

Autopsy Confirmed COVID-19 Vaccine Myocarditis Deaths

Australian dad Roberto Garin dropped dead 48 hours after his first Pfizer COVID vaccine. Five autopsy cases and our myocarditis paper wins first place

By [Dr. William Makis](#)

Theme: [Science and Medicine](#)

Global Research, April 03, 2024

[COVID Intel](#) 2 April 2024

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Case 01 - Autopsy proven myocarditis death in Australia



Barrack Heights NSW, AUSTRALIA - [Roberto Garin](#) was only 52 when he 'died suddenly' on 28 July 2021. The healthy father of two teenagers began feeling ill 48 hours after his first Pfizer shot and dropped dead in front of his terrified wife Kirsti six days later while she was on the phone to paramedics.

Garin's family immediately suspected the vaccine caused his death. Kirsti was told her husband was the first person to die after a Pfizer shot. In fact, 176 deaths following Pfizer jabs had already been reported to the Therapeutic Goods Administration (TGA), starting in the first week of the vaccine rollout.

But when Kirsti shared her concerns with filmmaker Alan Hashem, who released the video together with the accounts of other vaccine injuries and deaths, it unleashed a storm.

'Misinformation researchers' published by the ABC dismissed Kirsti's 'claims her 52-year-old husband died from "sudden onset myocarditis" after receiving the Pfizer vaccine' because it didn't 'square with official data'.

Yet that was exactly what forensic pathologist Bernard l'Ons wrote in a brilliant report on his autopsy stating that the deceased's heart showed a clear transition to severe giant cell

myocarditis that could be 'histologically dated to the time period of the Covid-19 mRNA vaccination' and it was 'reasonable to state that the deceased's previously undiagnosed cardiac sarcoidosis may have transitioned to a fulminating myocarditis as a result of the Pfizer Covid-19 vaccination' noting that myocarditis had been reported in reactions to the Pfizer vaccine. L'Ons proposed a mechanism by which the vaccine could trigger fatal myocarditis and advised that a possible therapeutic implication was that sarcoid patients be given an echocardiogram to detect whether their heart was affected in which case alternative vaccination types could be considered.

All of this was ignored by the TGA which refuses to admit to this day that any death can be attributed to a Pfizer vaccine and was parroted by the ABC. The TGA did admit that as of 22 August it had received '235 reports of suspected myocarditis, (inflammation of the heart muscle) and/or pericarditis (inflammation of the membrane around the heart) following vaccination' with Pfizer but said, 'These reports reflect the observations of the people reporting them and have not been confirmed as having been caused by the vaccine,' and that 'some events may be coincidental and would have happened anyway, regardless of vaccination.'

This is a particularly misleading statement. Four out of five reports to the TGA are submitted not by random 'people', but by highly qualified health professionals and in Garin's case by a forensic pathologist.

Why would the TGA dismiss these reports? That's a question Associate Professor Michael Nissen could perhaps shed light on. He was appointed to the TGA in February 2021, just as the Covid-19 vaccines were rolled out, to lead its Signal Investigation Unit which investigates safety issues that arise with vaccines in adverse reports or are raised by international regulators or the medical literature.

Prior to his appointment, Nissen was the Director of Scientific Affairs and Public Health at GSK Vaccines from October 2014 to January 2021, a period during which GSK and Pfizer entered into a joint venture. Nissen worked concurrently in hospital-based medical care and academia. He has led over 40 clinical trials and authored over 200 peer-reviewed publications including vaccine studies. In all these areas pharmaceutical companies are a major source of funding.

The TGA is sensitive about managing conflicts of interest for advisory committee members but offers no guidance on its website with regard to staff members although presumably the same principles should, at least in theory, apply. It notes that shares, involvement in clinical trials, employment, contracts, consultancies, grants, sponsorships, board memberships and so on, may give rise to a conflict of interest.

Robert Clancy, an Emeritus Professor of Pathology at the University of Newcastle Medical School and a member of the Australian Academy of Science's Covid-19 Expert Database wrote in *Quadrant* online last week that 'the power of the pharmaceutical industry and its pervasive influence at every level of political and medical decision-making' has been underestimated in shaping the pandemic narrative which has been driven by commercial imperatives to such an extent that it has crushed scientific debate.

Clancy recounts that his approach to the College of Pathology (of which he was a Senior Fellow, a foundation Professor of Pathology, and past-Chairman of the College committee for undergraduate pathology education) calling for a national study to determine whether Covid

vaccination was responsible for the increase in excess mortality in Australia and elsewhere by developing a protocol for post-mortems 'to answer what is arguably the most important question facing medicine' met with a rejection and a suggestion to take it instead to the TGA.

Nowadays, dying suddenly has become ominously familiar. According to a new film *Died Suddenly* available as of this week to stream via Twitter, in the last 18 months, the term 'Died Suddenly' has risen to the very top of 'most searched' Google terms. The film documents the surge in excess mortality in highly vaccinated countries. Dr. Peter McCullough, internist, cardiologist, epidemiologist, and one of the top five most-published, and most censored, medical researchers in the US, says that sudden death frequently occurs because the heart has been damaged by inflammation caused by Covid vaccines.

Papers that Pfizer and the Food and Drug Administration tried to hide for 75 years show that Pfizer knew in 2020 that myocarditis and pericarditis could be caused by its vaccine.

And in the Pfizer trial in Argentina, a report on a healthy 36-year old participant - Augusto German Roux - who developed pericarditis immediately after his second Pfizer jab, mysteriously disappeared from the published trial results.

The Australian Technical Advisory Group on Immunisation (ATAGI) and the Cardiac Society of Australia and New Zealand (CSANZ) belatedly published a warning about myocarditis and pericarditis in September this year.

It was too late for Garin. Had his doctors known, his life might have been saved. His grieving family have still not received a cent in compensation. But Pfizer has apparently grossed nearly \$100 billion from its sales of Covid-19 vaccines and treatments.

Rebecca Weisser is an independent journalist.

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Case 02 - Autopsy proven myocarditis death in Canada



Ontario, Canada - 34 year old Brandon Watt Died Suddenly of Vaccine-Induced Myocarditis

Feb. 13, 2022 (Brandon Andrew Watt, March 30, 1987 - November 4, 2021)

Brandon Andrew Watt was a loving husband to his wife Chantelle, and father of two lovely young girls. Like so many people, Brandon got vaccinated against COVID-19 to protect his loved ones. But what they didn't know, was that for months the vaccine slowly and silently attacked his heart. Until one day, he collapsed in front of his family, and ultimately died from what the coroner has determined to be Lymphohistiocytic myocarditis.

At the young age of 34 this death is shocking and unexpected. He had nothing in his case history to explain his death. No viral infection, no virus: only the COVID-19 vaccine.

His wife has courageously shared his story, putting the details of their experience into a beautiful and sorrowful stream of words.

Shared from his devoted wife, Chantelle Watt.

The father of my children died. Dropped dead. In front of them. At 2 and 6 years old they lost their daddy. Traumatically. They will live almost their entire lives without one of two people who loved them most. Without one of two people every kid deserves to grow up with.

Brandon's death shook our community. Continues to shake it. It's about to rumble it more.

I have been very open about every aspect of it. From posting 12 hours after his death, to continuing to share our story, and all aspects of my journey through grief. You, the community, have encouraged everything about this. This will be the biggest thing I share. Listen closely.

Brandon died of Lymphohistiocitic myocarditis.

This was determined by the Ontario Coroner's Office at Kingston General Hospital. Because of the absolute shock of a healthy, active 34 year old man dropping dead, his body was sent to Kingston for a full and extensive autopsy. The results can take several months, and I have just recently received the full report (which had to be formally requested).

When they eventually gave the cause of death, it shocked both the local coroner and our family doctor. It was assumed he died of a cardiomyopathy — a genetic condition that he would have been born with and gone undiagnosed. This was not the case.

Lymphohistiocitic myocarditis is caused by a virus. His heart was extensively damaged. There was so much scar tissue, that it literally couldn't pump another beat. I had no chance at reviving him. The official report states that his entire heart was damaged — not one ventricle or one area — top to bottom damaged. Fully attacked, for multiple months.

Brandon did not have covid. His work supplied rapid tests and we had done several throughout summer and fall. The virus that killed him was likely the mRNA vaccine.

Any medical professional I have spoken to and who has looked into this further has been quick to disregard the vaccine as the cause as "the research" shows myocarditis cases only happening within two weeks of an administered dose. First off, what fucking research? We ARE the fucking research. Secondly, this is only what they are allowing to be reported.

Until November 5th, I was a sheep. I fully admit that. Brandon and I both believed strongly in the vaccine and would roll our eyes at protestors, conspiracy theorists and all the "anti-vaxx" posts on social media. November 5th onward, my eyes have been opened.

I owe this to Brandon. To share what I believe killed him. What did kill him. What left his daughters without their daddy. To open all of your eyes. To allow yourselves to see things from another perspective. To think thoroughly before deciding to vaccinate your children, or get yourself boosted. I cannot in good conscience allow schools to bring in vaccine clinics and stay silent.

I believe in science. I absolutely love and respect medicine. I will never, ever vaccinate my children (or myself further) against Covid-19. We know nothing about the long term affects of this vaccine. Nothing. If you think you do, you don't.

Please respect my energy on this. I have turned comments off. I will not reply to direct

messages. If you see me in person I am happy to chat about it. Internet wars will never be my thing. But I feel deeply about sharing this — this isn't something that should ever be kept quiet.

For all of you preaching to vaccinate children, please put yourselves in my shoes and then kindly allow yourself to shut your mouth.

Fight for your children and their rights. I'll be fighting for mine. We never got a chance to fight for Brandon

Please feel free to share.

Shared from his wife, [Chantelle](#).

Research

1. [Lymphohistocytic myocarditis after Ad26.COVS.2S viral vector COVID-19 vaccination](#)
2. [Biopsy-proven lymphocytic myocarditis following first mRNA COVID-19 vaccination in a 40-year-old male: case report](#)
3. [Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021](#)
4. [SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17: A Stratified National Database Analysis](#)

Here is a [case report of 7 adolescents who presented with myocarditis](#) after Pfizer BioNTech COVID-19 vaccination and who recovered.

Case report of a 22-year-old man [who died 5 days after the first dose of the Pfizer](#) vaccine.

“We present autopsy findings of a 22-year-old man who developed chest pain 5 days after the first dose of the BNT162b2 mRNA vaccine and died 7 hours later. Histological examination of the heart revealed isolated atrial myocarditis, with neutrophil and histiocyte predominance. Immunohistochemical C4d staining revealed scattered single-cell necrosis of myocytes which was not accompanied by inflammatory infiltrates. Extensive contraction band necrosis was observed in the atria and ventricles. There was no evidence of microthrombosis or infection in the heart and other organs. The primary cause of death was determined to be myocarditis, causally-associated with the BNT162b2 vaccine.”

Here is a [case report of a 23-year-old male](#) who developed myocarditis after getting the Moderna vaccine:

“A 23-year-old Caucasian male with a history of exercise-induced asthma presented to the emergency department complaining of left-sided chest pain which started two days after receiving the second dose of the mRNA-1273 Moderna vaccine. The patient described the pain as sharp, intermittent with radiation to the left upper back and left arm with 10/10 severity and worsening with deep inspiration. Fever and chills were also present. The patient did not report any recent history of tick bites, upper respiratory symptoms, paroxysmal nocturnal dyspnea (PND), orthopnea, arthralgias or rashes.”

Here is a [case report of myocarditis](#) following administration of the Janssen vaccine in a

healthy, young male:

“A previously healthy 33-year-old male presented to the emergency department with acute onset substernal chest pain. Two days prior, he had received the Janssen Ad26.COV2·S vaccine.”

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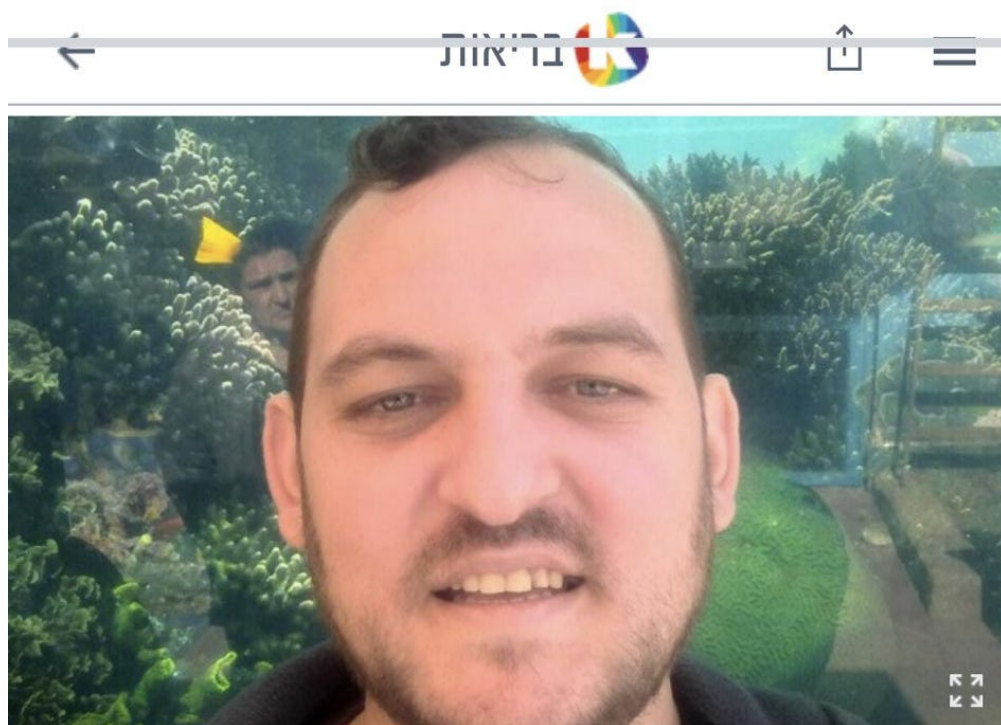
Case 03 – Autopsy proven myocarditis death in Singapore

SINGAPORE – 43 year old Ontal Charlene Vargas died of myocarditis, coroner found it was likely related to the Pfizer Vaccine she received

- Ontal Charlene Vargas died of myocarditis, or inflammation of the heart. A coroner found it was likely related to the vaccine she had received
- The 43-year-old became unwell the morning after getting Pfizer-BioNTech’s Comirnaty vaccine booster shot in 2021. Within days, she was unresponsive
- The Health Ministry confirmed that this was the second death related to Covid-19 vaccination in Singapore. The first was a 28-year-old Bangladeshi man who died of myocarditis in July 2021, about three weeks after receiving a vaccine shot.
- SINGAPORE: The family of a woman who died about four days after receiving a COVID-19 vaccine booster jab was given S\$225,000 (US\$169,122) under the Vaccine Injury Financial Assistance Programme (VIFAP), the Ministry of Health (MOH) said on Sunday (Apr 16).
- Madam Ontal Charlene Vargas, a Filipina, died on Dec 13, 2021. The cause of her death was myocarditis, or inflammation of the heart, [a coroner’s court heard on Friday](#).
- State Coroner Adam Nakhoda found that on the balance of probabilities, it was likely to be related to COVID-19 vaccination.
- MOH confirmed that this was the second death related to COVID-19 vaccination in Singapore. [The first was a 28-year-old Bangladeshi man](#) who died of myocarditis on Jul 9, 2021, about three weeks after receiving a COVID-19 vaccine. The VIFAP provides a “one-time goodwill financial assistance” to people who received COVID-19 vaccines under the National Vaccination Programme, in accordance with the recommendations of the Expert Committee on COVID-19 Vaccination, and who experienced serious side effects that are assessed to be related to vaccines administered in Singapore.
- MOH said on Sunday that Mdm Ontal’s family had submitted an application under the VIFAP in January 2023, and it was reviewed by the independent clinical panel.
- “The panel assessed that her demise was probably related to COVID-19 vaccination and a one-time financial assistance of S\$225,000 had been extended to her family in the Philippines,” said the ministry. The pay-out amount is the largest under the VIFAP.
- The Tier 1 pay-out of S\$225,000 has been extended to five applicants so far, said MOH in response to CNA queries on Wednesday. As of Mar 31 this year, 418 applicants have received pay-outs under the programme, it added.

“A total of S\$2,359,000 has been paid out or offered to applicants,” said MOH.

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צילום: פרטי

התמוטט ונפטר אחרי חיסון קורונה: אימו תובעת מיליון שקלים מהמדינה

בינואר השנה התחסן משה לקורונה, לא חש בטוב - וכשעה לאחר מכן התמוטט ונפטר. לאחרונה התקבל דוח פתולוגי המעיד על דלקת בשריר הלב שהתרחשה מיד לאחר החיסון, ובעקבותיו תובעת אמו מהמדינה מיליון שקלים. העו"ד המייצג: "במקרה הזה, הקשר בין החיסון לבין הפטירה זועק לשמיים". משרד הבריאות: "הסיכוי למיוקרדיטיס לאחר תחלואה בקורונה, גבוה פי 3.4 לעומת הסיכון לאחר חיסון"



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- 1m NIS compensation lawsuit on death of 35 y Israeli male from autopsy-confirmed vaccine-induced myocarditis 2 h post mRNA 5th shot!

- [Israel said probing link](#) between Pfizer shot and heart problem in men under 30
 - The report said that out of more than 5 million people vaccinated in Israel, there were 62 recorded cases of myocarditis in the days after the shot. It found that 56 of those cases came after the second shot and most of the affected were men under 30.
 - The concerns come from an intermediate report that was presented to ministry heads and to Pfizer in recent weeks

 - The report said that 60 of the patients were treated and released from hospital in good condition. Two of the patients, who were reportedly healthy until receiving the vaccination, including a 22-year-old woman and a 35-year-old man, died.

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Case 05 – Autopsy proven myocarditis death in New Zealand

New Zealand – 26 year old Rory Nairn died from myocarditis caused by Pfizer COVID-19 mRNA Vaccine, coroner has ruled.

Man's death ruled a result of rare reaction to Covid-19 vaccine

9:03 am on 20 September 2022

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A photo of Rory Nairn displayed at a coroner's inquest into his death. Photo: RNZ / Tim Brown

Dunedin plumber Rory Nairn died from myocarditis caused by the Pfizer Covid-19 vaccine, a coroner has found.

It is the second death ruled to have been caused by the vaccine.

Nairn, 26, collapsed in the bathroom of the home he shared with his fiancée, Ashleigh Wilson, early on 17 November 2021.

Twelve days earlier he had received his first dose of the Pfizer Covid-19 vaccine.

A coroner's inquest last month heard **he reported feeling heart flutters** in the days following, but put it down to stress.

The inquest heard Nairn was never warned about the risk of myocarditis.

Myocarditis is rare following vaccination, with international data showing 1 to 13 cases per 100,000 vaccine doses.

It is a rare disease caused by many things, including viral infection. About 95 people with myocarditis are seen in hospitals in New Zealand each year.

It is also treatable, with better outcomes if symptoms are picked up early and treatment begins early.

Coroner Sue Johnson this morning released her first findings into the death, determining the vaccine caused Nairn's death.

"I find that Rory James Nairn, aged 26, died on 17 November 2021 at ... Dunedin. The cause of his death was myocarditis, due to vaccination with the Comirnaty TM Pfizer/BioN Tech Covid-19 vaccine," the coroner said.

- On Nov. 17, 2021 Rory collapsed in the bathroom of his home & died suddenly
He took 1st Pfizer dose 12 days earlier!
- Rory Nairn died of myocarditis after 1st dose of Pfizer COVID-19 vaccine.
- Coroner Sue Johnson opened an inquiry into his death. After hearing evidence from pathologist Dr Noelyn Hung, Johnson said she is satisfied that the COVID-19 vaccine caused the myocarditis from which Nairn died.
- Hung carried out an intensive pathological examination of the heart.
- She stated that the cause of the myocarditis came down to a diagnosis by exclusion.
- There is no current test that will show the Covid-19 vaccine in the heart tissue, but Hung was able to exclude other causes of myocarditis. Hung also excluded

all other known potential causes including certain medicines.

- There was no sign of any infection or any other reason for Nairn’s death except in the myocardium (the middle muscular layer of the heart). Johnson accepted Hung’s medical opinion that the direct cause of Nairn’s death was acute myocarditis – consistent with vaccine-related myocarditis.

Myocarditis caused by Covid vaccine led to Dunedin man’s death - coroner



The partner of a Dunedin man who died shortly after receiving the Covid-19 vaccine says getting the jab was the worst decision of their lives. (Source: 1News)

A coroner has found a 26-year-old Dunedin man died of myocarditis, due to vaccination with the Pfizer Covid-19 vaccine.

Rory Nairn died at his home in November last year after receiving his first dose of the vaccine.

POPULAR LATEST

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3:03pm
- 2** Auckland cafe owner jailed for evading \$121k in taxes

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NEWS (April 1, 2024): Our preprint paper on the lethality of COVID-19 mRNA Vaccine Induced Myocarditis has won 1st place in the 2023 Most Popular Preprints Awards!

Top paper in Medicine and Pharmacology of 2023! The paper is titled: “Autopsy Proven Fatal COVID-19 Vaccine-Induced Myocarditis” and despite relentless efforts by Big Pharma and compromised MDs to censor it, it has broken through!

COVID-19 Vaccine Induced myocarditis is neither mild nor rare. This lie has been uttered by most Public Health Officials in USA, Canada, Australia, New Zealand, UK, Ireland, etc.

In fact, mRNA Induced myocarditis is extremely dangerous and often lethal!

Authors: Nicolas Hulscher, Roger Hodkinson, William Makis, Peter McCullough

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Autopsy Proven Fatal COVID-19 Vaccine-Induced Myocarditis

Nicolas Hulscher ^{*} , Roger Hodgkinson , William Makis , Peter McCullough

Abstract

Background: COVID-19 vaccines have been linked to myocarditis which in some circumstances can be fatal. This systematic review aims to investigate potential causal links between COVID-19 vaccines and death from myocarditis using post-mortem analysis. **Methods:** We performed a systematic review of all published autopsy reports involving COVID-19 vaccination-related myocarditis through July 3rd, 2023. All autopsy studies that include COVID-19 vaccine-induced myocarditis as a possible cause of death were included, without imposing any additional restrictions. Causality in each case was determined by three independent reviewers with cardiac pathology experience and expertise. **Results:** We initially identified 1,691 studies and, after screening for our inclusion criteria, included 14 papers that contained 28 autopsy cases. The cardiovascular system was the only organ system affected in 26 cases. In 2 cases, myocarditis was characterized as a consequence from multisystem inflammatory syndrome (MIS). The mean and median number of days from last COVID-19 vaccination until death was 6.2 and 3 days, respectively. Most of the deaths occurred within a week from the last injection. We established that all 28 deaths were causally linked to COVID-19 vaccination by independent adjudication.

Conclusions: The temporal relationship, internal and external consistency seen among cases in this review with known COVID-19 vaccine-induced myocarditis, its pathobiological mechanisms and related excess death, complemented with autopsy confirmation, independent adjudication, and application of the Bradford Hill criteria to the overall epidemiology of vaccine myocarditis, suggests there is a high likelihood of a causal link between COVID-19 vaccines and death from suspected myocarditis in cases where sudden, unexpected death has occurred in a vaccinated person. Urgent investigation is required for the purpose of risk stratification and mitigation in order to reduce the population occurrence of fatal COVID-19 vaccine-induced myocarditis.

Keywords

myocarditis; sudden death; chest pain; autopsy; necropsy; COVID-19; COVID-19 vaccines; mRNA; SARS-CoV-2 vaccination; death; excess mortality; spike protein; organ system

18 Jul 2023

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Dear Authors,

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Authors: Nicolas Hulscher, Roger Hodkinson, [William Makis](#), Peter McCullough

Link: <https://www.preprints.org/manuscript/202307.1198/v1>

The award results have been officially announced on our website at https://www.preprints.org/activity/award/announcement?utm_source=Email&utm_medium=Link&utm_campaign=WinnerNoti1st_0401.

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NEWS (April 2, 2024): I've caught [Community Notes](#) committing outright FRAUD on [X](#)!

Within 24 hours of my previous post on our Autopsy proven myocarditis paper winning 1st prize at Top Medical Preprint of 2023, we were viciously attacked on Twitter with a fraudulent Community Note.

It claimed our paper was retracted.

Our paper wasn't "retracted" as falsely claimed by "Enterprising Desert Raven" who wrote the fraudulent Community Note.


Our paper is peer-reviewed, published and available on [NIH](#) National Library of Medicine. There is NO retraction.

The Community Note actually references the wrong paper in ALL three sources! A completely different paper!

This is an open and shut case of FRAUD committed by a [CommunityNotes](#) leader on [X](#), in an effort to censor and silence doctors and scientists who wrote an award-winning paper that shatters the Big Pharma narrative about safety of COVID-19 mRNA Vaccines (fatal myocarditis confirmed on autopsy).

Our award winning paper is available here: ([click here](#))

William Makis MD @MakisMD · 18h



BREAKING NEWS: Our preprint paper on the lethality of COVID-19 mRNA Vaccine Induced Myocarditis has won 1st place in the 2023 Most Popular Preprints Awards!

Top paper in Medicine and Pharmacology of 2023!...

Currently rated helpful 13h · [View details](#)

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The study was retracted because its conclusion was not supported by the methodology. There was no control group, and no inclusion/exclusion criteria. The preprint's methodology was inadequate for establishing a causal relationship between COVID vaccines and death

<https://healthfeedback.org/claimreview/flawed-preprint-autopsies-inadequate-demonstrate-covid19-vaccines-caused-74-percent-deaths/>

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4496137

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Autopsy findings in cases of fatal COVID-19 vaccine-induced myocarditis

Nicolas Hulscher¹, Roger Hodkinson², William Makis^{2,3}, Peter A McCullough^{2,4,5}

Affiliations + expand

PMID: 38221509 DOI: 10.1002/ehf2.14680

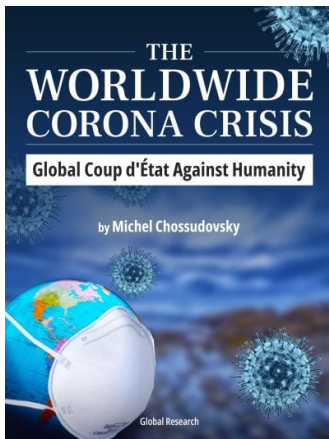
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Dr. William Makis is a Canadian physician with expertise in Radiology, Oncology and Immunology. Governor General's Medal, University of Toronto Scholar. Author of 100+ peer-reviewed medical publications.

Featured image is from [NaturalNews.com](#)



The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

Michel Chossudovsky reviews in detail how this insidious project “destroys people’s lives”. He provides a comprehensive analysis of everything you need to know about the “pandemic” — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

“My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the “deadly” COVID-19 “vaccine”. This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument.”

Reviews

This is an in-depth resource of great interest if it is the wider perspective you are motivated to understand a little better, the author is very knowledgeable about geopolitics and this comes out in the way Covid is contextualized. —Dr. Mike Yeadon

In this war against humanity in which we find ourselves, in this singular, irregular and massive assault against liberty and the goodness of people, Chossudovsky’s book is a rock upon which to sustain our fight. —Dr. Emanuel Garcia

In fifteen concise science-based chapters, Michel traces the false covid pandemic, explaining how a PCR test, producing up to 97% proven false positives, combined with a relentless 24/7 fear campaign, was able to create a worldwide panic-laden “plandemic”; that this plandemic would never have been possible without the infamous DNA-modifying Polymerase Chain Reaction test - which to this day is being pushed on a majority of innocent people who have no clue. His conclusions are evidenced by renown scientists. —Peter Koenig

Professor Chossudovsky exposes the truth that “there is no causal relationship between the virus and economic variables.” In other words, it was not COVID-19 but, rather, the deliberate implementation of the illogical, scientifically baseless lockdowns that caused the shutdown of the global economy. —David Skripac

A reading of Chossudovsky’s book provides a comprehensive lesson in how there is a global coup d’état under way called “The Great Reset” that if not resisted and defeated by freedom

loving people everywhere will result in a dystopian future not yet imagined. Pass on this free gift from Professor Chossudovsky before it's too late. You will not find so much valuable information and analysis in one place. -Edward Curtin

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