed to investigate.

The chart below shows number of adverse events per batch **for all ages**



Why are they administering the EW range to children?

Look at the chart above. Assuming that the differences in toxicity (as measured by number of adverse reactions) are due to differences in concentration of the active ingredients, then the EW range corresponds to half of the full dose. That's why they are giving it to children. They said that the were giving them a half dose - a "children's dose". "But half of something very toxic, is still very toxic - especially in a small body !!"

Fatal effects of EW series on adults

Take another look at the chart, and you will see that the number of adverse reactions for the EW series is still substantial - varying between 1500 and 2500 ADRs per batch.

Now, go to the Pfizer page of this website and input EW in the search box. Look at how many adults died following EW administration. Look at how many were disabled, or suffered life thtreatening illnesses...What they are forgetting / ignoring is that the EW series has killed and disabled many healthy adults already.

They are destroying these childrens lives. Injecting these toxins into children will cause them suffering that they cannot escape from. Internal injuries and damage will leave them crying almost continually, in constant pain...trapped in a hell body.

Fatal effects of EW series on Children

Here are the reported VAERS records for the effect of the EW series on children aged 6-17

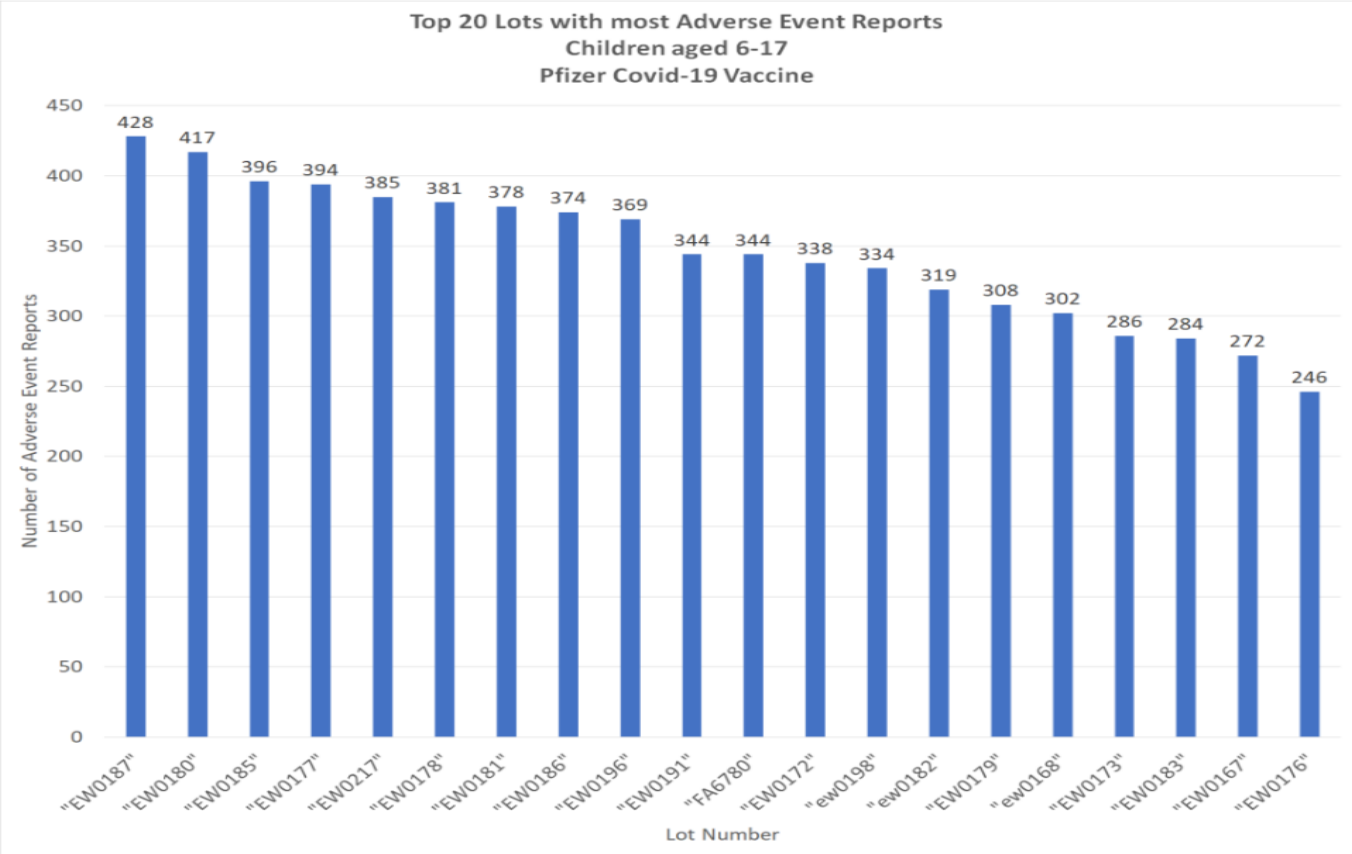
	Adverse Events	Emergency Room Visit	Hospitalised	Life Threatening	Permanent Disability	Death
Total	16,880	5,161	1,365	264	120	29
Average / lot administered	23	7	2	0.4	0.2	0.04
Min / lot	1	0	0	0	0	0
Max / lot	428	136	34	8	5	1
Total Count of Lots administered	748					
Total Count of Lots responsible for at least 1 Event	748	392	163	78	48	15 (min.) *(Max 29 when including UNKNOWN Lot No.)*

Breaking it down by batch

A. Adverse reactions

The above chart shows the number of adverse event reports by lot number among children aged 6-17 across the USA. This chart has identified the actual lot numbers of Pfizer vaccine that have caused the most harm to children in the USA. The most harmful of which is lot number 'EW0187'; causing 428 adverse events reports to be made.

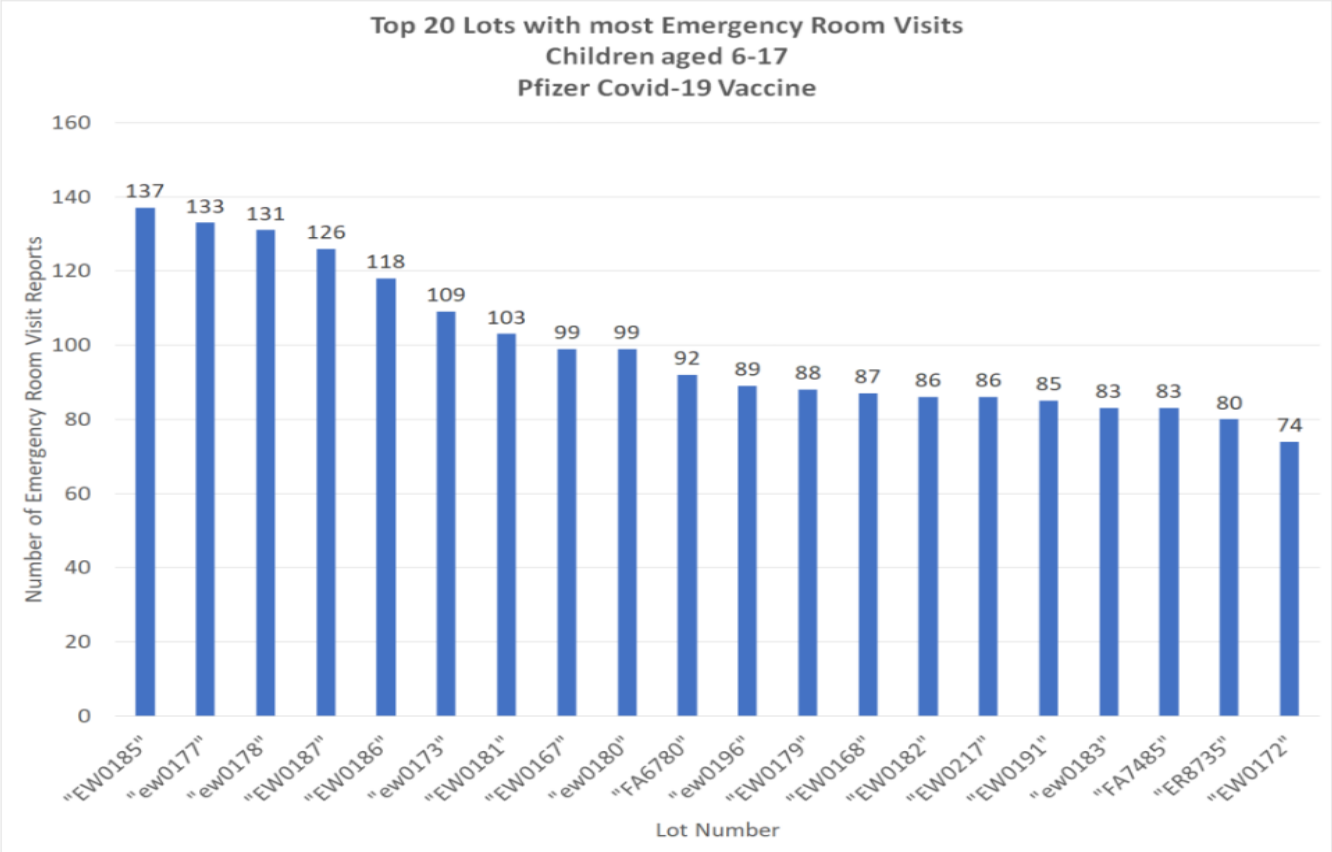
But let's take a closer look at the top 20 lots with the adverse event reports made against them.



The above chart shows the top 20 lot numbers with the most adverse event reports, and as we can see 19 out of the 20 lots are all 'EW' lot numbers ranging from EW0167 to EW0217. The one exception is lot number FA6780 which had 344 adverse event reports made against it.

B. Emergency room visits

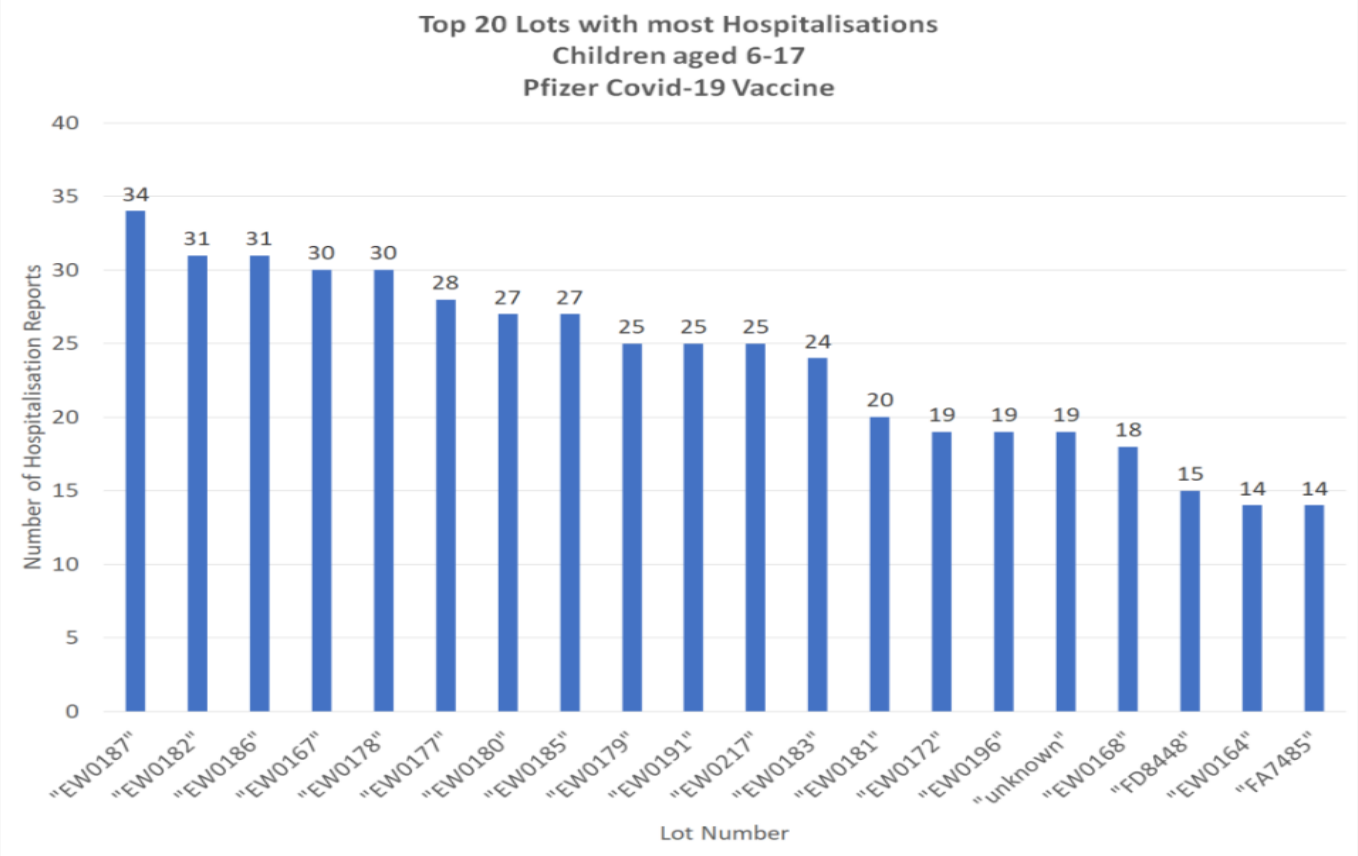
The above chart shows the number of emergency room visits by lot number among children aged 6-17 across the USA. The most harmful Pfizer lot in this category is lot number 'EW0185' which placed third in the number of adverse event reports recorded. The EW0185 lot caused 137 emergency room visits among children.



The above chart shows the top 20 lot numbers that caused the most emergency room visits, and as we can see 17 out of the 20 lots are all 'EW' lot numbers ranging from EW0168 to EW0217. The three exceptions are lot numbers FA6780, FA7485, and ER8735 which had 92, 83, and 80 emergency room visit reports made against them.

C. Hospitalisations

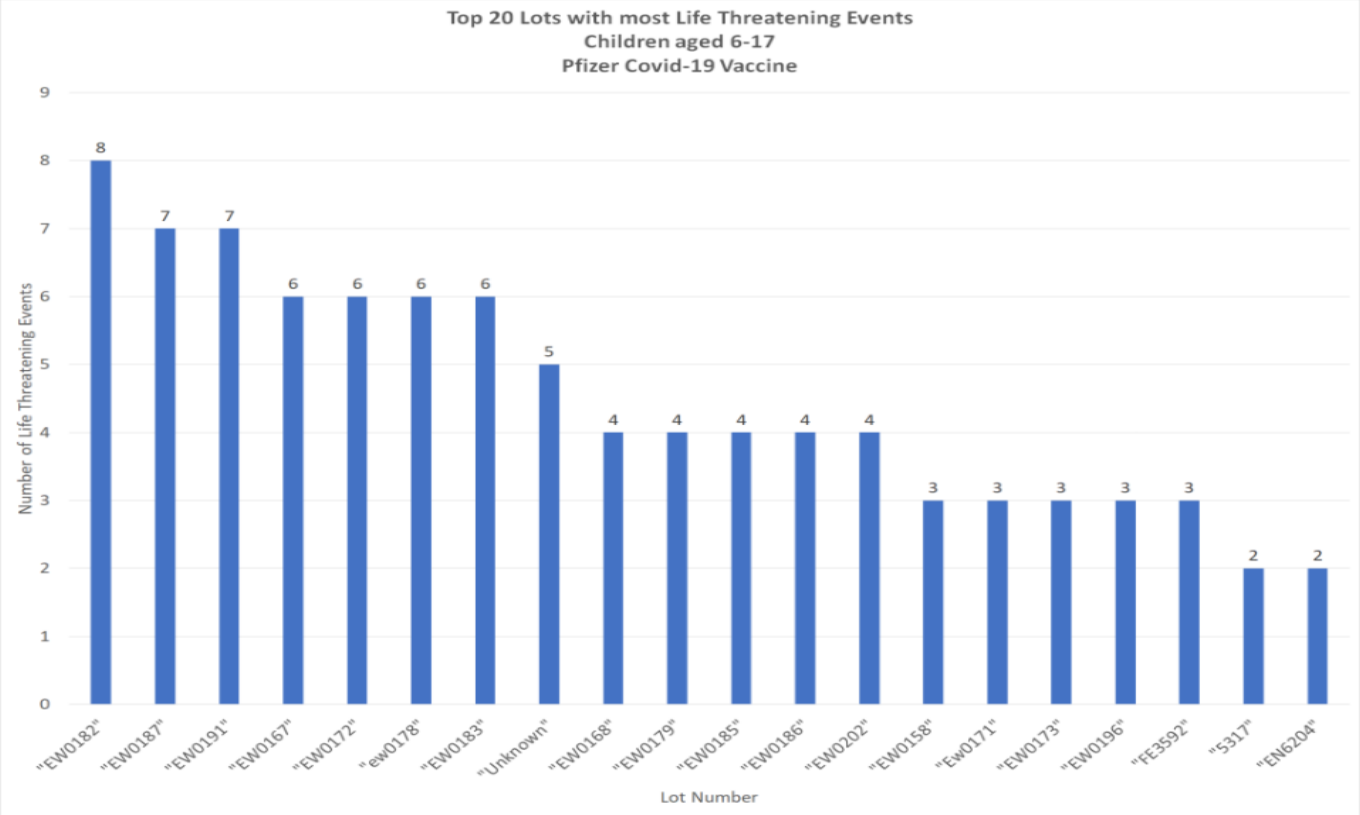
The above chart shows the number of hospitalisations by lot number among children aged 6-17 across the USA. The most harmful Pfizer lot in this category is lot number 'EW0187' which placed first in the number of adverse event reports recorded, and fourth in the number of emergency room visits reported . The EW0185 Pfizer lot caused 34 hospitalisations among children.



The above chart shows the top 20 lot numbers that caused the most hospitalisations, and as we can see 17 out of the 20 lots are all 'EW' lot numbers ranging from EW0167 to EW0217. The three exceptions are lot numbers FA7485, FD8448, and UNKNOWN which had 14, 15, and 19 hospitalisation reports made against them.

D. Life threatening illness

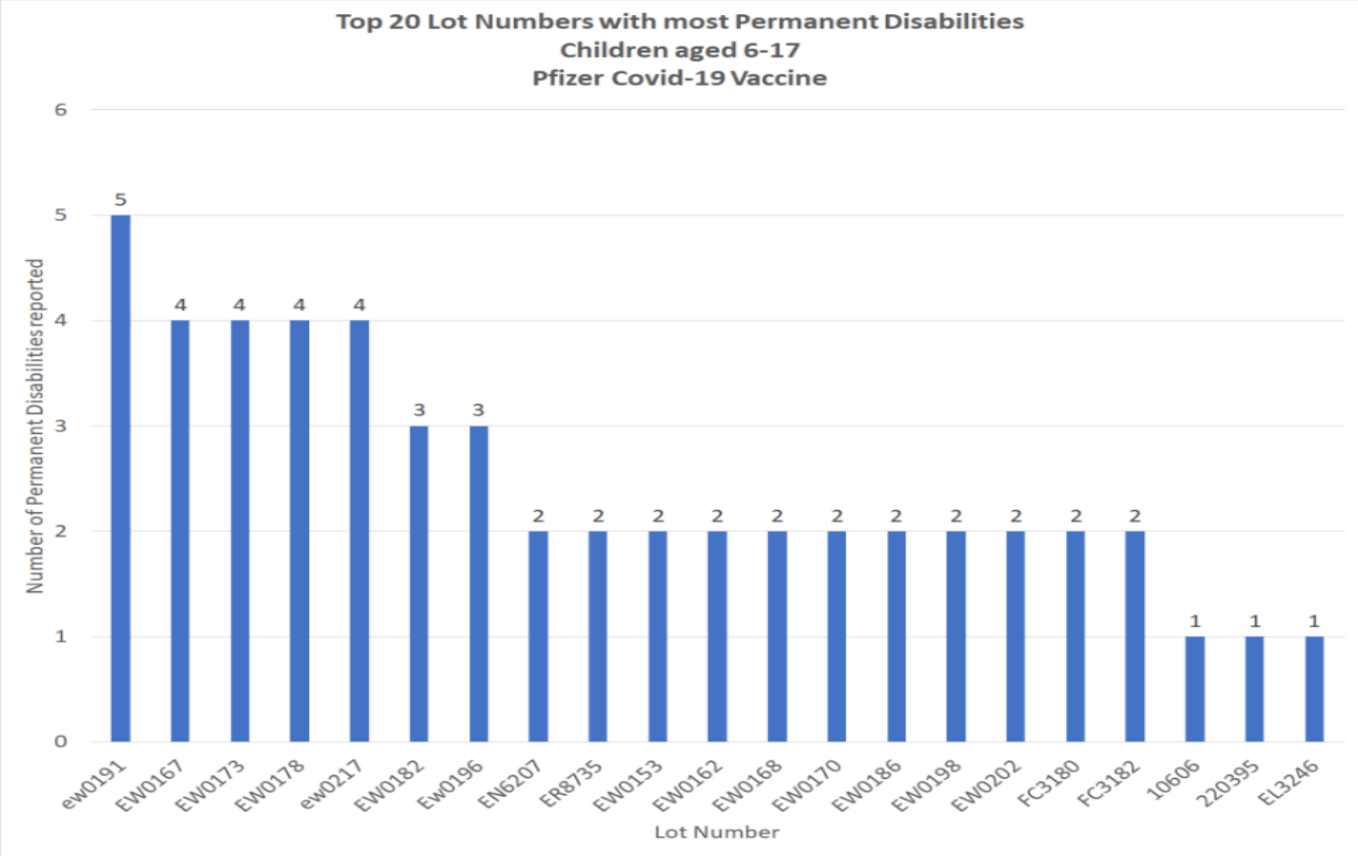
The above chart shows the number of life threatening events by lot number among children aged 6-17 across the USA. The most harmful Pfizer lot in this category is lot number 'EW0182' which placed fourteenth in both the number of adverse event reports reported and number of emergency visits reported, and second in the number of emergency room vistis reported . The EW0182 Pfizer lot caused 8 life threatening events among children.



The above chart shows the top 20 lot numbers that caused the most life threatening events, and as we can see 16 out of the 20 lots are all 'EW' lot numbers ranging from EW0167 to EW0202. The four exceptions are lot numbers EN6204, 5317, FE3592, and UNKNOWN which had 2, 2, 3, and 5 life threatening event reports made against them.

E. Disability

The above chart shows the number of permanent disabilities by lot number among children aged 6-17 across the USA. The most harmful Pfizer lot in this category is lot number 'EW0191' which placed tenth in the number of adverse event reports reported, sixteenth in the number of emergency room visits, tenth in the number of hospitalisations, and third in the number of life threatening events. The EW0191 Pfizer lot caused 5 children to be left permanently disabled.



The above chart shows the top 20 lot numbers that caused the most permanent disabilities, and as we can see 13 out of the 20 lots are all 'EW' lot numbers ranging from EW0162 to EW0217. The seven exceptions are lot numbers EL3246, 220395, 10606, FC3182, FC3180, 5317, FE3592, ER8735, and EN6207 which had 1, 1, 1, 2, 2, 2, and 2 permanent disability reports made against them.

F. Death

The above chart shows the number of deaths by lot number among children aged 6-17 across the USA. There are a total of 15 different lot numbers, each causing a single death, and 11 out of the 15 are all EW numbers yet again, ranging from EW010 to EW0217.

Adverse Events			Emergency Room Visits			Hospitalisations		
Position	Lot No.	Total Reports	Position	Lot No.	Total Reports	Position	Lot No.	Total Reports
1	EW0187	428	1	EW0185	137	1	EW0187	34
2	EW0180	417	2	EW0177	133	2	EW0182	31
3	EW0185	396	3	EW0178	131	3	EW0186	31
4	EW0177	394	4	EW0187	126	4	EW0167	30
5	EW0217	385	5	EW0186	118	5	EW0178	30
6	EW0178	381	6	EW0173	109	6	EW0177	28
7	EW0181	378	7	EW0181	103	7	EW0180	27
8	EW0186	374	8	EW0167	99	8	EW0185	27
9	EW0196	369	9	EW0180	99	9	EW0179	25
10	EW0191	344	10	FA6780	92	10	EW0191	25
Life Threatening Events			**Permanent Disabilities**			**Deaths**		
Position	Lot No.	Total Reports	Position	Lot No.	Total Reports	Position	Lot No.	Total Reports
1	EW0182	8	1	EW0191	5	1	EW0191	1
2	EW0187	7	2	EW0167	4	2	EW0196	1
3	EW0191	7	3	EW0173	4	3	EW0198	1
4	EW0167	6	4	EW0178	4	4	EW0187	1
5	EW0172	6	5	EW0217	4	5	EW0186	1
6	EW0178	6	6	EW0182	3	6	EW0179	1
7	EW0183	6	7	EW0196	3	7	EW0178	1
8	EW0168	4	8	EN6207	2	8	EW0168	1
9	EW0179	4	9	ER8735	2	9	EW0153	1
10	EW0185	4	10	EW0153	2	10	EW0217	1

The above table shows the top 10 lot numbers with the most event reported against them in the adverse event, emergency room visit, hospitalisation, life threatening event, permanent disability, and death categories. This clearly demonstrates that there has been a serious issue with EW lot numbers ranging from EW0167 to EW0217.

EVIDENCE – PART 4 – THE MECHANISM OF CAUSATION

The vaccine causes human cells to manufacture the spike protein. It has been established experimentally, and beyond any reasonable doubt that that when blood is exposed to the spike protein, clotting always results.

When spike protein is added to blood plasma, (with and without thrombin), a **major** increase in dense anomalous clotted deposits occurs.

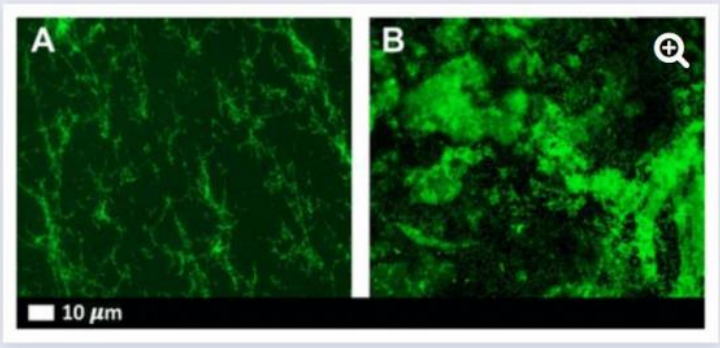


Figure 3: Download figure | Open in new tab

Representative fluorescence micrographs of purified fluorescent (Alexa Fluor™488) fibrinogen *(note no ThT added)* with added thrombin to form extensive fibrin clots. **A)** Fluorescent fibrinogen with thrombin; **B)** fluorescent fibrinogen with added spike protein (final exposure concentration 1 $ng.mL^{-1}$) and thrombin.

Spike protein also caused an increase in platelet hyperactivation

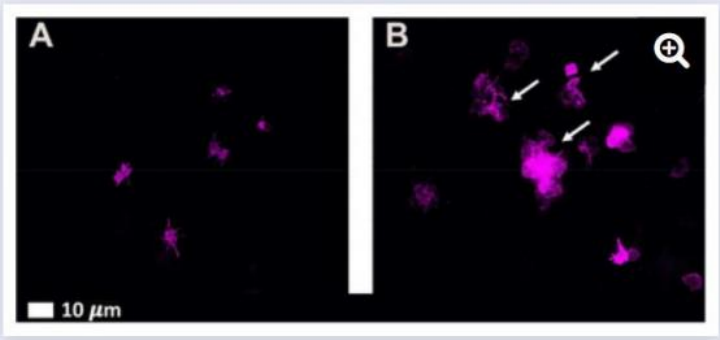


Figure 5A: Download figure | Open in new tab

Fluorescence microscopy micrographs of representative naïve whole blood (WB), where platelets were incubated with fluorescent marker, CD62P-PE. **B)** WB after exposure to spike protein. The white arrows point to hyperactivated activated platelets.

Reference : https://www.medrxiv.org/content/10.1101/2021.03.05.21252960v1

SARS-CoV-2 spike protein S1 induces fibrin(ogen) resistant to fibrinolysis: Implications for microclot formation in COVID-19 MARCH 8th 2021 -

Lize M. Grobbelaar1 , Chantelle Venter1 , Mare Vlok2 , Malebogo Ngoepe3 , Gert Jacobus Laubscher 4 , Petrus Johannes Lourens4 , Janami Steenkamp5 Douglas B. Kell1,6*7, Etheresia Pretorius1*

When viewed in a microfluid chamber.

Samples A and B : No clots formed in the **healthy plasma**
Samples E and F : When **Spike protein added to healthy plasma**, large clots formed in the centre of the channel.

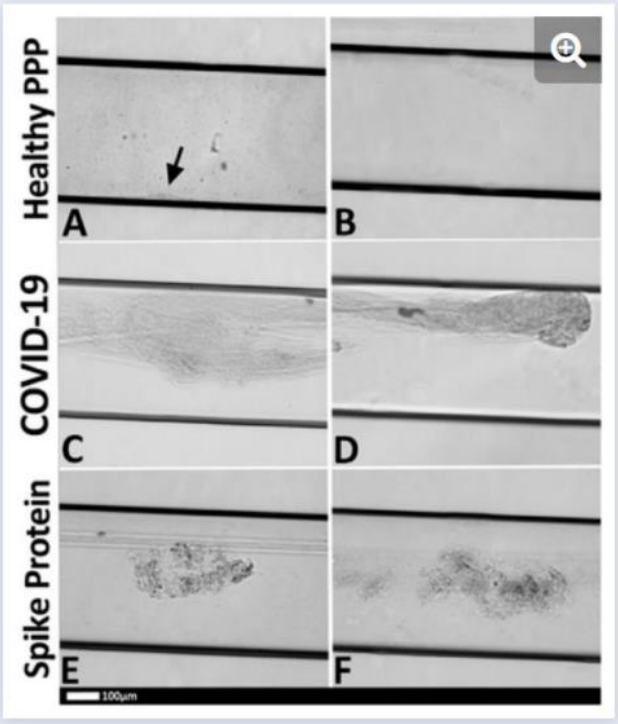


Figure 7: Download figure | Open in new tab

Representative micrographs of PPP clots in the microfluidic chambers (black horizontal lines are the outlines of the chambers) that were coated with thrombin. **A)** Healthy PPP clot, with small clot formation (arrow), with **B)** no clot formed in the healthy PPP sample; **C and D)** examples of clots from COVID-19 PPP samples and **E and F)** healthy PPP clot with spike protein.

COVID 19 Vaccinations - A Clear and Present Danger !

- COVID 19 vaccines cause your cells to produce the COVID Spike protein.
- These experiments show that COVID Spike proteins cause clotting automatically.

Micro-clotting WILL occur in different parts of your body. It's not a question of IF. The effect of the spike is mechanistic and certain. It is only a question of HOW MUCH and WHERE.

Clotting may be experienced as pins and needles, numbness, headaches, paralysis, strokes, nerve damage, brain death, organ failure, or heart attacks – depending on where the clot forms, and its degree.

Sub-clinical levels of clotting may still reduce your health and fitness, without resulting in hospitalisation.

We even know the precise mechanism by which clots occur –

A. Spikes enter Circulation

For the first 7 days after the V, there is a secretion of S1 Spike proteins into the general circulation. This begins within hours after the V. This is caused by proteases cleaving spikes at the S1-S2 junction when they are presented ion the cell membrane surface. S1 segments then float freely through the blood circulation.

B. Spikes Bind to ACE2 Receptors

The Spike, as you well know, binds to and blocks ACE2 receptors. The spike has a great affinity for these receptors in the endothelial cells of -

lung

small intestine

vascular

kidney

heart

brain

liver

C. Angiotensin II Builds up

The job of ACE2 receptors is to trigger the production of Angiotensin II Converting Enzyme - which ,as the name suggests, reduces the level of Angiotensin II by converting it to something less harmful. When the Spike blocks these receptors, this causes Angiotensin II to build up.

D. Angiotensin II Releases Thrombin - Clotting Agent

Angiotensin II releases thrombin - a coagulation factor.

E. Angiotensin II Releases Endothelins - causing Vaso Constriction

Build-up of Angiotensin II causes release of endothelins which cause vaso-constriction. This is the main function of endothelins.

F. Endotheliitis Ensues

This pathological condition is called Endotheliitis (spelt with those 2 ii)

So you can see how this is going to cause clotting. We have -

1. narrowing of blood vessels
2. release of a clotting agent

In simple "plumbing" terms, if you narrow a pipe and increase the viscosity of the liquid, you cause a blockage.

SUMMARY

In the light of

1. The 100 fold variation in lot toxicity

2. The huge variation in the effects of the vaccine on different groups in the population

3. The evidence that the vaccines are causing the adverse reactions –
    a. Temporal association : the immediacy of adverse reactions following the vaccine
    b. The mechanism of causation : demonstration that the spike protein – through binding to ACE2 receptors – will automatically induce clotting.

It is an act of criminal intent for the government to persist in mis-informing the public about the adverse effects of the vaccines, and in coercing the vaccine uptake through applying restrictions on travel, employment, education and access to medical treatment.

EVIDENCE OF INTENT TO HARM

The Government has ignored the safety signals arising from

- the extraordinary number of deaths and injuries following vaccination.
- the appearance of massive variation in toxicity between lots.
- the immediacy with which vaccination is followed by death, disability and chronic illness.
- the massive difference in the effects of the vaccine upon different parts of the population.

In doing these things, the Government has demonstrated an INTENT to DISREGARD all the safety signals that would enable the public to avoid harm.

Simultaneously, the Government is pushing the population to have the thing that is causing the harm.

Stubborn intent to disregard safety signals whilst enforcing the very thing that causes the harm, is the strongest possible evidence that the INTENTION of the Government IS to cause harm.