

Liberty Tree

Vol. 23, No. 7 — July 2021

THE VACCINE WOLF IS AT THE SCHOOL DOOR



In Coeur D'Alene, Idaho, at Canfield Middle School, the Panhandle Health District, the Idaho National Guard, and school personnel worked together to inject middle school students with COVID-19 clotshots in the last week of school this year. A booth was set up behind the school, as shown above, with curtains hung to keep the public's prying eyes out. Protestors filmed the process through a chain link fence, many yards away. The military members escorted youths from the school outside to the booth, where health district employees appear to have injected them, all while local police blocked off and guarded the site.¹

In response to public outcry, the school claimed that this was not a "school or school district-sponsored vaccination clinic," but was a "courtesy" to families who had "requested access to vaccination." Moreover, the school claimed that only children with signed consent from a parent or guardian received vaccination. If true, then the school

most certainly was heavily involved in coordinating the event and promoting any consent forms to parents.

The school further noted that "Gov. Brad Little dispatched the Guard last November to assist in the state's vaccination effort." This means they were dispatched before any vaccine was ever approved! But the demeanor of the children, the fact that the operation was hidden away behind the school where it could not be readily observed, and the involvement of the military strongly suggest that the children were subjected to authoritarian pressure to roll up their sleeves.

Idaho Code § 39-3801 provides: *A minor fourteen(14) years of age or older who may have come into contact with any infectious, contagious, or communicable disease may give consent to the furnishing of hospital, medical and surgical care related to the diagnosis or treatment of such disease, if the disease or*

CLOTSHOT: a trending term describing the Pfizer, Moderna, and J&J shots, referring to the unprecedented clotting caused by the shots.



Dr. Hoffe.

Dr. Charles Hoffe of Lytton, B.C., spoke out about the injection damage he observed in his patients, and was subsequently banned from working in the ER by the local Canadian health authority as punishment, and his practice was then destroyed in a fire.

Hoffe utilized the D-Dimer test to identify micro-clots forming after vaccination, and he found the test showed 62 percent of injected patients had blood clotting within seven days of a COVID injection. "Which means that these blood clots are not rare. It means that the majority of people are getting blood clots that they have no idea that they're even having," Hoffe informed Laura-Lynn & Friends on July 6, 2021. See <https://www.lifesitenews.com/news/canadian-doctor-removed-from-hospital-duty-after-speaking-out-about-covid-vaccine-side-effects>; <http://www.laura.lynn.tv/>

condition is one which is required by law, or regulation adopted pursuant to law, to be reported to the local health officer. Such consent shall not be subject to disaffirmance because of minority. The consent of the parent, parents, or legal guardian of such minor shall not be necessary to authorize hospital, medical and surgical care related to such disease ...

This statute only allows children 14 and older — middle school children — to give consent to treatment or diagnosis of a disease,

(Continued on page 4)

1. See <https://www.lewrockwell.com/2021/06/gary-d-barnett/public-political-school-madness-military-supported-vaccination-of-students-in-idaho/>

How DEADLY or DANGEROUS are those COVID-19 ~~CLOTSHOTS~~, anyway?

The Vaccine Adverse Events Reporting System (VAERS), managed jointly by the FDA and the CDC, was established by the National Childhood Vaccine Injury Act of 1986 (yes, the one that unconstitutionally granted legal immunity to vaccine manufacturers!). In 1990, VAERS began accepting reports of vaccine

injuries and deaths; yet although the law “requires” doctors and healthcare workers to report adverse events related to vaccine administration, no penalty was set if they do not. In other words, it is **not** legally required for doctors to report side effects. Nevertheless, any member of the public can make reports, including patients themselves.

Good odds if you want to die. For the chart below, rates of death, permanent disability, and miscarriage reported for common vaccines other than COVID-19 are calculated from data derived from HRSA reports and VAERS for the years 2006-2019, inclusive. Vaccines with less than 5 million doses distributed are not included. Because the CDC is extremely behind in processing (or deliberately hiding) adverse event reports for COVID-19 shots, the most complete data is from December 2020 through February 2021, reported as of July 16, 2021, and this is the data used for the COVID-19 ‘vaccine’ figures.

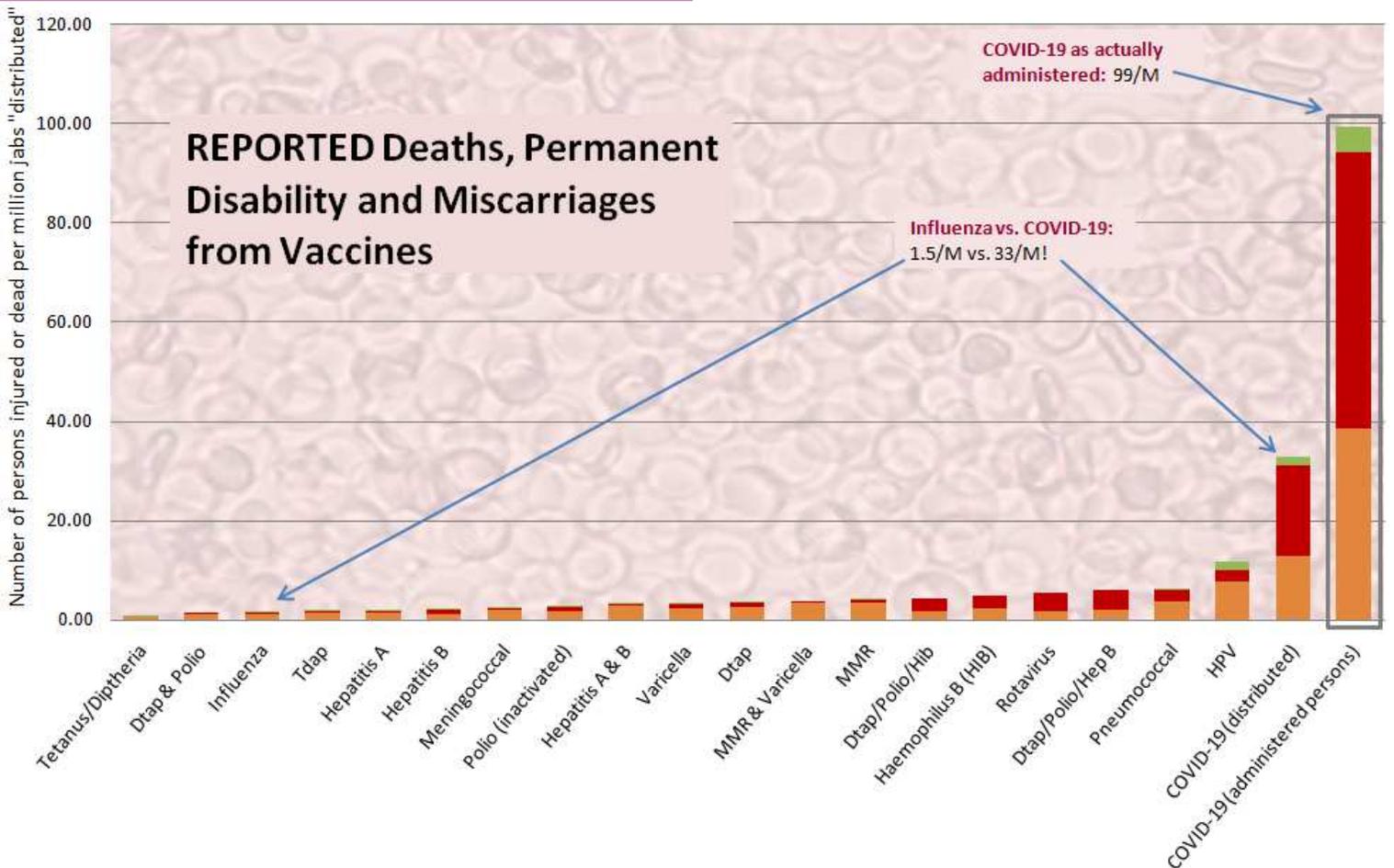
Note that as *administered* to persons who have had at least one shot, the reported casualty rates are quite a bit higher than the “as distributed” rates. “As distributed” means doses physically distributed into the marketplace as reported by manufacturers; it does not inform as to how many shots were actually given. Since the CDC has kept (or estimated) figures on the people who have received at least one COVID shot, however, the administration casualty rate can be calculated. And it is high: 99 persons out of a million who get shots are reported as dying (55.41), losing their baby (5.30), or being permanently disabled (38.61) as a result. Multiplying by 100 to account for the typical underreporting (see story), the casualties are likely to be as high as 9,900/million. And that’s just so far — some experts predict many more inoculated will die in the next 2-3 years!

In 2011, Harvard Pilgrim Health Care, Inc. conducted a study for the Agency for Healthcare Research and Quality of the HHS, and concluded that “fewer than 1% of vaccine adverse events are reported.”¹

The CDC and the FDA are notoriously corrupt: they did not follow up to improve the vaccine reporting system, and so the reporting today is likely as abysmal as it was ten years ago. Despite this caveat, however, VAERS² still provides early warning of serious injuries and deaths, if one cares to look. Instead of investigating to see if the COVID-19 inoculations are damaging, however, the mainstream media is busy repeating the mantra “safe and effective,” and our captured federal and state governments are looting public moneys to buy ‘vaccines’ and promote private profits. Stolen money buys the clotshots, the lotteries, and the door-to-door vaccine trackers.

Because there is little investigative reporting, and

(Continued on page 3)



1. <https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
 2. See <https://wonder.cdc.gov/vaers.html> to search the VAERS database.

Risk of dying from clotshot may be 50 times greater than that of dying from 'pandemic'

(Continued from page 2)

complete suppression of any truth regarding the dangerous clotshots among Big Tech (Facebook, Google, Twitter, etc.), the public at large does **not** understand the unprecedented dangers of these kill shots. To try to illustrate how dangerous these shots are, we have done the research to depict how much more dangerous and deadly COVID-19 shots are compared to all of the other major types of vaccines widely distributed over the last 14 years (through 2019).

Data from HRSA of HHS provides the distribution — not the administration — of certain vaccines which have been named in vaccine court cases for the years 2006-2019, inclusive.³ The VAERS database provides figures for specific vaccine types and related permanent disabilities, deaths, and fetal deaths (miscarriages) reported. Thus, we can calculate the reported deaths and disability on a per-million-doses-distributed basis. The result is shown on page 2, and it is devastating. Prior to COVID-19 shots, the worst reported rate of disability and death was for HPV vaccines (such as Gardasil), at 12 casualties per million doses *distributed*. COVID-19 shots have nearly three times more, at 33 casualties per million doses distributed. Note that hundreds of unborn are being killed (nearly 300 reported from Dec. 2020–Feb. 2021), but the VAERS database very rarely counts them as among the dead.

It is claimed that 624,240 deaths from 'coronavirus' have now been reached in America.⁴ It is likely that the 'true' death figure for the imaginary virus is just six percent of the claimed figure.⁵ And this doesn't take into account the persons who have died from 'corona' by getting it from the shot.⁶ Nevertheless, taking the claimed figure at face value, and comparing it to the 2020 census figure of 331,339,281,⁷ it would appear that the imaginary death rate from 'COVID' is 0.19 percent of the population. But given the puffery in reporting cases, and taking the six percent figure, the likely death rate from 'COVID' (still an unproven disease!) is closer to .011 percent of the population, or a 113/million population death rate. In other words, an adult, by doing nothing, has about a 1/8,850 chance of dying from the novel coronavirus.

Adjusting the VAERS underreported deaths for those who have taken a clotshot by multiplying the reported

Attorney Thomas Renz of Ohio has filed many lawsuits to preserve freedom in the face of the Corona circus, and he represents America's Frontline Doctors in the most recent case filed in the Northern District of Alabama. The case includes an affidavit of a CDC whistleblower who states that medicare claims indicate at least a five-fold higher death rate from COVID-19 injections than has been released to the public through VAERS.



deaths/million (55.41, see p. 2) by a factor of 100, we arrive at a .55 percent chance of death for Americans who take the shot, that, is, a 1/180 chance of dying from the shot(s), close to **50 times greater** than the chance of death from doing nothing at all! A person has a far greater chance of living if they do *nothing* and take their chances at 'catching' COVID (a 'disease' easily curable by hydroxychloroquine or ivermectin). But the true picture is likely much worse than this.

VAERS deception

It is without question that Big Tech and Big Media are covering up and censoring any information revealing the dangerous nature of the bogus COVID-19 injections. Moreover, it is increasingly evident that the VAERS system, too, is corrupted and manipulated to hide information (as many other government systems are). Few reports on the COVID-19 'vaccine' from the States and USA territories have been made available to the public so far, and observers note that CDC appears to be *throttling* the public release of the data to hide the devastation these injections cause.⁸

According to CDC, "the VAERS occasionally receives case reports from US manufacturers that were reported to their foreign subsidiaries. Under FDA regulations, if a manufacturer is notified of a foreign case report that describes an event that is both serious and unexpected ... they are required to submit it to VAERS."⁹ So far, out of 10,991 reports to VAERS of deaths following the CV-19 'vaccines,' 5,613 are 'foreign' reports, the majority of which appear to have been drawn from the UK's Yellow Card and Europe's Eudravigilance reporting systems. In other words, those reports are mere duplicates of injuries which have occurred and been reported abroad. This leaves only 5,378 U.S. deaths following CV-19 injections made public to date.¹⁰ Unfortunately, many amateur investigators miss the fact that over half of the VAERS

(Continued on page 4)

3. <https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/data-statistics-report.pdf>

4. <https://www.worldometers.info/coronavirus/country/us/> as of July 16, 2021.

5. In late August, 2020, the CDC reported that only six percent of COVID deaths listed COVID alone. On average, all other reports listed 2.6 comorbidities besides COVID as causes of death. See <https://www.dailywire.com/news/cdc-says-only-6-of-covid-deaths-cited-covid-alone-heres-what-that-means>.

6. Many people appear to get COVID in short order after being vaccinated. The main-stream explanation for this is that they 'caught' COVID after vaccination because inoculation can't prevent getting the disease(!), despite the fact that the spike protein in the inoculations is known to cause COVID-like symptoms. See, e.g., <https://www.cnbc.com/2021/06/25/covid-breakthrough-cases-cdc-says-more-than-4100-people-have-been-hospitalized-or-died-after-vaccination.html>

7. <https://www.census.gov/library/stories/2021/04/2020-census-data-release.html>

8. See, e.g., welcometheeagle88's audits of VAERS information on his bitchute.com channel.

9. <https://wonder.cdc.gov/wonder/help/vaers/VAERS%20Advisory%20Guide.htm>

10. For data released as of July 16, 2021. The VAERS data can be accessed at <https://wonder.cdc.gov/vaers.html>.

