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Excess Deaths in Alberta Surge Past 10,000 — Evidence of Government Cover-up

Part IV: Cover-ups of COVID-19 vaccine injuries and deaths require investigations

By Dr. William Makis
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Theme: Media Disinformation, Science and Medicine

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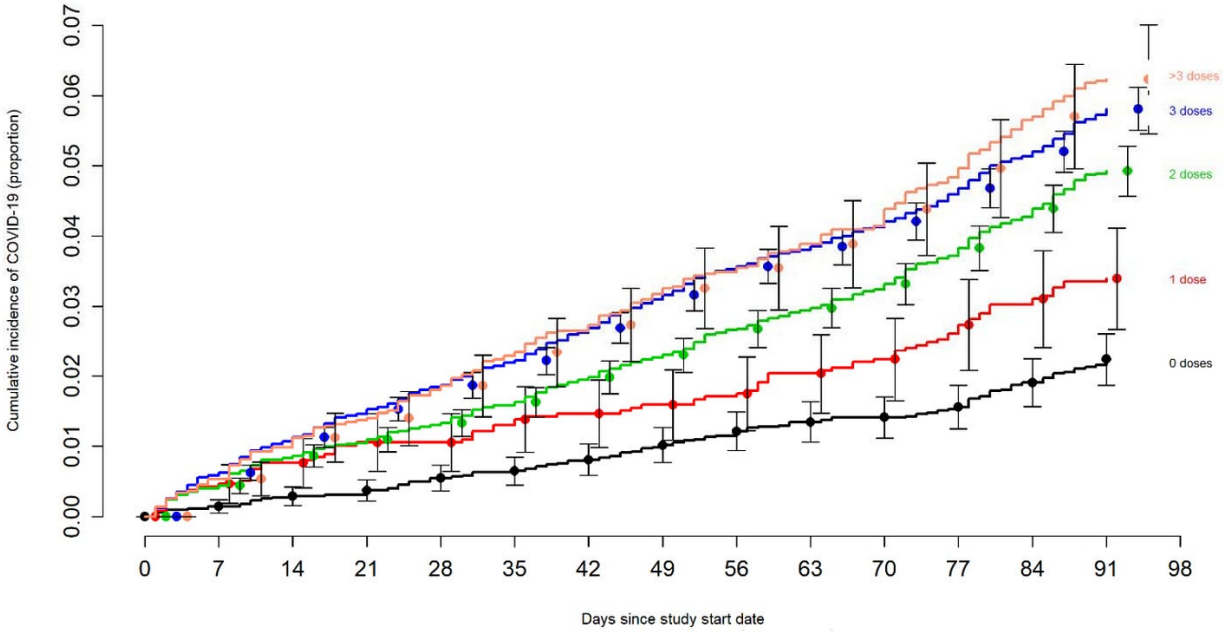
Alberta government censored & hid all data about COVID-19 vaccine injuries to the immune systems of the double vaccinated (Part 1), the failure of the first COVID-19 booster (Part 2), and more immune system damage to the triple vaccinated (Part 3).

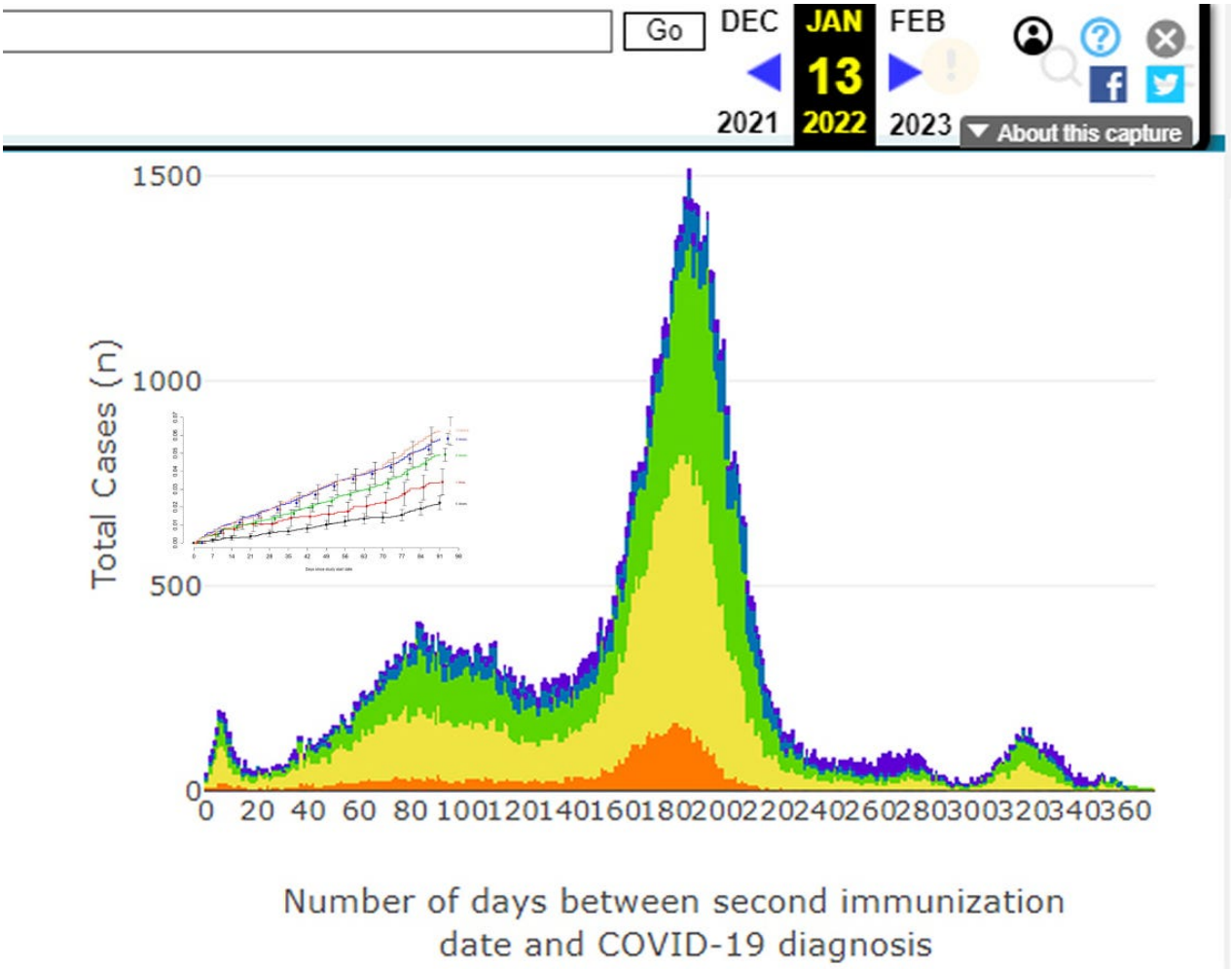
I haven't even begun addressing COVID-19 vaccine damage caused to University and College students, high school students, children, newborns, pregnant women, doctors, nurses and other healthcare workers. That comes later.

COVID-19 Vaccine immune system damage is dose-dependent (more jabs leads to more injury)

A recent study of 51,011 Cleveland Clinic employees showed that those with more doses of COVID-19 vaccine were more likely to get infected with COVID-19 than those with fewer or none, and this risk of infection increased over the first 100 days after COVID-19 vaccine injection (click here).



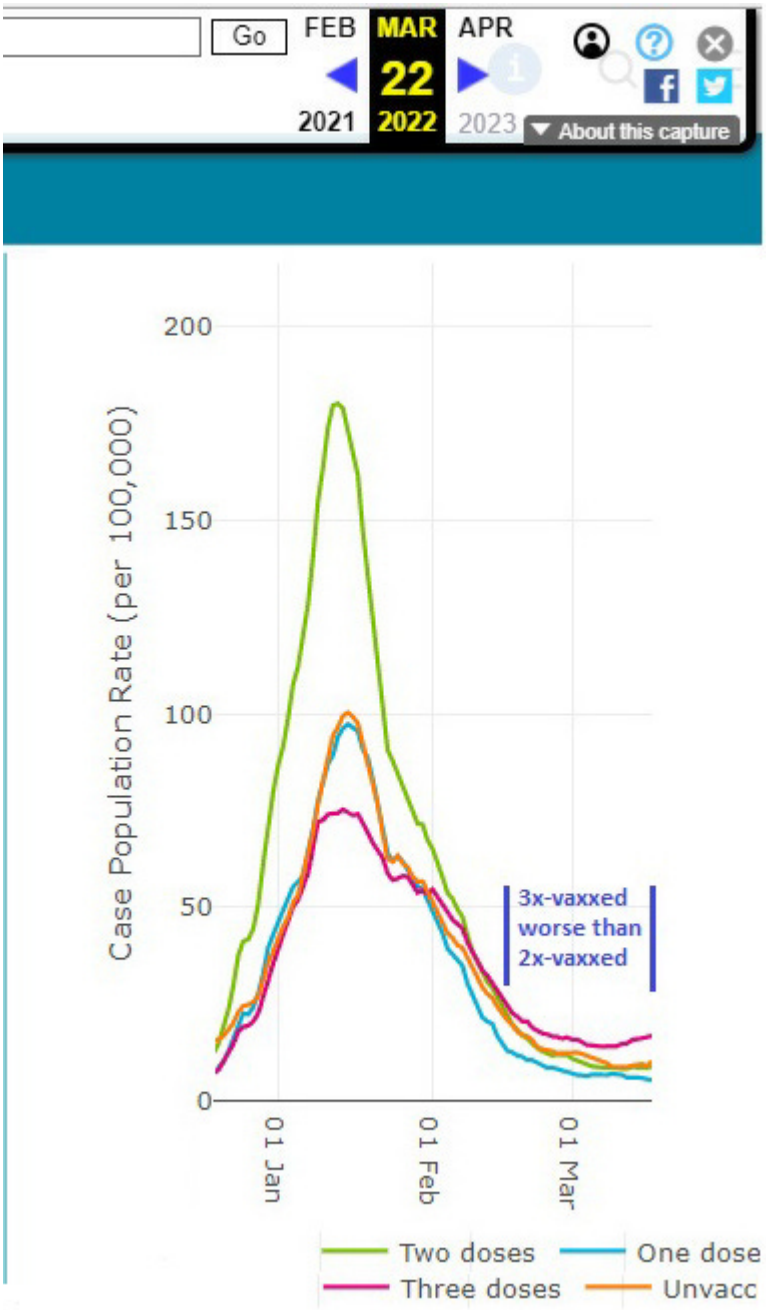
I have seen this pattern before. Yes, the data that Alberta government permanently deleted in January 2022 showing that the double vaccinated were more likely to get infected with COVID-19 as time passed after their 2nd vaccination:



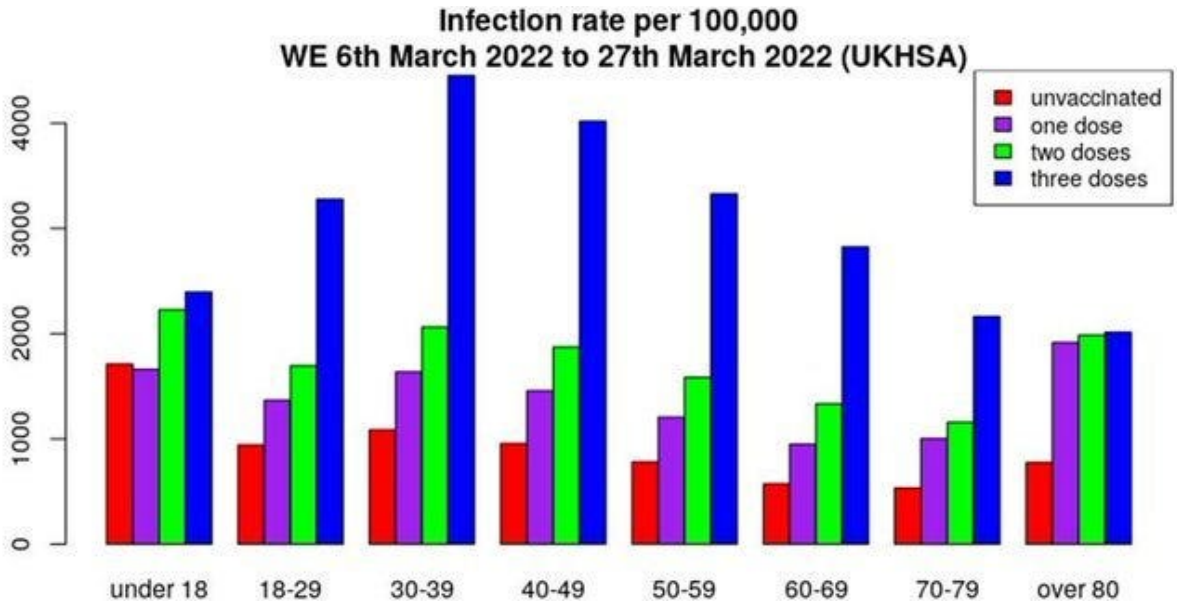
That's almost the same pattern for the first 100 days. While the Cleveland Clinic's data ends there, Alberta's data showed that the immune system damage from COVID-19 vaccines continued for the first 8 months (240 days), before the double vaccinated began to partly recover from their immune system injuries.

Albertans were owed FULL access to this data for the 0x, 1x, 2x, 3x, 4x, 5x-vaccinated until today. We have never seen it for the 3x, 4x, and 5x-jabbed.

The best we got from the Alberta government was a very brief glance at data that showed the triple vaccinated had higher COVID-19 infection rates than the double vaccinated (click here) and the govt deleted that data on March 23, 2022 (click here):

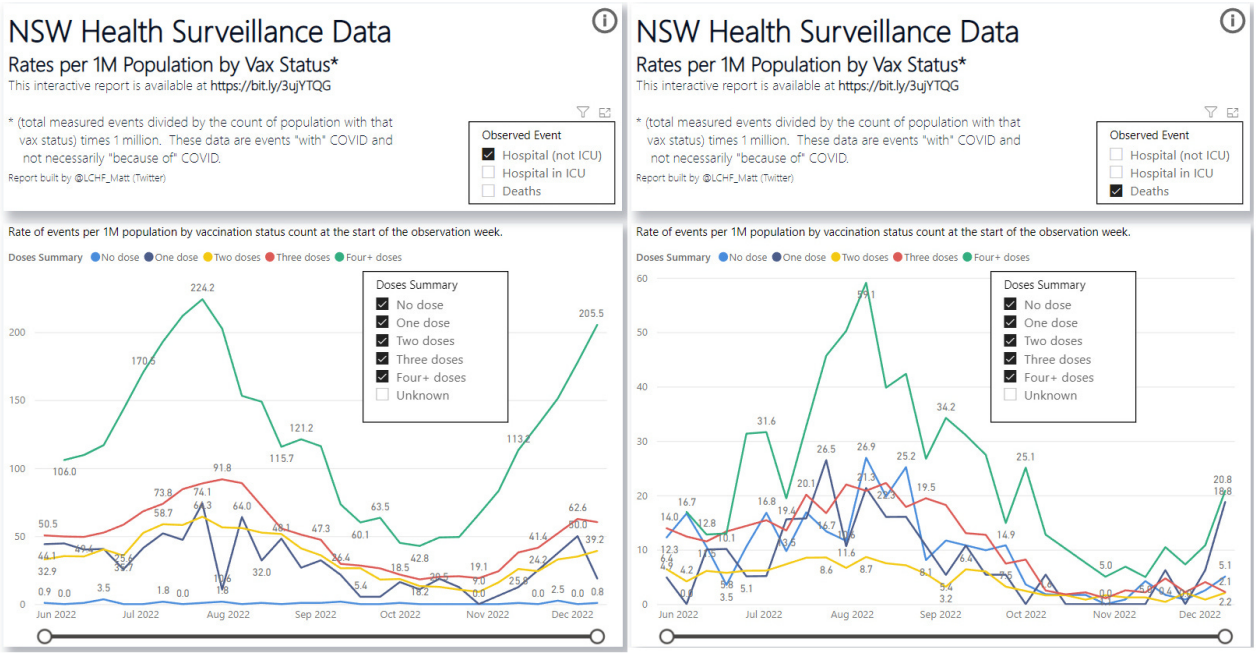


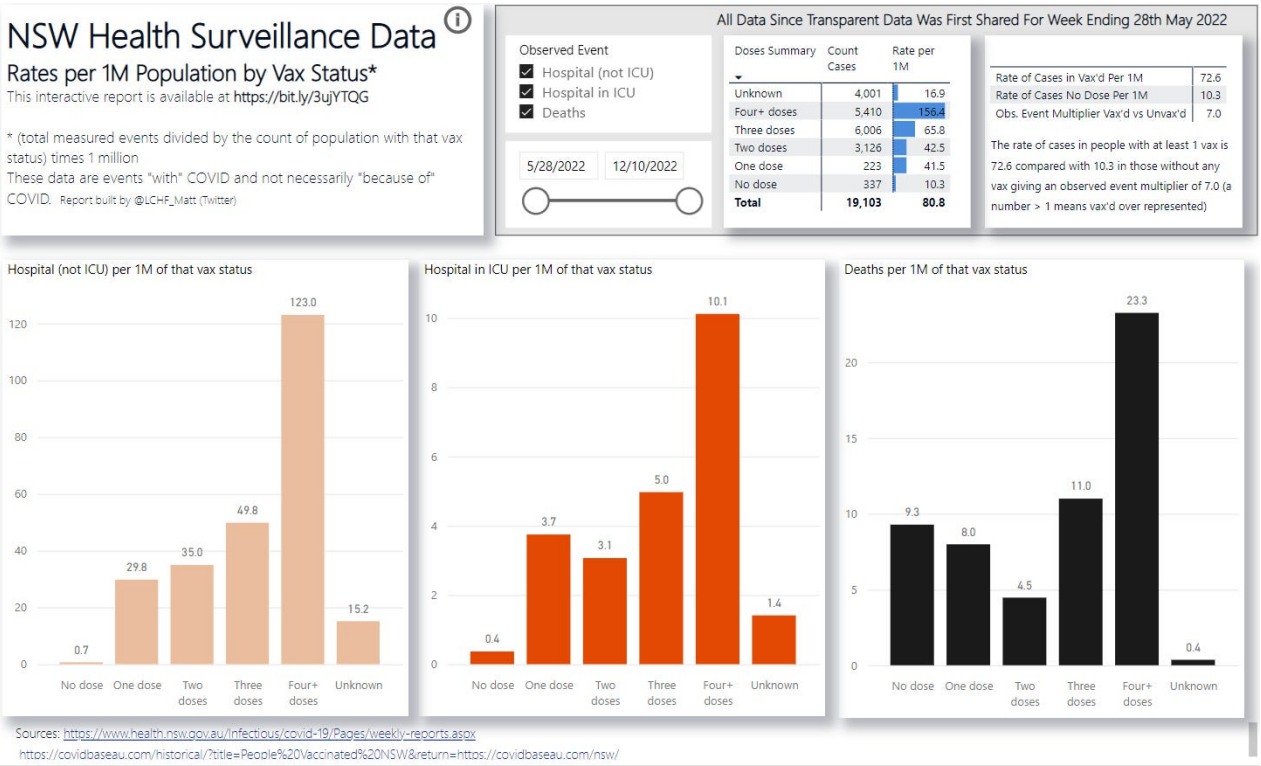
During this time (March 2022), UKHSA data also showed this same relationship between more jabs and higher rates of COVID-19 infection, nicely broken down by age groups (click here):



The triple vaccinated were the most immune damaged group in every age category and had the highest infection rate in every age category.

Let's add the last piece: the quadruple vaccinated. We have no data from Alberta but we do have data from Australia. It is, as one would expect. The quadruple vaccinated led in hospitalizations and deaths throughout (click here). It's not even close.





COVID-19 Vaccine induced immune damage was known:

The Alberta government had to be aware of research showing the breadth and variety of immune system damage that COVID-19 vaccines were causing (beyond increased risk of infections). For example: Chen et al, "New-onset autoimmune phenomena post COVID-19 vaccination" was published online on Jan.7, 2022 (click here).

396 | immunology Insights into immunity in health and disease CHEN ET AL.

TABLE 2 Different new-onset autoimmune phenomena following diverse COVID-19 vaccines

Autoimmune phenomena	Vaccine type
Vaccine-induced immune thrombotic thrombocytopenia	Adenovirus vector vaccine and mRNA vaccine
Immune thrombocytopenic purpura	mRNA vaccine
Autoimmune liver diseases	mRNA vaccine and Adenovirus vector vaccine
Guillain–Barré syndrome	mRNA vaccine and Adenovirus vector vaccine
IgA nephropathy	mRNA vaccine
Autoimmune polyarthritis	mRNA vaccine
Rheumatoid arthritis	mRNA vaccine and Adenovirus vector vaccine
Graves' disease	mRNA vaccine
Type 1 diabetes mellitus	mRNA vaccine
Systemic lupus erythematosus	Adenovirus vector vaccine

Another paper published online on June 5, 2022: Yamamoto, "Adverse effects of COVID-19 vaccines and measures to prevent them", raised many alarms about immune system damage to the vaccinated (click here):

Virology Journal BMC

Virol J. 2022; 19: 100.
Published online 2022 Jun 5. doi: 10.1186/s12985-022-01831-0

PMCID: PMC9167431
PMID: 35659687

Adverse effects of COVID-19 vaccines and measures to prevent them

Kenji Yamamoto

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Abstract

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Recently, *The Lancet* published a study on the effectiveness of COVID-19 vaccines and the waning of immunity with time. The study showed that immune function among vaccinated individuals 8 months after the administration of two doses of COVID-19 vaccine was lower than that among the unvaccinated individuals. According to European Medicines Agency recommendations, frequent COVID-19 booster shots could adversely affect the immune response and may not be feasible. The decrease in immunity can be caused by several factors such as N1-methylpseudouridine, the spike protein, lipid nanoparticles, antibody-dependent enhancement, and the original antigenic stimulus. These clinical alterations may explain the association reported between COVID-19 vaccination and shingles. As a safety measure, further booster vaccinations should be discontinued. In addition, the date of vaccination should be recorded in the medical record of patients. Several practical measures to prevent a decrease in immunity have been reported. These include limiting the use of non-

The message couldn't be more clear: "frequent COVID-19 booster shots could adversely affect the immune response and may not be feasible…As a safety measure, further booster vaccinations should be discontinued."

From post COVID-19 vaccine immune system damage to skyrocketing excess mortality

https://www.alberta.ca/stats/covid-19-alberta-statistics.htm Go JUN JUL AUG
5,365 captures 20
15 May 2020 - 10 Feb 2023 2021 2022 2023 About this capture

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Table 10. COVID-19 deaths in the past 120 days in Alberta by vaccine status and pre-existing condition

		Three doses				Two doses				Unvaccinated			
		with condition		no condition		with condition		no condition		with condition		no condition	
Age group	Total (includes dose 1)	n	%	n	%	n	%	n	%	n	%	n	%
All ages	620	379	61.1%	12	1.9%	107	17.3%	4	0.6%	92	14.8%	11	1.8%

In July 2022 it was clear that the triple vaccinated were disproportionately dying from COVID-19 but what about non-COVID-19 deaths? What about the 3,362 Albertans who died of "unknown causes" in 2021 ? (click here). What about the 4000+ excess dead Albertans in 2022? In a province where autopsies are all but forbidden, the answers were not forthcoming. The fact that Alberta government to this day has refused to investigate these deaths shouldn't surprise anyone – it is one more cover-up in a long series of cover-ups. It

really reminds me of the way Alberta Health Services Executives operate: once they've committed a crime, they're committed to it.

COVID jabs = increased mortality; more jabs = more excess death

These days, it seems everywhere you look there is some new evidence of significantly increased mortality in the vaccinated:

1. UK data (2022) (source: testimony to US Senate by Insurance Analyst Josh Stirling:Vaccinated had 26% higher mortality

   Vaccinated under age 50 had 49% higher mortality (click here)

2. England (2022) (source: Daily Sceptic) (click here)Higher vaccinated areas of England had higher excess deaths
3. Israel, Australia, India (source: Denis Rancourt, et al.) (click here)Vaccine-dose fatality rate of up to 1% in Australia

   Vaccine-dose fatality rate of 1% in India

   Vaccine-dose fatality rate of up to 0.6% in Israel

4. US data (2021) (source: Steve Kirsch, Medicare database (click here)Dose #1 increases your risk of death by 20%

   Dose #2 increases your risk of death by 20%

   Dose #3 increases your risk of death by 10%

5. Germany (2021-22) (source: Kuhbandner et al.) (click here)100,000 excess deaths ages 15-79 starting to accumulate only from April 2021 onwards (vaccine rollout)
6. World (2022) (source: Alex Berenson) (click here)1,000,000 excess deaths in COVID-19 mRNA vaccine countries

Conclusion

For what will ultimately be the deadliest cover-up in Alberta's history, it has been a rather sloppy one. Alberta's Public Health Chief Dr.Deena Hinshaw was likely relieved to be fired, she's not really cut out for this level of criminal activity. She seeks asylum in British Columbia, with a pharma left BC NDP govt which will protect her.

Her deputy Chief Medical Officers of Health Dr.Jing Hu (a respirologist from Wuhan, China) and Dr.Rosana Salvaterra resigned (click here) and no one knows where they are now. At least their "cash benefits" for their hard work and long nights of deleting COVID-19 vaccine injury data from government websites, kept up with inflation.

Ministry	Year	Name	PositionTitle	PositionClass	BaseSalary	CashBenefits	NonCashBenefits
Health	2021	Hinshaw, Deena	Chief Med Officer of Health	Medical Chief Medical Officer Health 2	$363,633.92	$ 227,911.35	$ 5,238.85
Justice and Solicitor General	2021	Bannach, Bernard	Asst Chief Med. Examiner	Medical Pathologist IV	$215,365.07	$ 182,068.08	$ 8,327.78
Health	2021	Hu, Jing	Deputy Medical Off. of Health	Medical Medical Officer Health 1	$278,926.99	$ 142,533.89	$ 7,204.97
Justice and Solicitor General	2021	Bol, Eric	Asst Chief Medical Examiner	Medical Pathologist IV	$336,068.63	$ 105,701.67	$ 8,273.52
Justice and Solicitor General	2021	Risso, Enrico	Deputy Chief Medical Examiner	Medical Deputy Chief ME	$379,320.49	$ 29,178.49	$ 7,183.59
Justice and Solicitor General	2021	Wu, Cecilia	Assist Chief Medical Examiner	Medical Pathologist IV	$361,257.53	$ 26,046.95	$ 9,262.44
Justice and Solicitor General	2021	Coetzee-Khan, Akmal	Deputy Chief Medical Examiner	Medical Deputy Chief ME	$379,320.50	$ 14,589.25	$ 8,507.81
Justice and Solicitor General	2021	Dixon, Tara	Asst Chief Medical Examiner	Medical Pathologist IV	$352,869.86	$ 5,979.08	$ 10,329.35
Justice and Solicitor General	2021	Balachandra, Thambirajah	Chief Medical Examiner	Medical Chief Medical Examiner	$397,383.25	$ -	$ 5,084.69
Justice and Solicitor General	2021	Khalafi, Farnaz	Assist Chief Medical Examiner	Medical Pathologist II	$327,455.70	$ -	$ 7,209.14
Justice and Solicitor General	2021	von Both, Ingo	Asst Chief Med. Examiner	Medical Pathologist IV	$125,050.68	$ -	$ 5,747.13
Health	2020	Hu, Jing	Deputy Medical Off. of Health	Medical Medical Officer Health 1	$257,471.04	$ 105,540.93	$ 5,805.27
Health	2020	Johnson, Marcia	Dep Chief Med Officer of Hlth	Medical Medical Officer Health 1	$252,555.59	$ 69,755.06	$ 5,795.92
Justice and Solicitor General	2020	Wu, Cecilia	Assist Chief Medical Examiner	Medical Pathologist IV	$361,257.52	$ 48,665.49	$ 7,484.08
Justice and Solicitor General	2020	Balachandra, Thambirajah	Acting Chief Medical Examiner	Medical Chief Medical Examiner	$390,713.86	$ -	$ 4,215.33
Justice and Solicitor General	2020	Risso, Enrico	Deputy Chief Medical Examiner	Medical Deputy Chief ME	$379,320.50	$ -	$ 6,222.37
Justice and Solicitor General	2020	Coetzee-Khan, Akmal	Deputy Chief Medical Examiner	Medical Deputy Chief ME	$369,177.44	$ -	$ 6,737.30
Health	2020	Hinshaw, Deena	Chief Med Officer of Health	Medical Chief Medical Officer Health 2	$363,633.92	$ -	$ 6,881.06
Justice and Solicitor General	2020	Bannach, Bernard	Asst Chief Med. Examiner	Medical Pathologist IV	$361,257.52	$ -	$ 8,534.98
Justice and Solicitor General	2020	Bol, Eric	Asst Chief Medical Examiner	Medical Pathologist IV	$343,173.61	$ -	$ 7,143.57
Health	2020	Lundall, Evan	Medical Advisor	Executive Manager 2	$197,692.00	$ -	$ 6,644.48
Justice and Solicitor General	2020	Dixon, Tara	Asst Chief Medical Examiner	Medical Pathologist III	$155,923.45	$ -	$ 7,423.48
Labour and Immigration	2020	Fan, Xiangning	Director of Medical Services	Executive Manager 2	$134,117.12	$ -	$ 5,729.47
Labour and Immigration	2020	Claughton, Cathy	Director Medical Panels Office	Senior Manager Zone 2	$129,857.00	$ -	$ 27,425.14

alberta.ca/office-of-the-chief-medical-officer-of-health.aspx

Dr. Jing Hu

Dr. Jing Hu received her medical degree from Tongji Medical University in Wuhan, China. She completed an Internal Medicine Residency, worked as a respirologist for 3 years, and earned a Ph.D. in Medical Science before coming to Canada. From 2014 to 2019, Dr. Hu did her Public Health and Preventive Medicine training at the University of Calgary. She was appointed to this role on on January 27, 2020.

Alberta Health Services CEO Dr.Verna Yiu, who was the source of a lot of tainted and manipulated pandemic data, was fired through a revolving door right into a $700,000+ job as the new Vice President of University of Alberta (click here). She continues to make arrogant, hypocritical and tone-deaf comments on Twitter about leadership, honesty and integrity.

Albertans deserve investigations and criminal prosecutions of these healthcare leaders who caused them so much harm. I suspect we will see neither.

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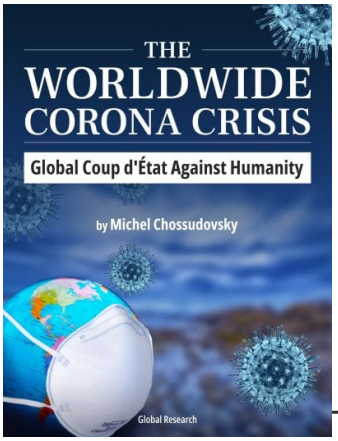

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