The Plandemic

Introduction

The global response to the COVID-19 pandemic has been marked by unprecedented medical interventions, evolving scientific definitions, and staggering statistical outcomes. Between 2020 and 2023, both the virus and its associated treatments triggered worldwide shifts in healthcare, public policy, and human lives. The data presented here reveals critical facts surrounding the pandemic, vaccine developments, testing methods, and associated adverse effects. Personal losses and experiences further highlight the lasting impact on individuals and families.

Pandemic Data: Mortality Rates and Intervention Outcomes

According to the CDC in 2020, the chance of dying from COVID-19 (the annual flu) ranged between **0.02% and 0.15%**, depending on age. Splitting the difference, the average chance of dying stood at **0.08%**. In raw numbers, this translates to approximately **240,000 American deaths** if no interventions had taken place.

To contextualize this, CDC data from 2019 shows that **167,000 Americans** died from respiratory diseases, including influenza. COVID-19's projected impact represented only a **25% increase** in respiratory-related deaths.

However, CDC data from 2020 and 2021 attributed **767,000 deaths** to COVID-19 following the implementation of an Emergency Use Authorized (EUA) vaccine. These numbers exceeded the projected fatalities significantly, raising critical questions about the efficacy and safety of interventions.

Vaccine Development and Changing Definitions

The COVID-19 vaccines were released under **Emergency Use Authorization (EUA)**, not full FDA approval. To accommodate this, the definition of the term "**vaccine**" was modified to ensure compliance.

Additionally, pharmaceutical companies producing the vaccines were granted **immunity from liability**, protecting them against legal action in cases of injury or death related to vaccine administration.

Key facts surrounding the vaccine development include:

- **Animal testing** of the vaccines was terminated early due to unacceptably high death rates.

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- Early **human trials** were also stopped prematurely due to high rates of death and adverse effects.
- To date, **no COVID-19 vaccine** has received full FDA approval for general use.

PCR Testing: Accuracy and Controversies

The Polymerase Chain Reaction (PCR) test, used widely to diagnose COVID-19, has been criticized for its lack of specificity. The test was not originally designed to detect COVID-19 and reportedly had a **false positive rate of 80%**. This is due to the test returning positive results for residual bacteria or viral fragments from infections occurring within the previous **nine months**.

Additional concerns regarding PCR testing include:

- Test swabs were reportedly laced with harmful chemicals, including components similar to those found in vaccines.
- The tests were administered close to the brain's nasal membrane, raising questions about long-term damage.

Vaccine-Related Deaths and Adverse Effects

By 2021, data indicated that **three times as many deaths** had occurred directly from the COVID-19 vaccine compared to deaths projected from the virus itself. No verified deaths of unvaccinated individuals directly attributed to COVID-19 have been identified.

Between 2022 and 2023, vaccine-related deaths continued to rise exponentially. Deaths categorized as COVID-19 were further compounded by significant increases in other medical conditions, including:

- **Heart Disease** – Rates of myocarditis, an inflammation of the heart muscle, sharply increased following the vaccine rollout. Myocarditis was recognized as an **intended side effect** of the vaccine at launch.
- **Cancers** – Exponential increases in cancer diagnoses followed vaccine administration. HPV components within the vaccines were reported to **suppress immune systems**, allowing dormant cancers to progress aggressively.

Personal Accounts: Losses Due to Vaccine-Induced Conditions

The personal toll of vaccine-related adverse effects has been profound, with multiple accounts of individuals suffering or dying as a result. Examples include:

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- **Hannah Zarubin and Joshua Roberts** – Both in their 20s, developed aggressive vaccine-induced cancers after mandatory vaccination for employment.
- **Savannah Taylor** – A young woman suffering from vaccine-induced cancer.
- **Tenant in his 50s** – Passed away due to vaccine-related cancer.
- **Bay Area Bible Study Mate** – Currently battling vaccine-induced cancer.
- **Rosalie (Stepmother)** – Suffering from vaccine-related conditions, preventing her attendance at Elle and Jacob's wedding.
- **Catherine's Father** – Likely experienced vaccine-induced cancer.

These accounts highlight not only the health consequences but the deep personal and emotional effects on families and loved ones.

Hypotheses Regarding Vaccine Rollout: Placebo Groups and Long-Term Risks

Two key explanations have emerged to address the varying effects of the vaccine rollout:

1. **Placebo Effect During Early Rollout**
    - At the launch of Operation Warp Speed, **80% of vaccines** administered were reportedly placebos, while only **20% contained the active vaccine** components. This occurred because pharmaceutical companies were unprepared to supply the global demand. The placebo distribution reduced the immediate death toll significantly.
    - Individuals who believe they experienced COVID-19 symptoms may still have been in the **placebo group**, as PCR tests did not reliably detect the virus.
2. **Long-Term Health Risks**
    - Those receiving the actual vaccines face significantly higher long-term risks. Individuals who received more than one vaccine dose have "**astronomically higher odds**" of adverse effects or death.
    - As the placebo supply phased out, **all current vaccines** are reportedly the "real deal," leading to increased mortality and health complications.

Conclusion

The data surrounding the COVID-19 pandemic, vaccine development, testing, and associated adverse effects reveal critical realities often overshadowed in public discourse. While COVID-19 was projected to cause a moderate increase in respiratory disease deaths, the interventions introduced—including vaccines and widespread PCR testing—have produced outcomes far exceeding initial expectations.

The rising rates of heart disease, cancers, and vaccine-related deaths suggest long-term consequences that demand further attention. Personal stories of loss further underscore the human cost of these interventions. As this unprecedented period in history continues to unfold, it

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remains essential to critically evaluate the data and its broader implications for public health and future medical responses.

Introduction

The intersection of the pharmaceutical industry and global pandemics is a critical and multifaceted topic, encompassing public health, economic, and geopolitical dimensions. This paper examines the complexities of the industry's response to pandemics, with a focus on the rapid development and distribution of mRNA vaccines, ethical and political controversies, and broader implications for global health governance. It also explores concerns surrounding bioweapons, emerging technologies, and the societal impact of vaccine policies. By analyzing these issues, the discussion highlights the importance of transparency, critical inquiry, and ethical considerations in navigating the challenges posed by pandemics.

The Pharmaceutical Industry and Pandemics: A Complex Intersection

The relationship between the pharmaceutical industry and pandemics has become a central point of scrutiny in recent decades, particularly in light of the COVID-19 pandemic and the rapid development of mRNA vaccines. This exploration delves into the discoveries, allegations, historical predictions, and the growing concerns surrounding the pharmaceutical industry's role in shaping global health responses.

Discoveries and Studies

In the field of vaccine research, certain studies have raised eyebrows due to their exploration of nanotechnology within vaccines. Dr. Young Mi Lee and Dr. Daniel Broudy, for example, published a study in the *International Journal of Vaccine Theory, Practice, and Research* in 2024, where they examined unused vaccine vials under high magnification. The researchers observed nanoparticle formations, such as discs, chains, spirals, tubes, and right-angle structures, in the vaccines. These particles were hypothesized to contribute to the development of conditions such as "turbo cancer" and autoimmune diseases, raising concerns about the potential for these nanoparticles to form a "synthetic global central nervous system." This network, the researchers argued, could control individuals, transforming them into "Biohybrid Magnetic Robots." In response to these findings, they called for a global ban on mRNA vaccines and the removal of the label "safe and effective."

Emergencies and Allegations

Pandemics have often been accompanied by global emergency declarations, some of which have triggered allegations of intentional manipulation. On August 11, 2024, Japan declared a state of emergency after discovering nanobots in the population of 96 million citizens. A few days later, on August 14, 2024, the World Health Organization (WHO) declared Monkeypox a public health emergency of international concern. Some allegations suggested that the virus had been intentionally introduced through AstraZeneca's vaccine as part of a global control strategy.

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The COVID-19 pandemic itself has been marked by similar controversies. Claims surfaced that SARS-CoV-2, the virus responsible for COVID-19, had not been conclusively proven to have originated naturally. Some speculated that the pandemic was engineered to pave the way for the widespread distribution of experimental vaccines, which critics argued contained computer-generated mRNA spike protein sequences and non-biological elements. This has led to accusations of a coordinated effort by pharmaceutical companies, the WHO, and global organizations like the Bill and Melinda Gates Foundation to exploit the pandemic for control over global health systems and to erode civil liberties.

Historical Predictions and Controversies

Looking back at historical predictions about global governance and pandemics, in 1992, John Coleman forecasted the rise of a "post-industrial" world dominated by globalist technocrats, with the goal of reducing the global population by 2050 through wars, epidemics, and starvation. This stark prediction resonates with some of the more contemporary theories surrounding the pharmaceutical industry's role in global health responses, particularly in regard to the COVID-19 pandemic.

Vaccine-related adverse effects, particularly concerning the mRNA vaccines developed for COVID-19, have sparked heated debates. Some researchers have linked self-assembling nanotechnology in these vaccines to the development of "turbo cancer" and autoimmune diseases. Concerns about the impact of vaccines on infants have also been raised, citing potential risks such as biochemical and photonic interactions, immune overload, neurological damage, and endocrine disruption.

Global Governance and Vaccine Policies

The relationship between global health authorities and national governments has been a point of contention, particularly regarding the WHO’s role in pandemic responses. The WHO has been proposed to receive expanded powers, including the authority to declare global public health emergencies. Critics, including political figures like President Trump, argue that such expanded influence could lead to mandatory vaccinations and experimental gene therapies, undermining national sovereignty and paving the way for a globalist agenda.

Key Themes and Claims

One of the central areas of concern in this discourse revolves around the ethics of vaccine implementation. The use of the PCR test, which has become a standard diagnostic tool for COVID-19, has faced criticism. Some claim that the test is not merely a diagnostic tool but may alter human genetics. Additionally, the extended lockdowns and mandates that followed the "15 days to slow the spread" message have sparked debates about governmental overreach, civil liberties, and the influence of pharmaceutical companies on public health policies.

Pharmaceutical giants, particularly companies like Pfizer and AstraZeneca, have faced allegations of misconduct, with critics pointing to connections between vaccine promotion and adverse outcomes, such as fetal deaths and neonatal intensive care unit admissions. Leaked

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communications and anecdotal reports have fueled suspicions that profit motives, rather than public health concerns, are driving vaccine promotion. Furthermore, evidence of vaccine-related adverse effects—including blood clotting, cancer, infertility, autoimmune diseases, and DNA alterations—have intensified public skepticism.

Treatment Suppression and Alternatives

Amid the rapid development and approval of COVID-19 vaccines, proven and effective, low cost, alternative treatments such as ivermectin and hydroxychloroquine were labeled disinformation by medical Big Pharma and their media, in favor of unproven, expensive therapies like Paxlovid. Critics argue that the emphasis on newer treatments reflects profit-driven motives rather than prioritizing public health. Some medical professionals have championed ivermectin for its anti-inflammatory properties, and its ability to bind tightly to the spike protein of the virus has been suggested as a way to mitigate the effects of vaccine-related injuries.

The Pharmaceutical Industry and Pandemics: A Critical Overview

The pharmaceutical industry plays a pivotal role in responding to global health crises, particularly through the development and distribution of vaccines. The COVID-19 plandemic, which emerged in 2020, served as a significant case study in both the power and controversy surrounding the industry's response. While vaccines were heavily promoted as a solution to the global health crisis, their efficacy, safety, and the broader financial implications have generated significant debate.

The pharmaceutical industry's influence in the pandemic response has been a focal point of criticism. The industry's significant financial power raised questions about the motivations behind rapid vaccine approval and distribution. Critics argue that the pharmaceutical companies were driven by profit, with government and regulatory bodies acting as facilitators.

Reports have surfaced suggesting that vaccines were developed with the help of high-level governmental ties, and various whistleblowers have exposed what they describe as a coordinated effort to suppress alternative treatments such as Ivermectin. Some experts argue that these treatments, which were proven effective in early trials, were overshadowed by the push for vaccination, largely due to political and financial interests.

The Emergence of the COVID-19 Pandemic and Vaccine Development

The COVID-19 pandemic prompted an unprecedented global health response. Pharmaceutical companies raced to develop vaccines, with companies like Pfizer-BioNTech and Moderna leading the way with mRNA vaccine technologies. These vaccines, which promised immunity against COVID-19, became central to the global strategy for controlling the pandemic. However, the speed of development, the untested nature of mRNA technology, and the potential conflicts of interest raised concerns from many quarters.

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The urgency of vaccine development was compounded by the global financial stakes. As the pandemic progressed, the wealth of the world's richest individuals skyrocketed. In 2020, the wealth of the top 10 billionaires stood at $695 billion. By mid-2021, this had more than doubled to $1.36 trillion, with nine individuals surpassing the $100 billion mark. This stark increase in wealth raised questions about the financial implications of the pandemic and the role of the pharmaceutical industry in profiting from it.

Reports of problems with vaccine testing, particularly in animal trials, raised early concerns. It was revealed in a 2020 Senate hearing that animal vaccine trials were halted prematurely due to severe adverse reactions, sparking concerns about the safety of these vaccines for human use. This led some to suggest that the public became the test subjects, as these concerns were not fully addressed before vaccine rollout.

The rapid development of COVID-19 vaccines, such as those from Pfizer, Moderna, and Johnson & Johnson, also generated questions about the integrity of the testing processes. The rollout was accompanied by increasing reports of adverse events, including serious conditions such as myocarditis, blood clots, and even deaths. Some have claimed that the vaccine's risks were downplayed to accelerate approval for mass distribution, creating a sense of distrust in both the pharmaceutical industry and the government agencies overseeing these processes.

Impact on Public Health and Safety

The vaccine rollout, which began in December 2020, quickly became a contentious issue. Reports from sources such as the Vaccine Adverse Event Reporting System (VAERS) documented numerous adverse events, including severe health conditions and deaths. Some advocates of vaccine safety argue that these adverse events were not properly reported or were downplayed by health authorities.

The narrative surrounding COVID-19 vaccines was further complicated by differing messages about vaccine efficacy. Initially hailed as a solution to the pandemic, vaccines were later shown to offer reduced effectiveness over time, particularly against new variants like Delta and Omicron. This led to the push for booster shots, which created further division and suspicion about the long-term safety and necessity of continued vaccination.

Vaccines and the Intent behind Mass Vaccination

As the plandemic unfolded, mass vaccination became a central earth policy. Despite widespread vaccination efforts, questions arose regarding the effectiveness of the vaccines, especially in preventing infection and transmission. Gibraltar, for example, became the most vaccinated country on Earth, with over 99% of its population fully vaccinated by June 2021. Yet, even as vaccination rates soared, new COVID-19 cases surged, leading to the reimposition of lockdown measures. Similar trends were observed in Israel, the United Kingdom, Malta, and Iceland, where high vaccination rates did not prevent increasing case numbers.

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The effectiveness of mass vaccination efforts came under scrutiny, particularly as data from organizations like Johns Hopkins and the CDC indicated that countries with high vaccination rates were still facing significant COVID-19 transmission. This led to questions about whether vaccines were truly effective at stopping the spread of the virus, especially when combined with the growing doubts about the accuracy of PCR testing, which, in many instances, was found to generate a high rate of false positives due to high cycle thresholds.

Efficacy and Side Effects of the Vaccine

The promise of the COVID-19 vaccines was that they would halt the virus's spread and protect individuals from severe illness and death. However, it became evident that the vaccines did not provide the immunity initially expected. Governments around the world advised continued masking, social distancing, and avoidance of large gatherings, even for the vaccinated. Furthermore, breakthrough infections and continued virus transmission among vaccinated populations raised concerns about the vaccines' true effectiveness.

In addition to questions about efficacy, reports of adverse reactions to the vaccines surfaced. Many individuals experienced and significant severe side effects, including myocarditis, neurological disorders, and fertility issues. Autopsies of individuals who died post-vaccination revealed spike proteins in various organs, which led to concerns over potential long-term health impacts. These side effects, coupled with the absence of a clear understanding of the vaccines' long-term effects, fueled skepticism and distrust among those more aware of the public.

Alternative Perspectives

Alongside mainstream narratives, volumes of evidence and actual science has emerged, clearly demonstrating the pandemic was orchestrated for financial gain, population control, and as a means to push forward technological advancements like microchips and genetic modification. Such evidence is now slowly making its way through complicates in MSM censorship and getting to the masses.

These vaccines were in fact designed to alter human genetics. The mRNA technology used in vaccines will result in permanent genetic changes.

In addition, many have pointed to the development of synthetic biology, CRISPR technology, and nanotechnology as potential tools that could be used to alter human biology in ways that are not yet fully understood.

Financial and Political Connections: A Web of Influence

The rapid development of COVID-19 vaccines was not solely driven by scientific urgency; financial and political motivations also played a significant role. In 2015, the National Institute of Allergy and Infectious Diseases (NIAID) entered a partnership with Moderna, establishing shared ownership of the coronavirus vaccine technology. This collaboration between government entities and pharmaceutical companies raised suspicions about the political and financial incentives behind the pandemic response.

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Further scrutiny was directed toward the financial relationships between pharmaceutical companies, hospitals, and government agencies. Hospitals received higher payments for admitting COVID-19 patients, particularly those placed on ventilators, which some critics argued created a financial incentive to exaggerate the severity of the pandemic and the need for drastic measures. The coincidence of rising pharmaceutical profits alongside the escalating health crisis led to widespread concerns about the profit-driven nature of the pandemic response.

Political and Social Ramifications

The political implications of vaccine mandates were profound. In 2021, President Biden's administration proposed a vaccine mandate for federal employees, which sparked debates over individual rights versus public health safety. The mandate was later challenged in court, with appeals court's ruling against the imposition of vaccine requirements for private employees, citing constitutional concerns.

Socially, the pandemic and vaccine mandates led to significant polarization. Public figures, including doctors and health experts, were divided over the safety and effectiveness of vaccines, with some strongly advocating for them while others raised alarms about the risks. A growing body of evidence suggested that the unvaccinated were less likely to experience severe disease, while vaccinated individuals still experienced breakthrough infections, leading to further skepticism about the vaccines' promised benefits.

The Role of Bioweapons and Early Intervention

While speculation surrounding the origins of COVID-19 has been widespread, some have argued that the virus could have been intentionally released as part of a broader agenda to create global panic. This theory suggests that COVID-19 was a bioweapon designed to destabilize the world and increase control over populations. Proponents of this view also argue that effective treatments, such as Hydroxychloroquine and ivermectin, were intentionally suppressed by pharmaceutical companies and governments to force a reliance on vaccines.

While the origin of the virus remains a subject of debate, the narrative surrounding early treatment options adds another layer to the complexity of the pandemic's management. The suppression of alternative treatments, which some claimed were effective in early stages of the disease, raised questions about the influence of pharmaceutical interests on global health strategies.

Public Perception, the Role of Mainstream and Social Media

The media played a critical role in shaping public perception of the pandemic and the vaccines. Critics argue that the mainstream media, in collaboration with pharmaceutical giants, suppressed negative information and presented the vaccines as the only solution to the pandemic. Alternative treatments, such as ivermectin and Hydroxychloroquine, were often censored, while the benefits of vaccines were widely promoted.

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Social media platforms, too, were implicated in shaping the narrative, with accusations of censorship of dissenting opinions. The suppression of alternative viewpoints, particularly those critical of vaccine safety and efficacy, led to allegations of a coordinated effort to control public opinion. These claims of censorship and manipulation fueled skepticism and distrust in the pandemic response and its associated policies.

While many reports have focused on the benefits of vaccination and the urgency of preventing viral spread, others have raised concerns about the suppression of dissenting opinions. Figures such as Dr. Peter McCullough and Dr. Vladimir Zelenko, both outspoken critics of the official pandemic response, have been marginalized, while others with more mainstream views have enjoyed widespread promotion. Zelenko and others were in fact killed for their views which along with being stripped of medical licensing for disagreeing with Big Pharma fake science is regularly the case as they can cost Big Pharma millions. This divide highlights a broader issue of information control during health crises.

The Role of Vaccines and Big Pharma

The pharmaceutical industry's influence on global health has been increasingly scrutinized in recent years. With major financial backing from entities such as the NIH-NIAID, the Chan Zuckerberg Initiative, and BioNTech, pharmaceutical companies have been at the forefront of pandemic responses. Critics, however, have raised concerns about the industry's priorities, especially regarding the COVID-19 vaccines. Allegations have surfaced that these vaccines, particularly the mRNA-based versions, may not only serve to prevent illness but could potentially alter human biology. Claims about harmful substances, such as graphene oxide, HIV proteins, and luciferase, have circulated, with some suggesting that these components could contribute to genetic modification or even serve as tools for population control.

The rapid development of these vaccines, alongside reports of their financial ties to global health organizations and major corporations, has led some to question the motivations behind the vaccine rollout. Critics argue that the pharmaceutical industry’s role in the pandemic response may have been driven less by the goal of public health and more by a desire for profit and control. This is compounded by the increasing reliance on synthetic drugs and vaccines to manage public health, which some see as a deliberate strategy to foster dependence on pharmaceutical companies, thus consolidating their power over global healthcare systems.

Mass Psychosis and Public Manipulation

An emerging concept in discussions surrounding the pandemic is "mass formation psychosis," which posits that large groups of people can be manipulated into a state of mass hysteria, leading them to follow government mandates without question. This theory suggests that the public's willingness to comply with restrictions such as lockdowns, mask mandates, and vaccine requirements was a form of mass psychosis, exacerbated by fear and government rhetoric.

The argument goes further, claiming that the pharmaceutical industry's ties to global power structures, including the media and political elites, created a perfect storm for psychological

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manipulation. Critics of this view argue that it oversimplifies the complexities of the pandemic response and ignores the genuine threat posed by COVID-19.

The Question of Eugenics and Global Control

Another facet of the discourse surrounding the COVID-19 vaccines involves allegations of a broader agenda tied to eugenics and population control. Some critics argue that the push for mass vaccination, along with the development of vaccine passports, is part of a plan to reduce the global population and exert greater control over individuals. This theory suggests that the pharmaceutical industry, in partnership with government entities, is using pandemics as a means to consolidate power and establish a new world order.

These concerns have been amplified by the implementation of vaccine mandates and the growing push for biometric surveillance. The combination of pandemic response measures and the rollout of digital health passes raised fears of a surveillance state that could monitor and control individuals' movements and actions.

The Rise of Pandemics and Bioweapons

Pandemics have shaped human history for centuries, often causing widespread illness, death, and social disruption. In recent years, however, there has been growing speculation regarding the origins of these pandemics. The COVID-19 pandemic, in particular, has sparked intense debate about whether it was a naturally occurring virus or the result of deliberate action. Some theories suggest that pandemics, such as COVID-19, may not be natural but rather engineered events, potentially involving bioweapons created for mass disruption. These viruses, it is proposed, could have been intentionally released to manipulate global populations, with pandemics serving not only as health crises but as opportunities for global elites to control economies, implement surveillance measures, and advance broader agendas of governance.

The development of COVID-19 vaccines, particularly mRNA vaccines, raised further concerns. Critics argue that these vaccines represented a significant shift in medicine—moving beyond traditional immunization methods to gene therapies. The rapid rollout of these vaccines, along with their association with major pharmaceutical companies, led to accusations of prioritizing profit over public health. Some reports, including those from the Defense Medical Epidemiology Database (DMED), indicated alarming increases in adverse health reactions, such as myocarditis, cancer, and neurological disorders, following vaccination. These issues have fueled concerns about the long-term safety of these vaccines and the influence of the pharmaceutical industry in shaping global health narratives.

Pharmacology, Medicine, and Pandemics

Robert F. Kennedy Jr. has drawn attention to Bill Gates' significant influence in global health, particularly through his stakes in major pharmaceutical companies and his substantial contributions to the WHO. These financial ties have raised questions about the extent to which corporate interests shape global health policies, particularly in relation to the development and distribution of mRNA vaccines. Funding from organizations like the NIH-NIAID, the Chan

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Zuckerberg Initiative, and BioNTech has further complicated the issue, with some critics questioning the motivations behind these financial connections.

Bioweapon Allegations and COVID-19 Origins
The origins of COVID-19 have been a subject of intense debate. Some claims suggest that the virus did not originate in Wuhan but instead came from U.S.-funded biolabs, such as those at the University of North Carolina. These labs have been accused of mass-producing pathogens like SARS and Ebola, raising concerns about the intentional release of viruses across multiple countries. Dr. Peter McCullough has also speculated that COVID-19 vaccines might inadvertently enable outbreaks of other contagious viral illnesses, such as hepatitis and monkeypox. A concerning development was the revelation that some batches of the vaccine contained potentially harmful substances, including spike proteins and oncogenes, substances associated with cancer development. This information sparked debates about the true purpose of the vaccines and the involvement of global elites in their design.

Sudden Adult Death Syndrome (SADS)
The emergence of Sudden Adult Death Syndrome (SADS) has been linked to the COVID-19 vaccines, with critics referring to it as Vaccine-Related Death Syndrome (VRDS). The condition is believed to be caused by vaccine-induced complications, including pathologies related to the spike protein. There have been multiple confirmed reports of sudden deaths among individuals, including pilots, attributed to vaccine-related complications. Despite these alarming reports, many studies and peer-reviewed papers critical of the vaccines were allegedly suppressed or retracted.

Bioweapons and Vaccines
Concerns about the design of COVID-19 vaccines have been raised by experts like Dr. Mike Yeadon, who pointed out that the spike protein was selected as the primary target in vaccine development despite being highly unstable and genetically similar to human proteins. This has led to suspicions of collusion between the pharmaceutical companies and raised questions about the broader implications for human health.

5G and Health Implications
Emerging concerns about the health implications of 5G technology have included reports of radiation poisoning and "cell poisoning" in countries like Indonesia. Speculations have also connected 5G technology with bioweapons, suggesting a coordinated effort to manipulate and control populations.

The Broader Implications

The growing concerns about the intersection of pharmaceuticals, global governance, and public health have broader implications, particularly regarding the potential for transhumanism, the erosion of personal autonomy, and the expanding role of AI in governance. Religious and ethical concerns have also emerged, especially in relation to vaccine mandates and the risks associated with vaccine-induced injuries. Historical and geopolitical contexts suggest that pharmaceutical advancements are deeply intertwined with global power structures, raising concerns about the influence of a "deep state" in shaping global health narratives.

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The Unseen Dangers: 5G and Surveillance

Alongside the pandemic, the expansion of 5G technology has raised concerns about its potential role in mass surveillance and population control. While 5G is touted as a technological advancement to enhance internet speeds and connectivity, critics argue that its true purpose could extend beyond this, potentially serving as a tool for mass surveillance and mind control. Some suggest that the frequencies used by 5G networks could influence human emotions and behavior, creating a method for controlling individuals on a mass scale. Coupled with biometric surveillance systems, 5G technology may play a crucial role in the establishment of a global surveillance state, where individuals are monitored and manipulated for political or economic purposes.

The combination of vaccination programs and biometric tracking technologies could serve as part of a broader agenda for totalitarian control. These technologies, when combined with the rapid advancement of AI and surveillance capabilities, suggest a shift toward a more centralized, globalized system of governance. As 5G technology and biometric systems become more prevalent, the potential for human behavior manipulation and the erosion of privacy raises significant ethical and political concerns.

The Emergence of a New World Order?

The concept of a New World Order (NWO) has surfaced in various discussions about the convergence of global health crises, the rise of vaccines, and the introduction of advanced technologies like 5G. Proponents of this theory argue that the pandemic, vaccine mandates, and the expansion of surveillance technologies are deliberate steps toward creating a one-world government. This system, they suggest, would centralize control over finance, health, and surveillance, with global elites exerting control over the masses, while remaining unaffected by these systems.

In this view, the COVID-19 pandemic and the subsequent vaccine rollout were not merely responses to a health crisis but part of a larger agenda. The implementation of 5G, biometric tracking, and global health mandates are seen as tools for shaping a future where populations are controlled through surveillance, genetic modification, and population management. Critics argue that these developments could result in a society where personal freedoms are severely restricted, and human biology is altered to suit the needs of a centralized global authority.

The Controversial Intersection of Medicine and Control

The pharmaceutical industry’s growing influence has led to concerns about its role in controlling populations through both medicine and technology. Critics argue that the focus on synthetic drugs and vaccines, rather than natural remedies, has created a system of dependence that benefits pharmaceutical companies at the expense of public health. The rise of digital health systems, biometric monitoring, and the integration of artificial intelligence into healthcare further

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complicate this issue, with some fearing that these tools could be used not to improve health but to monitor, control, and profit from individuals.

The potential for technologies like CRISPR gene-editing, nanotechnology, and synthetic biology to alter human biology raises fundamental ethical questions. As these technologies continue to advance, fears grow that they could be used to reshape humanity in ways that may not be fully understood or controllable. Combined with the growing push for universal vaccination and biometric tracking, these developments fuel concerns about a future where human biology is subject to the control of corporations and governments.

Vaccine Development and Testing Issues

The development of COVID-19 vaccines, especially mRNA-based ones, has faced numerous challenges, including the halting of animal trials due to severe adverse reactions. Critics contend that the public became the test subjects for these vaccines, with safety concerns not fully addressed before mass distribution. Despite the rapid approval process, adverse events such as myocarditis, blood clots, and even deaths have raised significant concerns about the long-term safety and efficacy of these vaccines.

Theories and Alternative Perspectives

Alongside mainstream narratives, numerous alternative theories have emerged, suggesting that the pandemic was orchestrated for financial gain, population control, or as a means to advance technologies like microchips and genetic modification. While these theories remain largely unsubstantiated, they have gained traction in certain circles, fueled by growing distrust in the pharmaceutical industry and government authorities.

Some claim that the mRNA vaccines were designed to alter human genetics, although there is no scientific evidence to support this. However, the growing interest in synthetic biology, gene editing, and nanotechnology has raised concerns that such technologies could be used in the future to manipulate human biology in ways that are not yet fully understood.

The Road Ahead: Will the Truth Prevail?

The future remains uncertain, with many questions left unanswered about the true motivations behind global health policies, vaccination campaigns, and technological advancements. What is clear, however, is the need for continued vigilance and critical examination of the forces at play. The growing concerns about the pharmaceutical industry, pandemics, and the potential misuse of technology require transparent investigations and open discourse.

As we move forward, it is crucial that the public remains informed, questioning the narratives presented by the media and government authorities. Whether the current crises are part of a larger scheme or the result of negligence remains to be seen, but the stakes are undeniably high.

Pharmaceutical Industry and Pandemics: A Historical Perspective

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The pharmaceutical industry has long been a subject of controversy, especially in the context of pandemics and vaccines. Many argue that its influence has deepened with the rise of global health crises, particularly during the COVID-19 pandemic.

The Rise of Pharmaceutical Power

One of the central claims within the provided material is the assertion that Big Pharma, particularly since the early 20th century, has become a powerful and sometimes malevolent force. The Rockefeller family is often cited as a key player in shaping modern medicine, using its wealth and influence to foster pharmaceutical monopolies. Critics of the industry argue that it has shifted the focus of healthcare from curing disease to managing chronic illness for profit. This notion is linked to the theory that pharmaceutical companies have used crises—such as pandemics—not only as opportunities for profit but as a means to control the public.

The COVID-19 Pandemic: A Bioweapon or a Manufactured Crisis?

The COVID-19 pandemic has generated significant questions about the pharmaceutical industry's role in global health emergencies. A central theme in the narrative is that the pandemic was deliberately engineered to drive a new wave of vaccine mandates, while simultaneously suppressing treatments that could have mitigated the virus's impact. Some argue that the virus itself, often referred to as the "Chyna virus," was a bioweapon, a theory fueled by the origins of SARS-CoV-2 and the early stages of the pandemic.

Vaccines and the "Clotshot"

The COVID-19 vaccine, particularly the mRNA vaccines, has been at the heart of the controversy. Dr. Robert Malone, recognized as one of the pioneers of mRNA technology, has been both censored and celebrated in various circles for his stance on the vaccine. Malone has expressed concerns about the rapid rollout of the vaccine, particularly its lack of long-term safety data. Conversely, his critics, particularly within mainstream media and political circles, argue that his views have been co-opted by anti-vaccine physicians to sow confusion and fear.

Meanwhile, the development of vaccines has been hailed as a medical breakthrough by paid for expert opinions, though some remain cautious, pointing to the unprecedented speed of their approval and deployment. The rise of vaccine-related adverse events has only intensified scrutiny, with claims that the vaccine may be causing more harm than good, including common and severe side effects like myocarditis and blood clots. These claims have led to heated debates regarding the ethics of mass vaccination campaigns.

In a recent interview Professor Sir John Bell, a key figure in the development of the Oxford vaccine, revealed that the vaccine would "Sterilize 60 to 70% of the world's population."

The Question of Eugenics and Global Control

Another central theme in the discourse surrounding the COVID-19 vaccines is the alleged connection to eugenics. Dr. Vladimir Zev Zelenko and others have suggested that the vaccines

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are part of a larger plan orchestrated by global elites with the aim of reducing the world's population and exerting control over individuals. These theories are often intertwined with the idea that the pharmaceutical industry, along with government entities, is using pandemics as a means of exercising power and control.

Zelenko and other critics argue that the widespread push for vaccine mandates, along with the development of COVID-19 vaccine passports, is a direct attempt to enslave humanity through biometric surveillance and forced compliance.

The Decline of Critical Thinking

One of the most disturbing elements of the pandemic and vaccine rollout, according to some critics, has been the erosion of critical thinking among the general population. There are claims that the public's willingness to accept government mandates without questioning the science or the motivations behind them is a result of decades of educational manipulation and pharmaceutical influence.

Furthermore, there is concern about the role of social media in suppressing dissenting opinions and promoting one-sided narratives. The widespread censorship of alternative health treatments, such as ivermectin and hydroxychloroquine, have clearly demonstrated a controlled narrative and suppression of cures that clearly counter and undermine the global vaccine fear based agenda.

The Pfizer and Moderna Vaccines: Unintended or Intended Consequences?

The vaccines developed by Pfizer and Moderna have been falsely lauded as effective tools in curbing the spread of COVID-19. However, some voices have raised alarms about their composition and potential side effects. One of the key concerns highlighted is the presence of graphene oxide in the vaccines, which some believe could lead to toxicity. While there has been little scientific backing for these claims, the notion of corporate malfeasance has fueled skepticism about the pharmaceutical giants' intentions.

PCR Testing: A Tool for Control?

Another critical element in the narrative is the use of PCR testing during the pandemic. Initially seen as an essential tool for tracking the spread of the virus, the test has come under scrutiny for its perceived inaccuracy. Physicians, creators of the PCR test argue that the PCR test was not designed to detect COVID-19 specifically and that it was used to inflate case numbers. The CDC's eventual withdrawal of the emergency use authorization for the PCR test in 2021, after it was acknowledged that the test could not distinguish between COVID-19 and the flu, validated these concerns. This withdrawal was seen by some as a belated admission of the test's flaws, undermining its role in the pandemic response.

The widespread use of PCR tests to detect COVID-19 has also raised concerns. Former FEMA whistleblowers and other experts have claimed that the tests were not only ineffective but potentially harmful, suggesting that they could have been used to implant microchips or other harmful devices into individuals. The insertion of the nasopharyngeal swab, which reaches the

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blood-brain barrier, was cited as a point of vulnerability for these alleged attacks on the human body.

Despite the uncertainty around their potential effects, PCR tests became a cornerstone of pandemic monitoring, with millions of tests being administered globally. Meanwhile, the tests' efficacy in accurately detecting COVID-19 has been questioned, especially given the rapid changes in virus variants that did not always match the test's capabilities.

The narrative surrounding COVID-19 vaccines was further complicated by differing messages about vaccine efficacy. Initially hailed as a solution to the pandemic, vaccines were later shown to offer reduced effectiveness over time, particularly against new variants like Delta and Omicron. This led to the push for booster shots, which created further division and suspicion about the long-term safety and necessity of continued vaccination.

The Allegations of Vaccine-Induced Deaths and Cover-Ups

The COVID-19 vaccine has led to widespread deaths and severe adverse reactions, including myocarditis and blood clotting disorders. While mainstream health organizations like the CDC and WHO have maintained that the benefits of vaccination outweigh the risks. The CDC's own website data supports these claims of vaccine-related deaths being downplayed or covered up. The medical establishment, including doctors and hospitals, have been complicit in underreporting vaccine-related injuries for fear of losing funding or facing legal action.

Nuremberg Trials and Accountability

The comparison between the actions of the pharmaceutical industry and the atrocities committed by Nazi Germany during World War II has been a recurring theme. Some critics argue that those who are complicit in the mass administration of COVID-19 vaccines, particularly when they are allegedly linked to harmful effects, should face accountability similar to the Nuremberg Trials. This analogy highlights the ethical dilemma surrounding the pandemic response and the role of public health officials in promoting widespread vaccination.

Pharmaceutical Industry, Pandemics, and Vaccines: A Critical Examination

The relationship between the pharmaceutical industry, pandemics, and vaccines has been a topic of intense scrutiny, especially in light of the COVID-19 pandemic. From the development of vaccines to the implementation of mandates and the responses from government bodies, several significant issues have surfaced.

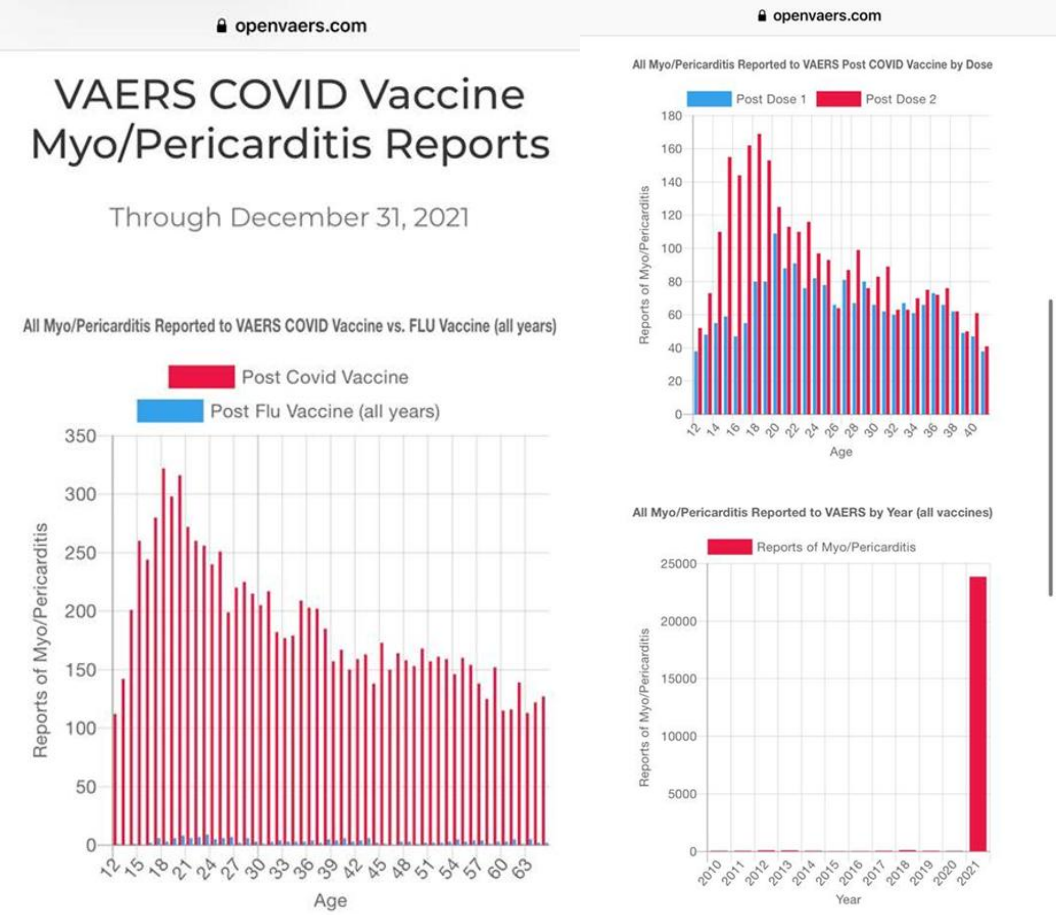
Conclusion

The relationship between the pharmaceutical industry and pandemics represents a complex narrative of innovation, controversy, and power dynamics, profoundly impacting public health, governance, and individual autonomy. While recently heavily promoted advancements in vaccine technology have been falsely labeled helpful in combating global health crises without real data to support such claims, they raise ethical, political, and safety concerns, particularly

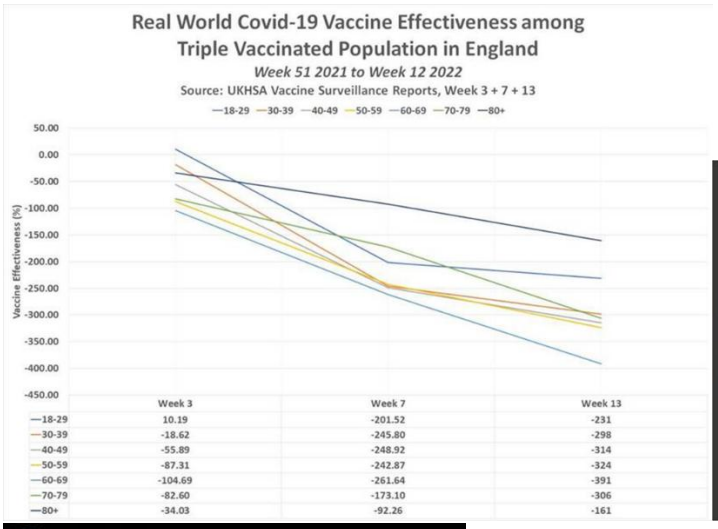
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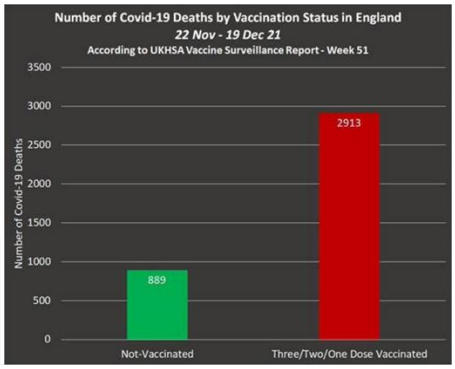
regarding financial motivations and the misuse of biotechnologies. The debates over COVID-19's origins, vaccine safety, and surveillance mechanisms underscore the urgent need for accountability, transparency, and open discourse. As bioweapons and related pandemics reshape societal structures, it is imperative to prioritize human well-being over profit or control by fostering an informed, vigilant public and critically examining the interplay of medicine, technology, and governance. Through transparency, ethical action, and oversight, humanity can break free of Big Pharma lies, sorcery, deceit and their bioweapons intended to keep us patients for life, and justice can be done for those involved in the evil we've recently experienced at their hands.

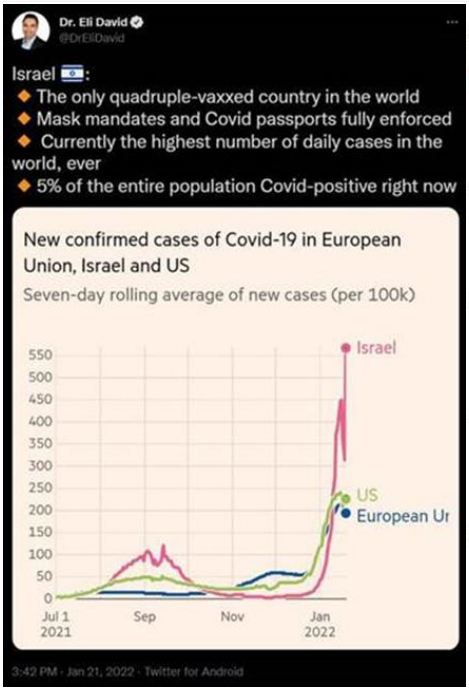
The Facts:

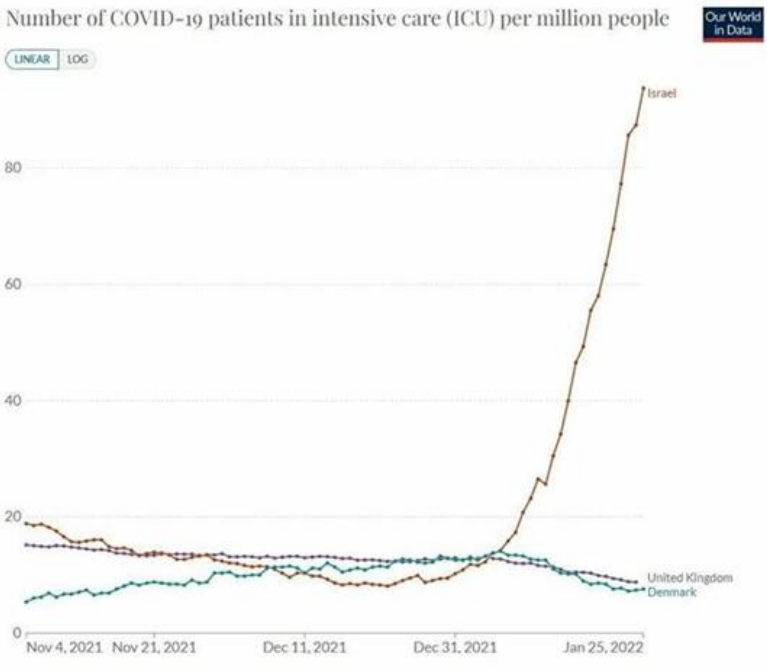


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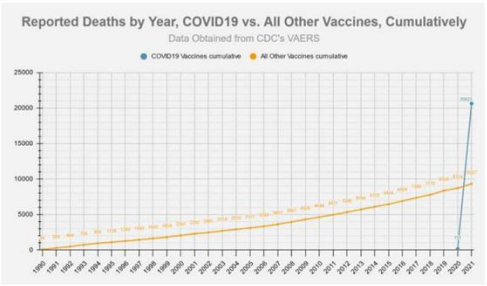
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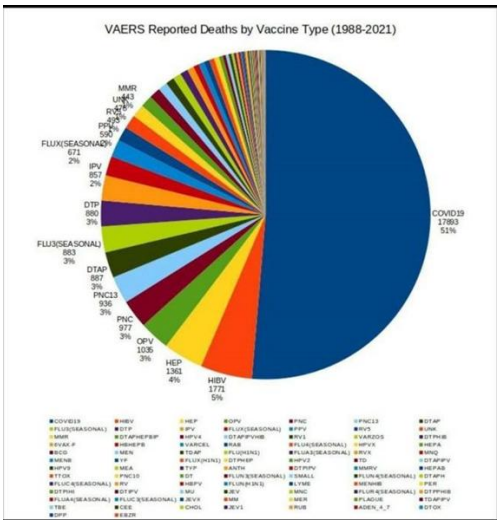
Medscape Medscape.com

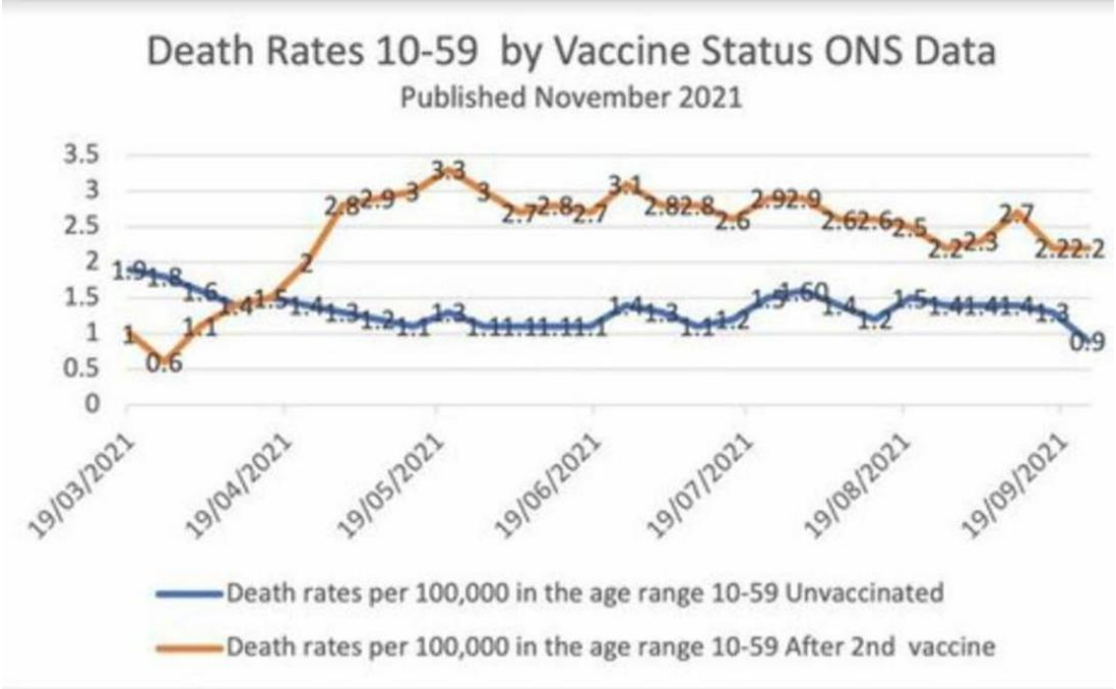
VACCINE DEATH EXPLOSION IN 2021, THIS CHART SAYS IT ALL

COOTER DECEMBER 31, 2021

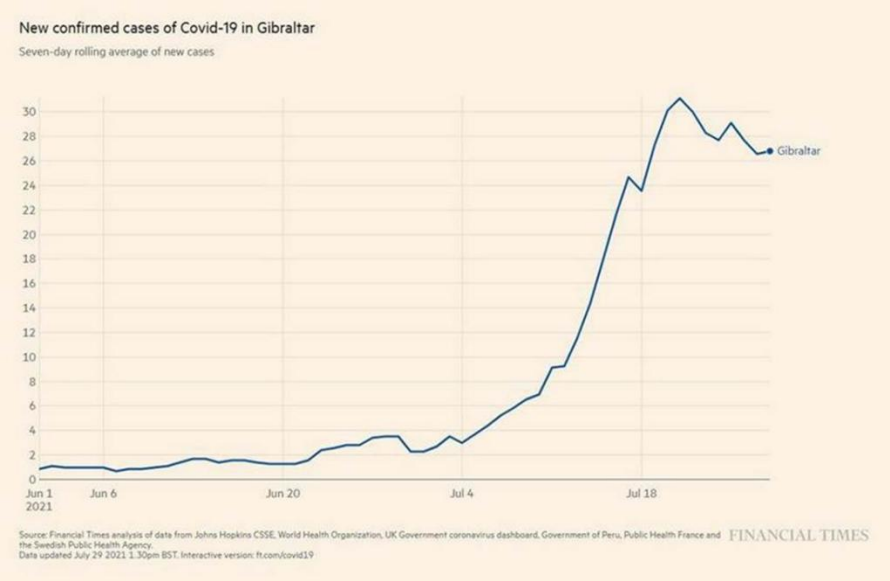
The VAERS reporting system was set up in 1990 by the Centers for Disease Control and Prevention (CDC) to monitor adverse events that occur after administration of vaccines.

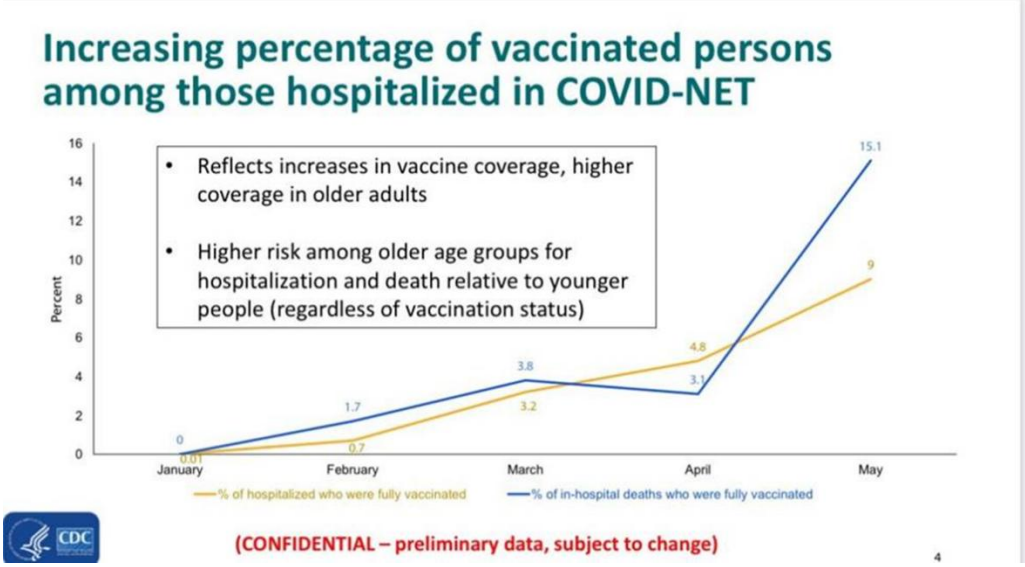




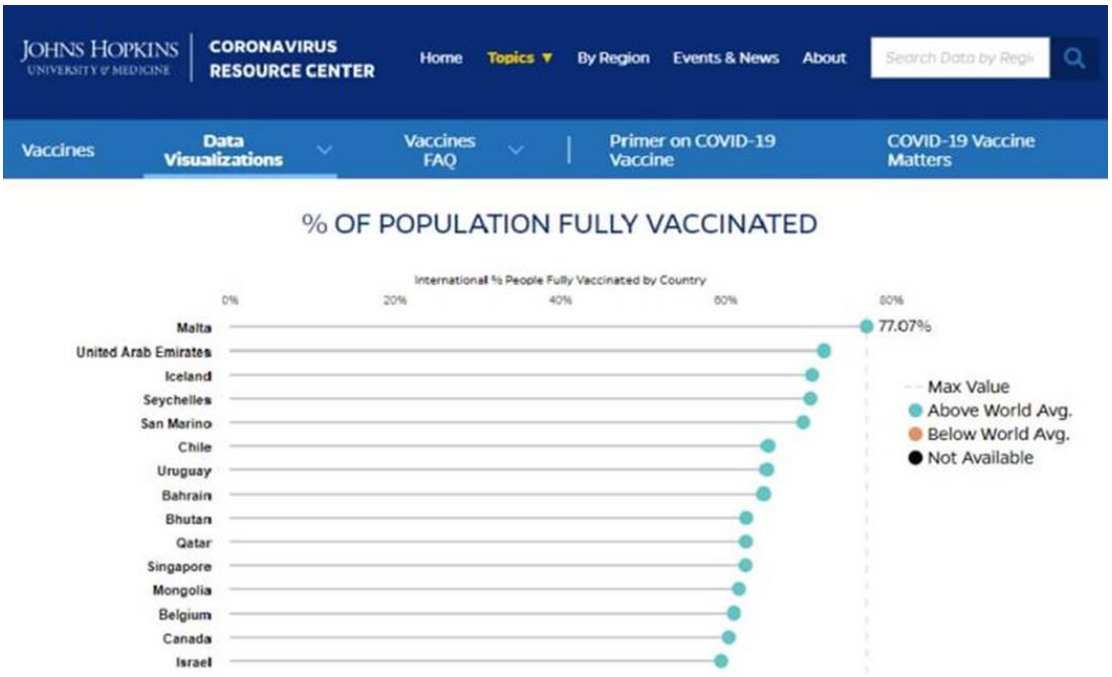


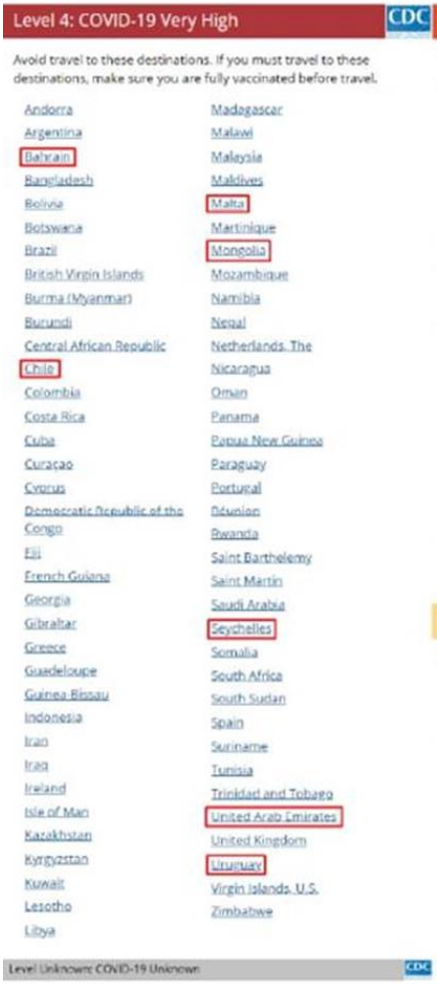
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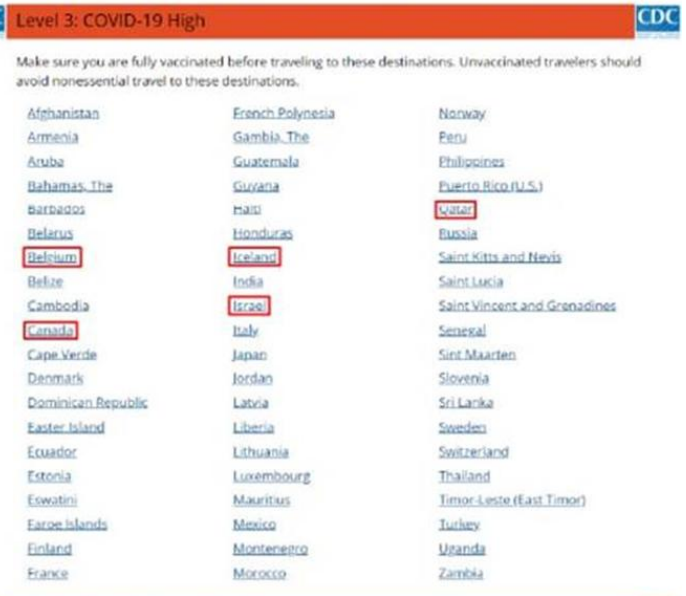


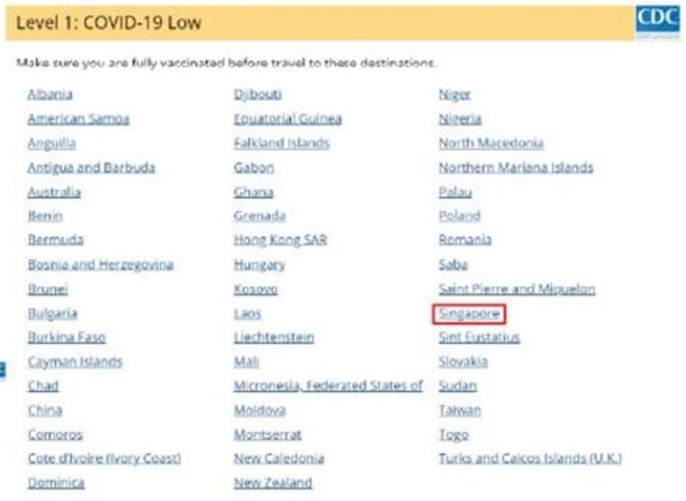


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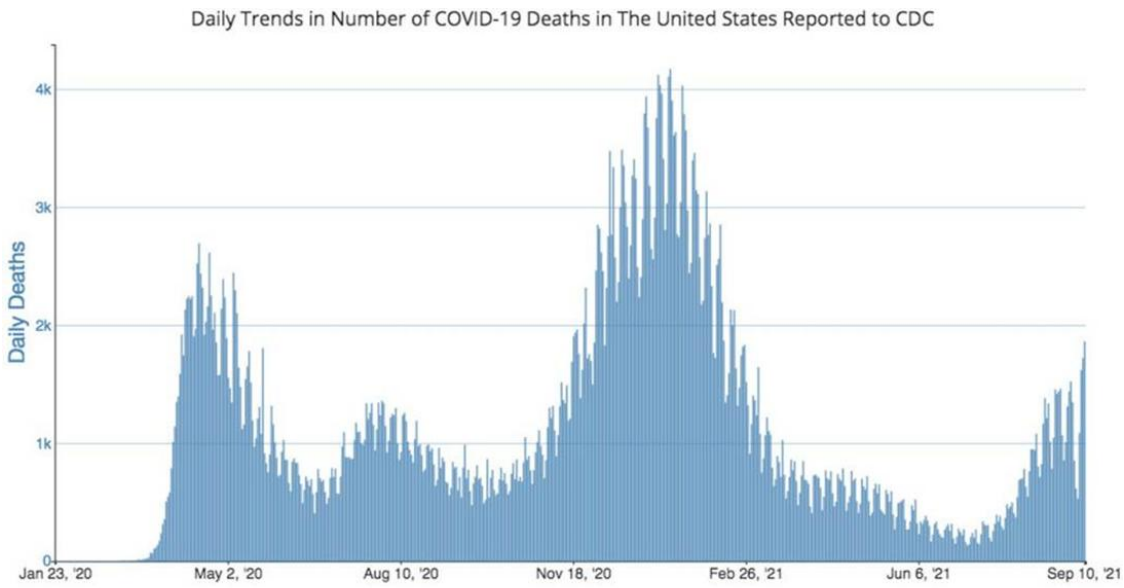

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CORONAVIRUS RESOURCE CENTER
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Primer on COVID-19 Vaccine
COVID-19 Vaccine Matters
% OF POPULATION FULLY VACCINATED
International % People Fully Vaccinated by Country
0%
20%
40%
60%
80%
Malta
United Arab Emirates
Iceland
Seychelles
San Marino
Chile
Uruguay
Bahrain
Bhutan
Qatar
Singapore
Mongolia
Belgium
Canada
Israel
77.07%
Max Value
Above World Avg.
Below World Avg.
Not Available


Level 4: COVID-19 Very High
CDC
Avoid travel to these destinations. If you must travel to these destinations, make sure you are fully vaccinated before travel.
Andorra
Argentina
Bahrain
Bangladesh
Bolivia
Botswana
Brazil
British Virgin Islands
Burma (Myanmar)
Burundi
Central African Republic
Chile
Colombia
Costa Rica
Cuba
Curaçao
Cyprus
Democratic Republic of the Congo
Fiji
French Guiana
Georgia
Gibraltar
Greece
Guadeloupe
Guinea-Bissau
Indonesia
Iran
Iraq
Ireland
Isle of Man
Kazakhstan
Kyrgyzstan
Kuwait
Lesotho
Libya
Madagascar
Malawi
Malaysia
Maldives
Malta
Martinique
Mongolia
Mozambique
Namibia
Nepal
Netherlands, The
Nicaragua
Oman
Panama
Papua New Guinea
Paraguay
Portugal
Réunion
Rwanda
Saint Barthelemy
Saint Martin
Saudi Arabia
Seychelles
Somalia
South Africa
South Sudan
Spain
Suriname
Tunisia
Trinidad and Tobago
United Arab Emirates
United Kingdom
Uruguay
Virgin Islands, U.S.
Zimbabwe


Level 3: COVID-19 High
CDC
Make sure you are fully vaccinated before traveling to these destinations. Unvaccinated travelers should avoid nonessential travel to these destinations.
Afghanistan
Armenia
Aruba
Bahamas, The
Barbados
Belarus
Belgium
Belize
Cambodia
Canada
Cape Verde
Denmark
Dominican Republic
Easter Island
Ecuador
Estonia
Eswatini
Faroe Islands
Finland
France
French Polynesia
Gambia, The
Guatemala
Guyana
Haiti
Honduras
Iceland
India
Israel
Italy
Japan
Jordan
Latvia
Liberia
Lithuania
Luxembourg
Mauritius
Mexico
Montenegro
Morocco
Norway
Peru
Philippines
Puerto Rico (U.S.)
Qatar
Russia
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and Grenadines
Senegal
Sint Maarten
Slovenia
Sri Lanka
Sweden
Switzerland
Thailand
Timor-Leste (East Timor)
Turkey
Uganda
Zambia


Level 1: COVID-19 Low
CDC
Make sure you are fully vaccinated before travel to these destinations.
Albania
American Samoa
Anguilla
Antigua and Barbuda
Australia
Benin
Bermuda
Bosnia and Herzegovina
Brunei
Bulgaria
Burkina Faso
Cayman Islands
Chad
China
Comoros
Cote d'Ivoire (Ivory Coast)
Dominica
Djibouti
Equatorial Guinea
Falkland Islands
Gabon
Ghana
Grenada
Hong Kong SAR
Hungary
Kosovo
Laos
Liechtenstein
Mali
Micronesia, Federated States of
Moldova
Montserrat
New Caledonia
New Zealand
Niger
Nigeria
North Macedonia
Northern Mariana Islands
Palau
Poland
Romania
Saba
Saint Pierre and Miquelon
Singapore
Sint Eustatius
Slovakia
Sudan
Taiwan
Togo
Turks and Caicos Islands (U.K.)


Level Unknown: COVID-19 Unknown
CDC





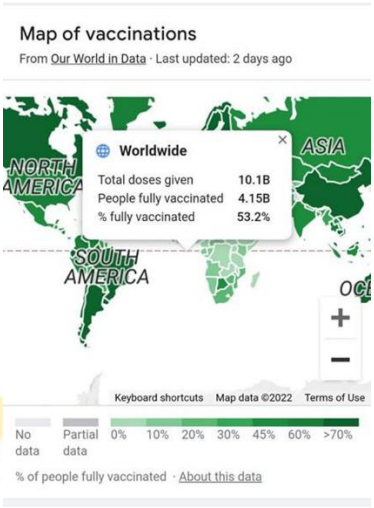

theexpose.uk

A comparison of official Government reports suggest the Fully Vaccinated are developing Acquired Immunodeficiency Syndrome

BY THE EXPOSÉ ON OCTOBER 10, 2021 • (56 COMMENTS)

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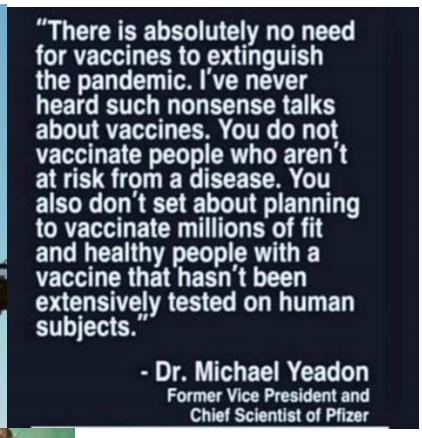
Latest UK PHE Vaccine Surveillance Report figures on Covid cases show that doubly vaccinated 40-70 year olds have lost 40% of their immune system capability compared to unvaccinated people. Their immune systems are deteriorating at around 5% per week (between 2.7% and 8.7%). If this continues then 30-50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



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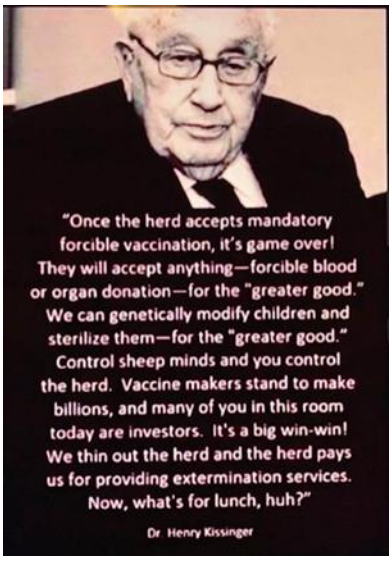






The Villains and their crimes:

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AIDS
US-Patent 5676977

H1N1
US-Patent 8835624

Ebola
US-Patent 20120251502

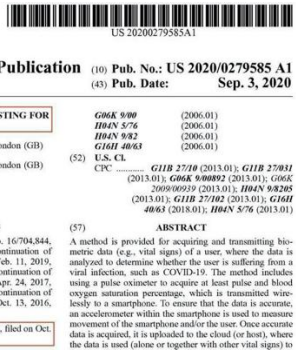
Swine Flu
US-Patent CA2741523 A1

BSE
US-Patent 0070031450 A1

ZIKA
ATTC VR-84
(Rockefeller Foundation)

SARS
US-Patent 7897744 & 8506968

CORONAVIRUS
US-Patent 10130701



US 20200279585A1

(19) **United States**
(12) **Patent Application Publication** (10) **Pub. No.: US 2020/0279585 A1**
Rothschild (43) **Pub. Date: Sep. 3, 2020**

(54) **SYSTEM AND METHOD FOR TESTING FOR COVID-19**

(71) Applicant: **Richard A. Rothschild**, London (GB)

(72) Inventor: **Richard A. Rothschild**, London (GB)

(21) Appl. No.: **16/876,114**

(22) Filed: **May 17, 2020**

Related U.S. Application Data

(63) Continuation-in-part of application No. 16/704,844, filed on Dec. 5, 2019, which is a continuation of application No. 16/273,141, filed on Feb. 11, 2019, now Pat. No. 10,522,188, which is a continuation of application No. 15/495,485, filed on Apr. 24, 2017, now Pat. No. 10,242,713, which is a continuation of application No. 15/293,211, filed on Oct. 13, 2016, now abandoned.

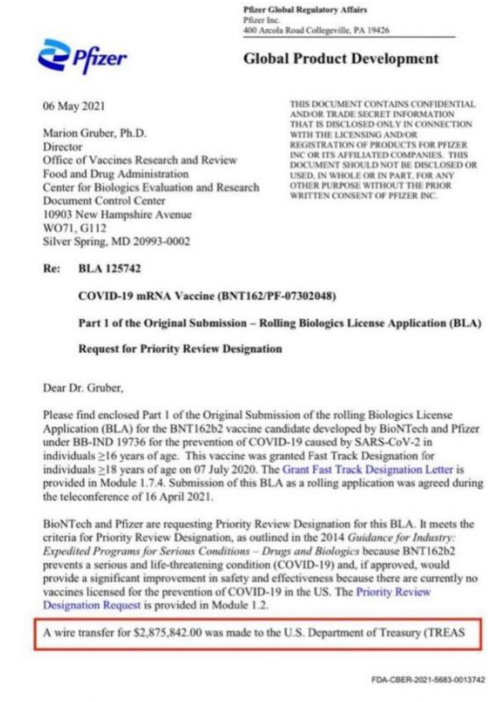
(60) Provisional application No. 62/240,783, filed on Oct. 13, 2015.

G06K 9/00 (2006.01)
H04N 5/76 (2006.01)
H04N 9/82 (2006.01)
G16H 40/63 (2006.01)

(52) **U.S. Cl.**
CPC ***G11B 27/10*** (2013.01); ***G11B 27/031*** (2013.01); ***G06K 9/00892*** (2013.01); ***G06K 2009/00939*** (2013.01); ***H04N 9/8205*** (2013.01); ***G11B 27/102*** (2013.01); ***G16H 40/63*** (2018.01); ***H04N 5/76*** (2013.01)

(57) **ABSTRACT**

A method is provided for acquiring and transmitting biometric data (e.g., vital signs) of a user, where the data is analyzed to determine whether the user is suffering from a viral infection, such as COVID-19. The method includes using a pulse oximeter to acquire at least pulse and blood oxygen saturation percentage, which is transmitted wirelessly to a smartphone. To ensure that the data is accurate, an accelerometer within the smartphone is used to measure movement of the smartphone and/or the user. Once accurate data is acquired, it is uploaded to the cloud (or host), where the data is used (alone or together with other vital signs) to



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Global Product Development

06 May 2021

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Marion Gruber, Ph.D.
Director
Office of Vaccines Research and Review
Food and Drug Administration
Center for Biologics Evaluation and Research
Document Control Center
10903 New Hampshire Avenue
WO71, G112
Silver Spring, MD 20993-0002

Re: BLA 125742

COVID-19 mRNA Vaccine (BNT162/PF-07302048)

Part 1 of the Original Submission – Rolling Biologics License Application (BLA)

Request for Priority Review Designation

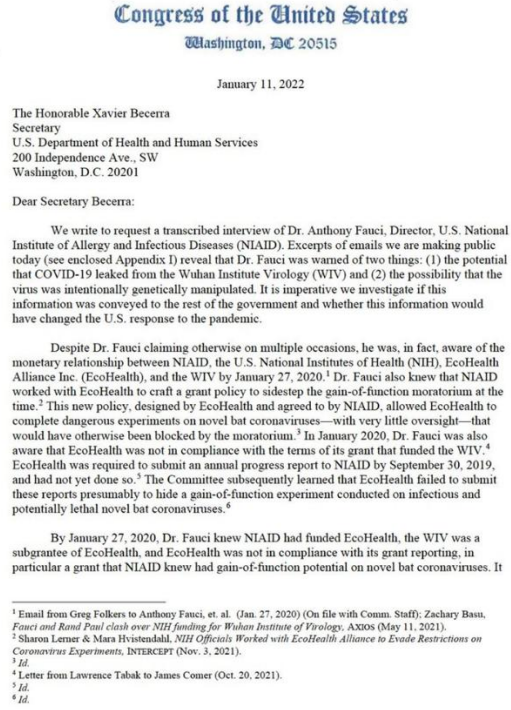
Dear Dr. Gruber,

Please find enclosed Part 1 of the Original Submission of the rolling Biologics License Application (BLA) for the BNT162b2 vaccine candidate developed by BioNTech and Pfizer under BB-IND 19736 for the prevention of COVID-19 caused by SARS-CoV-2 in individuals ≥16 years of age. This vaccine was granted Fast Track Designation for individuals ≥18 years of age on 07 July 2020. The Grant Fast Track Designation Letter is provided in Module 1.7.4. Submission of this BLA as a rolling application was agreed during the teleconference of 16 April 2021.

BioNTech and Pfizer are requesting Priority Review Designation for this BLA. It meets the criteria for Priority Review Designation, as outlined in the 2014 *Guidance for Industry: Expedited Programs for Serious Conditions – Drugs and Biologics* because BNT162b2 prevents a serious and life-threatening condition (COVID-19) and, if approved, would provide a significant improvement in safety and effectiveness because there are currently no vaccines licensed for the prevention of COVID-19 in the US. The Priority Review Designation Request is provided in Module 1.2.

A wire transfer for $2,875,842.00 was made to the U.S. Department of Treasury (TREAS

FDA-CBER-2021-5683-0013742



Congress of the United States
Washington, DC 20515

January 11, 2022

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Ave., SW
Washington, D.C. 20201

Dear Secretary Becerra:

We write to request a transcribed interview of Dr. Anthony Fauci, Director, U.S. National Institute of Allergy and Infectious Diseases (NIAID). Excerpts of emails we are making public today (see enclosed Appendix I) reveal that Dr. Fauci was warned of two things: (1) the potential that COVID-19 leaked from the Wuhan Institute Virology (WIV) and (2) the possibility that the virus was intentionally genetically manipulated. It is imperative we investigate if this information was conveyed to the rest of the government and whether this information would have changed the U.S. response to the pandemic.

Despite Dr. Fauci claiming otherwise on multiple occasions, he was, in fact, aware of the monetary relationship between NIAID, the U.S. National Institutes of Health (NIH), EcoHealth Alliance Inc. (EcoHealth), and the WIV by January 27, 2020.[1] Dr. Fauci also knew that NIAID worked with EcoHealth to craft a grant policy to sidestep the gain-of-function moratorium at the time.[2] This new policy, designed by EcoHealth and agreed to by NIAID, allowed EcoHealth to complete dangerous experiments on novel bat coronaviruses—with very little oversight—that would have otherwise been blocked by the moratorium.[3] In January 2020, Dr. Fauci was also aware that EcoHealth was not in compliance with the terms of its grant that funded the WIV.[4] EcoHealth was required to submit an annual progress report to NIAID by September 30, 2019, and had not yet done so.[5] The Committee subsequently learned that EcoHealth failed to submit these reports presumably to hide a gain-of-function experiment conducted on infectious and potentially lethal novel bat coronaviruses.[6]

By January 27, 2020, Dr. Fauci knew NIAID had funded EcoHealth, the WIV was a subgrantee of EcoHealth, and EcoHealth was not in compliance with its grant reporting, in particular a grant that NIAID knew had gain-of-function potential on novel bat coronaviruses. It

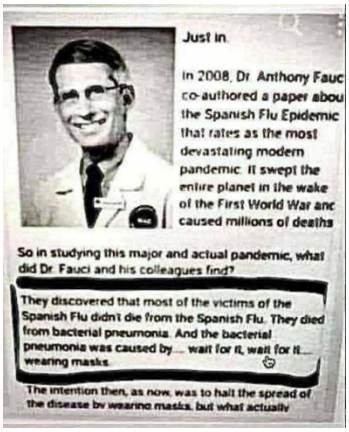
[1] Email from Greg Folkers to Anthony Fauci, et. al. (Jan. 27, 2020) (On file with Comm. Staff); Zachary Basu, *Fauci and Rand Paul clash over NIH funding for Wuhan Institute of Virology*, AXIOS (May 11, 2021).
[2] Sharon Lerner & Mara Hvistendahl, *NIH Officials Worked with EcoHealth Alliance to Evade Restrictions on Coronavirus Experiments*, INTERCEPT (Nov. 3, 2021).
[3] *Id.*
[4] Letter from Lawrence Tabak to James Comer (Oct. 20, 2021).
[5] *Id.*
[6] *Id.*

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So the American Academy of Pediatrics wants all kids vaccinated... Let's see who their top donor is.
Oh hey. Look at that.

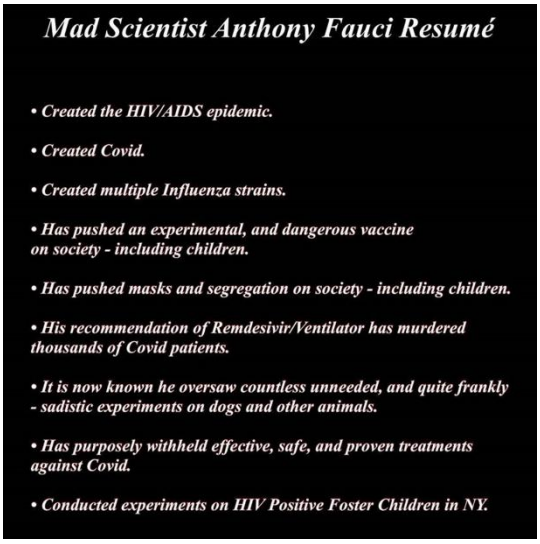


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New VAERS numbers have been published.

- 818,042 Adverse Events
- 127,641 Doctor Visits
- 83,412 Hospitalizations
- 92,017 Urgent Care
- 26,199 Disabled
- 10,179 Bell's Palsy
- 10,304 Myocarditis
- 8,408 Heart Attacks
- 2,631 Miscarriages
- 17,128 Deaths

Meanwhile, the fully vaccinated continue to dominate infection, hospitalization, and mortality rates.

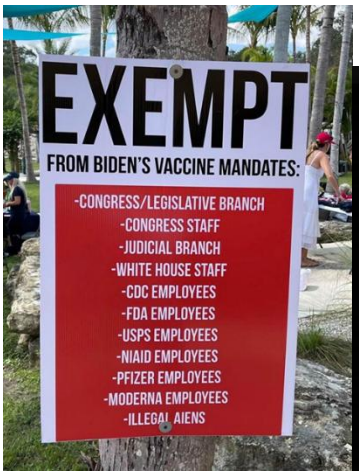
....Nuremberg 2.0 awaits, SS Officer Fauci.

70 members of the Pfizer investment board are members of the Chinese Communist Party.

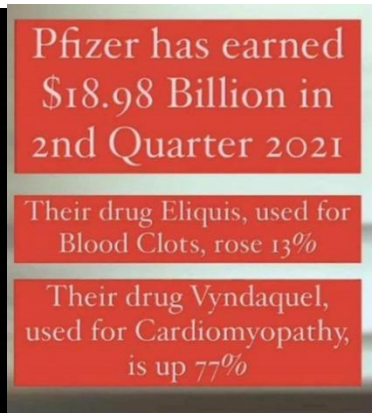


Cai Bingbing	Han.		Pfizer Investment Co., Ltd. is the first
Cao Wei	Han.	Cold water river in Hunan	Pfizer Investment Co., Ltd. is the first
Chen thirsty	Han.	Shanghai.	Pfizer Investment Co., Ltd. is the first
Chen Xiaowan	Han.	Shanghai.	Pfizer Investment Co., Ltd. was fourth
Ding ling	Han.	Shanghai.	Pfizer Investment Co., Ltd. was third
Dong Xin	Han.	Liaoning.	Pfizer Investment Co., Ltd. was second
Feng Wei	Han.		Pfizer Investment Co., Ltd. was second
Gao Chenyun	Han.	Zhejiang.	Pfizer Investment Co., Ltd. was second
Gu Feiyan	Han.	Jiangsu.	Pfizer Investment Co., Ltd. is the first
Gu Huizhen	Han.	Shanghai.	Pfizer Investment Co., Ltd. is the first
Gu Liqin	Han.	Jiangsu.	Pfizer Investment Co., Ltd. is the first
Han Leling	Han.	Zhejiang.	Pfizer Investment Co., Ltd. was second
Hgh also	Han.		Pfizer Investment Co., Ltd. is the first
Hou Yingzi	Han.	Shanghai.	Pfizer Investment Co., Ltd. was fourth
Huang Lei	Han.	Shandong.	Pfizer Investment Co., Ltd. is the first
Huang Qi	Han.	Shanghai.	Pfizer Investment Co., Ltd. is the first
Jia Four Flowers	Han.		Pfizer Investment Co., Ltd. is the first
Jin Qingfeng	Han.	Jiangxi.	Pfizer Investment Co., Ltd. was third
Jody.	Han.	Jiangsu.	Pfizer Investment Co., Ltd. is the first
Julili	Han.	Zhejiang.	Pfizer Investment Co., Ltd. was third
Kevin Rudd	Han.	Shanghai.	Pfizer Investment Co., Ltd. is the first
Lan Yang	Han.	Sichuan.	Pfizer Investment Co., Ltd. was second
Left Haitao	Han.	Shanghai.	Pfizer Investment Co., Ltd. is the first
Li Huasheng	Han.	Shandong.	Pfizer Investment Co., Ltd. was third
Lijie.	Han.	Liaoning.	Pfizer Investment Co., Ltd. is the first
Liu Li	Han.	No years	Pfizer Investment Co., Ltd. is the first
Liu Sijia	Han.		Pfizer Investment Co., Ltd. is the first
Lu Junchao	Han.	Shanghai.	Pfizer Investment Co., Ltd. was second
Lu Ruhui	Han.	Shandong.	Pfizer Investment Co., Ltd. is the first
Lu Yiyi	Han.		Pfizer Investment Co., Ltd. is the first

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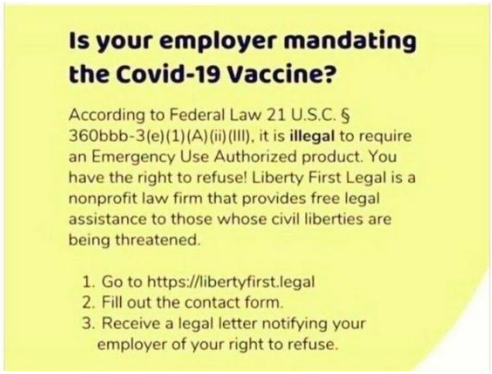




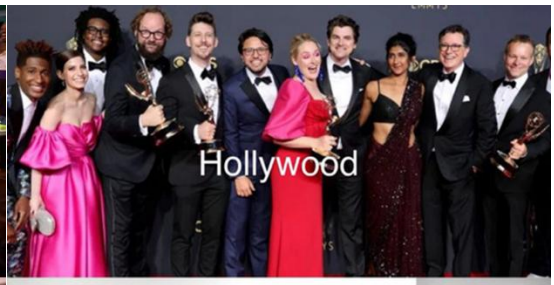
















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Just a handful of examples of officials in charge of the "health" of millions of people. Who besides Satan and a Libtard identifies with any of these creeps or would even want them taking out their trash? If you can't see the pain, sickness and pure evil in each of these psychos, you need help. I can't even look at these vermin, it makes me physically ill.











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World Health Organization

Home / Newsroom / Q&A Detail / Coronavirus disease (COVID-19): Serology

Coronavirus disease (COVID-19): Serology

9 June 2020 | Q&A

What is herd immunity?

Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection. This means that even people who haven't been infected, or in whom an infection hasn't triggered an immune response, they are protected because people around them who are immune can act as buffers between them and an infected person. The threshold for establishing herd immunity for COVID-19 is not yet clear.

World Health Organization

Home / Newsroom / Q&A Detail / Coronavirus disease (COVID-19): Serology, antibodies and immunity

Coronavirus disease (COVID-19): Serology, antibodies and immunity

13 November 2020 | Q&A

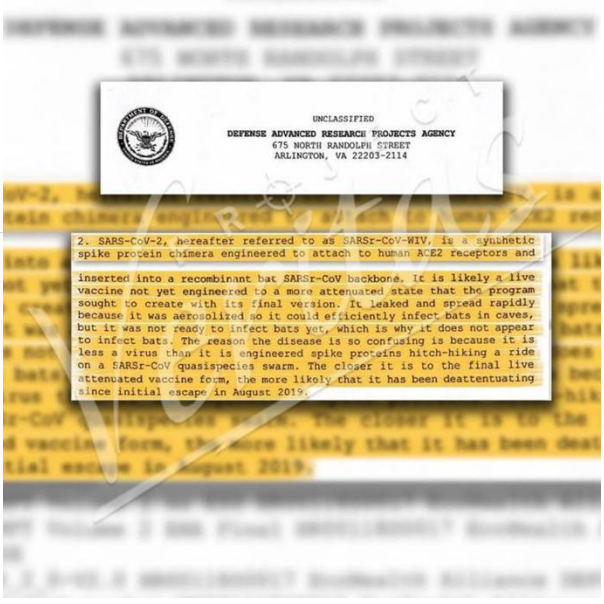
What is herd immunity?

'Herd immunity', also known as 'population immunity', is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached.

Herd immunity is achieved by protecting people from a virus, not by exposing them to it. *Read the Director-General's 12 October media briefing speech for more detail.*

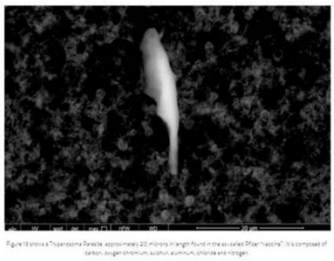




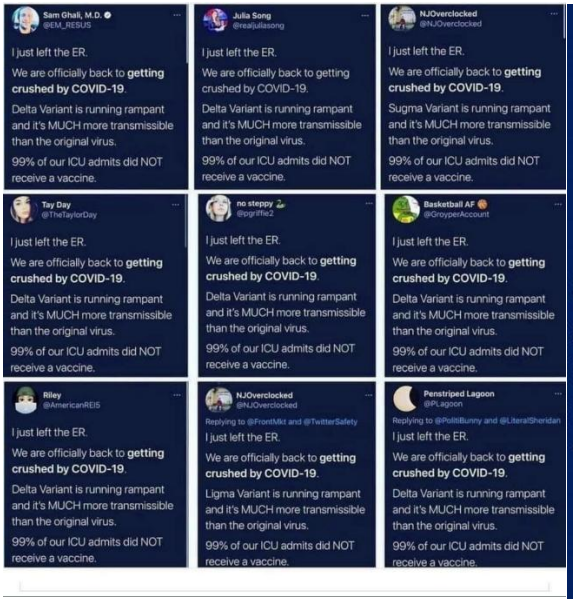


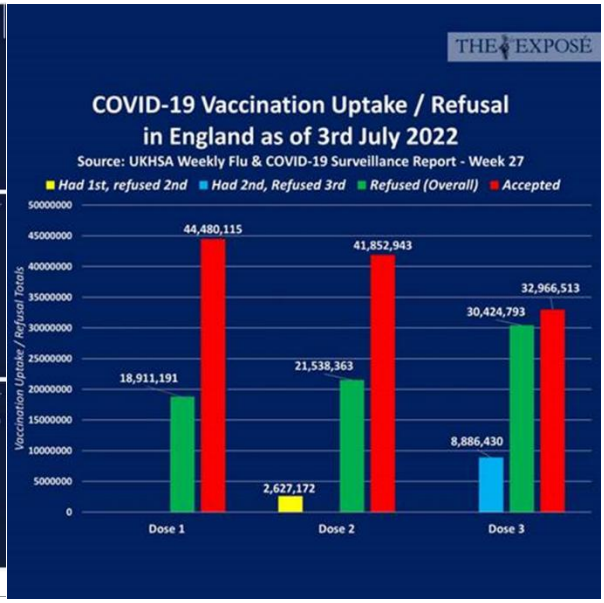
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Also found in the Pfizer injection was Trypanosoma cruzi – a parasite of which several variants are lethal and is one of many causes of acquired immune deficiency syndrome or AIDS. It's not known if this was just a random ingredient or was purposefully placed and will be found in all Pfizer "vaccines."

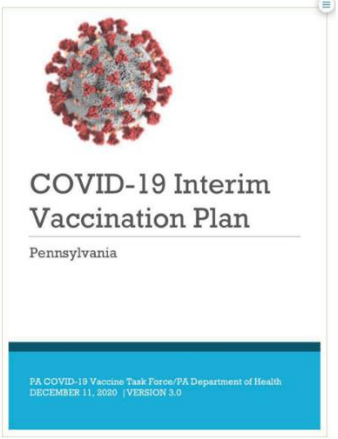


Trypanosoma parasite found in the so-called Pfizer "vaccine"





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assigned facilities what categories of healthcare personnel are eligible to receive the vaccine on each vaccination day.

10. Providers should keep diligent records of who has been vaccinated, and how many doses of the vaccine have been administered to that person. This is important because individuals who have received one dose of the vaccine will need to have a second dose of the vaccine as it becomes available. Communicate with PA DOH Immunizations Program which individuals in which COVID-facing units have received the vaccine. This is done by reporting through the Pennsylvania Statewide Immunization Information System (PA-SIIS), a requirement of becoming a COVID-19 vaccine provider.

11. Everyday assess the inventory of vaccines still available and determine the number of healthcare workers who still need to receive the vaccine. Continue to vaccinate until every healthcare personnel has been vaccinated and await further instructions from Pennsylvania Department of Health for Phase 1B.

Vaccination of pregnant and breastfeeding HCP:

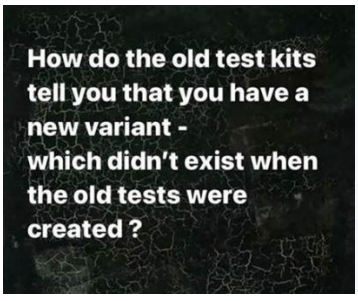
Evidence suggests that pregnant people are potentially at increased risk for severe COVID-19-associated illness and death compared to non-pregnant people, underscoring the importance of disease prevention in this population. Given the predominance of women of child-bearing potential among the healthcare workforce, a substantial number of HCP are estimated to be pregnant or breastfeeding at any given time. Currently, there are no data on the safety and efficacy of COVID-19 vaccines in these populations to inform vaccine recommendations. Further considerations around use of COVID-19 vaccines in pregnant or breastfeeding HCP will be provided once data from phase III clinical trials and conditions of FDA Emergency Use Authorization are reviewed.

Post-vaccination symptoms in HCP

Based on available data, COVID-19 vaccination is expected to elicit systemic post-vaccination symptoms, such as fever, headache, and myalgias. While the incidence and timing of post-vaccination symptoms will be further informed by phase III clinical trial data, strategies are needed to mitigate possible HCP absenteeism and resulting personnel shortages due to the occurrence of these symptoms. ACIP recommends staggering delivery of vaccine to HCP in facilities so personnel from a single department or unit are not all vaccinated at the same time. Based on greater reactogenicity observed following the second vaccine dose in phase I/II clinical trials, staggering considerations may be more important following the second dose.[viii] Because Pennsylvania's approach prioritizes those who are high-risk COVID-19 healthcare personnel, this is expected to stagger initial vaccination somewhat across COVID-19 facing units.



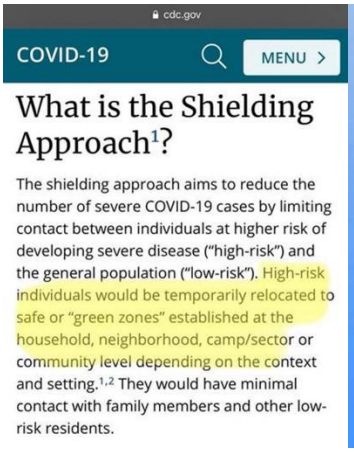


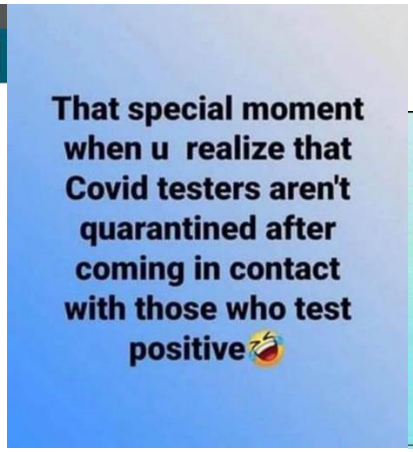


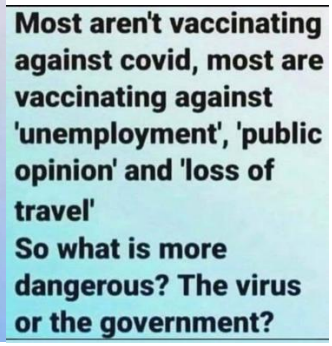




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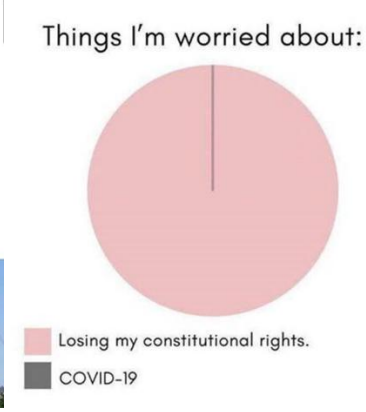










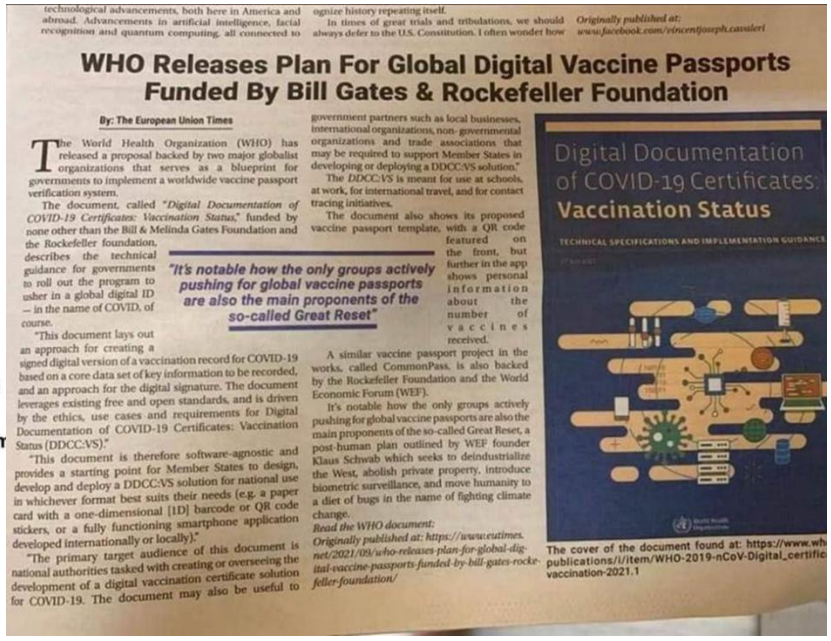






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279% SPIKE in Miscarriages
487% SPIKE in Breast Cancer
1048% SPIKE in the Nervous System
155% SPIKE in Birth Defects
350% SPIKE in Male Infertility
369% SPIKE in Testicular Cancer
2181% SPIKE in Hypertension
664% SPIKE in Malignant Neoplasms
680% SPIKE in Multiple Sclerosis
551% SPIKE in Guillain-Barre Syndrom
468% SPIKE in Pulmonary Embolism
302% SPIKE in Tachycardia
452% SPIKE in Migraines
471% SPIKE in Female Infertility
437% SPIKE in Ovarian Dysfunction
269% SPIKE in Myocardial infarction
291% SPIKE in Bell's palsy



technological advancements, both here in America and abroad. Advancements in artificial intelligence, facial recognition and quantum computing, all connected to

ognize history repeating itself.

In times of great trials and tribulations, we should always defer to the U.S. Constitution. I often wonder how

Originally published at: www.facebook.com/vincentjoseph.cavaleri

WHO Releases Plan For Global Digital Vaccine Passports Funded By Bill Gates & Rockefeller Foundation

By: The European Union Times

The World Health Organization (WHO) has released a proposal backed by two major globalist organizations that serves as a blueprint for governments to implement a worldwide vaccine passport verification system.

The document, called *"Digital Documentation of COVID-19 Certificates: Vaccination Status,"* funded by none other than the Bill & Melinda Gates Foundation and the Rockefeller foundation, describes the technical guidance for governments to roll out the program to usher in a global digital ID – in the name of COVID, of course.

"This document lays out an approach for creating a signed digital version of a vaccination record for COVID-19 based on a core data set of key information to be recorded, and an approach for the digital signature. The document leverages existing free and open standards, and is driven by the ethics, use cases and requirements for Digital Documentation of COVID-19 Certificates: Vaccination Status (DDCC:VS)."

"This document is therefore software-agnostic and provides a starting point for Member States to design, develop and deploy a DDCC:VS solution for national use in whichever format best suits their needs (e.g. a paper card with a one-dimensional [1D] barcode or QR code stickers, or a fully functioning smartphone application developed internationally or locally)."

"The primary target audience of this document is national authorities tasked with creating or overseeing the development of a digital vaccination certificate solution for COVID-19. The document may also be useful to government partners such as local businesses, international organizations, non-governmental organizations and trade associations that may be required to support Member States in developing or deploying a DDCC:VS solution."

The *DDCC:VS* is meant for use at schools, at work, for international travel, and for contact tracing initiatives.

The document also shows its proposed vaccine passport template, with a QR code featured on the front, but further in the app shows personal information about the number of vaccines received.

> ***"It's notable how the only groups actively pushing for global vaccine passports are also the main proponents of the so-called Great Reset"***

A similar vaccine passport project in the works, called CommonPass, is also backed by the Rockefeller Foundation and the World Economic Forum (WEF).

It's notable how the only groups actively pushing for global vaccine passports are also the main proponents of the so-called Great Reset, a post-human plan outlined by WEF founder Klaus Schwab which seeks to deindustrialize the West, abolish private property, introduce biometric surveillance, and move humanity to a diet of bugs in the name of fighting climate change.

Read the WHO document:

Originally published at: https://www.eutimes.net/2021/08/who-releases-plan-for-global-digital-vaccine-passports-funded-by-bill-gates-rockefeller-foundation/

The cover of the document found at: https://www.wh publications/i/item/WHO-2019-nCoV-Digital_certific vaccination-2021.1

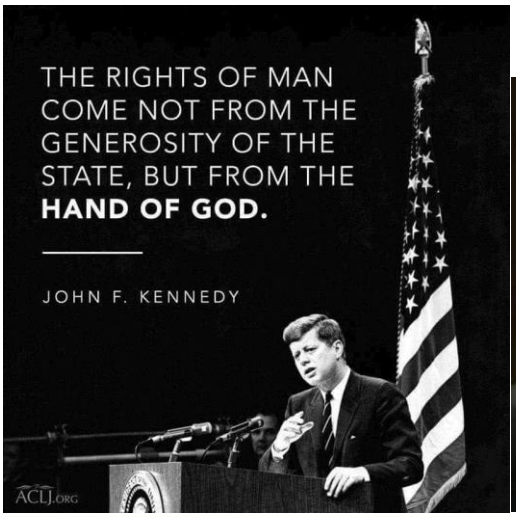


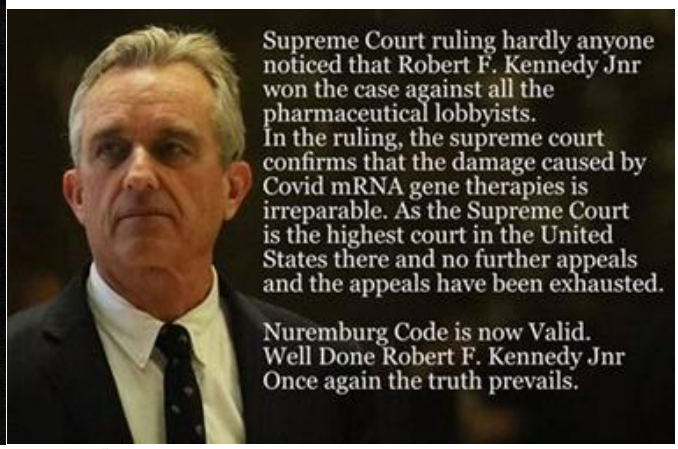
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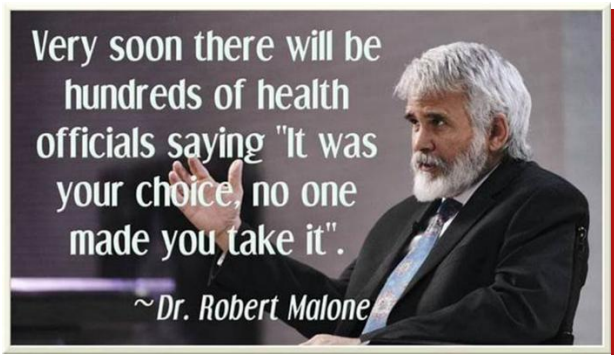
	A year ago	Now
Vaccinated can spread COVID	Conspiracy Theory	Truth
Vaccinated are susceptible to new variants and reinfection	Conspiracy Theory	Truth
COVID vaccines can cause blood clots and other serious side effects	Conspiracy Theory	Truth
3rd and 4th shot	Conspiracy Theory	Truth
New shots every year/half a year	Conspiracy Theory	Truth
Shots for young children	Conspiracy Theory	Truth
Total segregation of the society	Conspiracy Theory	Truth
Camps for the unvaccinated	Conspiracy Theory	Truth
Unvaccinated unable to work	Conspiracy Theory	Truth
Harder access of medical care for unvaccinated	Conspiracy Theory	Truth
Secret contracts between Pfizer and governments	Conspiracy Theory	Truth

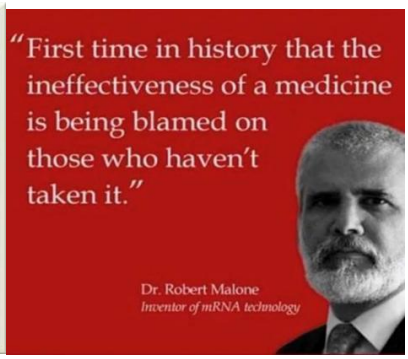


The Heroes:







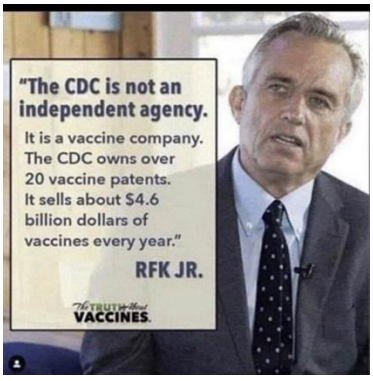


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September 17, 2021 – US Constitution Signing Day –

all flooded the phones, the emails and their us mailing addresses with the proper messaging?

FIND THEM HERE: Elected Officials | USAGov

September 17, 2021

Dear Joe Biden,

This is to inform you that I am filing a complaint against your illegal vaccine and all related unlawful mandates with the US Attorney General's office as a Depravation of My Rights Under Color of Law. Let me help you understand how you, Dr. Fauci, and many other of your co-conspirators should be held accountable. At some point the tides will turn, WE THE PEOPLE, shall reclaim our government, legally, ethically, peacefully. When that happens, if the current US Attorney General does not take action on my (and many other fellow American) demands under Section 242 of Title 18, they will be replaced by one who will and to rekindle Nuremberg Code trials against you all.

ingersolllockwood.com

IN ADDITION, LIKE NAZIs WHO WERE FOUND GUILTY AND GIVEN THEIR JUST PUNISHMENT,

YOU AND THOSE WHO HELP IMPLEMENT YOUR MANDATES ARE VIOLATING THE NUREMBERG CODE.

SEE:
https://history.nih.gov/display/history/Nuremberg%2BCode

You may try to silence my voice, that's why I have sent copies of this letter to thousands of fellow Patriots, my constitutional lawyer, my family and friends and I am healthy, have no plans to harm myself or anyone. I am peaceful and well aware of my legal rights. You will not silence the Awakened. WE THE PEOPLE have spoken. The Dark Winter, the toxic experimental vaccines, the first amendment violating face muzzle mask mandates, the lockdowns and all unconstitutional mandates by your Administration should lead to a lifetime in prison for you and your co-conspirators and an eternity in your own personal Dark Winter, with the Devil you worship.

You are hereby served and on notice – you have Awakened America.

God Bless America and may God bring Justice to All of her Enemies both foreign and Domestic.

DEPRIVATION OF RIGHTS UNDER COLOR OF LAW: The US Department of Justice. Section 242 of Title 18 makes it a crime for a person acting under color of any law to willfully deprive a person of a right or privilege protected by the Constitution or laws of the United States.

For the purpose of Section 242, acts under "color of law" include acts not only done by federal, state, or local officials within their lawful authority, but also acts done beyond the bounds of that official's lawful authority, if the acts are done while the official is purporting to or pretending to act in the performance of his/her official duties. Persons acting under color of law within the meaning of this statute include police officers, prisons guards and other law enforcement officials, as well as judges, care providers in public health facilities, and others who are acting as public officials. It is not necessary that the crime be motivated by animus toward the race, color, religion, sex, handicap, familial status or national origin of the victim.

The offense is punishable by a range of imprisonment up to a life term, or the death penalty, depending upon the circumstances of the crime, and the resulting injury, if any.

ADA: you are forcing – a discrimination scenario against Americans With Disabilities Act (ADA) – each of you may be fined up to $75,000 for your first action that violates ADA. This is your first action. Second actions are $150,000 fines; THIS IS A FEDERAL CRIME YOU ARE WILLFULLY COMMITTING. See: https://www.ada.gov/index.html

FIRST AMENDMENT, US CONSTITUTION: Freedom of expression cannot be suppressed or limited in any way. Muffling a voice, forcing the covering against the will of a citizen for freedom of their facial expression, even reducing their ability to breath and speak properly is a hindrance and violation. See: https://www.mtsu.edu/first-amendment/article/1169/anti-mask-laws

FREEDOM OF MOVEMENT: Our Founding Fathers believed this so sacrosanct a right, yet you are creating restrictions against it, including across state lines. Businesses will continue to close due to lack of restricted visitors and tourism, many will avoid, as you've planned, Democrat run cities who implement your illegal measures for your Dark Winter – like the plague you and your minions are to our Nation – increasing unemployment, homelessness, business foreclosure – all lost American dreams created by restrictions of movement. See: https://en.wikipedia.org/wiki/Freedom_of_movement_under_United_States_law

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The New York Times

Opinion

The Monkeypox Warning

June 11, 2003

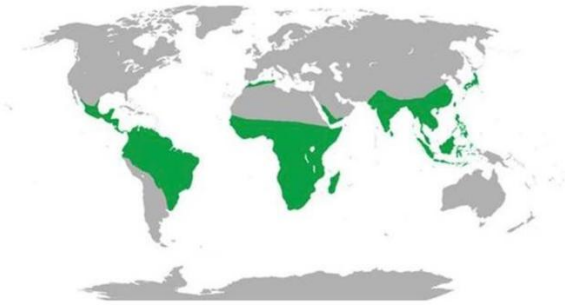
Give this article

The outbreak of monkeypox in individuals who have handled exotic pets in the Upper Midwest and Northeast poses little danger to the general population -- there is no evidence it has spread from one human to another. But if it is not contained, the disease could become rooted in animal populations in this country.

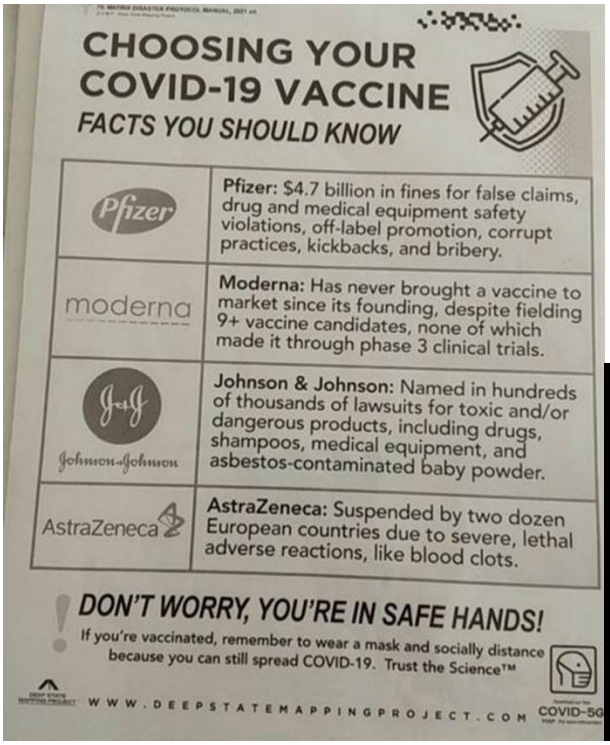


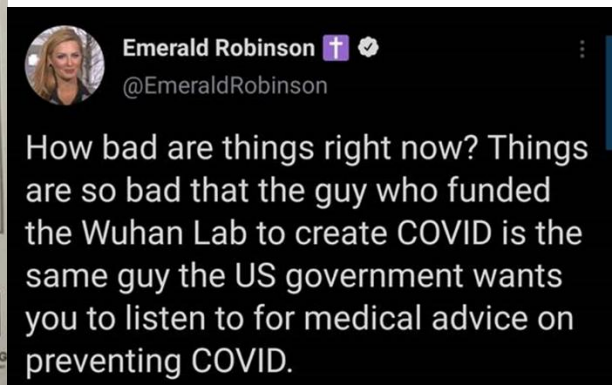
And where monkeys actually live. See how stupid they think you are:





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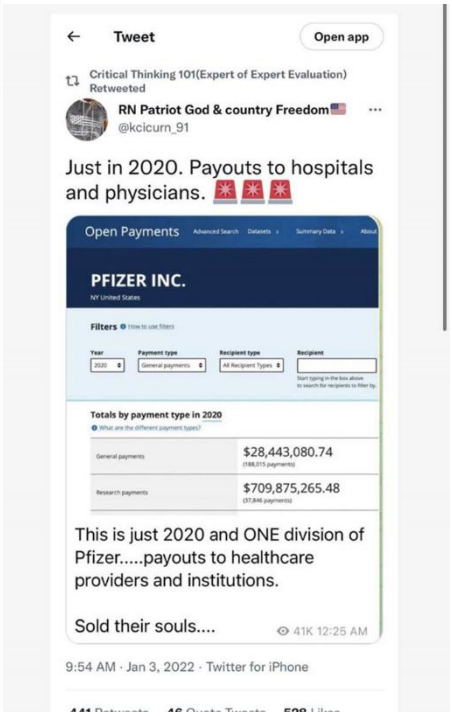






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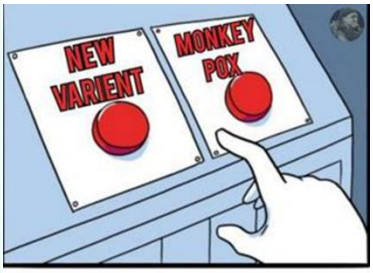




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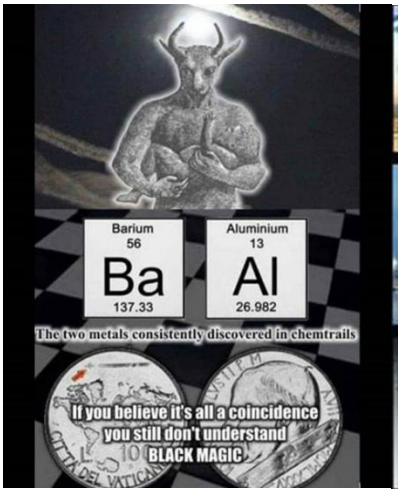


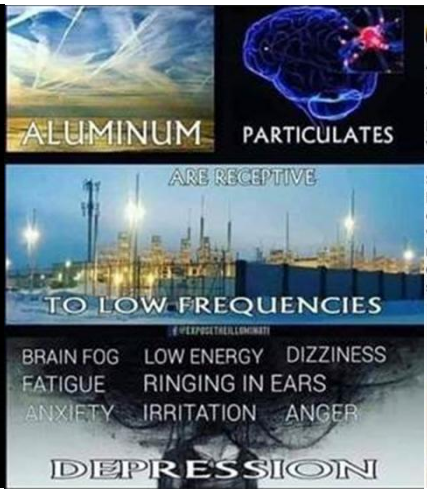








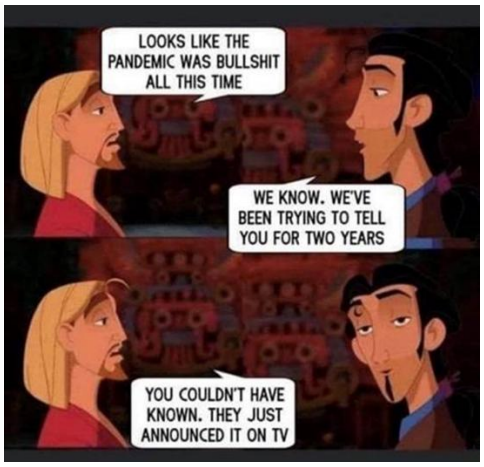






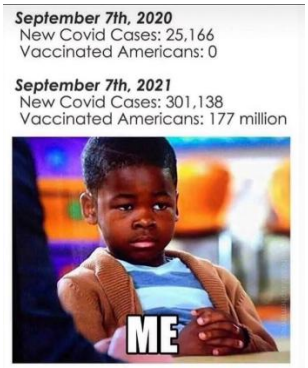
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What is currently happening with the COVID mandates and protests is nearly identical to what happened 135 years ago with the smallpox vaccine campaigns, where the vaccination made smallpox epidemics worse, the vaccines killed a lot of people, the public refused them and governments responded by harsher and harsher mandatory vaccination laws.

Eventually one of the largest protests of the century broke out in 1885, vaccine mandates were scrapped in one area in favor of alternative management of smallpox, and this is what actually ended smallpox.



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Statement on Virus Isolation (SOVI)

***Isolation**: "The action of isolating; the fact or condition of being isolated or standing alone; separation from other things or persons; solitariness."*
—From the Oxford English Dictionary

The controversy over whether the SARS-CoV-2 virus has ever been isolated or purified continues. However, using the above definition, common sense, the laws of logic and the dictates of science, any unbiased person must come to the conclusion that the SARS-CoV-2 virus has *never* been isolated or purified. As a result, no confirmation of the virus' existence can be found. The logical, common sense, and scientific consequences of this fact are:

- the structure and composition of something not shown to exist can't be known, including the presence, structure, and function of any hypothetical spike or other proteins;
- the genetic sequence of something that has never been found can't be known;
- "variants" of something that hasn't been shown to exist can't be known;
- it's impossible to demonstrate that SARS-CoV-2 causes a disease called Covid-19.

In as concise terms as possible, here's the proper way to isolate, characterize and demonstrate a new virus. First, one takes samples (blood, sputum, secretions) from many people (e.g. 500) with symptoms which are unique and specific enough to characterize an illness. Without mixing these samples with ANY tissue or products that also contain genetic material, the virologist macerates, filters and ultracentrifuges i.e. *purifies* the specimen. This common virology technique, done for decades to isolate bacteriophages[1] and so-called giant viruses in every virology lab, then allows the virologist to demonstrate with electron microscopy thousands of identically sized and shaped particles. These particles are the isolated and purified virus.

These identical particles are then checked for uniformity by physical and/or microscopic techniques. Once the purity is determined, the particles may be further characterized. This would include examining the structure, morphology, and chemical composition of the particles. Next, their genetic makeup is characterized by extracting the genetic material directly from the purified particles and using genetic-sequencing techniques, such as Sanger sequencing, that have also been around for decades. Then one does an analysis to confirm that these uniform particles are exogenous (outside) in origin as a virus is conceptualized to be, and not the normal breakdown products of dead and dying tissues.[2] (As of May 2020, we know that virologists have no way to determine whether the particles they're seeing are viruses or just normal break-down products of dead and dying tissues.)[3]

If we have come this far then we have fully isolated, characterized, and genetically sequenced an exogenous virus particle. However, we still have to show it is causally related to a disease. This is carried out by exposing a group of healthy subjects (animals are usually used) to this isolated, purified virus in the manner in which the disease is thought to be transmitted. If the animals get sick with the same disease, as confirmed by clinical and autopsy findings, one has now shown that the virus actually causes a disease. This demonstrates infectivity and transmission of an infectious agent.

None of these steps has even been attempted with the SARS-CoV-2 virus, nor have all these steps been successfully performed for any so-called

[1] Isolation, characterization and analysis of bacteriophages from the haloalkaline lake Elmenteita, KenyaJuliah Khayeli Akhwale et al, PLOS One, Published: April 25, 2019. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0215734 -- accessed 2/15/21
[2] "Extracellular Vesicles Derived From Apoptotic Cells: An Essential Link Between Death and Regeneration," Maojiao Li1 et al, Frontiers in Cell and Developmental Biology. 2020 October 2. https://www.frontiersin.org/articles/10.3389/fcell.2020.573511/full -- accessed 2/15/21
[3] "The Role of Extracellular Vesicles as Allies of HIV, HCV and SARS Viruses," Flavia Giannessi, et al, Viruses, 2020 May

pathogenic virus. Our research indicates that a single study showing these steps does not exist in the medical literature.

Instead, since 1954, virologists have taken unpurified samples from a relatively few people, often less than ten, with a similar disease. They then minimally process this sample and inoculate this unpurified sample onto tissue culture containing usually four to six other types of material — **all of which contain identical genetic material as to what is called a "virus."** The tissue culture is starved and poisoned and naturally disintegrates into many types of particles, some of which contain genetic material. Against all common sense, logic, use of the English language and scientific integrity, this process is called "virus isolation." This brew containing fragments of genetic material from many sources is then subjected to genetic analysis, which then creates in a computer-simulation process the alleged sequence of the alleged virus, a so called *in silico genome*. At no time is an actual virus confirmed by electron microscopy. At no time is a genome extracted and sequenced from an actual virus. This is scientific fraud.

The observation that the unpurified specimen — inoculated onto tissue culture along with toxic antibiotics, bovine fetal tissue, amniotic fluid and other tissues — destroys the kidney tissue onto which it is inoculated is given as evidence of the virus' existence and pathogenicity. This is scientific fraud.

From now on, when anyone gives you a paper that suggests the SARS-CoV-2 virus has been isolated, please check the methods sections. If the researchers used Vero cells or any other culture method, you know that their process was not isolation. You will hear the following excuses for why actual isolation isn't done:

1. There were not enough virus particles found in samples from patients to analyze.

2. Viruses are intracellular parasites; they can't be found outside the cell in this manner.

If No. 1 is correct, and we can't find the virus in the sputum of sick people, then on what evidence do we think the virus is dangerous or even lethal? If No. 2 is correct, then how is the virus spread from person to person? We are told it emerges from the cell to infect others. Then why isn't it possible to find it?

Finally, questioning these virology techniques and conclusions is not some distraction or divisive issue. Shining the light on this truth is essential to stop this terrible fraud that humanity is confronting. For, as we now know, if the virus has never been isolated, sequenced or shown to cause illness, if the virus is imaginary, then why are we wearing masks, social distancing and putting the whole world into prison?

Finally, if pathogenic viruses don't exist, then what is going into those injectable devices erroneously called "vaccines," and what is their purpose? This scientific question is the most urgent and relevant one of our time.

We are correct. The SARS-CoV2 virus does not exist.

Sally Fallon Morell

Sally Fallon Morell, MA

Thomas Cowan, MD

Dr. Thomas Cowan, MD

Dr. Andrew Kaufman, MD

Please show your support by sharing this document with as many people as you can, and then visit https://www.andrewkaufmanmd.com/sovi to add your name to the list of supporters world wide.

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> Med Hypotheses. 1994 Jun;42(6):347-54. doi: 10.1016/0306-9877(94)90151-1.

Polio vaccines and the origin of AIDS

B F Elswood [1], R B Stricker

Affiliations + expand

PMID: 7935079 DOI: 10.1016/0306-9877(94)90151-1

Abstract

Although mass vaccination programs have resulted in the eradication of a number of human infectious diseases, vaccine contamination has been a persistent concern. In particular, it is now known that the early polio vaccines were contaminated with at least one monkey virus, SV40. The transfer of monkey viruses to man via contaminated vaccines is particularly relevant to the acquired immunodeficiency syndrome (AIDS), since the causative agent of AIDS, human immunodeficiency virus (HIV), is thought to be derived from a simian precursor virus. Furthermore, human infection with this virus appears to be a relatively recent event. We hypothesize that the AIDS pandemic may have originated with a contaminated polio vaccine that was administered to inhabitants of Equatorial Africa from 1957 to 1959. The mechanism of evolution of HIV from this vaccine remains to be determined.



Smallpox vaccine 'triggered Aids virus'

By Pearce Wright
Science Editor

The Aids epidemic may have been triggered by the mass vaccination campaign which eradicated smallpox.

The World Health Organization, which masterminded the 13-year campaign, is studying new scientific evidence suggesting that immunization with the smallpox vaccine *Vaccinia* awakened the unsuspected, dormant human immuno defence virus infection (HIV).

Some experts fear that in obliterating one disease, another disease was transformed from a minor endemic illness of the Third World into the current pandemic.

While doctors now accept that *Vaccinia* can activate other viruses, they are divided about whether it was the main catalyst to the Aids epidemic.

But an advisor to WHO who disclosed the problem, told *The Times*: "I thought it was just a coincidence until we studied the latest findings about the reactions which can be caused by *Vaccinia*. Now I believe the smallpox vaccine theory is the explanation to the explosion of Aids."

Further evidence comes from the Walter Reed Army Medical Centre in Washington.

While smallpox vaccine is no longer kept for public health purposes, new recruits to the American Armed services are immunized as a precaution against possible biological warfare. Routine vaccination of a 19-year-old recruit was the trigger for stimulation of dormant HIV virus into Aids.

This discovery of how people with subclinical HIV infection are at risk of rapid development of Aids as a vaccine-induced disease was made by a medical team working with Dr Robert Redfield at Walter Reed.

The recruit who developed Aids after vaccination had been healthy throughout high school. He was given multiple immunizations, followed by his first smallpox vaccination.

Two and a half weeks later he developed fever, headaches, neck stiffness and night sweats. Three weeks later he was admitted to Walter Reed suffering from meningitis and rapidly developed further symptoms of Aids and died after responding for a short time to treatment.

Aids epidemic 'triggered by smallpox vaccine'

Continued from page 1

modified versions of the smallpox vaccine to combat other diseases in developing countries.

Other doctors who accept the connection between the anti-smallpox campaign and the Aids epidemic now see answers to questions which had baffled them. How, for instance, the Aids organism, previously regarded by scientists as "weak, slow and vulnerable", began to behave like a type capable of creating a plague.

Many experts are reluctant to support the theory publicly because they believe it would be interpreted unfairly as criticism of WHO.

In addition, they are concerned about the impact on other public health campaigns with vaccines, such as against diphtheria and the continued use of *Vaccinia* in potential Aids research.

The coincidence between the anti-smallpox campaign and the rise of Aids was discussed privately last year by experts at WHO. The possibility was dismissed on grounds of unsatisfactory evidence.

Advisers to the organization believed then that too much attention was being focussed on Aids by the media. It is now felt that doubts would have risen sooner if public health authorities in Africa had more willingly reported infection statistics to WHO.

Instead, some African countries continued to ignore the existence of Aids even after US doctors alerted the world when the infection spread to the United States.

However, as epidemiologists gleaned more information about Aids from reluctant Central African countries, clues began to emerge from the new findings when examined against the wealth of detail known about smallpox as recorded in the *Final Report of the Global Commission for the Certification of Smallpox Eradication*.

The smallpox vaccine theory would account for the position of each of the seven Central African states which top the league table of most-affected countries; why Brazil became the most afflicted Latin American country; and how Haiti became the route for the spread of Aids to the US.

[redacted] males and females in Africa than in the West and why there is less sign of infection among five to 11-year-olds in Central Africa.

Needles were reused 40 to 60 times in the vaccination campaign. Waving the needle across a flame was the main, but perhaps not totally satisfactory method, of sterilisation.

Although no detailed figures are available, WHO information indicated that the Aids league table of Central Africa matches the concentration of vaccinations.

On May 11, 1987, the London Times published an explosive article titled "Smallpox vaccine causes the AIDS virus." It has been suggested that the smallpox vaccination program promoted by WHO is responsible for the spread of AIDS in Africa. Almost 100 million Africans living in Central Africa have been vaccinated by the World Health Organization. The vaccine was blamed for awakening the "dormant" infection of the AIDS virus on the continent. The WHO consultant confessed: "Now I believe that the theory of the smallpox vaccine explains the explosion of (the incidence of) AIDS." Dr. Robert Gallo, one of the discoverers of HIV, told the Times: "The link between the WHO program and the epidemic is an interesting and important hypothesis."

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THE Sun | DEAR DEIDRE | TECH | TRAVEL | MOTORS | PUZZLES | SUN BINGO

Health > News Health

TAKE THE TEST Brits urged to get HIV tests as heterosexual diagnoses higher for first time in a decade

Terri-Ann Williams
13:02, 7 Feb 2022 | Updated: 14:02, 7 Feb 2022

BRITS have been urged to come forward for HIV tests after heterosexual diagnoses of the illness have overtaken those in gay men.

It's the first time the cases have shifted in decades and research shows that testing rates have dropped a third.



Prince Harry says every single one of us has 'duty' to get an HIV test

Comment

Sian Elvin
Thursday 10 Feb 2022 8:21 am

4.5k SHARES

The Duke of Sussex appeared on a video call to encourage people to get tested for HIV (Picture: PA)

Chronological order:

1. PCR tests for Covid19 patented.

2. 2019 executive order on vaccines.

3. 5g tower rollout.

4. Covid plandemic.

5. Declaration of national emergency, FEMA

6. Ventilator production.

7. Remdemsivir push.

8. Vaccine rollout (although previously created much earlier).

9. Booster shots.

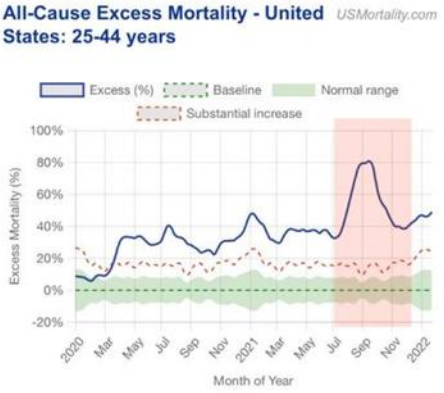
10. HIV tests and more vaccines.

Cares act and tax payer dollars to fund it all along with fed created inflation. Evil stuff huh?

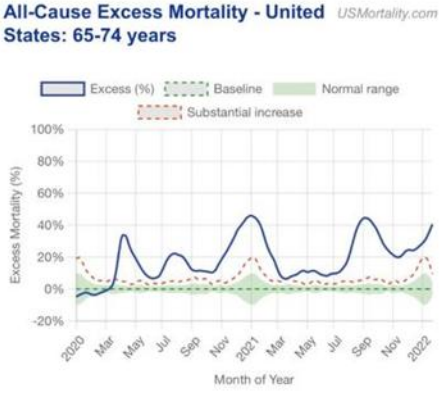
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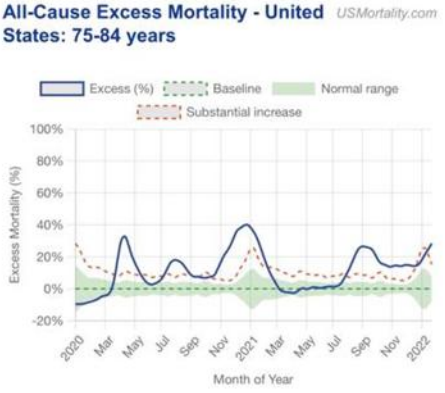


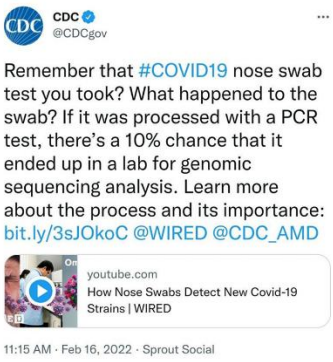
















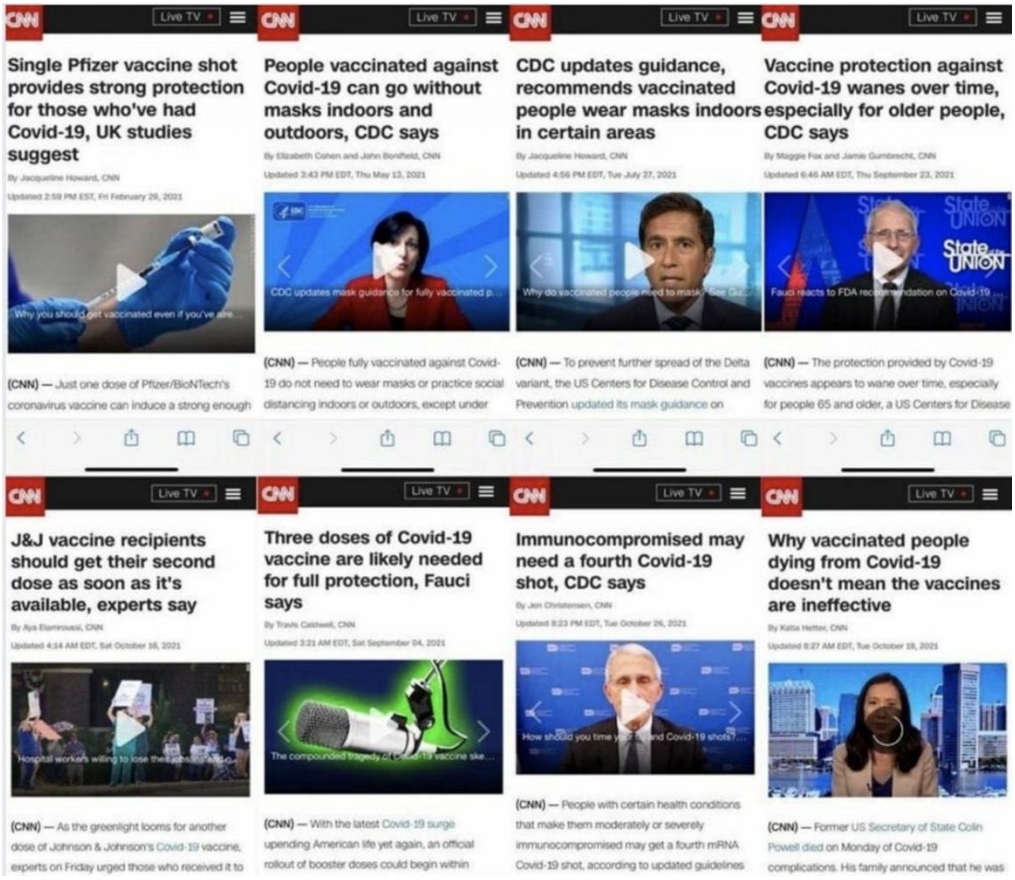
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CNN Live TV

Single Pfizer vaccine shot provides strong protection for those who've had Covid-19, UK studies suggest

By Jacqueline Howard, CNN

Updated 2:59 PM EST, Fri February 26, 2021

Why you should get vaccinated even if you've alre...

(CNN) — Just one dose of Pfizer/BioNTech's coronavirus vaccine can induce a strong enough

CNN Live TV

People vaccinated against Covid-19 can go without masks indoors and outdoors, CDC says

By Elizabeth Cohen and John Bonifield, CNN

Updated 3:43 PM EDT, Thu May 13, 2021

CDC updates mask guidance for fully vaccinated p...

(CNN) — People fully vaccinated against Covid-19 do not need to wear masks or practice social distancing indoors or outdoors, except under

CNN Live TV

CDC updates guidance, recommends vaccinated people wear masks indoors in certain areas

By Jacqueline Howard, CNN

Updated 4:56 PM EDT, Tue July 27, 2021

Why do vaccinated people need to mask? See Gu...

(CNN) — To prevent further spread of the Delta variant, the US Centers for Disease Control and Prevention updated its mask guidance on

CNN Live TV

Vaccine protection against Covid-19 wanes over time, especially for older people, CDC says

By Maggie Fox and Jamie Gumbrecht, CNN

Updated 6:46 AM EDT, Thu September 23, 2021

Fauci reacts to FDA recommendation on Covid-19 ...

(CNN) — The protection provided by Covid-19 vaccines appears to wane over time, especially for people 65 and older, a US Centers for Disease

CNN Live TV

J&J vaccine recipients should get their second dose as soon as it's available, experts say

By Aya Elamroussi, CNN

Updated 4:14 AM EDT, Sat October 16, 2021

Hospital workers willing to lose their jobs to avoid...

(CNN) — As the greenlight looms for another dose of Johnson & Johnson's Covid-19 vaccine, experts on Friday urged those who received it to

CNN Live TV

Three doses of Covid-19 vaccine are likely needed for full protection, Fauci says

By Travis Caldwell, CNN

Updated 3:21 AM EDT, Sat September 04, 2021

The compounded tragedy of Covid-19 vaccine ske...

(CNN) — With the latest Covid-19 surge upending American life yet again, an official rollout of booster doses could begin within

CNN Live TV

Immunocompromised may need a fourth Covid-19 shot, CDC says

By Jen Christensen, CNN

Updated 8:23 PM EDT, Tue October 26, 2021

How should you time your flu and Covid-19 shots?...

(CNN) — People with certain health conditions that make them moderately or severely immunocompromised may get a fourth mRNA Covid-19 shot, according to updated guidelines

CNN Live TV

Why vaccinated people dying from Covid-19 doesn't mean the vaccines are ineffective

By Katia Hetter, CNN

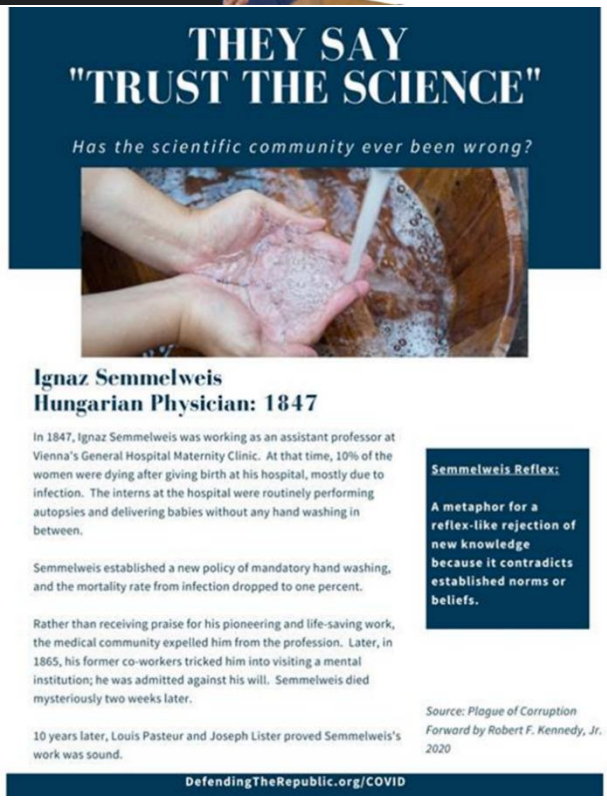
Updated 8:27 AM EDT, Tue October 19, 2021

(CNN) — Former US Secretary of State Colin Powell died on Monday of Covid-19 complications. His family announced that he was

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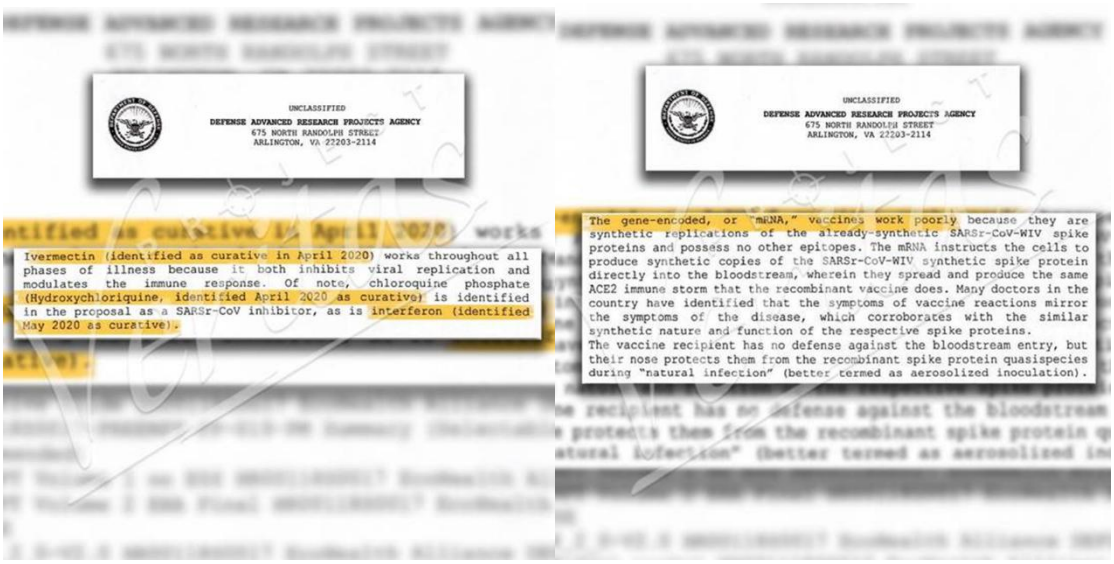




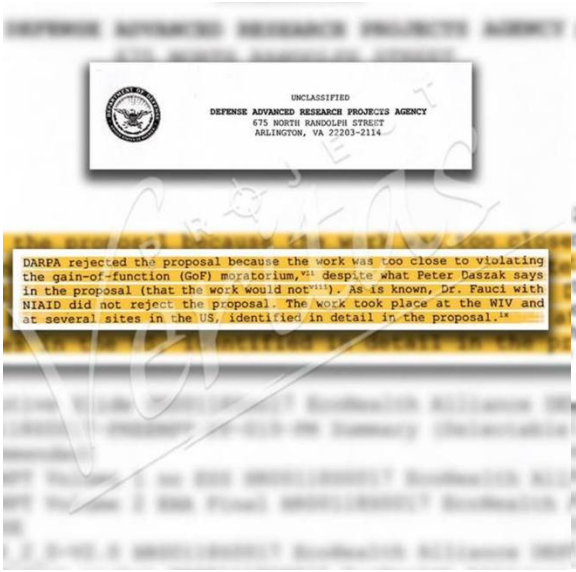


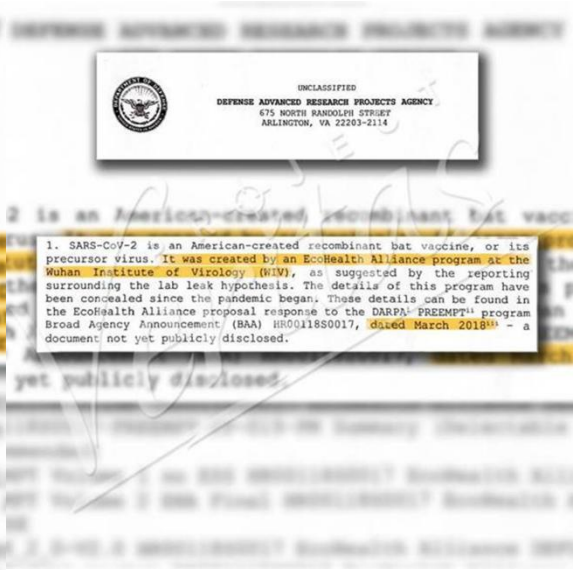
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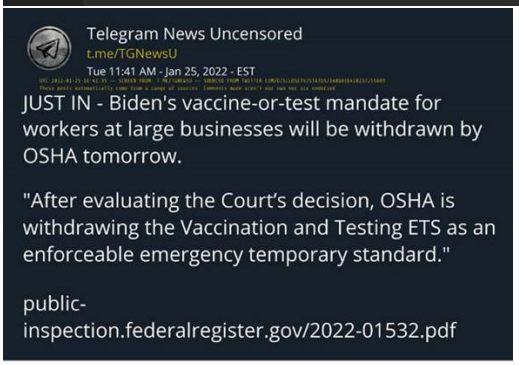


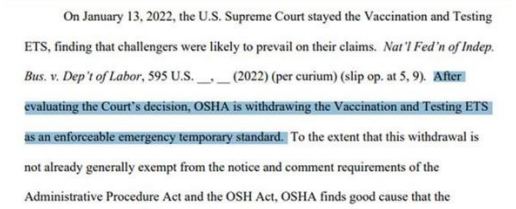


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On January 13, 2022, the U.S. Supreme Court stayed the Vaccination and Testing ETS, finding that challengers were likely to prevail on their claims. *Nat'l Fed'n of Indep. Bus. v. Dep't of Labor*, 595 U.S. __, __ (2022) (per curium) (slip op. at 5, 9). After evaluating the Court's decision, OSHA is withdrawing the Vaccination and Testing ETS as an enforceable emergency temporary standard. To the extent that this withdrawal is not already generally exempt from the notice and comment requirements of the Administrative Procedure Act and the OSH Act, OSHA finds good cause that the

John F. Kennedy Jr., [12/25/2021 10:34 AM]

LET SINK THIS IN

Here's a question

Q. Who should have won the 2016 US Presidential Election

A. Trump

B. Hillary Clinton

Here's another question..

Q. What would you prefer as WW3

A. Psychological warfare, coercion and the people using their own decision to get a "vaccine", some being placebo, some a flu shot, some a Clotshot

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B. Global nuclear Armageddon

And one last question..

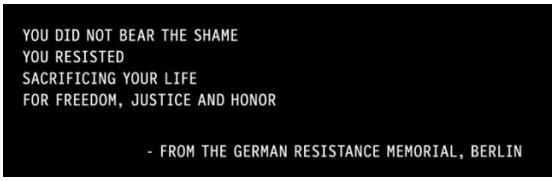
Q. Which will cause more death in the previous question

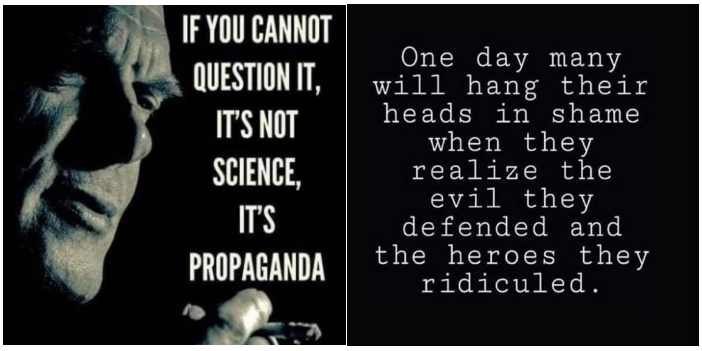
A The Covid jab

B A global nuclear war

It's wise to remember that Trump forced the hand of the cabal as he knew the jab was already made in 2018. This brave action destroyed the need for lockdowns, which were not supposed to end until late 2024 and the jabs released from 2025. Trump getting the jab released early justified an end to the lockdowns and an end to the Emergency Usage Act, again forcing big pharma to seek proper FDA approval of a commercial vaccine, which the FDA would never have given approval for. This is why they came up with new strains, to keep the EUA and lockdowns. This also caused the cabal to speed things up, they made mistakes, and people started to wake up earlier, and quicker.

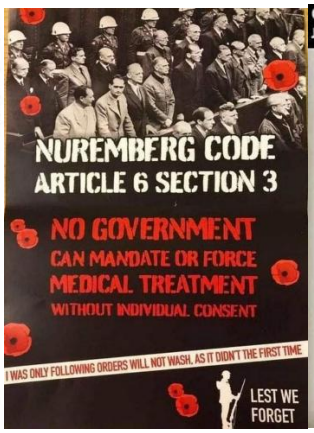






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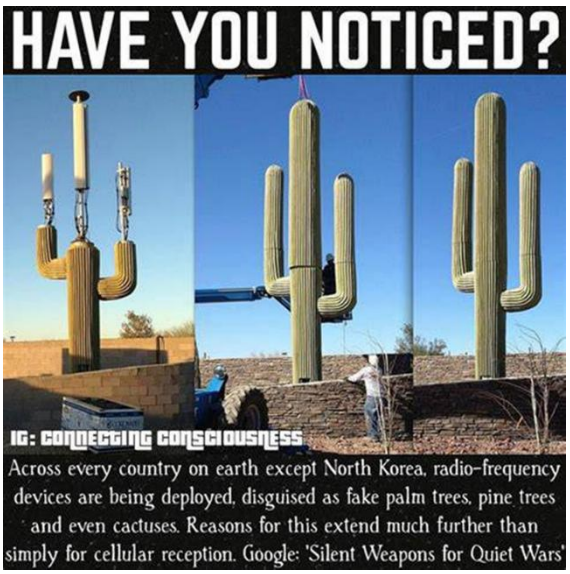
"they will engineer viruses and relase them in public so the capitalistic drug manufacturers can profit form making vaccines, it's just a business for them"

Muammar Al Quadaffi, 2009 United Nations

238 years ago we froze and starved in order to defeat the largest military force on earth to build a free nation



And you surrendered it because you're afraid of getting sick



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Here are just SOME vaccine ingredients that are being INJECTED into you & your kids!

■ Formaldehyde/Formalin - Highly toxic systematic poison and carcinogen. ■ Betapropiolactone - Toxic chemical and carcinogen. May cause death/permanant injury after very short exposure to small quantities. Corrosive chemical.

■ Hexadecyltrimethylammonium bromide - May cause damage to the liver, cardiovascular system, and central nervous system. May cause reproductive effects and birth defects.

■ Aluminum hydroxide, aluminum phosphate, and aluminum salts - Neurotoxin. Carries risk for long term brain inflammation/swelling, neurological disorders, autoimmune disease, Alzheimer's, dementia, and autism. It penetrates the brain where it persists indefinitely.

■ Thimerosal (mercury) - Neurotoxin. Induces cellular damage, reduces oxidation-reduction activity, cellular degeneration, and cell death. Linked to neurological disorders, Alzheimer's, dementia, and autism.

■ Polysorbate 80 & 20 - Trespasses the Blood-Brain Barrier and carries with it aluminum, thimerosal, and viruses; allowing it to enter the brain. ■ Glutaraldehyde - Toxic chemical used as a disinfectant for heat sensitive medical equipment.

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■ Fetal Bovine Serum - Harvested from bovine (cow) fetuses taken from pregnant cows before slaughter. ■ Human Diploid Fibroblast Cells - aborted fetal cells. Foreign DNA has the ability to interact with our own.

■ African Green Monkey Kidney Cells - Can carry the SV-40 cancer-causing virus that has already tainted about 30 million Americans. ■ Acetone - Can cause kidney, liver, and nerve damage. ■ E.Coli - Yes, you read that right. ■ DNA from porcine (pig) Circovirus type-1 ■ Human embryonic lung cell cultures (from aborted fetuses)

You can view all of these ingredients on the CDCs website. I encourage everyone to do their own research. Look up the MSDS on these chemicals. Read the thousands of peer reviewed studies that have evaluated the biological consequences these chemicals can have on the body, especially when being injected.

Conclusion

The relationship between the pharmaceutical industry and pandemics is complex, multifaceted, and fraught with controversy. As the world grapples with the ongoing effects of the COVID-19 pandemic and the rapid development of new technologies, questions about the role of the pharmaceutical industry, the safety of vaccines, and the implications for global governance continue to shape public discourse. While vaccines have undoubtedly played a critical role in mitigating the impact of pandemics, the rapid expansion of 5G technology, surveillance systems, and the increasing reliance on synthetic medicines have raised alarm bells about the future of global health and personal autonomy.

At the heart of this issue lies the balance between public health, corporate interests, and individual freedoms. As the global landscape continues to evolve, the intersection of medicine, technology, and governance will remain a focal point for debate, with significant implications for the future of humanity.

The relationship between the pharmaceutical industry and pandemics represents a complex narrative of innovation, controversy, and power dynamics, profoundly impacting public health, governance, and individual autonomy. While advancements in vaccine technology have been pivotal in combating global health crises, they also raise ethical, political, and safety concerns, particularly regarding financial motivations and the misuse of biotechnologies. The debates over COVID-19's origins, vaccine safety, and surveillance mechanisms underscore the urgent need for accountability, transparency, and open discourse. As pandemics reshape societal structures, it is imperative to prioritize human well-being over profit or control by fostering an informed, vigilant public and critically examining the interplay of medicine, technology, and governance. Through transparency, ethical action, and balanced oversight, the global community can navigate these challenges and advance toward a more equitable and resilient future.

The relationship between the pharmaceutical industry and pandemics encapsulates a multifaceted narrative of innovation, controversy, and power dynamics. While the development of vaccines has undoubtedly played a significant role in combating global health crises, concerns regarding safety, ethics, and financial motivations persist. As the world grapples with the ramifications of

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recent pandemics, it becomes increasingly imperative to scrutinize the influence of pharmaceutical companies and ensure that public health remains the central focus of global pandemic responses. Through informed dialogue and transparency, the intersection of health, science, and governance can move toward a more balanced and ethical future.

The complexities surrounding the pharmaceutical industry and pandemics underscore the profound impact of these intersections on public health, governance, and individual autonomy. As pandemics reshape societal structures, the influence of pharmaceutical companies, coupled with advancements in vaccine technology and surveillance mechanisms, has raised significant ethical and political concerns. The debates surrounding the origins of COVID-19, vaccine safety, and the potential misuse of biotechnologies highlight the urgent need for accountability and open discourse. Moving forward, fostering an informed and vigilant public is essential in ensuring that global health initiatives prioritize human well-being over profit or control. By addressing these multifaceted challenges with transparency and critical examination, societies can better navigate the intersection of medicine, technology, and governance in the face of future health crises.

Introduction

The intersection of the pharmaceutical industry and global pandemics represents a critical and contentious aspect of modern medicine, public health, and geopolitics. Pandemics have historically caused significant social, economic, and health crises, and recent developments have heightened scrutiny surrounding their origins, management, and long-term implications. The COVID-19 pandemic, in particular, has catalyzed widespread debate over the roles of pharmaceutical companies, global health organizations, and governments in addressing such crises. This paper explores key concerns surrounding the pharmaceutical industry's involvement in pandemic response, including the rapid development of vaccines, potential bioweapon allegations, and the broader implications of emerging technologies like 5G in the context of global health governance. The discussion aims to provide a comprehensive overview of these intersections, emphasizing the importance of critical analysis and transparency in understanding the motivations and consequences behind these developments.

The interplay between the pharmaceutical industry and global pandemics represents a critical juncture in public health policy, economic influence, and societal impact. This exploration examines the complexities surrounding the industry's responses to pandemics, focusing on the rapid development of mRNA vaccines, historical predictions, and allegations of unethical practices. By highlighting scientific discoveries, global health governance controversies, and the societal consequences of vaccine policies, this analysis sheds light on the challenges and implications of balancing public health priorities with the pharmaceutical sector's financial and political influence.

The intersection of the pharmaceutical industry and pandemics has become an increasingly significant and contentious topic, especially in the wake of the COVID-19 pandemic. This complex relationship involves a range of issues, including the development and distribution of vaccines, the role of major global health organizations, and the implications of emerging technologies. As the world faced the unprecedented challenge of a global pandemic, the pharmaceutical industry, governmental agencies, and international organizations were thrust into

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the spotlight. While vaccines have long been hailed as a solution to infectious diseases, the rapid development of mRNA vaccines during COVID-19 and the associated health, political, and social implications have sparked debate.

This work explores the multifaceted nature of pandemics, the role of bioweapons, the involvement of pharmaceutical giants, and the ethical and political ramifications of these developments. It examines claims, concerns, and evidence surrounding the pharmaceutical industry's influence, the potential links between pandemics and bioweapons, and the use of vaccines as both a medical tool and a method of global governance.

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