



Evidence in the Blood – A Visit with Funeral Director John O’Looney (Short Version)



Funeral director John O’Looney keeps finding white fibrous clots in the blood vessels of deceased Covid Vaccine recipients. In addition, he shares about his professional insight, experiences & observations concerning sudden death & excess mortality, turbo cancer, corruption, financial incentives, medical malpractice throughout the Covid-Pandemic and up to this day. A timely discussion including insights into the ways medical professionals, politicians and people in power are covering these crimes. Please share this as a wide public debate is needed on this!

Dan: We're here with John O' Looney. He is an undertaker, and he is the director of the Milton Keynes Family Funeral Services here in Milton Keynes, England. John, thanks so much for joining us.

John: You're most welcome.

Dan: So let's cut right to the chase. When did you start having some suspicions that something strange was up during the pandemic?

John: Well, to be honest, I think from the very start when we were told – so, the way it works was: I had a family come to see me in 2019. In end of November, beginning of December, they said they'd lost someone in a neighbouring borough. And they were upset that the hospital wouldn't allow them to visit their loved one in a chapel of rest. So, I kind of said to them, look, don't worry. I'll go and pick them up promptly, because it's important that you do that anyway, for obvious reasons. And whilst I was at the hospital in Northampton collecting this person, I happened to ask the mortuary staff there – I said, you know, why wouldn't you let this family see their loved one? He opened the door and there was a pandemic tent inside this viewing room. And I guess the viewing room was eight by 15 feet. And it was pretty much full of this great big pandemic tent. So, I kind of said to him, well, what's that for? And I kind of knew it's for extra capacity for deceased. And he said, we've been told there's something horrible coming. And he didn't mention the name COVID.

They broke the news in January. And I was frightened. I'll be honest. I was worried. You know, as a funeral director and I'm in my 50s. Here's a disease – they're telling us these people are falling over in China. We've been shown footage of that.

So, I thought, you know, I was worried because I've got to handle these people, you know. And over the course of the next 12, 16 weeks, I gradually began to see through the narrative. And it wasn't what they were showing us on television. And it was a number of things. One of the main things was in March of 2020, I took a phone call from a guy whose name was John, funny enough. And he said, I work for a government-sponsored company. So ministerial.

One of the government ministers had this company. And he said, my job is to ring all the undertakers as part of the pandemic response.

And I was like, fine. What do you need to know? You know, you want to help – I'm here to help. And he said, I need to ask you various questions. I'm going to ask you – I'm going to call you every Monday. He said, I'm going to ask you how many you can hold, your capacity, who you've picked up, where from, and how many are COVID. And I was happy to answer that. You know, why would you not? And I was making that effort to find out that information, knowing – during the course of the week, knowing that he would call me on the Monday to give him that information accurately on each deceased.

So, I would – straight away, he started steering me. And by that, I mean, I would say to him, I picked up someone from a local care home. It's a big facility, nearly a hundred beds in there. And there was no doctor present. There was no COVID test done. So, this guy wasn't COVID. I spoke to the staff there who confirmed this was an onset dementia patient. He'd been there five years. Then when I met the family at the point of arrangement, they told me, they confirmed, yes, he was an onset dementia patient. He'd been there five years. Straight away, this guy would openly admit he had to record him as a COVID death. And I was kind of, well, what's the point in doing this? If you're going to, you know, fake the figures, you know, this isn't. And he did that throughout 2020. And he said, well, I've been told to because they had one guy there that had taken a PCR test, given a positive test, didn't die of COVID, but went on to die. And so from that point forward, everyone that passed in that facility was put down as a COVID death.

Dan: Because of that one test result?

John: Yeah...one test result – Yeah, they were instructed to do that. None of them died from COVID. So, what that meant was that there were no more deaths than normal, but there were loads of COVID deaths. I mean, I've been an undertaker 18 years, and I can tell you that in 2020, that's the only year I've ever known not a single winter flu death, not one. Every one was COVID.

So by the end of 2020, this guy rang me in the October, and he openly admitted to me – because you get to know him over time, you know, if somebody rings you every Monday, and you have, I don't know, a minute or two exchange, oh, morning, John, you get to know him, you know – and he openly admitted to me. He didn't know why he was doing the job, because everyone is saying the same thing: there are no COVID deaths. And he openly admitted that to me. And by the end of October, he actually said to me, I'm not going to be calling anymore, John. I said, well, why? He said, there's no need. Now this,... so, why is there no need in October of 2020? Because they knew! They knew. And I think Rainer Fullmich put it perfectly, that "the vaccines were never about COVID. COVID was about the vaccines". So they put down so many COVID deaths, that by 2021, everyone was saying, „save me!“.

Dan: Okay, yes.

John: And then the moment they had these jabs, then people started dying straight away. Yeah, it was 300% increase from – they started vaccinating locally here on January the 6th – and the death rate went through the roof straight away, and they called it „the second wave“.

And it wasn't, it wasn't. It was just people that were being vaccinated were dying almost instantly.

Dan: And they're still calling it Long-COVID, whatever...

John: It's not! It's vaccine damage, is what it is! Yeah, that's the bottom line. And as they went down the age groups – because they started off here by kind of dangling the carrot and saying, only the most vulnerable need to be vaccinated, then only the over 70s, and only over 60s, then over 50s, then, well, if you're in your 40s, and then the over 30s, and they went down the list – and as they went down the list, that perfectly correlated with who was dying. That age group were the ones dropping down dead from COVID, and it wasn't COVID, it was a vaccine damage. And I was washing and dressing them all the way through 2020, when nobody else would. I was taking them out of the body bags, washing them, dressing them, I never wore a mask, ever.

Dan: Are you saying you saw an uptake in younger and younger deaths that perfectly matched the vaccine schedule by age?

John: ...As they went down! Yeah! 100%, yeah, yeah!

Dan: Right. Annie Bukacek is the first doctor that I found in the States who told us all about the extra funding that you would get; the bonuses for listing patients as COVID. Same thing happened here in England?

John: Yeah, yes of course. Yeah, massively. They were paid big money for everyone they put on ventilation. Well, inevitably that blows the lungs out. It doesn't help. It destroys the lungs. Remdesivir – the pharmaceutical companies, I know they were offering huge discounts on all the other pharmaceutical products the hospital took, if they took Remdesivir. I have had doctors and hospital staff reach out to me and tell me. You know, I've got 100 nurses' details on my phone, my mobile phone. Some of them cried down the phone because they knew what was happening. Most of them have left nursing because they know what they were doing. They knew what they were doing! And how many outcomes do you need to see in a patient that you give Remdesivir?

Now I would urge your listeners to google side effects of Remdesivir – a really good website to go to...there'll be loads of search results come up, one of them is Drugs.com. Wheeziness, tight chest, difficulty breathing, kidney function, liver function. And I was picking these people up, and I remember picking them up, and they would be in body bags. And the body bags would be swimming in body fluid Edema, half full! And, and I'd never seen that before. And I remember at the time thinking, what's causing that? You know, this COVID must be terrible. And what it was, was the Remdesivir. Because the Remdesivir destroys the kidneys, so your body can't then process fluid. So, you fill up, and you drown and that is your “respiratory illness”. And in the latter stages of your kidney failure, you drown. That's how you die from kidney failure, is you drown.

Dan: And the hospital just marks it off as COVID.

John: Yeah, of course it is, because they're getting thousands and thousands and thousands of pounds.

Dan: Sure.

John: Now, I took a phone call – I had the meeting with Sir Graham Brady – so I took a phone call from Mark Sexton inSeptember, it was beginning of September 2021 and he invited me to a meeting in a place called Birdcage Walk in Westminster, it was boardroom one. And present at the meeting were a number of very famous people. Some of them I knew, and some of them I'd heard of. Some of them I hadn't. Dr. Tess Lawrie, Professor Dolores Cahill, Dr. Sucharit Bhakdi, Dr. Sam White, Dr. Steven Frost. Yeah. Lawyer Anna de Buisseret was there. There was a Barrister, Francis Hoar. And another lawyer, a really good guy, called Philip Hyland. And a number of other people. There was about 18 in total. Some of them were on the screen at the end of the table.

And the guy that chaired the meeting was a guy called Sir Graham Brady. Now, at the time, I wasn't overly familiar with politics, probably the same as your average Joe. But he was the commissioner of something called the 1922 Committee. So, this is a group of very senior MPs that sit in the background on a black square, hidden in the shadows. And they hire and fire prime ministers. So, they select and fire prime ministers: Boris Johnson, Liz Truss, Rishi Sunak. They decide when it's time to go and who to take on. So, there is no one more senior than him. Because he was the commissioner of this committee. So, he's the chief of this committee. And he listened to what we said. And we all had five, 10 minutes. And I kind of said what I knew up to that point was: there were no COVID deaths. They were labeling people as COVID, and people started falling over and dying the moment they started vaccinating them.

And then I listened as it went around the table in disbelief at what these scientists and doctors and medical people predicted! They said the cancers were going to go through the roof. The heart conditions and blood clots – and they went into the mechanics to explain why. And they presented reams and reams of A4 wads of evidence to Sir Graham. And he openly admitted it was way, way above his pay grade and he couldn't stop it. And I went in there, thinking, at last someone's listening. And I came out knowing that is a deliberate agenda.

Dan: Now, speaking of the mechanics. As an undertaker, you are also an embalmer. So, when you did start seeing that there was something strange?... Explain the mechanics of the embalming process as it relates to what you have discovered.

John: OK. So, there are two types of death. There is a sudden death that's unexpected, and there is an expected death. And the difference between the two, for example, is if you get terminal cancer, and you know you're going to die, and you've been given a prognosis, and eventually you get sicker and sicker, and you're put on palliative care, that's an expected death.

Where someone is run over or just suddenly – has good health – but drops down dead, that's an unexpected death – and that means that the coroner gets involved. And they take your body to the coroner's office, which is usually in hospitals and they do what's called a post-mortem.

So, the way they do that is they cut you down the middle, take your sternum out, take all your organs out, inspect them, blocks and slides and tests and toxicology. And then when they're

done, they put them(the organs) in a plastic bag. The bag goes back in, and you're sewn up. And that's the way that works now.

Dan: And you are also bled dry?

John: Yes. You are during a postmortem, yeah, 100%, because you're just cut to pieces.

Dan: Are your blood vessels filled with something?

John: No, no. So, the way it works is – and how we stumbled upon it was – we embalm people. So during the embalming process, there are two types of embalming, and they correlate perfectly with a post-mortem case, or what we call a “straight case”. A straight case is an expected death where there's no post-mortem done, and the body is essentially intact. So that includes the circulatory system.

The way we embalm is we use that circulatory system to embalm. So, we make an incision below the collar line into the carotid artery, and we have an L-shaped nozzle on a pump, and we cut halfway through an artery. We pop that L-shaped nozzle in, tie it off, turn the pump on, and it pumps formaldehyde throughout the body to preserve the body. And the fluid is also pink in color, and it puts color back in people, and you look your best rather than your worst.

Obviously with a post-mortem case, you can't do this, because they've been chopped about. Yes. And that circulatory system, that pipe network, is all chopped about and violated. So, if I was to put it in there, it'd be leaking everywhere, because it's all been cut.

So, the way that works is you take the stitches out, open the cavity up where the coroner has done that. You take the bag of organs out, and then you are left with an empty cavity, and you can see inside that cavity very clearly, because it's empty. And you can manually target the severed arteries. So, for example, you've got a femoral artery that runs down, the main artery runs down each leg. And you can see it kind of there. It's like a cut straw.

Dan: Sure.

John: It's very clear. And you can target that and put fluid down it. And as the fluid goes down, you can see the toes going pink. So, you know you've got the fluid where it needs to go. Then you move to the next leg, rinse and repeat for each limb.

Dan: Sure.

John: Now as we've gone to do that – we had a young lad of 30 in. He was in really good condition, bless him. We've all been 30 once! He was in his prime. And we were asked, because he was young and had a big social circle: Can you embalm him? A lot of people want to come and see him. Not a problem. We opened him up. He'd had a post-mortem. And his arteries were totally blocked. So, my embalmer had grabbed his tweezers and gone to pull the obstruction out. And pulled, and pulled, and pulled a complete white fibrous calamari-type clot that ran the full length of his leg, from the top of his leg down to his ankle. And because, obviously, the vessels, as you go further down the ankle, they become smaller. So, to pull a big clot uphill is no problem, because it's a big, long kind of tapered wedge. You know, if you were pulling it the other way, you wouldn't be able to. But you can pull it uphill.

And that was when we first noticed it. And we got about half a pound out of this young lad. I can show you the photos and supply them to you if need be. And so I, obviously, it's quite troubling...Now, I've been an undertaker 18 years. I'd been an undertaker 14 or 15 years at the time. I'd worked for the coroner for seven years on body recovery. So, I have a vast experience of what the inside and the outside of people look like. Because I've picked them up out the road in bits, or when they've been shot or run over by a lorry. I know what is normal and what isn't. And I might not know the Latin phrase for every nerve and fiber, but, I can – I know my way around the body.

My embalmer is British Institute of Embalmers certified, he's BIE registered. And he's done 25 years now. He's never seen anything like it. So, I kind of knew what was happening by mid 2021. And I emailed my local coroner in the hope of getting a paper trail. And I said to him, listen, we've had this young guy in, we picked him up off you. I know he's had a postmortem and you've done that postmortem. We found a load of really unusual white fibrous clots inside him. I know you must have seen them. Because you've had him before us. We took samples. Would you like those samples? What is it? And he wouldn't reply to the email, which is really unusual. They always – I used to get an email reply within an hour, you know.

Dan: No interest.

John: No, no interest at all. So, four days later, I took a phone call from one of the girls in the office. And she said, oh, hi, John, you know, it's about your email you sent the other day. I spoke to the pathologist, and he tells me to tell you not to worry. It's perfectly normal and that this stuff grows inside people postmortem. So, after death, some people, their arteries fill with rubber.

Dan: I've seen that argument in comment sections: „Nonsense...”

John: Yeah, no, it really isn't. Now, there are certainly – you get different types of clots. I would have seen them before. Why would I raise concerns about it unless it was something I totally had never seen?

Dan: You've been doing this for 18 years!

John: It wasn't even like a subtle on the spectrum of anything I would expect to see. And I have various samples. I'll bring those to you to have a look at. My BIE-registered embalmer, he has said exactly the same thing. He said, well, I've never seen anything like this. This is horrific.

Dan: You can categorically say that in your early career – in your career you've...

John: Never! I've never seen anything remotely resembling this stuff!
If somebody would die in a care home, they would ring the doctor, and he would say, yes, tell the funeral director to collect. I would be on site within half an hour. I'd be embalming people within an hour of them dying.

They certainly wouldn't be full of these white clots within an hour of death if they grow post-mortem! Nothing grows in your body when you die. Nothing! Decomposition, mildew, maybe

some sort of mold spores might grow as you start to break down, and we return back to the earth from whence we came. That's a natural process. White rubber inside your arteries isn't! And I'd never seen it prior to the vaccine rollout! And then from about halfway through 2021, and I'm in a group of a growing number of undertakers and embalmers that are all talking about seeing it: Richard Hirschman and many, many others.

Dan: They've gone public.

John: Yeah. Yeah, they've gone public! I can give you an email list of names. It's a growing number as well.

Dan: Were you the first in England?

John: I was probably one of the first globally, yeah. Globally, yes. Why was that? I think because I saw it. I can see a real biblical crime going on here, and people are dying full of calamari-type clots that are not natural. I've never seen them. A growing number of people are also saying the same thing since I've spoken out. Now, is that mass hysteria, or is there really substance to that? What's more troubling is not the fact I'm finding it, but it's the reaction of the people that are actually paid to protect us. They're poo-pooing it and ignoring it, and it is there.

I can show you countless tubes of it and evidence, physical evidence, that they won't even talk about. It's also reflected in the number of excess deaths that are happening. The under 14 years, it's up about 30%. It's undeniable, and these people are still poo-pooing it.

Now, I've got two avenues to go down. Either say nothing and just carry on taking the money or speak out, because I actually would like a future for my kids and I can see what they're doing. And I've been with a growing number of people. I think more and more people are seeing it. What are we going to do about it? Because here, what could we possibly do except withdraw our consent and turn our backs on them? I think that's what it's going to be.

Dan: Now, for the people that you say poo-poo it, and as the evidence mounts up and gets bigger and bigger, are they deluding themselves? Or are some of them actually so evil that they do know what's going on?

John: There are different people with different things in different pies. Money was the main driver for this initially.

To give you an idea, doctors here were given 10 pounds per vaccine, up to a maximum of 100 vaccines a day before they were taxed. So 1, 000 pounds a day, tax-free, 5, 000 British pounds a week, tax-free. So they were chasing that. Their surgeries (practices) were put on bonuses. So once they reached 60% of their patients, they got a big bonus. Once they reached 70%, they got another bonus. The pharmaceutical companies are offering big discounts on drugs if they're taking things like Midazolam and Remdesivir. And of course, these people. They're following government guidelines. They're only doing what they're told to do. There's a pandemic on. And we've got a chance to earn a load of money. Why would they not do it? Now as they're then watching...

Dan: Well, for the fear of God, maybe?

John: Well, when they're ... Yeah, but I don't think they saw it earlier. I don't think many people – most people are inherently good. So I think to get people to believe that the people in society whom we trust the most are actually orchestrating a cull, it's very difficult to convince people of that.

Dan: A cull? Yes.

John: Yeah. But that is the case. And Agenda 2030 is very, very real. I've had doctors in here who have openly admitted to me – a number of doctors; not one, not two, but a dozen GPs (General Medical Practitioner) have come in here doing cremation paper work. And they've actually stood at that unit there, filling it in where he's sitting. And I've said to them – and there's various gateway kind of avenues you have in a conversation – I've kind of said, well, doctor, I said, are you seeing an increase in death rate in vaccine recipients? And they all have the same look. And that look is universal. They go like that, because they're horrified that you know. And then they look at the floor. Every one of them does exactly the same look, because they know! They know!

Dan: And then they go home and sleep well again?

John: Yeah, of course. And then they thank me, say it's nice to see me. They take a check. And they walk out the door like we've been talking about the weather. And the last one was a female GP who was in here. And she said to me: "Have you been busy?" And that was all I needed. I said: Well, what? Well, of course I am! I said: "We've got loads of vaccine recipients dying, haven't we?" She went, "Yes, yes, what a terrible world". That was her response, it's a terrible world. But it's a terrible world that you're making happen. You know, it's too late. These people have been vaccinated now. They're ticking time bombs, you know? So, some of them, it was said that early on, many of them received placebos. And the idea of that was to recruit you as advocates. So let me explain. If you went for a jab and you had a placebo, what adverse reaction would you have? None. So, you go home and you tell everyone how wonderful it is.

Dan: It's fine. Yeah. Look at me, I'm healthy.

John: .So you don't mind going to get the next one. And the next one and every time it's, you're playing Russian roulette, click! How many times can you do it before you get a kill shot, before you get the clot shot, or before you get the one that gives you cancer?

And I'm prepared to put my ass on the line to warn everyone about what they're doing. Because I don't want people to die. I'm happy to do little old men and little old ladies that have had a full life and have left a legacy. I don't want people in their 30s and 40s that are leaving two- and three-year-old kids behind! And I'm seeing that on a regular basis now. So, (back to) the cancer thing, we used to get – the point I made earlier was I build a relationship with the family because it's me and my wife all the way through, even on the day of the funeral. So, you get to know them and you say, you know, what happened to mum? And they say, oh, she had cancer. And I say, well, what happened? And they would tell you the cancer story. And it would be a two-year, five-year, 10-year story. Now it's 16 weeks, 12 weeks.

Dan: No kidding?!

John: Yeah. And I'm not talking about the usual 60, 70-year-olds – 30, 40, 50! People that don't die traditionally from cancer are dying in a fraction of the time.

John: The consequences of not speaking out at all are far more serious than the consequences of facing these Satanists, these demons, and fronting them down. Because when you do that, you empower yourself, and as soon as you confront these people who know that you know, they buckle. They wilt like a flower under the sun. Yeah, I've seen it first-hand. I've laid on a COVID ward and watched them killing people.

Dan: So, this so-called death protocol, with the wrong drugs and the Remdesivir and...

John: So the drug here – they come under various brand names. I think Vecluri is one, and Remdesivir is the British equivalent. ...

Dan: Right. Isn't there something called Midazolam?

John: Midazolam is a sedative drug. So that's used primarily in a care home environment. Now, when you think there are two tiers generally in care homes: we have the people that are chronically, physically disabled, so they can't look after themselves and they need full care and then you've got people that are physically very fit but are mentally disabled. Now, gone are the days where we tie those people to beds.

Dan: Sure, sure.

John: That's done chemically using drugs like Midazolam. It's also one of the cocktails of drugs that they use for capital punishment where they have lethal injection as one of the four or five drugs they use. And it's a sedative. So, there are certain amounts used in these care homes. And here in the UK, where we have an NHS, a national healthcare system. Much of this, it's public money buying it. So it has to be published online. There are accounts for that public money. And you can put an FOI in, a freedom of information, and it's accountable. They used between 300 and 1,000% more Midazolam during 2020 and 2021. Okay. And it was all used!

Dan: That's bombshell.

John: So, I've got loads and loads of these white fibrous clots that I've pulled out of the arteries of deceased people.

Dan: Would it be kosher for us to see?...

John: Yeah, of course – I can get those out... Here are the clots, Dan.

Dan: Here are the clots. Oh, my!

John: So each one of those viles represents a person.

Dan: No kidding.

John: Yeah. So they're red when they come out initially. But then when you wash them off,

they're white underneath. They're set in formalin, which is formaldehyde. If there's any remnants of blood on them, it's burnt in the formaldehyde, and it goes black. And you'll notice that they're all a universal size, more or less. And this is because they were all taken from carotid arteries specifically in the neck. So none of these were postmortem cases. These were all people that weren't postmortems. And we just did the embalming from the carotid artery. And as I said before, as you put the pump in, when you withdraw the pump, there's back pressure, and this is spat out of the arteries. So this isn't arteries. This is what was inside arteries.

Dan: And you never saw this sort of thing before the vaccine?

John: Never! Never! And I've got a BIA-registered embalmer who's done 25 years who also has never seen it. And countless other doctors and embalmers that I've spoken to. I get invited to meetings, virtual meetings every week now, with up to 100 professionals in. They're all seeing it now. They're all seeing it now. Unfortunately for many, it's going to be too late.

John: I'm kind of... I've been liaising with a group of people who are quite... should we say expert? And I can't go into too much detail. But they suggest that the gene therapies, which is what these vaccines are, have harnessed the body's ability to produce scar tissue. And this is scar tissue, fibre, that's been produced to repair damaged vessels. But they're putting it into overdrive. So it doesn't just repair a vessel. It keeps growing until it blocks the vessel. So it's harnessed the body's natural process and put it into turbo mode with an aim of killing people off. And what does that death appear to be if you get a blocked artery, what happens? You get a heart attack. You get a stroke. Those are normal deaths.

Dan: And look at the super abundance of heart attacks and strokes and blood clots.

John: Yeah, of course, of course! So you're not going to get those out with heparin and drugs like that. They're not going to work. It's a totally different formula, yeah, it's not going to work.

Dan: You need an operation.

John: I've seen them physically removed from living patients. I've been given videos of it happening. In fact, Richard Hirschman will tell you more about that when you speak to him. He's been liaising with a surgeon. He was actively pulling them out of live patients, vaccine recipients. So it's kind of like the worst kept secret in the health service now. Yes, they all know. They all know...

Dan: They all know.

John: Yeah, they do know. I would say 90% of them know. In fact, I think a good guide is, very recently they published the figures on COVID boosters. And the NHS workers who refused a booster was 71%.

Dan: Because they know.

John: Yeah, of course they know! It's about saving people. The truth will set us free because when people learn, they learn the truth, they'll turn their back on these people.

Dan: That's all it takes.

John: Yeah. And we can go back to grass-roots level community, where it says that he's the plumber, he's the chippy, he's the undertaker, he cuts hair. And we don't need these people. They need us. We are their power. What have they got without us? Nothing.

Dan: And we don't have to go through the digital banking system to pay the...

John: Well, that's why they want to enslave us. Wait until you've used up your carbon footprint, and it declines your card.

Dan: Yes. Or you've spoken out against something.

John: Yeah. Of course. Yes, the Social Credit System. In China, you know, they're locked out of their own apartments ! People need to wake up and see it before it happens! It will be no good trying to react once we're enslaved!

Dan: That's right. So get out there and spend cash, guys.

John: Yeah. Spend cash, a hundred percent. Yep. Yeah. It's good to meet you, Dan.

Dan: Great to meet you, John.
Thank you so much!

from Dan

Sources:

O'Looney's website:
<https://www.mkffs.co.uk/>

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