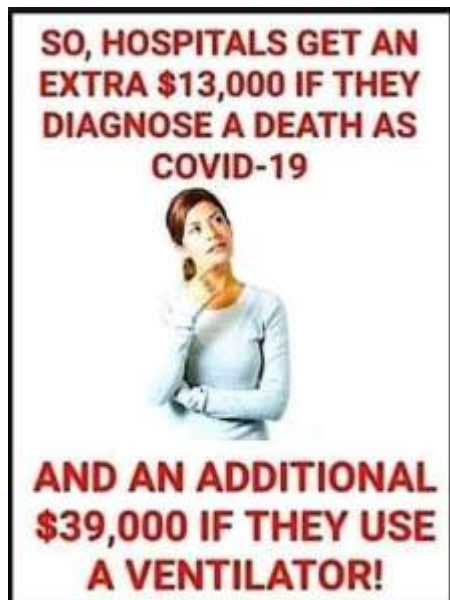


The Sparticus Document: An Overview of the Covid Plandemic and the Sinister Motivation Behind It



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-naïve.

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.

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 oboah (??) 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.

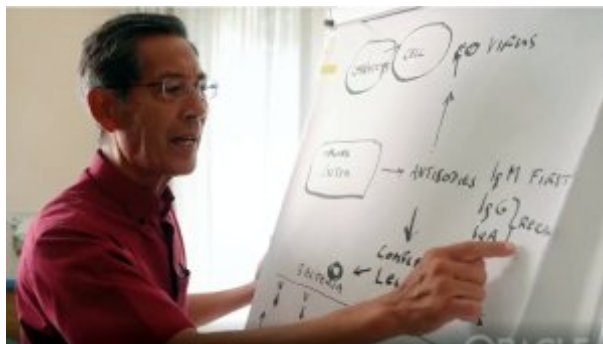
By the way, the other thing that would be necessary for any vaccine restriction to be considered is if there were no other treatments available. And I can tell you having treated over 15 COVID-19 patients that between active loading with vitamin D, ivermectin, and zinc that there there's not a single 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.)

Proof Our Immune System Can Protect Us from All Variants of the Coronavirus



The original title to this talk by Dr. Sucharit Bhakdi is

“Proof that puts an end to the Sars-CoV-2 Narrative” | Professor Sucharit Bhakdi

Dr. Sucharit Bhakdi is a retired Thai-German microbiologist. I consider this information important which is why I transcribed the video into text. I hope you watch both the video and read the text to get the message.

A person in Australia wrote saying he gets an error message in the place the video above should be. If you cannot see the video on this page, please go to [https://odysee.com/\\$/embed/Dr.-Sucharit-Bhakdi-Oracle-Films-Message-HD](https://odysee.com/$/embed/Dr.-Sucharit-Bhakdi-Oracle-Films-Message-HD)

Transcript of the video

The good news today is that scientific publications have just appeared that put an end to the whole narrative. What one has been made to believe up to now is that the SARS-CoV-2 virus is so new, that our immune system will not recognize it, and therefore, when the need arises, the immune system will not respond in time with the production of antibodies, that they could save our lives. And that's why we need to be vaccinated. That's why the

whole world needs to be vaccinated.

Now, scientific publications that have appeared in the last weeks, as I said, put an end to this narrative, because it turns out that the Corona SARS-CoV-2 virus and its descendants are not so different from the old normal coronaviruses that they would not be recognized by the immune system.

Now, I tried to explain this with this chart here. This is the immune system, and the immune system can make many components. One of them are the antibodies that the immune system will make when it meets a new opponent of virus. Now, depending on whether the immune system recalls that it has seen this virus before or not, the response will be slow. The first response is always slow; takes about four weeks for the antibodies to be made, and these antibodies are called IgM, immune globulin M.

If, however, the immune system has seen this virus before, and remembers it because the immune system has a memory, then it quickly makes other antibodies, which are called IgG and IgA. These are recall antibodies.

these antibodies serve principally two functions. One function is that if it's a virus that the antibodies are supposed to combat, the antibodies can try to prevent the entry of the virus into yourself. This is what the antibodies to Corona are supposed to do. They are called protective antibodies, because they protect the cell from getting infected by the virus.

If however, the cell does get infected, then lymphocytes are there behind the scenes that will come out and recognize that the cell is infected. And these killer lymphocytes have the duty to kill the cell. So once the cell is killed, the virus factory is destroyed, the virus can't be produced any more, and you get up and go back to work.

The other function of antibodies – major function – is that if the antibodies are directed against a bacterium, or a fungal, then these antibodies will bind to the bacteria. And that will cause another arm of the immune system to be activated. This is so-called complement, because it complements the action of the antibodies and leukocytes.

Leukocytes are the cells that eat. These are cells that are in your blood. And they're circulating all the time. And waiting for these bacteria to come to your blood to be coated with the antibodies and they will come and eat them. And thus are you protected by your antibodies against bacteria.

So we have actually two major arms of the immune system, one, the lymphocytes that are directed against viruses and virus infected cells, and the others are leukocytes that are directed against bacteria. It's like the Navy and the Air Force, Air Force, Navy, and both are really deadly. They take care of all the viruses that you are confronted with and all the bacteria normally.

So the question is now, is our immune system really blind to the new so called new SARS-CoV-2 virus?

Now this can be answered very simply. And for that, what one has to do is, one has to inject this virus or the virus gene into the body and see how long the immune system takes to make the antibodies against this gene. And this was done by three independent American research groups in the last weeks and published, so everyone can go and have a look at these papers. And everyone should look at the papers because two questions arise.

First, was the antibody response, fast or slow? This would be fast. And this would be slow. 30 days, 10 days or five days? And if it were fast, did the antibodies carry the correct label IgM, IgA or the wrong label?

So, what do you think? I'm going to ask you, the Americans measured in the blood, the appearance of the antibodies every day. The people who are telling you that you should get vaccinated are going to say, "of course, they were IgM antibodies because this was blind to them. But the fact is the opposite. All groups found out that everyone who had been vaccinated responded with IgG, and IgA antibodies within days after the vaccination, which is absolute proof that it is a recall response to something that the immune system has recognized.

You may ask me, "How can this be?" The answer is very simple. Look, this is the hand, the grasping hand of the virus, this is the spike and the spike is there to grasp the handle of the door to yourself to get in. The antibody comes and forces itself into the jaw, like the crocodile, the mouth

is open, it stops the crocodile from closing his mouth. Of course, this is not completely correct. But it will do as a picture for you.

All right. Now, this key that enters into the mouth, of course, it's not a perfect fit. So you could change a finger or two, and it will still go in. And this is the difference between coronaviruses and influenza viruses. influenza are flu viruses, the real flu, alright, which has really caused pandemics because flu viruses can completely change the whole hand so that the hand looks like this suddenly. Okay. And then your antibodies don't fit into that. But this is something that the Coronavirus can never do. They can't, and so they can only change the shape of the fingers. And that's not enough to fool the immune system. It's that simple. And this applies to all the variants. So forget it, if someone tells you that you are not immune against the variants.

The fact is, of course, that the immune system doesn't splurge. It keeps its antibodies in a locker, just like you have money in the bank, you don't go around throwing your money out of your pocket, you get the money out of the bank when you need it. And that's what happens to the immune system. And wonderfully enough, another publication coming from Denmark, showed that true infections with the SARS-CoV-2 do exactly the same, meaning that everyone who has had an infection, even if he's asymptomatic, you know no symptoms, if the virus just gets into your throat, multiplies a bit and gets thrown out again. But even then, the

immune system responds by making IgG and IgA antibodies, meaning that you have the money in the bank.

This means dear fellow citizens, that the herd immunity is already present, but kept under lock and key like a treasure. But it can be mobilized at any time you want. This is like a dog and his master. The dog, this is the immune system. The master in this case would be the virus. So the moment the virus comes near to the house, gets back, the dog senses that the viruses is coming, begins to wagging his tail, begins barking, throwing out the antibodies to say hello to the master.

So you see, this virus always first enters through the front door goes into your throat and it takes days to multiply and if it multiplies in your throat, it doesn't matter. It only kills you if it gets to your lungs.

But now we know that this is enough time for you and me or anyone, because the Danes showed that over 99% of all people running around, have this treasure, they have the treasure, and they could mobilize the IgG and IgA antibodies, even when the virus was only in the throat. Now, isn't this a piece of wonderful news? I think it causes us to realize, it causes us to realize that we can cast the dread of this pandemic away, and return to a wonderful world, return to our friends, our beloved ones, join hands with them, and rejoice. The pandemic is not existent as a mortally dangerous

new disease.

Now, the second piece of news I have for you is that this will not only cause vaccination to be unnecessary, but also says if the vaccination carries any danger whatsoever, it must be stopped because there is no benefit. And if it only contains danger, then it is the duty of the doctors and the authorities not to undertake vaccination.

Now, let me tell you something very, very alarming. So alarming that this piece of news is just as important as the good piece of news. And this comes also from the publications that have just appeared. So we'll go back to this chart here. And I told you, in the vaccinated, they found that the IgA, and IgA antibodies came immediately. Then they waited for another two weeks or three weeks. And then they gave the people a second shot. What did you see, they saw that the IgG and IgA levels immediately continued to rise, which is what a booster is supposed to do.

However, now, listen very carefully, look at this. This is a vessel wall, this is your blood. It is now known that the genes that are injected into your body will enter the bloodstream. And it is absolutely certain now that these genes are going to enter the cells that line the vessel wall. Because these are the cells that they contact.

Now, what happens when the cells that line the vessel walls begin to produce these spikes? The spikes will then be produced by the cell and

protrude from the cell surface into the bloodstream. Alright, now, these cells going to be recognized by your lymphocytes that have been given to you by the Dear Lord to kill those cells that are making the virus or the virus protein, any virus protein. So, these lymphocytes are going to mount the attack on your vessel walls.

This is the first way towards clot formation that as we know is happening all over the place all over the world. Now at the beginning after the first vaccination, this danger is bad and is already terrible in itself if your killer lymphocytes start trying to kill you. But at that time, during the first seven to 10 days, they are still no antibodies. They are not yet any antibodies. However, after three or four weeks, there are masses of antibodies all over the place in your blood. And if you dare to repeat this performance and start to put those spikes out into your blood, God help you because now not only the killer lymphocytes will detect antibodies and complement, and leukocytes are also going to attack thinking that your cells that are producing these spikes are bacteria and they are going to try to eat your vessel wall cells.

Now, this attack of the Air Force and the Navy on a single cell target has never been seen before. There is no situation because either you're combating a virus, or you're combating the bacteria; mixed infections that go through the body are actually virtually unknown. So we have the unique situation that has been created by the

vaccination.

That is, in a way, extremely interesting. Because no one knows what the outcome will be. However, the vision is so horrible, and so awful and terrifying, that I, myself, don't really want to know the answer. And I don't want this answer to become known.

I want you to decide to not take the second shot. Not only the second shot, but any shot thereafter is going to place your life in danger. That is what I am convinced of now, especially because of the publications that have just appeared. So I think that was the most important thing I have to say today. And I hope people will sit down, look at these papers, talk about them. And I hope that my colleagues, physicians, and scientists will do the same and get together to see whether this may have a grain of truth. Because if it does, the consequences are absolutely endless or the consequences are very simple. We just have to stop everything now.

(End of transcript.)

The transcript was proofread by Dr. John Gideon Hartnett. Please see his website:

<https://biblescienceforum.com/>

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. b0r 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 at 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.

The Ultimate Purpose of the Lockdowns: The Creation of a New Economic System Run by the Global Elite



“Catherine Austin Fitts (born 1950) is an American investment banker and former public official who served as managing director of Dillon, Read & Co. and as United States Assistant Secretary of Housing and Urban Development for Housing during the Presidency of George H.W. Bush. She has widely written and commented on the subject of public spending and has alleged several large-scale instances of government fraud.” (Source: https://en.wikipedia.org/wiki/Catherine_Austin_Fitts)

This video is an interview with Catherine Austin Fitts. I transcribed the first half of the 48 minutes interview and a gentleman in the Netherlands transcribed the second half. You can read the text quickly to grasp the importance and insightfulness of what Ms. Fitts is saying. I myself prefer reading text because I gain information faster that way than I would by listening to someone on video.

Planet Lockdown

My name is Catherine Austin Fitts. I'm the publisher of the [Solari Report](#) and managing director of Solari Investment Advisory Services.

Interviewer: And what do you think is happening economically as a result of all this?

Catherine Austin Fitts: So what is happening, I just published a huge study called "[The State of our Currencies](#)", and what I describe is the fact that for many decades the dollar has been the reserve currency. And the system is what I would describe as *long in the tooth* (meaning getting old, often too old for a particular activity or purpose). And the central bankers are trying to bring in a new system but it's not ready to go yet. And we're in a period of great change and uncertainty where the central bankers are trying to keep the dollar system going and accelerate. So they're trying to lengthen the dollar system and then they're trying to accelerate bringing in the new system. And they have to bring in the new system without anybody quite realizing exactly what it is.

So we've had a global reserve currency system, the dollar, and it needs to evolve and change. And it's long in the tooth. There's lots of unhappiness with the system and the central bankers are trying to bring a new system. And to do it they're trying to extend the old and accelerate the new. And it makes it a very chaotic thing since much of the new was

being tested and tried and prototyped. And it involves many different industries.

So I describe the new system as the end of currencies. We're not bringing in a new currency, we're essentially bringing in a new *transaction system* that will be all digital and essentially end currencies as we know them. So what they're trying to do is involves essentially all the money on the planet. So it's big, it's complicated, it's messy, and the challenge they have is how do you market a system that if people understood it nobody would want? And of course, the way you do that is with a health care crisis.

Interviewer: And why is the health care crisis good for that?

Catherine Austin Fitts: Because generally if a few people want to control the many, the question is how can you herd all the sheep into the slaughterhouse without them realizing it and resisting? So the perfect thing is invisible enemies.

We had the war on terrorism, you know, with invisible terrorists. And then now a virus is perfect because it's invisible. You can't prove that it doesn't exist because it's invisible. So invisible enemies are always the preferred ones particularly if they scare people. If you can use fear and introduce significant fear, then people will need the government to protect them from the invisible enemy.

Then the second tactic which is very effective is divide and conquer. And so in the meantime, if you can use the media, the media plays a very important role. If you can turn men and women against each other, and Black and White against each other. And one of the reasons you import a lot of immigrants into Europe is turn the general population against the immigrants. And then you need the government to be in the middle. So these are all whether it's divide and tactic, or invisible enemies, these are all ways to institute fear and get people to go along with things.

And of course, the invisible virus allows you to do enormous control mechanisms. You can stop people from gathering, you can stop people from organizing, you can stop people from getting together and talking about what's going on, et cetera et cetera. And if you digitize it with contract tracing, then you can control who's talking to whom. If you can get them to do all their work and education online, you can literally listen to everything they're saying. So you can institute extraordinary amounts of surveillance all in the theory that we're protecting you from the invisible virus.

It's very clever. And as you can see it's working with many people, not everybody but many people, to me a lot. And I don't want to us underestimate the ability of the leadership to introduce pathogens that will kill people. And I don't want to suggest that people aren't getting sick, but essentially what you're trying to do is you're trying to get

people to buy into a solution before they see where it's ultimately going to go. Because you're talking about a transaction system that is no longer a currency, it's a control system.

It's like the credit at the company store. If every central bank comes out with a digital central bank currency, they have the ability to turn your money on and off. So if you don't behave, that's it. And of course, as we know they want to combine this with transhumanism which means literally I take injections that can institute the equivalent of an operating system in my body. And so I'm hooked up to the financial system literally, physically.

Interviewer: What is the actual effect of the lockdown measures?

Catherine Austin Fitts: So what you're doing is you're trying to ... I used to call the Patriot Act the concentration in control of cash flow act. And this is a very similar process. You're trying to dramatically centralize economic and political control.

Let me give you an example. We have 100 small businesses on main street in a community. You declare them non-essential, shut them down. Suddenly Amazon and Walmart and the big box stores can come in and take away all the market share. In the meantime, the people on main street have to keep paying off their credit cards or their mortgage. So they're in a debt entrapment and they're desperate to get cash flow to cover

basically their debts and their day-to-day expenses. In the meantime, you have the Federal Reserve institute a form of quantitative easing where they're buying corporate bonds and the and the guys who are taking up the market share can basically finance at zero to one percent, or their bank scan at zero to one percent when everybody in main street is paying 16 to 70 percent of their credit cards without income. So basically now you've got them over a barrel and you can take away their market share. And generally, they can't afford to do what they say because they're too busy trying to find money to feed their kids.

In the 2016 election cycle, we saw the general population support candidates who represented populism in a variety of different ways. Bernie Sanders was a populist relative to the other candidates. Donald Trump was a populist relative to the other candidates. And literally, what the sort of global capital class realized was they had a problem that could be solved by destroying the independent income of small business and sole practitioners and people who had independent forms of income. If you're a doctor, if you're a lawyer, if you're a CPA, and you have your own practice, you are generally gonna support the populist candidates. And so the way to shut the populist candidates down and just shut off their income and support which is you put main street out of business. And then there's nobody to finance a Bernie Sanders or Donald Trump. There's nobody to support him.

Interviewer: So do those the lockdown measures appear to be more of an economic thing than a virus mitigation plan?

Catherine Austin Fitts: So this is an economic war and you've basically had sort of the top one percent. Since April we've seen global billionaires increase their net worth by 27%. Now what that says is this has been a very successful global economic work because what you're having is this sort of global capitalist class, and I shouldn't call it capitalism because it's not. It's much more totalitarianism. It's economic totalitarianism. What you've seen is they've been able to consolidate fantastic amounts of economic wealth not just by deleting the income of the middle class and consolidating it into their companies, but by significantly improving the wealth and power of the largest G7 developed countries and China vis-a-vis the emerging markets. So the countries with the most advanced technology and the access to AI and software, and to the sort of digital systems including through space, are dramatically consolidating economic power vis-a-vis the weaker nations. So we're seeing a consolidation of economic power centralization both into the wealthier and the more powerful nations, the basically top one percent who control them.

So I would describe what Covid-19 is, it's the institution of controls necessary to convert the planet from democratic process to technocracy. What we're watching is a change in control and an engineering of new control systems. Think of this

as a coup d'état. It's much more like a coup d'état than a virus.

For 20 some years in the United States we've had a financial coup d'état. And we knew in at the end of 1995, a decision was made to move much of the assets and money out of the country. That was part of sort of bubbling the global economy of globalization. And they knew that once they'd finished moving all those assets, that they would have to consolidate and change the fundamental system. So after the financial coup, you've stolen all the money in the pension funds, you've stolen all the money in the government. And now rather than turn and tell people, well, we stole your money, you need an excuse that will allow you to consolidate and change the fundamental system. And so you have a Magic Virus. And the Magic Virus is we have to fundamentally change the system. And thanks to the Magic Virus, there's no money in Social Security. Thanks to the Magic Virus, there's no money in the treasury. And you have your perfect magic excuse.

Interviewer: Everything can be blamed on the Magic Virus.

Catherine Austin Fitts: Yeah, the Magic Virus. It's amazing because every implication of the financial coup has been magically solved by the Magic Virus! It's crazy!

If you're a financial person and you look at the world through the mathematics of time and money,

it's quite amazing that anybody believes it, but they do. It's part of joining the what CJ Hopkins calls the convenient cult. You join the cult and you say oh yeah yeah yeah well the Magic Virus took all the money from Social Security, the Magic Virus caused our pension funds to not be sufficient blah blah blah blah.

Interviewer: So what do you think the technocracy that we're being towards is gonna look like?

Catherine Austin Fitts: The technocracy that they're pushing towards us is what is called transhumanism. So essentially what you do is you use injections to inject materials into the body that create the equivalent of an operating system. Everybody knows the idea of Microsoft causing you to download an operating system in your computer. That gives Microsoft and a variety of other players a back door into your computer. (Webmaster: That's why I prefer to use GNU/Linux!) And every month or two or three you've got to update it because there are viruses, right? It's back to the Magic Virus that can solve all problems. And so this is a similar system for your body. You inject materials into your body that essentially create the equivalent of an operating system and a receiver, and you can literally hook everybody up to the Cloud. And that includes hooking them up in a way that their transaction system, you know, the Bible calls it the Mark of the Beast – is one way people know this stuff – but you're basically talking about being able to digitally identify and track people in connection with their financial

transactions. So it's a world of zero privacy.

But more importantly what's important to understand is if you then institute one or more central bank cryptos, you're now talking about a system where every central bank in the world can shut you off individually from transacting if they don't like the way you're behaving.

So many people are familiar with the social credit system in China, it's very similar. If you install the smart grid in their car, their community, and now in literally in their body, you've got 24/7 surveillance. And if people don't do what you say and behave the way you want, they can and will shut off your money.

And they'll also have spatial control. If they say you can't travel more than five miles, that's it, because you're in a complete digital control system, and it's controlled by the central bankers through the money. We're digitizing everything but it includes the human body as well and the human mind. So this system comes with complete control, not only of your ability to transact financially which is hooked up to your body but very sophisticated mind control technology through the media and those cloud connections. So basically you're talking about hooking up into the "borg" (contraction for cybernetic organism) if you will. And so transhumanism and technocracy go hand in hand.

Now I would describe this as a slavery system.

We're talking about shifting out of freedom where we have freedom to roam and freedom to say what we want into a complete control system 24/7 including mind control. Now the challenge before us is, if the sort of the committee that runs the world, my nickname being Mr. Global, if Mr. Global wants to go to a slavery system, and we want to remain a human civilization, then we have a fundamental disagreement. And that is the disagreement before us.

Interviewer: And we get to the diagrams here.

Catherine Austin Fitts: Okay, so if you look at what's going on, we have the tech people building the clouds and the telecommunications, we have the military doing space and operation warp speed. So they're putting up the satellites, okay, then we have big pharma which is making the injections that are full of these mystery ingredients and change and modify your DNA, and for all we know to make you infertile. And then we have the media pouring out the propaganda. And then we have the central bankers engineering the crypto, the central bank cryptosystems. So you have these different pillars and it's very important when you look at what's going on day to day, particularly in the media. They're trying to keep them separate so that you can't see how they're going to come together in an integrated system which is basically integrated into your body and your mind.

Interviewer: For what purpose?

Catherine Austin Fitts: To institute the slavery system. So in other words, if I am going to do everything through a smart grid and I need to run the smart grid into your neighborhood, and then I need to run the smart grid into your body, the question is how am I going to build it out in your neighborhood and build it on your body without you seeing the trap, right? So that's why you try and keep these different lines separate.

So if you listen to the central bankers, they try as hard as they can to stay away from these conversations. So it was interesting, I was watching an IMF presentation on cross-border payments, and the Federal Reserve chairman, the head of the IMF mentioned the digital global ID system. And the Federal Reserve chairman almost blanched! You could energetically feel him moving like a galaxy away like, "no no no no"! Because they're 325 million Americans, and they're more than 325 million guns, and he doesn't want everybody to see this until the trap is thrown and it's too late.

Interviewer: We've been put in a trap this year?

Catherine Austin Fitts: Yes right, but the door hasn't shut. So that's why the reason we're talking is because transparency can blow the game.

It's interesting because in the beginning of the year when I wrote the article *Injection Fraud* and said Bill Gates is trying to download an operating system in your body just the way you download it

your mind, and use the virus as an excuse to have to update it to to make it work for his back door every day, three months later (James) Corbett did a great series on Gates, and several people came out and sort of reaffirmed this. And it was in the Fall Yahoo Finance did a poll and published a poll saying that 44 of Republicans thought Bill Gates wanted to chip them, and I said, "okay we're making progress!" (Laughs) So and that's exactly when Gates sort of disappeared. And they brought out operation warp speed because they needed, and interestingly enough, the person they chose to run operation warp speed was an expert on injectable brain-machine interface. He used to head research at GlaxoSmithKline (a British multinational pharmaceutical company) and he's a brain-machine interface expert.

Interviewer: A creepy resume for that job huh?

Catherine Austin Fitts: It's a perfect resume for that job.

Here's one of the most important developments that happened in 2019. In addition to the approval of the going direct plan by the central bankers in Jackson Hall was the issuance by the Department of Defence of the JEDI Cloud contract to Microsoft. So you had Amazon receive ... Amazon is essentially a CIA intelligence agency contractor. They started showing a random profit when they entered into major contracts with the CIA to provide the clouds not only for the CIA but all 17 U.S Intelligence

agencies through that umbrella cloud contract. So you now have Amazon running the intelligence agencies contract this year. Latos did a big contract or at the end of 2019 Latos did a big contract with the Navy and then DOD did the JEDI contract. (The Joint Enterprise Defense Infrastructure (JEDI) contract is a large United States Department of Defense cloud computing contract which has been reported as being worth \$10 billion.)

And so those three huge cloud contracts give you the ability once you get everybody hooked up into them to radically re-engineer how the cash flows work. So you can literally shut down all small businesses, or almost all small businesses, put everybody in a universal basic income which is basically a control system, and run it all through the military clouds.

Interviewer: So you can see the direction we're headed but it's a little uncertain as to why or?

Catherine Austin Fitts: No, it's simple. Technology gives you the ability to institute a complete control system and further centralize economic and political control. I'll give you a perfect example. The reason the African-American slave trade ended ... there were two reasons in my opinion. One is you couldn't perfect collateral. So the banks in London kept losing money because the plantation owners when the commodities market went down would sell their slaves west, and the banks couldn't go get their collateral. So they would finance the

purchase of a slave and say 50 loan to value ratio, and then when the commodities markets down they'd sell the slaves and say they ran away, and the banks would be hung, right? And the banks couldn't prove that you know, Harry was their slave because they had no way of perfecting collateral.

Okay, so that was number one. The second was the Haitians rebelled and the Europeans sent several armies in to try and quell the rebellion and never could. The Haitians were too good. Okay, now if you look at digital technology, you can perfect the collateral. And with space weaponry and the kind of weaponry you have from space and surveillance, you can put down any rebellion, right? So the reason that the slave trade was unbelievably profitable, the history of the world is slavery, is the most profitable business. It's more profitable than mining, it's more profitable than narcotics, I mean it's more profitable than all the addictions. So if you now have the technological capability of implementing slavery, their attitude I think is, "okay, let's do it", right? And part of it is technology also makes it much easier for a small group of people to get together and be very powerful. So for example, if they bring in breakthrough energy technology, the danger is a small group of crazy people can weaponize it. So technology is powerful. The more powerful technology you integrate, the more danger there is you lose control.

Now there are other theories as to why people would want complete control. I'll give you another

reason. Given the difficulty of feeding and managing a population that's getting ever larger, if you now have biotechnology that allows Mr. Global to live for 150 years, you can't afford, you can't keep that secret, right? If the wealthier lives for 150 years and we're not, you can't keep that a secret. So why not downsize the population, integrate robots, use robotics for everything, and you can have a very wealthy and luxurious life without all the management headaches, right?

Interviewer: So the kind of breaking of society into different classes or into an Uber class in a vast peasantry mixed with robotics?

Catherine Austin Fitts: Yes, yeah, in other words, what I think's trying to happen here is Mr. Global is using technology to move to a system where between robotics AI and software a few people can control the many with far less headaches and fear. You have to remember Mr. Global is very very afraid of the general population.

Interviewer: Their fear.

Catherine Austin Fitts: Yeah, they're very afraid because if you've been keeping ... several times I'm told the leadership in the United States has gotten together to discuss how can we undo the secrecy. And each time they come to the conclusion it's impossible. You can't undo the secrecy because the liabilities are too enormous. So if you're the Swamp and you're guilty of all the different things the Swamp is guilty of, and you try and open the

window on the secrecy you run tremendous risks, tremendous risks. So you're afraid of the general population and the history of governance is the general population occasionally does turn and kill the leadership. So the 325 million people in America, they're more guns. So my guess the reason Jay Powell was backpedaling when the head of the IMF was talking about digital identities is he's sitting there knowing he's got 325 million people and more and a lot of them have guns, and they don't have a lockdown yet.

This is why the Second Amendment is such a fractious issue. Most people around the world don't understand why people in America are so rabid about owning guns, and the first reason they're rabid about owning guns is they don't understand the power of mind control. So if I can institute total mind control which is what the system is, guns aren't that dangerous to me. But the leadership to do what they want to do, it would be very very convenient if they could bring in the guns. And you'll see if the Democrats win this election that's the first thing they're gonna try and do. After making everybody wear face diapers they're gonna they're gonna try and bring in the guns. And this is why the Republicans holding the Senate has been such a big issue because they can't do it if the Republicans hold the Senate.

Interviewer: The election is such a mess, huh?

Catherine Austin Fitts: So here's the thing when I try and tell everybody, because I grew up in

Philadelphia, and my first boyfriend's father was a ward leader who used to go out with a roll of cash and buy all the votes every election. So there's an old tradition in America of voting fraud, and what I tell everybody is neither one of these candidates would have been the candidate without the voting fraud, to begin with. So we're in a funny position. But I've never seen the voting fraud as blatant. And I think to a certain extent it's interesting they could not have stopped a Trump landslide without Covid-19. So one question I have is how much of the ... because I thought they would do this after the election, how much of the timing of the health care op is basically designed to make sure they don't get a populist president? Not that Trump isn't ... it's hard for me to think of Donald Trump as a populist because he's very much on board for the pro-centralization team, but he's as Michael Moore has said, he's the American people's way of saying F.U. to the leadership. So I think it was very important to them to get rid of Trump which they're trying to do. The problem is they've used massive voter fraud to do it, but they've used the fraud in a way that it's obvious that the fraud is off the charts, and it's almost as though they're turning to the population which they're trying to turn into a cult and saying you have to pretend this guy is the President even though you know he's not. (Laughs) So we have a fake virus and a Magic Virus and a fake president and a magic political system and it's really is getting very cult-like. It's the only thing I can say.

Interviewer: yeah it's almost like a switch is

flicked this year and we're in a bizarro world, right?

Catherine Austin Fitts: We've been in a bizarre world from the minute they started to steal the money we moved into a bizarre world.

(Note from the Webmaster: The final 28 minutes of the interview was sent to me from a gentleman in the Netherlands, Mr. Richard Zonneveld. He graciously allowed me to add it to this article.)

Catherine Austin Fitts: And I think the only difference is now as they moved all the money and the official reality moved away from reality even further and further, that's part and parcel of the secrecy, many people thought they could stay on the middle of the road. And now what's clear is you have to go with a cult or you have to go with the truth. The middle of the road is going away. And so everybody has to choose which they want.

Let's go to the riots. Okay so when the riots began and the leadership took the position that you couldn't go to church because of the danger of the Magic Virus, but you could go to the riots and protest, (she laughs) my team and I started to look at the riots. And so first we made if you if you come into Solari there's a database called Covid-19, I think it's Covid-19 riots and Fed, so the first thing we did is we looked at the state, and we looked at the cities, and whether the governor was Democrat or Republican, and then what the Covid cases and deaths were. And then we said,

okay, we're going to check a box called riots where riots have been. So we started to look at the patterns of the riots vis-a-vis the machine political machine control, and sort of the Covid Magic Virus op, and there was something wrong when I was looking at the data. I could feel, I'm a very intuitive person, I was saying there's something here. So I said to the wonderful teammate who was building this I said,

"Do me a favor. I want you to put a box called the Federal Reserve, and I want you to check the box. There are 12 banks, one headquarters, and then the branches for a total of 37 locations. I want you to check the box wherever in any city where we have a branch or a bank or the headquarters I want a check."

And what we discovered is 34 of the 37 bank locations have riots. And I said, "Well wait a minute. That's a pattern! (Laughs) There's something here. Let's drill down."

So we started with Minneapolis and we said let's take the data of all the buildings that were harmed or burnt or businesses, and we'll map it, we'll do a GIS software, and we'll map where these businesses were, and how close they were to the Federal Reserve bank. And so the first one we did there's a street going across Minneapolis called Lake, and we mapped them. And one of the things we did when we mapped them was, we drew pictures of where the opportunity zones were. Do you know what an opportunity zone is? An opportunity zone is a

tax shelter mechanism created in 2018 to help the tech billionaires as they sold their stock avoid capital gains. So you can if you're Jeff Bezos who sold 10 billion dollars of stock this year, if you were to rollover your proceeds into opportunity zone investments and handle it in a certain way you could avoid all capital gains tax. So this is fantastically profitable. Now, if you look at the riots when I first saw how all the buildings and businesses destroyed along Lake street were right at the bottom of the opportunity, I started to laugh and I said – I was assistant secretary of housing – “That's not a riot pattern, that's a real estate acquisition plan.”

Interviewer: So what are you saying it's to cheapen the prices in the city?

Catherine Austin Fitts: So I have a thriving series of small businesses a lot owned by African American and Hispanics along a particular boulevard in the opportunity zone. If first I declare the businesses are non-essential and shut them down, right? – Magic Virus – So first I declare them non-essential. Now they're in real trouble, right? – because they can't do their business. And then I have riots and burn and damage them. Right? If I was really clever I pulled their insurance right before I did it. I don't know what the case was but we'll see. So now their business is shut down, they're now hung on their debt, right? Whether their mortgage or their credit card, but even worse now their building has been damaged. And of course, insurance doesn't cover all the repairs and fixing,

right? So needless to say, it's going to be a lot easier and cheaper for me to go in and buy up all those buildings, right? Voila! It's called disaster capitalism.

So we then mapped, we did Minneapolis, then we mapped Kenosha, then Portland, and now we're doing a place in Ohio. And the patterns we're seeing. If you look at the clusters of where the damage is, just speaking as assistant secretary of housing, those are, in my opinion, real estate acquisition plans, completely, especially when they come on top of declaring all those small businesses not essential and shutting them down. We're restricting them. I'm sure you got a lot of restaurants in there.

(Interviewer: Yeah.)

Catherine Austin Fitts: So for example if you look at San Francisco 49 percent of the businesses in San Francisco are expected to be out of business by the end of the year. Do you know how much real estate you're going to be able to pick up cheap on this? It's phenomenal! Now when you realize that if they sell their tech stocks high they can pick it up really cheap what's important to understand is this makes the economics of building the smart grid out in the Fed cities. Remember I said 34 of 37 cities have a Fed bank or branch. So this makes building out the smart grid around the Fed banks much cheaper which I'm assuming you want to do if you're going to come out with a crypto-system.

Interviewer: Okay.

Catherine Austin Fitts: Okay so Mr. Global is now coming to the point where...

Interviewer: And can you explain who's Mr. Global?

Catherine Austin Fitts: Yeah. So Mr. Global is my nickname for the committee that runs the world. The defining characteristic of life on planet earth is our real global governance system is a mystery. And think about it. It's phenomenal we live on a planet and we don't demand to know how our governance system really works, but instead, it's a secret. So I have a lot of high octane conjectures, Dr. (Joseph P.) Farrel would say, about who and what that is but for now we'll call it Mr. Global. So Mr. Global is now implementing robotics. That's one of the new technologies that's really starting to make an enormous difference.

Interviewer: Can you label that?

Catherine Austin Fitts: Okay, so here's our robot, and here's our human. And of course, the question for Mr. Global is which is more efficient doing what? In other words, if I'm supposed to manage the planet and all the natural resources and harvest it to my benefit and make sure my risk is reduced, how much do I want to use robots for and how much do I want to do humans for? Now the brilliance of hooking everybody into the cloud with a crypto-system is, with AI and software, I can have the humans teach the robots to the AI software how to do all their jobs. And in fact, I was at the Aspen

Institute of 2017 and I was having a discussion with a venture capitalist, sort of billionaire type, and he looked at me with these amazingly dead eyes and he said, "Look honey, I can take every company completely automated with software and robotics and fire all the humans. We don't need them anymore." I've never talked to anybody who didn't understand the riot part. (Interviewer: uh-huh) Because that's a very typical old game, yeah, especially in poor neighborhoods.

Interviewer: Yeah right.

Catherine Austin Fitts: Do you want me to continue with this? So we have Mr. Global at the top, we have the database and software systems using artificial intelligence. A very important part of this now is the satellite system that's being put up in the orbital platform. And using telecommunications and digital technology you have the ability 24/7 to track and monitor both your humans and your robots. And the question for Mr. Global is what's more efficient? If I can do everything with robots, then what do I do with the humans? I don't need them anymore.

Interviewer: So are we seeing built a kind of human farming or something?

Catherine Austin Fitts: So they would describe it as resource management. If you look at the technocracy, and the writing about technocracy, so many of us describe we're moving from whatever systems we use now to a technocracy. In a

technocracy, they view ... you have two different visions of the world. My vision of the world is that humans are sovereign individuals whose freedom comes by Divine authority. That is what the Bill of Rights is, the Declaration of Independence, the Constitution, all revolve around the image of a sovereign individual as someone who is free by Divine authority. In the vision of technocracy, a human is a natural resource, like an oil deposit, and to be used as such. So they're not a sovereign individual, they're labor, and they are either more efficient or less efficient than a robot at different functions. In other words, what I'm saying is Mr. Global views the human race like livestock, not someone with which they share empathy. And, they don't view us as the same species as them. And in fact, with a lot of biotechnology, they figure they're going to live much longer lives than we do and live very differently than we do. So there's been a real ... one of the challenges with the secrecy as one group becomes more and more technologically advanced, they separate culturally, legally, financially from all the other groups. In other words, they have literally broken away and created a separate civilization. They don't think of themselves as part of our civilization anymore.

Interviewer: And who is "they"?

Catherine Austin Fitts: Well that's the great mystery, and that's why I call this group Mr. Global. And my personal experiences with many different people in that group and factions, but

ultimately I can't tell you who really controls. What I will tell you is the planet is run by force. And so ultimately the question is, "Who is the most powerful gun?" And that comes down to space. Who has the most powerful space presence, space weapons, as well as who controls the sea lanes? So traditionally control behind the reserve currency came from control of the sea lanes, but then as we've moved into space, it's now become control of both the sea lanes and the satellite lanes. And the question is, who controls what and who has what weapons? One of the reasons you've seen a very interesting discussion in the United States for the last two years is Trump has been very verbal about Space Force and what is possible in space. And he'll make these allusions to our magical weapons in space at which point the generals look at him very disapproving like, "Don't talk about that!" So the answer is we don't know. We don't know.

What we do know is part of the competition right now between China and America is that the player who has the most dominant position in space has the power to control the whole planet. So the Chinese have a system called the Social Credit System, and they're very much tying their financial transactions and different abilities to travel and do other things to your behavior. And we've seen different TV shows talk about these kinds of systems. But you're talking about a world where, and we see in China, where most people are under 24/7 surveillance, and then their financial incentives and their financial powers relate to how well behaved they are. And I would describe it

essentially as a slavery system because there's no personal freedom. So to a certain extent what technocracy will do is move us to a similar kind of system as the Chinese Social Credit System.

Interviewer: Where if you misbehave you can be punished.

Catherine Austin Fitts: Right. So in theory you have to get a certain kind of job to make a certain kind of money in the current system. In the new system, you have to work for a certain kind of company and achieve a certain kind of prominence to be allowed to move more than 10 miles from your home or to be allowed to fly. So there will be a pecking order that relates to your freedoms to either travel or roam, or how many sorts of access you have to resources, how much money you can make. But remember, you're going into a system where if they believe they can automate everything with robotic software and AI it's going to be that much harder for you to share in the benefits and the wealth of the system because the central group can extract so much more. In other words, they have a one-way mirror, they can see everything you do. You can't even see who they are.

Interviewer: Yeah okay.

Catherine Austin Fitts: What's very important to understand about what is happening is that the majority of people have been ... if we're talking about a transhumanist system or, in short, a slavery system, most of us have been supporting it

and financing it and building it. So when I look at all the big pharma executives, why are they building a system where their own children or grandchildren will be slaves? Why are the central banks doing it? Why do they think, you know, there's a theory in America for many years among the certain classes that if I make enough money, I can get a waiver, I can get out of it, I can eat organic food, not eat the GMO's, and my grandkids won't have to take vaccines. But if you look at who's implementing all these different activities, we're building our own slavery system and that means we have the power to stop. In other words, we don't have to finance the companies that are doing this, we don't have to work for the companies that are doing this, and in fact, we don't even have to pay our taxes (Webmaster: I don't know about that! I wouldn't challenge the IRS!) because the government is breaking all the laws related to financial management. We have the ability to hold them accountable. So we're building the prison and we're financing the prison and that gives us the power to stop. And that's why it's so important that we see where the system is going. There will be no exceptions.

Interviewer: So what is the solution?

Catherine Austin Fitts: Solution is, number one, bring transparency to what's happening, understand where the system is going, and then stop building it. If you work for big pharma and you're building this, stop! Go find something else to do like build local fresh food systems so you will have food. So

stop financing it. Begin the conversation of where this is going and more importantly where we want to go, because we're going to have to rebuild the economy bottom up if we don't want to be highly centralized. So this comes down to I call it coming clean. Once upon a time I was in Washington I was writing a check on my JP Morgan Chase private banking account, and in the meantime I was engaged in 12 different tracks of litigation, litigating with the people who are trying to engineer the housing bubble. I was trying to stop the housing bubble from happening. And I was writing a check on my JP Morgan Chase personal banking account. I realized, why am I banking at the bank that's doing this criminality, that's destroying communities, that's doing predatory lending? And I said I need to come clean. I need to stop banking there. So if tomorrow everybody woke up in America and stopped banking at JP Morgan Chase and said, "You all are criminals! We want nothing to do with you! We're out!" and went to a local credit union or community bank, it would be a revolution. It would be a total revolution! If 20 women turned to big farm executives and said, "You know something? You're disgusting! No sex! Bye! Out the door." It would be a revolution! So we have the power to change this, but we're all going to have to come clean because almost all of us are complicit in implementing this. It's not them, it's us. The solution is for every one of us to come clean. You're either for the trans-humanist slavery system or you're for a human system. But if you're for a human system then you're gonna have to find a way to make money, and engage socially in a human system, and stop

building a trans-human system.

Well, the first thing you have to see is you have to get a good map. In other words, you can't navigate this unless you can see the trans-humanist system that is being built, and who's building it. But if you're involved with ... so let's go back to the pillars. Okay, don't help the military build Operation Warp Speed, okay? Don't help the tech guys figure out how to inject nanoparticles into your body and hook them up to the cloud. Don't help big pharma make injections that are poisoning American children to death. Don't help big agriculture make grow GMO food that is poisoning America to death. Don't help the government institute corrupt sort of health crisis regulations that are really disaster capitalism and making the private equity guys and the billionaires rich, and on and on and on. But if you, I'll just be blunt, get the 'State of our Currencies' and read it, and you'll know who's doing this. I mean, it's pretty obvious who's doing this.

(End of transcript.)

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.

Dr. Simone Gold – The Truth about the CV19 vaccine



Dr. Simone Gold is the Los Angeles-based doctor who is leading a group called “America’s Frontline Doctors” that held a press conference on COVID-19 on July 27, sparking a controversial viral video that was removed from multiple social media platforms except for Bitchute which does not censor views just because they oppose the mainstream narrative. That video is at the very end of the text of this article.

The video directly below is Dr. Simone Gold’s talk to a group of doctors who all agree with her. It’s still hosted on YouTube but will probably be deleted any second which is why I am showing the same video which is hosted on Bitchute. It may take time to load. While it does, you can read the text

I transcribed from it.

Thank you so much for inviting me. I come to you tonight with a lot of information about the experimental vaccines, what's called the experimental vaccines, regarding Covid-19. I think all of this information will be brand new to you. I know that this was all brand new to me over the last few months, even as a board-certified emergency physician I did not know a lot of what I'm about to share with you.

And I come before you on behalf of America's Frontline Doctors which is a volunteer physician organization that we started specifically to combat the serious and life-threatening disinformation campaign that has really taken over America and really the entire globe. It's very very scary stuff.

I've been a doctor for a long time. Before me my father is a doctor. I've never seen anything like this where we have groups of physicians or scientists and government bureaucrat agencies essentially lying to the American people and people across the world. I have many many examples. One brief example I'll give you is that the national institute of health right now has as its policy recommendation for patients with Covid-19 stating that unless you're in the hospital requiring oxygen there's no actual treatment available for you. That is a complete falsehood, completely false. In most of the world non-first world countries there's

plenty of treatment easily available, Hydroxychloroquine, Ivermectin here in America. if you can find a doctor to prescribe it you get those medicines, or Budestinide. There's many options. And you know, this disinformation is why we came public.

When we started to speak out around July a little bit sooner but we got a lot of attention starting in July. we were promptly as the pastor said de-platformed. And it doesn't bother me so much, I know the information, it bothers me tremendously on behalf of all of humanity, right? This is a crime against humanity. There's a physician in the Netherlands who's bringing a lawsuit in the Hague calling it that, calling it a crime against humanity. There is a lot of information you haven't heard. There was a Senate testimony about a month ago. A bunch of doctors went and testified. It was I believe, senator Johnson is the chairman you, can find it on our website America's frontlinedoctors.com. But the doctors testified that the vast majority of deaths in America would have not ever happened, not ever happened. I start with that because you must understand the magnitude of the lie to understand what they're trying to tell you about these experimental vaccines. So we need to just kind of go through that for a little bit.

I know some of you heard this first sentence which I said this morning, but the disinformation was apparent since the beginning, right? We call this illness Covid-19, but its real name should be after

the location from where it arose which is Wuhan China. And if you remember it was called the Wuhan virus for a while, a month or so before we discovered the Chinese Communist Party didn't like that name. They set about putting a lot of pressure on media and other politicians let's say to change it. And they started calling it the coronavirus. They called it the coronavirus because it is actually a coronavirus. But that became very confusing to doctors and scientists because there are seven coronaviruses, this is just number seven. So we used to use the word coronavirus sometimes on our charts when we meant a common cold. A person would come into the ER in my case and they just had a common cold and I would sometimes write coronavirus on the chart as the diagnosis. So it was pretty confusing for doctors and scientists to call it the coronavirus, so they had to change the name again and it became known by its acronym coronavirus disease 2019 Covid-19.

I have to start there because it was never a racist or or weird thing to call it the Wuhan virus, right? There's so many diseases that are named after the location from which they rise. There's Zika and Ebola, there's Middle East respiratory syndrome, Rocky Mounted spotted fever, Lyme disease, I mean the list is endless, German measles, Spanish flu, this list is endless. So you need to understand that deception was there from the very beginning. So that was the first big lie.

The next big popular well-known lie was the maligning of this common ordinary cheap safe

medication called hydroxychloroquine. Those of you who have traveled abroad who have taken mission trips for example or anybody in the military are quite familiar with this drug. Doctors would just give it out like candy. I know that I was going to take a holiday to Africa about 20 years ago and I was a medical student at the time and they just handed me the pills, here you go, I never asked any questions. It was a big fat nothing burger taking hydroxychloroquine. All of a sudden we started hearing doctors, even as doctors, that hydroxychloroquine is unsafe. You can't understand what's going on with the lies until you understand what an enormous lie this is! Hydroxychloroquine is over the counter in much of the world. It's taken in many African nations. They call it Sunday Sunday medicine because you take it every Sunday. That's like its name Sunday Sunday. People keep it in their pocket the way Americans might keep Tylenol in their purses. It's absolutely ordinary stuff. It was over the counter really in any country which had malaria or any country that had citizens that would visit malaria countries on holiday it was over the counter. For example, it's over the counter in France. The only reason it wasn't over the counter in America is there just wasn't a consumer demand.

In America, we use hydroxychloroquine for two main reasons, lupus, and rheumatoid arthritis, and also for malaria for people going on holiday but generally, it's lupus and rheumatoid arthritis. And for those illnesses patients regularly see physicians so they can get a prescription for it.

That's why it was never over the counter here, not because it was unsafe. It's been FDA approved for 65 years. We give it to babies, we give it to children, we give it to pregnant women, we give it to nursing mothers, we give it to the elderly, and we give it to the immune-compromised. Those last two categories take this medication for decades. There's never a pretense that it's not safe. That's the drug that you've been hearing about for nine months now ten months telling you it's unsafe! It's an incredible lie of incredible proportions! Once you understand that you will be suspicious of everything that follows.

So that's where I found myself. There I was in the emergency department treating patients as they came in with Covid-19, and once we had the rapid test so I can confirm the diagnosis, my first patient who I needed to give hydroxychloroquine and zinc, I did it and even knowing the kind of the controversy I really didn't think twice about it. It was fine. I gave it to her, I actually called her the next day. She was so much better. She herself got better within about 12 hours. In about 48 hours she was essentially completely well. This completely matched what I had read in the scientific literature. I knew many doctors have done this. I've read many journals. It was completely consistent. What was really shocking and completely inconsistent was my medical director who calls me the next day and threatens to fire me for doing this, this treatment! I can't even tell you even as I describe this moment to you, it's shocking to me. I remember the case, the situation, the

conversation, and he's saying he's going to fire me. And I said, "why would you fire me over this?" "Well, I don't think it works." I said, "well then. Don't prescribe it! You haven't read the science the way I have. I know it works you'll change your mind in a couple of months when you get a little wiser, but why would you get involved with me treating a patient? You do your thing I do my thing that's how medicine is practiced." we are licensed as individuals.

It's actually against the law to have what's called a corporate practice of medicine. It has to be the individual doctor's position. That's why patients go to multiple doctors, right? (Applause) and really the almost the worst part of the conversation was not even that he was ignorant that the drug worked but his reasons for saying that he was going to fire me if I did this and the reason which he put in writing because he wasn't so smart he said it was because the biggest payer at that hospital which is a large insurance company that everyone here has heard of that's back on the West Coast mainly, didn't want us to prescribe it, they were blocking it. So that payer insurance company was pressuring the hospital that their doctor shouldn't do it. It had nothing to do with even if he thought it was good or bad for the patient, it all had to do with money and payment. Honestly, I still can't believe I'm relating this story! It was really unbelievable. So he said I could never do that again. I said well good luck with that. So it kept happening. It happened about four or five times. And I kind of knew that my days at that

particular hospital were really we're going to be numbered, right? I mean, how long is this going to last?

So I started looking online for other physicians like myself. I knew I couldn't be the only one. And I found the most amazing group of doctors really just brilliant intelligent compassionate kind, and we got together and we called ourselves the America's Frontline Doctors. And what I felt needed to happen was we needed to break this disinformation cycle to which the Americans were all being subjected to, and people across the world as well. So I set up to do something called the White Coat Summit which was an entire day of education. We brought doctors and we brought social media influencers, young people know them as YouTubers. So we brought a whole bunch of YouTubers and a whole bunch of doctors we brought to Washington. We did seven hours of education and we laid out all the facts, very dispassionate, here are the facts on hydroxychloroquine, here are the facts on lockdowns, here are the facts on masks, here's the facts on schools and kids transmission, here's the facts for the elderly, here's the facts on other treatments other than hydroxychloroquine. And we did that. In the middle of that day, we took a break and we walked over to the supreme court and that was the video that got 20 million views. It gets 20 million views not because I can sing like Beyonce but because human beings recognize truth, we have something inside of us. (Applause) I really emphasize that point because you can't get to 20 million views nobody plans such a thing it's only

if people say "oh my gosh you got to listen to this you got to listen to this." you recognize the truth, you recognize the truth. So I guess after a while big tech caught up with the fact that this was like breaking the internet. And so within an hour all of the platforms censored us simultaneously. So it's essentially a monopoly. We're talking about Youtube, Instagram, LinkedIn, Facebook, Twitter, all went down immediately. (Webmaster: It's on Bitchute!) The President had retweeted us, the President's son had retweeted us.

And from that moment on everything really kind of changed. I did get fired from both of my hospitals. It is a scary experience to get fired especially when you've worked as long as I have to be a board-certified emergency physician, and that's what I do. I'm a mom, I have kids it's not a comfortable feeling to be fired. You don't know what the future holds. On the other side of this which is now several months, it's really been a blessing, because we doctors have been able to come forward and speak freely and help other doctors who've been put in this situation. There are several of my peers, several doctors in the Americas Frontline Doctors group that have faced tremendous personal pushback. There's a fellow right now in Oregon who refused to force the mask. He won't wear it and he won't force his staff to wear it. If you want to wear it. He was public about it. So the state of Oregon actually yanked his medical license. And when I when he first told me this, I thought this can't be possible because you may not know but I'm also an attorney and it was impossible to conceive

of an event like that happening without due process. I mean the whole thing about law if anybody's been involved in the law at all it's all about process. You've got to go through the process. You can't just pull someone's license. You have to have hearings and phone calls and papers filed and all that. I really just thought oh he missed his deadlines, but it was true. They actually just summarily pulled his license. It's unbelievable.

This is 12 minutes and 26 seconds of the 56-minute video. I hope this text inspires you to want to listen to the rest.

Also, see the famous video of the doctors before the Supreme Court!

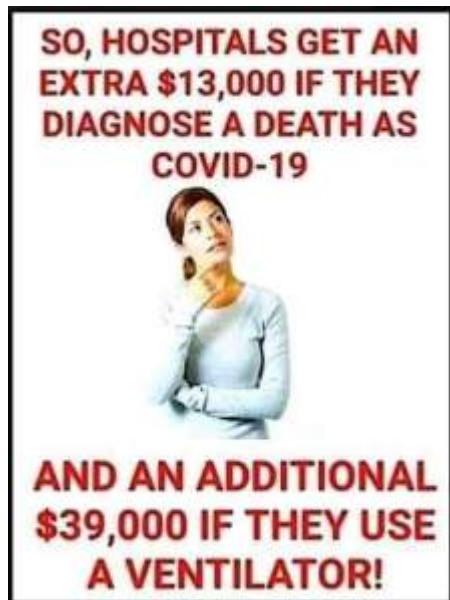
Doctors Around the World
Issue Dire WARNING: DO
NOT GET THE COVID

VACCINE!! – With Text



I'm a medical doctor and board-certified forensic psychiatrist. This pandemic is not a real medical pandemic. The COVID-19 vaccine is not proven safe or effective because there has not been enough time. In addition, there is not a clear definition of any new disease for which it can be tested against. There has not been a virus that has been purified or shown to be the cause of an illness.

The COVID-19 Genocide of
2020 – By Robert F.
Kennedy Jr.



This is perhaps the most shocking and clearest warning about the New World Order – AKA the Shadow Global Government’s plan to take over the world at our expense through actual GENOCIDE! I urge you to either listen to the video or read the text. This time I didn’t have to transcribe the text. I got it from a PDF file you can download: [The-COVID-19-Genocide-2020](#) It was written by the son of RFK who is very much alive and well!

I found the video on Bitchute.

Each time a person stands up for an idea, or acts to improve the lot of others, or strikes out against injustice, s/he sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring, those ripples build a current that can sweep down the mightiest walls of oppression and resistance. – Robert F. Kennedy Sr.

“COVID-19” was long pre-planned in documents and

simulation exercises emanating from the eugenicist Bill Gates and the Rockefeller Foundation. A platform with 200 detailed levels is provided by the World Economic Forum led by Klaus Schwab, a technocrat and promoter of transhumanism, in order to provide detailed instructions on how the "COVID-19" pandemic is to be used to implement a global monetary reset¹ and digital currency, technocracy and totalitarian government worldwide under the guise of socialism and environmentalism, with China as the model, and enslave humanity through a sinister vaccine conspiracy.

Earlier attempts were made to engineer pandemics but none succeeded. This time, the World Health Organization changed its pandemic criteria in advance so that it could declare a pandemic on spurious grounds.² Tedros Adhanom Ghebreyesus, a terrorist and accused genocidist was appointed head of the World Health Organization in order to orchestrate the pandemic and facilitate the totalitarian takeover.^{3,4}

Wireless technology suppresses the immune system. 5G is implicated in COVID-19 through correlations between the locations of the 5G rollout and morbidity/mortality,^{5,6} as well as the prior administration of flu vaccinations in Wuhan ⁷ and Milan. ⁸ The symptoms of "COVID" are virtually identical to the symptoms of exposure to electromagnetic radiation (EMR).⁹ Extensive military research over many decades was kept secret and regulatory agencies were co-opted in order to prevent the public learning about the extreme

dangers of electromagnetic radiation.¹⁰ Doctors receive no training on the risks to health of exposure to EMR and therefore misdiagnose EMR symptoms. Hospitals are extensively equipped with 5G, putting patients lives at risk.

5G serves many purposes. It is a depopulation and military weapon and facilitates the introduction of technocracy and totalitarian control by enabling surveillance, facial recognition, 24/7 monitoring of individuals, mind and body control, and – in combination with vaccines and chemtrails containing nanoparticles – the torture or murder of targeted individuals.¹¹ EMR can be used to simulate pathogens and overwhelm the immune system¹² and cell phones may be being used to simulate “COVID-19 contagion” among co-workers or family members. 5G has been widely installed terrestrially and in space to target and control populations.

The illegal coronavirus measures were used by governments to accelerate the 5G rollout and install 60 GHz public access points in schools in order to target children.¹³ Illegal legislation has been put in place in numerous countries:¹⁴

- * To remove civil liberties
- * To destroy economies
- * To close down small and medium-sized businesses¹⁵
- * To separate, isolate and terrorize family members
- * To impoverish people, including by destroying jobs
- * To remove children from their families
- * To intern dissenters in concentration camps

- * To grant immunity to government operatives to commit murder, rape and torture (UK)¹⁶
- * To use the police, army and mercenaries to control populations
- * To force-vaccinate populations with a non-medical vaccine containing population control mechanisms without their informed consent.¹⁷

There is and was no pandemic since “the curve” was flattening before the lockdown measures were put in place. Mortality is at a lower level than in previous years. ¹⁸ The PCR test, which was never designed as a diagnostic test and gives up to 94% false positive results, is used by the oligarch- and government-controlled mainstream and social media platforms to terrorize populations for the purpose of obtaining obedience. The illusion of a pandemic is stoked by doctors being forced to attribute virtually every death to “COVID”. Medical staff and doctors are intimidated to prevent them speaking the truth about the fake pandemic. In the UK, the death certificate is being changed to prevent relatives being able to question the cause of death.¹⁹

Tens of thousands of doctors have now come out to confirm that “COVID-19” is a hoax. ²⁰ , ²¹ There were no “COVID” deaths in Ireland until 20 April and since then, the lockdowns have been based on 98 deaths out of 5 million people, while 30 thousand die annually from other diseases. Only people with a “hot” infection, with symptoms such as headaches or a sore throat, are contagious – 86% of “COVID” “cases” are asymptomatic carriers and therefore

harmless.22

A Stanford University antibody study concluded the death rate to be between 0.1 to 0.2%, right in line with the seasonal flu. Initial projected death rates from the World Health Organization “were 20 to 30 times higher.”²³ In June, the US Centers for Disease Control confirmed the overall infection fatality rate (IFR) to be just 0.26%, way lower than the 3.4% estimate of WHO, which helped drive the panic and the lockdowns.²⁴ But even that is an overestimate: the infection fatality rate for non-nursing home residents is likely only 0.1% or 1 in 1,000.

The UK and German governments stated in documents that they were deliberately ramping up the fear level, including traumatizing children by making them believe that they would torture and kill their relatives if they failed to wash their hands and obey the corona measures. Children were made to believe that they could show their love for their grandparents by not coming near them. Social distancing is a torture technique devised to traumatize²⁵ and its purpose is to condition people to distance themselves from others so that they can be seen and targeted by the 5G weapon.

Government and WHO policies are deliberately aimed at killing people. In many countries, doctors were ordered not to admit the elderly to intensive care units and to withdraw all health care, and national health systems stopped providing health care other than that for “COVID”, abandoning the sick to die.

In France, the government issued a decree ordering doctors to administer to the elderly a drug restricted since 2012 as it was contra-indicated for respiratory problems.²⁶ In the US, hospitals were heavily bribed to diagnose "COVID" and put patients on ventilators that killed them. WHO and governments suppressed successful treatments, one in particular in use for 70 years, and harassed doctors successfully saving patients. Autopsies that would reveal true cause of death were mostly prevented. Forensic Pathologist Professor Klaus Püschel declared having not seen a single case of "COVID-19" in autopsy that did not include other serious pre-existing diseases.²⁷

Governments and WHO promoted and enforced mask-wearing by the public in full knowledge that they provide no protection from any virus, ²⁸ but cause serious neurological and respiratory damage, putting people's lives and health at risk.²⁹

In the UK, the death rate rose only after the general lockdown was implemented. ³⁰ Top economists are warning that the UK government is "killing more people than it could possibly save" through lockdowns.³¹ The UK Daily Mail carried out an audit of 130 studies from journals, academics and charities, documenting the social and health devastation and deaths caused by lockdowns.³² In one county in the US, suicides among young people rose 100%. ³³ A million New Yorkers can no longer afford food. ³⁴ Britain's WHO envoy has said that world poverty will double by 2021 as a result of lockdowns.³⁵

The “COVID” vaccine

Bill Gates wants to reduce the world population.³⁶ He introduced his vaccine containing the electronic nanochip “marker” intended to “mark” and control 7 billion humans at the ID2020 Conference in 2019. ID2020 is intended to provide a unique digital identity for all humans by 2030 that closely interlocks this digital identity with access to commerce and secure access systems. ³⁷ This is the electronic enslavement of humanity.

The subcutaneous chip will be able to:

- * Influence the behaviour of the chip-bearer (manipulate and control crowds)**
- * Eliminate categories of people (reduce the world population)**
- * Ensure vaccine compliance³⁸**
- * Permanently locate the bearer (exit civil liberties)**
- * Integrate 7 billion people into the cloud and operate with an all-digital system that is the equivalent of a credit on a company store.³⁹**

Nanochips and liquid crystals in vaccines can influence human behaviour, without concern for political ethics.⁴⁰ And the upcoming vaccine is intended to genetically modify humanity for all future generations,⁴¹ in effect deleting humanity altogether as humans become transhumans or robots.⁴²

South Korea has just had 9 flu shot deaths and 432 adverse reactions, while 5 million doses of vaccine

were not refrigerated.⁴³ One volunteer in AstraZeneca's new "COVID" vaccine has just died⁴⁴ and two of the trials have been halted because participants became sick.⁴⁵ These "COVID" vaccines are not following normal trial procedures and are being rushed out in case the pandemic hoax peters out too soon to convince people to take the vaccine. Governments are giving the pharmaceutical companies full immunity from injury lawsuits.

Increasing numbers of people are saying that they will refuse the COVID-19 vaccine, with about half the US and UK populations saying so.⁴⁶ And yet certain governments are planning to force vaccinations on populations using the army ⁴⁷ while others are planning to ban vaccine refuseniks from work, school or travel.⁴⁸

Humanity is in extreme and imminent danger

Some good people are launching legal cases to stop this war on humanity, among them the Italian Catholic Association,⁴⁹ Simon Dolan and the Bernician in the UK. Children's Health Defense and the Environmental Health Trust are bringing cases against the Federal Communications Commission for its refusal to review its outdated thermal exposure guidelines on electromagnetic radiation. ⁵⁰ Common law movements are under way in several countries.

But all of this is too slow. The perpetrators of the COVID scam are still imposing lockdowns and destroying lives, businesses and families. The entity behind all of this, the World Economic

Forum, told us in 2017 about the world they want to see by 2030:51

- * You'll own nothing—you'll be renting everything
- * The U.S. won't be the world's leading superpower—because everything will be under totalitarian, technocratic control and there will be no nation states
- * You'll eat much less meat—you won't be allowed to
- * A billion people will be displaced by [fake] climate change— countries will have to welcome more refugees
- * Polluters will have to pay to emit carbon dioxide—"polluters" will include farmers trying to grow food crops52
- * Western values will have been tested to the breaking point— your culture will be eliminated and replaced with Maoist technocratic slogans.53

They are engineering food shortages in numerous different ways.54 They are building concentration camps for dissenters.55 They want to impose a forced vaccine full of nanochips for immunity passports and cryptocurrency, and nanoparticles so they can track, surveil and control us, including our minds. This vaccine is intended to genetically modify humanity for all future generations. In the US, Soros and 269 major corporations are funding Black Lives Matter and destroying America with the complicity of corrupt Democrat politicians.56 They want civil war everywhere. In Austria, France, Switzerland, the US and other countries, many people are armed and trained to fight. We cannot give them what they want. We must stop this agenda

in its tracks, take power ourselves and arrest the perpetrators.

Conclusion

Governments are corporations obeying orders from the World Economic Forum and are no longer serving their peoples. They are acting in contravention of international and national laws and no longer have any legitimacy. We are witnessing the collapse of the rule of law. Governments, elected representatives and international institutions, including the UN, and private clubs such as the International Commission on Non-Ionising Radiation Protection, and the World Economic Forum are complicit in this "greatest crime against humanity ever committed". 57 Only the sovereign peoples of this world have legitimacy under these circumstances.

The perpetrators, including Klaus Schwab, Prince Charles, Bill and Melinda Gates, George Soros, UN Secretary-General Antonio Guterres, and WHO's Tedros Adhanom Ghebreyesus and Michael Ryan, the New Zealand Prime Minister Jacinda Ardern, UK Prime Minister Boris Johnson and UK Health Minister Matt Hancock, French President Emmanuel Macron and Prime Minister Edouard Philippe, German Chancellor Angela Merkel, Austrian Chancellor Sebastian Kurz, Elon Musk, Mark Zuckerberg, mainstream journalists and others must be seized and brought to justice in new Nuremberg trials.

Politicians, journalists peddling fake news for the

mainstream media, and others may be granted immunity if they change sides now, join the people before it is too late, and become whistleblowers.

We call upon the human population to shun these genocidal monsters in hotels, in restaurants, in taxis, wherever you come across them. Turn your back on them and show them the contempt they deserve for their psychopathic behaviour and genocidal intent.

We call upon the armies and the national police^{58,59} to stand with the people against the conspirators, who aim to expropriate you, too, and take your children, too, and genocide as many of us as they find convenient. Police and armies will be replaced by machines in the New World Order. You, too, belong with the people and we ask you to stand with us in defending our humanity, our health, our families, our children, indigenous peoples and all of the natural life on Earth that sustains and protects us.

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Testimonial from a Former Government Agent Who Predicted the Pandemic 20 Years Beforehand!



Testimonial from Joseph Spencer a Former Government Agent Who Predicted the Pandemic scam 20 Years Beforehand!

Pastor John MacArthur Proves There is NO Pandemic!



Dr. John MacArthur cited a recent CDC report on causes of COVID-19 deaths (Here is the [CDC report in question](#)). Only 6% of people with COVID-19 died *from* COVID-19! The rest died *with* COVID-19 and from other underlining health conditions.

Click on the image to play it.

<https://www.wthrockmorton.com/wp-content/uploads/20>

Will the Covid-19 Moderna Vaccine Create Transhumanism?



Dr. Carrie Madej, DO is an Internal Medicine Specialist in McDonough, GA and has over 19 years of experience in the medical field. She graduated from Kansas City Univ Of Medicine Bioscience College Of Osteopathic Medicine medical school in 2001. She is affiliated with Southern Regional Medical Center. (Reference: <https://www.healthgrades.com/physician/dr-carrie-madej-y7thx>)

This article is all about the dangers of a new experimental vaccine for COVID-19 from a company called Moderna. Even if Youtube bans this video, the text will remain! And if the video is banned, if you tell me about it, I'll post it directly on my own server.

So what do you think about going from Human 1.0 to Human 2.0? And what does that mean? Well, going from humans as we now know ourselves to human 2.0 has something to do with transhumanism. If you're not familiar with that term, it's about taking humans as we know ourselves and melding with artificial intelligence. It's kind of like being in the matrix if you've ever seen that movie. And that may seem kind of cool to you. We might have some superhuman abilities, maybe be able to think of something and it happens, maybe have some physical abilities that would be almost super human-like. That's the idea, that's what you see in sci-fi movies.

And for myself, thinking about this topic I'm like, well I have some time I think that's many years in the future. However, this question, this idea is now right at this moment. We need to make a decision. And I found out that we need to make a decision about this because I investigated the proposed COVID-19 vaccine. And this is my alarm call to the world.

I looked at the pros and cons and it frightens me. And I want you to know about this. You need to be very well informed because this new vaccine is not

like your normal flu vaccine. This is something very different. This is something brand new. This is something completely experimental on the human race. And it's not just about being a different vaccine there are technologies that are being introduced with this vaccine that can change the way we live, who we are, and what we are, and very quickly.

I think that you know some people that you might know these names Elon Musk who is the founder of SpaceX and Tesla automotive, as well as Ray Kurzweil who is one of the bigwigs of Google. These are self-proclaimed transhumanists. They believe that we should go to Human 2.0 and they are very big proponents of this. There's a lot of other people that you might know their names, they're also involved with this so you should look that up.

I think the easiest way to explain this to you is to go with one of the front runners for the vaccine and go into a little bit of the history and tell you how they want to make the vaccine, and I think that will speak volumes. So for instance Moderna is one of the front runners for the COVID-19 vaccine. You should know that Moderna was founded by a person from Harvard, Derrek Rossi, and this researcher actually was successful in taking some modified RNA and being able to reprogram a stem cell in the body and change the function of the stem cell. He actually made it genetically modified, okay? So you can – he proved – that you can genetically modify something by using modified RNA. So they founded the company Moderna on this

concept. It's kind of a new kid on the block, okay, it's not been around that long. In fact, it hasn't even made any vaccine for a human before. It's made no medicine for a human before. This will be their first run.

You must know that Moderna was in the news recently because it really fast-tracked, it's like the other companies, it's fast-tracking the vaccine. It's going from phase one to phase two very very quickly. In fact, it's gone from phase one to phase three and its experiments from March of this year until currently. I mean that is unbelievable! It usually takes five or six years! How are they able to do this with the safety and efficacy data that we need?

And I want you to know that in phase 2 we only use between, they're only using between 30 and 45 humans. In Moderna's test study they only used 45 humans. And with the high dose vaccine group, they got 100 percent of those people got systemic side effects, 100! That's only in the short side effect profile. In the low dose vaccine, 80 percent got systemic side effects. Now we don't even know the long-term side effects from that. We would need a lot longer time, right? Maybe years. But we do know based on previous animal studies of using this technology that you can expect possibly increased cancer rates, increase mutant genes, mutagenesis, also increased autoimmune reactions. For instance, in some of the ferret studies they saw that when the ferret was introduced to the virus that they were trying to protect the ferret from after the

ferret got the vaccine they actually had an exaggerated immune response, it actually hurt the ferret. They had more lung inflammation, more lung fluid, even some problems with their liver. It actually hurt them. They had a poorer response.

Okay, so this those are longer-term reactions and that could be seen with this vaccine, but we don't know the data yet. So it's not without risk. And how are they doing this? Well, they're actually suggesting to use a platform, let me just explain how they would administer the vaccine. So the vaccine there's an idea called micro-needle platform, okay, this was developed by MIT, and they said it could be very easily produced, okay, and mass-produced. This is why they're proposing this technology, and many millions of vaccines could be made quickly. They could also be administered by yourself. So the idea is to get a band-aid, it looks like a band-aid that you buy in the drugstore, it's shipped to you through Amazon or UPS or some other shipping service. You take it out of the package, you put it on your hand like this, and then you take the sticker off, and voila you've been vaccinated.

So how is that possible? Well in this band-aid, it has little tiny spicules little tiny needles. And this was designed after a snake viper fang bite, okay, or snake viper bangs, little snake bites. Anyway, in these tiny little spicules, they claim you won't really feel it that much, there's their little Hydrogel, it's a material called Hydrogel. Inside the Hydrogel would be a Luciferase enzyme as

well as the vaccine itself.

So what is all that? So first of all, you're getting the vaccine. It's modified RNA or modified DNA. Let's take Moderna, modified RNA. So in that modified RNA, the idea is that the micro-needles would puncture into your cell membrane, and this synthetic piece of an RNA, it's a code for the part of the virus, where they could use a synthetic DNA to code for the part of the virus would go into your nucleus. Your body would start transcribing it, would start reading it, and making more of that part of the virus. Well, why would we want to make more of the virus or part of the virus? The idea is your body would get used to seeing it, would know how to make antibodies, and would have an improved T-cell response. And the idea is then when you saw it in the future your body would already know how to fight it and it would be a better response, that's the idea.

The problem with that is they're using a process called transfection. And transfection is a way that we make genetically modified organisms. I think you know about those fruits and vegetables. They're not as healthy as the normal wild type fruit and vegetables. So possibly you could extrapolate that to a human. If we become genetically modified, we would not be as healthy. We don't have long-term studies on this anyway, this is unbelievable. And you know, the vaccine manufacturers have made the statement this will not alter our DNA, our genome. I say that is not true, because if we use this process to make a genetically modified organism,

why would it not do the same thing to a human? I don't know why they're saying that.

Now if you look at the definition of transfection, it'll tell you that it can be a temporary change in the cell, and I think that's what the vaccine manufacturers are banking on, it's temporary. Or, it's a possibility for it to become stable, to be taken up into the genome, and so stable that it will start replicating when the genome replicates meaning, it is now a permanent part of your genome. That's a chance that we're taking. So it could be temporary, or it could be permanent. And we would never know that for years down the road, honestly.

So, here we go, we've got something that can alter our genome. It's a possibility. And another thing on that, if they're altering the genome, what would be the effects? I told you previously some of the side effects, but also we need to know that this is a synthetic piece of DNA or RNA, and if it becomes taken up into the genome of a human, it's synthetic, it's not from nature. And if you look at the Supreme Court justice ruling on synthetic DNA or genes, it can be patented. And patents have owners.

So what does that mean for us? What if this gets into our genome? Does that mean Moderna or the Bill and Melinda Gates Foundation, or the Department of Defence, all of these people who are involved in the patents, are they somehow going to own part of our genome? It's a possibility. You need to know that.

So that's one part of this delivery system, just one. Now let me go to the next. The next part of the delivery system is a Luciferase enzyme. They named it, they patented it Luciferase. I don't like that name Luciferase, because it has bioluminescent qualities which means it can produce a light or has a light source. And all of this would be under your skin and you cannot see it. Now the Luciferase is an idea because they want to make sure that you're vaccinated. They don't trust medical records, they don't trust you saying that you got vaccinated, they want to make sure, they want to make sure it was successful, a successful transfection, a successful gene modification. So when you get the Luciferase enzyme if you have an iPhone or special app on the iPhone, you can scan over that area and it will give a digital code, a digital imprint, a digital pattern, something that will identify that you were vaccinated. It holds your vaccination record. It also gives you an ID, a number, a bar code, a branding, whatever you want to call it, a tattoo, it's all the same thing. You now become like a product.

So we have that. Now the third thing I mentioned was Hydrogel. So Hydrogel is actually an invention from DARPA, the Department of Advanced Research Projects Agency. This is kind of a sci-fi kind of a group from the Department of Defense, Pentagon, of the US government. They make these fantastic inventions. So one of them is Hydrogel.

Hydrogel, you can look on Youtube, look at PROFUSA, it is one of the companies, DARPA, as well as

Hydrogel, and you'll find some little two-minute clips that they describe. So Hydrogel's nanotechnology: microscopic little robots, and these little robots, actually I know it sounds crazy, it's still crazy to me, but it's possible, they can disassemble, reassemble, assemble, into and make different things. So with this Hydrogel, it's really nano technology, so that's something you know robotic or something that's artificial intelligence, it has the ability to connect with artificial intelligence.

So this means that a human can now connect to directly and gather information from our bodies, and gather it and connect with your Smartphone, with the cloud, with some other smart device. And once this is done, this is 24 hours a day, seven days a week, 365 days a year. Think about that. think about how immediately that could change our privacy, immediately can change our autonomy, immediately change our freedoms. That can gather data like your blood sugar, your oxygen, your blood pressure, those sound great, but it also can gather many other things. It can gather they say your emotions, or your menstrual cycle, your activity, if you've fallen, your nutrients in your body, if you took medicines. It's a potential to see if you took illicit drugs, it's got a potential to see almost anything that goes on in your body. And all of this information is going where? That has not been addressed. Who's protecting this information? What are they using it for? This is really serious stuff, guys! This is all being proposed to being unveiled in the next vaccine.

The other thing to know is with this nanotechnology, Hydrogel, artificial intelligence, you know, hook up just like your cell phone. You can send a text message you can send an email but also you can receive them back. So that means we could receive information. What information would be coming back into us? Would it affect our mood? Our behavior? Would it affect how we think or our memories? If you haven't watched the movie Matrix, I think you should. I think there's some truth in that movie. I see so many wrong things with this vaccine. And I see that we are not talking about it in the major media. And I see that I feel that these companies are outright lying to us when they say they cannot affect our DNA, because by all definitions that they are using, this can affect our DNA.

So guys I wanted to make this video short because I wanted to get the point across. I wanted you to really do your own research. So know that there are many risks that we're seeing here and there is some we really need to know if we really want to go from human 1.0 to human 2.0.

And let me also tell you that there are some major names behind these vaccines. You're always going to see like the Department of Defense from the US government, sometimes DARPA like I told you. Why is the military involved with our vaccines? You see the Bill and Melinda Gates foundation everywhere with this. If you look you'll find that name almost always.

And let's go back to the Bill and Melinda Gates Foundation. I want you to look up, what, let's look at the track record, let's look at what that man stands for. His family comes from a family of eugenics. What does eugenics mean? Population control, meaning there are too many people on the planet. It's important to know. He's been on video stating that he thinks with a very good new vaccine we could get the earth's population to be decreased by 10 to 15 percent. Well, who's going to stay and who's going to go? And who is he to decide? He doesn't have a medical background, no epidemiology background, no science background. He's not a doctor. A software tech that's what he is.

I'd also like you to realize I always look at who has a vested interest. What are their motivations? What is his motivation? Right? We already know his family background. Well, what's great concerning to me is that DARPA, this military agency, as well as the Bill and Melinda Gates Foundation, is very interested in something called gene drive research or technology, or gene extinction technology. And it's exactly what it sounds like. By using genetic mutations, by use of transfection, for instance, you can exterminate an entire species from the planet. They are proposing to use this for mosquitoes, for instance, in Africa. But guys, our world is a delicate ecosystem. Who is saying one species goes? You destroy one species, you could affect an entire ecosystem. So when you exterminate an entire species you will affect an entire ecosystem. It's a very delicate balance. And who is to say who's going to stay and who's going to go?

Who's got that knowledge? Why aren't we talking about this? And guys, if we can do it to an insect, we can do it to an animal, we can do it to a human. I bring this up because if these agencies that are behind the vaccine also stand for that, do you trust them with your health? Do you trust them with your family? Do you trust them with our children?

The other thing is we're rushing this to production. What is the motivation behind that? We need to really think about this.

I've also stated in the past that we need to know that there are at least in the United States there are mandates passed that make the vaccine manufacturers have no liability, zero liability for any harm done to any human. If people are killed, if they're hurt, if they're paralyzed, if they're maimed for life, it doesn't matter. You have no recourse. And they still make all their profit. So there's no incentive for them to make it safe anyway.

I also want you to know that one of the mandates the emergency preparedness act that's that says they can force a vaccine on us. They cannot force a vaccine if there is a viable treatment for the COVID-19. And I want you to know that doctors around the world are being censored about treatment options for COVID-19 or prevention for COVID-19. Because if there's a true treatment or prevention then they can't force this vaccine on us. I want to bring that up because what in the world is the motivation of doing this? Is it really in the

health of all of us? As a doctor, I can't see how this is in the true health of the entire world. I think there's another motive, another agenda going on. The more I look at this the more that comes up.

So I'll leave you with this. I want to make this short and sweet, sweet so that you can digest this and think about it. Do you really want to go to Human 2.0? I don't think it's the fantasy you see in the movies. We need to come together, and we need to unify our voices because people in positions of power taking care of our health are not in our best interests. But together we have power. Together united our voice is strong. So I encourage you to do critical thinking. Do your own research. Join groups in your State. Go to your state legislature and you tell them no, no to these experiments on humans, no to an invasion of privacy, no to censorship. We are sovereign human souls and we need to take our rights back.

Thank you for listening. And you know, I always say my videos with the greatest of love and the greatest of peace. Thank you.

PLANdemic InDOCTORnation



Plandemic video segment from Mikki Willis featuring Dr. Judy Mikovits that expose the truth about the fake Covid-19 pandemic.

Celeste Solum – “Wicked Problems”



A wicked problem is a problem that is difficult or impossible to solve because it is either incomplete, it's contradictory and it changes requirements.

Plandemic – Dr. Judy Mikovits Interview Exposing Corruption in the Academic Community



This article is the text from a YouTube that is now banned. It was entitled,

Plandemic The Movie – What you're not being told about Dr. Fauci – Dr. Judy Mikovits, PhD Interview

I extracted the text with an on-line Youtube text extractor, downloaded the Youtube, and then proofread the text adding punctuation, formatting, paragraph breaks, capitalization, and correcting words and spelling. I'm sure it's not perfect but it's certainly more than good enough for you to understand clearly Dr. Mikovits' message. If you find any errors, I will be more than happy to correct them if you tell me about them. You can write in the comment section below the article.

The interviewer, Mikki Willis, is a former model

and actor and filmmaker. Willis, a married father of two, has been a filmmaker for two decades and started his own production company in 2001. He has also been a parent-advocate and supporter of many charitable causes.

I found that Bitchute dot com is still hosting the Plandemic video. I figured out how to embed it in this web article. At the time of this post, it's still live. But even if the video is one day removed from Bitchute, as long I am not removed from this life, the text below the video will stay.

(Mikki Willis:) Dr. Judy Mikovits has been called one of the most accomplished scientists of her generation. Her 1991 doctoral thesis revolutionized the treatment of HIV/Aids. At the height of her career, Dr. Mikovits published a blockbuster article in the journal, Science. The controversial article sent shockwaves to the scientific community, as it revealed that the common use of animal and human fetal tissues were unleashing devastating plagues of chronic diseases.

For exposing their deadly secrets, the minions of Big Pharma waged war on Dr. Mikovits, destroying her good name, career, and personal life. Now as the fate of nations hangs in the balance, Dr. Mikovits is naming names of those behind the plague of corruption that places all human life in danger.

(Mikki Willis:) So you made a discovery that conflicted with the agreed-upon narrative.

(Dr. Mikovits:) (Laughs) Correct!

(Mikki Willis:) And for that, they did everything in their powers to destroy your life.

(Dr. Mikovits:) Correct.

(Mikki Willis:) You were arrested.

(Dr. Mikovits:) Correct.

(Mikki Willis:) And then you were put under a gag order.

(Dr. Mikovits:) For five years. if I went on social media, if I said anything at all, they would find new evidence, and put me back in jail. And it was that one of the few times I cried, and it was because I knew there was no evidence the first time. And they when you can unleash that kind of force to force someone into bankruptcy with a perfect credit score, and so that I couldn't bring my 97 witnesses which included the heads, Tony Fauci, you know, Ian Lipkin, the heads of the public health in HHS who would have had to testify that we did absolutely nothing wrong.

(Mikki Willis:) And so what did they charge you with?

(Dr. Mikovits:) Nothing.

(Mikki Willis:) But you were in jail.

(Dr. Mikovits:) I was held in jail with no charges. I was called a fugitive from justice, no warrant, literally drug me out of the house. Our neighbors are looking at what's going on here. You know, they search my house without a warrant to literally terrorize my husband for five days. They said if you don't find the notebooks if you don't find the material which was not in my possession but planted in my house.

(Mikki Willis:) As if you took intellectual property from the laboratory, is that correct?

(Dr. Mikovits:) Yes. It was intended to appear as if I took confidential material, names, and intellectual property from the laboratory. And I could prove beyond a shadow of a doubt that I didn't. Heads of our entire HHS colluded and destroyed my reputation. And the Department of Justice and the FBI sat on it, and kept that case under seal, which means you can't say there's a case or your lawyers are held in contempt of court, so you can't even get a lawyer to defend you. So every single due process right was taken away from me, and to this day remains the same. I have no constitutional freedoms or rights.



(Mikki Willis:) Yet you sit here. I think a lot of people would probably have just taken the retirement out early, laid low, but you have decided to come forth when your gag order has been released to write a book called, Plague of Corruption – Restoring Faith in the Promise of Science, and you are naming names.

(Dr. Mikovits:) Absolutely.

(Mikki Willis:) Apparently their attempt to silence you has failed. And I have to ask how do you sit here with confidence to call out these great forces and not fear for your life as you leave this building?

(Dr. Mikovits:) Because if we don't stop this now we can not only forget our Republic and our freedom

but we can forget humanity because we'll be killed by this agenda.

(Mikki Willis:) So Anthony Fauci, the man who is heading the pandemic task force was involved in a cover-up?

(Dr. Mikovits:) He directed the cover-up. And in fact, everybody else was paid off and paid off big time, millions of dollars in funding from Tony Fauci, Tony Fauci's organization National Institute of Allergy and Infectious Disease. These investigators that committed the fraud continue to this day to be paid big time by the NIAID.

(Mikki Willis:) And the whole world is listening to his advice on how to handle this current pandemic. How do we know that what he's saying is what we need to be learning?

(Dr. Mikovits:) What he's saying is absolute propaganda. And the same kind of propaganda that he's perpetrated to kill millions since 1984.

(Dr. Anthony Fauci:) We know from this study quite clearly that there will be a delay in progression significantly greater than for individuals who do not take the drug.

(Dr. Mikovits:) It started really when I was 25 years old, it was part of the team that isolated HIV from the saliva and blood of the patients from France where Luc Montagnier had originally isolated the virus. This was a confirmatory study. But Tony Fauci and Robert Gallo were working together then

to spin the story in a different way. At that time Dr. Resetti was out of town, and Tony Fauci says, "you know, we understand that you have a paper in press, and we want a copy of it." And I said, "yes there's a paper in press, and it's confidential, and no, I will not give you a copy of it." He started screaming at me! Then he said, "give us the paper right now or you'll be fired for insubordination. And I just said, "I'm sure when Dr. Resetti gets back you can have the conversation."

And so Frank comes back, you know, several weeks later, and is really bullied into giving Fauci the paper. Fauci holds up the publication of the paper for several months while Robert Gallo writes his own paper and takes all the credit, and of course, patents are involved. This delay of the confirmation, you know, literally led to spreading the virus around, you know, killing millions!

(Lady news announcer:) Perhaps no one expressed the anguish of AIDS better than New York writer Larry Kramer. But he was even more angry at the federal government and the pharmaceutical industry. One person who felt Kramer's fury was NIH Dr. Anthony Fauci.



(Dr. Mikovits:) It has still been crushing to me to think that I didn't know my work in 1999 was something that had been avoided from 83 and 82 when the virus was isolated. The virus didn't have to wait until 84 to be confirmed. Think of how many people the entire continent of Africa, you know, lost the generation as that virus was spread through because of the arrogance of a group of people, and it includes Robert Redfield who's now the head of the CDC, right along with Tony Fauci. They were working together to take credit and make money, and they had the patents on it and tailored them to I02 therapy which was absolutely the wrong therapy. And had that not happened, millions wouldn't have died from HIV.

(Mikki Willis:) How can a man who's giving, any person who's giving global advice for health, own a patent in the solution in the vaccine? Isn't that a conflict of interest, or shouldn't it be?

(Dr. Mikovits:) It *is* a conflict of interest. And in fact, this is one of the things that I've been saying and would like to say to President Trump, repeal the Bayh-Dole Act. (Bayh-Dole Act or Patent

and Trademark Law Amendments Act (Pub. L. 96-517, December 12, 1980) is United States legislation dealing with inventions arising from federal government-funded research.

(From TV excerpt:) Bayh-Dole fundamentally changed the way universities approach technology transfer, and you can see that best in the statistics. Universities obtained 16 times as many patents today as they did in 1980. Now everybody's getting more patents but still, universities' share of all patents in the United States is more than five times greater than it was before Bayh-Dole. The situation has gotten so bad that one information technology industry official has publicly referred to universities as "crack addicts" driven by "small-minded tech transfer offices addicted to patents royalties".

(Dr. Mikovits:) That Act gave government workers the right to patent their discoveries, so to claim intellectual property for discoveries that the taxpayer paid for. Ever since that happened in the early eighties it destroyed science. And this allowed the development of those conflicts of interests. And this is the crime behind letting somebody like Bill Gates with billions of dollars – nobody elected him – he has no medical background, he has no expertise, but we let people like that have a voice in this country while we destroy the lives of millions of people.

(Bill Gates:) Normalcy only returns when we've largely vaccinated the entire global population.

(Mikki Willis:) If we activate mandatory vaccines globally, I imagine these people stand to make hundreds of billions of dollars that own the vaccines.

(Dr. Mikovits:) And they'll kill millions as they already have with their vaccines. There is no vaccine currently on the schedule for any RNA virus that works.

(Mikki Willis:) So I have to ask you, are you anti-vaccine?

(Dr. Mikovits:) Oh absolutely not! I'm, in fact, vaccine is immune therapy just like interferon-alpha is immune therapy. So I'm not anti-vaccine. My job is to develop immune therapies, that's what vaccines are.

(Mikki Willis:) Do you believe that this virus was created in a laboratory?

(Dr. Mikovits:) I wouldn't use the word created, but you can't say naturally-occurring if it was by way of the laboratory. So it's very clear this virus was manipulated, this family of viruses was manipulated and studied in a laboratory where the animals were taken into the laboratory and this is what was released whether deliberate or not. That cannot be naturally-occurring. Somebody didn't go to a market, get a bat, the virus didn't jump directly to humans. That's not how it works. That's accelerated viral evolution. If it was a natural occurrence, it would take it up to 800 years to occur. This occurred from SARS one within a decade.

That's not naturally occurring.

(Mikki Willis:) And you have any ideas of where this occurred?

(Dr. Mikovits:) Oh yeah. I'm sure it occurred between the North Carolina laboratories, Fort Detrick US Army Research Institute of infectious disease and the Wuhan laboratory.

(TV announcer:) 3.7 million dollars flowed from the National Institutes of Health here in the U.S. to the Wuhan lab in China, the same lab where many people have said that this corona virus infection first originated. We also now know that NI-AID, the department associated with the National Institutes of Health, of which Dr. Anthony Fauci is in control, had already been conducting experiments with the Wuhan lab in the past in regard to corona virus. If Dr. Anthony Falci cannot be honest with the public about his connection to this lab, then Fauci has to go.

(Dr. Mikovits:) In 1999 I was working in Fort Detrick, and my job was to teach Ebola how to infect human cells without killing them. Ebola couldn't infect human cells until we took it in the laboratories!

(Mikki Willis:) It's hard to ignore the death tolls. People have been dying and they are dying from this in quite alarming numbers. How do you reconcile that?

(Dr. Mikovits:) It's pretty easy when you see for

me when you see what the government has done and that is that they took, quoting Dr. Birx: "We've taken a very liberal approach to mortality."

(Meaning, Dr. Birx's doesn't care how many people will die? May the reader interpret what she said.)

If my husband were to die who has COPD, his lungs have fibrosis, his lungs would look exactly like somebody with COVID-19 theoretically, but he has no evidence of infection. So if you're not testing, and you don't have evidence of infection, and if you walked in there today, you know, they call it COVID-19. And we hear this from the doctors and nurses who are upset.

(Mikki Willis:) I've seen so many doctors online that have made their own web cam videos just perplexed by the protocol that the CDC had given them.

(Doctor:) Well, last Friday I received a seven-page document that sort of told me that if I had an 86 year old patient that had pneumonia but was never tested for COVID-19, but sometime after she came down with pneumonia, we learned that she had been exposed to her son who had no symptoms, but later on was identified with COVID-19, that it would be appropriate to diagnose on the death certificate COVID-19.

(Doctor:) When I'm writing up my death report I'm being pressured to add COVID. Why is that? Why are we being pressured to add COVID? To maybe increase the numbers and make it look a little bit worse

than it is? I think so.

(TV interviewer to a doctor:) Why would they want to skew the number of deaths due to COVID-19?

(Doctor:) Well, fear is a great way to control people, and sometimes people this ability to think for themselves is paralyzed if they're frightened enough. And that's not what I want people to be. I want people to say we're gonna get through this. I'm gonna use my head. I'm gonna go to different sources. I'm gonna listen to different sources. And I'm gonna think for myself because that's what America is about.

(Dr. Brix:) If someone dies with COVID-19 we are counting that as a COVID-19 death.

(Dr. Mikovits:) You don't die with an infection. You die from an infection.

(Mikki Willis:) I've talked with doctors who have admitted that they are being incentivized to list patients that are sick or have died with COVID-19.

(Dr. Mikovits:) Yeah, \$13,000 for Medicare if you call it COVID-19.

(TV announcer:) Right now Medicare is determined that if you have a COVID-19 admission to the hospital, you'll get paid \$13,000. if that COVID-19 patient goes on a ventilator, you get thirty nine thousand dollars, three times as much.

(Dr. Mikovits:) And you've killed them with the

ventilator because you gave them the wrong treatment.

(A doctor on video:) All the things that just don't make sense, the patients I'm seeing in front of me, the lungs I'm trying to improve, have led me to believe that we are operating under a medical paradigm that is untrue. and I fear that this misguided treatment will lead to a tremendous amount of harm to a great number of people in a very short time.

(Mikki Willis:) My next question is about Italy. I want to know why Italy was hit so hard.

(Dr. Mikovits:) Italy has a very old population. They're very sick with inflammatory disorders they got at the beginning of 2019, an untested new form of influenza vaccine that had four different strains of influenza including the highly pathogenic H1N1. That vaccine was grown in a cell line, a dog cell line, dogs have lots of coronaviruses, and that's why they're not testing there. You could just say, "oh it was that!"

(News announcer:) As the country begins emerging from the worst of the corona virus epidemic one question remains. What happened to all the hydroxychloroquine?

(A doctor:) We know that hydroxychloroquine and zinc are working great for patients. And then Fauci comes out and says "there's no double-blind control placebo study" which, by the way, Dr. Fauci, is there going to be a double-blind control placebo

study of *your vaccine*? Is there?

(News announcer:) In a survey polling nearly 2,300 doctors in some 30 countries hydroxychloroquine was ranked as the most effective medication to treat the virus.

(Dr. Mikovits:) The AMA was saying you know doctors will lose their license if they use hydroxychloroquine, the anti-malarial drug that's been on the list of essential medicine worldwide for 70 years! Dr. Fauci calls that anecdotal data! It's not storytelling if we have thousands of pages of data saying it's effective against these families of viruses! This is essential medicine, and they keep it from the people, not only now, but back in autism with our discovery, there was an old antiviral drug hundred-year-old drug called seromon on the WHO list of essential medicine. You literally gave kids with autism a voice, a life. What did Bayer and Monsanto do? They took it away from everybody! You couldn't get it to save your life right now. We tried, believe me, every way we could. So when you take away a medicine, and not just the WHO, the FDA, the CDC, Tony Fauci, close everything. Just end it all and we've got a healthy world again, and we got tons of money because we can take all that money they're making on their patents and we can give it to the victims of this plague of corruption.

(Mikki Willis:) Is it safe to say that anything that cannot be patented has been shut down intentionally because there's no way to profit from

it? – All these natural remedies that we have had forever.

(Dr. Mikovits:) Absolutely. That's fair to say. And that's exactly what's going on in COVID-19. The game is to prevent the therapies until everyone is infected and push the vaccines knowing that the flu vaccines increase the odds by 36 percent of getting COVID-19!

(Mikki Willis:) Where does that data come?

(Dr. Mikovits:) From a publication last year where the military who had been vaccinated with influenza were more susceptible to corona viruses. Corona viruses are in every animal. So if you've ever had a flu vaccine, you were injected with corona viruses. and then to put on a mask ...

(Doctor:) This doesn't make any sense. We wear masks in an acute setting to protect us. We're not wearing masks. Why is that? Because we understand microbiology, we understand immunology, and we want strong immune systems. Our immune system is used to touching. We share bacteria staphylococcus, staphylococcal bacteria, viruses. We develop an immune response daily to this stuff. When you take that away from me, my immune system drops. As I shelter in place, my immune system drops. You keep me there for months, it drops more. And now I'm at home hand-washing vigorously, washing the counters, worried about things that are indeed what I need to survive.

(A doctor next to the first doctor:) You know

you're not immunodeficient, and you're not elderly, you should be able to go out without any gloves and without a mask. I think if you are those things you should either set shelter in place or wear a mask and gloves. I don't think everybody needs to wear masks and gloves because it reduces your bacterial flora. It doesn't allow you to interact with society and your bacterial flora and your viruses, your friends that protect you from other diseases end up going away, and now you're more likely to get opportunistic infections, infections that are hoping you don't have your good bugs fighting for you if that makes sense.

(Another doctor:) And then as we all come out of shelter-in-place with a lower immune system and start trading viruses, bacteria, what do you think is gonna happen? Disease is gonna spike!

(Another doctor:) I guarantee when we reopen there's going to be a huge huge amount of illness that's going to be rampant. The building blocks of your immune system is virus and bacteria, end of story.

(Dr. Mikovits:) Wearing the mask literally activates your own virus. You're getting sick from your own reactivated corona virus expressions, and if it happens to be SARS-CoV-2, then you've got a big problem.

(Mikki Willis:) You're not the first virologist who has told me that we're doing the exact opposite of what we should be doing to contain and to create

immunity from this virus.

(Dr. Mikovits:) Why would you close the beach? You've got sequences in the soil, in the sand. You've got healing microbes in the ocean in the saltwater. That's insanity! (Thank God the governor of Guam re-opened the beaches!)

(Mikki Willis:) These institutions that are polluting our environment and our bodies, there was a time when they actually had to fight their own battles, but they've done such a great job at manipulating the masses, that it's other people shutting down other citizens, and the big tech platforms follow suit, and they shut everything down. There is no dissenting voices allowed anymore in this free country, which is something I never thought I would live to see.

(Dr. Mikovits:) Nor would I except what I've experienced since 2011. It's beyond comprehension how a society can be so fooled that the types of propaganda continue to where they're just driving us to hate each other. Hopefully, this is the wake-up call of all America to realize this makes no sense, and we win because it will take down the whole program with information like this. And for me it's the great news that the doctors are waking up and saying "wait a minute!"

(Doctor:) You doctors that are watching this and I see a lot of you right here, why are you not getting loud? I'm here to defend you. I'm here to defend my freedoms. I'm here to defend my family's

freedoms, my patients rights to choose what to do with their life. I'm just blown away! And I'm blown away why there are not more doctors like me talking about this all over the place. We should be banding together right now! You need to wake up because your liberties are getting taken away from you all because of fake news is out there. This is wrong! People should be going to jail for this stuff.

(Dr. Mikovits:) So it's not the scientists who are in any way dishonest. They're listening to people who for more than 40 years have controlled who gets funded, what gets published, and I'm sorry to say many many people will simply take the money and the fame and that support, things that absolutely aren't true.

(Mikki Willis:) What do you say to the medical professionals that are just beginning to get a glimpse of the depth to which they have been misled and steered away from their oath to do no harm?

(Dr. Mikovits:) I say forgive yourselves. It's the hardest thing to realize for all of us and is that with all the best intentions we studied we learned what we thought was the truth we had no idea that the data that we were being told was true, was not true. We've been taught now in our schools a very different science, you don't get funded if you don't speak the party line you don't get published. That was probably the hardest thing for me to take, is understanding that scientific journals would twist the discovery that should have healed all.

(Lady doctor:) Will the scientific community have the courage to answer the question of whether these diseases might have been of their own creation? Thank you. (Applause)

(Dr. Mikovits:) So what we did pretty much ever since I got out of jail, we started an education company. We wake up doctors. And it's very difficult, but every doctor who realized they may have been part of the problem has now turned that around to march toward a better society and restore faith in the promise of medicine. That's all we can do.

(Mikki Willis:) Well, Dr. Mikovits, thank you so much for your time it's been a real honor to sit here with you and particularly thank you for your courage.

(Dr. Mikovits:) Thank You Mikki, I appreciate it a lot.

(Dr. Anthony Fauci:) The idea that we are now a few days away from a new administration, given as you heard from the introduction that I have been around for a while and have had the opportunity of serving in five administrations, I thought I would bring that perspective to the topic today as the issue of pandemic preparedness. And if there's one message that I want to leave with you today is that there is no question that there will be a surprise outbreak. ... The thing that we're extraordinarily confident about is that we are going to see this in the next few years. Thank you. (Applause)

(End of part 1 of Plandemic)

2010 Rockefeller Foundation Paper Outlines 2020 Pandemic

Lock Step



This is right out of the horse's mouth! If you don't believe it, please read the document from where I got the text! You can download it from:

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I like for the reader to do further research and come up with their own conclusions rather than state my own opinions in the articles on this website. I hope you do so.

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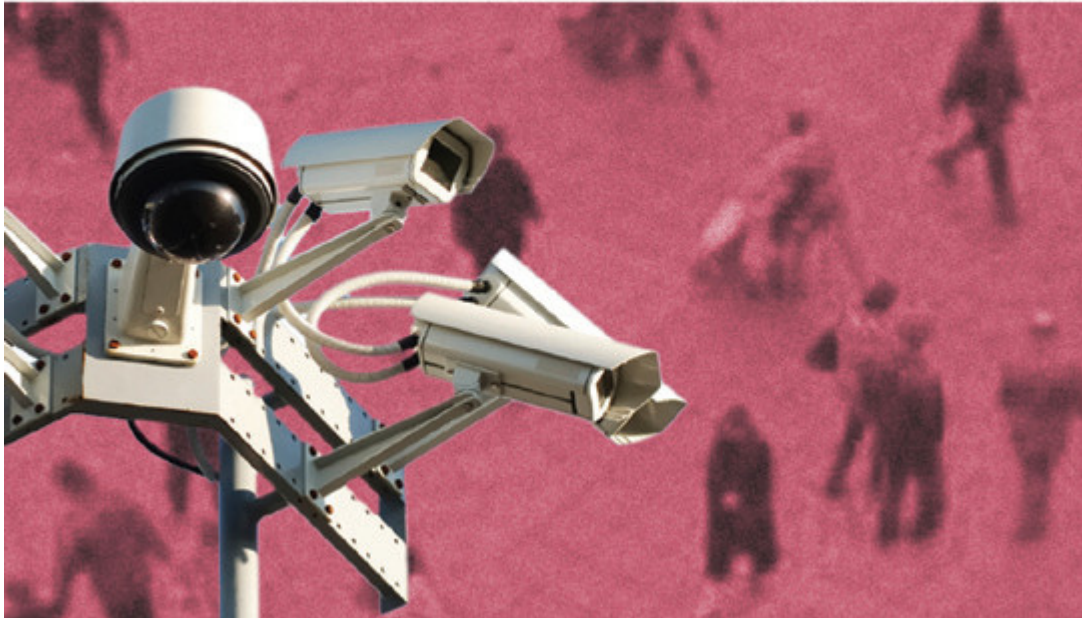
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May 2010

Scenario Narratives

LOCK STEP

A world of tighter top-down government control and more authoritarian leadership, with limited innovation and growing citizen pushback

Lock Step



In 2012, the pandemic that the world had been anticipating for years finally hit. Unlike 2009's H1N1, this new influenza strain – originating from wild geese – was extremely virulent and deadly. Even the most pandemic-prepared nations were quickly overwhelmed when the virus streaked around

the world, infecting nearly 20 percent of the global population and killing 8 million in just seven months, the majority of them healthy young adults. The pandemic also had a deadly effect on economies: international mobility of both people and goods screeched to a halt, debilitating industries like tourism and breaking global supply chains. Even locally, normally bustling shops and office buildings sat empty for months, devoid of both employees and customers.

The pandemic blanketed the planet – though disproportionate numbers died in Africa, Southeast Asia, and Central America, where the virus spread like wildfire in the absence of official containment protocols. But even in developed countries, containment was a challenge. The United States's initial policy of "strongly discouraging" citizens from flying proved deadly in its leniency, accelerating the spread of the virus not just within the U.S. but across borders. However, a few countries did fare better – China in particular. The Chinese government's quick imposition and enforcement of mandatory quarantine for all citizens, as well as its instant and near-hermetic sealing off of all borders, saved millions of lives, stopping the spread of the virus far earlier than in other countries and enabling a swifter post- pandemic recovery.

China's government was not the only one that took extreme measures to protect its citizens from risk and exposure. During the pandemic, national leaders around the world flexed their authority and imposed

airtight rules and restrictions, from the mandatory wearing of face masks to body-temperature checks at the entries to communal spaces like train stations and supermarkets. Even after the pandemic faded, this more authoritarian control and oversight of citizens and their activities stuck and even intensified. In order to protect themselves from the spread of increasingly global problems – from pandemics and transnational terrorism to environmental crises and rising poverty – leaders around the world took a firmer grip on power.

At first, the notion of a more controlled world gained wide acceptance and approval. Citizens willingly gave up some of their sovereignty – and their privacy – to more paternalistic states in exchange for greater safety and stability. Citizens were more tolerant, and even eager, for top-down direction and oversight, and national leaders had more latitude to impose order in the ways they saw fit. In developed countries, this heightened oversight took many forms: biometric IDs for all citizens, for example, and tighter regulation of key industries whose stability was deemed vital to national interests. In many developed countries, enforced cooperation with a suite of new regulations and agreements slowly but steadily restored both order and, importantly, economic growth.

Across the developing world, however, the story was different – and much more variable. Top-down authority took different forms in different countries, hinging largely on the capacity,

caliber, and intentions of their leaders. In countries with strong and thoughtful leaders, citizens' overall economic status and quality of life increased. In India, for example, air quality drastically improved after 2016, when the government outlawed high-emitting vehicles. In Ghana, the introduction of ambitious government programs to improve basic infrastructure and ensure the availability of clean water for all her people led to a sharp decline in water-borne diseases. But more authoritarian leadership worked less well – and in some cases tragically – in countries run by irresponsible elites who used their increased power to pursue their own interests at the expense of their citizens.

There were other downsides, as the rise of virulent nationalism created new hazards: spectators at the 2018 World Cup, for example, wore bulletproof vests that sported a patch of their national flag. Strong technology regulations stifled innovation, kept costs high, and curbed adoption. In the developing world, access to “approved” technologies increased but beyond that remained limited: the locus of technology innovation was largely in the developed world, leaving many developing countries on the receiving end of technologies that others consider “best” for them. Some governments found this patronizing and refused to distribute computers and other technologies that they scoffed at as “second hand.” Meanwhile, developing countries with more resources and better capacity began to innovate internally to fill these gaps on their own.

Meanwhile, in the developed world, the presence of so many top-down rules and norms greatly inhibited entrepreneurial activity. Scientists and innovators were often told by governments what research lines to pursue and were guided mostly toward projects that would make money (e.g., market-driven product development) or were “sure bets” (e.g., fundamental research), leaving more risky or innovative research areas largely untapped. Well-off countries and monopolistic companies with big research and development budgets still made significant advances, but the IP behind their breakthroughs remained locked behind strict national or corporate protection. Russia and India imposed stringent domestic standards for supervising and certifying encryption-related products and their suppliers – a category that in reality meant all IT innovations. The U.S. and EU struck back with retaliatory national standards, throwing a wrench in the development and diffusion of technology globally.

Especially in the developing world, acting in one’s national self-interest often meant seeking practical alliances that fit with those interests – whether it was gaining access to needed resources or banding together in order to achieve economic growth. In South America and Africa, regional and sub-regional alliances became more structured. Kenya doubled its trade with southern and eastern Africa, as new partnerships grew within the continent. China’s investment in Africa expanded as the bargain of new jobs and infrastructure in exchange for access to key minerals or food exports proved agreeable to many governments. Cross-border

ties proliferated in the form of official security aid. While the deployment of foreign security teams was welcomed in some of the most dire failed states, one-size-fits-all solutions yielded few positive results.

By 2025, people seemed to be growing weary of so much top-down control and letting leaders and authorities make choices for them. Wherever national interests clashed with individual interests, there was conflict. Sporadic pushback became increasingly organized and coordinated, as disaffected youth and people who had seen their status and opportunities slip away – largely in developing countries – incited civil unrest. In 2026, protestors in Nigeria brought down the government, fed up with the entrenched cronyism and corruption. Even those who liked the greater stability and predictability of this world began to grow uncomfortable and constrained by so many tight rules and by the strictness of national boundaries. The feeling lingered that sooner or later, something would inevitably upset the neat order that the world's governments had worked so hard to establish. •

End of excerpts from [Scenarios for the Future of Technology and International Development](#)

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EXCLUSIVE Dr Rashid Buttar BLASTS Gates, Fauci, EXPOSES Fake Pandemic Numbers As Economy Collapses



Dr. Rashid Buttar exposes the Covid pandemic as a moneymaking scam.

God Our Shield –

Protection from the Coronavirus



We are fighting an unseen enemy that spreads from person to person. Our health is not only dependent on how strong we are physically, but spiritually as well. The Devil is throwing darts of the Coronavirus at us. We should ask the Lord Jesus to shield us from it!

Twenty Scriptures we can claim for God to shield us from the virus:

Genesis 15:1 After these things the word of the LORD came unto Abram in a vision, saying, Fear not, Abram: I am thy shield, and thy exceeding great reward.

Deuteronomy 33:29 Happy art thou, O Israel: who is like unto thee, O people saved by the LORD, the shield of thy help, and who is the sword of thy excellency! and thine enemies shall be found liars

unto thee; and thou shalt tread upon their high places.

2 Samuel 22:3 The God of my rock; in him will I trust: he is my shield, and the horn of my salvation, my high tower, and my refuge, my saviour; thou savest me from violence.

2 Samuel 22:36 Thou hast also given me the shield of thy salvation: and thy gentleness hath made me great.

Psalms 3:3 But thou, O LORD, art a shield for me; my glory, and the lifter up of mine head.

Psalms 5:12 For thou, LORD, wilt bless the righteous; with favour wilt thou compass him as with a shield.

Psalms 18:35 Thou hast also given me the shield of thy salvation: and thy right hand hath holden me up, and thy gentleness hath made me great.

Psalms 28:7 The LORD is my strength and my shield; my heart trusted in him, and I am helped: therefore my heart greatly rejoiceth; and with my song will I praise him.

Psalms 33:20 Our soul waiteth for the LORD: he is our help and our shield.

Psalms 59:11 Slay them not, lest my people forget: scatter them by thy power; and bring them down, O Lord our shield.

Psalms 84:9 Behold, O God our shield, and look upon the face of thine anointed.

Psalms 84:11 For the LORD God is a sun and shield: the LORD will give grace and glory: no good thing will he withhold from them that walk uprightly.

Psalms 91:4 He shall cover thee with his feathers, and under his wings shalt thou trust: his truth shall be thy shield and buckler.

Psalms 115:9 O Israel, trust thou in the LORD: he is their help and their shield.

Psalms 115:10 O house of Aaron, trust in the LORD: he is their help and their shield.

Psalms 115:11 Ye that fear the LORD, trust in the LORD: he is their help and their shield.

Psalms 119:114 Thou art my hiding place and my shield: I hope in thy word.

Psalms 144:2 My goodness, and my fortress; my high tower, and my deliverer; my shield, and he in whom I trust; who subdueth my people under me.

Proverbs 30:5 Every word of God is pure: he is a shield unto them that put their trust in him.

Ephesians 6:16 Above all, taking the shield of faith, wherewith ye shall be able to quench all the fiery darts of the wicked.