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SB**



**Conversation between Florena and Bermunda from the Plejaren Federation  
and 'Billy' Eduard Albert Meier, BEAM  
771st contact of Sunday, June 18, 2021, 2214 h**

**Bermunda** Hello, Eduard, here we are again. Good to see you. You look a little tired, though.

**Florena** Yes, we're back from Ptaah sooner than we thought. Greetings, my dear father-friend.

**Billy** Welcome, both of you. Yes, I am a little tired.

**Bermunda** And your stroke?

**Florena** Yeah, how are you doing about that?

**Billy** Well, how do you want me to be? - A little lousy - I'm still having trouble speaking.

**Bermunda** You can hear that, but it takes time before you can speak properly again.

**Florena** That is how it will be. And as you say, you were very lucky, because it could have been very bad for you.

**Billy** Yes, I know, I was more lucky than good.

**Florena** So you know, you shouldn't talk about yourself like that, because your mind is more than clear.

**Billy** It's just a saying of ours, but I hope that my mind is still healthy and functioning properly. But I am really lucky that everything except speech works, because if I had suffered paralysis, it would be really bad.

**Bermunda** But it is bad enough as it is. You trivialize as usual. You don't take yourself and your health as seriously as you should.

**Florena** What Bermunda says is true, you don't take things as seriously as you should.

**Billy** I may be doing that, but my time is running out, I'm finally approaching 85, and I don't have much time left.

**Bermunda** You are again not talking about what really needs to be mentioned, because all the other years ...

**Billy** You talk too much, my child. That is not important. What's important is what Ptaah said., and when he'll be back.

**Florena** You are right, dear father friend. We can talk about all the private stuff later. Besides, Bermunda and I would like to go out with you later. But first I have to tell you what Ptaah said, which I will mention in the following points.

1. For the time being, everything should remain as he said, because the relaxations ordered by the earthly state officials concerning the epidemic correspond in his opinion to a completely wrong decision.
2. The wearing of suitable respirators is necessary for health reasons for every person, whether he is vaccinated or not, because 1. the plague is not banished by vaccination, and 2. the vaccine is extremely questionable, untested and not such that an infection is prevented for all time.
3. No house should be entered without wearing a respirator, even for family members who are considered free of the disease, because absolute safety cannot be guaranteed for the time being.
4. Vaccination still does not mean any safety and guarantee of disease immunity.
5. There are too many deaths caused by the vaccination, which is due to the inadequacy of the vaccine, but which is fundamentally concealed from the public by the competent authorities and physicians, virologists and epidemiologists, etc.
6. The vaccinated can still be re-infected by the virus, as they can remain infectious despite vaccination.
7. Those who do not follow the rule of necessarily wearing the respirator and keeping the necessary distance from the next person are human beings who are either so irresponsible or reckless that it does not matter to them to play with their own health or that of other people.
8. To keep the necessary distance is absolutely as necessary as to wear respirators when dealing with other human beings of whom one have no knowledge whatsoever whether they are carriers of disease agents or not.

These are the rules which, according to Ptaah, must be absolutely observed, otherwise there is a danger of infection with the plague, which will continue according to his indications and forecasts - to cause many more deaths. This because the plague is underestimated by the earth people and will remain for a long time and will never finally dissolve, even if it withdraws.

**Billy** That does not sound exactly pleasing. Read both however once this, it is an appeal to the reasonable ones. Unfortunately I don't know yet if this article can be published here officially. In any case, Michael has asked whether we may use it publicly. If it should be, then I attach it there. Where you can read it now. Here you are.

Michael has the whole thing from the Internet, for my part I find it right and good, even very good, because it says once what really is.

**Bermunda** Thank you.

**Florena** I'm interested in that. (Both Read)

**Moderna admits that everyone is part of a huge experiment,  
and a strange new pattern is emerging**

uncut-news.ch; July 14, 2021

Current Tip, Tip/Must Read/Top Topic/Current mercola.com.

Read more: <https://uncutnews.ch/moderna-gibt-zu-dass-jeder-teil-eines-riesigen-experiments-ist-und-ein-neues-seltsames-muster-signs-off/>

<https://rumble.com/viwkzh-breaking-recordings-of-moderna-representative-making-horrific-admission-abo.html>

- In an audio recording, a Moderna representative admits that everyone who receives a COVID injection is a participant in the study. He also admits that the long-term protective effect against COVID-19 is unknown.
- Animal studies show that the spike protein subunit of SARS-CoV-2 directly damages the heart and causes myocarditis by triggering an exaggerated immune response - a cytokine storm - in heart cells.
- The S1 subunit of the SARS-CoV-2 spike protein activates NF- $\kappa$ B, a protein that controls not only transcription of DNA but also cellular survival and cytokine production.
- This disease process does not involve the ACE2 receptor, but Toll-like receptor 4 (TLR4), which is responsible for recognizing pathogens and triggering innate immune responses.
- A new and strange pattern is emerging: many who suffer from the severe side effects of COVID injections have normal laboratory values, making diagnosis and treatment more difficult.

In the featured video, which aired June 22, 2021, independent reporter Stew Peters plays an audio recording made by a young woman who suddenly developed Guillain-Barre syndrome after her Moderna injection. Her neurologist believes her condition is the direct result of the COVID injection. While the neurologist filed an adverse event report with the U.S. Vaccine Adverse Events Reporting System (VAERS), the woman decided to report it to Moderna as well. The Moderna representative does not seem the least bit surprised by the violation and seems to admit that he has received similar reports before.

**Everyone who gets the vaccination is part of the safety test.**

During the call, the Moderna representative reads her the following disclaimer:

**"The Moderna COVID-19 vaccine is not approved or licensed by the Food and Drug Administration, but it has been approved by the FDA under an emergency authorization to prevent coronavirus disease in 2019 for use in persons 18 years of age and older. There is no FDA-approved vaccine to prevent COVID-19. The EUA for Moderna's COVID-19 vaccine is in effect for the duration of the COVID-19 EUA declaration and authorizes emergency use of the product unless the declaration is terminated or the authorization is revoked sooner."**

The representative also points out that all clinical trial phases are still ongoing and that the long-term protective effect against COVID-19 is unknown. When the patient asks if everyone who gets the COVID shot-even if they haven't specifically signed up as a study participant-is actually part of the clinical trial, he laughingly replies, "Pretty much, yeah."

So, in short, while vaccine manufacturers, health authorities, mainstream media, social media platforms like Facebook, and public service ads tell you that the vaccine has undergone rigorous testing, has been 'approved,' and is safe and effective, none of these claims are true. The vaccines have only received emergency approval, which is something completely different than regular FDA approval and licensing. They don't know how effective the shot is, or how long the effect lasts, and they don't know if it's safe because the studies haven't been completed yet. In fact, the public vaccination campaign is a big part of those studies, whether people realize it or not.

### **Children are coerced into medical experiments**

This makes the push to vaccinate children and teens all the more disturbing. Vaccine manufacturers have obtained EUAs for children as young as 12, and parents are now being told their children 'must' participate in what is called a medical experiment.

Human beings are told it is their social 'duty' to participate in a medical experiment. Human beings are being told that they must participate in a medical experiment or they will lose their job or their educational opportunities. What is happening here is no different than being told that you 'must' participate in a new cancer drug trial in order to keep your job or attend school. This is completely absurd, unethical and illegal.

When human beings get the shot, they are not informed that they are participating in a medical experiment, and they are not asked to sign a consent form (since that particular requirement is waived under EEA rules). While the EEA waives the requirement for an informed consent form, it does not waive the requirement for truthful information about potential side effects. It is really important to recognize that coercing human beings to participate in medical experiments violates long-established rules of research ethics. If you wanted to conduct a medical study and decided to lure participants with free ice cream or a free Playstation, the ethics committee would stop your project.

The problem here is that the COVID-19 injection studies have no oversight committees. There is no Data Safety Monitoring Board, no Clinical Event Committee, and no Clinical Ethics Committee. This is despite the fact that such oversight is standard for all research involving human beings. If such committees exist, they have not been disclosed and standard reports have not been published.

### **Myocarditis Update**

Peters also always addresses a more common side effect that occurs, myocarditis, or heart inflammation. Animal studies conducted by researchers at Masonic Medical Research Institute in collaboration with Boston Children's Hospital were published on the preprint server bioRxiv on June 20, 2021.

#### **The SARS-CoV-2 spike protein subunit directly damages the heart and causes myocarditis by triggering an exuberant immune response a cytokine storm in cardiac cells.**

The study, 'Selectively Expressing SARS-CoV-2 Spike Protein S1 Subunit in Cardiomyocytes Induces Cardiac Hypertrophy in Mice,' found that the spike protein itself (without the rest of the virus) "directly impairs endothelial function." As it turned out, the S1 subunit of the SARS-CoV-2 spike protein activates NF- $\kappa$ B, a protein that controls not only DNA transcription but also cellular survival, cytokine production, and secondary inflammation.

This disease process does not involve the ACE2 receptor, but Toll-like receptor 4 (TLR4), which is responsible for recognizing pathogens and triggering innate immune responses. In summary, the research showed that the spike protein subunit "causes cardiac dysfunction, induces hypertrophic remodeling, and triggers cardiac inflammation."

**"Because CoV-2-S does not interact with murine ACE2, our study presents a novel ACE2-independent pathologic role of CoV-2-S [SARS-CoV-2] and suggests that circulating CoV- 2-S1 [CoV-2 spike protein subunit 1] is a TLR4-recognizable Alarmmin that can damage CMs [cardiomyocytes, i.e., heart cells] by triggering their innate immune responses," the authors wrote.**

In short, the SARS-CoV-2 spike protein subunit directly damages the heart and causes myocarditis by triggering an exaggerated immune response - a cytokine storm - in cardiac cells. Importantly, hypertrophic remodeling means that it is a permanent remodeling and damage to the heart, which refutes claims that the hundreds of myocarditis cases reported to VAERS are of little concern and that their hearts will eventually heal. I believe that these assumptions will prove to be false, and that many may be left with permanently damaged hearts.

### **They knew what they were doing**

As Jane Ruby, Ph.D., noted on the Stew Peters Show, this research should have been done before these injections were released to the public. Instead of conducting rigorous animal testing, vaccine manufacturers are using the public as guinea pigs in one of the largest experiments in human history, making tens of billions of dollars in profit while enjoying absolute immunity from any harm their experimental vaccines cause. By falsely calling these gene modification tools vaccines (because gene therapy is not considered a pandemic treatment that can be granted immunity from liability), they have been given the green light to conduct experiments on human beings without compensation, informed consent, or liability under the guise of a public health emergency.

There is no way that these gene therapies would have been released in a rational society to be tested on so many human beings, including pregnant women and children, had it not been for this sinister deception.

Here's the most disturbing part, though: It appears that these COVID injections were designed to intentionally cause this kind of cellular damage. Why? Because the researchers also tested the natural subunit of the spike protein of another coronavirus called NL63.

This virus was chosen because, like SARS-CoV-2, it uses the ACE2 receptor to enter human being cells. However, the NL63 spike protein did not trigger this type of heart damage. "They knew what they were doing when they altered this mRNA to produce this particular spike protein," Ruby says.

### **Victim of Pfizer injection speaks out**

In the video above, Peter's wife interviews Stevie Thrasher, a previously healthy 29-year-old from Washington state who received her first Pfizer vaccination on April 27, 2021. Since then, she has been hospitalized nine times, and her doctor has confirmed that her injuries are a direct result of the Pfizer mRNA injection. Her neurologist has advised her not to receive a second dose.

One of her first symptoms was heavy menstrual bleeding. After that, she began experiencing severe body pain, muscle weakness and failure, fatigue, dizziness and disorientation. Since the vaccination, she has been hospitalized nine times, had three neurological examinations, and been referred to rheumatologists and immunologists.

Remarkably, despite the severity of her symptoms, all tests, including imaging and blood tests, appear normal, with the exception of an ANA blood test (a test that detects antinuclear antibodies that can

attack one's own tissues), which indicates that she may have an autoimmune disease, although it is unclear which.

Her doctors have been unable to explain why her test results are all normal while she clearly has disease symptoms, and all that has been diagnosed so far is 'adverse reaction to Pfizer COVID vaccine with myalgias.' As you can see in the video above, she has involuntary tremors. She says it comes and goes depending on the circumstances. Triggers include sunlight, heat, altitude, stress and physical activity.

While Thrasher was warned about the possibility of blood clots and anaphylactic reactions, she was not informed that there could be neurological and autoimmune side effects. "If I had known this was a possibility, I would have turned and run," she tells Peters.

### **Unvaccinated falsely blamed as 'disease factories'**

To make matters worse, the mainstream media is now spreading the idea that those who refuse COVID vaccination are to blame for the emergence of SARS-CoV-2 variants, even though a number of health experts have warned that the complete opposite is true - that mass vaccination, which causes a very narrow band of antibodies, forces more rapid mutations of the virus.

It is a general principle in biology, vaccinology, and microbiology that if you pressure living organisms such as bacteria or viruses, for example, with antibiotics or antibodies, but do not kill them completely, you may inadvertently promote their mutation into more virulent strains. Those that escape your immune system eventually survive and select mutations to ensure their continued survival.

If a person is infected who does not have a narrow band of antibodies, it is far less likely that a mutation will lead to a more aggressive virus. So while mutation can occur in both vaccinated and unvaccinated individuals, vaccinated individuals are actually much more likely to push the virus toward a mutation that strengthens it and makes it more dangerous. Unfortunately, according to CNN:

*"Unvaccinated human beings risk more than just their own health. They're also a risk to everyone if they contract the coronavirus, infectious disease specialists say. That's because the only source of new coronavirus variants is the body of an infected person.*

*Unvaccinated human beings are potential variant factories," Dr. William Schaffner, a professor in the Department of Infectious Diseases at Vanderbilt University Medical Center, told CNN ... "The more unvaccinated human beings there are, the more opportunities the virus has to replicate," Schaffner said."*

What Schaffner and CNN don't address is the confirmed fact that the COVID shot does not provide immunity from SARS-CoV-2 infection. So those who got the shot can also become hosts for the virus, just like those who were not enticed to take the COVID vaccine.

There is absolutely no medical justification for singling out unvaccinated human beings as the sole carriers of disease or mutations. Breakthrough cases in fully 'vaccinated' human beings prove this point. Unfortunately, vaccinated individuals are not informed of the possibility that they may experience antibody-dependent enhancement (ADE) or paradoxical immune enhancement (PIE), which could actually make them more susceptible to infection with variants. If that is the case, and there is already evidence to suggest that it is, then vaccinating even more human beings is not the answer.

Unvaccinated human beings cannot be held responsible for what happens to those who have voluntarily participated in this mass experiment, or be asked to 'save' these human beings by putting their own health at risk.

### **Deliberately destroyed control group**

Disturbingly, all the evidence suggests that vaccine manufacturers and health authorities do not want to recognize problems with these vaccinations. Despite being the largest medical experiment in human history, vaccine manufacturers are intentionally eliminating their control groups so that it will be much more difficult to detect injuries because they have nothing to compare the vaccinees to.

In a JAMA report, Rita Rubin, senior writer for JAMA Medical News and Perspectives, quotes Operation Warp Speed's chief scientific advisor, Moncref Slaoui, Ph.D., as saying, "It is very important that we unblind the study immediately and offer vaccines to the placebo group," because study participants 'should be rewarded' for participating.

Such statements violate the fundamentals of what a safety study needs, which is a control group with which to compare the effects of the drug in question over the long term. I find it inconceivable that unblinding was even considered, considering that the core studies have not even been completed and some standard safety studies have been completely bypassed.

For example, Pfizer has not done any reproductive toxicology studies, even though the mRNA and spike protein accumulate in the ovaries. The only purpose of this unblinding is to hide the fact that these injections are unsafe. Safety assessments have also been undermined by the U.S. Food and Drug Administration (FDA), which chose not to require vaccine manufacturers to conduct robust post-injection data collection and population follow-up studies.

### **What is the mass injection campaign really about?**

It is clear that the COVID injection manufacturers intentionally removed any safety monitoring controls because they wanted to mask the expected complications that would almost certainly occur. They wanted to prevent as many complications as possible from occurring. Safety is obviously not something they are concerned about.

Think about it: If the vaccination campaign were about achieving high immunity rates in the population, they would accept natural immunity to COVID as an alternative to vaccination. But they don't. Even if you can prove you have high antibody levels from natural infection, you still have to get the COVID shot if you want to attend school or keep your job in some areas, and natural immunity doesn't count if you want a COVID immunization passport.

This means that the injections are NOT about creating herd immunity. They want to put a needle in each arm for a different reason. What do you think that reason might be? Many who have thought about this question have concluded that whatever the reason, it is a nefarious one.

At the very least, this campaign is about getting a needle in each arm to maximize their profits. At its most extreme, it could be part of a cleverly engineered depopulation strategy. Dr. Michael Yeadon, a bioscientist and former vice president and chief scientist of Allergy and Respiratory Research at Pfizer, has gone on record to say that he believes the COVID-19 injections, and especially the upcoming boosters, are a 'serious attempt at mass depopulation.'

In my opinion, there are still so many potential harms and so many imponderables that I would encourage everyone to do their homework, read on and learn, weigh the potential pros and cons, and take their time when deciding whether to receive one of these COVID-19 gene therapies. If you have already received one, think long and hard before getting a booster.

Sources:

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- 2 The Guardian May 10, 2021
- 3 Trial Site News May 30, 2021
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19 Rumble, Planet Lockdown interview with Michael Yeadon  
Source: Moderna Rep Admits Everyone Is Part of Huge Experiment

**Whistleblower from WHO:  
The 18,000 reported vaccine deaths in Europe  
are only a fraction of the actual number**

uncut-news.ch/July 19, 2021

Current Top Ten, Health/Healing Methods/Alternative Medicine/Nutrition

[https://twitter.com/camus37/status/1416747444252065797?ref\\_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ct\\_wterm%5E1416747444252065797%7Ctwgr%5E%7Ctwcon%5Es1\\_&ref\\_url=https%3A%2F%2Funcutnews.ch%2Fwhistleblower-of-who-the-18000-reported-vaccine-deaths-in-europe-are-only-a-fraction-of-the-factual-number%2F](https://twitter.com/camus37/status/1416747444252065797?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ct_wterm%5E1416747444252065797%7Ctwgr%5E%7Ctwcon%5Es1_&ref_url=https%3A%2F%2Funcutnews.ch%2Fwhistleblower-of-who-the-18000-reported-vaccine-deaths-in-europe-are-only-a-fraction-of-the-factual-number%2F)  
<https://thehighwire.com/videos/episode-224-the-covid-cartel/>

More than 18,000 deaths directly linked to the Corona vaccine have now been reported to EudraVigilance, the European database for reports of suspected adverse drug reactions. WHO whistleblower Astrid Stuckelberger told **The Highwire** on Thursday. In addition, 1.8 million cases of serious adverse effects were reported. Normally, the vaccination program would be stopped immediately, she stressed.

**Only 1 to 10 percent of all cases are reported**

Stuckelberger pointed out that attorney Reiner Fuellmich and several researchers indicate that only 1 to 10 percent of all cases are reported. To report an adverse drug reaction, physicians must fill out a form, which is a time-consuming process. They also need to be sure there is a causal link between the vaccine and the death, said Stuckelberger, who worked as a WHO expert on pandemics between 2009 and 2012. WHO insider Stuckelberger, who teaches at the University of Geneva, added that there is widespread censorship. In other words, it is not made easy for healthcare workers to report an adverse drug reaction. As mentioned, 1 to 10 percent of cases are reported. This would mean that in reality, 180,000 Europeans would have died from the 'Corona vaccine' in the best case scenario and 1.8 million in the worst case scenario.

**Dire Warning from Dr. Charles Hoffe**

SBN News Clips, July 17th, 2021 <https://rumble.com/vjzknu-dire-warning-from-dr.-charles-hoffe-2462.html>



Canadian physician Dr. Charles Hoffe explains the mechanism of action of dangerous spike proteins through vaccination, permanently damaging organs such as the heart, lungs and brain.  
<https://forbiddenknowledgetv.net/how-the-jab-works-why-it-causes-blood-clots-at-a-microscopic-level/>

## **How the Jab Works, Why It Causes Blood Clots at a Microscopic Level**

*July 18, 2021, 4,279 views; Contributed by Alexandra Bruce, Alexandra.bruce18@gmail.com*

Dr Charles Hoffe has been practicing medicine for 28 years in the small, rural town of Lytton in British Columbia, Canada and he has administered about 900 doses of the Moderna experimental mRNA injection and is now coming forward to warn about the severe reactions he's observed in his patients, including death. This resulted in his being fired from his job at the local hospital.

He tells host, Laura Lynne that the core problem he's seeing among these patients is microscopic clots in his patients' tiniest capillaries, of which Cliff High has commented, "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."

Dr Hoffe explains that these micro-clots are too small to show up on CT scans, MRI, etc and can only be detected using the D-dimer test, of which 62% of his own patients injected with an mRNA shot are positive. "We now know that only 25% of the 'vaccine' injected into a person's arm actually stays in your arm. The other 75% is collected by your lymphatic system and literally fed into your circulation so these little packages of messenger RNA, and by the way in a single dose of Moderna 'vaccine' there are literally 40 trillion mRNA molecules. These packages are designed to be absorbed into your cells. But the only place they can be absorbed is around your blood vessels and the place where they are absorbed is the capillary networks – the tiniest blood vessels where the blood flow slows right down and where the genes are released. Your body then gets to work reading and then manufacturing trillions and trillions of these spike proteins. Each gene can produce many, many spike proteins. The body then recognises these are foreign bodies so it makes antibodies against it so you are then protected against COVID. That's the idea.

"But here's where the problem comes. In a coronavirus that spike protein becomes part of the viral capsule. In other words it becomes part of the cell wall around the virus. But it is not in a virus. It is in your cells. So it becomes 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...

"So it is absolutely inevitable that blood clots will form because your blood platelets circulate round your blood vessels, and the purpose of blood platelets is to identify damaged vessels and stop bleeding. So, 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.

"Therefore, these spike proteins can predictably cause blood clots. They are in your blood vessels (if mRNA 'vaccinated') so it is guaranteed. Dr Bahrdi then said to me that the way to prove this is to do a blood test called a D-dimer blood test.

"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 re-generate. When those tissues are damaged by blood clots they are permanently damaged."

The result, says Dr Hoffe, is that these patients have what is termed Reduced Effort Tolerance (RET) which means they get out of breath much easily than they used to. It is because the 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. Dr Hoffe warns sadly, “These shots are causing huge damage and the worst is yet to come.”

### **Evidence for massive changes in female menstrual cycle from mRNA vaccinations**

June 3, 2021 1:28 pm

Do mRNA vaccines cause menstrual irregularities and heavy menstrual bleeding in women? Reports about this are increasing on the Inter-net. Even menopausal women are said to be affected. Experts suspect a possible connection with mRNA vaccines.

### **Evidence of massive changes in the female menstrual cycle due to mRNA vaccination.**

Source: [www.globallookpress.com](http://www.globallookpress.com) © dpa

In recent months, many women have taken to social media to report heavy, painful menstrual bleeding. Many of these women say they believe their menstrual cycles have been disrupted by mRNA vaccines against COVID-19.

The first cases of menstrual irregularities in women occurred in Israel in early February of this year. By that time, many women had already been vaccinated with BioNTech-Pfizer's vaccine. On the Internet, numerous vaccinated women described that their menstrual periods occurred at the wrong time and were much heavier and more painful.

To address this troubling phenomenon, Dr. Kate Clancy, a biological anthropologist and lecturer at the U.S. University of Illinois at Urbana-Champaign, is conducting an open survey to collect qualitative data on menstruation.

"A colleague told me she heard from others that their periods were increased after vaccination. I'm curious if other menstruators have noticed changes, too?" she asked via tweet in February, a month before launching her survey. "I got my period a day or so early a week and a half after my first Moderna dose, and I'm gushing like I'm back in my 20s."

In responses to Dr. Clancy's survey, women who had already been vaccinated described cycle disruptions and prolonged, extremely heavy as well as painful bleeding. One woman reported getting her period for the third time in a month. Some women over the age of 50 who had actually been menopausal for years reported that they began bleeding heavily again shortly after vaccination. By the end of April, more than 25,000 women there were reported to have already given information about a possible cycle impairment after the vaccination.

More research is needed to determine whether mRNA vaccinations affect women's menstrual cycles. Clancy further explained on Twitter that an inflammatory response in the body may be the cause, triggered by the lipid nanoparticles contained in mRNA vaccines. These particles are already suspected of having triggered severe allergic reactions in some vaccinated human beings.

In the original COVID-19 vaccine trials, researchers looked at whether the vaccine was effective in preventing symptomatic COVID-19 by comparing it to a placebo injection. They also looked at serious complications, such as allergic reactions, and side effects sometimes associated with vaccination, such as fever. However, the original studies did not report changes in the menstrual cycle, such as whether menstruation comes earlier or later, whether it is heavier or lighter, or whether it is more or less painful. According to the U.S. Centers for Disease Control (CDC), there is currently no evidence that vaccines, including COVID-19 vaccines, cause fertility problems. CDC also reports that preliminary data found no safety concerns for pregnant women who were vaccinated or for their babies. However, further studies and research are being conducted.

Source: <https://de.rt.com/gesellschaft/118491>

**Billy** So, what do you guys think about this?

**Bermunda** This is really according to the truth.

**Florena** I think that is good, yes best. That is necessary that this is also published by FIGU. It really should be.

**Billy** Will see if we can get permission for this. (Have received, we may publish it in the contact report and further. 16.7.2021).

**Bermunda** That would be good.

**Florena** Yes.

**Billy** We'll see. You also want to go away, and I should come with you. If it is not again 3 weeks, as last time, after Karin has cut my hair. After 5 days, Barbara noticed that my hair had grown too long for me to hide it. In our time it was only 5 days ago that my hair was cut, and then it was noticed. But now the question, when Ptaah comes back again?

**Florena** This will not be until the end of August or the beginning of September. The whole thing is taking more time than was foreseen, because it is a matter of our safety, that we really remain undetected against the strangers. We've been doing that for millions of years, but technology doesn't stand still, so we have to update ours, which we're doing together with the Sonans.

**Billy** Actually, we should not talk about it so openly, because the strangers have their ears everywhere.

**Florena** This danger never existed and never exists, about which you worry, because we never disregard our caution. Moreover, our dimension must remain protected.

**Billy** Sfath also kept it that way. Nevertheless, he kept contact with different earthlings.

**Florena** This is also our way of behaving, which is why we only maintain contact with you. It would have remained the same when we tried to build our relations with America. These would have been followed by Russia, Europe, China and Australia, but everything could only have been done through your mediation, because we would never have met in person.

**Bermunda** We shouldn't talk about that anymore.

**Billy** You are probably right. So we'd better keep quiet about it.

**Florena** What was said by me, that is not secret.

**Billy** Not in and of itself, but a wrong word is easily spoken nonetheless.

**Florena** You are right, but you are always so attentive that you would not write down that word when you recall our conversations.

**Billy** That may be, but mistakes are unfortunately as inevitable as inattention.

**Bermunda** But that's a rarity with you.

**Billy** But can be evenly. - But I have something else: Here I have something else that is currently making the rounds everywhere.

Salome Bernadette

Recently, I have been confronted with the topic of gender and gender-equitable language through the media and now also in my company, where I am employed.

Here's what I have to say about this - please respond:

More and more, institutions such as public authorities, universities and schools, as well as companies, are being asked to use gender-appropriate language. For some years now, there has been the additional requirement to use gender-equitable language, since the gender "diverse" is now also taken into account by law in Germany and in Austria. People who see themselves as neither male nor female define themselves as "diverse". To ensure that all genders feel addressed in language use, the Binnen-I was invented for German written language with regard to gender-appropriate language, and the colon or "gender asterisk" was invented for gender-appropriate language. According to surveys, girls and women feel addressed predominantly when the words "employees, pupils, students, teachers, doctors, musicians, artists, actors, etc." are used in the plural or in the plural. Of course, this may also be due to historical reasons, because up to now, without explicit mention, the female gender has always been meant as well; i.e., in the sense of a group of human beings or persons. In the German language, should the female gender be explicitly addressed in the plural with additional words such as employees, teachers, students, etc., if both genders are meant in each case?

What is to be thought of the indented I, the colons and asterisks that are built into the written language and strangely alter the typeface and make reading more difficult? It is even questionable how the whole altered typeface is to be pronounced in everyday life.

In order to avoid the indented I, the colon and the asterisk, it is also considered gender- and gender-appropriate if instead of teachers now learners, instead of students now learners, instead of employees now employees, etc. are said. What is to be thought of this?

Feeling discriminated against or actually being discriminated against are two different factors. Can something also be said about this?

Love Greetings  
Stefan

Salome Stefan

Thank you for your mail, which I can only confirm in terms of content.

Already in 2008 I wrote something about this in an article about the German language, when there was no talk of gender-just language, and already then the same could be seen as today: Gender-just language goes in a completely wrong direction by focusing on the gender identity of people instead of the human being and human beingness as such. While gender identity is an important part of any human personality, it is not a feature or quintessence of being human, which is, after all, in some sense and to some degree gender-neutral, and which should outline the core of connectedness between human

beings. Gendered language is therefore ignorant, stupid, and nonsensical because it divides human beings into groups, thereby negating and dividing the interconnectedness of all human beings. And by taking into account unimportant and mimosa-like sensitivities or by creating them in the first place and putting them in the focus, it does not connect people but separates them in the wrong opinion to create understanding and acceptance for human beings with other than the so-called normal gender orientation. In doing so, it achieves exactly the opposite of what it strives for. By emphasizing the separation or by drawing attention to the natural differences, it creates new aspects and possibilities for prejudices and animosities through the language, instead of emphasizing what connects and is the same between human beings and putting this in the foreground, thus taking a completely wrong and unnatural path, which instead of understanding and acceptance only evokes rejection and prejudices as well as an unnatural and inappropriate sensitivity. First and foremost, men and women are human beings, and this should actually be a matter of course, but this is no longer expressed by 'gender-appropriate' language, because it explicitly points out the differences by means of the indented I, gender asterisk or colon, and thus discriminates against both sexes by making the existence and the fact of another sex into a special feature, which is virtually pointed out with the index finger.

All the artificial spellings, which make the written language so unaesthetic and reader-unfriendly and which not only make the comprehensibility of the language more difficult and partly even impossible and which are also not speakable, clearly show which wrong and unnatural way, determined only by imagination and wrongly understood humanity, has been taken with it.

Just to create a connection between language per se and discrimination is fundamentally wrong and shows that behind all this is not a reality-based and sober factual thinking, but a form of believing delusion and completely irrelevant speculative view of a so-called 'reality' that does not exist and is a pure fantasy product. Through the gender-appropriate language, the equality and equal rights of all human beings are negated in a perfidious and manipulative way, instead of emphasizing them and bringing them into focus, which creates the sensitivities that lead to people feeling completely unjustly discriminated against and believing they can recognize discrimination where there is none at all.

I hope that is enough of an answer for you.

Love and stay healthy  
Bernadette

What do you think, Bermunda and Florena?

**Florena** Pathologically stupid, because it is about human being, not about gender.

**Bermunda** If one speaks of the human being, then in no case his sex is addressed, but the human being as such, and there the sex does not belong to be mentioned. Only if the woman or the man is addressed directly, then it is necessary to mention the sex in one or the other case, otherwise it is nonsensical.

**Billy** There are super-smart people, and they believe that the human being must be specified as a woman and a man, by using a 'gender-appropriate' language in order to clarify whose gender the human being in question is.

**Florena** How do you say in each case: Idiiotic.

**Bermunda** Correct - idiotic. That is the right expression for such degenerations of unreasonableness.

**Billy** Aha, that's more than I thought.

**Florena** Then we actually discussed everything that we officially had to talk about, so we can turn to what we still want to do privately. If we go away together now and only come back when everyone is asleep, then you'll probably have to open your workroom again now, won't you?

**Billy** Why should I?

**Florena** If someone wants to visit you despite the night time?

**Billy** That will certainly not be the case, because it is already late, and everyone is really asleep.

**Florena** Then let's go.

**Bermunda** Yeah

**Billy** Okay, let's go then ...

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