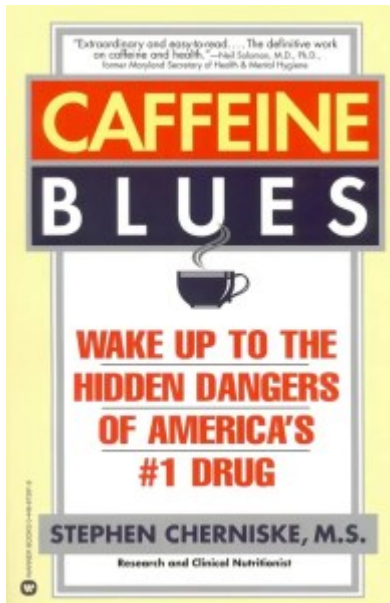
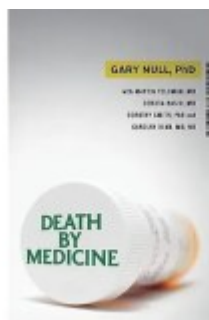


Caffeine Blues – the Health Benefits of Quitting Caffeinated Drinks



The downsides to your health of drinking coffee and caffeinated drinks.

Death by Medicine – Truth About Pharma Drugs, by Gary Null



I first posted this article about drugs and medicine in 2015, but when I came across it the other day, I saw the video was no longer available. I found another copy of the video on YouTube and so I'm re-posting it today.

If the video is not visible on your phone, you can open it [by clicking on this link](#).

Transcription.

(Each paragraph is a different person talking.)

What do we need? Health care! When do we need it? Now!

We are really in a dire situation. Republican or Democrat, it steams along. This government is dominated by the pharmaceutical industry. And if it wants a drug approved, it will get it, regardless of the consequences to the American people.

When 50% of America has a chronic disease, something's wrong. It means we've failed at our health care system. It means we have a disease care system.

I don't think the public has begun to grasp the stranglehold of the pharmaceutical industry and the health insurance industry and the for-profit hospital industry and the nursing homes.

Drugs that have been said to be too unsafe to approve by the FDA's own medical reviewers have been approved over their objections and entered into the market, causing the very harms they predicted.

The FDA, in my opinion, has probably killed more Americans in this country than all the wars that the U.S. has ever fought combined.

The drugs themselves cause death, disability, further symptoms, which typically are further treated with other drugs.

As an ethical issue, they never think, gee, this is going to kill people, I shouldn't do it.

The pharmaceutical companies have one objective. That is not the health and safety of the individuals in this country, but the almighty dollar, the bottom line, making a buck.

They're going to become chronically ill. They're going to become chronically depressed. That's the expected end, and that's why they will need to be on these drugs for life. We're not killing them quickly, but we're taking their lives away.

The FDA approves unsafe medical devices, unsafe prescription drugs that harm Americans, and they spend any extra energy they have after approving drugs to go after natural product manufacturers to make sure that there is no competition to their client, the pharmaceutical industry.

One of the oldest activities in the world is eliminating economic competitors. Food, clean, safe, natural food, and high-potency nutrients are the economic competitors to expensive, dangerous, patentable drugs. It's a war being fought in your body.

We need to have a constitutional amendment. We need health freedom. We should have the right to choose the kind of care that we want.

It's a corporate zeitgeist. It's much more profitable to fix things than to prevent things. It's much more profitable to chalk up hospital stays than to help people stay out at night.

Unfortunately, our Congress has not supported We the People. It's really looking at trying to support corporate America.

We have to rethink our entire philosophical underpinnings. Actually, in a way, it means going back to the basic democratic principles that were set up when we started this experiment as a nation.

We have a government at present that every member of which has sworn to uphold the Constitution. We are in deep crisis, not just for our poor health care, but for our democracy itself.

We have to have a system of medicine where our patients are not being killed by the treatments. And unfortunately, today, they are being killed in such huge numbers that modern medicine, as practiced in America today, is a crime against humanity.

How can you possibly, as a human being, be willing to sacrifice others' lives, particularly the lives of youth, in order to placate financial interests?

We have a system of medicine that's broken that by itself is killing at least 700,000 people a year. Some people are dying since they don't have health insurance, but what about the number of people who are dying because of the current system?

All the industrialized democratic countries have found a way to have universal health care sponsored and guaranteed by the government. \$2.3 trillion, one-sixth of our whole gross domestic product, \$7,200 for every person in this country, and twice as much as the next three countries in the world, Switzerland, France, Germany. We spend \$7,200 per capita. They spend \$3,200. All the measurements that we use to define good or bad in a health system, we are never near the top. Sometimes we're remarkably close to third-world nations.

This is not a privilege. It is a right that every human being as a human being has, and the health care system has to be organized in such a way that that is the guiding premise and not the transformation of health care into a commodity to be sold and a profit to be made on it.

Like many people, I would love to see some form of universal health care that's focused on health and care, that's focused on real prevention, but we're not getting that. Because of the poisons that are being injected into people, even though they're called therapies, because of the disinformation that is given to patients by our drug companies and our misinformed physicians, the number of people dying from that dwarfs the numbers of Americans who, sadly, are dying from lack of care.

Now, my daughter went to medical school 30 years ago and was taught as an incoming medical student that 50% of hospital admissions are due to iatrogenic diseases, doctor-caused diseases. In other words, the health care system was admitting, in training new doctors, that half the health care problems that they were going to be facing were going to be caused by

themselves.

Our culture is replete with chronic disease. Every chronic disease is a massive profit producer for the people who produce drugs, every single one of them. These things exist not so much because they were allowed to exist as because they were created. You can call it ADD, you can call it obesity, whatever it is, when you have people who go from the age of, let's say, 15 to the age of 65 in a chronic, depressed health situation. Massive amounts of profit are made off each one of those individuals.

About 100 years ago, things were really beginning to change in the United States. We were changing from an agrarian economy to an industrial economy, and these titans of industry really wanted to be able to control not only the United States, but the world financial system as a whole. When the Rockefellers took over the allopathic medicine, the Rockefellers were also in charge of the oil industry and the chemical industry, and they also made an alliance with a huge German concern called IG Pharma, which was a big chemical industry in Germany. So there is an interplay between what was called the money power from the early part of the 20th century, who held board positions in many of these corporations.

When the Rockefellers took over the medical schools, there were many types of medical education in the United States. There were homeopathic doctors, and there were naturopathic doctors who were using natural medicines to heal, and they were having very good outcomes. Once the Rockefellers took over the system, they closed down those other schools, and they only promoted the sale of their drugs, they promoted surgery, and they promoted radiation.

Well, there's a kind of sociological theory about paradigm shift, and it goes something like this. You have, let us say, the medical community. All the doctors in the United States, they are a community, and they have a kind of mythology, which is supported by everybody believing the same thing. When you go to medical school, you're indoctrinated with this kind of religious dogma. So if the pharmaceutical industry profits by selling medicine, but the industry profits by selling more and more of them, then the industry pays doctors to prescribe them and so on. We see a mafia-like monster has afflicted this community. So the Hippocratic Oath, the ordinary altruism of people in a community, is subverted by this capitalistic pressure.

This is the problem with not only the medicine people, but in all spheres of science. There is real vested interest in keeping the imperfect science because too much has been invested, and large systems have developed, just like this \$2.7 trillion part of the economy that health care costs represent in this country. So this investment makes it the most difficult to change anything, especially to change the basic metaphysics. Because if we did that, then it would turn out that the emperor is largely naked, and we don't really need this expansive system.

Medicine's invaluable. You'd never throw it away. I have the highest respect for the technologies, for the drugs when they're used appropriately, and for the doctors themselves to want to do the right thing. But that's not the whole story. That's only what you use when it's necessary. Those fantastic

microsurgeries that are done by robots, the heart transplants and kidney transplants, all those things that we're doing, they're magical. Why would you throw it away? It's just that it's not the first thing we should use. It's the last thing we should use. And if we come to our senses, we look at lifestyle as the medicine that has always been the medicine we should have and certainly the medicine of the future, we're going to be a healthy country.

Now, if I was in trouble and I needed allopathic care, I wouldn't hesitate to get it. But there are many paths to health care, and a comprehensive approach to health care must include integrative medicine, a complementary, alternative approach to medicine that would look at all the options. There are as many paths to health as there are individuals, but we just focus on one path in particular, and that is the allopathic practice. But practitioners will tell you that they're often limited in their means to treat many types of ailments.

We clearly need health care, there's no question, but the health care that we need is more on the acute traumatic health care, where we have services that are in phenomenal surgeons and neurosurgeons and orthopedic surgeons that can address the traumas that result from being involved in accidents that cannot be altered by traditional lifestyle approaches.

So if we live in a culture and in a context that is forever handing us fears and handing us diseases and pathologies that we need to worry about, we begin to incorporate those into our worldview and into our model of ourselves. Many illnesses that we see today have kind of been trumped up or exaggerated in ways that promote the pharmaceutical industry or promote various ways in which there's profit built in, rather than the kind of turning of the table and starting to look at social profit and social welfare.

It's Christmas Eve, and we're so excited. He's made it to 50. Hope you make it another 50, Dave. We love you.

Meet David and Cheryl Knight. They live in Washington State, and for over a decade, Cheryl has been plagued by the side effects of prescription drugs. Right now, though, it's Christmas 2007. The Knights are about to enter a Kofkin (???) nightmare, one that will kill David's father and put Cheryl into a mental hospital, all due to prescription drugs.

And as for me, this is the year of the myofascial pain lockup. Yes, I'm seeing my physical therapist three times a week. We've made some progress, but we're still working on trying to relax muscles.

We will hear their story in this documentary.

Our life has turned to absolute hell on wheels.

There's this evil force in this room.

My wife was prescribed Klonopin and Ativan for chronic pain and muscle spasms. It's been about eight months, and we are experiencing a living hell. Doctors are not willing to help. The more I get on the Internet, the more I

read, the more nauseated I become. So we are trying to take her off here at home. She is, quote, off the Klonopin at this point. Of course, whether she's still having withdrawals from that is anybody's guess. And we have tried to taper the Ativan about one-fourth of the dose.

I'm going to document this event. I'm going to film her, and I'm going to show you what this is like to go through. If for some reason we as a family don't make it through, you'll know why.

One friend of mine went to Harvard Business School, and on his very first day in class, they were given a test case that you're a drug company, and a couple of people have died from your over-the-counter drug. What do you do? Do you recall the drug? Do you calculate the damages? What? And my friend, who didn't know yet how things operated in this school, immediately said, recall the product. And everybody laughed in the room, and the teacher said, have you calculated how many lives you can afford to lose before you need to recall?

When someone dies by iatrogenic causes, it means that the health care system itself is actually the cause of the death.

Too many people are being harmed by the products that the industry is putting forth. When a drug is put on the market, they call it a cost-benefit ratio. How much harm is it going to do against how much good it's going to do? But the question is, how many people do we have to harm in order to get the good?

Pharmaceutical companies lobby Congress directly. They lobby decision-makers and influence policy decisions. The pharmaceutical industry doesn't stop there. The pharmaceutical industry, also through direct-to-consumer advertising, creates a demand for their products with oftentimes misleading ads.

When you get a delusion running, when society starts embracing the story that there are these chemical imbalances, and then they start saying, well, kids have them, teenagers have them, and they start believing that these drugs are fixing something wrong, then the story just continues to get more and more out of control as financial forces try to keep on expanding the market for those drugs. So what do we end up with? We end up with people at major academic centers trying to tell us that 2-year-olds and 3-year-olds can be diagnosed, quote, with bipolar disorder and can benefit from being put on antipsychotic medications. And no other society's doing it.

Everybody else thinks it's ludicrous. No one believes really it's going to end up well. We're killing the kids. We're not killing them quickly, but we're taking their lives away. And that's what we should admit we're doing, and we're doing it for capitalistic reasons. It's a capitalist story. It's a story about expanding the market for psychiatric drugs.

One thing that a lot of parents don't want to admit is just what a nuisance kids are. It gets in the way of the life that they want to live and lead and now if you're from the working class and you're poor, both parents are having to work, and sometimes more than one job, each of these parents. And so it's

very difficult to be able to do the job of raising the kids. And the pharmaceutical companies and the doctors have found a convenient way to prescribe pills so that these people can continue to work lousy jobs for little pay where they're overworked, they don't get paid for overtime, etc., etc., and don't worry about your kids because they're okay. They're properly medicated. They'll behave themselves.

One of the problems with the DSM (Diagnostic and Statistical Manual of Mental Disorders) is so much jockeying in terms of getting new disorders into the manual, in part because the manual has an extraordinary, I think unmerited authority. Something like passive-aggressive personality disorder is characterized by dawdling over doing laundry and groceries. I mean factors like that are actually published in that scientific quote-unquote manual. They have listings under oppositional disorder for children including negativistic, disobedient, and ineffective. I mean that's actually there. Ineffective, as a child, what does that mean?

Drug companies literally monitor what is taught, and influence, if not control, what is taught in medical schools. Drug companies also sponsor much of medical school research. The research budget is derived from drug companies. Many, many years ago, the federal government used to fund research at medical schools, but now more and more of that research is actually funded directly by medical schools themselves.

Big pharmaceutical companies are not so much eager to cure people because then they won't need their medicines, but to keep people alive and slightly sick, but in a curable way. This is at least the best way. If they die, they're out of the picture. If they're healthy, they're out of the picture. They have to be slightly sick so that they constantly will need medication to make themselves feel at least healthier.

Today we have Big Pharma, and they say all hope is in this little pill, and if you take this, you're going to be well. Well, the fact of the matter is that while America's tremendous consumption of pharmaceuticals occurs in quantum leaps every year, the fact of the matter is that our health care costs keep going up. So maybe those drugs, which in some cases can provide relief to people, maybe they're not the only solution.

On 9/11, we lost 3,000 people. Every year in this country, we've lost over 100,000 people to pharmaceutical drugs. That means we've lost over a million people to the pharmaceutical industry in the nine years since 9/11. And yet we're not chasing pharmaceutical terrorists all over the world. Do we really live in a rational time that the killing of a million people is just a ho-hum kind of event? I think we need to reorder our priorities.

There's going to come a day where we are all, all of us, adults and children alike, are diagnosed with at least one disorder, maybe up to a dozen disorders, and we are put on mandatory medications. And if we disagree with that, they'll say we suffer from obedience defiance disorder, and we'll be put on a different set of drugs to treat that disorder, or we'll be thrown in jail until we agree to take those drugs. It's that crazy.

Another piece of the puzzle is the drug rep. And this would be the lady in the high heels, very short and tight skirt, who comes to doctors' offices and hands out goodies.

The companies are hiring reps that really have no science or medical background. They are not doctors, typically. They are not pharmacists. They are not nurses. They're oftentimes business majors and music majors and drama majors, and they're telling your doctors how to prescribe drugs to you, the patient.

And they are given sales goals. They are to call in doctors to explain the drugs and how the other drugs might not be so helpful, to get the doctor to take these samples and to prescribe these drugs. Now, when a doctor writes a prescription, that prescription is entered into a database. This information is sold to the drug companies who then use it to give to the drug reps. And so if you are a doctor who's prescribing a lot of the drug, that drug rep is instructed to give you expensive gifts. If your profile falls off, it's also the drug rep that is sent to your office to give you a dressing down. So then you have drug rep as disciplinarian.

I was being told to minimize side effects, that I was disseminating misinformation and disinformation campaigns. I knew that I was not giving fair, balanced information to doctors, therefore doctors couldn't give fair, balanced information to their patients. So I started being disheartened while I was still in the industry about the industry itself, because I knew that the job that I was originally tasked to do, that that wasn't what my job was anymore, that my job was a marketing job, that I was there to build the bottom line of the company, that I was there to grow market share and influence physicians' prescribing habits.

While I was a pharmaceutical sales representative, when we were interacting with physicians, we were constantly trying to downplay side effects, minimize side effects, if those questions were raised by the physician. And we were trained to skillfully sidestep those questions and to not provide full disclosure about the potential devastating effects of certain medications. Many medications do not have severe long-term crippling side effects, but others do. And unfortunately and ironically, that's what happened to me. I've been suffering from disabling symptoms now for many years from an antibiotic called Levaquin, which is a fluoroquinolone antibiotic that has a black box warning associated with its use. And despite that warning, it's still being prescribed indiscriminately and without warning to patients. And many people are losing their jobs, they're losing their homes, family, because of the devastating and crippling side effects of Levaquin and Cipro and other fluoroquinolone antibiotics. And I think it's criminal that these drugs are still being prescribed as a first line of treatment for minor infections. Levaquin and Cipro and other fluoroquinolone antibiotics should be reserved for serious and life-threatening infections.

I was very grateful that I had the experience and knowledge that I did about the psychiatric drugs that I had sold because I identified these were drug reactions. So I knew that as my mental state was deteriorating, that it wasn't me, that I wasn't crazy. This was mediated by the drugs that I had

taken. And so I just kept clinging to the fact that I had to have a washout, that I had to detoxify the body from the drug. And so I begged my husband and I begged several of my closest friends to not put me in a mental institution because I had visited them in my career, and I knew that once that I got behind those closed doors of that mental institution, that they could do anything they wanted to, including electroshock therapy. So I knew that my recovery depended on the detoxification of my body. And I knew that if I got into the hospital, a detoxification would not be offered to me. I would be pumped full of any kind of drug that they needed in order to keep me quiet or to restrain me. So it actually took me a period of 12 years to completely detoxify my body and to get back to some semblance of normalcy to where I felt like I was before I had the adverse event.

The other thing that happens with drug reps is that they present data to the doctor that may not be entirely truthful. And this was seen with OxyContin, the pain drug, where drug reps told doctors, these are not addictive, this is different, this is not your run-of-the-mill narcotic, this is the one narcotic known to man that your patient will not get addicted to. And it literally touched off an OxyContin epidemic throughout the United States.

Our drug is clearly the most efficacious.

Vivex offers your patients unsurpassed clinical efficacy.

Proven efficacy.

This is absolutely the most efficacious drug your patients can use. (And she laughs.)

My wife has had TMJ (temporomandibular joint). Her front teeth did not actually come together. She had a lot of pain. We went to her primary doctor. He started giving her Vicodin for pain control. We didn't want a drug intervention, but that was what was basically forced upon her. Basically, she got put on benzodiazepines, and Neurontin, Vicodin ES, eventually on Abilify, Remeron, Benlafaxine, Vistral, just a real cocktail of drugs. And, of course, our experience is that in the process of finally discovering that the drugs could be the problem, we tried to start a taper program at home because I couldn't get the doctors to do it for me. We learned about half-lives. We learned about the potency of these superbenzos now that are many, many times stronger than Valium ever was. We learned what it was like to try to relate to the medical community. They keep wanting to tell you that you have an underlining problem. They never want to look at the drugs as a possible cause of it. We had an argument with the final doctor as to the speed at which he was going to come off these drugs. I went ahead and said, OK, that's fine, if you think you can get her off in eight weeks, that's fine, but I think you're going to crash her. Well, he crashed her. She probably was 24 hours from dying. We took her to the hospital, and she was whisked off to a psych ward. At that point, they just introduced all kinds of psychotropic drugs, neuroleptics, antipsychotics, antidepressants. They wanted to do electroconvulsive shock therapy, and we absolutely refused. They moved her to the state mental hospital, and I followed her in the camper, and I was by her side for three months, and I made sure she saw me every single day, sometimes

several times a day, so she wouldn't be afraid. And I just watched this horrible deterioration process. I went in and talked to the doctors. I said, you need to give her a drug holiday. She's been on drugs for three years now. I know it's the drugs. We were finally able to get her released. Got a homeopathic doctor. We finally got her off of drugs completely a year ago, so now today we're about 13 months off the drugs. We're seeing a stock market recovery. It's up and down.

You have to wake up. You can't just take the pill. You can't take that purple pill, you know, that Prilosec, or that other acid-blocking drug, and go eat the whole pizza and think it's okay.

A particularly egregious drug that the FDA allowed to come onto the market was called Ketek, K-E-T-E-K. It was supposed to be used for antibiotic-resistant infections. Unfortunately, it promoted liver failure. It turns out that the studies that were done to validate the safety weren't done. In fact, the doctor who was overseeing these studies received \$400 per patient and enrolled 400 fictitious people into these studies and showed that, of course, none of these people had any adverse effects from Ketek because, of course, these people didn't exist. Now here's where the story really gets bad. Even after the FDA discovered that the data submitted to them by the company was fraudulent, they still presented it to the Congressional Investigative Committees. The result was the media picked up on this and proclaimed that this drug was shown to be safe in all these studies, studies that never occurred. So the drug Ketek, when it first came out, by the way, was selling for over \$1,000 for 60 tablets, and it's now come down to \$285. The company's reduced the price. The FDA allows that drug to stay on the market.

Bayer has known for years that its drug, Treosol, had all kinds of complications involving kidney shutdown. And Bayer did a study with 67,000 patients. Bayer failed to give their own internal data to the FDA.

(End of transcription. Please see the video to listen to all of it.)

I am 74 years old now and glad to not be reliant on any medication whatsoever. Hallelujah!

[Japan's Most Senior Oncologist, Prof. Fukushima Condemns mRNA Vaccines as 'Evil Practices of Science'](#)



Solid science from a noted Japanese doctor and scientist that COVID-19 vaccines have injured people to the point of causing their deaths.

[Why Europe in the Middle Ages Was So Filthy](#)



Europe in the Middle ages was filthy because the Catholic Church forbid the people to read the Bible. They didn't know the importance God puts on cleanliness.

[Japanese Doctors Warn About the Side Effects of the COVID-19 Vaccines](#)



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

problem and won't be easily swayed by others.

Transcript

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

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

(Next speaker)

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

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

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

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

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

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

Prof. Yasufumi Murakami: Thank you, everyone. One thing I want to say

initially is that it is clear how the adverse effects occur, which is still having many victims today. **I believe the vaccine should be stopped immediately.**

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

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

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

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

New speaker: So, we are working with Dr. Fukushima to create this database, and so far, about 201 types of diseases and 3,071 papers on side effects have been reported. **It is unprecedented in human history for a single vaccine to have this much literature out on it.** With this, we plan to present it to the nation and the Japanese government in the form of solid science that no one can dispute.

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

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

New speaker: Mental disorders, psychiatric symptoms, depression, mania, and anxiety, came up in abundance. It's endless. It's about understanding why this is happening. That's why, actually, with broader keywords, for example, not just COVID-19 vaccines but also SARS-CoV-2, messenger RNA vaccines, and

the like, when you separate it out into various keywords, more and more results come up. So this is just a part of it. Even with what Dr. Inoue introduced earlier, it's just a part of what has been done with the PubMed database. There are things that won't be caught by PubMed. So like "Creutzfeldt-Jakob disease (CJD)", it's not caught, next slide.

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

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

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

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

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

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

(End of transcript.)

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

The Pope – Chief of White Slavers, High Priest of Intrigue



Former Catholic priest Jeremiah J. Crowley exposes the Popes of Rome as evil tyrants whose interest is only money and power over as much of the world as possible

“Our government is out of control.” – Dr. Robert Malone



Dr. Robert Malone, co-inventor of the mRNA technology explains how ten's of thousands of physicians & scientists are being canceled simply for questioning the official Covid-19 narrative. The text of the video is below in case YouTube removes the video.

Our government is out of control. And they are lawless. They completely disregard bioethics. They completely disregard the federal common rule. They have broken all the rules that I know of, that I've been trained on for years and years and years. These mandates are explicitly inconsistent with the Nuremberg Code. They're explicitly inconsistent with [the Belmont Report](#). They are flat-out illegal and they don't care. When you see this kind of decoupling of public policy from logic, then it causes thinking people to say "what the hell's going on here?" And then we go down the rabbit hole is that this? that? or the other thing?

One of the things in that spectrum of what's going on is that the emergency use authorizations are predicated on policy determinations that we're in a state of emergency. Those are now two years old. They're expiring. I'm not saying this is what's going on in their head. But there is another perverse incentive here to amplify the fear porn. And to amplify, if you buy into the hypothesis, that for some reason, there are incentives for the government to maintain the state of emergency, that is one explanation, given that those declarations are expiring, and will have to be re-implemented. Because if they're not, then all of this emergency use authorization vanishes like dust.

It's hard for me to reconcile the behavior of the government and its public health decisions with the data. Is it incompetence? Or is there some ulterior political motive? Or are they just dumb, stupid?

We're in an environment in which truth and consequences are fungible. This is modern media management and warfare. The truth is what those that are managing the trusted news initiative, say it is. In my case, I'm the president of the International Alliance of physicians and scientists. We're over 16,000 people from all over the world, physicians, and scientists. And you can find our website at globalCOVIDsummit.org. We are gobsmacked about what's going on. And we are shut down, censored, demeaned – fill in the blank – all over the world. And they're taking our licenses because we are speaking about these matters.

And you can label me however you want to label me. I don't care. I've done what I've done in my career. I'm at a stage at 62 years old. I've got a farm. It's almost paid off. I raise horses. I love my wife. You know, I've been married a long time. My kids are both married. I got grandkids, man. Oh, I don't need this. There's this claim. I'm doing all this because I seek attention. Trust me. This is not a fun thing to be doing at this stage.

Physicians at [FLCCC](#) (Front Line COVID-19 Critical Care Alliance) in senior positions, Peter McCullough, people at the culmination of exceptional careers, Paul Merrick, an exceptional physician by any standards, run out of his hospital, demeaned, destroyed, actively attacked, trying to take his license. People are losing faith in the whole system. They're losing faith in the scientific enterprise. They're losing faith in our government.

I like to say when I give rallies, do you remember back a couple of years ago, when you felt sorry for the people in the People's Republic of China because their internet was filtered? They weren't allowed free speech. Their government told him what to do and think. Now, here we are.

And the next thing that we all feel sorry about is the social credit system.
Wake up, folks.

[First Hitchhiking Adventure of 2016 from Niigata City](#)



On March 4th, 2016 I hitchhiked 100 kilometers or about 60 miles to the city of Tokamachi. It is a city in the midst of hills. The Shinano River which is the longest river in Japan flows through Tokamachi. It's called "Shinano" for that was the old name of Nagano Prefecture which is its source. But in Nagano Prefecture the same river is called Chikuma.



Doctor Masaya

The first driver was a medical doctor by the name of Masaya. He works in a hospital not far from my home. I asked Masaya if he believes the spirit is separate from the physical. He said most doctors do not believe the spirit affects physical health, but he does. I gave him tracts from [Dr. John Gideon Hartnett](#) that expose Evolution, Big Bang, Dark Matter and Dark Energy as pseudo-science. Masaya took me from Niigata city to Sanjo city which is on the Kanetsu / Hokuriku expressway. He could not take me exactly where I wanted to go in Sanjo because he was pressed for time. I walked the rest of the way, about 20 minutes and crossed a bridge over the Shinano River to get to the expressway interchange.



Man who took me to Echigo Kawaguchi

After hitchhiking at the expressway interchange for 15 minutes without success, I decided to take a 190 yen bus ride to get to the Sakae Parking area of the expressway. From there a man on the way to Gunma prefecture took me to Echigo Kawaguchi. "Echigo" is the old name for Niigata before the Meiji era. Kawaguchi literally means "river's mouth". It has some meaning related to the Shinano River which passes through it. The man was coming from Gosen City on his way back home in Gunma.

Because the man was not getting off the expressway, he dropped me off at a parking area from where I could walk over a bridge to get off the expressway to a regular road. Pedestrians are *not* supposed to be walking on that bridge! One of the expressway workers saw me passing by the toll booth and knew I must have walked over the bridge from the expressway parking area! By the time he saw me I was already in safe territory and there was nothing he could do to stop me from going further. He was only curious as to what I was doing. I was honest with him and told him I was hitchhiking and needed to go to Tokamachi. Because the driver didn't get off the expressway at that point, I had to walk. He told me that was a no no and not to do it again, but he wasn't upset at me at all. He said it only out of a sense of duty to the people he works for.

After that it was only a few minutes wait for the next man to stop. Tokamachi was still too far to walk to. It was a 30 minute drive from Echigo Kawaguchi. The weather was fine that day and the sunset was beautiful over scenic Tokamachi. This city is noted for its heavy snowfalls, but this year the snow wasn't as high as last year.



Tokamachi at dusk

My purpose to go to Tokamachi was to visit my good friends Keiji and Miyoko and family. The next day Keiji had business in Mitsuke city which is going back the way I came. But nevertheless because he would be passing by Ojiya City, I asked him to take me to the Ojiya Interchange. My destination was Sayama City in Saitama Prefecture. From Ojiya it is nearly twice the distance that I traveled the previous day. But I had all day to get there.

Ojiya City is close to the epicenter of a major earthquake in October 2004. About 50 people died. Had an earthquake the same strength occurred in the center of Tokyo, hundreds of thousands would have died! Roads after the earthquake were broken and cars could not pass from Niigata to Tokyo the shortest way possible.

After only a few minutes at the Ojiya Interchange, a man stopped and took me to Echigo Kawaguchi, the expressway service area I had been to the previous day. But this day I needed to go further. It was fine weather and so warm I actually took off my heavy winter coat!

It was about an hour before I finally got a good ride. Just before it a man offered to take me to Muika Machi, but it was too close and would have taken

me back off the expressway had I gone with him. The driver and couple were elderly in perhaps their late 70s. They were on the way to Saitama, but would get off the expressway at a point before my destination. I asked them to take me to the Kamisato Service area which is just within the border of Saitama.



Driver and car that took me to Saitama Prefecture



The entrance of the Kanetsu tunnel, the longest car tunnel in Japan.

We passed through the Kanetsu tunnel which is the longest tunnel in Japan for vehicles. It's nearly 11 kilometers long and takes about 10 minutes to pass through at the speed limit of about 100 kilometers per hour. It would take more than 2 hours to walk through it. Gasoline trucks are not allowed through it in case of accident. The tunnel passes through the highest mountains at that point and exits in Gunma Prefecture.



Just inside the Kanetsu Tunnel

At Kamisato Service Area after a relatively short wait, a lady sitting in the passenger side of her car offered me a ride as far as Kawagoe. That was exactly the spot I hoped to get off the expressway at!

The lady was with her husband and their two elementary school children were sitting in the back. They had lived in Singapore for 3 years and could speak English! I suspected that was the reason why they picked me up recognizing me as a foreigner and probable English speaker. But though we spoke in English for a time, suddenly they both switched back to Japanese.



Couple who lived in Singapore who took me to Kawagoe.

From the Kawagoe Interchange it is only a 15 minute walk to Minami Otsuka Station, and from there only 190 yen train fare to my final destination of Sayama City. From Sayama station rather than take a 220 yen bus ride to my friend's house, I decided to hoof it and use the navigation on my Tablet PC for directions. Another 25 minutes later I was at my friend's house just before 6 p.m. the very arrival time I was shooting for.

God is good! My Lord and Savior Jesus Christ provides all my needs!