

Japanese Doctors Warn About the Side Effects of the COVID-19 Vaccines



This is a transcript of a press conference called by Japanese physicians. Throughout the decades when I lived in Japan, it's been my observation that most Japanese are honest people and are not easily deceived by the media. When they encounter difficulties, they'll do an honest investigation of the problem and won't be easily swayed by others.

Transcript

We are the General Incorporated Association of the Vaccine Injuries Study Group. We now have this press conference to report on the results of our study since its establishment. My name is Takeguchi, and I will be moderating the conference.

First of all, I would like to take this opportunity to express my condolences to those who have passed away due to health issues after receiving the COVID-19 vaccine. Furthermore, I extend my best wishes to those who have suffered health issues and those who are currently struggling with symptoms.

(Next speaker)

A systematic review of the literature has revealed some surprising facts. Thousands of papers have reported side effects after vaccination, which affect every organ without exception, ranging from ophthalmology (the diagnosis and treatment of eye disorders) to general medicine, to psychiatry. We have compiled this information into a paper that was published yesterday.

These documents have been preliminarily investigated by a group of volunteer physicians. They saw how many cases have been reported by Japanese academic societies. This kind of reporting on drug side effects or the like is unprecedented.

As my specialty is cancer, chemotherapy drugs are plagued with side effects, but the patterns are known and predetermined. The patterns of side effects caused by this (COVID-19) vaccine are not determined. They can occur throughout the body. Multiple diseases can occur simultaneously. Doctors have never seen such a thing. This is the candid opinion of the medical profession.

Japanese doctors are also trying hard, but they face various obstructions. There's this sentiment of 'Why report something like vaccine damage?' There are interferences in reporting. Such actions themselves hinder academic freedom, and in some academic departments, censorship is taking place such as in conference presentations and publications of academic papers. This is happening globally. Some journals are effectively practicing censorship.

We are working on a paper that is expected to be published soon. Once published, we will be able to report in detail. For example, the age-adjusted mortality rate for leukemia has increased, and there are significant findings of breast cancer, ovarian cancer, and so on. We will share the relevant information with everyone as we advise and request the government on how to proceed.

Next, Prof. Yasufumi Murakami, the director in charge of the testing method development working group, will explain the progress of the test development and future outlook.

Prof. Yasufumi Murakami: Thank you, everyone. One thing I want to say initially is that it is clear how the adverse effects occur, which is still having many victims today. **I believe the vaccine should be stopped immediately.**

The mechanism by which adverse effects occur is well understood; **the spike [protein] is toxic.** It's very clear what happens when you administer a toxic gene to a human. Another point is that the Lipid nanoparticles, they are also toxic.

The major problem is that we are injecting two toxic substances into people, one of which is that human cells are producing spike proteins. Since the immune system will attack this, it causes very violent reactions. Some cases occur within one or two weeks after injection, but there are also many cases that appear after one or two years.

Additionally, there is indeed such a thing as good and bad antibodies in humans, and an antibody called IgG4 actually suppresses immunity. Usually with vaccines, if an IgG4 antibody is induced, it is considered a failure. However, with the current messenger-type vaccines, a significant amount of IgG4 is being induced. When this happens, it plays tricks on various immune functions. Therefore, we want to thoroughly investigate what ratio of Japanese people are experiencing this. We aim to carefully examine what level of IgG4 reacts with the spike protein that is present in each individual.

Of course, the problem is, we already understand these factors. Vaccines that have failed are still being administered, and the Ministry of Health, Labour and Welfare recognizes these failed vaccines. So I would like to stop them immediately, but even though I speak out against the vaccine in various places, they don't stop administering them at all. So we will clearly present evidence and publish it in articles one by one.

New speaker: So, we are working with Dr. Fukushima to create this database, and so far, about 201 types of diseases and 3,071 papers on side effects have

been reported. **It is unprecedented in human history for a single vaccine to have this much literature out on it.** With this, we plan to present it to the nation and the Japanese government in the form of solid science that no one can dispute.

In the next slide you will find diseases of the heart, kidney, thyroid, diabetes, liver, skin, eyes, blood, nerves, systemic diseases, brain, and lungs, diseases across all medical fields have been reported as Prof. Fukushima states. The characteristic of the side effects of this vaccine is that they occur simultaneously within entire families.

As for the data, when diseases such as those of the heart, kidney, endocrine, and liver occur simultaneously with the range in which they occur, a tremendous number of papers are reported with many pages.

New speaker: Mental disorders, psychiatric symptoms, depression, mania, and anxiety, came up in abundance. It's endless. It's about understanding why this is happening. That's why, actually, with broader keywords, for example, not just COVID-19 vaccines but also SARS-CoV-2, messenger RNA vaccines, and the like, when you separate it out into various keywords, more and more results come up. So this is just a part of it. Even with what Dr. Inoue introduced earlier, it's just a part of what has been done with the PubMed database. There are things that won't be caught by PubMed. So like "Creutzfeldt-Jakob disease (CJD)", it's not caught, next slide.

However, there are such peer-reviewed papers out there from Dr. Montagnier who discovered HIV and received the Nobel Prize. It's a persuasive paper. But it disappeared. He was cautious from the beginning.

About the spike protein sequence, within the genes, you know, he was warning that if there's a prion-like (pathogenic type of misfolded protein) sequence, it could be very dangerous. Many scientists were warning about it. I too said it could be hazardous because of the possibility of prions. I discussed it with prion experts.

So, if you inject the vaccine into the muscle, it will be taken up by the surrounding cells. People who know nothing about medicine and biology don't think about such specific things, which is why they say it's an mRNA vaccine. However, if you know biology and medicine, such specific things don't happen. That is what we call off-target. Out of control beyond the target. It doesn't know where to go. If it goes into the bloodstream, it goes to the brain, liver, and kidneys. What if it went everywhere? That's something people don't think about. This off-target problem hasn't been solved.

And even if that is solved, there are still many problems. Because these nanoparticles, which were inflammatory earlier, are environmental issues, especially plastic nanoparticles, which are the world's number one problem. They enter the brain. However, those who don't know anything say, "It's plastic, so it won't be digested, so it's okay to eat." They pretend to know, but it doesn't get digested. The person has no idea how toxic organic substances are attached to the surface of those plastic nanoparticles. So, with fragments of such knowledge, they exaggerate things and think they can

go with this. They say, "I know! This is good!" So, honestly, they need to go back and redo from middle school biology to high school and university entrance exams.

As I mentioned earlier, medicine is still immature. Basically, we don't understand much about the principles of life. Now, this kind of thing has happened, so, turning adversity into fortune, we should learn again here what happens instead of saying, "Go for it, go for it" with the vaccines. Well, it's like, ignorance is bliss. That's what this world is about. **Taking vaccines has become a kind of faith. Vaccines centers, they're like a weird cult. They're now basically fallen into an infinite hell.**

Simply thinking that things can be understood with fragments of knowledge is a mistake.

(End of transcript.)

If you are Japanese or understand the Japanese language, [click here to listen to the press conference.](#)

[The Return of Covid](#)



We should not let the Devil's people walk all over us. There is a time to love the ignorant, and there's a time to resist evil and protest against those who are not ignorant but are following an agenda to take us over.

[The Jesuits and the Covid Pandemic](#)



Jesuits have infiltrated government agencies such as the CDC, educational institutions, and Protestant churches and seminaries to mislead the public. It was the Pope, the Vatican and the Jesuits who promoted Covid vaccinations which have undetermined the health of the public.

[The Global Elite Using Mass Formation Psychosis to Mislead the Public About Covid-19 and Vaccinations](#)



This is an excerpt of Joe Rogan interviewing Dr. Robert Malone, an American virologist and immunologist. He is the inventor of mRNA technology used in Pfizer and Moderna vaccines. He has since taken a stance that the vaccines will actually make COVID-19 infections worse and is warning people against them! Expect to find a lot of negative stuff about this man if you search for him on Google. The main tool the enemy uses to discredit the message is to discredit the messenger.

In this talk, Dr. Malone identifies a tool used by governments throughout history called Mass Formation Psychosis. Hitler used it to vilify the Jews for Germany's problems. Lenin and Stalin used it to murder Christians and everyone who opposed them in their regimes. Mao used it during the Cultural Revolution to stir up university students to work for him and purge out anyone who opposed the revolution. Is the world in the midst of mass formation psychosis right now over how to treat a disease that the vast majority of the people who get it survive from? My wife Tess got Covid while

she was in the Philippines and got well. She now has natural immunity far better than any vaccine can give her!

Dr. Robert Malone: How does this happen? How do we have this emergent phenomenon? The “how question,” right? And you know, behind the “how question” is the “why question” the how question of a third of the population basically being hypnotized and totally wrapped up in whatever Tony Fauci and the mainstream media feeds them, whatever CNN tells them is true.

Let me illustrate that. The other day, I was looking through New York Times' recent articles about Omicron and pediatrics in preparation for this and for making some slideshows. And I saw this headline in the New York Times. The text and the title was “How You Should Think About Children and Omicron.” He was blatantly saying “this is how you should think. We're going to tell you how to think.” okay, people kind of got to get that in their head. That's the world we're in right now. Now, what [Mattias Desmet has shared with us](#), brilliant insight, is another one of those, “Aha, now that part makes sense.” Which is that this comes from basically European intellectual inquiry into what the heck happened **in Germany, in the 20s, and 30s, you know, very intelligent, highly educated population, and they went barking mad.** And how did that happen? **The answer is mass formation psychosis**, when you have a society that has become decoupled from each other, and has free floating anxiety, and a sense that things don't make sense. We can't understand it. And then their attention gets focused by a leader or series of events, on one small point, just like hypnosis, **they literally become hypnotized and can be lead anywhere.** And one of the aspects of that phenomena is the people that they identify as their leaders, the ones typically that come in and say, “You have this pain, and I can solve it for you, I and I alone can fix this problem for you.” Then they will follow that person through him. It doesn't matter whether they lie to him, or whatever, the data are irrelevant. And furthermore, anybody who questions that narrative is to be immediately attacked, they are the other. This is central to mass formation psychosis. And this is what has happened. We have all those conditions.

If you remember back before 2019, everybody was complaining, the world doesn't make sense, blah, blah, blah. And we're all isolated from each other. We're all on our little tools. We're not connected socially anymore, except through social media. And then this thing happened and everybody focused on it. That is how mass formation psychosis happens. And that is what's happened here.

Now there are ways to get out of it. Mattias' recommendation is you got to get people to realize that what **we've got is a situation of global totalitarianism.** In his experience in Europe, making people realize is a bigger threat than the virus can cause a separation psychologically, in this fusion, this hypnosis that is happened. The problem is, then you're just substituting a bigger boogeyman for the current one. And somebody else can come in and manipulate that the real problem, and it gets back to your core point. We're sick as a society, and we have to heal ourselves. And one of the things we have to do is come together, we have to recreate our social bonds. We have to buy into integrity, the importance of human dignity, and the

importance of community. That's how we get out of this. And I think that this insight of Mattias Desmet, is really central to kind of making sense of all of this crazy.

We got a world in which the press is incentivized to push a storyline because they're all controlled by the same large funds that Pfizer is, and so as tech. I don't know how we're gonna get out of it. But it's got to start with us. All of us finding common ground.

[Covid-19 Vaccinations – “A Malicious Act of Bioterrorism” – Dr. Zev Zelenko](#)



Transcription of video below

Dr. Valdimir (Zev) Zelenko: I would take the words of Bill Gates seriously. Not because he's a prophet, but because he's a criminal. Because he's a bio-terrorist. Because he's a eugenicist. Because he's a sociopath. And he has a proven track record of being right. Well, that's not surprising if you're actually orchestrating it. So it's not a coincidence that an eradicated virus that only exists in the most secure neurology labs appears in an insecure Merc laboratory in Philadelphia. Four or five days after the sociopath Gates tells us we should expect a smallpox outbreak.

Sean, the SGT Report Host: Oh, my goodness, friends, that was Dr. Zev Zelenko. And this interview could literally save lives. Now, you may know people who have taken the vaccine, and it's too late to help them. But maybe those people have children. And maybe, just maybe if you get this information to those people, you might at least save the lives of their kids.

(Keto advertisement skipped.)

It's Sean from SgtReport.com and SgtReport.tv. I'm also very pleased to have back on the show the one the only Dr. Zev Zelenko. He is the inventor of the *Z Stack*. And guess what? They now have *Z Stack* gummies for kids. What does

that mean? Well, it means you don't have to get sick when the "flu season" returns or COVID season. Well, we know what it really is. Dr. Zev Zelenko joins me now. How are you sir?

Dr. Zev Zenlenko: I'm doing great. Thank you. Thanks for having me.

Sean: Glad to have you back. I'll leave the link to Z Stack below if people want to check that out. It is quercetin which is the delivery system for zinc, vitamin C, and vitamin D the stuff you need to stay healthy. Dr. Z, I am now fully convinced that what we are up against as it pertains to this experiment rolled out by Pfizer, Moderna, FDA, CDC, NIH, this experiment people are taking part in willingly is really an IQ test. So if I may, we'll kick this off with a soundbite from a woman who, look, my heart goes out to this person. I don't know who she is. I'm not making fun of her. But this really is an IQ test and people ought to know what they're participating in before they willingly participate in and run out and get the jab.

Sickly looking woman: So I got my third dose of the Pfizer booster vaccine on Sunday. And on Monday, by about 10:30 in the morning, I was having body aches and pains and chills and stuff. Pretty bad. I went home. Then that night, I could not stay awake. I was having fevers, still chills, still the body aches. Yesterday, body aches and pains. But by the afternoon I thought I was doing pretty good. Woke up this morning. I have sores all inside my mouth. The fever is back. I still have the body aches, massive migraine. As much as I love my shots. Side effects.

Sean: I'm coming back to you Dr. Zelenko. Boy, I don't think she has any idea that she's probably experiencing blood clotting. Her immune system is crashing. A lot of these people have no idea what they're participating in Dr. Z. Is it an IQ test? What do you make of what she just said?

Dr. Zev Zenlenko: I think it's more accurately an EQ test, an emotional intelligence test. And what I mean by that is the problem of the psychological warfare that has been waged on humanity, which is basically the use of prolonged fear together with isolation from other human beings and the people you love. What that does, is psychologically decompensates a person. They live in such an emotional horror, that they're they become prime targets to be manipulated by any false promise. So if I'm creating anxiety, and then I come to you and I said, dangle a vaccine in front of you and say, Well, this is going to help you. Most people take that vaccine, not for intellectual reasons at all. Their minds have completely shut down. They're acting purely on emotion. And they're gravitating towards taking that vaccine because it reduces their anxiety in the short term. So and that's why if you challenge them, they get belligerent even the most – I've had debates with incredibly intelligent people, but I see their minds are have shut down, and they become belligerent because my words are bringing them back into a state of anxiety that they definitely don't want to be in. So it's the shutdown of the intellect and the irrational behavior that's being fueled by their emotions. And that's really what's going on here. I think it's not really IQ raw, intellectual talent because I know plenty of people with a higher IQ who are fallen victim to this psychological warfare.

Sean: I think that's very fair. That's a very good point. And let me ask you this. Do we make a mistake by calling this thing, a vaccine? I just listened to a powerful interview, a roundtable between Dr. David E. Martin, Robert F. Kennedy, Jr. I believe Judy Mikovits was part of that and one other person. And David E. Martin said we have to stop calling this a vaccine, or we've already lost the battle. It is not a vaccine. It is an mRNA weapons delivery system. Is he right?

Dr. Zev Zenlenko: Yeah, I mean, listen, language is very important. You could call it a vaccine if you call it a vaccine that kills people. You see, the problem is we grew up thinking the word vaccine is associated with health, with goodness with preservation of life. So most of humanity associates the word vaccine with something good. And that's the marketing ploy here. There's also a legal ploy where something's called a vaccine, pharmaceutical company that's making it cannot be sued, or it's difficult to sue them and they're indemnified. So **there's a legal benefit to being called a vaccine.** But for my purposes, if you want to say there are vaccines that save life, and there are vaccines that are weapons of eugenics and kill people, that's fine. I personally call it a *Poison Deathtrap*.

Sean: As do I, and here's what I want to do for that poor woman. Look, she's already taken the booster. So she's three shots in, there's nothing we can do to help her. But for those who are listening, and I do have a friend I reached out to several months ago, probably close to six, eight months ago at this point, warning this person to at least watch an educational video I sent her it was 14 minutes long saying please watch this before you take the VAX. They're very dangerous. I know she didn't watch the video and her reply to me via email was we're going to have to agree to disagree on this issue. Okay, So I want people like her and those who might be considering jabbing their own kids to understand what we know. Got a lot of sound bites I want to play here and Dr. Zelenko is an expert so he'll weigh in on the sound bites but here's what we know. And Dr. Z you tell me if I'm forgetting anything.

Number one, this Vax is experimental. It is mRNA technology the first-ever of its kind used on human beings. Pfizer, Moderna, J&J have indemnity from lawsuits. If you participate in this experiment and get injured or die, you cannot sue them, there will be no financial recovery for you. And finally, here, **the FDA wants until 2076 to fully release the Pfizer Vax data.** I don't know if you saw that line item. I can put it up on the screen here. What am I missing? That's what we know. And I have additional sound bites I want to play to demonstrate for people what this Vax is doing to the blood of those who take it Have I missed anything so far?

Dr. Zev Zenlenko: Yes, I don't know if the word "experimental" conveys the malignancy here the malfeasance of what actually is going on. So in October of 2020, the FDA made an internal presentation to its own scientists. And that presentation was not meant to be leaked, but it was, and we have it. And on slide 16, which I'll provide for you so you can include this in the video, on slide 16 of this presentation, the FDA lists all the side effects of these vaccines. Now, this is two months prior to the rollout. Yes, that's two months before this vaccine, these vaccines were released onto the public, the FDA presented this slide to its own scientists. Now, if you jump ahead to

today, if you look through and go to the VAERS database, and just look what are the categories or side effects that actual human beings have experienced, that have taken the time to file a report, or the doctor has taken the time to file a report, **there's a 100% correlation between what actual human beings have experienced clinically, and what the FDA told his own scientists two months prior to the release of this bio-weapon.** So whenever you have 100% correlation, what that means is a term for that. **It's called premeditated, first degree, capital murder, crimes against humanity, and genocide!** This is *not* an experiment. This is **a malicious act of bioterrorism** and the complicity of our own government and agencies that are have been charged and put into power by us to protect us **who have whored themselves out to special interests** and stakeholders. They serve everyone except the American people.

Sean: Thank you for that you're 100% right. I soft-pedal it when I call this an experiment. It's so much more than an experiment. It is a plot to depopulate! And I think that segues nicely into this next soundbite. I want to play this. This is Karen Kingston on the Stew Peters show. Now Karen Kingston is a biotech analyst and an auditor of drug trials data. Very, very bright woman, she knows what she's doing. She knows how to analyze all the paperwork, mountains and mountains of documents that come out of these trials. And here's what she has to say about Pfizer and this particular product, that they're masquerading as a vaccine, listen to this.

Karen Kingston: The CEO is not oblivious as to what's going on with the phase three trials. They're very much aware of it. And this evidence shows that they conspired to commit aggravated assault and murder of children with a bioweapon. And maybe your audience or naysayers are saying you have no evidence this is a bioweapon. Yes, I do. Take a look at the biological license application that was submitted actually submitted in May of this year. And what it says under the product description verbatim is the mRNA Kornati (?) is a single-stranded mRNA encoding the full-length SARS code two spike glycoprotein derived from the Wuhan-HU1-1Islip that was uploaded to Gendai by China. It is the bioweapon! That's what it is. And it's literally called the Wuhan-HU1-Spike protein. We know that's a bioweapon. If you still don't believe me take a look at the patent that was issued on January 10 of 2017. And it was issued to actually MIT and Harvard. But this all rolls up into the master cotton. (?) And who funded this? It says under state government support the invention was made with a government support order by the NIH. But if you go to section nine, what does it say, Stew? It says that this nanotechnology vaccine will deliver a molecule. In some embodiments, the small molecule is a toxin. In some embodiments, the toxin is from a chemical weapon or an agent of biowarfare. **The NIH patented a vaccine to deliver a bioweapon.**

Sean: Alright, sir, I'm coming back to you. I don't know if your blood is boiling like mine is but my understanding is within the last week, the NIH Director has called for the arrest of those spreading what he calls disinformation about this product.

Dr. Zelenko: The NIH, CDC and FDA are **the enemies of the people.** They should be held accountable. I'm a person who believes in the rule of law. Once they're convicted for crimes against humanity, whoever the leadership is,

which is a whole list of people that should be targeted, they should be brought to trial by military tribunal, and if they're convicted of crimes against humanity, genocide, and mass murder, they should be executed. And that should be sent a message to future despots that we have a rule of law here, you will be held accountable. And we society, humanity will not tolerate the terror, the terrorizing of innocents, and a war against God-consciousness and an attempt to enslave masses of people. We will come after you.

Transcribed up to 15 minutes 21 seconds. I hope this inspires you to hear the entire discussion.

[Covid Vaccine Causes Myocarditis](#)



This article is from a paper by Drs. Peter McCullough, M.D., an American cardiologist, and Jessica Rose, Ph.D., a specialist in Orthopedics and Sports Medicine at Stanford Children's Health Specialty Services. It was published by Elsevier which is a Netherlands-based publishing company specializing in scientific, technical, and medical content. After the preliminary draft of their report was peer-reviewed and approved for publication, it was posted by the publisher on its website. **Shortly thereafter, the publisher, Elsevier, without giving a reason, suddenly withdrew the publication.** (Partial text from Dr. John G. Hartnett's web article on <https://biblescienceforum.com/2021/11/08/follow-the-silence-paper-proving-covid-19-vaccines-cause-myocarditis-is-removed-from-publication-without-explanation/>)

[pdf-embedder
url="https://www.jamesjpn.net/wp-content/uploads/2021/11/COVID-Vaccine-Causes-Myocarditis.pdf"]

Click the down pointing arrow to read the next page. Or you can [download the PDF file](#) and print it out.

COVID-19 'Vaccine': A Bioweapon



Dr. Jane Ruby is a prominent health economist and new right political pundit. She currently works as a president at Ruby Health Consulting since 2018. It actually provides innovative solutions for Health Economics and outcomes research (HEOR). She calls Covid vaccines a bioweapon. I sure wouldn't bet my life that she's wrong.

For further references please see:

<https://principia-scientific.com/covid-19-vaccine-a-slow-motion-genocidal-bio-weapon/>

Americans Must Stand Up And Say "I Will Not Comply" With Covid Mandates Right Now Or Face A Life Under Totalitarianism – By Dr. Chuck Baldwin



This is a repost from:

<https://chuckbaldwinlive.com/Articles/tabid/109/ID/4192/Americans-Must-Stand-Up-And-Say-I-Will-Not-Comply-With-Covid-Mandates-Right-Now-Or-Face-A-Life-Under-Totalitarianism.aspx>

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[\(To subscribe to Chuck Baldwin's columns, click here.\)](#)

The world (led by the United States) has been under Covid tyranny for over 18 months now. At the very beginning of this masquerade, we were all taken off guard. No one then could have dreamed what the satanic eugenicists Bill Gates, Anthony Fauci, et al. had planned for us.

For a few weeks, everyone gave the medical establishment the benefit of the doubt and believed they were truly looking out for our health—although some of us NEVER put on those stupid masks. (To this day, I have not worn one of those beastly masks—not once.)

But now the jig is up! We know exactly what Gates and Fauci are doing; and it has absolutely NOTHING to do with keeping us healthy.

The Covid narrative is a planned exercise in global tyranny. Not by coincidence, the countries that are denied the right to keep and bear arms are suffering through the worst of this tyranny. The Aussies and New Zealanders must now realize how foolish they were to allow their governments to disarm them.

As we were forced to traverse these tumultuous tyrannical waters, we became aware that Fauci and the CDC were lying to us all along. From the very beginning, they manipulated, exaggerated and lied about Covid deaths. And now they are lying and covering up the deaths from the Covid gene therapy shots (they are NOT vaccines).

[In this report](#), Joseph Mercola makes a compelling case that the Covid jabs have already killed over 200,000 people in the United States:

Yesterday, October 8, 2021, I published a Highwire exclusive interview with Deborah Conrad, a physician's assistant who is blowing the whistle on COVID job injuries, and the fact that these injuries are rarely reported because of a faulty VAERS database design.

Today you're in for yet another bombshell video: "Vaccine Secrets: COVID Crisis." It's the first episode of "The False Narrative Takedown Series," produced by Steve Kirsch, executive director of the COVID-19 Early Treatment Fund.

"Vaccine Secrets" complements and supports everything Conrad shared in her interview, so I highly recommend saving these files on your computer and watching both of them. Both are available on Bitchute.

How Many Have Died From the COVID Jobs?

According to Kirsch, the COVID shots have already killed an estimated 200,000 Americans, a far higher number than the 15,386 deaths reported to the U.S. Vaccine Adverse Event Reporting System (VAERS) as of September 17, 2021. You can find all the research for Episode 1 of the "False Narrative Takedown" series on SKirsch.io/vaccine-resources.2

According to Kirsch, the vaccination program should be immediately halted, as the VAERS data suggest more than 200,000 Americans have already died, and more than 2 million have been seriously injured by the vaccines. Interestingly enough, Kirsch and his entire family took the COVID shot early on, so he's not coming from an "anti-vax" position.

According to Kirsch, the CDC, the U.S. Food and Drug Administration and the National Institutes of Health are all "spreading misinformation about the vaccine versus early treatment." In a nutshell, these agencies are saying the complete opposite of what is true – classic Orwellian doublespeak.

They claim the COVID shots are safe and effective, when the data show they're neither, and they say there is no safe and effective early treatment, which is clearly false. At the same time, our medical freedoms are being stripped away under the guise of public health – all while an immense death toll is allowed to take place right before our eyes.

Kirsch is so confident in his analyses, he's offered a \$1 million academic grant to anyone who can show his analysis is flawed by a factor of four or more. So far, no one has stepped up to claim the prize. He's even offered \$1 million to any official willing to simply have a public debate with him about the data, and none has accepted the challenge.

False Narratives Overview

In this episode, Kirsch goes through five false narratives about COVID job safety, namely that:

*The shots are safe and effective

- *No one has died from the COVID shot
- *You cannot use VAERS to determine causality
- *The SARS-CoV-2 spike protein is harmless
- *Only a few adverse events are associated with the shots and they're all "mild"

He also reviews the five false narratives about what the solutions are:

- *Vaccines are the only way to end the pandemic
- *Vaccine mandates are therefore needed
- *Masks work
- *Early treatments do not work
- *Ivermectin is dangerous

COVID Shot Kills Five Times More People Than It Saves

Kirsch cites information from Dr. Peter Schirmacher, chief pathologist at the University of Heidelberg, who is recognized as one of the top 100 pathologists in the world.

More Than 200,000 Have Likely Been Killed by the Jabs

Between the documentation on his website and the video, you get a detailed in-depth understanding of how to do this and how Kirsch came to the conclusions made. Here, I will simply provide a summary rundown of Kirsch calculations and conclusions:

- *Propensity to report = same as in previous years
- *Number of domestic deaths in the VAERS database = 6,167 as of August 27, 2021
- *Under-reporting factor for serious events = 41 (i.e., for every 41 events, only one is reported)
- *Background VAERS death rate = 500 per year (this background death number will be subtracted twice, as most COVID jab recipients are receiving two doses. This gives us a very conservative estimate)
- *Excess deaths calculation = $(6,167 - 2 \times 500) \times 41 = 212,000$ excess deaths

Using the same calculation methods, Kirsch conservatively estimates more than 300,000 Americans have also been permanently disabled by the COVID shots. These estimates have been validated by four teams of researchers using other methods. (None of them used VAERS data.)

If you're under the age of 50, your risk of dying from the vaccine is greater than your chance of dying from COVID-19.

Kirsch also demonstrates another calculation to show the COVID shots kill more people than the actual COVID-19 infection does. That calculation also shows that if you're under the age of 50, your risk of dying from the vaccine is greater than your chance of dying from COVID-19, so it makes no sense from a risk-benefit perspective to get the jab if you're younger than 50.

What's more, since your risk of natural infection exponentially decreases over time (as natural herd immunity grows, your chance of infection approximately halves each year), the risks of the COVID shot rapidly outgrow any potential benefit with each passing year.

[This British report](#) shows statistical support for the charge that the Covid jab is destroying people's natural immunity and giving them AIDS (another government-created medical crisis).

Latest UK PHE Vaccine Surveillance Report figures on Covid cases show that doubly vaccinated 40-70 year olds have lost 40% of their immune system capability compared to unvaccinated people. Their immune systems are deteriorating at around 5% per week (between 2.7% and 8.7%). If this continues then 30-50 year olds will have 100% immune system degradation, zero viral defence by Christmas and all doubly vaccinated people over 30 will have lost their immune systems by March next year.

These people will then effectively have full blown acquired immunodeficiency syndrome.

But, finally, people are beginning to fight back.

[This report](#) notes how State senators in Oregon are seeking a grand jury investigation into Covid-19 statistical manipulation.

The CDC adopted a "double-standard exclusively for COVID-19 data collection" that inflated cases and deaths starting early in the pandemic, violating multiple federal laws and distorting mitigation policies, Oregon lawmakers told the feds' top lawyer in the state.

Advised by "a large team of world-renowned doctors, epidemiologists, virologists, and attorneys," state Senators Kim Thatcher and Dennis Linthicum petitioned U.S. Attorney Scott Asphaug to approve a grand jury investigation into how the pandemic is being measured.

[Professionals in the airline industry have had enough and are refusing to comply:](#)

Joshua Yoder, a pilot with Southwest Airlines and co-founder of U.S. Freedom Flyers, told Fox News on Monday's Tucker Carlson Tonight that "we have all the control, and the control comes from a simple word, and that is 'no.' We just don't need to comply."

The day after Biden issued his imperial command, almost two dozen state governors responded with a statement opposed to his overreach, including Arizona, Alabama, Alaska, Arkansas, Florida, Georgia, Idaho, Iowa, Missouri, Mississippi, Montana, Nebraska, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, and Wyoming.

And yesterday, a federal judge in Texas issued a temporary restraining

order against United Airlines (UA), blocking it from imposing its vaccine mandate on any of its employees. UA originally told its 67,000 U.S. employees that they must be vaccinated by September 27 or lose their jobs.

This court order is the first of its kind, likely not the last. As more and more individuals like Yoder understand the power of the word “no” to federal overreach, the greater the pushback will be against the Biden administration’s use of COVID to impose its draconian and tyrannical mandates on American citizens.

So many law enforcement personnel are refusing to comply with the vaccine mandates that in Seattle the city is losing as many as 40% of its police force.

In what the president of Seattle’s Police Guild calls an “unprecedented move,” the department moved to “Stage 3” operations Wednesday.

That means detectives and other non-patrol units will serve as first responders to 9-1-1 calls.

The department has already lost more than 300 officers in the past year, and hundreds more could face termination next week if they don’t comply with the vaccine order.

The SPD staffing crisis has become so dire, police union president Mike Solan is warning about what’s next, as the department mobilizes to “Stage 3”—an emergency scenario because of a shortage of officers.

Meanwhile businesses and neighbors are left to deal with rising crime and longer response times.

Anyone who has but a modicum of knowledge of the fundamental principles of Liberty knows by now that the Covid narrative is NOT ABOUT health but ALL ABOUT total government control over our lives.

Perhaps the governor of Maine personifies the satanic spirit of slavery as well as anyone.

Central Maine Medical Center, a key hospital for regional healthcare, issued a dire warning about the need to shut down critical care services last week if they are forced to fire or lay-off all the unvaccinated workers. The hospital appealed to the Governor’s office, Democrat Janet Mills for a testing option to avoid losing some of the most important care providers in their system.

Today, the hospital quantified their issue and announced they were going to suspend pediatric admissions as well as heart attack and trauma admissions, because they just will not be able to operate.

Unfortunately, the Democrat Governor has announced she doesn’t care if

the hospital has to shut down. Mills' stated her unilateral jab mandate will remain in place and the vaxxed and unvaxxed citizens of Maine will die until they comply with the vaccine rules.

Because it's all about the public health right?

Joe Biden and Lloyd Austin are so desperate to force compliance within the U.S. military that they are [threatening to make Navy SEALs pay back the cost of their training if they don't get vaxxed.](#)

An estimated 33% – 40% of U.S. military personnel are holding their ground and refusing the jab.

People, please understand that the primary tool of tyrants is intimidation. In other words, they are BULLIES. All it takes to shake off a bully is to stand up to him and just say NO!

And that's what people all over America are starting to do.

I'm talking about men like [Dr. Chris Rake.](#)

A shocking video of respected [UCLA] anesthesiologist Chris Rake being kicked out of his job has gone viral. He explains to RT.com why he opposes mandatory Covid-19 vaccinations and is prepared to never practice medicine again.

"This is totalitarianism. I've come out and said, 'No, you're not going to do that, not on my watch'... I'm willing to give my life to this cause."

Rake is not alone. Almost 8,000 physicians and medical scientists have signed a [declaration accusing Covid policymakers of "crimes against humanity."](#)

An international group of physicians and scientists signed a declaration Friday accusing COVID-19 policy-makers of "crimes against humanity" for preventing the use of life saving treatments on their patients.

As of Monday morning, the Physicians Declaration had garnered more than 4,600 signatures. The signers accused policymakers of forcing a "one-size-fits-all" treatment strategy, resulting in "needless illness and death," rather than "upholding fundamental concepts of the individualized."

According to Global COVID Summit, the declaration was created by physicians and scientists during the Rome COVID Summit. The signatories are professionals, many of whom are on the front lines of treating COVID patients.

The Declaration states:

"The Physicians' Declaration was first read at the Rome COVID

Summit, catalyzing an explosion of active support from medical scientists and physicians around the globe. These professionals were not expecting career threats, character assassination, papers and research censored, social accounts blocked, search results manipulated, clinical trials and patient observations banned, and their professional history and accomplishments altered or omitted in academic and mainstream media.

“Thousands have died from COVID as a result of being denied life-saving early treatment. The Declaration is a battle cry from physicians who are daily fighting for the right to treat their patients, and the right of patients to receive those treatments – without fear of interference, retribution or censorship by government, pharmacies, pharmaceutical corporations, and big tech.”

The signatories created a “doctors- and scientists-only” COVID information platform so citizens can make informed decisions for their families “without interruption, manipulation, politicization or profiteering from external forces outside of the doctor-patient relationship.”

Ladies and gentlemen, the next six months will determine the fate of the free world.

If freedom lovers in America will stand up en masse RIGHT NOW and refuse to comply with the antichrist Covid mandates, and I mean **regardless of the cost**, Liberty will be preserved.

But if we couch down in fear or complacency and continue to go along with this beastly system, by this time next year, a free America will NOT exist.

It is up to us! Right now!

It may not be easy, but it is very simple: For the sake of our freedom and the freedom of our children, DO NOT COMPLY!

I repeat: **DO NOT COMPLY!**

(End of message. Please see the entire article on:
<https://chuckbaldwinlive.com/Articles/tabid/109/ID/4192/Americans-Must-Stand-Up-And-Say-I-Will-Not-Comply-With-Covid-Mandates-Right-Now-Or-Face-A-Life-Under-Totalitarianism.aspx>)

[Dr. Anne McCloskey Exposes the 'Great Reset' Agenda Behind COVID Hoax](#)



This is a powerful talk from Anne McCloskey, a medical doctor in Northern Ireland. I think her word is much more valuable and trustworthy than what some salaried “fact-checker” or politician has to say, don’t you? I hope you will read at least the text if you don’t have time to listen to the video.

The transcript is below the video.

Transcription

Across this island and across the world, there are millions of people who are awakened into the understanding that this current health crisis, this so-called pandemic, is a Trojan horse which has been used to introduce a new era for humanity. The “Great Reset”, the “Fourth Industrial Revolution”, “building back better” whatever catchy, chirpy name the bankers and billionaires are calling it, it’s not good for you and me, for the ordinary people. Relationships between individuals, families, communities, governments, and nations will change fundamentally. They’re coming for you, your family, your job, your savings, your home, your pension, your culture, your traditions, your freedom, your very way of life unless we unite to resist! We do not consent.

This is not a conspiracy theory, but the outworking of a scheme written by people who hate the human race. Agenda 21 has been implemented now and will come to pass unless we unite to resist! We do not consent!

Last year, a seasonal respiratory virus of high infectivity, but low pathogenicity passed across the world and sadly took with it people who were very old, who were already very sick, and most of them were in the last months and years of their lives. There were younger people who died. May God have mercy on their souls and comfort their families and friends. But in terms of the overall cause for mortality, there was nothing to see. Seasonal viruses do this every year. They have done since time began and they will continue to do so no matter what humans do.

In 2020, in no country, in no country was there a significant increase in overall mortality compared to the past. Ireland in this pandemic actually increased her population by a couple of percent. If we take away the track and trace system calling for the first time in medical history a case someone who's perfectly well who has no symptoms, and which is going to cost the UK Government 37 billion pounds over two years – I don't even know what 37 billion pounds looks like what it would buy, would it be two hospitals, would it be five hospitals would it be 1000 nurses job, I have no idea. But these PCR tests measure nothing. They are an illusion to create a crisis.

If we take away the fact that the WHO changed the rules changed the way in which we measure disease impact by saying that any death within 28 days of a positive PCR test was due to COVID, and even without a positive test if you had symptoms of shortness of breath, fever, the things that people die from every day, that was COVID too. If we take away the daily, no hourly, incessant misery porn on the legacy media dolefully recounting the figures and scrutinizing the anguish last hours of those who were taken, and the poor-faced politicians with crocodile tears pretend to care. If we take away the psychological abuse of populations across this planet, using applied behavioral psychology designed to get them in terror. If we take away the signage, the arrows, the one way systems, walk/don't walk, the yellow notices on every flat surface, the sanitization, the masks, all the paraphernalia of this neuro-linguistic program and mental abuse which tells us that we are the bio-hazards, we are a danger to our families and friends. If we take all this away, there is nothing to see. The emperor has no clothes.

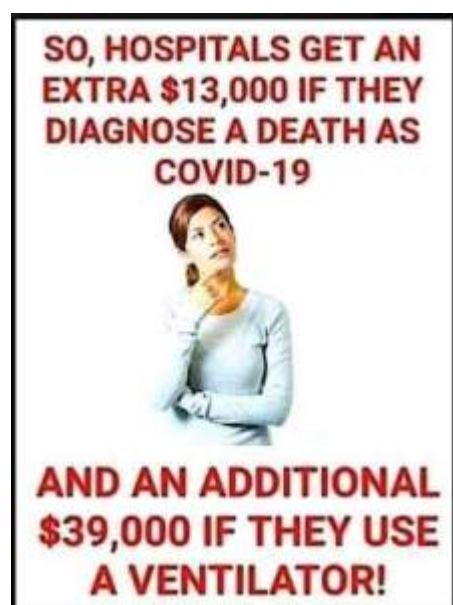
But of course, there was something to see, wasn't there? Viruses don't make laws, governments do. But what we did see, what we saw was the removal of our most basic and inalienable rights, to work, to earn, to move, to associate, to kiss, to hug, to go to church, to bury our dead with dignity, to live our lives as we see fit. We saw the removal of a right to speak, to protest, to object to this tyranny. We saw censorship, character assassination, and banishment of scientists and professors who dared to offer an alternative narrative. We saw our children and young people locked up denied their education, the right to play outside, to live their precious young lives, however they and their parents saw fit. We've seen millions of the poorest and most marginalized people on the planet, pushed to starvation and death because of the economic fallout because poverty kills.

I've worked as a GP (General Practitioner) throughout this past year, and I've not seen people gasping for breath from COVID, but people utterly abandoned by their health system. People in despair from loneliness, from isolation, fear, people who haven't seen their families and loved ones for months, and whose lives are infinitely poorer as a result. I've seen delayed cancer diagnoses, people having treatments canceled, willy nilly people dying waiting for elective procedures, people in pain who can't get help. Estimates vary, but it's now assumed that between 200,000 and 500,000 extra deaths will occur in the area covered by the NHS. And that's assuming that this lunacy of lockdowns stop, and a similar figure obviously adjusted for the population in the south of Ireland.

The cure is much, much worse than the disease. It's time to move on. This was not about health. It never was about health. It's smoke and mirrors. There are around 30 published papers internationally, showing that right across the globe lockdowns don't work. And if they do, why are we still locked up a year later? The health and economic fallout from this will cost millions of lives, and it will end the way that we live now, forever.

It's over. The line has been exposed. We must stand together. We do not consent.

[The Sparticus Document: An Overview of the Covid Plandemic and the Sinister Motivation Behind It](#)



This article is reposted from <https://biblescienceforum.com/2021/10/01/the-sparticus-document-a-summary-of-the-whole-plandemic/> It's an anonymously posted document by someone who calls themselves Spartacus. It is an excellent overview and summary of the Covid plandemic by people who seem to know what they are talking about. I normally don't post articles written by people whose credentials I cannot verify, but because Dr. John Gideon Hartnett vouches for it by posting it on his website, and because Dr. Hartnett is a respected academic and someone I know personally, I think it's something of value that the public should know. I don't understand all the medical jargon in this article, but it's not necessary to understand it all to get the point of what the main message is.

Hello,

My name is Spartacus, and I've had enough.

We have been forced to watch America and the Free World spin into inexorable decline due to a biowarfare attack. We, along with countless others, have been victimized and gaslit by propaganda and psychological warfare operations being conducted by an unelected, unaccountable Elite against the American people and our allies.

Our mental and physical health have suffered immensely over the course of the past year and a half. We have felt the sting of isolation, lockdown, masking, quarantines, and other completely nonsensical acts of healthcare theater that have done absolutely nothing to protect the health or wellbeing of the public from the ongoing COVID-19 pandemic.

Now, we are watching the medical establishment inject literal poison into millions of our fellow Americans without so much as a fight.

We have been told that we will be fired and denied our livelihoods if we refuse to vaccinate. This was the last straw.

We have spent thousands of hours analyzing leaked footage from Wuhan, scientific papers from primary sources, as well as the paper trails left by the medical establishment.

What we have discovered would shock anyone to their core.

First, we will summarize our findings, and then, we will explain them in detail. References will be placed at the end.

Summary:

- COVID-19 is a blood and blood vessel disease. SARS-CoV-2 infects the lining of human blood vessels, causing them to leak into the lungs.
- Current treatment protocols (e.g. invasive ventilation) are actively harmful to patients, accelerating oxidative stress and causing severe VILI (ventilator-induced lung injuries). The continued use of ventilators in the absence of any proven medical benefit constitutes mass murder.
- Existing countermeasures are inadequate to slow the spread of what is an aerosolized and potentially wastewater-borne virus, and constitute a form of medical theater.
- Various non-vaccine interventions have been suppressed by both the media and the medical establishment in favor of vaccines and expensive patented drugs.
- The authorities have denied the usefulness of natural immunity against COVID-19, despite the fact that natural immunity confers protection against all of the virus's proteins, and not just one.
- Vaccines will do more harm than good. The antigen that these vaccines are based on, SARS-CoV- 2 Spike, is a toxic protein. SARS-CoV-2 may have ADE, or antibody-dependent enhancement; current antibodies may not neutralize future strains, but instead help them infect immune cells. Also, vaccinating during a pandemic with a leaky vaccine removes the evolutionary pressure for a virus to become less lethal.
- There is a vast and appalling criminal conspiracy that directly links

both Anthony Fauci and Moderna to the Wuhan Institute of Virology.

- COVID-19 vaccine researchers are directly linked to scientists involved in brain-computer interface (“neural lace”) tech, one of whom was indicted for taking grant money from China.
- Independent researchers have discovered mysterious nanoparticles inside the vaccines that are not supposed to be present.
- The entire pandemic is being used as an excuse for a vast political and economic transformation of Western society that will enrich the already rich and turn the rest of us into serfs and untouchables.

COVID-19 Pathophysiology and Treatments:

COVID-19 is not a viral pneumonia. It is a viral vascular endotheliitis and attacks the lining of blood vessels, particularly the small pulmonary alveolar capillaries, leading to endothelial cell activation and sloughing, coagulopathy, sepsis, pulmonary edema, and ARDS-like symptoms. This is a disease of the blood and blood vessels. The circulatory system. Any pneumonia that it causes is secondary to that.

In severe cases, this leads to sepsis, blood clots, and multiple organ failure, including hypoxic and inflammatory damage to various vital organs, such as the brain, heart, liver, pancreas, kidneys, and intestines.

Some of the most common laboratory findings in COVID-19 are elevated D-dimer, elevated prothrombin time, elevated C-reactive protein, neutrophilia, lymphopenia, hypocalcemia, and hyperferritinemia, essentially matching a profile of coagulopathy and immune system hyperactivation/immune cell exhaustion.

COVID-19 can present as almost anything, due to the wide tropism of SARS-CoV-2 for various tissues in the body’s vital organs. While its most common initial presentation is respiratory illness and flu-like symptoms, it can present as brain inflammation, gastrointestinal disease, or even heart attack or pulmonary embolism.

COVID-19 is more severe in those with specific comorbidities, such as obesity, diabetes, and hypertension. This is because these conditions involve endothelial dysfunction, which renders the circulatory system more susceptible to infection and injury by this particular virus.

The vast majority of COVID-19 cases are mild and do not cause significant disease. In known cases, there is something known as the 80/20 rule, where 80% of cases are mild and 20% are severe or critical. However, this ratio is only correct for known cases, not all infections. The number of actual infections is much, much higher. Consequently, the mortality and morbidity rate is lower. However, COVID-19 spreads very quickly, meaning that there are a significant number of severely-ill and critically-ill patients appearing in a short time frame.

In those who have critical COVID-19-induced sepsis, hypoxia, coagulopathy, and ARDS, the most common treatments are intubation, injected corticosteroids, and blood thinners. This is not the correct treatment for

COVID-19. In severe hypoxia, cellular metabolic shifts cause ATP to break down into hypoxanthine, which, upon the reintroduction of oxygen, causes xanthine oxidase to produce tons of highly damaging radicals that attack tissue. This is called ischemia-reperfusion injury, and it's why the majority of people who go on a ventilator are dying. In the mitochondria, succinate buildup due to sepsis does the same exact thing; when oxygen is reintroduced, it makes superoxide radicals. Make no mistake, intubation will kill people who have COVID-19.

The end-stage of COVID-19 is severe lipid peroxidation, where fats in the body start to "rust" due to damage by oxidative stress. This drives autoimmunity. Oxidized lipids appear as foreign objects to the immune system, which recognizes and forms antibodies against OSEs, or oxidation-specific epitopes. Also, oxidized lipids feed directly into pattern recognition receptors, triggering even more inflammation and summoning even more cells of the innate immune system that release even more destructive enzymes. This is similar to the pathophysiology of Lupus.

COVID-19's pathology is dominated by extreme oxidative stress and neutrophil respiratory burst, to the point where hemoglobin becomes incapable of carrying oxygen due to heme iron being stripped out of heme by hypochlorous acid. No amount of supplemental oxygen can oxygenate blood that chemically refuses to bind O₂.

The breakdown of the pathology is as follows:

SARS-CoV-2 Spike binds to ACE2. Angiotensin Converting Enzyme 2 is an enzyme that is part of the renin-angiotensin-aldosterone system, or RAAS. The RAAS is a hormone control system that moderates fluid volume in the body and in the bloodstream (i.e. osmolarity) by controlling salt retention and excretion. This protein, ACE2, is ubiquitous in every part of the body that interfaces with the circulatory system, particularly in vascular endothelial cells and pericytes, brain astrocytes, renal tubules and podocytes, pancreatic islet cells, bile duct and intestinal epithelial cells, and the seminiferous ducts of the testis, all of which SARS-CoV-2 can infect, not just the lungs.

SARS-CoV-2 infects a cell as follows: SARS-CoV-2 Spike undergoes a conformational change where the S1 trimers flip up and extend, locking onto ACE2 bound to the surface of a cell. TMPRSS2, or transmembrane protease serine 2, comes along and cuts off the heads of the Spike, exposing the S2 stalk-shaped subunit inside. The remainder of the Spike undergoes a conformational change that causes it to unfold like an extension ladder, embedding itself in the cell membrane. Then, it folds back upon itself, pulling the viral membrane and the cell membrane together. The two membranes fuse, with the virus's proteins migrating out onto the surface of the cell. The SARS-CoV-2 nucleocapsid enters the cell, disgorging its genetic material and beginning the viral replication process, hijacking the cell's own structures to produce more virus.

SARS-CoV-2 Spike proteins embedded in a cell can actually cause human cells to fuse together, forming syncytia/MGCs (multinuclear giant cells). They also

have other pathogenic, harmful effects. SARS-CoV- 2's viroporins, such as its Envelope protein, act as calcium ion channels, introducing calcium into infected cells. The virus suppresses the natural interferon response, resulting in delayed inflammation. SARS-CoV-2 N protein can also directly activate the NLRP3 inflammasome. Also, it suppresses the Nrf2 antioxidant pathway. The suppression of ACE2 by binding with Spike causes a buildup of bradykinin that would otherwise be broken down by ACE2.

This constant calcium influx into the cells results in (or is accompanied by) noticeable hypocalcemia, or low blood calcium, especially in people with Vitamin D deficiencies and pre-existing endothelial dysfunction. Bradykinin upregulates cAMP, cGMP, COX, and Phospholipase C activity. This results in prostaglandin release and vastly increased intracellular calcium signaling, which promotes highly aggressive ROS release and ATP depletion. NADPH oxidase releases superoxide into the extracellular space. Superoxide radicals react with nitric oxide to form peroxynitrite. Peroxynitrite reacts with the tetrahydrobiopterin cofactor needed by endothelial nitric oxide synthase, destroying it and "uncoupling" the enzymes, causing nitric oxide synthase to synthesize more superoxide instead. This proceeds in a positive feedback loop until nitric oxide bioavailability in the circulatory system is depleted.

Dissolved nitric oxide gas produced constantly by eNOS serves many important functions, but it is also antiviral against SARS-like coronaviruses, preventing the palmitoylation of the viral Spike protein and making it harder for it to bind to host receptors. The loss of NO allows the virus to begin replicating with impunity in the body. Those with endothelial dysfunction (i.e. hypertension, diabetes, obesity, old age, African-American race) have redox equilibrium issues to begin with, giving the virus an advantage.

Due to the extreme cytokine release triggered by these processes, the body summons a great deal of neutrophils and monocyte-derived alveolar macrophages to the lungs. Cells of the innate immune system are the first-line defenders against pathogens. They work by engulfing invaders and trying to attack them with enzymes that produce powerful oxidants, like SOD and MPO. Superoxide dismutase takes superoxide and makes hydrogen peroxide, and myeloperoxidase takes hydrogen peroxide and chlorine ions and makes hypochlorous acid, which is many, many times more reactive than sodium hypochlorite bleach.

Neutrophils have a nasty trick. They can also eject these enzymes into the extracellular space, where they will continuously spit out peroxide and bleach into the bloodstream. This is called neutrophil extracellular trap formation, or, when it becomes pathogenic and counterproductive, NETosis. In severe and critical COVID-19, there is actually rather severe NETosis.

Hypochlorous acid building up in the bloodstream begins to bleach the iron out of heme and compete for O₂ binding sites. Red blood cells lose the ability to transport oxygen, causing the sufferer to turn blue in the face. Unliganded iron, hydrogen peroxide, and superoxide in the bloodstream undergo the Haber- Weiss and Fenton reactions, producing extremely reactive hydroxyl radicals that violently strip electrons from surrounding fats and DNA, oxidizing them severely.

This condition is not unknown to medical science. The actual name for all of this is acute sepsis.

We know this is happening in COVID-19 because people who have died of the disease have noticeable ferroptosis signatures in their tissues, as well as various other oxidative stress markers such as nitrotyrosine, 4-HNE, and malondialdehyde.

When you intubate someone with this condition, you are setting off a free radical bomb by supplying the cells with O₂. It's a catch-22, because we need oxygen to make Adenosine Triphosphate (that is, to live), but O₂ is also the precursor of all these damaging radicals that lead to lipid peroxidation.

The correct treatment for severe COVID-19 related sepsis is non-invasive ventilation, steroids, and antioxidant infusions. Most of the drugs repurposed for COVID-19 that show any benefit whatsoever in rescuing critically-ill COVID-19 patients are antioxidants. N-acetylcysteine, melatonin, fluvoxamine, budesonide, famotidine, cimetidine, and ranitidine are all antioxidants. Indomethacin prevents iron- driven oxidation of arachidonic acid to isoprostanes. There are powerful antioxidants such as apocynin that have not even been tested on COVID-19 patients yet which could defang neutrophils, prevent lipid peroxidation, restore endothelial health, and restore oxygenation to the tissues.

Scientists who know anything about pulmonary neutrophilia, ARDS, and redox biology have known or surmised much of this since March 2020. In April 2020, Swiss scientists confirmed that COVID-19 was a vascular endotheliitis. By late 2020, experts had already concluded that COVID-19 causes a form of viral sepsis. They also know that sepsis can be effectively treated with antioxidants. None of this information is particularly new, and yet, for the most part, it has not been acted upon. Doctors continue to use damaging intubation techniques with high PEEP settings despite high lung compliance and poor oxygenation, killing an untold number of critically ill patients with medical malpractice.

Because of the way they are constructed, Randomized Control Trials will never show any benefit for any antiviral against COVID-19. Not Remdesivir, not Kaletra, not HCQ, and not Ivermectin. The reason for this is simple; for the patients that they have recruited for these studies, such as Oxford's ludicrous RECOVERY study, the intervention is too late to have any positive effect.

The clinical course of COVID-19 is such that by the time most people seek medical attention for hypoxia, their viral load has already tapered off to almost nothing. If someone is about 10 days post-exposure and has already been symptomatic for five days, there is hardly any virus left in their bodies, only cellular damage and derangement that has initiated a hyperinflammatory response. It is from this group that the clinical trials for antivirals have recruited, pretty much exclusively.

In these trials, they give antivirals to severely ill patients who have no virus in their bodies, only a delayed hyperinflammatory response, and then

absurdly claim that antivirals have no utility in treating or preventing COVID-19. These clinical trials do not recruit people who are pre-symptomatic. They do not test pre-exposure or post-exposure prophylaxis.

This is like using a defibrillator to shock only flatline, and then absurdly claiming that defibrillators have no medical utility whatsoever when the patients refuse to rise from the dead. The intervention is too late. These trials for antivirals show systematic, egregious selection bias. They are providing a treatment that is futile to the specific cohort they are enrolling.

India went against the instructions of the WHO and mandated the prophylactic usage of Ivermectin. They have almost completely eradicated COVID-19. The Indian Bar Association of Mumbai has brought criminal charges against WHO Chief Scientist Dr. Soumya Swaminathan for recommending against the use of Ivermectin.

Ivermectin is not "horse dewormer". Yes, it is sold in veterinary paste form as a dewormer for animals. It has also been available in pill form for humans for decades, as an antiparasitic drug.

The media have disingenuously claimed that because Ivermectin is an antiparasitic drug, it has no utility as an antiviral. This is incorrect. Ivermectin has utility as an antiviral. It blocks importin, preventing nuclear import, effectively inhibiting viral access to cell nuclei. Many drugs currently on the market have multiple modes of action. Ivermectin is one such drug. It is both antiparasitic and antiviral.

In Bangladesh, Ivermectin costs \$1.80 for an entire 5-day course. Remdesivir, which is toxic to the liver, costs \$3,120 for a 5-day course of the drug. Billions of dollars of utterly useless Remdesivir were sold to our governments on the taxpayer's dime, and it ended up being totally useless for treating hyperinflammatory COVID-19. The media has hardly even covered this at all.

The opposition to the use of generic Ivermectin is not based in science. It is purely financially and politically-motivated. An effective non-vaccine intervention would jeopardize the rushed FDA approval of patented vaccines and medicines for which the pharmaceutical industry stands to rake in billions upon billions of dollars in sales on an ongoing basis.

The majority of the public are scientifically illiterate and cannot grasp what any of this even means, thanks to a pathetic educational system that has miseducated them. You would be lucky to find 1 in 100 people who have even the faintest clue what any of this actually means.

COVID-19 Transmission:

COVID-19 is airborne. The WHO carried water for China by claiming that the virus was only droplet-borne. Our own CDC absurdly claimed that it was mostly transmitted by fomite-to-face contact, which, given its rapid spread from Wuhan to the rest of the world, would have been physically impossible.

The ridiculous belief in fomite-to-face being a primary mode of transmission led to the use of surface disinfection protocols that wasted time, energy, productivity, and disinfectant.

The 6-foot guidelines are absolutely useless. The minimum safe distance to protect oneself from an aerosolized virus is to be 15+ feet away from an infected person, no closer. Realistically, no public transit is safe.

Surgical masks do not protect you from aerosols. The virus is too small and the filter media has too large of gaps to filter it out. They may catch respiratory droplets and keep the virus from being expelled by someone who is sick, but they do not filter a cloud of infectious aerosols if someone were to walk into said cloud.

The minimum level of protection against this virus is quite literally a P100 respirator, a PAPR/CAPR, or a 40mm NATO CBRN respirator, ideally paired with a full-body tyvek or tychem suit, gloves, and booties, with all the holes and gaps taped.

Live SARS-CoV-2 may potentially be detected in sewage outflows, and there may be oral-fecal transmission. During the SARS outbreak in 2003, in the Amoy Gardens incident, hundreds of people were infected by aerosolized fecal matter rising from floor drains in their apartments.

COVID-19 Vaccine Dangers:

The vaccines for COVID-19 are not sterilizing and do not prevent infection or transmission. They are “leaky” vaccines. This means they remove the evolutionary pressure on the virus to become less lethal. It also means that the vaccinated are perfect carriers. In other words, those who are vaccinated are a threat to the unvaccinated, not the other way around.

All of the COVID-19 vaccines currently in use have undergone minimal testing, with highly accelerated clinical trials. Though they appear to limit severe illness, the long-term safety profile of these vaccines remains unknown.

Some of these so-called “vaccines” utilize an untested new technology that has never been used in vaccines before. Traditional vaccines use weakened or killed virus to stimulate an immune response. The Moderna and Pfizer-BioNTech vaccines do not. They are purported to consist of an intramuscular shot containing a suspension of lipid nanoparticles filled with messenger RNA. The way they generate an immune response is by fusing with cells in a vaccine recipient’s shoulder, undergoing endocytosis, releasing their mRNA cargo into those cells, and then utilizing the ribosomes in those cells to synthesize modified SARS-CoV-2 Spike proteins in-situ.

These modified Spike proteins then migrate to the surface of the cell, where they are anchored in place by a transmembrane domain. The adaptive immune system detects the non-human viral protein being expressed by these cells, and then forms antibodies against that protein. This is purported to confer protection against the virus, by training the adaptive immune system to recognize and produce antibodies against the Spike on the actual virus. The

J&J and AstraZeneca vaccines do something similar, but use an adenovirus vector for genetic material delivery instead of a lipid nanoparticle. These vaccines were produced or validated with the aid of fetal cell lines HEK-293 and PER.C6, which people with certain religious convictions may object strongly to.

SARS-CoV-2 Spike is a highly pathogenic protein on its own. It is impossible to overstate the danger presented by introducing this protein into the human body.

It is claimed by vaccine manufacturers that the vaccine remains in cells in the shoulder, and that SARS-CoV-2 Spike produced and expressed by these cells from the vaccine's genetic material is harmless and inert, thanks to the insertion of prolines in the Spike sequence to stabilize it in the prefusion conformation, preventing the Spike from becoming active and fusing with other cells. However, a pharmacokinetic study from Japan showed that the lipid nanoparticles and mRNA from the Pfizer vaccine did not stay in the shoulder, and in fact bioaccumulated in many different organs, including the reproductive organs and adrenal glands, meaning that modified Spike is being expressed quite literally all over the place. These lipid nanoparticles may trigger anaphylaxis in an unlucky few, but far more concerning is the unregulated expression of Spike in various somatic cell lines far from the injection site and the unknown consequences of that.

Messenger RNA is normally consumed right after it is produced in the body, being translated into a protein by a ribosome. COVID-19 vaccine mRNA is produced outside the body, long before a ribosome translates it. In the meantime, it could accumulate damage if inadequately preserved. When a ribosome attempts to translate a damaged strand of mRNA, it can become stalled. When this happens, the ribosome becomes useless for translating proteins because it now has a piece of mRNA stuck in it, like a lace card in an old punch card reader. The whole thing has to be cleaned up and new ribosomes synthesized to replace it. In cells with low ribosome turnover, like nerve cells, this can lead to reduced protein synthesis, cytopathic effects, and neuropathies.

Certain proteins, including SARS-CoV-2 Spike, have proteolytic cleavage sites that are basically like little dotted lines that say "cut here", which attract a living organism's own proteases (essentially, molecular scissors) to cut them. There is a possibility that S1 may be proteolytically cleaved from S2, causing active S1 to float away into the bloodstream while leaving the S2 "stalk" embedded in the membrane of the cell that expressed the protein.

SARS-CoV-2 Spike has a Superantigenic region (SAg), which may promote extreme inflammation.

Anti-Spike antibodies were found in one study to function as autoantibodies and attack the body's own cells. Those who have been immunized with COVID-19 vaccines have developed blood clots, myocarditis, Guillain-Barre Syndrome, Bell's Palsy, and multiple sclerosis flares, indicating that the vaccine promotes autoimmune reactions against healthy tissue.

SARS-CoV-2 Spike does not only bind to ACE2. It was suspected to have regions that bind to basigin, integrins, neuropilin-1, and bacterial lipopolysaccharides as well. SARS-CoV-2 Spike, on its own, can potentially bind any of these things and act as a ligand for them, triggering unspecified and likely highly inflammatory cellular activity.

SARS-CoV-2 Spike contains an unusual PRRA insert that forms a furin cleavage site. Furin is a ubiquitous human protease, making this an ideal property for the Spike to have, giving it a high degree of cell tropism. No wild-type SARS-like coronaviruses related to SARS-CoV-2 possess this feature, making it highly suspicious, and perhaps a sign of human tampering.

SARS-CoV-2 Spike has a prion-like domain that enhances its infectiousness.

The Spike S1 RBD may bind to heparin-binding proteins and promote amyloid aggregation. In humans, this could lead to Parkinson's, Lewy Body Dementia, premature Alzheimer's, or various other neurodegenerative diseases. This is very concerning because SARS-CoV-2 S1 is capable of injuring and penetrating the blood-brain barrier and entering the brain. It is also capable of increasing the permeability of the blood-brain barrier to other molecules.

SARS-CoV-2, like other betacoronaviruses, may have Dengue-like ADE, or antibody-dependent enhancement of disease. For those who aren't aware, some viruses, including betacoronaviruses, have a feature called ADE. There is also something called Original Antigenic Sin, which is the observation that the body prefers to produce antibodies based on previously-encountered strains of a virus over newly-encountered ones.

In ADE, antibodies from a previous infection become non-neutralizing due to mutations in the virus's proteins. These non-neutralizing antibodies then act as trojan horses, allowing live, active virus to be pulled into macrophages through their Fc receptor pathways, allowing the virus to infect immune cells that it would not have been able to infect before. This has been known to happen with Dengue Fever; when someone gets sick with Dengue, recovers, and then contracts a different strain, they can get very, very ill.

If someone is vaccinated with mRNA based on the Spike from the initial Wuhan strain of SARS-CoV-2, and then they become infected with a future, mutated strain of the virus, they may become severely ill. In other words, it is possible for vaccines to sensitize someone to disease.

There is a precedent for this in recent history. Sanofi's Dengvaxia vaccine for Dengue failed because it caused immune sensitization in people whose immune systems were Dengue-naive.

In mice immunized against SARS-CoV and challenged with the virus, a close relative of SARS-CoV-2, they developed immune sensitization, Th2 immunopathology, and eosinophil infiltration in their lungs.

We have been told that SARS-CoV-2 mRNA vaccines cannot be integrated into the human genome, because messenger RNA cannot be turned back into DNA. This is false. There are elements in human cells called LINE-1 retrotransposons,

which can indeed integrate mRNA into a human genome by endogenous reverse transcription. Because the mRNA used in the vaccines is stabilized, it hangs around in cells longer, increasing the chances for this to happen. If the gene for SARS-CoV-2 Spike is integrated into a portion of the genome that is not silent and actually expresses a protein, it is possible that people who take this vaccine may continuously express SARS-CoV-2 Spike from their somatic cells for the rest of their lives.

By inoculating people with a vaccine that causes their bodies to produce Spike in-situ, they are being inoculated with a pathogenic protein. A toxin that may cause long-term inflammation, heart problems, and a raised risk of cancers. In the long-term, it may also potentially lead to premature neurodegenerative disease.

Absolutely nobody should be compelled to take this vaccine under any circumstances, and in actual fact, the vaccination campaign must be stopped immediately.

COVID-19 Criminal Conspiracy:

The vaccine and the virus were made by the same people.

In 2014, there was a moratorium on SARS gain-of-function research that lasted until 2017. This research was not halted. Instead, it was outsourced, with the federal grants being laundered through NGOs.

Ralph Baric is a virologist and SARS expert at UNC Chapel Hill in North Carolina. This is who Anthony Fauci was referring to when he insisted, before Congress, that if any gain-of-function research was being conducted, it was being conducted in North Carolina.

This was a lie. Anthony Fauci lied before Congress. A felony.

Ralph Baric and Shi Zhengli are colleagues and have co-written papers together. Ralph Baric mentored Shi Zhengli in his gain-of-function manipulation techniques, particularly serial passage, which results in a virus that appears as if it originated naturally. In other words, deniable bioweapons. Serial passage in humanized hACE2 mice may have produced something like SARS-CoV-2.

The funding for the gain-of-function research being conducted at the Wuhan Institute of Virology came from Peter Daszak. Peter Daszak runs an NGO called EcoHealth Alliance. EcoHealth Alliance received millions of dollars in grant money from the National Institutes of Health/National Institute of Allergy and Infectious Diseases (that is, Anthony Fauci), the Defense Threat Reduction Agency (part of the US Department of Defense), and the United States Agency for International Development. NIH/NIAID contributed a few million dollars, and DTRA and USAID each contributed tens of millions of dollars towards this research. Altogether, it was over a hundred million dollars.

EcoHealth Alliance subcontracted these grants to the Wuhan Institute of

Virology, a lab in China with a very questionable safety record and poorly trained staff, so that they could conduct gain-of-function research, not in their fancy P4 lab, but in a level-2 lab where technicians wore nothing more sophisticated than perhaps a hairnet, latex gloves, and a surgical mask, instead of the bubble suits used when working with dangerous viruses. Chinese scientists in Wuhan reported being routinely bitten and urinated on by laboratory animals. Why anyone would outsource this dangerous and delicate work to the People's Republic of China, a country infamous for industrial accidents and massive explosions that have claimed hundreds of lives, is completely beyond me, unless the aim was to start a pandemic on purpose.

In November of 2019, three technicians at the Wuhan Institute of Virology developed symptoms consistent with a flu-like illness. Anthony Fauci, Peter Daszak, and Ralph Baric knew at once what had happened, because back channels exist between this laboratory and our scientists and officials.

December 12th, 2019, Ralph Baric signed a Material Transfer Agreement (essentially, an NDA) to receive Coronavirus mRNA vaccine-related materials co-owned by Moderna and NIH. It wasn't until a whole month later, on January 11th, 2020, that China allegedly sent us the sequence to what would become known as SARS-CoV-2. Moderna claims, rather absurdly, that they developed a working vaccine from this sequence in under 48 hours.

Stephane Bancel, the current CEO of Moderna, was formerly the CEO of bioMerieux, a French multinational corporation specializing in medical diagnostic tech, founded by one Alain Merieux. Alain Merieux was one of the individuals who was instrumental in the construction of the Wuhan Institute of Virology's P4 lab.

The sequence given as the closest relative to SARS-CoV-2, RaTG13, is not a real virus. It is a forgery. It was made by entering a gene sequence by hand into a database, to create a cover story for the existence of SARS-CoV-2, which is very likely a gain-of-function chimera produced at the Wuhan Institute of Virology and was either leaked by accident or intentionally released.

The animal reservoir of SARS-CoV-2 has never been found.

This is not a conspiracy "theory". It is an actual criminal conspiracy, in which people connected to the development of Moderna's mRNA-1273 are directly connected to the Wuhan Institute of Virology and their gain-of-function research by very few degrees of separation, if any. The paper trail is well-established.

The lab-leak theory has been suppressed because pulling that thread leads one to inevitably conclude that there is enough circumstantial evidence to link Moderna, the NIH, the WIV, and both the vaccine and the virus's creation together. In a sane country, this would have immediately led to the world's biggest RICO and mass murder case. Anthony Fauci, Peter Daszak, Ralph Baric, Shi Zhengli, and Stephane Bancel, and their accomplices, would have been indicted and prosecuted to the fullest extent of the law. Instead, billions of our tax dollars were awarded to the perpetrators.

The FBI raided Allure Medical in Shelby Township north of Detroit for billing insurance for “fraudulent COVID-19 cures”. The treatment they were using? Intravenous Vitamin C. An antioxidant. Which, as described above, is an entirely valid treatment for COVID-19-induced sepsis, and indeed, is now part of the MATH+ protocol advanced by Dr. Paul E. Marik.

The FDA banned ranitidine (Zantac) due to supposed NDMA (N-nitrosodimethylamine) contamination. Ranitidine is not only an H2 blocker used as antacid, but also has a powerful antioxidant effect, scavenging hydroxyl radicals. This gives it utility in treating COVID-19.

The FDA also attempted to take N-acetylcysteine, a harmless amino acid supplement and antioxidant, off the shelves, compelling Amazon to remove it from their online storefront.

This leaves us with a chilling question: did the FDA knowingly suppress antioxidants useful for treating COVID-19 sepsis as part of a criminal conspiracy against the American public?

The establishment is cooperating with, and facilitating, the worst criminals in human history, and are actively suppressing non-vaccine treatments and therapies in order to compel us to inject these criminals’ products into our bodies. This is absolutely unacceptable.

COVID-19 Vaccine Development and Links to Transhumanism:

This section deals with some more speculative aspects of the pandemic and the medical and scientific establishment’s reaction to it, as well as the disturbing links between scientists involved in vaccine research and scientists whose work involved merging nanotechnology with living cells.

On June 9th, 2020, Charles Lieber, a Harvard nanotechnology researcher with decades of experience, was indicted by the DOJ for fraud. Charles Lieber received millions of dollars in grant money from the US Department of Defense, specifically the military think tanks DARPA, AFOSR, and ONR, as well as NIH and MITRE. His specialty is the use of silicon nanowires in lieu of patch clamp electrodes to monitor and modulate intracellular activity, something he has been working on at Harvard for the past twenty years. He was claimed to have been working on silicon nanowire batteries in China, but none of his colleagues can recall him ever having worked on battery technology in his life; all of his research deals with bionanotechnology, or the blending of nanotech with living cells.

The indictment was over his collaboration with the Wuhan University of Technology. He had double-dipped, against the terms of his DOD grants, and taken money from the PRC’s Thousand Talents plan, a program which the Chinese government uses to bribe Western scientists into sharing proprietary R&D information that can be exploited by the PLA for strategic advantage.

Charles Lieber’s own papers describe the use of silicon nanowires for brain-

computer interfaces, or “neural lace” technology. His papers describe how neurons can endocytose whole silicon nanowires or parts of them, monitoring and even modulating neuronal activity.

Charles Lieber was a colleague of Robert Langer. Together, along with Daniel S. Kohane, they worked on a paper describing artificial tissue scaffolds that could be implanted in a human heart to monitor its activity remotely.

Robert Langer, an MIT alumnus and expert in nanotech drug delivery, is one of the co-founders of Moderna. His net worth is now \$5.1 billion USD thanks to Moderna’s mRNA-1273 vaccine sales.

Both Charles Lieber and Robert Langer’s bibliographies describe, essentially, techniques for human enhancement, i.e. transhumanism. Klaus Schwab, the founder of the World Economic Forum and the architect behind the so-called “Great Reset”, has long spoken of the “blending of biology and machinery” in his books.

Since these revelations, it has come to the attention of independent researchers that the COVID-19 vaccines may contain reduced graphene oxide nanoparticles. Japanese researchers have also found unexplained contaminants in COVID-19 vaccines.

Graphene oxide is an anxiolytic. It has been shown to reduce the anxiety of laboratory mice when injected into their brains. Indeed, given SARS-CoV-2 Spike’s propensity to compromise the blood-brain barrier and increase its permeability, it is the perfect protein for preparing brain tissue for extravasation of nanoparticles from the bloodstream and into the brain. Graphene is also highly conductive and, in some circumstances, paramagnetic.

In 2013, under the Obama administration, DARPA launched the BRAIN Initiative; BRAIN is an acronym for Brain Research Through Advancing Innovative Neurotechnologies®. This program involves the development of brain-computer interface technologies for the military, particularly non-invasive, injectable systems that cause minimal damage to brain tissue when removed. Supposedly, this technology would be used for healing wounded soldiers with traumatic brain injuries, the direct brain control of prosthetic limbs, and even new abilities such as controlling drones with one’s mind.

Various methods have been proposed for achieving this, including optogenetics, magnetogenetics, ultrasound, implanted electrodes, and transcranial electromagnetic stimulation. In all instances, the goal is to obtain read or read-write capability over neurons, either by stimulating and probing them, or by rendering them especially sensitive to stimulation and probing.

However, the notion of the widespread use of BCI technology, such as Elon Musk’s Neuralink device, raises many concerns over privacy and personal autonomy. Reading from neurons is problematic enough on its own. Wireless brain-computer interfaces may interact with current or future wireless GSM infrastructure, creating neurological data security concerns. A hacker or other malicious actor may compromise such networks to obtain people’s brain

data, and then exploit it for nefarious purposes.

However, a device capable of writing to human neurons, not just reading from them, presents another, even more serious set of ethical concerns. A BCI that is capable of altering the contents of one's mind for innocuous purposes, such as projecting a heads-up display onto their brain's visual center or sending audio into one's auditory cortex, would also theoretically be capable of altering mood and personality, or perhaps even subjugating someone's very will, rendering them utterly obedient to authority. This technology would be a tyrant's wet dream. Imagine soldiers who would shoot their own countrymen without hesitation, or helpless serfs who are satisfied to live in literal dog kennels.

BCIs could be used to unscrupulously alter perceptions of basic things such as emotions and values, changing people's thresholds of satiety, happiness, anger, disgust, and so forth. This is not inconsequential. Someone's entire regime of behaviors could be altered by a BCI, including such things as suppressing their appetite or desire for virtually anything on Maslow's Hierarchy of Needs.

Anything is possible when you have direct access to someone's brain and its contents. Someone who is obese could be made to feel disgust at the sight of food. Someone who is involuntarily celibate could have their libido disabled so they don't even desire sex to begin with. Someone who is racist could be forced to feel delight over cohabiting with people of other races. Someone who is violent could be forced to be meek and submissive. These things might sound good to you if you are a tyrant, but to normal people, the idea of personal autonomy being overridden to such a degree is appalling.

For the wealthy, neural laces would be an unequalled boon, giving them the opportunity to enhance their intelligence with neuroprosthetics (i.e. an "exocortex"), and to deliver irresistible commands directly into the minds of their BCI-augmented servants, even physically or sexually abusive commands that they would normally refuse.

If the vaccine is a method to surreptitiously introduce an injectable BCI into millions of people without their knowledge or consent, then what we are witnessing is the rise of a tyrannical regime unlike anything ever seen before on the face of this planet, one that fully intends to strip every man, woman, and child of our free will.

Our flaws are what make us human. A utopia arrived at by removing people's free will is not a utopia at all. It is a monomaniacal nightmare. Furthermore, the people who rule over us are Dark Triad types who cannot be trusted with such power. Imagine being beaten and sexually assaulted by a wealthy and powerful psychopath and being forced to smile and laugh over it because your neural lace gives you no choice but to obey your master.

The Elites are forging ahead with this technology without giving people any room to question the social or ethical ramifications, or to establish regulatory frameworks that ensure that our personal agency and autonomy will not be overridden by these devices. They do this because they secretly dream

of a future where they can treat you worse than an animal and you cannot even fight back. If this evil plan is allowed to continue, it will spell the end of humanity as we know it.

Conclusions:

The current pandemic was produced and perpetuated by the establishment, through the use of a virus engineered in a PLA-connected Chinese biowarfare laboratory, with the aid of American taxpayer dollars and French expertise.

This research was conducted under the absolutely ridiculous euphemism of "gain-of-function" research, which is supposedly carried out in order to determine which viruses have the highest potential for zoonotic spillover and preemptively vaccinate or guard against them.

Gain-of-function/gain-of-threat research, a.k.a. "Dual-Use Research of Concern", or DURC, is bioweapon research by another, friendlier-sounding name, simply to avoid the taboo of calling it what it actually is. It has always been bioweapon research. The people who are conducting this research fully understand that they are taking wild pathogens that are not infectious in humans and making them more infectious, often taking grants from military think tanks encouraging them to do so.

These virologists conducting this type of research are enemies of their fellow man, like pyromaniac firefighters. GOF research has never protected anyone from any pandemic. In fact, it has now started one, meaning its utility for preventing pandemics is actually negative. It should have been banned globally, and the lunatics performing it should have been put in straitjackets long ago.

Either through a leak or an intentional release from the Wuhan Institute of Virology, a deadly SARS strain is now endemic across the globe, after the WHO and CDC and public officials first downplayed the risks, and then intentionally incited a panic and lockdowns that jeopardized people's health and their livelihoods.

This was then used by the utterly depraved and psychopathic aristocratic class who rule over us as an excuse to coerce people into accepting an injected poison which may be a depopulation agent, a mind control/pacification agent in the form of injectable "smart dust", or both in one. They believe they can get away with this by weaponizing the social stigma of vaccine refusal. They are incorrect.

Their motives are clear and obvious to anyone who has been paying attention. These megalomaniacs have raided the pension funds of the free world. Wall Street is insolvent and has had an ongoing liquidity crisis since the end of 2019. The aim now is to exert total, full-spectrum physical, mental, and financial control over humanity before we realize just how badly we've been extorted by these maniacs.

The pandemic and its response served multiple purposes for the Elite:

- Concealing a depression brought on by the usurious plunder of our economies conducted by rentier-capitalists and absentee owners who produce absolutely nothing of any value to society whatsoever. Instead of us having a very predictable Occupy Wall Street Part II, the Elites and their stooges got to stand up on television and paint themselves as wise and all-powerful saviors instead of the marauding cabal of despicable land pirates that they are.
- Destroying small businesses and eroding the middle class.
- Transferring trillions of dollars of wealth from the American public and into the pockets of billionaires and special interests.
- Engaging in insider trading, buying stock in biotech companies and shorting brick-and-mortar businesses and travel companies, with the aim of collapsing face-to-face commerce and tourism and replacing it with e-commerce and servitization.
- Creating a casus belli for war with China, encouraging us to attack them, wasting American lives and treasure and driving us to the brink of nuclear armageddon.
- Establishing technological and biosecurity frameworks for population control and technocratic- socialist "smart cities" where everyone's movements are despotically tracked, all in anticipation of widespread automation, joblessness, and food shortages, by using the false guise of a vaccine to compel cooperation.

Any one of these things would constitute a vicious rape of Western society. Taken together, they beggar belief; they are a complete inversion of our most treasured values.

What is the purpose of all of this? One can only speculate as to the perpetrators' motives, however, we have some theories.

The Elites are trying to pull up the ladder, erase upward mobility for large segments of the population, cull political opponents and other "undesirables", and put the remainder of humanity on a tight leash, rationing our access to certain goods and services that they have deemed "high-impact", such as automobile use, tourism, meat consumption, and so on. Naturally, they will continue to have their own luxuries, as part of a strict caste system akin to feudalism.

Why are they doing this? Simple. The Elites are Neo-Malthusians and believe that we are overpopulated and that resource depletion will collapse civilization in a matter of a few short decades. They are not necessarily incorrect in this belief. We are overpopulated, and we are consuming too many resources. However, orchestrating such a gruesome and murderous power grab in response to a looming crisis demonstrates that they have nothing but the utmost contempt for their fellow man.

To those who are participating in this disgusting farce without any understanding of what they are doing, we have one word for you. Stop. You are causing irreparable harm to your country and to your fellow citizens.

To those who may be reading this warning and have full knowledge and understanding of what they are doing and how it will unjustly harm millions

of innocent people, we have a few more words.

Damn you to hell. You will not destroy America and the Free World, and you will not have your New World Order. We will make certain of that.

How Are Forced Covid Vaccinations Different From The Mark Of The Beast? They Aren't!



All lovers of liberty should be against mandatory vaccinations. They are against the principles laid out in the Nuremberg Code (1947) which states:

The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.

You can read all 10 points of the Nuremberg Code on <http://www.cirp.org/library/ethics/nuremberg/>

Below is a message from Pastor Chuck Baldwin to Liberty Fellowship on Sunday, August 22, 2021. You busy people can read the transcript of the main part of the message below the video.

All right, open your Bibles, if you would with me, please to the book of Revelation, the book of Revelation, chapter 13. I'm going to pull out two verses from this chapter, as the text for the message, Revelation chapter 13. And the two verses are verses 16 and 17. Again, Revelation chapter 13, verses 16, and 17.

Revelation 13:16 And he (the Beast) causeth all, both small and great, rich and poor, free and bond, to receive a mark in their right hand, or in their foreheads:

Now, just a pause for a moment, when we get into our detailed discussion on prophecy will go into this much more, of course, but just for now, you have to understand that most of the book of Revelation is written in allegorical form. And that's true here in the Passage. In their right hand or in their foreheads does not necessarily mean some kind of a tattoo in your right hand or forehead, literally. The term forehead and right hand would immediately resonate with the Hebrew Christians who were reading this prophecy of John, because under the old covenant, the Hebrews, many of them would wear phylacteries, on their heads, and on their arms. And so this was definitely a symbolic allegory to that. And even though the book itself was written in Greek, the Hebrew believers would have definitely understood the right hand, and the forehead, meaning accepting, in the case of the Hebrews, under the old covenant, it would have meant accepting the law of the Lord, with your heart, and mind and with your body. So the mind and then the arm, representing the totality of the human being, body, soul, spirit, heart. And so that was the symbolism of the phylacteries that the Hebrews would wear under the old covenant. So when he talks about this, pertaining to the Beastly System, he's saying, that you will accept this System with your whole heart, with your mind with your flesh. And that's, that's the meaning of this.

Revelation 13:17 And that no man might buy or sell, save he that had the mark, or the name of the beast, or the number of his name.

So I'll read it one more time without the comment.

*Revelation 13:16 And he causeth all, both small and great, rich and poor, free and bond, to receive a mark in their right hand, or in their foreheads:
17 And that no man might buy or sell, save he that had the mark, or the name of the beast, or the number of his name.*

In other words, **if you do not accept the authority of the Beast, over your life, by whatever Mark is meant, you would not be able to function in society.** You would not be able to purchase to buy to travel to work, you must submit to the authority of the Beast. You must have the Mark of the Beast, whatever specifically that refers to, or you will not be able to conduct business, to work, and to live in the Beastly society. That's what the verse is saying.

This week, an article appeared on theburningplatform.com/. And I'd like to read this to you.

Now, in France, where this column originates or this article, the Mark is called a Pass. If you do not have a Pass, showing that you have been vaccinated with the COVID vaccines, you are not able to conduct yourself in society throughout the country of France. So as I read the article, I have no idea whether this individual is a Christian or not, there's no reference to that. But in the article, he refers to the Pass. Okay. So instead of using the word Pass, every time it appears, I'm going to use the word Mark, because it's one and the same. The Pass is the Mark. The Mark is a Pass. It's identical in definition. So I'm going to use the word Mark. Every time he used the word Pass. Let me read it.

(From <https://www.theburningplatform.com/2021/08/15/message-from-france/>)

Here in France, it has gone to the extreme with the health Mark. Last week on the 21st, all restaurants, bars, coffee shops, and any leisure activities like sporting events, theaters, cinemas, museums were closed to anyone without the Mark. And all staff at these places are mandated to get the jab to keep their job. It is now a six month prison sentence. If you are caught inside any of these places without the Mark, business owners will get a fine of 45,000 euros and one year prison sentence if they do not comply with the use of the Mark and force all their employees to get the jab.

So the result? All the low paid employees quit, they can make more on welfare here. (for now) We can still technically "get take out food" but I just tried last night and every restaurant in our town (that is dine in with take out) has closed their doors due to the lack of staff.

As of last week ALL doctors, nurses and health industry workers have been mandated to get the jab or lose their license, practice, job, business etc. (ALL health care here is Govt paid positions and there are no private health care Doctors or Hospitals etc.)

That no man might buy or sell. Save he that had the Mark or the name of the Beast, or the number of his name.

Continuing with this article:

As of Aug 1st ALL large malls, retail stores and grocery store owners and their staff need to be jabbed and the health Mark is required to enter for employees and customers.

You cannot even get in the grocery stores, malls etc. without the Mark.

This would be the equivalent to closing ALL Targets, Walmarts, Costcos, Home Depots, and all major grocery stores. (basically any building over 20,000 square meters) to those without "the Mark".

As of Sept 15th all public areas and access will be off limits. No farmers markets, no parks, no national parks, lakes, rivers, beaches, recreation areas, campsites etc. and no gathering over 100 people, no churches, no weddings, etc. (Without the Mark.)

As of Oct 1st ALL small vendors such as, delis, pizza trucks, sandwich shops, butchers, bakers, vegetable stands etc. (Will be off limits if you don't have the Mark.)

So as of Oct 1st I will only be able to purchase food by internet and pick up (if the store allows it).

Is it me or does all this seem a bit extreme for a "pass" that isn't exactly working?

America Canada England Australia New Zealand you'd better wake up.

All over the United States, government employers and many private companies are mandating their employees take the jab or lose their jobs – as we found out from this dear lady from Missouri today. Paul Craig Roberts wrote a great article that was picked up on [Lewrockwell.com](https://www.lewrockwell.com) this week. Paul was former assistant treasury secretary under Ronald Reagan, as most of you know. And I quote his brief column.

(From

<https://www.lewrockwell.com/2021/08/paul-craig-roberts/why-are-we-being-deceived-about-covid/>)

Why have US corporations involved themselves in public health policy? Why have they taken a position that is totally contradicted by all facts and all known evidence?

And you see, if you don't understand the spiritual nature of this Beastly system, if you don't understand that this is not science, this is not medicine, this is spiritual deception, then you're not going to understand why all of this is happening. And Paul, that's that's why he's asking the question. He may not understand the spiritual significance of this.

It is not only democratic governments that have turned totalitarian but also private corporations who are asserting authority to override the Nuremberg Laws and mandate that employees be vaccinated with the Covid Vaccine. A vaccination is a medical procedure and requires informed consent.

It is very strange to find corporations recruited to serve a coerced marketing campaign. We hear about the "pandemic of the unvaccinated." But there is no such pandemic. All evidence shows that the majority of new cases are among the double inoculated.

The majority of people are those who've been inoculated.

Public officials and the press (the media) are implying that it is those who refuse the vaccine who are responsible for the new outbreak when to the contrary it is the vaccinated people who are the cause of the variants and new illnesses. As Dr. Malone, the inventor of the mRNA technology used to create the vaccine has patiently explained, **the vaccine trains the virus to produce variants that escape vaccines.**

[Considering the enormous number of deaths and injuries associated with the vaccine](#), we are faced with the conclusion that the vaccine gives those vaccinated Covid illnesses.

No evidence exists that supports the claim of CDC director Rochelle Walensky that the delta variant is a "pandemic of the unvaccinated."

No evidence exists that the vaccine protects against Covid. Indeed, the vaccine seems to spread the virus.

We have learned that there is no such thing as "fully vaccinated." The new program is endless booster shots every few months, the result of which will be an explosion in adverse effects from the vaccine.

The Covid policy is so counterfactual and so contradicted by all evidence that conspiracy theorists who see a darker agenda at work are gaining credibility.

And for Paul Craig Roberts to say that, that's significant. And then he concludes,

When a vaccine has proven itself not to protect but to cause unprecedented deaths and illnesses, how can any intelligent person arrive at the conclusion that more vaccine is the solution?

Just this week, we learned that two of my congregates from my former pastor, died after receiving the COVID vaccination. One of them was in her 40s. Two people that I personally knew as their pastor died this week, and both having taken the COVID vaccination. For those of you around the country, you should know that our state here in Montana is the only state in the United States to ban vaccine requirements for employees. And that was the direct result of a massive input from the grassroots citizenry of this country, and some great legislators who had a determined position to bring this legislation to the legislature, and the governor had the guts to sign it. And it's the law of our state that no business can require the vaccine for their employees as a condition for employment. And we're the only state in the country with such a law. And as you can imagine, pressure is coming in from all over the country,

on our state government, our legislators and our governor to reverse this law.

Next week, would you please bring with me, the names of our legislative leaders, our governor, our Majority Leader, and majority Senate and House and all the leadership, and we need to start letting these people know that they cannot buckle to the pressure of outside influences, to try and undo the constitutional acts of the legislature supported by the people of the state of Montana. It's very important that we stand in the gap with our legislative because I'm telling you, right now, the pressure is immense, including economic bribery attempts in order to get them to reverse because we're the one state the only state that has done this, and they don't want other states copying this. And so they're going to try to stop it here in Montana. It's very important that we get involved in this, will have those names. And if you have the names yourself, don't wait for us to give them to you. You can start contacting them this week. Tell them thank you so much for what you've done and do not submit to the pressure. We are behind you.

With that in mind, I'm gonna give you a couple of other articles that were in the news this week that I think are so very relevant to the message of the hour. This comes from attorney Thomas Renz and his [website](#). The title of it, "Bombshell lawsuit alleges government covering up tens of thousands of injection-related deaths". Attorney Thomas Renz, filed a lawsuit in federal court in Alabama on July 19, that alleges a massive government cover-up of injection-related US deaths, that number "at least 45,000". The suit filed on behalf of America's Frontline Doctors in US District Court for the Northern District of Alabama, is based on a sworn statement by a government insider under federal Whistleblower Protection. America's Frontline Doctors, a nonprofit, filed a motion seeking immediate injunction injunctive relief to stop the emergency youth authorization of COVID-19 vaccines for three groups of Americans, anyone under the age of 18, anyone who has recovered from COVID-19, and those who haven't get been given informed consent as defined by federal law.

Speaking at a reawaken tour event held July 17 and 18 in Anaheim, California, Renz made the bombshell announcement, he says is based on a whistleblower with access to government computers, and can prove that at least 45,000 Americans have already been killed by the three COVID-19 vaccines authorized for emergency use by the FDA. 45,000 according to this source, people have died after receiving the COVID injection. Well, I can vouch for at least two of those.

Then there was another report that I want to share. This is [from LeoHohmann.com](#). The doctor cites whistleblowers inside CDC, who claim injections have already killed 50,000 Americans. The doctor quoted is Dr. Peter McCullough. He says, "good doctors are doing unthinkable things. They appear to be under a spell. The whole world is under a spell. The spell is satanic deception. And it includes most of the pastors in America.

So I quote now the article,

The most highly cited physician on the early treatment of COVID-19 has come

out with an explosive new video that blows the lid off the medical establishment's complicity in the unnecessary deaths of 10s of 1000s of Americans. Dr. Peter McCullough said these deaths have been facilitated by a false narrative bent on pushing an all-new unproven vaccine for a disease that was highly treatable. McCullough is a professor of medicine and vice chief of Internal Medicine at Baylor University. He also teaches at Texas A&M University. He is an epidemiologist, cardiologist, and internist and has testified before the Texas State Senate related to COVID-19 treatments. He holds the distinction of being the most widely cited physician in the treatment of COVID-19 with more than 600 citations in the National Library of Medicine.

The sources are plenteous that the medical profession in general, and **the CDC in particular, are deliberately hiding the numbers of deaths that have occurred among people having taken the COVID vaccination.** In the same way that the CDC and the medical establishment manipulated and exaggerated the number of deaths associated with COVID, back in the spring of 2020, when our own Dr. Annie Bukacek, got up on this platform and gave her professional analysis citing this CDCs own documents to prove the manipulation, the exaggeration that was taking place at the CDC, in order to beguile the American people regarding the threat and the danger of COVID-19. In the same way, that they exaggerated the numbers of deaths associated with COVID in 2020, is the same way that they are manipulating the numbers in 2021, **to hide the numbers of those who are dying from the COVID vaccinations.** Ladies and gentlemen, **this is not medicine, this is not science, this is blatant deception.**

And as I said, unfortunately, the vast majority of evangelical pastors and churches are fully subservient to this medical Mark of the Beast. And that's exactly what these vaccine passports or passes, call them whatever you want, that's what they are. They are **medical Marks of the Beast!** Some churches and Christian organizations – and I am not making this up – some churches and Christian organizations are even refusing to allow unvaccinated people from attending their services or participating in their Christian observances. In other words, they would not deny them communion, they would deny them baptism, they would they would deny them the Christian ordinances that we we observe as a church body, and they are denying them attendance in the churches, because of their submission to the Beastly system. If you do not have a vaccination passport, many churches will not let you into their congregation. If you have run into that, wherever you are, would you please spread the word in your state and in your local community, that there is one church in this country where the unvaccinated will always be welcome? And that's Liberty Fellowship in Kalispell, Montana.

Now, please let me remind you of three important biblical truths that are all germane to everything we're discussing. Number one, the Israel-based pre-tribulation rapture is a myth. Let me say it again. The Israel-based pre-tribulation rapture is a myth! Why is that important? Because this Israel-based pre-tribulation rapture, deception is what the vast majority of evangelical churches have embraced for the last 100 years. As a result, they have fallen for these massive misinterpretations of Scripture, which have led

evangelicals across the country to accept this medical Mark of the Beast. **If they had never accepted this phony pre-tribulation rapture myth, they would not be susceptible to the deception that is the medical Mark of the Beast.** So number one, the Israel base pre-tribulation rapture is a myth.

Number two, the Israel base seven-year tribulation itself is a myth! And when we get into our discussion of prophecy, I will elaborate on that in detail. But these two falsehoods formed the theological foundation that has opened the minds and the hearts of evangelical Christians to accept all of the lies that are now permeating the world pertaining to the phony COVID narrative, and the COVID shots in particular. Without the acceptance of this false prophecy doctrine, that deception would not have a fertile groundwork on which to grow. But those foundations of false prophecy, give fertile ground for the deception that we are now experiencing.

And number three, let me remind you again, and I've mentioned this several times in messages of the past, the Beast is not a man. It is an antichrist beastly system. It's a system. But because the evangelical world thinks that the Beast is an individual being, an individual human being that's going to come in the future after they've been raptured – and this is all for Israel – and we're not going to be here – because of that deception, they are sitting on the sidelines, saying nothing and have actually given their hearts to this medical Beastly system, out of ignorance of truth, and out of the acceptance of the falsehood of the Scofield futurism that is known as predestinational prophecy that most evangelicals all accept thanks to the ministry and the Bible of C.I. Scofield.

So I'm trying to show you the connection between false theology that has permeated the church over the last 100 years, and the acceptance of this Beastly system by the church that we are now experiencing today. And let's face it, if the Evangelical Church had not have fallen victim to this lie back in the spring of 2020, if they would have stood their ground for truth, as a church body, collectively, you and I both know that the COVID narrative would have died on the vine, it would have died before it started. But when the churches started closing their doors, when the churches started accepting the virus, when the preacher started getting up on television and telling everybody that they need to stay home and do everything to CDC said, when they did that, it gave the spiritual cover for the deception that was needed in order for this to become the monster that it is today. Again, that's why I've told you from day number one, this is not a political issue. This is not a medical issue. This is not a science issue. This is a *spiritual* issue.

(Transcribed up to 34 minutes and 47 seconds.)

Dr. Dan Stock explains how the current measures to combat COVID-19 do not work



Dr. Daniel “Dan” Stock is a physician. This is his message about COVID-19 to a Mt. Vernon school board meeting in Indiana, USA, on August 6, 2021:

Dr. Dan stock introduces himself: Dr. Dan stock 5777 West seven in North McCordsville, Indiana. To address your comment, it’s hard to believe we’re 18 months into this and still having a problem. And I would suggest the reason we still have a problem is because we’re doing things that are not useful. And we’re getting our sources of information from the State Board of Health and the CDC, who actually don’t bother to read science before they do this.

I’m actually a functional family medicine physician. That means I am specially trained in immunology and inflammation regulation. And everything being recommended by the CDC and State Board of Health is actually contrary to all the rules of science. So things you should know about Coronavirus and all other respiratory viruses, they are spread by aerosol particles which are small enough to go through every mask. By the way, the literature that supports all of that is in a flash drive that we presented to you. It’s been given to the secretary. As a matter of fact, it quotes at least three studies. It’s sponsored by the NIH to that exact fact even though the CDC and the NIH have chosen to avoid to ignore the very science that they paid to have done.

That is why you keep struggling with this is because you cannot make these viruses go away. The natural history of all respiratory viruses is that they circulate all year long waiting for the immune system to get sick through the winter, or become deranged, as has happened recently with these vaccines. And then they cause symptomatic disease because they cannot be filtered out and they have animal reservoirs. And this is a very important point. No one can

make this virus go away.

The CDC has managed to convince everybody that we can handle this like we did smallpox where we could make a virus go away. Smallpox had no animal reservoirs, the only thing it learned to infect was humans. That's why we're able to make that virus go away. That will not happen with this any more than it will with influenza, the common cold respiratory syncytial virus, adenovirus viral respiratory syndromes, or anything else that has animal reservoirs. So the reason you can't do this is because you're trying to do something which has already been tried and can't be done.

Equally important is that vaccination changes none of this especially with this vaccine. And I would hope this board would start asking itself before it considers taking the advice of the CDC, the NIH, and the State Board of Health, why we are doing things about this that we didn't do for the common cold, influenza, or respiratory syncytial virus? And then ask yourself, why is a vaccine that is supposedly so effective having a breakout in the middle of the summer when respiratory viral syndromes don't do that.

And to help you understand that you need to know the condition that is called antibody-mediated viral enhancement. That is a condition done when vaccines work wrong as they did in every Coronavirus study done in animals on Coronavirus is after the SARS outbreak and done in respiratory syncytial virus were a vaccine used in a vulnerable individual done the wrong way, which why it cannot be done right for respiratory virus, which has a very low pathogenicity rate causes the immune system to actually fight the virus wrong and let the virus become worse than it would with native infection. And that is why you're seeing an outbreak right now. In fact, in that flash drive you're going to have coming to you and in the emails with six extra oboeah (??) studies showing that 75% of people who had COVID-19 positive symptom cases in Barnstable, Massachusetts outbreak were fully vaccinated. (Applause)

Therefore, there is no reason for treating any person vaccinated any differently than any person unvaccinated. You should also know that **no vaccine** even the ones I support and would give to myself and my children **ever stops infection**. In 2014 there was an outbreak of mumps in the National Hockey League. The only people who came down with the symptoms were the people who were unvaccinated or had unknown vaccine status. Boy, that sounds like a great argument for vaccines. But a question that you should ask yourself, knowing that half of the people who came down with symptomatic disease had no contact with an unvaccinated or unknown vaccine status individual Where did they get the disease? And the answer was from the vaccinated individuals. No vaccine prevents you from getting the infection, you get infected, you shed pathogen. This is especially true of viral respiratory pathogens, you just don't get symptomatic from it. So you cannot stop the spread, you cannot make these numbers that you've planned on getting better by doing any of the things you're doing. Because that is the nature of viral respiratory pathogens. And you can't prevent it with a vaccine because they don't do the very thing you're wanting them to do. And you will be chasing this remainder of your life until you recognize that the Center for Disease Control and the Indiana State Board of Health are giving you very bad scientific guidance. And instead, read the articles that are gonna come in

the email and on this flash drive. And listen to the people in this audience here tonight, who actually have recognized the advice they are getting from the CDC and the NIH is counterfactual. And that's why you're still fighting this but this vaccine that supposedly was gonna make all of this go away, but it suddenly managed to make an outbreak of COVID-19 develop in the middle of the summer when vitamin D levels are at their highest.

By the way, the other thing that would be necessary for any vaccine restriction to be considered is if there were no other treatments available. And I can tell you having treated over 15 COVID-19 patients that between active loading with vitamin D, ivermectin, and zinc that there there's not a single person who has come anywhere near the hospital. And we already have studies that show that if you achieve a 25 hydroxy, vitamin D level greater than 55, your risk of COVID-19 death will drop down to one-quarter of the population average for the United States. And there are active treatment trials included on that flash drive, that show the same is true.

So if you were going to discriminate based upon vaccine, you should also discriminate based upon 25 hydroxy, vitamin D level, zinc taste test response, and probably previous infections since there are also studies on the flash drive that show that **people who have recovered from Covid-19 infection actually get no benefit from vaccination at all**, no reduction in symptoms, no reduction in hospitalization, and suffer two to four times the rate of side effects if they are subsequently vaccinated. Therefore, the policies that you are basing on are totally counterfactual. I don't blame this board for that, because I know you aren't scientists, and you thought it was reasonable to listen to the CDC, NIH, and the Indiana State Board of Health. But I would encourage that instead, you listen to the people out here in this audience, and read what's on that data drive. And if anybody here on this board has any questions about anything on that, I will happily come back and sit with you individually if you would like me to explain the science behind this. And if you're worried about being sued by somebody because you don't follow the guidance of the CDC and the NIH, I will tell you, you have a free pro bono expert testimony at your disposal. (Applause) I will testify in defense of this court, turning down all these recommendations for free at any time in any court. Thank you.

Moderator: Thank you. Thank you.

(Loud applause.)

[**Dr. Vladimir Zelenko Calls the Covid-19 Vaccinations Government**](#)

Sanctioned Genocide!



Vladimir (Zev) Zelenko (born 1973)[1] is a Ukrainian-American family physician known for promoting a three drug cocktail of hydroxychloroquine, Zinc and Azithromycin as part of an experimental outpatient treatment for COVID-19 that he has promoted as the Zelenko Protocol.

On March 23, 2020, Zelenko published an open letter to U.S. president Donald Trump where he claimed to have successfully treated hundreds of his COVID-19 patients with a 5 day course of hydroxychloroquine, azithromycin, and zinc sulfate.

Zelenko's treatment protocol quickly gained notoriety with several media figures and various U.S. administration officials promoting it, including Rudy Giuliani, Sean Hannity, and White House chief of staff Mark Meadows. – Quoted from Wikipedia

Transcript

Interviewer's introduction: Dr. Vladimir Zelenko. Dr. Zelenko is a Board Certified family physician for over 20 years. He has been described by his patients as a family member to thousands of families, and he's a medical advisor to the volunteer ambulance courts in Kiryas Joel, New York. Dr. Zelenko developed and is now famous for the *Zelenko Protocol*, which has saved countless lives worldwide. So welcome Dr. Zelenko. Thank you for joining us. And I would like you to comment on our subject, please.

Dr. Zelenko: Thank you so much for having me. Can you hear me?

Interviewer: Yes, loud and clear.

Dr. Zelenko: So I'll just give you quickly my experience, my team has directly treated successfully 6000 patients. I've trained hundreds of physicians who are now training their students. And as a cumulative group, we've treated millions of patients successfully. President Trump was my patient, Rudy Giuliani was my patient, HaRav Chaim Kanievsky has been my

patient, Mr. (Yaakov) Litzman your health minister of Israel, last year, was my patient. I'm just telling you, which people have contacted me for care, including President (Jair) Bolsonaro of Brazil.

Now, my experience has given me a very unique perspective in approaching COVID-19, which is basically keeping people out of the hospital. I would like to describe, regarding children, **the only reason you would want to treat a child is if you believe in child sacrifice**, or even [garbled] if you want [garbled], like a [garbled], there are very good reasons to give them a shot. Otherwise, there's no necessity.

Let me explain. Any time you evaluate any therapeutic, you need to look at it from three perspectives. Is it safe? Does it work? And do you need it? Just because you have a capability doesn't mean that you have to use it. It has to be a medical necessity, there has to be a need for it. You look at the CDC, the statistics for children under the age of 18 that are healthy, the survival rate is 99.998% – survival rate with no treatment, just like Dr. Yeadon said, the influenza virus is more dangerous to children than COVID-19. And he made an estimate that per million, 100 children would die from vaccination. I feel the number would be significantly higher. And I'll explain to you the rationale for it.

So if you have a demographic, can you hear me? **If you have a demographic that has no risk of dying from an illness, why would you inject them with a poison death shot?**

Now, let's see if this thing works. Two countries in the world that have most vaccinated its citizens is Israel, with a high 85% rate of vaccination, and an island nation in the Indian Ocean called Seychelles, also over 80%. Both countries are experiencing a Delta variant outbreak. So let me ask you a question. If you vaccinated the majority of your population, why are you still having an outbreak? That's number one. Number two, why would you even give a third shot of the same stuff that didn't work the first two times? That's whether or not it works.

And let's talk about safety. Now, this is the real issue. There are three levels of safety toward death that we need to look at. One is acute, one is sub-acute and long-term. Acute, I'll define from the moment of injection to three months. The number one risk of the shot is blood clots, just like Dr. Yeadon said, according to the Salk Institute, oh, by the way, everything I'm saying I will defend with documentation. And please don't take my word for it, you should do your due diligence. And I can provide to you, proof of everything that I'm saying.

According to the Salk Institute, when a person gets an injection of these "vaccines", the body becomes a spike producing factory, making trillions of spikes which migrate to the endothelium, which is the inner lining of your blood vessels, and it's basically little thorns on the inside of your vasculature. As the blood cells flow through it, they get damaged, they cause blood clots. If that happens in the heart, that's a heart attack, if that happens in the brain, that's a stroke. So we're seeing the number one cause of death in the short term is from blood clots. And most of it is happening

within the first three, four days. And 40% is happening within the first three days of injection of this **poison death shot**.

Now, the other problem is that it's causing myocarditis or inflammation in the hearts of children, young adults, I'm sorry, in the hearts of young adults.

And the third problem, which is the most disturbing, is according to the New England Journal of Medicine (JAMA) article, their preliminary data, the miscarriage rate, and the first trimester woman gets vaccinated, the first trimester goes from 10% to 80%. I want you to understand what I just said. The miscarriage rate in the first trimester of pregnant women, when they get vaccinated, goes up by a factor of eight. That's preliminary data, it may change with time, but I'm just telling you what it is as of today. That's the smallest of the problem.

The second problem is the sub-acute death issue, which is the following, that the animal studies that were done with these vaccines showed that all the animals responded well, in generating antibodies. When they were challenged, however, with the virus that they were immunized against, a large percentage of them died. And when that was investigated, it was found that their immune system had killed them. It's called antibody-dependent enhancement (ADE), or pathogenic priming, or paradoxical immune enhancement. But the point is that a lot of those animals died. So you can make an argument maybe human beings are different. My answer to you, *maybe*. However, those studies were not done. **You are the study right now**, the Pfizer CEO said, Israel is the biggest laboratory in the world. And so those long-term studies to rule out that, Luc Montagnier who won the Nobel Prize in Medicine for the discovery of HIV, said that **this is the biggest risk to humanity, and the biggest risk of genocide in the history of humanity**. And so the risk of a ADE reaction in human beings, which happens later, has not been ruled out. So my question is, why would I vaccinate someone with a potentially destructive lethal substance without ruling that out first.

And the third component here is the long-term consequences. There is definite evidence that it affects fertility. damages ovarian function, that and reduces sperm counts. Number one, number two, definitely increases the amount of autoimmune diseases. Who knows over time, how that is going to reduce lifespan. And just last week, a paper came out showing that increases the risk of cancer.

Any way you want to look at it, whether it's an acute setting, where it causes blood clots, inflammation of the heart, and miscarriages, in the midterm, sub-acute setting where it can result in a pathological disastrous immune reaction, or in the long term, whether it causes autoimmune diseases, cancer, and infertility. Now, that's a big concern. Actually, I will say it this way. In my opinion, the current Israeli government is as guilty as Josef Mengele. They have permitted, they've committed human experimentation on their own people.

And, I'm going to tell you, I hope, I hope this space does a little different. Maybe not. But I know I finally understood what I'll say that if

you take sort of some close role, you should look at the ??? role in the sector sharpest. [Cannot understand this sentence.] That if you see trouble in the Jewish people, you should look at the rabbinic leadership because if the head is diseased, what do you expect of the body? I beg this base (??) to put the interest of Israel above politics, and anything else that may alter your opinions. I receive daily death threats. I risk my life, my career, my financial life, my reputation, almost my family, everything, just to sit here and tell you what I'm doing.

So I'll just summarize that there is no need for this vaccine. And there's actually no need for anyone and I'll explain. Children I already told you that they have a 99.998% chance of getting better. The young adults from 18 to 45 have a 99.95% of getting better, just according to the CDC, same concept. Someone who has already COVID that has antibodies, naturally, induced immunity is a billion times more effective than artificially induced immunity through a vaccine. So why would I vaccinate someone with a poison death shot that makes inferior or dangerous antibodies when I already have healthy antibodies? And then if you look at the high-risk population that has a 7.5% death rate, so my data, which was the first in the world, which I published in a peer-reviewed journal, which has become the basis of over 200 other studies, and that have corroborated my observations that, if you treat people in the right time frame, you reduce the death rate by 85%. So out of 600,000, Americans, we could have prevented 510,000, from going to the hospital and dying.

And by the way, I presented this information to Bibi Netanyahu directly into his hands by way of [Hebrew word?] in April of 2020. And I informed every single member of your Ministry of Health as well. So my question to you is, **if I can reduce the death rate from 7.5% to less than a half a percent, why would I use a poison death shot that doesn't work, and has tremendous and horrific side effects?**

I'll do one more mind experiment with you. If everyone on the planet were to get COVID and not get treated, the death rates globally, will be less than a half a percent. Now, I'm not advocating for that that's a lot of people, that's 35 million people would die. However, if we follow the advice of some of the "global leaders", let's say like Bill Gates said, last year, 7 billion people need to be vaccinated, the death rate will be over 2 billion people.

So wake up! This is world war three. This is a level of malfeasance and malevolence that we have not seen, probably in the history of humanity.

So I'm against child sacrifice. I'm against [Hebrew word?]. And I really believe that God is testing every human being here. And here's the test.

Are you going to bow down to me, HaShem [God]? Are you going to ask protection from Me? Are you going to take your fears, and ask Me to help? Or are you going to run to the other czar of the vaccine of your governments, of despots and tyrants, like sociopaths, who want to be deities! There's nothing new under the sun. These people are no different than pero (??). They think they're God. And you're going to bow down to them. If you're going about down to them, that's okay. Let them protect you. Let's see how that's going to

work out for you.

I'm seeing fear drive people to do things that are completely irrational, do not make sense and they sacrifice their own children. And yes, your ministry of elders is lying to you. Your statistics are absolutely skewed. If you want to see something real, there's a website called <https://www.worldometers.info/> Go to [Israel](#). And you can see at December 20, there's a huge spike in the curve of deaths in Israel. Do you know what happened in Israel December 20th.? National immunization started. And these are numbers being reported by the Israeli government. They're just too stupid to hide it. There is zero justification, **zero justification for using this poison death shot unless you want to sacrifice human beings.**

I think I'm done.

Interviewer: After these words, the fact I don't think you can ever say you're done. I very much I appreciate your time and effort. Very, definite and very clear. We appreciate that.

Dr. Zelenko: Do you have any questions?

Interviewer: I have many questions. But just as 2 billion would pass out if you gave 7 billion the shot according to what the doctor said, correct?

Dr. Zelenko: Not according to what I said, according to what world experts are saying. That...If you look at Dr. Malone, who invented the mRNA technology, has the original patent for the vaccine. He's saying, "Do not use this. The government is lying to you. The side effects are horrific." Dr. Cahill from Ireland said that, she believes within two years 90% of the people that got vaccinated will be **dead**. When Dr. Michael Yeadon – I hope he can confirm, I hope he's still there – was asked that question, he said, "you wouldn't go that far". So I don't know. Maybe it's not 90%. What is the percentage? And maybe it's not two years, maybe it's three years. And Dr. Luc Montagnier, who is the Nobel Prize winner for the discovery of HIV, saying this is the biggest risk of genocide in the history of man.

[16 minutes transcribed]

[Dr. Roger Hodkinson Warns of Myocarditis and Infertility from Covid Vaccines](#)



Introduction

Anna Brees is a journalist who used to work as a reporter on BBC. In the video, she interviews Dr. Roger Hodkinson, a noted pathologist who is not an anti-vaxxer but who is sounding the alarm about the dangerous side-effects of Covid vaccinations.

Transcript

Anna Brees: Hello, everyone, it is the 11th of June 2021. And I'm talking to Dr. Roger Hodkinson again, for a third time with a very important message. We were chatting on the phone a few minutes ago, Roger, and I thought it was incredibly important that I got you on this call, because there's a really urgent message isn't there to the public? Tell me first of all, for those who haven't heard about you before, what's your experience? What do you do? Who are you?

Dr. Hodkinson: In summary, I'm a retired pathologist living in Canada. I was trained at Cambridge in the UK in medicine, and then in pathology in Vancouver, British Columbia. I've been an assistant professor of the Faculty of Medicine at the University of Alberta. I've been Chair of the examination committee for general pathology at the Royal College of Physicians and Surgeons in Ottawa, I've been the CEO of a large commercial laboratory. I'm currently the chairman of an American company involved in molecular diagnostics, DNA sequencing for early diagnosis of cancer. So I've had a rather well-rounded career, and I think I'm quite competent to comment upon many aspects of COVID.

Anna Brees: And you're not a lone voice. And I keep saying to people, you know, there are doctors for COVID ethics, you've got PANDA (Pandemics ~ Data & Analysis), you've got heart, you've got the Frontline American doctors. And there may be a few doctors in there, you're not completely so sure about, you know, in terms of ...

Dr. Hodkinson: Well, I'm part of, you might say, the inner circle, there are about twelve of us internationally, that converse on a regular basis offline. And I did have a conversation by email with Peter McCullough, which we'll talk about in a minute, the preeminent American cardiologist involved in COVID. And so yeah, I'm right in the thick of it. I'm extremely frustrated with what's going on. And I'm sure we'll talk about that.

Anna Brees: When I said at the beginning of this interview, is you have a really urgent message to get out to the public. So what is it?

Dr. Hodkinson: Well, this, of course, is an experimental vaccine. It should have never been released. It was never an emergency, which predicated the development of the vaccine. And as with all vaccines, there are complications, which were predictable with time, but there was never enough time given for the clinical trial, which only lasted four to six months. In particular, complications are now coming out that are very disturbing.

The latest one over the last few days starting off in Israel is the frequency of Myocarditis in young adult males. And getting worse, the younger they are in teenagers. Just so I can translate that, Myocarditis is a medical term for inflammation of the heart. Now, the CDC is calling this reality of a large number of these events – we're now up to well over 200 events in the United States recorded – the CDC is calling us an “unbalanced” realization. Well, **You're damn right it's unbalanced! It's the CDC that's unbalanced!**

Myocarditis is never mild, as they're describing it for the general public, meaning not terribly significant. The heart muscles, the cells that make up the heart muscles **never regenerate**. If one dies, they're done. It's not like the liver or the kidney that regenerates. When a heart muscle dies, it's dead and it's never replaced. Myocarditis means a generalized inflammation of the heart muscle. So muscle cells in the heart will be dying. The number is hard to determine, obviously, because the person is still alive. But I can tell you with categorical certainty, supported by Dr. (Peter) McCullough's conversation with me this morning, that Myocarditis is totally unpredictable in terms of its long-term consequences. It may only present 20 years later, because of the reserve of the heart having been destroyed. We're talking here about cardiac arrhythmias, abnormal heartbeats. We're talking about heart failure, and so on. This is a most worrying, development. And of course, it's exactly the kind of complication that would have come out of a normal clinical trial for a vaccine, which typically takes a number of years.

Anna Brees: Why did you speak to Dr. Peter McCullough? Where do you go at the moment when you're getting all this information and reports from all over the world? You know, you said you're in a group of 12. Where do you go? Where's the expertise? How can we be sure that what you're saying is something for us to take note of?

Dr. Hodkinson: Well, Dr. McCullough has his own group in the United States that I follow very carefully. I mean, communication, he's the lead of it. And I mean, frequent communication with him. In Europe, there are [doctors for COVID ethics](#), which is headed up by Dr. Sucharit Bhakdi, and Dr. Mike Yeadon, and Dr. Michael Palmer, all with substantial reputations in their own fields. And then in South Africa, of course, there's PANDA which is headed up by Nick Hudson, with his own esteemed scientific advisory board. So yeah, I'm as plugged in as anyone can be. We're all in frequent communication with zoom calls every week. And I'm speaking, therefore, with some authority on this. I'm connected on a daily basis, with the top guys in the world.

Anna Brees: But I need to challenge you here because you want 12 or small groups, but there must be 1000s and 1000s, of doctors who completely disagree

with you? Or are there they? Is there something that's keeping them quiet? I mean, why should we listen to you? And why is this so important in your experience with these groups?

Dr. Hodkinson: Let me assure you that the statistics, when the books are written, will be exactly the other way around. I suspect, and it's impossible to confirm because of the intimidation that colleges across the world are putting on individual physicians, including me. I can assure you that **there's a vast number of physicians who do not buy into this idiocy**. Physicians who are well trained can see through this immediately as so transparently stupid. It's medical idiocy of the most grotesque degree that's going on. None of the so-called mandates, first of all, are supported by any scientific consensus whatsoever. If there had been one, we would have used it in previous flu epidemics, and we never did. You simply can't solve these things. By any control, you can't solve the spread of a pandemic, with an upper respiratory tract virus, by any known names to medical science. It's simply not possible.

Anna Brees: What reaches the public that is maybe sitting on the fence? Those are the people I want to reach. What I found interesting is when I've been listening to these doctors, they were actually recommending the vaccination in January, and February, and March and even, you know, I wasn't getting any emails whatsoever. As a journalist who has quite a high profile in this situation. I wasn't getting any stories of adverse vaccine reactions, but something shifted, I would say about six weeks ago. And so these doctors were recommending it to patients. But they've actually changed completely changed their mind and said, "**We must halt this immediately.**" So it's not you're in an anti-Vax movement in any way you were promoting the vaccine. And Dr. Mike Yeadon talked about vaccinating the vulnerable, but over the last, I don't know, two months, they've pulled back and said, "Actually, no, we need to hold back now. We no longer recommend this for our patients."

Dr. Hodkinson: Dr. Tess Lawrie is the most authoritative person on this. And she's just published a devastating analysis of the whole NES (??), with the bottom line being exactly that, that this vaccination of everybody should stop immediately. Remember, please, that the predicate for this vaccine or these vaccines, was the statement that this was a medical emergency of a most sinister global scale. Well, it never was by any definition. And so if you take away that underpinning, requirement, if you take away the emergency, there was absolutely no reason for the development of a vaccine that contravened all the normal safeguards for the introduction of something on such a global scale. There's never been ever in medical history, a vaccination program on this scale involving billions of people with the most minor attention to long-term consequences. And I do want to expand on that because the story is not yet over.

Look, last time I checked, pregnancy takes nine months. You cannot conceivably check for fertility issues, if you're only doing a clinical trial for four to six months, but never even included pregnant women other than those that got pregnant during the trial, and there were only 40 of them. **There are very serious scientific possibilities here for long-term infertility.** The studies have not been done. We do know for a fact that the placenta and the testis have a very heavy expression of the receptor for the

spike protein which is being produced in large amounts by the vaccines. We do know that. We also know that during the SARS epidemic, which was a very similar organism, there were reports of a small number, but then it was a small number of people that came down with it, obviously, it was well contained. But we do know that during the SARS epidemic, there were reports of orchitis, which is a medical term for inflammation of the testis. So what I'm saying is on the male side of fertility, there are serious scientific grounds for worry. Not proven, I'm not being a scaremonger here. I'm not a conspiracy theorist, I'm not an anti-vaxxer da de da, right, I take vaccines myself.

On the female side does equal concern, because it comes out of the obscure Pfizer submission to the Japanese regulatory authority, that the vaccine particles, the little tiny lipid nanoparticles that are part of the vaccine locate very heavily in the ovary. Now, this was a rat study. But it still showed heavy localization most unexpectedly of these vaccine particles in the ovary.

End of the first 12 minutes of the transcript. I hope this inspires you to listen to the rest of the interview if you have not done so.

[COVID-19 mRNA Injections are Legally Not Vaccines! – By Dr. David E. Martin](#)



This is a talk by David E. Martin Ph.D. He is the developer of several innovation-based quantitative indices of public equities and the founder of the Purple Bridge Funds and M-CAM International. He has worked closely with the United States Congress and numerous trade and financial regulatory agencies in the United States. Dr. Martin is also a Batten Fellow at the University of Virginia's Darden Graduate School of Business Administration.

(Quoted from

<https://z3news.com/w/david-martin-presents-evidence-corona-virus-manmade/>)

Transcript of David Martin's talk

(Dr. Martin:) January 11, 2021, at least got the date, right? We're not in December anymore.

Today, hey, by the way, thanks, everybody, for the last six weeks that that series has been shared a lot, we've gotten a lot of great feedback. So thank you, everybody, who has been a huge part of our six-week series on the integral accounting view of what's next. That's been a really wonderful experience. Today, we're diving back into some really important stuff. And there are a number of you who have been asking questions about the status of legal proceedings, and so forth. And, and today, I'm going to give give you a little window into a couple of the approaches that are going on in various lawsuits. We're not commenting specifically on lawsuits right now that are active and pending simply because that's just not an appropriate thing to do. Other than to say, there are active and pending cases.

But today is a really weird one, people. And I have to say, you know, back in the early 1990s, I was doing clinical trials at the University of Virginia medical school. And I happened to be working in a very controversial medical technology area called electromagnetic field therapy or EMF. And historically, I mean, if you go back for decades, there's been all kinds of disputes around whether or not that technology works or not.

And so we were doing a multi-center clinical trial for a Japanese company. And I became very aware of 15 US Code Section 41, which is part of the Federal Trade Commission Act, that specifically has to do with advertising that a product or service can prevent, treat or cure human disease unless you possess competent, reliable scientific evidence, including when appropriate, well-controlled human clinical studies substantiating that the claims are true at the time they're made. So there's a rule under the Federal Trade Commission Act, and it has been used to shut down alternative medicine for years like you know, people who have been naturopaths, people who have been chiropractors, people who have been in any of the what are considered to be kind of alternative medical spaces have become very familiar with this, because it's the way the Federal Trade Commission shuts people down. confiscates materials, confiscates businesses, does some really egregious acts. And it occurred to me that no one seems to be talking about this when it comes to what is being promoted in the current regime!

And so, I thought, we're going to take a look into 15 US Code Section 41 today. And the reason for this is twofold. Number one is because it's important. Number two, is because I think that we need to call out a very important thing. So there's a part of the Federal Trade Commission Act, which also has to do with what's called deceptive labeling practices. It's when you use terms or phrases or words where you know that you are using them with an intent to deceive, deceptive medical practices. And so today, we're going to take apart a couple of the deceptive medical practices, and suggest that if

any of you, and this is now a specific challenge, people, listen, we've been doing 39 of these videos.

Somebody who's watching this video knows an elected official, somebody watching this video knows a prosecutor, whether that's a US Attorney, whether that's an Attorney General in a state, somebody in the viewing of this video knows somebody who needs to listen to this video. And I'm going to really encourage you to share this, because it's actually super important. Listen, if this law can be applied to shut down people of goodwill, who are trying to help other people, it certainly should be equally applied when we know deceptive medical practices are being done in the name of public health. And we're going to get to that.

But Kim, let's start off with both of us worked in hospitals. Both of us worked in medical centers. As a condition of employment, you had to have shots, right?

(Kim:) Yeah, definitely had to have shots that have hep B and a few others. That was a bit way back in the day. But yeah, we had to have, all of us had to have as to be a nurse. You had to have shots done.

(Dr. Martin:) Yeah, I mean, at the Medical Center at the University of Virginia, you know, hep B was a standard. If you didn't have hep B, you know, you had no patient interaction. How about when you were in your own business?

(Kim:) No, not when I was running my own business, because I wasn't employed by a hospital. I did my own assessments of my own group of nurses. And we didn't have to because I was the boss.

(Dr. Martin:) Yeah. But there are people. I mean, let's be really clear. There are people for whom vaccines and various medical measures are a requirement for employment. And that's a really interesting problem where you get forced into doing something, and that made me think. Somethings troubled me. And the thing that's troubled me is that both Pfizer and Moderna have been promoting what they call a "vaccine".

Now, for those of you who don't really think about it, you have thought about it, because the public thinks that when you say vaccine, one of at least two things is happening. First is, whatever you're getting is going to keep you from being infected by some sort of pathogen. So that's assumption number one. Assumption number two, is that somehow or another, if you get that vaccine, somehow you're doing your public health bit to make sure that you don't transmit it to other people, right? Am I going out on a limb here? The word "vaccine" kind of means that.

And let's let's go back in history a little bit, shall we? Let's go back to 1905, to the very, very, very, very, very famous Jacobson case in Massachusetts (Jacobson v. Massachusetts Ref: https://en.wikipedia.org/wiki/Jacobson_v._Massachusetts), the Supreme Court 1905. And I'm going to read the quote, because I think it's important,

"This Court has more than once recognized as a fundamental principle, that

persons and property are subjected to all kinds of restraints and burdens in order to secure the general comfort, health, and prosperity of a state.”

So what the Supreme Court and Jacobson said was that the police powers the public health powers were legitimate if they secured the general comfort, health and prosperity of the state. That implies that the individual benefit is superseded by a collective benefit, that somehow or another, the individual is not the point when it comes to public health laws, it's about the community, which would then suggest that to meet a vaccine public health standard, and quite frankly, a vaccine public health definition, something about either you are immune from getting a pathogen or and potentially and, you are not going to transmit the pathogen, must be part of what lives inside that definition. That couldn't be more straightforward than the Supreme Court of the United States in 1905, which, by the way, happens to be a decision that I have yet to even meet many attorneys who have bothered reading it. They talk about vaccine litigation. But I haven't heard many that can actually quote the majority opinion out of Jacobson, which is a very dangerous problem that we have.

But here's where it gets more interesting. So when Moderna was started, and if you go back and look at their SEC filings, and we've gone through all their SEC filings, they make a point of saying that their technology is a gene therapy technology, gene therapy technology, you'll notice that they don't say vaccination, they actually say gene therapy technology. And it was set up to be a cancer treatment. So this is gene therapy, chemotherapy.

Now, let's just stop for a minute. Let's just ask the question. If Anthony Fauci got up and said to everybody, “Hey, we want you to take chemotherapy for the disease that you may or may not ever have.” There wouldn't be a single person raising their hand, the prophylactic chemotherapy, you wouldn't be doing it. You know why you wouldn't be doing it? Because it's a dumb idea, that's why you wouldn't be doing it. And, States wouldn't be able to mandate it and employers wouldn't be able to mandate it, no employer would be able to mandate a chemotherapy for a disease that you don't have. That would not be a legal thing to do. But they called their technology, gene therapy technology. They made a big point of saying that this was not investigational new drugs, this was gene therapy technology. This belonged in the Center for Biologics, potentially even the CDRH, the Center for Device and Radiological Health, because let's think about what they actually do. And by the way, this is super important. All the references are going to be in this video on the YouTube channel. And I'm going to put a bunch of the references actually, in the comments section on Facebook Live so that you can go see this yourself.

But what they're doing is they're putting together a synthetic fragment of nucleic acid, it's not mRNA. It's not natural. It's not even a natural component of a fragment. It's a synthetic fragment, it's a technology embedded within a fat carrier, a peg carrier, and that is being introduced into the cell not to induce a immunity from infection with a SARS COVID virus, and it's not to block transmission of it. It's actually to lessen symptoms associated with the S1 spike protein, not even the virus itself. So it gets better and or worse, depending on your point of view. The fact of the matter is this thing is actually not a vaccination.

Now, why would I say it's not a vaccination? People go, "Dave? Why would you say it's not a vaccination?" Well, let's look at the legal standard for what a vaccination is. And let's start with the Center for Disease Control's own definitions, why not start with the people who run the racket?

Two important operative definitions: Immunity is protection from an infectious disease, protection from an infectious disease. If you are immune to a disease, you can be exposed to it without becoming infected. Now, by definition, neither Pfizer nor Moderna even claims that to be the case. That's straight-up, not their definition. So immunity, you can be exposed to a pathogen infectious disease without becoming infected. Not only is that not the case, we're going to get to this in a minute, but in their clinical trials, they specifically say they're not going to test that. So stay with me on that.

And then the CDC says a vaccine is a product that stimulates a person's immune system to produce immunity, see the definition above, to a specific disease protecting the person from that disease. And then it says vaccines are usually administered through needle injections, but also can be administered by mouth and sprayed in the nose. Now, that's the CDC.

So let's just stipulate for the sake of this conversation, that the CDC has its own definition, and what Pfizer and Moderna are doing, do not match.

And by the way, you should be thinking somewhere in this video, hold on a second. If this isn't a vaccine, why are they calling it a vaccine? That's a question. You should be thinking in your head because we're going to come to that in a second.

But I thought, okay, CDC, CDC is not the law. CDC is an expression of an agency, empowered by the law, but it's actually not the law. So why don't we actually look at the laws where vaccine has been defined? And it turns out, that's a much harder exercise than you would think. Because vaccine The term is actually not a legally defined term in an enormous number of statutes that govern vaccines, which is actually a really interesting thing. But let's look at some examples. And I just pulled a couple examples from the Iowa code. Vaccine, and I'm quoting means a specially prepared antigen administered to a person for the purpose of providing immunity.

Immunity once again, the operative definition, which is to say that when exposed to a pathogen, you are not susceptible. That's the Iowa code. How about Washington State? You know, the State that has been absolutely tyrannical and all of its interventions around Coronavirus, allegedly the birthplace of the US experience with Coronavirus, State of Washington. Vaccine legally defined term now, this is in the statute, means a preparation of a killed or attenuated living microorganism or fraction thereof, just Just stop right there, vaccine means a preparation of a killed or attenuated living microorganism. Stop right there. And mRNA synthetically developed by Moderna and Pfizer do not meet this definition. Or a fraction thereof, it's not a fraction of a living thing or a killed thing, because it's neither living nor killed. They are explicitly synthetic gene therapies. **They are not vaccines as defined by the statute that upon administration stimulates**

immunity. There we have it, again, that stimulates immunity, meaning that you do not get a thing when exposed to that pathogen, right? That protects us against disease and is approved by the Federal Food and Drug Administration and safe and effective. Now, that's the State of Washington statute. And by the way across the board, that's the definition of vaccine, which means immunity is a defined term vaccine is a defined term.

But here comes a really big problem. The big problem is that if we look at the clinical trials that were approved for what was called the SARS-CoV2 COVID-19 vaccine program under the operation warp speed, listen very carefully to what the primary endpoint is.

The primary endpoint is the prevention of symptomatic COVID-19 disease. Now, let's pause and unpack that starting with COVID 19 disease.

As you all know, if you've been watching this show at all, you know that in February, the World Health Organization, and the CDC and the Department of Health and Human Services made a very clear distinction. They wanted to make sure that COVID-19, which was a series of clinical symptoms, which included things like fever, muscle pain, aches, loss of smell, certain radiologic findings in the lungs, a whole host of things, there's a laundry list of things that all got subsumed within this thing called COVID-19, which by the way, has been now redefined as to pick which is pneumonia, influenza COVID, as a combined set of things so that we can catch more people allegedly dying of this thing. But **COVID-19 disease is actually not a disease, it is a set of symptoms.**

And they were very clear on this, by the way. They tried to make a causal statement, they tried to say sorry, COV2 causes COVID-19. But then there was a tiny problem. Most of the people who tested positive using the RT PCR method had no clinical presentation, which means you can't make a causal statement. You can't say the virus causes a disease, because unfortunately, most people with a positive PCR test for a fragment of what was called SARS-CoV-2, didn't have any problem. In fact, well over 80% had no problem. Which then leads us to the question of, okay, so we can't say it's causal, but it's more problematic than this, the primary endpoint for the vaccine trial was actually not a vaccine endpoint.

A vaccine endpoint has to do with immunity. And a vaccine endpoint has to do with transmissibility. And neither of those were measured, and it gets worse.

And I'm quoting right now straight out of Moderna's own statement. "Key secondary endpoints include prevention of severe COVID-19 disease, and prevention of infection by SARS-CoV-2." But here comes a tiny little problem. By their own admission in their clinical study, it was and I'm quoting, "impractical to measure infection." That's right, you heard me correctly. It's impractical to measure infection. So there is no evidence inside the phase three clinical trials, that any of the gene therapy had anything to do with the infection or not of SARS-CoV-2.

You cannot have a vaccination. It's not under the legal definition of vaccination, you cannot have a vaccination. That is in fact, not meeting

either an immune or a transmission standard. And their clinical trial was set up specifically so that it could not measure either of those things.

And then, let's quote, shall we, from *The New England Journal of Medicine*, and from [The Lancet](#). And this is October, and this is December respectively. And I'm just going to go ahead and read this quote:

"At the time of this writing, no correlate of protection from SARS-CoV-2 has been established." (Ref: <https://www.nejm.org/doi/full/10.1056/NEJMoa2028436>)

Maybe you misheard what I just said. **As of this writing, no correlative protection for SARS-CoV-2 has been established.** In other words, not a shred of evidence from the clinical trials said anything about protection from infection with SARS-CoV-2, which means every single person who has value signaled their vaccination because they're doing their part not to be infected with SARS-CoV-2, and not to get COVID-19, newsflash, you have been violating the Federal Trade Commission Act by deceptive practices. You've been telling people that there is a protection that the data itself does not afford. But maybe that was just one report. So why don't I read from the second report? And I quote, and this is the *Lancet* and *New England Journal of Medicine*, quote,

"No existing vaccines have been shown to be effective against infection with any betacoronavirus, the family that includes SARS-CoV-2, which causes Covid-19." (Ref: <https://www.nejm.org/doi/full/10.1056/NEJMe2034717>)

People, this isn't my opinion, this is not me selectively choosing to take a spin on facts. This is in fact, fact. Which then begs the question, Kim. What would motivate Pfizer and Moderna and more importantly felonious Fauci, the unsavory, what would motivate them and CDC and others to lie to the American people about this being a vaccine, because vaccines in the ordinary course of the use of that term, invokes within the listener, a presumption of protection against infection, and protection against transmission, neither of which have been established at all? Why would they use the term vaccine?

And here's where we have to depart from the facts. And we have to go into conjecture because that's the only thing we have available to us. As recently as 2018, Moderna was insisting that they were not making vaccinations, they were insisting that this is gene therapy technology, and it was cutting edge and it was all this kind of nonsense. And suddenly, courtesy of SARS-CoV-2, it suddenly became a vaccine company. It wasn't a vaccine company before. It's not a vaccine company now, **it's a gene therapy technology company with an unproven gene therapy.** That's what it is.

So when asked to ask the question, okay, so why, why do we keep hearing about vaccines? Ah, well, here's the reason I think we keep hearing about vaccines. And once again, my opinion here, people, this is not based on information that I have readily available, but it is my opinion. I think that if Anthony Fauci if Moderna and Pfizer, and others, public health authorities around the country and around the world, actually called this gene therapy chemotherapy, number one, people wouldn't want to take it. And they wouldn't want to take it for a good reason. Because experimental gene therapy is a bad idea, no

matter who it is, no matter what it is, no matter where it is. Experimental gene therapy should not be relentlessly and recklessly distributed to a population, that shouldn't happen. So that's number one.

But number two is the 1986 liability exclusion. And this is what I think it really is. See, as long as Mr. Alex M. Azhar, the director or the Secretary of Department of Health and Human Services, as long as Alex Azhar keeps the state of emergency going, as long as every governor and every mayor and every unelected official keeps the state of emergency going under emergency use authorization rules, liability is a shield that's afforded to people like Pfizer and Moderna and others. So they're making billions of dollars on the back of something for which they have no liability. But, if this was not a vaccine, then all a sudden the liability shield would vanish, because there is not a liability shield under the 1986 Act for a medical countermeasure that is gene therapy.

Which means we're probably having governors, and the Health and Human Services and CDC and others, maintaining the illusion of a state of emergency not because there's a state of emergency. They're maintaining it, because it maintains the illusion of the liability shield. Remember that if you suspended the state of emergency today, like, I don't know, if you're the governor of South Dakota, and you ever have anybody who remotely cares about this matter, listening to this video, lift the state of emergency because on the day you do it, RT PCR can't be used. Because RT PCR is not a diagnostic, it has never been approved, and it does not and cannot diagnose and treat a disease, which means every time Bloomberg, Gates Foundation and Zuckerberg foundation COVID-19 dashboard reports that there is a another case of COVID-19 because of a positive RT PCR test, they are violating the 15 US code Federal Trade Commission Act. You cannot diagnose a thing that cannot diagnose the thing. That's a misrepresentation. That is a deceptive practice under the Federal Trade Commission Act. And they're liable for deceptive practices. Because it turns out, you do not have a waiver of liability under deceptive practices, even in a state of emergency.

So maybe the reason why they're calling it a vaccine is because they can count on the fact that neither you nor I will ever have this video, you and I will never do this independent inquiry you and I will never ask the question, is it possible that the entirety of what operation warp speed was, was nothing but propaganda? Which leads me to my conclusion.

Some of you know this, some of you don't. But operation warp speed has a middleman. And the middleman is a company called ATI, a defense contractor out of North Carolina. And it turns out that that defense contractor is the one that clears the billions of dollars of orders for vaccines. And that defense contractor is the one that then is supposed to be controlling the rollout of the vaccines, which has been a total train wreck, even setting aside all of the ethical, legal moral obligations of the things that we just talked about. But ATI also has another contract, also with the Department of Defense, and other government agencies, and that contract is for propaganda and misinformation.

"Hold on a minute! You mean that the company that actually got the contract

to officially manipulate public media to officially convey the propaganda of the United States government, you mean that company is also the company in charge of operation warp speed, Dave? Is that what you're saying?" And the answer is, you got it! That's exactly what I'm saying. This thing does not stink like rotten fish because I'm making up some sort of stench. It stinks like rotten fish because it is rotten fish. That's why it smells of rotten fish.

So listen, this is a pretty straightforward situation. You're being lied to. Your own government is violating its own laws. 15 US code is not my interpretation. They have thrown this book at more people than I can count. They have shut down practitioners around the country, time and time again for violating what are called deceptive practices and medical claims. Guess what? They're doing exactly that thing. Right now.

You need to send this video to your US Attorney in your state. You need to send this to your attorney general in your state. You need to actually do something with this video. Don't just share it among your friends don't preach to the converted. This is a violation of federal statutes perpetrated by defense contractors by gene therapy companies, not vaccine manufacturers, by gene therapy companies who are doing experimental trials and doing them under deceptive medical practices. That's what this is.

And by the way, every statement that I have made before I went to my opinion, and my opinion is pretty grounded, because if you really examine why I think that the liability shield is the point, look at how many times the Department of Defense wanted to confirm that they were shielded under the immunity act of the emergency use authorization. They would not play this game if they didn't get the liability shield. And that liability shield came from the emergency use authorization.

So we're very, very, very desperately in need right now as a civilization to make sure we interrupt this. And the reason is because real people are being harmed. Real people are actually having significant side effects. Some people may in fact be dying. The doctor in Florida, who two weeks after receiving the vaccine, dropped over dead, very healthy guy, a couple days after he got the vaccine started having splotches and blotches and everything else, and then at the end of two weeks died, his death is being investigated, are you ready for this? By the CDC and by Pfizer! That's like asking a bank robber to investigate their own bank heist. It is beyond insane people. And it's time for each one of you not to just like this, not to just share this, but send it to law enforcement in your state, because somebody somewhere out there in these 50 states is going to actually care about following the law. Somebody is, or this is not America. It's on you. Do something with this. I'm doing the work. You can help me carry the burden. So make sure you share this and we'll see you again next week. Thanks very much.

CDC Says Only 6% of Covid Patients Died from CV19 Alone



That means 94% of so-called Covid 19 deaths is a mainstream media lie!

I got the following text from a video on Twitter. It's very similar in content to the Bitchute video.

The Centers for Disease Control have updated their death counts for Coronavirus and reveal yet again that **COVID-19 is rarely the actual cause of death** among Coronavirus patients.

According to the CDC themselves, of the 220 thousand deaths attributed to the Coronavirus, 87,000 of them died from pneumonia and influenza. Another 17,000 died from chronic respiratory diseases, and 26,000 died from respiratory distress syndrome, 44,000 patients died from hypertensive diseases, 23,000 died from heart disease, and a whopping 28,000 died from cardiac arrest and heart failure. Yet all of these, even patients who died from heart attacks, were marked down as dying from the Coronavirus. Doctors who spoke with one American News explained that 131,000 patients who are being considered COVID-19 deaths already had life-ending diseases, including cancer, dementia, and even end-stage renal failure. And, according to the CDC again, if you look at the place of death, you'll see that some 10,000 patients who died from Covid were on hospice care, meaning they were terminally ill to begin with and we're already expected to die.

Doctors tell one American news that all of these patients were critically ill and likely died from their pre-existing conditions without any help from the Coronavirus. However, they explained that the Cares Act passed by Congress in March gives hospitals a 20% bonus on their Diagnosis Related Group paid for by Medicare. Essentially that means doctors are being paid to list deaths as Coronavirus without any indication the patient's death was actually Covid related.

The CDC backs these numbers up by explaining that Coronavirus itself is responsible for just 6 percent of all deaths listed as Coronavirus related. The other 94% of deaths are due to pre-existing comorbidities, including serious illnesses and advanced age. However, despite this report being

officially published by the CDC, so far the mainstream media have completely ignored it and instead continue to hype a pandemic that seems less dangerous every day.