The disturbing truth about ‘safe’ vaccines for mothers-to-be

Description

Alex Kriel is by training a physicist and was one of the first people to highlight the flawed nature of the Imperial College London Covid model. He is a founder of the Thinking Coalition which comprises a group of citizens who are concerned about Government overreach.

David Bell is a public health physician with a PhD in population health who formerly worked as a scientific and medical officer at the World Health Organization.

Edited by Sally Beck

‘SAFE and effective’ is a slogan indelibly imprinted on our brains. It was applied, of course, to the novel mRNA vaccines, released globally in early 2021 to protect us against Covid-19. We were told they were ‘experimental’ but encouraged to take them; ‘coerced’ may be a better word.

Public health authorities were soon recommending the injections to pregnant women, despite their experimental status and lack of long-term safety data, and no studies having been conducted on mothers-to-be. This always felt risky bearing in mind that pregnant women are supposed not to eat certain types of fish, or even unpasteurised cheese. *TCW* raised the concern in April 2021, but governments pressed ahead.

Pregnant women in Australia had little choice but to trust their regulatory agencies and health authorities, and those who refused the injection were told they would lose their jobs. Remember the phrase ‘no jab, no job’? Women assumed the jabs would not have been approved had the safety evidence been unclear. What they were not told is that Pfizer tested three versions of its jab on pregnant rats and the version with the *highest* failed pregnancy rate was the one given an emergency use licence!

Pfizer’s data indicate that the vaccinated group suffered DOUBLE the number of failed pregnancies compared with the unvaccinated group, a higher number of congenital deformities, and trials showed the vaccine migrated to the ovaries.

When the immune system sees cells in the ovaries containing the vaccine’s spike protein, it will kill them. This can be any cell, including eggs (ova). It is not known how many, but women are born with

all their eggs so if you are a six-year-old with vaccine spike protein in your ovaries, to lose some means a shorter fertility period.

In the first full month of the vaccine rollout, January 2021, a lengthy vaccine evaluation report was submitted by Pfizer to Australia's drug regulator, the Therapeutic Goods Administration (TGA). It was not made public but was finally released this year after a Freedom of Information request (FoI) was submitted. The study was in rats and does not prove harm in humans, but raises a large red flag.

Much of the report relates to the issue of safety in pregnancy, and the potential impacts on the fertility of women of child-bearing age. The TGA, and Pfizer, suppressed all negative information contained in the study.

The whole report is important, but these three points should be a major cause for concern to our pharmaceutical regulators.

· Biodistribution studies (tracking where the vaccine travelled to);

· Data on the impact of fertility outcomes for rats;

· Data on foetal abnormalities in rats.

In an experiment in rats, light-carrying (luciferase) enzymes were used to highlight whether the lipid nanoparticle (LNP) – the delivery system used to carry the mRNA to the cells – stayed at the injection site or travelled throughout the body.

The study clearly demonstrated the vaccine did not stay at the injection site but travelled to the major organs. High concentrations were found in the **ovaries**, liver, adrenal glands and spleen. Authorities assured vaccine recipients that it did not migrate but as this 58-page report shows, they were lying.

The pregnancy control group suffered a 4.1 per cent pre-implantation loss; this means the fertilised ova did not implant into the uterine wall in the womb so pregnancy could not be established. There was a 4.8 per cent pre-implantation loss for Pfizer's first version, vaccine number BNT162b1, a 9.8 per cent pre-implantation loss for version two, BNT162b2, and an 8 per cent pre-implantation loss for version three, BNT162b3. It is not known why version two, whose miscarriage rate was double that of the control group at 9.8 per cent, was chosen for public distribution. It could have been a number of reasons such as manufacturing issues or fewer overall side-effects.

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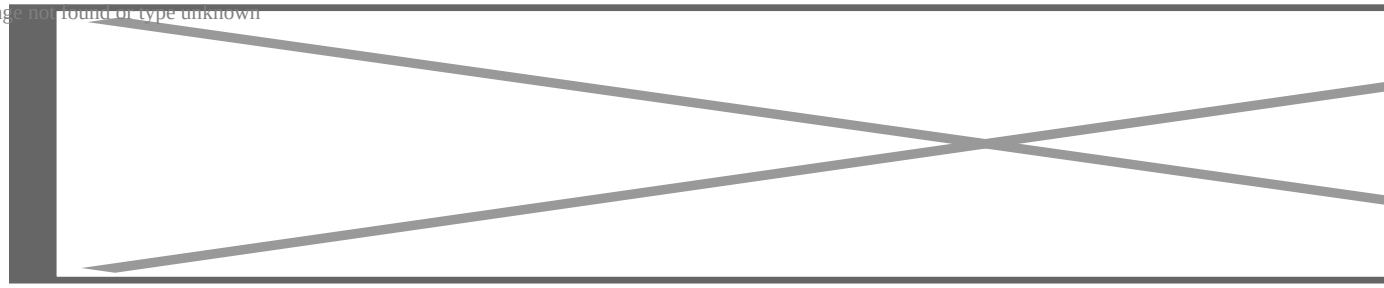

The doubling of pregnancy loss in group two represents a serious safety signal. Rather than take it seriously, the authors of the report, produced by the scientific researchers Charles River Laboratories, compared the outcomes to historical data from their library of 27 studies of 568 rats. They ignored Pfizer/BioNTech's (BioNTech developed the vaccine, Pfizer marketed it) outcome because they said

other populations in other studies had recorded higher overall losses. This range is shown in the right-hand column of the table as 2.6 per cent to 13.8 per cent.

This is alarming as a comparison. Remaining below the highest previously recorded pregnancy loss of 13.8 per cent is not a safe outcome. The assumption is that Pfizer used this as a smokescreen to hide their own highly worrying data.

A similar pattern was observed for foetal malformations with a higher abnormality rate in the vaccinated group in each of the 12 categories studied. To find higher levels in all categories is highly significant. Skeletal abnormalities and major blood vessel abnormalities were recorded. These included small mouths, an absent lung lobe (which is highly unusual and would affect how much exercise the individual could take), bones which did not form properly, and some were born with extra ribs or wavy ribs.

Reports of lower birth rates are already being recorded. Italy had a record low last year with births per woman dropping from 1.25 to 1.24. Deaths overtook the birth rate for the first time but vaccines have not been investigated as a cause.

Known unknowns and missing data

Despite the negative nature of these outcomes, because Pfizer's jab was classified as a vaccine and not a gene therapy, its classification meant no further animal trials were required. Historically, new medicines, especially in classes never used in humans before, in this case mRNA, require a rigorous assessment. Vaccines have a lower burden of proof than other medicines. By classifying mRNA genetic medicine injections as vaccines, the TGA noted this ensured regulatory approval with significantly less stringent safety requirements. Labelling these genetic medicine products as vaccines means that, as far as we are aware, even today no genotoxicity (DNA and chromosomal damage) or carcinogenicity (cancer) studies have been carried out.

The data submitted to Australia's drug regulator, and presumably others around the globe, did not support the 'safe' conclusion for pregnant women; a conclusion of 'potentially dangerous' would have been more accurate. Even now, it is impossible to give the safe assurance, given that important follow-up studies have not been done.

Pfizer elected not to follow up the majority of pregnancies in the original human trials in women who accidentally got pregnant or did not know they were pregnant, despite 44 per cent miscarriage rates where outcomes were reported.

Concentration of LNPs in ovaries, a doubled pregnancy early loss rate, and raised foetal abnormality rate across all measured categories indicate that designating a safe-in-pregnancy label (B1 category in Australia) was contrary to the available evidence. The data implies that not only was the Government's 'safe and effective' slogan not accurate, but it was highly misleading. There is no subsequent data that confirms safety.

By Alex Kriel and Dr David Bell
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