

AGAINST THE WIND

In the News

Recorded May 31, 2021

VAERS COVID REPORTS

(Vaccine Adverse Events Reporting System, USA)

262,521 Reports
Through May 21, 2021

*

jump to browse highlighted reports ▾

4,406

DEATHS

14,986

HOSPITALIZATIONS

34,474

URGENT CARE

45,006

OFFICE VISITS

1,214

ANAPHYLAXIS

1,411

BELL'S PALSY

Heart Attacks

1,598

Miscarriages

511

Severe Allergic Reaction

12,219

Thrombocytopenia/Low Platelet

1222

* VAERS HHS releases COVID Data weekly, but they release LAST WEEK'S data. So an update will always lag a week behind. When launched, OpenVAERS used the Download date. We have switched to the "data through" date provided by VAERS.

source: <https://www.openvaers.com/covid-data>

Washington state says no heart inflammation cases definitively linked to COVID-19 vaccines

By Christine Clarridge, The Seattle Times

Published: May 28, 2021, 10:02am

Share:



VAERS ID: 1283185

AGE: 16 | SEX: M | State: WA

Print



CDC to investigate WA myocarditis cases and link to COVID vaccine

Alison Grande · 2 days ago



Like | 4

The Washington State Department of Health asked the Centers for Disease Control and Prevention to send investigators after more than a dozen reports of myocarditis. The feds will investigate if the heart inflammation is being triggered by the vaccine or is just a coincidence as more people get vaccinated.

Description

previously healthy 16 year old young man presenting with chest pain admitted for myopericarditis. he was in his usual state of good health until 2 days ago when he experienced fever, chills and myalgias after receiving his 2nd dose of covid pfizer vaccine. he improved until 5/2 when he developed a crushing, non-radiating, substernal chest pain which was waxing and waning in nature without specific alleviating factors. he had shortness of breath, but no palpitation, dizziness, or changes in pain on exertion vs rest. family activated ems who gave 325 mg of aspirin en route to the ed. in the ed, he was afebrile and hemodynamically stable. he was mildly diaphoretic, but otherwise, unremarkable on physical exam. stat ekg showed st elevations in v5 and v6 and st depressions in v1 and v2 as well as pr depressions, which persisted on repeated ekg. given concern for myopericarditis, they ordered labs including cbc, cmp, troponin and inflammatory markers which were only remarkable for troponin of 1.94 and crp 3.5. chest x-ray was normal. cardiology was consulted and they recommended transthoracic echo which is pending. cards also recommended starting ibuprofen 600 mg q8 hrs and admission to cards for further management.

VAERS ID: 1326155

AGE: 21 | SEX: M | State: CA

 [Print](#)

Description

acute myocarditis; pericarditis; this is a spontaneous report from a contactable a physician. a 21-year-old male patient started to receive 2nd dose of bnt162b2 (pfizer-biontech covid-19 vaccine, solution for injection, lot/batch number and expiration date unknown) via an unspecified route of administration on 29apr2021 at age of 21-year-old at single dose for covid-19 immunization. medical history and concomitant medications were not reported. patient previously received 1st dose of bnt162b2 on an unspecified date for covid-19 immunization. prior to vaccination, the patient wasn't diagnosed with covid-19. since the vaccination, the patient hasn't been tested for covid-19. acute myocarditis/pericarditis started on 01may2021, 2 days post vaccination, diagnosed on 03may2021, 4 days post vaccination (second dose vaccine). the events resulted in emergency room/department or urgent care visit. events were serious as hospitalization. patient received anti inflammatory medications for the events. outcome of the events was unknown. information on the lot/batch number has been requested.; sender's comments: a possible contributory effect of suspect bnt162b2 on reported events cannot be excluded. the impact of this report on the benefit/risk profile of the pfizer product is evaluated as part of pfizer procedures for safety evaluation, including the review and analysis of aggregate data for adverse events. any safety concern identified as part of this review, as well as any appropriate action in response, will be promptly notified to regulatory authorities, ethics committees, and investigators, as appropriate.

VAERS ID: 1317129

AGE: 17 | SEX: M | State: CA

 [Print](#)

Description

hi couple days after my son (17 years old) got the 2nd shot he was heaving a pressure in h s chest and left arm so we rushed him to the hospital. when we got to the hospital with his level of 26 (normal 1) and blood test show also lever inflammation they hospitalized him right away. he was there 3 days and just got released. now he need to be under care with medication and visit to a heart cardiology doctor every few days for tests. he cannot do any activity (per to the doctor including computer games that can raise his heart rate)

Symptoms

Blood test abnormal, Myocarditis, Chest discomfort, Hepatitis, Limb discomfort, Loss of personal independence in daily activities

Vaccines

VAX DATE: 07 May 2021 | ONSET DATE: 10 May 2021 | DAYS TO ONSET: 3

VACCINE TYPE	MANUFACTURER	VACCINE NAME	DOSE	ROUTE	SITE	LOT
COVID19	PFIZERBIONTECH	COVID19 (COVID19 (PFIZER BIONTECH))				

VAERS ID: 1329937

ONSET: 1 days AGE: 20 SEX: M

patient with onset of sharp chest pain 1 day after second vaccination. patient diagnosed with myopericarditis and admitted to the hospital for further evaluation and management. patient with improved symptoms, but placed on several medications for continued management of inflammation.

[READ FULL REPORT >](#)

VACCINE TYPE(S): COVID19
VACCINE NAME(S): COVID19 (COVID19 (MODERNA))

SYMPTOM(S): ANGIOGRAM, INFLAMMATION, ARTERIOGRAM CORONARY NORMAL, MYOCARDITIS, C-REACTIVE PROTEIN INCREASED, TROPONIN I INCREASED, CHEST PAIN, ULTRASOUND SCAN NORMAL, ECHOCARDIOGRAM

“There is no right to risk an injury to one person for the benefit of others.”

~ Henry K. Beecher, Medical Ethicist, 1966

“There is no right to use children as human shields.”

“There is no right to deny anyone natural immunity.”

~ Bernadette Pajer, Mom, 2021

Did Pfizer Fail to Perform industry Standard Animal Testing Prior to Initiation of mRNA Clinical Trials?



TrialSite Staff
May 28, 2021

Like 481

5 Comments

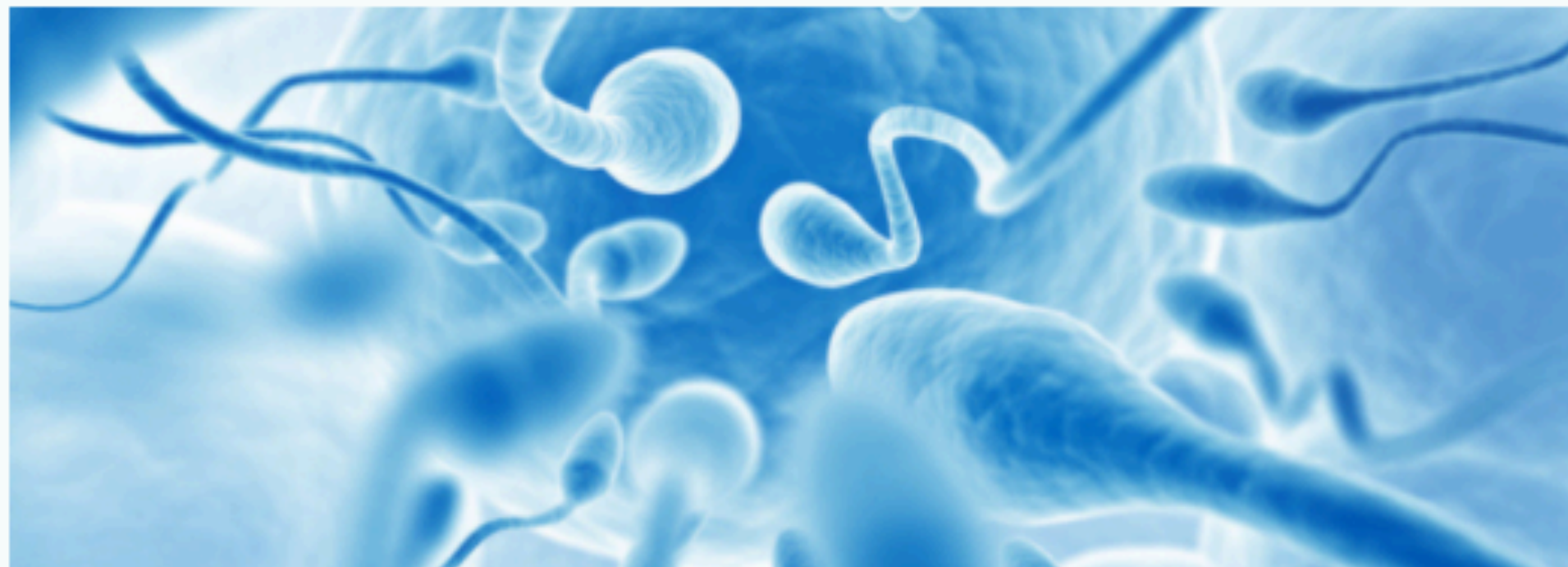


Fertility Specialist at Sheba Medical Center Studying Impact of Pfizer COVID-19 Vaccine on Male Fertility

TrialSite Staff
April 17, 2021

Like 8

0 Comments



20 Mechanisms of Injuries (MOI) How COVID-19 Injections Can Make You Sick; Even Kill You

By Dr. Sherri Tenpenny
Cleveland, Ohio
www.DrTenpenny.com
© 2021

Definitions:

J&J – Johnson and Johnson
AZ – AstraZeneca – uses a
Pfizer and Moderna – use
Spike protein – antigen on
surface of cells to
Anti-S-Antibody – the ant
the Spike protein; the ant
to block entrance into the

MOI #1 – Injections can lead to de
reaction. With COVID shots, the al
to and sensitization to polyethyl

MOI #2 – Anti-Inflammatory macr

MOI #3 – All COVID shots lead to
translation. The spike protein can

1. The spike protein behaves as
leading to an autoimmune r
2. The spike protein can dama
damaging blood vessels in th
important for protecting the
3. The spike protein can incorp
4. The spike protein evokes the
discussed below.

MOI #4 – Spike protein can trigger
hypertension (PAH), which is fata
treatments.

MOI #5 – In men, the **spike protei**
but not yet proven.

MOI #6 – Spike proteins cause inf
leading to **neuropathology and br**

MOI #7 – Neurological degenerati
TDP-43 protein, leading to **Amyot**

MOI #8 – Neurological degenerati
lead to frontotemporal lobe dege
neurological diseases.

MOI #9 – Mutation of the *FLS* gene can also lead to **cancer.**

MOI #10 – **Adenoviruses** used in both the Johnson & Johnson shot and the AstraZeneca shots pose a **risk of cancer.**

MOI #11 – Anti-spike-antibodies [**anti-S-Ab**] can cause significant damage, specifically to the lungs. The antibodies can also cross-react with **28 different human tissue types**, establishing a mechanism for **multi-system autoimmune disorders and multiorgan failure.**

MOI #12 – Previous coronavirus exposure and the concept called ‘**original antigenic sin**’ stops true protection against the SARS-CoV2 if previously ill with a coronavirus infection.

MOI #13 – There is an **increased risk of COVID illness and COVID-related death** in persons who has been previously vaccinated with an **influenza vaccine.**

MOI #14 – The larger (highly elevated) SARS-CoV-2 antibody response from a COVID infection or from a COVID shot, **results in prolonged and more severe illness.**

MOI #15 – COVID shots can lead to **enlarged lymph nodes** that may have long term ramifications.

MOI #16 – Widespread use of COVID shots results in **non-neutralizing antibodies**, especially in people who have already had a COVID infection. This may be leading to **virulent mutant viruses.**

MOI #17 – **Antibody Dependent Enhancement (ADE)** is a phenomenon occurs when a person is exposed to a circulating coronavirus after being vaccinated. The **anti-S-Ab** enhances the entry of the SARS-CoV-2 virus into the cell (usually macrophages) and accelerates its replication, causing more severe illness than they would have experienced if they had not been vaccinated.


MOI #18 – Johnson/Johnson and AstraZeneca shots release a **transgene** that can lead to potentially deadly side effects from injecting raw genetic material that **can induce anti-DNA antibodies and can integrate into human DNA.**

MOI #19 – Both Johnson/Johnson and AstraZeneca shots carry a snip of **double stranded DNA (dsDNA)** [transgene] wrapped in an adenovirus outer “shell.” 50-billion particles are injected with each injection. dsDNA-antibodies are diagnostic of a long list of autoimmune disorders.

MOI #20: The AstraZeneca shot has been known to be associated with potentially deadly blood clots, a condition named Vaccine-Induced Prothrombotic Immune Thrombocytopenia (VIPIT).

+++++

“Approving a vaccine, utilizing novel RNA technology without extensive testing is extremely dangerous. The vaccine could be a bioweapon and even more dangerous than the original infection.”

A close-up, slightly blurred image of the American flag, showing the stars and stripes. The flag is the background for the top half of the page.

“I can no longer recommend the vaccine to any individual.”

Professor of Medicine, Peter McCullough, MD

A Nation in Distress

Criminal Coercion

- ❖ Via Enticements
- ❖ Via Mask & Distancing Segregation (especially cruel for children)
- ❖ Via Omission of Natural Immunity

What are the California vaccine lottery prizes? Who is eligible?

The grand prize: \$1.5 million

Ten people on June 15 will find out if they will receive the grand prize of \$1.5 million. To be eligible, you must be at least 12 years of age and have received at least your first dose of the COVID-19 vaccine. Prize money will be paid once you have completed your vaccination series.

Almost 63% of Californians 12 years or older are at least partially vaccinated, according to the governor's office. An estimated 12 million people who are eligible have still not been vaccinated.

\$50,000 Fridays

There will be two Fridays -- June 4 and June 15 -- where 15 people each day will receive cash prizes of \$50,000.

Masks Orders = Vaccine Coercion

- ❖ 16 state governments require non-vaccinated to wear masks in most indoor public settings & masks for everyone in certain settings like health care facilities & schools — California, Connecticut, D.C., Hawaii, Illinois, Michigan, Nevada, New Mexico, New York, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont (80% vax goal to lift), Washington
- ❖ Kentucky to end state mask order June 11, West Virginia ending June 20
- ❖ The rest either never had orders or they ended them. Mask requirements in some states are still in place at the local level, and in private businesses.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

PO Box 47890 • Olympia, Washington 98504-7890
Tel: 360-236-4030 • 711 Washington Relay Service

ORDER OF THE SECRETARY OF HEALTH
AMENDING ORDER 20-03

20-03.2

Face Coverings - Statewide

WHEREAS, Washington State Governor Jay Inslee has issued Proclamation 20-05, subsequently amended and extended, proclaiming a statewide State of Emergency due to an outbreak of coronavirus disease 2019 (COVID-19) in the United States and community spread of COVID-19 in Washington State; and

WHEREAS, COVID-19 is a highly contagious virus that can be spread when infected people talk, and evidence shows that there is a high chance of spreading droplets from infected people;

WHEREAS, the Washington State Department of Health, in consultation with the Centers for Disease Control and Prevention, has determined that a statewide cloth face covering is necessary to reduce the transmission of COVID-19; and

WHEREAS, although the current order requires all Washingtonians to wear a face covering, certain exceptions, help to reduce the transmission of COVID-19;

WHEREAS, the Washington State Department of Health, in consultation with the Centers for Disease Control and Prevention, has determined that a statewide cloth face covering is necessary to reduce the transmission of COVID-19; and

WHEREAS, on January 15, 2021, the Washington State Department of Health, in consultation with the Centers for Disease Control and Prevention, has determined that a statewide cloth face covering is necessary to reduce the transmission of COVID-19; and

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Mask and Distancing Requirements Are Changing:

Key COVID-19 Updates for Fully Vaccinated Workers (May 21, 2021)

Updated state COVID-19 workplace safety and health guidance from the Washington Department of Labor & Industries (L&I) at www.lni.wa.gov, will help employers adapt masking policies to meet new CDC guidelines (www.cdc.gov/coronavirus/2019-nCoV/vaccines/fully-vaccinated.html) adopted by Governor Jay Inslee.

What's new:

- Fully vaccinated employees do not have to wear a mask or socially distance at work, unless their employer or local public health agency still requires it.
- Before ending mask and social distance requirements, employers must confirm workers are fully vaccinated — by having the worker either sign a document attesting to their status or provide proof of vaccination.
- Employers must be able to demonstrate they have verified vaccination status for workers who are not masked or physically distanced. Verifications methods may include:
 - Creating a log of workers who have verified they've been vaccinated and the date of verification,
 - Checking vaccination status each day as workers enter a jobsite,
 - Marking a worker's badge or credential to show that they are vaccinated, or
 - Other methods demonstrating an employer has verified worker vaccination status may also meet the standard.
- When verifying an employer's vaccine status, acceptable documentation includes a CDC vaccination card, a photo of the card, documentation from a health care provider, a signed attestation from the worker, or documentation from the state immunization information system.

Evidence of the verification system must be available to L&I upon request.

What's staying in place:

- Employers may still require mask use if they choose, and with some exceptions (<http://lawfilesexternal.wa.gov/biennium/2021-22/pdf/Bills/Session%20Laws/Senate/S294-SL.pdf>), employers must allow employees to wear a mask or other protective equipment if they choose to, regardless of vaccination status.
- If an employee is not fully vaccinated or their vaccination status is unknown, employers must continue to require masks and social distancing.
- The new guidance does not change masking rules for health care settings like hospitals, long-term care, or doctor's offices; correctional facilities; homeless shelters; schools; child care centers or day camps. And the federal order requiring masks on public transportation remains in place.
- Employers cannot fire or discriminate against an employee who is at high risk of contracting COVID-19 and is seeking accommodation that protects them from COVID-19 exposure.
- Unvaccinated individuals are still required to wear face coverings in all public spaces.

Employers are encouraged to check with their local public health agency, which may have more stringent requirements or recommendations.

For more information on enforcement policies:

- Visit www.lni.wa.gov/DD178 and www.lni.wa.gov/DD180
- Read L&I's COVID-19 Workplace Safety Requirements at www.lni.wa.gov/ga/F414-164-030 and www.lni.wa.gov/ga/F414-163-000

PUBLICAT CN F414-175-000 (05-2021)



Upon request, foreign language support and services for persons with disabilities are available. Call 1-800-547-8367. TDD users, call 711. L&I is an equal opportunity employer.



↔ Español / Spanish

Masks Requirements

In light of the Centers for Disease Control and Prevention's (CDC) May 13 announcement regarding masking guidance, Oregon Health Authority (OHA) reviewed and updated Oregon's official masking guidance. This page was updated on May 19, 2021 to reflect those updates.

Note: Businesses, employers and faith institutions now have the option to adjust their masking guidance to allow fully vaccinated individuals to no longer wear a mask in their establishments. Businesses, employers and faith institutions doing so must have a policy in place to check the vaccination status of all individuals before they enter their establishment. Businesses, employers and faith institutions who do not create such policies will maintain the same masking guidance listed below, regardless of an individual's vaccination status.

Oregon's new mask guidance

Yes, I am fully vaccinated.

I can go without my mask and I don't need to physically distance in businesses that are checking my vaccination status.

and

I still need to wear my mask and I need to physically distance in businesses that are continuing to require a mask.

No, I am not fully vaccinated.

I still need to wear my mask and physically distance in businesses that are checking vaccination status.

and



Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us.

OHA 3728 (5/18/2021)



Q1(a): What should I do if a potential customer or visitor shows up without a mask, face covering or face shield and claims their disability prevents them from wearing a mask, face covering, or face shield?

A1(a): If a person with a disability cannot wear a mask, face covering or face shield where one is required, a place of public accommodation, such as a business or space open to the public, will need to work with that person to provide a reasonable modification. Some common reasonable modifications are: free curbside pick-up, free delivery or an appointment by phone or video. A reasonable modification **does not include** allowing a customer inside without a mask, face covering or face shield.

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/1e2390e.pdf>

NEWS | 26 May 2021 | Correction [27 May 2021](#)

Had COVID? You'll probably make antibodies for a lifetime

People who recover from mild COVID-19 have bone-marrow cells that can churn out antibodies for decades, although viral variants could dampen some of the protection they offer.

<https://www.nature.com/articles/s41586-021-03647-4>

“Dr. Soumya Swaminathan, the Chief Scientist at the World Health Organisation (WHO), was apparently served a legal notice by Indian Bar Association (IBA) on May 25, 2021, for her alleged act of spreading disinformation and thus misleading the people of India, in order to fulfill her own agenda, so the plaintiff’s action declares. It is reported that Dr. Soumya Swaminathan deliberately ignored and suppressed the FLCCC and BIRD Panel’s data regarding the effectiveness of the drug Ivermectin, with an intent to dissuade the people of India from using Ivermectin. Moreover, the nation of India has included ivermectin in their national protocol and, as TrialSite recently reported, in states where the treatment is in wide use an unprecedented reduction of cases is now reported.”

<https://trialsiteneews.com/indian-bar-association-serves-legal-notice-upon-dr-soumya-swaminathan-the-chief-scientist-who/>



FLC^CCC

A L L I A N C E

Front Line COVID-19 Critical Care Alliance

Prevention & Treatment Protocols for COVID-19

covid19criticalcare.com



**PHYSICIANS
FOR INFORMED
CONSENT**



Association of American Physicians & Surgeons



**AMERICA'S
FRONTLINE DOCTORS**

RESTORING PEACE & PROTECTING FROM HARM