

COVID as a “Political Gift”? Stillborn from COVID-injected Mothers, Heart Attacks in Children...

Part III. There is too much silence in the face of this contemporary holocaust

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Region: [USA](#)

Theme: [Science and Medicine](#)

In the course of the rigged presidential election of 2020 Jane Fonda declared “COVID is God’s Gift to the Left.” See [this](#).

Will Jane Fonda’s “Left” own God’s Gift of COVID now that there is so much news associating COVID injections with large multitudes of deaths, injuries, and the pervasive assault on the natural biology of human immunity? See [this](#).

What is to be said of the “Gift” of scores of stillborn births from COVID-injected mothers, heart attacks in children, or increased rates of infertility in young people. Were these outcomes the result of incompetence, malfeasance, or part of a plan for reducing the population? See [this](#).

Why have society’s youngest members so consistently been brutalized in the pandemic of child abuse especially at school?

When Hiding the Truth Facilitates Injection Deaths and Injuries

In the thousands of essays dealing with injection deaths and injuries, there is very little attention devoted to **worldwide patterns of harm**. For instance in the statistics accompanying the iconic COVID map of the John Hopkins University Coronavirus Resource Center, we are shown the number of worldwide deaths attributed to the COVID virus and the 12.5 billion COVID jabs administered so far to about 5.5 billion of the world’s 8 billion inhabitants. There is, however, no space allocated to show the number of deaths and injuries from the COVID shots. See [this](#).

Few attempts have been made to make knowledgeable estimates of the total number of lives lost and incapacitated throughout the globe because of the COVID jabs. [Steve Kirsch](#) authored one such attempt. He looked at the available evidence to make an educated estimate that the number of global deaths so far is about 12,000,000.

For every injection death reported in the purposely-flawed systems of national and regional reporting and record keeping, a very conservative estimate is that, on average, 20 serious injuries also find their way into the official reporting. Many of those experiencing these serious injuries are facing much suffering within significantly shortened lifespans. See [this](#).

Accordingly, the number of casualties from injections might well rise far above the 60,000,000 people that died on all sides as a result of the Second World War. There are many ironies that arise from the vast scale of the lockstep violations, including in Israel, that

transgress the criminal provisions outlined in the Nuremberg Code. See [this](#).

For the practitioners of COVID Officialdom to so consistently violate *all* the provisions of the Nuremberg Code implies a wanton expression of callous disregard for the history that led up to the German Doctors' Trial. Its verdict in 1947 led to the Nuremberg Code, a 10-point outline of international law principles for "Permissible Medical Experiments" on human subjects.

See [this](#) and [this](#).


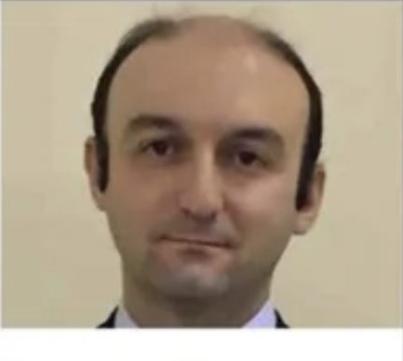




Much of the literature on injection deaths and so-called "adverse effects" highlights the United States, UK, Europe, and Israel. In these countries the propensity of COVID Officialdom has been to greatly overinflate the number of deaths attributed to the COVID virus and to dramatically underestimate, hide, deny, or misrepresent the deaths and injuries from the COVID shots.

The government of my home province of Alberta made something of a laughing stock of itself when it presented the finding that the biggest reason for the death of Albertans in 2021 was from "unknown causes." See [this](#).

This effort to look away from the reality of injection deaths and injuries is especially marked in Canada. Steve Kirsch has taken data from the Canadian Medical Association (CMA) to show that "young doctors in Canada are dying at 23 times the normally expected rate after the second booster." Apparently no one at the CMA is willing even to talk about this matter.

[See the following analysis of Stephen Kirsch:](#)

"From my article on Canadian deaths, we know of at least [6 Canadian doctors aged 50 and under that died in a 15 day period](#) from July 13 to July 28 after the fourth booster was required. Here they are:

		
<p>Died: July 28, 2022 Dr. Candace Nayman Age: 27 Hamilton, ON Pediatrics resident Triathlete, died swimming</p>	<p>Died: July 23, 2022 Dr. Shahriar Jalali Mazlouman Age: 44 Melville, SK Family physician Died while swimming</p>	<p>Died: July 19, 2022 Dr. Jakub T. Sawicki Age: 40s Mississauga, ON Family physician Had gastric ca, Stage 4, 11 mo</p>
		
<p>Died: July 17, 2022 Dr. Lorne E. Segall Age: 49 Mississauga, ON ENT Had lung ca, Stage 4, 1 yr</p>	<p>Died: July 16, 2022 Dr. Paul Hannam Age: 50 Toronto, ON Emergency physician Olympic sailor, died running</p>	<p>Died: July 13, 2022 Dr. Baharan Behzadzad Age: 40s Newfoundland Family physician Died in her sleep</p>

Note that the COVID vaccines are notorious for accelerating existing cancers and causing new cancers and killing people who are under physical stress such as swimming or running. ([Stephen Kirsch](#))

Questions concerning the evidence of deaths and injuries turned a major corner when in the second half of 2021, many actuaries in life insurance companies began pointing to unprecedented rises in all-cause mortalities of their main clientele, namely the families of gainfully employed working people aged 18 to 64.

These deaths were described by the agencies that released the data as being unrelated to illness from COVID. They showed increases in overall death rates in late 2021 and early 2022 somewhere in the range 20% to 40%. Many commentators noted that this kind of supposedly unexplained rise in all-cause death rates is unprecedented. See [this](#).

Also coming into view are statistics from the US Bureau of Labor showing that since May of 2021 the number of newly disabled people living at home grew by about 4 million people. This change draws attention to the large costs of many injection injuries not only on the victims themselves but society and families. See [this](#).

In bringing this information to light, former BlackRock money manager, Edward Dowd piled

on yet more superlatives calling the COVID crimes the “biggest fraud in the history of the world.” He drew special attention to the “tech giants” who have been “censoring life-saving information on purpose.”

Hospitals as Primary Scenes of the COVID Crimes

A main site of the physical crimes that continue to take place is the hospitals where so many of the COVID dirty deeds happen. Beginning in 2020 these institutions were by and large quickly transformed into factories devoted primarily to the miraculously-well-funded COVID industry. Within this industry the value of death seems to have become far more precious than the cost of life.

The remuneration forwarded to for-profit hospital corporations in the United States has been setting basic patterns of payment for COVID care throughout much of the world. According to Dr. Elizabeth Vliet and Ali Schultz, payments to hospitals include

- A “free” required PCR test in the Emergency Room or upon admission for every patient, with government-paid fee to hospital.
- Added bonus payment for each positive COVID-19 diagnosis.
- Another bonus for a COVID-19 admission to the hospital.
- A 20 percent “boost” bonus payment from Medicare on the entire hospital bill for use of remdesivir instead of medicines such as Ivermectin.
- Another and larger bonus payment to the hospital if a COVID-19 patient is mechanically ventilated.
- More money to the hospital if cause of death is listed as COVID-19, even if patient did not die directly of COVID-19.
- A COVID-19 diagnosis also provides extra payments to coroners.

See [this](#).

The economics of life and death under the banner of COVID care have been the subject of a video exchange between Steve Kirsch and Dr. Ryan Cole. In their exchange Dr. Cole asserted that “its time to stop incentivising hospitals to kill people.” See [this](#).

Vliet and Schulz cite **Attorney Tom Renz** who calculates that, on average, every COVID patient treated in a US hospital generates about \$100, 000 in payments to the care providers. The COVID patients who die on ventilators apparently form an especially lucrative category for reimbursement to hospitals.

Minnesota state Senator and Family Physician, Dr. Scott Jensen, looked at the distortions created by wrongheaded approaches to rewarding hospitals for COVID care. He asked legitimate questions about the widespread pattern of pushing up COVID death numbers by adding casualties often wrongfully attributed to COVID-19. The inflation of death numbers and case numbers have been an undeniable tactic throughout much of the world in inculcating fear so that most people will simply stand aside and ignore the COVID-19 power grab.

Dr. Jensen has been one of those elected officials who assertively broke the pattern identified by EU parliamentarian Christine Anderson. Dr. Jensen was not one of those elected officials who failed to protect their own constituents from various forms of COVID harm and

tyranny.

Dr. Jensen in fact sued officials in the US Department of Health and Human Services in an effort to prevent children from receiving COVID injections. He then became the Republican candidate for the job of Minnesota Governor in the 2022 election. See [this](#).

COVID-19 and Nursing Homes

Some contend that the manufactured COVID crisis not only includes measures aimed at inflating COVID death statistics but at actually causing deaths that are attributed to COVID. Such suspicions have been aroused, for instance, by controversies involving the corrupt usages of ventilators and the mismanagement of care facilities for the elderly.

Veteran investigative reporter Jon Rappoport has highlighted the central role of nursing homes and assisted living facilities in the genesis of the manufactured COVID crisis. See [this](#).

He writes, “to an astounding extent COVID-19 is a nursing home disaster.” In 2020 most of the reported deaths from COVID were of elderly people in care. In Canada, for instance, in mid-2020 fully 80% of the recorded COVID deaths were in nursing homes or seniors’ homes. See [this](#).

Concurrently the WHO found that over half of European COVID deaths were of the elderly. In Italy early reports showed the average age of COVID deaths was 79.5 years old. As Rappoport explains, the death of many elderly nursing home wards was helped along by subjecting much of the targeted population to useless PCR tests that produced abundances of false positive findings.

The next step was to cut off those deemed afflicted with COVID from all contact with family and friends. In Rappoport’s opinion, many seniors were “killed prematurely” with “terror and isolation.”

Sometimes the death process was helped along by liberal doses of midazolam, a drug associated with euthanasia and “respiratory depression.” As Rappoport sees it, by bringing about this lethal expedient governments and insurance companies saved \$billions by shortening the period of their financial obligations to the elderly.

Rappoport alleges that this episode constitutes “mass murder by cruelty,” surely a characterization that lies well within the criteria of organized crime and crimes against humanity.

Rappoport’s understanding of the “evil that permeates the COVID operation” is very much in line with some aspects of the opinions developed by the likes of Dr. Mike Yeadon, the late Dr. Mugufuli, Christine Anderson, Reiner Fuellmich, and many more. Moreover, millions of people on all sides of many COVID controversies will agree that Andrew Cuomo and several other North American leaders were negligent or worse when they sent thousands of coronavirus-infected patients to reside with the residents of nursing homes. See [this](#).

There is an obvious need for investigations on a global basis into the nature of COVID treatment provided in nursing homes as well as the methods for evaluating and reporting deaths in these facilities. A related issue concerns the concerted effort made by many in COVID officialdom to block and discourage autopsies of those reported as having died from

COVID. See [this](#).

Contrary to the requirements of science, when it comes to sorting out fact from fiction on the subject of COVID deaths as well as on deaths and injuries caused by COVID injections, it seems that many of the responsible authorities would prefer to hide themselves away from the relevant evidence. How many are trying to distance themselves from any information that might expose their own involvements in the lies and crimes of Operation COVID-19?

Children Are Jabbed So That Vaccine Companies Can Avoid Being Sued

Much changed in 2021 when it started to be noticed that a surge of younger people in the prime of their lives were being reported as COVID infected, COVID hospitalized and COVID dead. It remains to be seen if some diagnoses of COVID infections in injected people of all ages are in fact injection injuries. This question applies especially to those thought to be suffering from so-called “long-haul COVID.” See [this](#).

Especially in 2022, the ubiquitous media meme of “COVID as a pandemic of the unvaccinated” began to lose traction as some of the COVID lies started to collapse under the weight of evidence-based interpretations. See [this](#).

In spite of the growing revelation that COVID shots are bad medicine, very young children and even toddlers were being set up as the next targets for injections.

The primary reason for this targeting of children is extremely sinister. Robert F. Kennedy has explained the mercenary character of Big Pharma’s preoccupation with getting mRNA-spouting needles into as many juvenile arms as possible.

Concluding Remarks

It all has to do with the economics of a business that has been very successful in gaining legal protections against being sued by the families of those killed or injured by vaccines as well as by COVID injections consistently misrepresented as vaccines.

R. F. Kennedy (Jr) explains,

“So long as you take an emergency use vaccine, you can’t sue them. [the vaccine makers and their government regulators]. Once [the vaccine] gets approved, now you can sue them, unless they can get it recommended for children. Because all vaccines that are recommended, officially recommended for children, get [permanent] liability protection, even if an adult gets that vaccine.” See [this](#).

The laws and policies exempting injection makers from being sued for faults in their products is a significant part in the holocaust of injected catastrophe currently underway.

There is too much silence in the face of this contemporary holocaust

The ethos of “never again” is conspicuously failing to arouse sufficient indignation to stop this unfolding crime against humanity.

The requirements of getting Emergency Use Authorization for releasing COVID jabs to the public lay behind the sidelining of cheap, safe and effective remedies like Ivermectin and

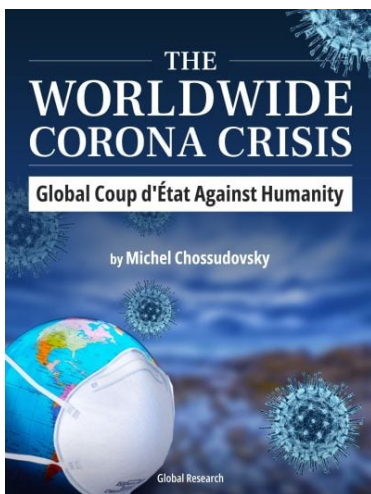
hydroxychloroquine. The requirement of moving beyond EUA to obtain permanent liability protection for the COVID shots necessitates pushing the tainted injections on children.

The COVID fiasco is spotlighting the legal and regulatory mess that has long been permeating Big Pharma and pretty much Big Everything Else in the culture of Big Business.

This culture of Big Business consistently favours the imposition of monopolies limiting competition throughout whole industrial sectors and monopolies over the actions and policies of government in associated zones of industrial activity. It favours the monopolization of influence over public perceptions, attitudes and behaviour through the unrelenting messaging of Big Media and Big Tech.

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He is a regular contributor to Global Research.



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