

# COVID Vaccines Bloody Travesty: From Shots to Clots

By [Joel S. Hirschhorn](#)

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*People face a difficult decision on whether or not to take an experimental or even approved COVID vaccine for the first time or as a booster shot.*

So much information tells the ugly story of people who have suffered illness or death because they were not vaccinated.

But there are also increasing stories of breakthrough infections despite vaccination. Why? Because these vaccines are not working very well.

Just as important as declining vaccine effectiveness over time is the increasing evidence of direct harm from vaccines. Their safety is not what government agencies proclaim. And getting booster shots just raises vaccine harm issues.

It has become increasingly clear that natural immunity obtained from prior COVID infection is better than vaccine immunity. The ideal solution is not getting vaccine shots, but seeing treatment protocols as vaccine alternatives.

How can people make good, informed decisions about the vaccines? Especially those who have refused to capitulate to the coercion and propaganda. This article provides good information about blood clots and bleeding that have injured and killed many people worldwide.

People will not get solid information on vaccine induced blood problems from mainstream big media.

If you only consider statistics about the number of people benefitting from vaccines versus lower numbers experiencing bad side effects, you might dismiss the negatives in favor of the positives. But one significant uncertainty is about longer-term negative vaccine impacts that may impact millions of vaccinated people.

This article provides a compelling account of COVID vaccine dangers. If you get a shot, you are gambling that you will not fall victim to it. The quandary is whether that gamble is worth taking.

Here you will get well researched summaries of key recently published research on two types of observed blood clots – microscopic and relatively large size – that merit serious attention and concern. Also, the views of esteemed medical experts are provided. One inevitable conclusion is that government agencies, with support from big media and the medical establishment, are not doing ensuring truly informed consent by those taking vaccine shots.

Regarding the experimental COVID vaccines, Dr. Francis Christian made this important [observation](#): “I have not met a single vaccinated child or parent who has been adequately informed and who then understands the risks of this vaccine or its benefits.” Based on all data on COVID deaths, it is crystal clear that for nearly all people, less than about 70 years old, the risks outweigh the benefits.

## Understanding Medical Terms And Research

The medical literature is difficult to read and understand, especially with regard to blood problems associated with COVID vaccines. To gain a useful understanding of vaccine risks it is useful to appreciate medical terms being used.

An informative [article](#) is by Dr. Veronica Hackethal from April. It noted that:

“The [European Medicines Agency has said](#) that, as of April 20, there have been 287 reports of rare blood clots with low platelets after administration of the AstraZeneca vaccine, eight with Johnson & Johnson, 25 with Pfizer, and five with Moderna. The clots are notable because some have occurred in unusual and deadly locations in the veins that drain the brain (known as cerebral venous sinus thrombosis) and the abdomen (known as splanchnic vein thrombosis).” Note that all the major vaccines were cited.

What to focus on is the problem of very low platelet levels in the body that can cause abnormal bleeding, termed thrombocytopenia, especially deadly brain bleeds. Two processes cause this condition. Platelet clearance is an autoimmune process; the body’s immune system is out of control and eats up platelets; this is called immune thrombocytopenia (ITP). Second, is platelet consumption that converts blood platelets into clots in the body.

The most widely used medical term is now “*vaccine-induced immune thrombotic thrombocytopenia*” ([VITT](#)). Thrombotic refers to clots. Thrombocytopenia refers to low platelet levels. Note the use of vaccine-induced to classify this medical condition with unusual clots reported after shots of experimental COVID-19 vaccines. VITT is a consumptive process similar to an autoimmune condition. Some people are trying to avoid this term because it explicitly refers to a vaccine problem.

Another term sometimes used instead of VITT is thrombocytopenia with thrombosis syndrome (TTS). It avoids the use of vaccine-induced.

If you try and follow the medical literature you will see that for VITT, scientists have identified an autoantibody called platelet factor 4 (PF4) antibody that promotes clotting and eventually low platelet levels and bleeding; it can be measured. This can be tested for.

Two other terms that can be encountered are cerebral venous sinus thrombosis (CVST) and splanchnic [abdominal] vein thrombosis (SVT).

Recently, another medical term is being used. It is acquired thrombotic thrombocytopenic purpura (aTTP). TTP has long been a genetic autoimmune disease that used to be very deadly. Acquired is used to signify a result of COVID vaccination.

The US National Library of Medicine defines TTP as *“a rare disorder that causes blood clots (thrombi) to form in small blood vessels throughout the body; small is very important because the presence of microscopic clots will be focused on below. These clots can cause serious medical problems if they block vessels and restrict blood flow to organs such as the brain, kidneys, and heart.”* TTP can be fatal or cause lasting damage, such as brain damage or a stroke, if it's not treated right away.

### **Eminent Dr. V. Zelenko Sees The Problem**

In a recent [article](#) on the dangers of COVID experimental vaccines the experienced and pioneering physician **Dr Zelenko** addressed the blood problem. He acknowledged that blood clots have been recorded as a side effect of the shots. He explained that when a person is injected with the vaccines, the body turns into a protein spike factory, generating billions of spikes that travel to the “endothelium,” that line blood vessels, damaging blood cells and causing blood clots. More specifically, he explained that if this occurs in the heart, it is likely to result in a heart attack, and if it happens in the brain, it may result in a stroke. *“So, we’re seeing the number one cause of death in the short term, is from blood clots, and most of it is happening within the first three, four days,”* he said.

He also made the important point that

“Naturally induced immunity [from a prior COVID infection] is a billion times more effective than artificially induced immunity through vaccines. So why, why would I vaccinate someone with a poisoned death shot that makes inferior or dangerous antibodies when I already have healthy antibodies?” he argued.

So correct. Millions of people have protective natural immunity that governments are not giving the same credit as they give to vaccine immunity.

### **Reports Of Blood Cases**

[Reports](#) have come from Israel on aTTP resulting from experimental COVID shots. A major hospital center reported 4 cases in a month, while there are typically 2-3 cases a year. All of the new victims received a COVID vaccine within 5 to 28 days. Also reported was that there are “similar cases in Belgium and Italy.” In Israel the Pfizer experimental vaccine has been linked to the increased cases of aTTP.

This aTTP term may be attractive to authorities because unlike the more widely used term VITT it does not explicitly invoke a COVID vaccine, but the nature of aTTP is similar to VITT with the exception being the emphasis on small clots.

Another [report](#) from Israel made these observations: “More than 30 percent of Covid-19 patients suffer from blood clots, which create lethal blockages in the lungs, kidneys, heart and brain. **Dr. Abd Al-Roof Higazi**, head of the Division of Laboratories and Department of Clinical Biochemistry at Hadassah University Medical Center in Jerusalem, has found the

mechanism that causes the clots. Higazi and colleagues published a [paper](#) last year in the American Society of Hematology journal Blood about the peptide Alpha-defensin.

They discovered that this peptide speeds up the creation of blood clots and prevents their disintegration. This background helped them understand what was happening to Covid-19 patients because existing anticoagulant drugs don't impact Alpha-defensin.

'We took blood samples from 80 patients in Hadassah's Outbreak Department and found a high concentration of Alpha-defensin,' said Higazi. 'The sicker the person, the higher the concentration of this peptide.'

A medical [paper](#) has just been published on one case of aTTP linked to the Pfizer experimental vaccine. It was noted that *"The patient received a second dose of [Pfizer] mRNA vaccine one week before the onset of concerning symptoms."* No other cause of the infliction was found. With advanced medical treatments the patient survived. Noted was that *"the trigger of TTP was presumed to be recent vaccination."*

A case was recently [reported](#) in South Korea: *"A 21-year-old female college student died one week after receiving the first Pfizer jab in late August. The family reported no underlying health conditions. Apparently, when found dead in her apartment, she had purple spots on her body."* Such purple spots are often concluded to result from blood bleeds due to a loss in platelets.

Two cases of vaccine induced problems in the US were recently [reported](#):

"A [17-year-old basketball player](#) from Utah suffered deadly blood clots on the inside and outside of his BRAIN almost immediately after getting a Covid inoculation, which doctors discovered when his parents brought him to the hospital with severe neck swelling and intolerable headaches. The boy could not even move his neck without using his hands. His mother said he was perfectly healthy before that vaccine. And a man in Colorado said the Moderna vaccine made him develop two blood clots in his left leg."

Six deaths out of 28 blood clot cases were [reported](#) by Yale University for the J&J vaccine in the US. Also noted was that these were a particularly rare and dangerous blood clot in the brain, known as cerebral venous sinus thrombosis (CVST), because it appears in the brain's venous sinuses. Also noted was that there were abnormally low platelet levels in their blood, an unusual situation also found for those impacted by the AstraZeneca vaccine. As noted previously, platelets are used to form blood clots.

**Early Florida death after vaccination was a horrible story.** Back in February, a case of serious blood bleeding killed a healthy, young physician and it merits attention because at that early time the blood problem issue had surfaced. The Florida doctor died; here are highlights from a major news [story](#).

"Just three days after he received the Pfizer vaccine, Dr. Gregory Michael, 56, of Miami Beach developed symptoms for immune thrombocytopenia, a rare blood disorder that stops the creation of platelets, which are necessary for clotting. ... he spent two weeks in the hospital where he died from a brain hemorrhage." His wife disclosed that he entered the emergency room with a platelet count of zero and that he was immediately admitted to the intensive care unit with a diagnosis of "acute ITP caused by a reaction

to the COVID vaccine.” He died from a brain bleed reasonably blamed on his vaccine shot.

This too was noted in the news story:

“Others who got the Pfizer or Moderna vaccine also seemed to have developed the same disorder. Luz Legaspi, 72, woke up to find bruises on her arms and legs and bleeding blisters in her mouth just a day after receiving her first dose of the Moderna vaccine. When she went to a New York City hospital, she was similarly diagnosed with the same blood disorder.”

Her life was saved because her doctors used a different treatment that increased her platelet count from zero to 6,000, to 40,000 and to a healthy 71,000 within days.

The point is that there was very early proof of vaccine induced blood problems soon after the start of shots. The story noted that *“37 people have developed such a disorder.”* Now considerable evidence reveals that the low platelet problem is caused by blood clotting.

Importantly, there was another news [story](#) also in February that noted:

“At least 36 people may have developed a rare blood disorder, known as immune thrombocytopenia (ITP), after taking either Pfizer and BioNTech or Moderna’s COVID-19 vaccines.” Also reported was that CDC said “No cases of thrombocytopenia were reported during the trials of either Moderna’s or Pfizer’s vaccines.” Trials that were rushed.

As you read on, keep in mind that the vaccine blood problem emerged soon after COVID experimental vaccines began being used. But months later the government and public health system has largely ignored the blood problem as has big media.

### **Blood Problems In Infected But Asymptomatic People**

A new [article](#) made good points about people who been infected but seemingly suffered no harm, but still had blood problems with potential longer term consequences.

“Thrombosis Journal and other publications have described [several cases](#) of [blood clots](#) in the kidneys, lungs, and brains of people who hadn’t had any symptoms. When these gel-like clumps get stuck in a vein, they prevent an organ from getting the blood it needs to function—which can lead to seizures, strokes, heart attacks, and death.”

There have been relatively few of these case reports—and it’s unclear whether some patients might have had other underlying issues that could have caused a clot. But the [Washington State researchers who reported](#) on one case of renal blood clot write that it *“suggests that unexplained thrombus in otherwise asymptomatic patients can be a direct result of COVID-19 infection, and serves as a call to action for emergency department clinicians to treat unexplained thrombotic events as evidence of COVID-19.”*

This is why there is no reason to trust vaccine testing over a short time to demonstrate safety.

Image on the right is from [NewsVoice](#)

## Canadian Physician Reports High Levels Of Microscopic Clots



**Dr Charles Hoffe** has been practicing medicine for 28 years in a small, rural town in British Columbia, Canada, and recently gave a [long interview](#). He has given about 900 doses of the Moderna experimental mRNA vaccine to his patients. So, contrary to some critics, he is no anti-vaccine doctor; at least was not originally.

The core problem he has seen are microscopic clots in his patients' tiniest capillaries. He said

"Blood clots occurring at a capillary level. This has never before been seen. This is not a rare disease. This is an absolutely new phenomenon."

Most importantly, he has emphasized these micro-clots are too small to show up on CT scans, MRI, and other conventional tests, such as angiograms, and can only be detected using the D-dimer blood test. This is a standard test that indicates whether blood clots are being actively formed somewhere within a person's vascular system.

Using the latter, he found that 62 percent of his patients injected with an mRNA shot were positive for clotting, not a small fraction that can be easily dismissed. He has explained what is happening in bodies. The spike proteins in the vaccine become *"part of the cell wall of your vascular endothelium. This means that these cells which line your blood vessels, which are supposed to be smooth so that your blood flows smoothly now have these little spikey bits sticking out. ... when the platelet comes through the capillary it suddenly hits all these COVID spikes and it becomes absolutely inevitable that blood clots will form to block that vessel."* Medically, these clots are likely to deplete platelets.

He made an important distinction:

"The blood clots we hear about which the media claim are very rare are the big blood clots which are the ones that cause strokes and show up on CT scans, MRI, etc. The clots I'm talking about are microscopic and too small to find on any scan. They can thus only be detected using the D-dimer test...The most alarming part of this is that there are some parts of the body like the brain, spinal cord, heart and lungs which cannot regenerate. When those tissues are damaged by blood clots they are permanently damaged."

This is his pessimistic, scientific view:

"blood vessels in their lungs are now blocked up. In turn, this causes the heart to need to work harder to try to keep up against a much greater resistance trying to get the blood through your lungs. This is called pulmonary artery hypertension - high blood pressure in



the lungs because the blood simply cannot get through effectively. People with this condition usually die of heart failure within a few short years.”

All these strong medical views have been suppressed by big media., but it was covered well in another [alternative news site](#). And the doctor got some attention by submitting an [open letter](#) to the provincial Ministry of Health. A key point in that was this:

“It must be emphasised, that these people were not sick people, being treated for some devastating disease. These were previously healthy people, who were offered an experimental therapy, with unknown long-term side-effects, to protect them against an illness that has the same mortality rate as the flu. Sadly, their lives have now been ruined.”

Canadian **Dr. Byram Bridle**, a viral immunologist and associate professor at University of Guelph, Ontario, in June [made](#) an important point. Namely, once in circulation, the spike protein can attach to specific ACE2 receptors that are on blood platelets and the cells that line blood vessels.

“When that happens it can do one of two things: it can either cause platelets to clump, and that can lead to clotting. That’s exactly why we’ve been seeing clotting disorders associated with these vaccines. It can also lead to bleeding.” He proclaimed: “releasing the experimental mRNA COVID vaccines has been a ‘big mistake’ — and the long-term health consequences are ‘scary.’”

The concept of micro blood clots has also been invoked by others for the serious impacts of COVID itself.



The eminent **Dr. Peter McCullough** [noted](#)

“So, this is a very different type of blood clotting that we would see with major blood clots in the arteries and veins. For instance, blood clots involved in stroke and heart attack. Blood clots involved in major blood vessels in the legs. This was a different type of clotting and in fact the Italians courageously did some autopsies and found micro blood clots in the lungs. And so, we understood in the end, the reason why the lungs fail is not because the virus is there. It is because micro blood clots are there. ... When People can’t breathe, the problem is micro-blood clotting in the lungs. ...The spicule on the ball of the of the virus itself which damages blood vessels that causes blood clotting.”

He has also openly stated that none of the COVID vaccines are safe for most people at little risk from COVID.

If spike protein is the cause of micro blood clots in COVID it is also reasonable to see the same phenomenon in vaccinated people impregnated with spike proteins that move throughout the body, as Dr. Hoffe explained.

As to clots throughout the body consider what NIH has [said](#):

“The clots can limit or block the flow of oxygen-rich blood to the body’s organs, such as the brain, kidneys, and heart. As a result, serious health problems can develop.”

As to the Canadian situation, The Public Health Agency of Canada (PHAC) in July estimated the rate of vaccine-related blood clotting in Canadians who have received the AstraZeneca vaccine and said there have been 27 confirmed cases to date in Canada, with five deaths among those cases, a rather high death rate.

### **Northwell Health Hospitals Study**

This [published](#) study in May presented many disturbing facts about blood problems. Here are highlights from this study of COVID patients in hospital from March through May 2020.

“There’s anywhere from a three to fivefold risk of blood clots compared to the pre-COVID era,” said Alex Spyropoulos, a professor at the Feinstein Institutes for Medical Research, which is a part of the New York hospital system Northwell Health. “I’ve never seen this type of blood clot risk in my life.”

Spyropoulos said

“this study shows for the first time that heightened risk of blood clots persists after patients leave the hospital...It takes a long time for immune mechanisms to calm down...The inflammatory system and the immune system and the coagulation system don’t know that the patient has left the hospital.”

The study followed nearly 5,000 patients after they left the hospital. About 13 percent of the subjects were treated with blood thinners as a preventative measure.

“We targeted high risk groups,” Spyropoulos said. The major finding on the solution side was “postdischarge anticoagulants, mostly at prophylactic dosages, reduce the risk of major thromboembolic events and death by 46 percent.”

Importantly, the doctor noted that COVID seems to trigger the formation of what are called pulmonary microthrombi, or small clots that form in the blood vessels of the lungs. Exactly the point made by Dr. Hoffe in Canada. In other words, spike proteins could act the same way in COVID victims and in vaccinated people.

“Classically, we would be able to scan for evidence of blood clots in the legs with an ultrasound, or in the lungs with a CT scan...It’s much harder to diagnose the microthrombi without an autopsy—and by some estimates, 60 to 100 percent of people hospitalized with COVID have some kind of clotting event when they die,” Spyropoulos said.

Nor surprisingly, this important study and findings received no big media coverage. **Though COVID patients were considered, the results have major implications for blood problems resulting from vaccines because spike proteins are the culprits in**



**both cases.**

Indeed, **Dr. Sucharit Bhakdi**, a retired professor, microbiologist and infectious disease and immunology specialist has [explained](#) that spike proteins are the probable cause of so many blood clots throughout the vascular system that your coagulation system is exhausted, resulting in bleeding (hemorrhaging) and thrombocytopenia — low platelet count. His point was that this has been reported in severe COVID-19 cases and vaccinated individuals alike. He noted that:

“It is known that these spike proteins, the moment they touch platelets, they activate them and that sets the whole clotting system going.”

There is a major the need for autopsies in those whose deaths are linked to vaccines.

### **Dr. Ryan Cole - Proof Of Blood Clots From A Pathology Expert**

There is a very important [video](#) of an August presentation by the highly credentialed and experienced pathologist **Dr. Ryan Cole** on the topic “*What the vaccine spike protein does to the body.*” This video shows a large number of medical slides of different kinds of tissues in COVID vaccine victims obtained typically from autopsies. Dr. Cole shows many examples of microscopic blood clots in key tissues, such as from lungs.

His detailed work strongly supports what Dr. Hoffe has found and discussed.

### **Very Important New UK Research On VITT**

This month the esteemed medical journal The Lancet published a long, detailed [study](#) that verified VITT associated with experimental COVID vaccines pose more serious medical impacts than brain bleeds not caused by vaccines. Here are some highlights from this article.

“A new syndrome of vaccine-induced immune thrombotic thrombocytopenia (VITT) has emerged as a rare side-effect of vaccination against COVID-19.”

The study examined detailed medical records of “95 patients, 70 had VITT and 25 did not.” All had brain blood problems.

Here is the key finding:

“The primary outcome of death or dependency [hospital staff needed] occurred more frequently in patients with VITT-associated cerebral venous thrombosis (33 [47 percent] of 70 patients) compared with the non-VITT control group (four [16 percent] of 25 patients;  $p=0.0061$ ). ... More patients died during admission in the VITT-associated cerebral venous thrombosis group (20 [29 percent] of 70 patients) than in the non-VITT group (one [4 percent] of 25 patients;  $p=0.011$ ).”

Again, a significant result – **seven times worse rate of deaths for the vaccine induced blood problem.**

The big conclusion: “*Cerebral venous thrombosis is more severe in the context of VITT.*” In other words, brain blood clots were worse in VITT patients.

The median time interval between vaccination and cerebral venous thrombosis symptom onset was 9 days in patients with VITT and 11 days in those without VITT. Worse outcomes happened faster in VITT patients.

The patients in this study were all vaccinated on or before April 30, 2021, and before this date most individuals vaccinated in the UK were aged 45 years or older.

The main conclusion was: *"VITT appears to be a very rare side-effect of vaccination with the (AstraZeneca) vaccine, the risk of which is likely to be greatly outweighed by the benefit of vaccination against COVID-19 for most people."* This positive view of COVID vaccines is what is normally voiced by those in the medical establishment. Perhaps they fear repercussion from research funders and, possibly, rejection by medical journal editors. Are your personal risks worth your personal benefits?

### **More New UK Research**

A new [article](#) from UK researchers identified 170 definite and 50 probable cases of VITT. All the patients had received the first dose of the AstraZeneca vaccine and presented 5 to 48 days (median, 14) after vaccination. The age range was 18 to 79 years (median, 48), with no sex preponderance. Importantly, there were no identifiable medical risk factors, meaning the cause was surely a result of the vaccine. From March to June 2021 overall mortality was 22 percent. But that death rate increased to 73 percent among patients with platelet counts below 30,000 per cubic millimeter [normal platelet count ranges from 150,000 to 450,000] and intracranial hemorrhage. An important finding was that VITT was blamed on the production of anti-PF4 antibodies after exposure to vaccine components.

Here are some details about the clots found in patients. Half had clots in the cerebral veins (commonly complicated by secondary intracranial hemorrhage) [brain bleeds]. And more than a third had clots in the deep veins of the legs and in lung arteries.

The researchers indicated rather high rates of VITT among the vaccinated, with the AstraZeneca product, namely at least 1:100,000 among adults, ages 50 or older, and at least 1:50,000 for younger people. Or, considering the huge numbers of people vaccinated, they translate to 1,000 per 100 million and 2,000 per 100 million, respectively. These are high rates of often deadly VITT. But keep in mind that many people may be dying from blood problems but no test or autopsy done to verify cause by a vaccine.

[[Compare these](#) to figures from May of 400 blood problems per 100 million reported by UK's regulator Medical and Health Regulatory Authority (MHRA) and 1,000 cases per 100 million doses reported by Germany.]

[Commenting](#) on this new study, Rajiv Pruthi, of the Mayo Clinic urged the U.S. to *"remain vigilant"* even if the AstraZeneca vaccine is not authorized for use by the FDA. *"Clinicians who are seeing patients with low platelets, headaches, blood clots coming in, regardless of the vaccine they got, should consider [VITT],"* he said. Very good advice that the public should be aware of.

An April [article](#) *"Towards Understanding [AstraZeneca] Vaccine-induced Immune Thrombotic Thrombocytopenia (VITT)"* by the esteemed German physician and researcher Andreas Greinacher and colleagues detailed the mechanisms causing inflammation and blood problems. *"In summary, our study provides a mechanism by which an adenoviral vector*

*vaccine can trigger an immune response leading to highly reactive anti-PF4 antibodies [causing] prothrombotic consequences.”* Their work also pertains to the J&J vaccine. In May CDC [acknowledged](#) that 28 people ages 18 to 59 who got that vaccine developed blood clots.

### **Expertise Of Former Pfizer Executive**



In June former Pfizer executive **Dr. Michael Yeadon** [added his voice](#) of deep expertise on vaccines to the blood clot issue.

**“These covid vaccines are not safe,”** he said. “The gene based design makes your body manufacture virus spike protein, and we know and we’ve known for years that virus spike protein triggers blood clots,” Yeadon explained. “That’s a fundamental problem.”

Dr. Yeadon revealed the astronomically high adverse events from the vaccine alone should have shut them down.

“Young people are not susceptible to covid-19. They’re not at risk,” Dr. Yeadon said. “It’s a crazy thing then to vaccinate them with something that is actually 50 times more likely to kill them than the virus itself.”

Dr. Yeadon said the CDC VAERS system has reported roughly 5,000 vaccine deaths in the first six months of 2021.

“Normally there’s 200 a year for all vaccines combined,” he said.

“I’m very pro vaccines,” Yeadon said. “My biggest beef with the [COVID] vaccines include serious concerns about safety. They have not been sufficiently tested,” he explained. “They were approved for emergency use fraudulently, in my view, because they shouldn’t do it if there are safe and effective medicines. And there are. They have just been hidden.”

**Yeadon said hydroxychloroquine, ivermectin, azithromycin, and inhaled steroids are all safe and effective at treating the coronavirus.**

**Each was suppressed by Dr. Fauci, the scientific establishment, and the media. That is exactly the truth. Truth suppressed to promote use of COVID vaccines.**

### **Research From Doctors For COVID Ethics**

A July medical research [article](#) by two distinguished physicians, Michael Palmer and Sucharit

Bhakdi associated with the group Doctors for COVID Ethics examined the original research done for the Pfizer mRNA vaccine. Here are highlights from this important paper.

“The dangers of the COVID-19 vaccine spike protein and its interactions with the human immune system, conferring risks of clotting and leakage of blood vessels, are becoming increasingly well known. But how far and wide in the body can such dangers spread? What does that mean for vaccine safety?”

“We summarize the findings of an animal study which Pfizer submitted to the Japanese health authorities in 2020, and which pertained to the distribution and elimination of a model mRNA vaccine. We show that this study clearly presaged grave risks of blood clotting and other adverse effects. The failure to monitor and assess these risks in the subsequent clinical trials, and the grossly negligent review process in conjunction with the emergency use authorizations, have predictably resulted in an unprecedented medical disaster.”

“Pfizer’s animal data clearly presaged the following risks and dangers: blood clotting shortly after vaccination, potentially leading to heart attacks, stroke, and venous thrombosis.”

“We must emphasize again that each of these risks could readily be inferred from the cited limited preclinical data, but were not followed up with appropriate in-depth investigations. In particular, the clinical trials did not monitor any laboratory parameters that could have provided information on these risks, such as those related to blood coagulation (e.g. D-dimers/thrombocytes), muscle cell damage (e.g. troponin/creatine kinase), or liver damage (e.g. γ-glutamyltransferase). That the various regulatory agencies granted emergency use authorization based on such incomplete and insufficient data amounts to nothing less than gross negligence.”

“Since the so-called clinical trials were carried out with such negligence, the real trials are occurring only now—on a massive scale, and with devastating results. This vaccine, and others, are often called ‘experimental.’ Calling off this failed experiment is long overdue. Continuing or even mandating the use of this poisonous vaccine, and the apparently imminent issuance of full approval for it are crimes against humanity.”

The strong language used by these doctors is worth respect and adds credence to the notion that we are embarking on a vaccine dystopia.

### **Research From Europe On Victims Of Vaccine Induced Blood Clots**

In June a [medical paper](#) by experienced European physicians and medical researchers described four cases of patients that suffered from COVID vaccine induced blood clots. They presented with varying symptoms that posed challenges for doctors to address. Here are some highlights from this paper.

“Vaccine-induced immune thrombotic thrombocytopenia (VITT) is a novel entity that emerged in March 2021 following reports of unusual thrombosis after (AstraZeneca) vaccination. ... The present study highlights the issues associated with the recognition of VITT, the limitations of current guidance and the need for heightened clinical vigilance as our understanding of the pathophysiology of this novel condition evolves. ... As of 4 April 2021, a total of 169 cases of cerebral venous sinus thrombosis (CVST)

and 53 cases of splanchnic vein thrombosis (SVT) had been reported to the European drug safety database EudraVigilance.”

“Over recent weeks, the concept of VITT has emerged as an entirely novel clinical entity that can be associated with significant morbidity and mortality, even in young and otherwise healthy recipients. The limited clinical data regarding this rare disorder associated with use of coronavirus disease 2019 (COVID-19) adenoviral vaccines has posed significant clinical challenges.”

“We believe that the clinico-pathological spectrum associated with VITT may be much wider than first envisaged. This hypothesis is supported by the cases presented in the present study.”

“With improved awareness of this condition it is more likely that patients may present earlier, while the disorder is still in evolution.”

What is clear is that the blood clot condition in vaccinated people is serious and the medical community’s ability to address or fully acknowledge the problem is uncertain. There is still too much allegiance to the vaccines.

### **Wall Street Journal And Nature Journal**

To its credit, the Wall Street Journal published a [long article](#) in July on the COVID vaccine blood clot issue. Here are highlights from it.

“Canadian researchers say they have pinpointed a handful of amino acids targeted by key antibodies in the blood of some people who received the AstraZeneca Covid-19 vaccine, offering fresh clues to what causes rare blood clots associated with the shot.”

“The peer-reviewed findings, by a team of researchers from McMaster University in Ontario, were published ...by the [science journal Nature](#). They could help doctors rapidly test for and treat the unusual clotting, arising from an immune-driven mix of coagulation and loss of platelets that stop bleeding.”

“The blood clotting, which some scientists have named vaccine-induced immune thrombotic thrombocytopenia, or VITT, has also been linked to Johnson & Johnson’s Covid-19 shot, though incidents have occurred less frequently with that shot than with AstraZeneca.”

“Though rare, the condition has proven deadly in more than 170 adults post-vaccination in the U.K., Europe and U.S., according to government tallies. Many were younger adults who appeared healthy before vaccination, researchers and drug regulators say.”

“The total number of cases after first or second doses in the U.K. was 395 through June 23...Of the 395, 70 people have died. European officials said this month that they have seen 479 potential cases of VITT out of 51.4 million AstraZeneca vaccinations...Far fewer potential cases—21 ...followed J&J vaccinations in Europe. Of those cases, 100 deaths occurred after AstraZeneca vaccination and four after Johnson & Johnson, European regulators said.” Those are high death rates.

“U.S. health officials said in late June that they have identified 38 confirmed cases of the blood-clotting syndrome out of more than 12.3 million people who received the J&J

vaccine...The Centers for Disease Control and Prevention said in May that three cases had been fatal and evidence “suggests a plausible causal association between the combination of low platelets and clotting and the vaccine.” Again, that combination can explain serious bleeding events.

As to what is going on inside the body:

“[In] rare cases, vaccinated people have experienced an autoimmune reaction in which antibodies bind with unusual strength to a blood component called platelet factor 4, or PF4, forming distinct clusters resembling a bunch of grapes. This so-called immune complex, a molecular formation in the blood, activates more platelets, ‘like putting a match to gasoline,’ said John Kelton, an author of the Nature paper and researcher at McMaster University. The process accelerates, he and other researchers say, triggering simultaneous bleeding and clotting, sometimes in the brain, stomach and other areas that can in rare cases be deadly. ‘We think these antibodies are incredible amplifiers, in a bad way, of the normal coagulation system,’ said Dr. Kelton”

Interestingly, this article did not mention the previously discussed case of the Canadian doctor and his findings about microscopic blood clotting.

### **New York Times**

In April, there was limited [coverage](#) of stoppages of some vaccines:

“First it was AstraZeneca. Now Johnson & Johnson. Last week, British regulators and the European Union’s medical agency said they had established a possible link between AstraZeneca’s Covid-19 vaccine and very rare, though sometimes fatal, blood clots. The pause in the use of Johnson & Johnson’s vaccine in Europe over similar concerns threatens to hurt a sluggish rollout that was just starting to gain momentum.”

### **Also noted was that states paused use of the J&J vaccine after a US advisory.**

“Regulators have asked vaccine recipients and doctors to look out for certain symptoms, including severe and persistent headaches and tiny blood spots under the skin.”

### **New England Journal Of Medicine**

In April this journal published three research articles on blood clotting related to COVID vaccines and a long [editorial](#) by two physicians reviewing all the work. Here are highlights from the latter.

“The Journal has now highlighted three independent descriptions of 39 persons with a newly described syndrome characterized by thrombosis and thrombocytopenia that developed 5 to 24 days after initial vaccination with [the AstraZeneca vaccine]. ... These persons were healthy or in medically stable condition, and very few were known to have had previous thrombosis or a preexisting prothrombotic condition. Most of the patients included in these reports were women younger than 50 years of age, some of whom were receiving estrogen-replacement therapy or oral contraceptives. A remarkably high percentage of the patients had thromboses at unusual sites — specifically, cerebral venous sinus thrombosis or thrombosis in the portal, splanchnic, or hepatic veins. Other patients presented with deep venous thrombi, pulmonary emboli,



or acute arterial thromboses. ... High levels of d-dimers and low levels of fibrinogen were common and suggest systemic activation of coagulation. Approximately 40% of the patients died, some from ischemic brain injury, superimposed hemorrhage, or both conditions, often after anticoagulation.”

“Better understanding of how the vaccine induces these platelet-activating antibodies might also provide insight into the duration of antigen exposure and the risk of reoccurrence of thrombosis, which will inform the need for extended anticoagulation and might lead to improvements in vaccine design.”

“Additional cases have now been reported to the European Medicines Agency, including at least 169 possible cases of cerebral venous sinus thrombosis and 53 possible cases of splanchnic vein thrombosis among 34 million recipients of the [AstraZeneca] vaccine, 35 possible cases of central nervous system thrombosis among 54 million recipients of the Pfizer-BioNTech mRNA vaccine, and 5 possible (but unvetted) cases of cerebral venous sinus thrombosis among 4 million recipients of the Moderna mRNA vaccine. Six possible cases of cerebral venous sinus thrombosis (with or without splanchnic vein thrombosis) have been reported among the more than 7 million recipients of the Johnson & Johnson/Janssen vaccine.”

Here is the final conclusion: *“The questions of whether certain populations can be identified as more suitable candidates for one or another vaccine and who and how to monitor for this rare potential complication will require additional study.”* But it is not clear whether CDC and NIH are funding such work.

## **Salk Institute**

In April, the Salk Institute [promoted coverage](#) of research conducted by a number of people associated with it. The chief finding was that the spike protein associated with the COVID virus and with vaccines was connected to strokes, heart attacks and blood clots.

“The paper, published in [Circulation Research](#), also shows conclusively that COVID-19 is a vascular disease, demonstrating exactly how the SARS-CoV-2 virus damages and attacks the vascular system on a cellular level. ... the paper provides clear confirmation and a detailed explanation of the mechanism through which the [spike] protein damages vascular cells.”

A [subsequent article](#) in May examined this work and made several important observations. Here is its perspective, as relevant to the COVID vaccines.

“The prestigious Salk Institute...has authored and published the bombshell scientific study revealing that the SARS-CoV-2 spike protein used in the Covid jabs is what’s actually causing vascular damage. Critically, all three of the experimental Covid vaccines currently under emergency use authorisation in the UK either inject patients with the spike protein or, via mRNA technology, instruct the patient’s own body to manufacture the spike protein and release them into the blood system.”

“The Salk Institute study proves the assumption made by the vaccine industry, that the spike protein is inert and harmless, to be false and dangerously inaccurate.”

“The research proves that the Covid vaccines are capable of inducing vascular disease and directly causing injuries and deaths stemming to blood clots and other vascular

reactions. This is all caused by the spike protein that's engineered into the vaccines."

## Report By 57 Medical Experts

This May [report](#) was prepared by nearly five dozen highly respected doctors, scientists, and public policy experts from across the globe. It went public and was urgently sent to world leaders as well as all who are associated with the production and distribution of the various Covid-19 vaccines in circulation today. The report demanded an immediate stop to COVID vaccinations. Dr. McCullough was one of the signatories.

"Despite calls for caution, the risks of SARS-CoV-2 vaccination have been minimized or ignored by health organizations and government authorities," said the experts.

On the issue of blood clotting in vaccinated people the report said this:

"Some adverse reactions, including blood-clotting disorders, have already been reported in healthy and young vaccinated people. These cases led to the suspension or cancellation of the use of adenoviral vectorized [AstraZeneca] and [J&J] vaccines in some countries. It has now been proposed that vaccination with [AstraZeneca vaccine] can result in immune thrombotic thrombocytopenia (VITT) mediated by platelet-activating antibodies against Platelet factor-4, which clinically mimics autoimmune heparin-induced thrombocytopenia."

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**Dr. Joel S. Hirschhorn**, author of [Pandemic Blunder](#) and many articles on the pandemic, worked on health issues for decades. As a full professor at the University of Wisconsin, Madison, he directed a medical research program between the colleges of engineering and medicine. As a senior official at the Congressional Office of Technology Assessment and the National Governors Association, he directed major studies on health-related subjects; he testified at over 50 U.S. Senate and House hearings and authored hundreds of articles and op-ed articles in major newspapers. He has served as an executive volunteer at a major hospital for more than 10 years.

*He is a member of the Association of American Physicians and Surgeons and America's Frontline Doctors.*

*He is a frequent contributor to Global Research*

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