

Covidian insanity is on full display

 expose-news.com/2023/04/15/covidian-insanity-is-on-full-display

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April 15, 2023

In the US the covid “state of emergency” is declared officially over while in New Zealand it is extended to 2024. Italy’s birth rate is declared a national emergency. Covid injection lot variability is a feature not a bug with 4.2% of doses causing 71% of Serious Adverse Events. Unsurprisingly, while covid injections are found to have high levels of DNA contamination, the US FDA Chief blames “misinformation” for declining life expectancy.

Proving that no amount of truth will stop them, covid injection developers and promoters are at it again. This time with a malaria “vaccine” targeting Africa. Four doses in one year will be required of Oxford University’s “vaccine” for African children aged between five months and three years.

Dr. Toby Rogers discusses the level of psychopathology we are dealing with here.

And oh ... don’t be fooled by Covidians’ claims of “scientific consensus,” it’s a manufactured construct. There can be no consensus when voices challenging the official narrative are censored.

Below we highlight just a few of the articles published yesterday describing Covidian insanity. We have only listed a few – there are many more to be found but to list them all would require a book on a weekly, if not daily, basis. To read the full article, click on the section headings.

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Scientific consensus – a manufactured construct

A widely accepted theory, such as the theory of evolution, Maryanne Demasi writes, depends on a consensus being reached among the scientific community, but it must be achieved without censorship or reprisal.

It’s not difficult to reach a scientific consensus when you squelch dissenting voices. The origin of covid is a classic example. Twenty-seven scientists published a letter in *The Lancet* condemning “conspiracy theories” that suggested the virus did not have a natural origin.

Dissenting views were censored on social media and labelled “misinformation.” Scientific consensus has become a manufactured construct, dictated by politics and power.

UK Government (Lack) Evidence for Mask Mandates- Main Points

The UK Health Security Agency (“UKHSA”) review on the effectiveness of face coverings to reduce community transmission of covid, updated to 14 September 2021, included two randomised controlled trials and 23 observational studies, also known as non-randomised studies.

The UKHSA review apparently informed UK policy on masks. However, no one looked under the bonnet of these studies to see if they were fit for making effective policy. So, Professors Tom Jefferson and Carl Heneghan made some brief comments on the “evidence” UKHSA provided focusing on the 23 non-randomised studies in the UKHSA review.

All 23 studies make no mention of the existence of a protocol, a detail which has escaped the UKHSA reviewers. All studies mention testing in an unclear way. All studies lack blinding of researcher/analyst to exposure or outcome status of data, introducing a high risk of bias.

Twelve papers have a design which cannot answer the study question. Two further studies should have been excluded from the review. In several, the population is not representative therefore, the results lack external validity and don’t apply to the people of interest.

Perhaps one of the most egregious examples of a poor-quality study was the inclusion of an unmatched case-control study published in a predatory journal. One of the key markers of predatory journals is that rapid publication is often promised. In June 2022. Nature warned about coronavirus and predatory journals as they failed to provide editorial services. Therefore, the information in such journals is unverifiable and should be thrown out of the review. As long as you pay, you can publish in these journals, never mind the content.

It’s finally the end of the longest 2 weeks in history!

In the US on 14 April 2023, the covid “State of Emergency” officially ended. It couldn’t have happened yesterday – April 13th. Nor, would it have been possible to have ended tomorrow – April 15th (Tax Day – for those who don’t live in the US). No, the science stated that April 14th was the day to end all days! The end of two weeks to flatten the curve. Or, as Meryl Dorey writes:

- Two weeks to flatten the population.
- Two weeks to flatten your business.
- Two weeks to flatten your and your children’s educations.
- Two weeks to flatten your family, your community and your mental health.

Who knew that so much could happen in just two weeks?

In Australia, the state and federal governments haven't yet ended the emergency declaration. Doing so would take all that lovely, sexy and all-encompassing power away from them.

New Zealand Extends Mandatory Coronavirus Quarantines Until 2024

New Zealand Prime Minister Chris Hipkins announced on 11 April 2023 that a seven-day mandatory coronavirus quarantine period will be kept in place through the end of 2023 and possibly beyond.

New Zealand health officials largely favoured keeping the quarantine policy in place, even though most of the rest of the world has moved on from the coronavirus pandemic because they felt maintaining the quarantine requirement would inspire citizens to take possible coronavirus infections more seriously.

Italy's national birth rate declared a national emergency

Italy's national birth rate has fallen to its lowest level on record. New figures reveal 400,000 births were recorded last year, which has attributed to an overall decline in population numbers. The ailing numbers have been declared a national emergency, prompting reassurance from the Prime Minister to try to boost the population in coming years.

Danish lot-to-lot variability data published as a letter in European Journal of Clinical Investigations

Sasha Latypova highlights a letter published in the *European Journal of Clinical Investigations* on 30 March 2023.

They believe pointing to the variability lot-to-lot means that some batches are "good," and that this problem will be simply fixed by the lowly manufacturing people someday, and the vaxxes will remain in use as "good batches only".

This is absolutely wrong! Ability to manufacture the product to cGMP standards determines whether the product can exist as a pharmaceutical in the first place. That comes before clinical trials before safety and efficacy can be even assessed. If you cannot demonstrate that you are making the XYZ formulation every time, in every pill, vial, capsule, in millions and billions of them, in every batch – you cannot BEGIN to assess whether XYZ is safe or efficacious for anything!

Thousands of papers have been written by academics and doctors about the spike protein. "Their" side writes that it is efficacious for preventing covid, and "our side" writes that it is deadly and destructive. But we have no evidence yet that spike-making components are in every vial and every shot. Far from it! That's because the manufacturers cannot make those

reliably, if at all! And it is not a simple problem, and nobody is in a hurry to fix it – after 2.5 years it only got much worse with the bivalent productions. Of course, we know why – the criminal government-pharma cartel is fully aware of this. To them, it is a feature, not a bug.

Bad Pfizer Vaccine Batches Account for 4.2% of doses but 71% of Serious Adverse Events

Dr. Peter Mccullough writes about the same published letter as Sasha Latypova above and explains why some have severe effects from the covid injections and others do not – not everyone is getting the same dose of mRNA.

Under Emergency Use Authorization, the vaccine companies and their subcontractors do not have any inspections of the final filled and finished vials. This is unprecedented.

It is possible that lipid nanoparticles aggregate in suspension and so some batches may contain more mRNA than others. Likewise, since lot size has varied over time, it is possible that contaminants from the manufacturing process may be concentrated in some smaller lots compared to larger ones. Finally, there may be product transport, storage, and use factors that denature mRNA including heating, air injected into vials, and multiple needles dipped into the suspension.

A [report from Schmeling and co-workers](#) using Pfizer BNT162b2 mRNA COVID-19 vaccine found that 71% of serious adverse events came from 4.2% of doses (high-risk batches) conversely <1% of these events came from 32.1% of doses (low-risk batches). This means that the majority of risk is in the shot and not the person who received it.

Who can account for the high levels of DNA contamination in the COVID mRNA technology vaccines?

Dr. Paul Alexander highlights a pre-print paper '[Sequencing of bivalent Moderna and Pfizer mRNA vaccines reveals nanogram to microgram quantities of expression vector dsDNA per dose](#)' published on 11 April 2023. "Studies evaluating the reverse transcriptase activity of LINE-1 and vaccine mRNA will need to account for the high levels of DNA contamination in the vaccines. The exact ratio of linear fragmented DNA versus intact circular plasmid DNA is still being investigated," the paper's authors wrote.

FDA Chief Blames "Misinformation" for Declining Life Expectancy

On Igor Chudov's Substack he has discussed and explored what could explain the mysterious "excess mortality" plaguing Covid-vaccinated countries. Fortunately for us, the FDA Commissioner Robert Califf has the answer: excess mortality, also known as reduced life expectancy, is caused by "misinformation"!

According to Dr. Califf's logic, misinformation is so powerful that it increases death rates, causing sudden heart attacks, strokes, infant deaths, and more. [Dr. Califf's brilliant mind produced this gem:](#)

"Califf said a new factor has joined the list of known causes of life expectancy disparities like race, ethnicity, income and education: living in a rural area, where he noted that people are exposed to different information sources."

Ghana is the world's first country to approve Oxford's new malaria vaccine

Ghana became the world's first country to approve Oxford University's new malaria vaccine. The shot can be used in children between five months to three years old, to help control malaria-related child mortality. The West African country has cleared its use in children aged between five months and three years.

The speed and success of developing covid "vaccines" show what's possible, [Quartz wrote](#), and should be an inspiration to get this malaria vaccine finished, licensed and distributed. It's important not just because of the threat malaria poses, but also because investing in vaccines can help prepare us for the next pandemic. Work on this vaccine helped speed the development of the Oxford vaccine for covid as well. The UK has long been a force in global health research, and fighting malaria is a flagship activity.

The malaria parasite is complex, with more than 5,000 genes, meaning it has many different characteristics for vaccine designers to choose to target. SARS-CoV-2 has just 12 genes, and its spike protein was the obvious target for vaccine scientists.

Design and early development took place at the Jenner Institute at the University of Oxford, where malaria vaccine clinical trials have been pursued since 1999. Prof Adrian Hill, director of the Jenner Institute, where the Oxford/AstraZeneca Covid vaccine was invented, said he believed the malaria "vaccine" had the potential to cut the death toll dramatically. [Hill said the institute might apply](#) for emergency approval for the malaria vaccine just as it did for the covid injection.

Oxford's [protein-based "vaccine"](#) – [engineered using genes](#) from the outer protein of the P. falciparum malaria parasite and a portion of a hepatitis B virus – requires an adjuvant component and is provided by Novavax, a biotechnology company in the US and Sweden. Manufacturing of the vaccine is ongoing at the world's largest vaccine supplier, the Serum Institute of India. The vaccine, Mosquirix, is also given as four doses. Last year, four doses of the "vaccine" were administered to children [in a trial in Burkina Faso](#). Three vaccinations were administered at 4-week intervals with a fourth dose one year later.

Roughly 40 [countries have been declared malaria-free](#) (without a "vaccine"!) including China and El Salvador in 2021. Now, the disease predominantly plagues Africa it is claimed.

Rethinking mental illness, sanity, and culture in light of the fact that the chair of the Advisory Committee on Immunization Practices, Grace Lee, is literally insane

The American public health establishment is filled with well-adjusted psychopaths. If you bumped into them at the grocery store you would likely find them pleasant. But they are responsible for more dead and disabled Americans than any foreign military adversary in US history.

A sane (actually scientific) study that is trying to measure the stroke risk from the bivalent booster would have compared the rate of strokes in the vaccinated vs. the unvaccinated. But the CDC is staffed with psychopaths. So, what they did instead was to compare the stroke risk in the bivalent-boosted population in days 1 to 21 post-vaccination against a group of bivalent-boosted people in days 22 to 42 days post-vaccination. But as it turns out, even by rigging the study in this way, there is still a statistically significant difference between the two groups (there were significantly more strokes in days 1 to 21).

Super-fixer Tom Shimabukuro explained that yes, it appears [to your lying eyes] that there are more strokes in the first few days after receiving a Covid vaccine. But, that's because the Covid shot is so effective at reducing strokes LATER in the month, that the first few days look bad by comparison.

This brings Dr. Toby Rogers to the chair of the Advisory Committee on Immunization Practices ("ACIP"), Grace Lee. The powers that be are well-pleased with this one. She's a complete psychopath. As you may recall, Dr. Lee CALLED THE POLICE on Steve Kirsch when he tried to share vaccine safety data from Israel with her.

At the end of the most recent three-day ACIP meeting, on top of two years of unrelenting carnage from the most disastrous vaccine rollout in human history, Dr. Lee said this: "Then reflecting back on the vaccine safety data we saw earlier... my interpretation is that the signal... I'm not convinced that there is a true signal. I am thinking that actually, that signal that we are seeing is partly the protective effect of vaccination."

Dr. Rogers wanted to be clear about the level of psychopathology we are dealing with here. So, he asked the team at OpenVAERS to run the actual numbers for him. Read [his Substack](#) to discover what he found.



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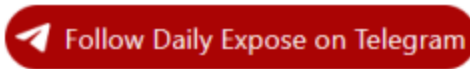
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