

The CoVaxx-19 Scorecard: Bleeding, Blood-Clots and the Whole Nine Yards

By [Mike Whitney](#)

Global Research, May 11, 2021

Theme: [Media Disinformation](#), [Science and Medicine](#)

All Global Research articles can be read in 51 languages by activating the “Translate Website” drop down menu on the top banner of our home page (Desktop version).

Visit and follow us on Instagram at [@crg_globalresearch](#).

“We have enough evidence now to see a clear correlation with increased Covid deaths and the vaccine campaigns. This is not a coincidence. It is an unfortunate unintended effect of the vaccines. We must not turn a blind eye and pretend this is not occurring. We must halt all Covid vaccine administration immediately, before we create a true pandemic that we cannot reign in...” [Dr. Janci Lindsay, Ph.D.](#)

Why would anyone allow himself to be injected with a substance for which the long-term adverse effects are completely unknown?

It’s extremely dangerous. And, yet, millions of people around the world have already been inoculated with a hybrid concoction that was not approved by the FDA, did not meet the same rigorous standards for safety as previous vaccines, and which is vastly more lethal than any vaccine in modern times.

Why? Why are so many people submitting to this experiment?

It’s a mystery, isn’t it?

The current crop of Covid-19 vaccines have not been adequately tested, have not concluded Phase 3 Trials, and are not safe. And we’re not talking about the “short-term” effects here either. As tragic as the recent fatalities and injuries may be, they pale in comparison to the mountain of carnage we could see in the near future when vaccine victims discover that their compromised immune systems are no longer capable of fighting off new infections or wild strains of the virus. This same phenomenon emerged years ago in animal trials in which ferrets were injected with an experimental serum that helped them develop a “durable antibody response” to infection. Unfortunately- when the ferrets were exposed to the wild virus sometime later- they all died. Every one of them died.

Is this our future? Is this what we can expect a few years from now when routine respiratory infections and seasonal flu sweep through the country leaving millions of people severely ill or dead?

True, the vaccines do appear to provide some temporary immunity, but at what cost? Have

you scanned the adverse events reports or mulled over the possibility that these injections may wreak long-term havoc on your vascular system, your heart or your cognitive abilities? Critics of the vaccines typically emphasize the bulging list of vaccine-related injuries and fatalities, but this is a mistake. It's not the deaths and injuries that have already transpired, but the ocean of morbidity we may face in the future when the longer-incubating diseases begin to emerge overwhelming the maxed-out public health system and leaving many to fend for themselves.

Is such a scenario even possible?

Yes, it is possible, maybe, even probable.

Do you have any idea of what these vaccines do once they're in your body? Do you realize that the substance enters your bloodstream and spreads everywhere including to your brain? Do you realize the dangers this poses to your overall health and survival? **Professor Sucharit Bhakdi**, M.D. has produced a number of videos that explain the basic biology of inoculation as it relates to these new gene-based injections. Anyone who is thinking about getting vaccinated, should consider what he has to say:

"The vaccine gets into your bloodstream... **You are putting a viral gene into your bloodstream and it is going to circulate... Now, your bloodstream is a closed system of pipes. Once those packages are in the bloodstream, those millions of packages of the gene, will never get out, because they are trapped.** And the main cells they will enter, will be the cells lining the blood vessels.... These cells line your blood vessels all over your body and all your organs.

Those cells take up the gene and start to produce the spike protein (which will extend its spike into the bloodstream-illustration) At the same time, the protein creates waste.... So there is now the spike protein and there is waste. ...The spike protein has the ability to attract platelets which create blood clotting. **The moment the platelets comes into contact with the spike protein, the platelets get activated and start clotting the blood....**

Regrettably, there is another type of cell that comes around to see the trash. These cells are the killer lymphocytes, and these **killer lymphocytes**, are programed to see the trash of viruses and then kill the cells that are creating the virus and which line the walls of your blood vessels. This can happen anywhere (in the body.)

... We are going to find out which of your cells lining your blood vessels are going to take up these packages and produce them (spike proteins and trash) so **they are going to be attacked by your own immune system and destroyed...**

(So) What is the first symptom that people are presenting after vaccination?

Headache, right? Headache, nausea, dizziness, muscle pain, loss of motor control etc...

I asked myself what is the common denominator between all these symptoms?

Well, **we predicted that there were going to be very severe thrombotic events ...especially the splitting headache which is the typical sign that the blood is clotting in the veins of your brain.** ...Every clot formation in the brain is potentially lethal. And, if you get clots in the legs, they become pulmonary embolism which can

also kill you.

... And when these clotting factors (platelets) get used up, people can bleed. Why don't people think about this?" (["Interview with Professor Sucharit Bhakdi, M.D on Covid Vaccine"](#), New American: Start at minute 18)

Let's summarize: The vaccine is inserted into a muscle in the arm, but the fluid quickly enters the bloodstream where it is trapped. Once in the bloodstream, it is taken up (absorbed) by the thin layer of cells that line the blood vessels. (Endothelial) The cells that have been penetrated by the substance start to produce spike protein and waste. The spike protein activates the platelets which triggers blood clots that can block the flow of blood to vital organs. At the same time, the overuse of platelets-which help to coagulate the blood-can lead to excessive internal bleeding. These seemingly conflicting conditions-clotting and bleeding- have attracted the attention of more and more researchers, like **Dr Mike Williams**, who had this to say in a recent article titled: ["Clotting and Covid Vaccine Science"](#). Here's an excerpt:

"Effectively we have two opposing problems here: **thrombosis forming a clot** that can block a vessel supplying blood to an organ; **and thrombocytopenia reducing the number of platelets that are needed to form a clot, causing bleeding**, aka hemorrhage. Either of these problems can be very difficult to manage and extremely dangerous, even lethal for the patient — but to have both at the same time!

The combined thrombosis and thrombocytopenia linked to Covid vaccination is being considered as something new and very rare, and if clotting happens in a vital organ ... well, we're seeing the results: young people that should not be dying, are." (["Clotting and Covid Vaccine Science"](#) UK Column)

Indeed, "young people should not be dying", but they are dying because they were injected with a substance that likely killed them. Does anyone refute this?

And the hemorrhage-clotting issues are just two of the problems with these injections. There's also the "waste" to which Bhakdi refers. The waste attracts the killer lymphocytes which are white blood cells that are also one of the body's main types of immune cells. These lymphocytes attack the cells in the lining of the blood vessels causing damage to the vascular system and to vital organs. By definition, this is a sign of an autoimmune disease in which an over-stimulated, hyper-aggressive immune system attacks your own body. Here's more from Dr. Williams's article:

"If we were to rely on mainstream news and government reports, we might be led to believe that clotting problems with Covid vaccines were entirely unexpected and rare. Yet the first warnings about the Astrazeneca clotting disorder came ... Well over a decade before, to be precise..... In 2007 a research paper laid it out very clearly:

Thrombocytopenia has been consistently reported following the administration of adenoviral gene transfer vectors....It was known in 2007 that the same vector used for many of the Covid vaccines consistently caused thrombocytopenia. ..In September 2020, another paper was published SARS-CoV-2 binds platelet ACE2 to enhance thrombosis in COVID-19, that outlined a problem with SARS-CoV-2:...(Note: In other words, the drug companies have known about the clotting problems and the bleeding problems since 2007)

SARS-CoV-2 and its Spike protein directly stimulated platelets to facilitate the release of coagulation factors, the secretion of inflammatory factors, and the formation of leukocyte-platelet aggregates....

This paper identified a spike protein as causal factor in clotting. And, of course, a **spike protein is what is being produced by most of the Covid vaccines. Alarm bells should have been ringing with regulators, but nothing was done....** They demonstrated brilliantly that in small blood vessels the spike protein, all by itself, can induce clotting by docking in various tissues....

The key point to this paper in relation to Covid vaccines is that **the spike protein, devoid of viral RNA travels to the brain and causes clotting. Once again, in case you needed reminding: Covid vaccines produce such a spike protein.**

Another paper by Nuovo et al, entitled Endothelial cell damage is the central part of COVID-19...

Simply put, **there is overwhelming evidence that the SARS-CoV-2 spike protein (that is also synthetically produced by the Covid vaccines) is a central part of the mechanisms of morbidity and mortality of SARS-CoV-2, and therefore is also a risk of the vaccine.** In regard to clotting, that risk is greater if you receive a vaccine.

The data clearly demonstrate that the last thing you would ever want to do is make a vaccine that produces a spike protein. As the literature clearly showed, it would cause significant damage, including brain clots and death. And that literature, for the most part, was available before the release of Covid vaccines to the public.” ([“Clotting and Covid Vaccine “Science”](#), Dr Mike Williams, UKColumn)

Get the picture?

In other words, researchers have known for a long time that these types of proteins produce clotting, bleeding and autoimmune issues, which are precisely the problems we are currently seeing. And that’s why we think that our main area of concern should not be short-term adverse effects and injuries, but the long-term safety profile. In short, what is the probability that the millions of people who got these injections will be seriously harmed by these conditions sometime in the future? We need to know that.

Now check out this excerpt from an open letter from Doctors for Covid Ethics to the European Medicines Agency (EMA) dated April 1, 2021:

“Our concerns arise from multiple lines of evidence, including that the SARS-CoV-2 **“spike protein” is not a passive docking protein, but its production is likely to initiate blood coagulation via multiple mechanisms.....**CSVT, cerebral venous thrombosis, is always a life-threatening condition that demands immediate medical attention. **The number of cases you conceded had occurred can represent just the tip of a huge iceberg.** As you must know, the most common symptoms of CSVT are **piercing headache, blurred vision, nausea and vomiting.** In severe cases, stroke-like symptoms occur including impairment of speech, vision and hearing, body numbness, weakness , decreased alertness and loss of motoric control. Surely, you are not oblivious to the fact that **countless individuals suffered from precisely such**

symptoms directly following “vaccinations” with all the experimental gene-based agents.”

Clot formation in deep leg veins can lead to lethal pulmonary embolisms. Surely you must know that peripheral venous thromboses have repeatedly been reported following “vaccinations” with all the experimental gene-based agents...

Given that there is a mechanistically plausible explanation for these thromboembolic adverse drug reactions, namely that **the gene-based products induce human cells to manufacture potentially pro-thrombotic spike protein**, the reasoned & responsible assumption must now be that this may be a class effect. In other words, **the dangers must be ruled out for all emergency-authorized gene-based vaccines, not merely the AZ product.**” ([“Open Letter to the EMA from Doctors for Covid Ethics”](#), Doctors for Covid Ethics”)

Bottom line: The blood clotting, the pulmonary embolisms, the consumption of platelets, the hemorrhagic diathesis and the bleeding are all linked to the production of spike proteins, the same type of proteins the vaccines train your cells to produce. Naturally, the responsible action at this point would be to terminate the mass vaccination campaign immediately until these issues can be resolved and patient safety can be guaranteed. But don't hold your breath, because it's not going to happen.

Molecular biologist and toxicologist Dr. Janci Chunn Lindsay, Ph.D., arrived at the same conclusion in a public comment she directed to the CDC. Here's an excerpt from her statement:

“In the mid-1990s, I aided the development of a temporary human contraceptive vaccine which ended up causing unintended autoimmune ovarian destruction and sterility in animal test models. Despite efforts against this and sequence analyses that did not predict this. I strongly feel that all the gene therapy vaccines must be halted immediately due to safety concerns on several fronts....

First, **there is a credible reason to believe that the Covid vaccines will cross-react with the syncytin and reproductive proteins in sperm, ova, and placenta, leading to impaired fertility and impaired reproductive and gestational outcomes. ...**

We have seen 100 pregnancy losses reported in VAERS as of April 9th. And there have [also] been reports of impaired spermatogenesis and placental findings from both the natural infection, vaccinated, and syncytin knockout animal models that have similar placental pathology, implicating a syncytin-mediated role in these outcomes.... Additionally, we have heard of multiple reports of menses irregularities in those vaccinated. These must be investigated.

We simply cannot put these [vaccines] in our children who are at .002% risk for Covid mortality, if infected, or any more of the child-bearing age population without thoroughly investigating this matter.

[If we do], we could potentially sterilize an entire generation. Speculation that this will not occur and a few anecdotal reports of pregnancies within the trial are not

sufficient proof that this is not impacting on a population-wide scale....

Secondly, all of the gene therapies [Covid vaccines] are causing coagulopathy....(Clotting) This is not isolated to one manufacturer. And this is not isolated to one age group. As we are seeing coagulopathy deaths in healthy young adults with no secondary comorbidities...

There are forward and backward mechanistic principles for why this is happening. **The natural infection is known to cause coagulopathy due to the spike protein. All gene therapy vaccines direct the body to make the spike protein....**

Spike protein incubated with human blood in vitro also caused blood clot development which was resistant to fibrinolysis. The spike protein is causing thrombocytic events, which cannot be resolved through natural means. And **all vaccines must be halted in the hope that they can be reformulated to guard against this adverse effect....**

We have enough evidence now to see a clear correlation with increased Covid deaths and the vaccine campaigns. This is not a coincidence. It is an unfortunate unintended effect of the vaccines. We simply must not turn a blind eye and pretend this is not occurring. **We must halt all Covid vaccine administration immediately, before we create a true pandemic that we cannot reign in...**" (["Halt Covid Vaccine, Prominent Scientist Tells CDC"](#), jennifermargulis.ne)

That's good advice, but is anyone listening?

*

Note to readers: Please click the share buttons above or below. Follow us on Instagram, @crg_globalresearch. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

This article was originally published on [The Unz Review](#).

Mike Whitney is a frequent contributor to Global Research.

Featured image is from The Unz Review

The original source of this article is Global Research
Copyright © [Mike Whitney](#), Global Research, 2021

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Mike Whitney](#)

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca

www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca