

Reports From the Front Lines of the Vaccine Catastrophe - Part 3

Troubling reports describing the plight of patients, doctors and hospitals over the last 9 months. Docs and nurses are "waking up." Oncologists are seeing tons of "turbo" cancers. It's real.



PIERRE KORY, MD, MPA

SEP 25, 2023

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The point of these “Reports From the Front Lines” posts is to bring to life all of the accumulating data of the mRNA vaccine’s toxicity and lethality. I am trying to relate what it is like for those professionals who are “awake” and “on the ground.” I believe the below will well

manifest the lived experiences and observations of appropriately trained and concerned citizens during this historic pharmageddon.

In the below, I will share numerous “anecdotes” compiled from my ever-expanding network of contacts, colleagues, confidants, patients etc. I have no reason to believe any of these observations or reports are anything but reflective of their reality/truth. I understand that an anecdote is an anecdote. But a 100 anecdotes.. is a 100 anecdotes. And so on and so forth. You know what you can do with your pharma-conducted randomized controlled trials.

A large number of these observations come from “My Spy On The Inside” who I will call “MSOTI” below. Recall that she is a veteran ER-ICU nurse in a major academic health center. She knows pretty much everyone there: hospitalists, specialists, sub-specialists, nurse managers, arts, hospital administration, you name it.



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ality and corruption around the vaccines first 2 posts ([here](#) and [here](#)) and in what details removed, a lot of what she has over the past 18 months.

se next ones are a doozy (this is Post 3 and ly edited the medical acronyms) from e had over these last months, but I also

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[on my recent Substack](#) which described the stem:

*OVID vaccinated young patients with very aggressive, highly metastasize to unusual places and are refractory to therapy that usually works, and the outcome is often heartbreaking. I've also seen an uptick in patients newly diagnosed with several different types of cancers simultaneously, which was previously a pretty rare phenomenon. Not to mention the unusual clots, myeloproliferative neoplasms, HLH, and other strange hematologic complications post vaccine. **Occasionally I'll get a referral for a post COVID vaccine patient with typical long haul symptoms** who happens to have an abnormal CBC, and it's heartbreaking to hear how they have been suffering without any clear diagnosis or solution for months/years. So glad that your clinic can help these folks, and I will send them your way.*

Here are a few more on the topic of cancer, from an email from a Substack subscriber who is a nurse:

Yes, Dr. Kory! Because never in my lifetime have I seen people getting cancer and dying at such young ages in such extreme numbers. I'm not used to it

[This article](#) below from Dr. William Makis's excellent Substack called [Covid Intel](#) details the stories of 54 largely and shockingly young, publicly pro-vax doctors who went on to develop aggressive cancers. Most are already dead after what was repeatedly described as "shockingly short battles":

TURBO CANCER in Doctors - Young COVID-19 Vaccinated Doctors are developing aggressive Turbo Cancers - 54 doctors and their tragic stories



DR. WILLIAM MAKIS MD

SEP 25, 2023 • PAID

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Sep.15, 2023 - University of Virginia - 44 year old Dr.Howard Charles Malpass III, a pulmonologist died suddenly on Sep.14, 2023 due to Acute Myeloid Leukemia AML

Another commenter on one of my Substack posts wrote:

Thank you for supporting AMD's work on your substack, Dr. Kory. Together, you are a formidable power against the lies and half truths. So much of what you stated above matches interactions I've had

with (very smart, well educated) family members. There's no convincing them, though I will not give up as the opportunities present themselves.

Examples:

Brother suffered ocular side effects and needed surgeries.

Sister (who volunteered at a vaccine clinic so she could get in line early for the shots) has a husband and son in law with recurrent cancer flare-ups.

Friend just informed us he had a stroke last year; he refused to be in the same room with us dirty unvaxxed people.

Friend had an aortic aneurism (recovered after two surgeries) but has had subsequent surgeries.

Friend died after 12 weeks of turbo-pancreatic cancer.

While I cannot prove causation for any of this, the correlation seems very strong. All were vaxxed. All are/were smart and highly educated.

Why is this happening? Willful blindness. Guilt. Brainwashing. Reliance on the expert class. A million reasons in the naked city, but every one is bad for everyone.

And another from MSOTI:

Summation is huge spike in glios (Ed: glioblastomas - a very deadly brain cancer). Not brain tumors per se, but specifically glios. Younger and younger is trending, and not the usual electrical line worker population we used to see with them manifesting late in that career population. Now it can be more attributed to BOTH injection and cell phone/tablet, Bluetooth etc radiation near brain. This is part of screening done now once glio confirmed. Multiplier is the injection factor - we believe - in making them manifest earlier w this young cohort. Young includes children to 18yo.

From MSOTI, also on the topic of cancer:

I see so much of this, but today, this got me. Patient beat breast cancer - huge victory 10 years ago. regular screening showed no return, zip. Nothing. She got vaxxed -within our system - in March of last year. Cancer roared back almost immediately, found b/c she felt "odd" - her term. Multiple tumors, not like 1st run. Aggressive treatment. No let up. Been at it since. Told brain metastases today. Just eating her away. Going to hospice. Curses the damn shot. She's had plenty of time to read, but knows brain is shutting down. She is furious, wants legal standing if suits come, for her estate. Just screamed at Fauci, Pfizer, her other Onc who told her to get it in first place....enough anger to fill a canyon. I started to cry with her. Young. 51. She knew not to get it, but felt Onc knew better. I hope she haunts him.

This is the ensuing text exchange between me and MSOTI:

ME: wow. i am so sorry, that has to be a terrible feeling to die with- knowing that it was the jab your doc recommended to you. so ugly this business

MSOTI: *I told her I'd let her family contact you if things proceed legally. That her chart held all kinds of gold for attorneys. But, that we don't know if or how long (i.e. how long the chart will remain unaltered). She is special, very smart and accomplished lady. 4 kids. Rips your heart out. She knew better.*

ME: *Rips your heart out. 4 kids*

MSOTI: *Yes. Husband died car wreck, drunk driver yrs back, so she's a real survivor. Other cancer we are seeing tons of - GBMs (Ed: glioblastoma multiforme - a nasty, terminal brain cancer). So much in younger people. Unless playing up around electrical lines closely, inexplicable . Just a ton. Stunned pts. That's all I can say. Saturday and Sunday chemo infusions are now regularly scheduled. They had to find other spaces for certain treatment modalities.*

ME: *that is just crazy. new cancer hospital and they have to do infusions on weekends*

MSOTI: *Yeah and building a new monster tower to house - what services- don't know yet. Neuro and cancers are biggest explosion of cases, next to cardiovascular everything. Case loads are WAY over the normal load*

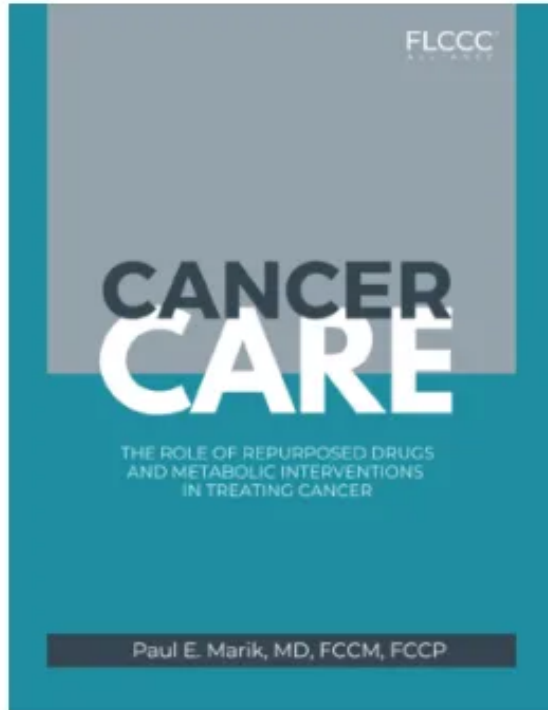
ME: *crazy town*

MSOTI: *Turbo cancer as Etana says on her Substack.*

****ED:** In response to the massive rise in cancers being reported, I want to call attention to the work of the FLCCC in response to this humanitarian catastrophe. My partner Paul Marik spent months researching and writing the below scientific monograph on repurposed and metabolic therapies for cancer. If you or anyone you know has cancer, this is a must-read as the treatments are highly effective but not recognized or employed by the near majority of “system/allopathic” oncologists. The information compiled below could easily save their life:

THE ROLE OF REPURPOSED DRUGS AND METABOLIC INTERVENTIONS IN TREATING CANCER

Paul E. Marik, MD, FCCM, FCCP



This is a review of the published literature showing options for repurposed drugs that can be used in cancer treatment. It is not intended as a stand-alone guide to treating cancer. The goal is to provide a well-researched clearinghouse of information that picks up where traditional cancer therapies leave off. Providers caring for cancer patients can use this information to think creatively about readily available interventions, with science to back up their efficacy, that could improve their patients' outcomes.

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Ultimately, we are still in a worldwide war fighting the continuing global vaccination campaign that is causing massively increased [excess mortality](#), [skyrocketing rates of disabilities](#), and [plummeting birth rates](#) across the world. Yet the CDC and (P)FDA continue their desperate

advertising campaign for the new round of shots using the most deplorably weak “science” to support it to date in the pandemic.

Why do I call it the (P)FDA? See this comment below by Trump where he both takes credit for the speedy roll-out of the jabs while also openly stating who runs the FDA:

“I do think that Pfizer, I will say this, the FDA is bureaucratically run, would have taken five years to get it approved, would have never even had it if it weren’t for me. And I learned things. The FDA is virtually controlled by Pfizer. Pfizer has control, not Johnson and Johnson, not Moderna, but Pfizer has control over the FDA. It’s not a good thing.”

To wit, the (P)FDA just approved a monovalent jab for a variant that is literally near extinct and which was tested only for “immunogenicity” (antibody production and not clinical effectiveness).

Was it tested for safety? No (unless you count a few mice). Why? Easy - because the safety of the entire mRNA platform is apparently now considered “settled science.”

And by the way, lets be clear that it is not “messenger” RNA, it is “modified” messenger RNA - thus I propose we call it mmRNA instead (the modification with pseudouridine is a huge driver of the persistent toxicity - but forgive me for I digress).

Although I have been miserably wrong in the “social prediction market” to date, I am going to double down here and maintain that this horrifically false attribution of safety to injected mRNA inside lipid nanoparticles will eventually be the death knell of any remaining credibility or authority that our health agencies (a.k.a Pharma subsidiaries) somehow still hold. Long sentence I know.

But for now, they will not stop. This last “authorization” was so bad that even Dr. Paul Offitt (a major salesman for jabs) said he would NOT take them and further, he stated:



“Boosting otherwise healthy young people is a low-risk, low-reward strategy. Again, with an understanding that the goal of the vaccine is to prevent severe disease.”

So, although he is still spouting disinformation (i.e. “low risk?”, “severe disease reduction”) he is at least approaching somewhat closer to the common sense decision millions have exercised in response to the global vaccine campaign/experiment. Is this his attempt at a “[limited hangout?](#)”

Now, as a “finale” to all the above insanity, there is this gem of an article the other day from [TrialSite News](#) (one of the most formidable, objective, truth telling outlets since the onset of the pandemic, and whose CEO, Daniel O’Connor is a trusted friend and colleague):

Swedish Scientist Anette Staheil: CDC Used Flawed Israeli Analysis to Incorrectly Promote COVID-19 Vax Safe vs. Infection Risk



 6  2 comments





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Sep. 23, 2023, 1:00 p.m.

What [the above article](#) reports is that the most prominent & cited study used by the CDC and governments the world over to claim that getting jabbed was safer than not actually contained data that reached the opposite conclusion (after a Swedish scientist corrected a simple fraudulent/flawed calculation method). Shocker.

P.S I just want to say thanks to all my subscribers, especially the paid ones! Your financial support is greatly appreciated as it allows me to devote what is often large amount of time I spend researching and writing my posts, so again, thanks. - Pierre

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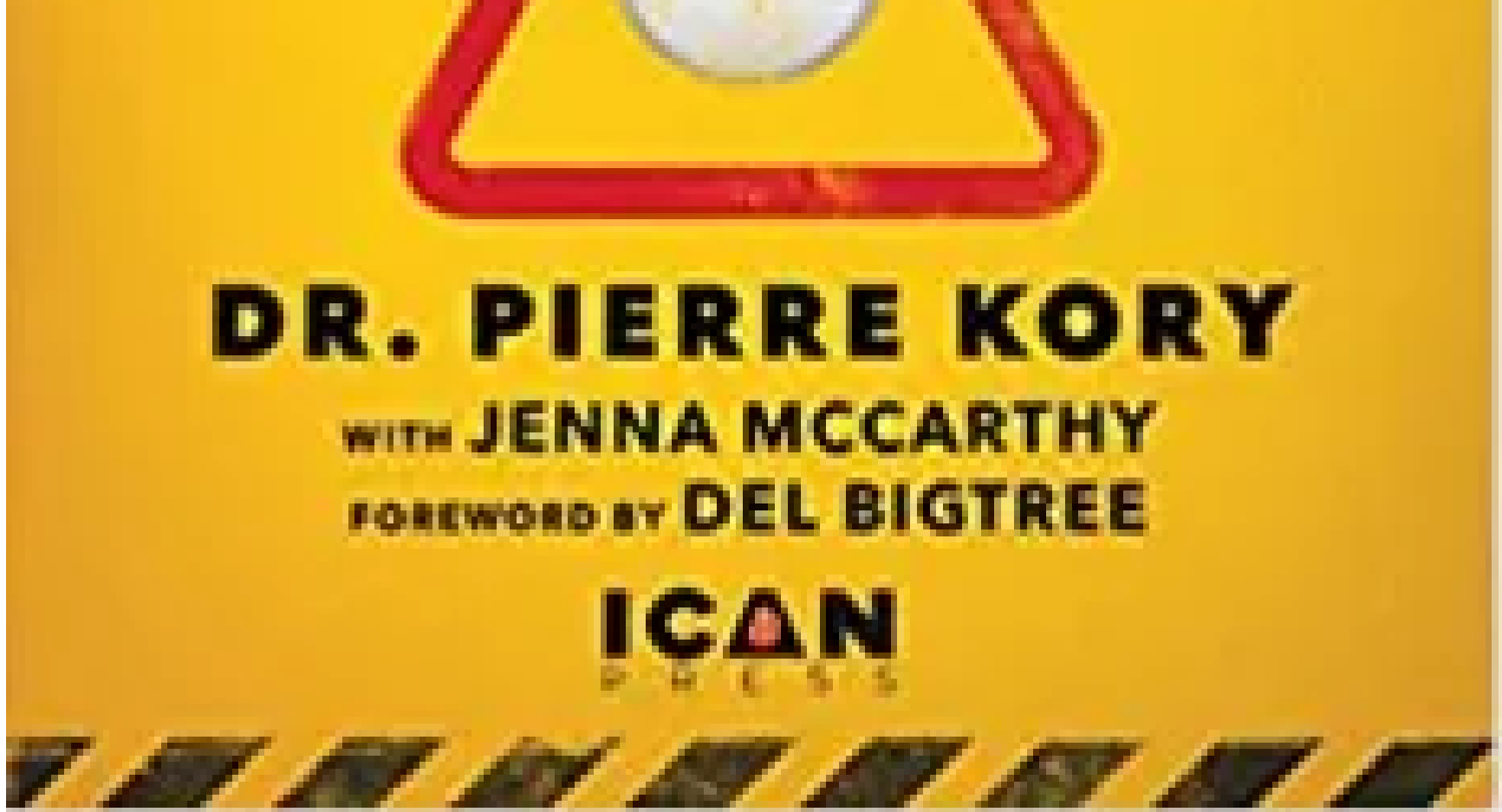
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Jim Hill Writes Letters to Harvey by Jim Hill Sep 25

My friend is right now in Florida to see a cancer doctor at Moffit Cancer Center about her squamous cell carcinoma which is appearing all over her body. She had radiation on several spots but new tumors are appearing almost daily and there are too many to treat. She is 75 years old and was treated with chemotherapy for breast cancer, then right after that was finished she began the awful MRNA covid shots and took a total of four over the course of time. She also has an appointment at the Cleveland Clinic in November as nobody here in Indiana has been able to diagnose and treat the root cause of the ongoing skin cancer. I think that she likely had a weak immune system due to the chemotherapy and then this was further aggravated by the Moderna shots. They told her that she was one of the cases that really needed the Covid shots as she was immunocompromised. Now we see it was the opposite, the Covid shots likely created a condition where she now has cancer and incurable cancer at that. It is not metastatic but it is taking over her body so it is like a death by a thousand cuts. It is truly horrible.

My brother is a cardiologist in Grand Rapids, Michigan in their transplant unit. He was an early advocate for the shots which most of us resisted. He is silent about the excess deaths and all this is going with these turbo cancers.

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Michael Wolf Writes Deep Squats, Shallow Thoughts Sep 25

Speaking of anecdotes, did you know the original quote was, "The plural of anecdote IS data?" I didn't either until recently, and wrote about it and some of the problems with the 'peer review or bust' evidence-based worldview that dominates today:

<https://deepsquatsshallowthoughts.substack.com/p/the-plural-of-my-anecdote-is-better>

In any case, it seems clear that 'evidence based' went from the reasonable idea that replicable studies with large datasets are better than individual case reports, to the unreasonable claim that you must ignore your lying eyes when they clearly & repeatedly show you that studies are (or may be) wrong.

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3 replies by Pierre Kory, MD, MPA and others

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