

The 5G's (End Game) Trap Will Soon Be Activated!

Part 6



A friend of mind called me the day after I posted Part 5 with a question about something she had heard on her local TV news. She wanted to know what I knew concerning an outbreak of RSV; and about a school in Virginia where 1,000 students were out of school this past week with a flu-like virus and that all activities were cancelled.

The widespread sickness at Stafford High School outside of Washington, DC, prompted the school to cancel all weekend activities and athletics, according to a Friday posting on its Facebook page.

"Due to the high number of student and staff illnesses reported this week, all Stafford High School activities and athletics scheduled through Sunday, October 23, are canceled," the post read.

Health officials have urged Americans not to skip their flu shots this season, warning the virus may be resurgent this year after its spread reached historic lows during the COVID-19 pandemic.

While officials are attempting to understand the disease at Stafford High School, the U.S. Centers for Disease Control and Prevention said Friday: *"Early increases in seasonal influenza activity have been reported in most of the United States, with the southeast and south-central areas of the country reporting the highest levels of activity."*

In a previous segment of this series I believe I noted that there are 12,754 school districts in the U.S. Located on the grounds of every school in these school districts you will find a 5G transceiver that sends and receives communications wireless energy to the satellite stations in low or mid orbit around the Earth. This infrastructure of 5G EMF/EMR goes back a few years ago when Microsoft introduced their student Chromebook for classroom use at a modest price of \$250. Every school student from K-12 was being equipped with a student Chromebook using Windows 11 SE, which stands for students and educators. They sign a contract with their school to cover its costs and insurance.

The parents of school children sign a contract with their school district to cover a small fee and insurance on the Chromebook, varying on how many children are in the family. The students carry their Chromebook back and forth from school to home. Students are expected to re-charge overnight the Chromebook battery for the next day's use in class.

Google's Chromebooks recognized massive market-share growth over the course of 2020 and 2021, most notably in the education sector, even overtaking macOS. This occurred for several reasons, but the pandemic was certainly a catalyst for great change given that it mandated people remain at home, which led to remote learning and working.

While tablets retain three times the market share, Chromebooks are fast, cheap, and easy to deploy and manage, giving them an edge in many cases. Chromebooks usability is also enhanced by the fact that a solution like Parallels® Desktop for Chrome OS transforms the device into a virtual machine so that Windows applications can be accessed seamlessly.

When COVID first hit, it disrupted life as we knew it—across education, government, and corporate America, to name a few sectors. Initially, a purely remote model was employed to account for the mass closures, but eventually a hybrid model surfaced, and education pivoted toward online and hybrid learning.

Chromebooks became a part of the solution quickly because they are affordable and accessible, a critical differentiator during the height of the pandemic when other manufacturers came up against shortages. This is because Chromebooks use AMD processors more often than Windows devices do, and AMD was able to handle component shortages a bit better than Intel was able to do.

For schools with tight budgets, Chromebooks quickly became a viable option for bringing blended learning to areas that, without less expensive options, may not have had the ability to do so. Add to that Chromebooks web-based operating system, ease of use, IT manageability, and \$200–\$300 price range, which made them incredibly attractive. Schools started to purchase these devices in droves and promoted them on social media, heightening visibility and prompting parents to follow suit, quickly provisioning their children with personal devices.

And thus, a new era began.

Students need organization tools, access to information, and the ability to communicate with other students and educators. Chromebooks happen to check all these boxes and then some, which is part of the reason why more than 30 million students are using a Chromebook at school today.

Beyond affordability and accessibility, schools gravitate toward Chromebooks for many other reasons. They are powered by Google (high brand-recognition and strong customer-support), the ease of use transcends generations (from kids to seniors), and they are designed with security in mind (meets the needs of school IT policies).

In the classroom, Chromebooks provide a gateway to everything a student needs in order to learn and everything a teacher needs to guide them. Plus, automatic updates coupled with the ability to sign into any device and have your profile available means more time dedicated to studies instead of administration. And Chromebooks are designed to be used with the Google educational suite of applications. This is a big deal.

School districts that purchase through education channels can contract various levels of support from the company that made the Chromebooks or through Google itself. Such support includes on-site service and having a Google specialist help students and teachers get started in person.

Even better, education-focused Chromebooks models are often built with an eye on durability. Thick polycarbonate shells and rubber bumpers are included to withstand bumps and falls, and weather resistant features and microbe-resistant screens that cut down on student-to-student germ spreading are game changers.

All signs point to sustained Chromebook momentum, especially as we see more and more schools embracing a continued and long-term hybrid learning model. Even as key markets like North America and Western Europe begin to open, shipments remain elevated as governments and education ecosystems plan for long-term integration of Chromebooks within digital learning processes.

That said, some reports indicate that the demand has softened and may impact the delivery of as many as 10 million units. But since Chrome has a relatively secure hold over the education space, Google is set to bet big on the commercial segment this year.

The continued success of Chromebooks will be hinged largely on the educational landscape going forward, and on its ability to enter other markets just as strongly.

During the lockdown of 2020 and 2021, our granddaughter was largely educated at our home three school days a week when her mother was working at a hospital as a nurse. Class began at around 8 am getting connected and on line through Zoom, etc. My wife would get started and once the little one was operating, she would then tend to care of my legs and getting me ready for my day.

We have a grandson who was employed as an IT for the same school district, and during the summer of 2020 he was very active installing the **5G** infrastructure throughout the district's elementary schools and high school. The Chrome Books are quite durable and despite periodic issues seem to work quite well.

During 2020 and 2021 when our granddaughter spent half of her week living with us, one morning it struck me that I should use my electromagnetic radiation tester on the Chrome book to measure it for **5G** EMF/EMR toxic wireless energy. Already heavily into reading, analyzing and recording hundreds of documents I would become so busy and soon forgot to do what I needed to do.

Today, October 24, 2022, my wife had to pick up our granddaughter up from school and bring her to our place until her father got home from work and picked her up on his way home. It was a perfect time to take some readings with my EMF/EMR Tri-field meter. As expected, the readings were low much of the time but spiked into the red every so often. I did not want to cause alarm to our granddaughter so my measurements were not precisely recorded as to readings and times. I plan to conduct a controlled test the next time the opportunity presents itself.

I am telling all of this to point out that when young students, whose bodies are still growing and developing spend 6 to 8 hours a day on a Chrome book lap-top computer they are being exposed to high-levels of toxic **5G** EMF/EMR so-called "non-ionizing" radiation there are no one monitoring their exposure to harmful wireless energy. Dr. Martin Pall, former chairman of Biology and Medicine at the University of Washington and others are no longer confident in claims that Wi-Fi and **5G** in particular are as safe as once held by the scientific and medical communities.

The Mayo Clinic stated that during the COVID-19 pandemic, you may have heard that coronavirus disease 2019 (COVID-19) is similar to the flu (influenza). COVID-19 and the flu are both contagious respiratory diseases. They are both caused by viruses. They have some common symptoms. But COVID-19 and flu infections can affect people differently. Also, since the flu has been around much longer, health care providers know more about how to treat it.

That 1,000 students and staff at Stafford High School in Fredericksburg, VA are sick or experiencing flu symptoms begs the question that I am raising here. Is it **5G** Wi-Fi that is the true source of this mystery illness?

If You Suggest there is a **5G Link, You're Banned, or Arrested; Yet San Marino, the First Country Fully Covered by **5G** Networks, Has Highest Coronavirus Death Rate**

Report from April 16, 2020

The content below is from a saved document that I captured in April of 2020, one of thousands of reports supporting the contention that Covid-19 was something else and not a virus as first told by the various world bodies of public health.

Just about the most banned video on the subject of **5G** (after the infamous David Icke interview, in which he actually said very little about **5G**) is this one.

https://videos.utahgunexchange.com/watch/former-cell-phone-company-boss-blows-whistle-on-5g-coronavirus_7HnvYiolqgdt3JL.html

This is a leaked message put out by a former top Vodafone exec. I've managed to get in contact with this guy, via a social network, I can assure you he is absolutely for real and is exactly who he says he is.



You'll hear he talks a lot about African development — he sounds very English, so I was quite surprised to find he's actually a black guy, just by the by.

There's a religious angle to what he's saying, as there is with many whistleblowers, like the Department of Homeland Security worker who revealed the illnesses they are getting from their millimeter-wave scanners at airports, as reported to Miss Dana Ashlie in the link above.

This whistleblower describes a colleague collapsing on the job and dying, in ways that are very reminiscent of those stories from Kirkland, Seattle, where patients would go

from being symptom-free to being hospitalized and dying within hours. [The Seattle, WA area was one of first of three “Smart Cities” where **5G** was powered up on October 31, 2019.]

There is one seriously drastic allegation in the presentation that this Vodafone whistleblower makes, without any evidence, beyond a “*Sorry to be honest ...*,” which is that people are being deliberately infected with this virus when they go to get tested, in order to bump up the “infection” rates and reinforce the pandemic narrative.

This is at around 11:45 in the video.

All I know is: I would not go near a hospital if I started showing flu symptoms. Hospitals are always the worst places to go if you are trying to avoid infections. But if this rumor has gained any traction, it might help explain those “ghost town” hospitals, with nary a patient nor person waiting to be tested in view.

Here’s a drastic story for you: Hospitals nationwide overwhelmed with flu patients in every state in the USA; triage and “surge” tents being set up to take the overload; family visits to hospitals banned; states of emergency declared; elective surgeries cancelled; “Emergency departments had standing-room only, and some patients had to be treated in hallways; “More and more patients are needing mechanical ventilation due to respiratory failure.”

Sound familiar? This is Time magazine, reporting the U.S. flu epidemic of 2018: <https://time.com/5107984/hospitals-handling-burden-flu-patients/#click=https://t.co/vn77lakD2G>

And yet the nation was not shut down.

The craziness around the world this time around, is reflected by the obsession in the USA to make every single death that happens anywhere for any reason a “*coronavirus victim*”, while in Russia they are apparently doing the exact opposite. There is clearly a deliberate attempt to panic Americans in particular. There are so many agendas operating across this situation that it’s difficult to keep track, but the national differences are very revealing.

So here’s a national difference that’s worth noting. I want to thank the Frank Report for fearlessly carrying this **5G** information, but he said, I’m just going to point out a simple fact; and then note that where I live, I can be put in jail right now for five years under emergency regulations, simply for pointing this fact out to you.

So here goes.

I’m finding this running scorecard of the pandemic incredibly useful:

<https://www.worldometers.info/coronavirus/>

You can click at the top of any column, and it will arrange the data in order by that column. **So if you click on “Deaths/ 1 M pop”, there is a country sticking out right at the**

top of the list: San Marino, with 1,061 deaths per million people. The next-highest is Spain, with 386 deaths per million. The USA is at 71 per million.

San Marino is also way, way at the top of infections per million people.



San Marino's population 33,000, is a mountainous microstate surrounded by north-central Italy. Among the world's oldest republics, it retains much of its historic architecture.

What was going on with **5G** in San Marino? Literally the first story that pops up when I searched, is this one:

<https://eu.smartcitiescouncil.com/article/europes-first-5g-state-san-marino>

San Marino is proud to be the first entire state in the world to be **5G**-enabled. *"The 61-square-kilometer microstate, encompassed by Italy, will serve as a living lab for the network's services."*

So the first state to provide **5G** services across the whole population, has infection and death rates that are nearly three times higher than anywhere else in the world.

Some "living lab".

I keep saying: wherever you look, you see something. I know it's a tiny little place, but it is still the first entire country to be fully covered by **5G** networks. Can any of you explain why San Marino is at the top of this chart?

In Italy itself, Turin was the first city in Europe to have a **5G** “edge cloud”. It's the epicenter of the Italian outbreak, not the poorer regions in the south.

Speaking as a professional scientific editor, specializing in statistical papers, I can tell you for sure: there is enough evidence now of a link between **5G** and this epidemic, to be able to formulate an hypothesis and test it.

It's difficult, because you don't know all the radiation exposures in a given place; but you can just take the **5G** and pandemic maps and do the calculations. And I am certain beyond doubt that a proper analysis would reveal that there is a significant correlation.

People keep telling me, correlation doesn't prove causation. But in saying this, they are tacitly admitting that the superficial correlations are absolutely overwhelming.

Now: why should I be put in jail, for pointing out a statistical correlation? If this pandemic is truly such a threat to humanity that we have to lock the whole planet down, shouldn't any viable hypothesis be examined?

NO: if you even suggest that there may be a link, you must be banned outright, and in some countries arrested and jailed. This is already happening around the world. And it's all being done — ha ha — in the name of “*evidence-backed science*”.

In the USA, you have a precious window of free speech still open to you. I keep telling you that Frank Report is a very special corner of the Internet; perhaps you may start believing me now.

Take a look at this warning, given by Joe Imbriano in February 2018, two years ahead of this epidemic.

At around 11:45 in the video, he tries to describe the symptoms he's expecting when they roll out **5G**.

He talks about “*all kinds of weird health problems*”, and predicts that an overriding disease will appear that “requires” a vaccine:

<https://www.youtube.com/watch?v=oY5SReQ2Kgc>

He talks very specifically about people struggling to get oxygen into their bodies. Has anyone heard the stories about this disease manifesting like a high-altitude sickness?



Joe Imbriano warned us in 2018 that 60 GHz blocks Oxygen uptake = fake virus = kill grid = forced vaccinations. Joe's web page is called the "Fullerton Report." His YouTube videos reveal a lot about the real issue.

<https://www.webmd.com/lung/news/20200407/doctors-puzzle-over-covid19-lung-problems>

You'll read accounts there from doctors all over the world, describing this "unusual symptom":

"In an editorial in the journal Intensive Care Medicine, Luciano Gattinoni, MD, a guest professor of anesthesia and intensive care at the University of Gottingen in Germany, and one of the world's experts in mechanical ventilation, says more than half the patients he and his colleagues have treated in Northern Italy have had this unusual symptom. They seem to be able to breathe just fine, but their oxygen is very low."

Exactly how is it possible that a layperson predicts an epidemic two years in advance, and describes the exact strange symptoms that are now puzzling doctors?

Can we please drop this term "conspiracy theory", because some of us are not theorizing at all. We know exactly what's happening, even if we can't articulate all the details and have to guess at what the authorities will do.

There's something that strikes me about this Vodafone whistleblower.

He says: "Sorry to be honest." This is not normal "conspiracy theory" jargon. This is whistleblower talk. This is someone with inside information, which he definitely did NOT intend for the general public. And at very great risk, I've decided to put it out here — with the assurance, again, that this guy is exactly who he says, I've even checked out some of the glowing recommendations he got from coworkers at Vodafone.

I had decided to shut up about this whole subject, for fear of being arrested, but the situation is just so dire that it really doesn't matter. We're all under house arrest anyway. But thanks once again to Frank Report for having the guts to carry this information.

I take absolutely full personal responsibility for everything I'm saying here, and I really hope I don't get Frank into trouble.

Right now, I'm on a suicide watch over all the young people where **5G** has been rolled out. The old people have had their turn to be terrified to death. Largely because President Trump himself predicted a "*tremendous*" wave of suicides, and because I saw this before in the schools when they first rolled out cellphone networks, and because Mr. Barrie Trower stresses teen suicides as a major factor with towers, I'm wondering if that isn't the big symptom of Phase 2 of this operation to control the planet. I truly and sincerely hope I'm wrong.

I suggested a hypothesis and simple statistical test, to see if this apparent correlation was real. Someone has now done this for the USA, Dr. Magda Havas, of Trent University in Ontario. She did this on a state-by-state basis, about as rough as it gets.

The graphs she gets are, in my opinion, very revealing:

<https://magdahavas.com/is-there-an-association-between-covid-19-cases-deaths-and-5g-in-the-united-states/>

When she does the correlations, it turns out that states with **5G** have a 95% higher incidence of COVID-19, and a 126% higher death rate, than states without **5G**. The statistical significances are at 98% and 95% confidence levels, respectively. This is not just a superficial association. Your chances of dying of coronavirus are more than doubled if you live in a **5G** state.

There could be all kinds of confounders and influences that need to be controlled for, but all those people bleating that "*correlation doesn't imply causation*" can relax on one score: straightforward correlation at one level has now indeed been demonstrated.

As for causation: I am picking up chatter from all directions to the effect that the **60 GHz** microcell frequencies are being widely activated worldwide. You will remember that this frequency is specifically absorbed by oxygen, meaning that the radiation will not travel very far through the air. This, paradoxically, makes **60 GHz** a "sweet spot" for engineers, who can then reuse these frequencies in nearby mini-cells without interference.

Much of modern radio planning involves making sure that the radiation footprint of your tower does not extend too far, so that frequencies can be reused in nearby cells. With **5G** beam splitting and focusing, the same frequency can be used to communicate with different users from one tower, something called spatial division multiplex.

So these manically have to be right close to you, because their signal is absorbed by oxygen. The **5G** system is tracking you, inch by inch, to radiate you with a focused beam on frequencies that are deliberately chosen to interfere with oxygen.

You find all these accounts of doctors saying – in scientific journals, in YouTube's – that what we are seeing is like high altitude sickness. These people don't need ventilators, their lungs are working. They're just not getting oxygen into their system. You're actually damaging their lungs and windpipes with all this intubation and forced breathing. When you go on a ventilator, you're very likely to die, as I understand it. Something wrong is happening here.

So when we point to an invisible environmental factor that signally and singularly affects oxygen, this **60 GHz** radiation, we're entitled to ask: *"Has this ever been tested for its effects on living beings?"* – living beings that all run on oxygen, in one way or another.

And the answer is, well, we're testing it right now, aren't we. And it's working fine. We're tracking every single move every one of you is making, to the centimeter, right across the landscape. That's how we're dealing with COVID-19.

The WHO from 2006 has told the world's scientists: do NOT research health around towers. Very especially, do NOT research cancer around towers.

This experiment on human beings and the entire environment is being carried out with the express instruction NOT to look for any health problems. And I've argued that in doing this, the WHO is actually trying to preempt accusations of crimes against humanity: if we're not looking for results, we cannot be conducting an experiment on you, can we. I will bet you anything that the UN puts this forward as an excuse, when we accuse them loudly enough of human experimentation without informed consent. I know how these devious bastards' minds work.

Meanwhile: you can see the entire creaking dinosaur parade of the mainstream media, squealing in unison now about towers being set alight by hooligans across Europe – 60 in the UK alone, according to this story in the *'Financial Times'*:

<https://www.ft.com/content/1eedb71-d9dc-4b13-9b45-fcb7898ae9e1?segmentid=acee4131-99c2-09d3-a635-873e61754ec6>

According to the Financial Times, authorities in the Netherlands have characterized the attackers as hooligans engaging in a "European Championship of Mast Burnings". You can see a "**5G** Fire Table" at 0:32 in the video here:

<https://www.news24.com/World/News/the-5g-covid-19-conspiracy-theory-sweeping-social-media-20200413>

To be honest with you, when I see rubbish like: "LIVE UPDATED LEAGUE LET'S GOOOOOOOOOO!!!!" (sic) then I don't have to think once. This is MI5 up to their tricks, with their pals at GCHQ. This is just one of their stupid British games, this is all false flag nonsense. If you know the way they play, it's all as clear as day. I don't even

believe these stories about 60 masts being set on fire. If you see a tower burning in your street, you'll take a picture. I can't find any, except for this one mast in Birmingham they keep showing. And again, there is not a shred of evidence that this was arson.

But there's one thing this FT story says that really rankles with me. Just one more of their lies, but this one is actually more pernicious and perfidious and devious than normal, even for the Brits. The article says: *"The theory has also been pushed by so-called 'QAnon' conspiracy theorists..."*

Now, I really take personal offence at this. It's just a fact, if there's one thing on which Trump has completely sold out on, it's **5G**. The FCC has never been more captured than with Trump's pick, the truly despicable Verizon lawyer Ajit Pai at the helm. Q has never breathed one word about **5G**. You can go and look, I harangued and harassed them on QResearch at every opportunity about **5G**. I said...

I'm 1000% with you, in wanting to see Hillary Clinton in Gitmo, wearing orange and facing capital charges. I really am. But even if that happens, it's all just a distraction, to keep your eye off **5G**. **5G** is the big issue, I told them, this is your life and liberty on the line. You have to fight this.

And what I got was: This line of yours has not been sanctioned by Q, comrade. To which I tried to reply: I thought Q's central message was *"Think for yourself."* But I couldn't get the post through, and I have now completely given up on the QResearch forum. It's all a distraction, a massive psy-op, to distract "patriots" while they roll out **5G**. So don't come and tell me that **5G** is a Q Anon conspiracy theory. Really, it shows you that everything these toxic mainstream morons say is just fake, fake, fake. If it walks like a duck, sounds like a duck, and looks like a duck, and it's in the British media – then it's a deep fake.

I share this dated Frank Report for several reasons, most of them being quite obvious. For a more current report I will mention here a NPR story on Siri News this morning. It seems that this should be closely scrutinized and could this be an expression of wireless energy. Children's hospitals grapple with a nationwide surge in RSV. Keep in mind what we have shared concerning wireless energy, 3G, 4G, **5G**, and not far ahead **6G**!

October 24, 2022 5:00 AM ET



Models of a protein from the respiratory syncytial virus are shown at The University of Texas at Austin on March 31, 2022. A spike in RSV cases among children is pushing some hospitals to capacity.

An unseasonably early spike in [respiratory syncytial virus](#) cases among young children is pushing some hospitals to capacity.

RSV, as it's called, is a respiratory virus that mostly manifests as a mild illness with cold-like symptoms in adults but can cause pneumonia and bronchiolitis in very young children. It can be life-threatening in infants and young adults.

Most years, infections typically occur in the late fall and winter, often overlapping with flu season. But at least since last year, physicians have begun seeing surges starting during summer months.

Children's hospitals in the Washington, D.C. area, including Children's National Hospital, Inova Fairfax and Johns Hopkins in Baltimore, are at or near capacity, DCist reported.

Connecticut Children's Hospital in Hartford has had its pediatric in-patient beds full for the last few weeks, WTNH reported. With no indication of the spread slowing down,

officials there are seeking the help of the National Guard and FEMA to set up tents in order to expand capacity.

In Texas, doctors at Cook Children's hospital in Fort Worth told ABC News they are treating some 300 RSV patients a day.

"Last year, more people were wearing face masks and children were more likely to stay home while sick," Dr. Laura Romano said in Cook Children's in-house publication.

"This year, parents are sending their children to daycare and school for the first time following two years of the pandemic. ... Children who haven't been previously exposed to respiratory viruses are getting sick," Romano said.

Health officials in King County, Wash., are also alarmed as they brace for more cases once winter hits. Dr. Russell Migita with Seattle Children's Hospital told King 5 News they are seeing about 20 to 30 positive cases every day, adding that those are "unprecedented" figures.

How RSV Shows Up

RSV symptoms are similar to a cold and can be harmless in adults, but the CDC says children under the age of 5 are the most affected group. According to the agency's data, each year approximately 58,000 children in that age range are hospitalized for RSV. The next most vulnerable group are adults over 65, in whom the infection causes 14,000 deaths a year. Notice here, it is related to oxygen uptake by those with comorbidities and immune deficiency.

RSV can lead to bronchiolitis, an infection that causes airways to become inflamed and clogged with mucus, making it difficult to breathe. If the infection travels to the lung sacs, it can result in pneumonia.

Dr. Sara Goza, physician and former president of the American Academy of Pediatrics, talked to NPR last year about how the infection presents in infants.

"A lot of the babies under a year of age will have trouble breathing. They stop eating because they can't breathe and eat at the same time. And they're wheezing, so they're in respiratory distress," Goza said.

Other symptoms include coughing, excessive sleeping and lethargy.

There is no vaccine to prevent RSV, but doctors are still urging patients to get the flu shot. It doesn't prevent the infection but it could spare people from more aggressive symptoms and keep them from seeking medical attention at already strained hospitals.

Over the past few days I have been reading numerous reports about RSV being reported around the country. There seems to be a correlation of a number of matters related to the health of children and teenagers. Perhaps this may be another

expression manifestation of wireless energy. The fact we are talking about something that is invisible and yet it can be monitored through electromagnetic radiation meters suggest it can be studied and analyzed. Doing a preliminary check of those cities that NPR noted in its posting, these are all areas that have high numbers of cell towers and antennas. For example, Los Angeles, CA is a regular hot spot for Covid and its alleged variants as well as RSV.

- Los Angeles, CA has **314** cell towers and **3,269** antennas in a 10 mile radius
- New York, NY has **617** cell towers and **7,573** antennas in a 10 mile radius
- Dallas, TX has **237** cell towers and **2,540** antennas in a 10 mile radius
- Fort Worth, TX has **152** cell towers and **1,163** antennas in a 10 mile radius
- Winnemucca, NV has **11** cell towers and **179** antennas in a 10 mile radius

A basic premise is the greater the exposure to cell towers and antennas is that you will find larger numbers of so-called Covid-19 and variant infections. However, you could possibly live in a remote area of New Mexico or Nevada with a few cell towers and antennas and still be close as a quarter-mile and still be radiated. The typical cell tower produces 3-megaWatts of energy or 3,000,000 watts. The important thing to remember about this is that it can be “modulated” to put out minimal damage or lethal damage. In the forthcoming **5G** activation, the system will be modulated to the 60-GHz lethal signal that is known to consume 98% of the oxygen available. There are no safety studies that show the synergistic effect from being bathed in multiple cell towers. NONE!

The CDC states: *“All viruses change (or mutate) as they replicate and spread in a population. Viruses that have RNA as genetic material, such as SARS-CoV-2 (the virus that causes COVID-19) and influenza, mutate much faster than viruses with DNA. Every time SARS-CoV-2 replicates, there is an opportunity for the virus to change. Many mutations do not affect the virus’s ability to spread or cause disease because they do not alter the major proteins involved in infection and transmission.”*

What the criminals at the CDC do not tell you in their statement on their web page is that COVID-19 was created in a lab using CRISPR-Cas9 Synthetic biology. A variant may or may not be a natural mutation; it also could be an expression of “Gain-of-Function” that has been criticized by scientists across the world. There is potential for an infinite number of variants. With each publicizing of a new variant the public becomes even more fearful and are pushed to submit to experimental vaccines. In the case of the RSV among small children, the public health people are urging people to get their little ones flu shots.

The CDC's vote last week to add COVID-19 vaxxines to the Child Immunization Schedule has granted manufacturers immunity from all liability for adverse events in both children and adults.

These protections become moot when fraud is proven, which is why whistleblower, Brooke Jackson's lawsuit against Pfizer is so important. Jackson recently told [Kyle Becker News](#) that the judge is expected to issue his ruling on whether her case goes to

trial. "The judge is deciding, as I type, whether we go to discovery or the case is dismissed."

Jackson's lawyer, Robert Barnes told Viva Frei recently that the Biden administration is terrified that if whistleblower Brook Jackson's case gets to discovery, it will likely implicate high-ranking members of the Biden administration in the cover-up of one of the worst public health disasters in human history.

The whistleblower Brook Jackson reported Pfizer's lack of quality control and other issues on her first days of employment to the FDA. This issue has huge ramifications to the entire vaccine industry.

In an earlier segment I noted the Boston University study where "Gain-of-Function" has been confirmed outside of the world of viruses, bioweapons, and experiments. Personally, I find this reprehensible and a further threat of crimes against humanity. This gamble with life at the cell level confirms there are evil diabolical minds at work looking for what are referred to in the Rothschild document '*Silent Weapons for Quiet Wars!*' The volume of evidence that we are in such a Quiet War grows daily and we are losing to those with the motive and means to wage such a war!

Just today we have learned that a Government lab in Maryland plans to create a hybrid monkeypox strain that is MORE deadly than one currently spreading in the U.S.

- **NIAID research will see experts swap genes between two monkeypox strains**
- **They will attempt to make currently dominant clade more lethal and infect mice**
- **The aim of the project is to spur the development of better drugs for humans**
- **But it comes amid growing concern about virus manipulation research in labs**

A Government laboratory in **Maryland** plans to make the circulating **monkeypox** strain more lethal in highly controversial research in mice.

The team wants to equip the dominant clade - which mostly causes a rash and flu-like symptoms - with genes from another strain that causes severe disease.

They hope the experiment will reveal how different genes make monkeypox more deadly, and spur the development of better drugs and vaccines for humans.

It comes just a week after [DailyMail.com revealed a similar experiment involving a hybrid Covid strain was conducted at Boston University.](#)

The latest monkeypox study is being funded by the National Institute of Allergy and Infectious Diseases (NIAID), a research arm of National Institutes of Health (NIH).

But the modified virus 'poses an exceptionally high risk' to the public if it accidentally leaks, according to Dr. Richard Ebright, a microbiologist at Rutgers University in New Jersey.

The team in Maryland would argue their work does not involve 'enhancing' a pathogen because they are swapping natural mutations rather than creating new ones, meaning the hybrid cannot be more deadly than the existing clades.

But the news will no doubt surprise many Americans that such research continues to go on in the US despite fears similar practices may have started the pandemic.



There have been more than 27,000 cases of monkeypox in the US since the current outbreak took hold earlier this year. Monkeypox first broke out in Europe during Gay Pride month of June and gradually spread throughout Europe and then to the U.S. It remains a threat to the homosexual community and through touching people or body contact.



The Maryland study will involve extracting dozens genes from the more severe clade 1 (pictured left) monkeypox virus and putting them into the less virulent clade 2 virus. They will then infect mice with the hybrid virus and monitor how the disease progresses.

Enough of his madness!



The Maryland team's work is being led by NIAID scientist Bernard Moss at the agency's headquarters in Bethesda, MD (shown)

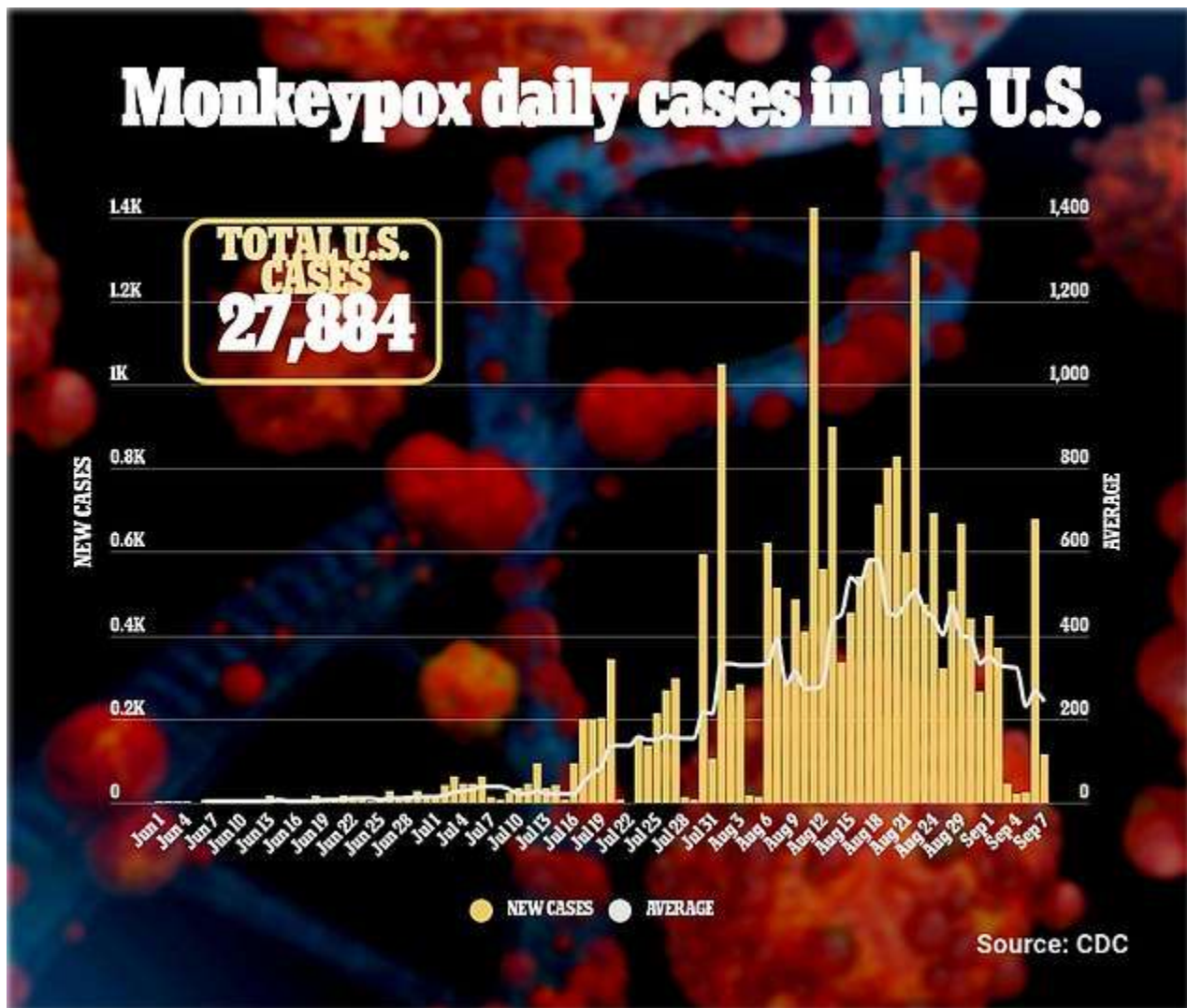
This phase of the study will involve extracting dozens of genes from the more severe clade 1 monkeypox virus and putting them into the milder clade 2 virus.

They will then infect mice with the hybrid virus and monitor how the disease progresses.

The team had initially attempted the reverse: swapping genetic materials in the less virulent clade into clade 1 to make it less deadly, but without success.

The current global outbreak is confirmed to be driven by clade 2, the less deadly West African monkeypox strain, which has a mortality rate of less than one percent.

Clade 1, meanwhile, kills one in 10 people it infects. It has its origins in the Democratic Republic of the Congo and primarily spreads in the Congo Basin.



Cases of monkeypox are in decline after peaking over the summer of 2022

Biden promises to crackdown on virus manipulation research

The White House announced plans to crackdown on viruses' manipulation research only days after DailyMail.com uncovered similar research being undertaken at Boston University. Can we trust those in the White House? It appears we cannot!

In a national biodefense strategy unveiled last week, the Biden Administration laid out plans to prevent and respond to future biological disaster situations like the COVID-19 pandemic.

The report highlights the risk of 'accidental biological threats' caused by accidents in biosafety labs which work with dangerous pathogens.

Last Monday, [DailyMail.com revealed](#) that Boston University's National Emerging Infectious Diseases Laboratories, had developed a hybrid strain of Covid with an 80 per cent lethality rate in mice.

Researchers defended the work, claiming it could advance our understanding of Covid and how to treat and vaccinate against it, but critics warn the benefits do not outweigh the risk of a potential leak.

Biden's biosafety plans, which were published two days later on October 19, says the 'United States has a responsibility to ensure our technology, development, and assistance programs do not exacerbate this risk [a lab leak] unintentionally'.

The White House report also accepts that the 'risk of laboratory accidents may be increasing with the rise in the number of laboratories around the world conducting high-risk life sciences research and research with potential pandemic pathogens'.

There is no suggestion that the report is a response to the work at Boston University, and DailyMail.com has approached the White House for comment.

But the report gives a nod to the potential dangers of so-called 'gain of function' research, when a virus is enhanced to be more dangerous or infectious so scientists can get ahead of potential outbreaks or develop therapies.

Boston University has argued that their research was not gain of function, as the original wild strain killed 100 per cent of mice exposed to it, which they argue means their work actually reduced the lethality of the virus.

Researchers equipped the original Wuhan strain of Covid with Omicron's spike protein - the part which helps it invade cells and makes it more infectious. Critics say the combination of increased infectiousness and lethality made it dangerous.

The Maryland experiment was exempt from oversight when it was given the green light in 2018 because monkeypox did not meet the threshold for a 'potential pandemic pathogen'.

To be considered a PPP, the pathogen has to be widely transmissible with the potential of spreading uncontrollably and being highly dangerous.

But at that time, monkeypox outbreaks were **confined** to Africa and the virus did not spread easily between people.

U.S. cases could almost always be traced back to imported animals or travelers who had visited Central or Western African countries.

Now, with monkeypox widespread and more than 26,000 U.S. cases, the National Institutes of Health (NIH) is planning to reexamine the work.

But the study still might not qualify as 'enhancing' a PPP, the agency says, because the team are using existing mutations.

Dr. Ebright told DailyMail.com: 'A laboratory-generated monkeypox virus... more lethal than, and as transmissible as, the monkeypox virus currently circulating in humans potentially likely would defeat protection by vaccines and likely would spread beyond current at-risk populations to the general population.'

'The risk-benefit ratio is essentially infinite, comprising potentially existential risks.'

Amid growing concern about such experiments, the NIH and the Department of Health and Human Services met last month [to devise recommended rule changes](#) to the NIH's Potential Pandemic Pathogen Care and Oversight policy.

Among those proposed changes is an expansion of what constitutes a 'potential pandemic pathogen' to include those that are highly transmissible though less virulent, as well as those that are less transmissible but have more severe negative outcomes.

The rule change, if adopted next year, would place stricter regulations on the kind of research on monkeypox viruses set to begin at NIH.

The latest controversy surrounding risky monkeypox research comes on the back of years of ferocious debate over gain of function research, which many believe resulted in the Covid pandemic.

The pandemic shed a light on the risky research practices, which the government has funded for decades with pushback, having temporarily paused in 2014 only to resume three years later.

High-profile debates about the merits of gain of function remain centered on the unproven theory that the coronavirus escaped from a lab in Wuhan, China.

It comes after DailyMail.com revealed that a team from Boston University had developed a hybrid Covid virus — combining the Omicron and original Wuhan strains — which had an 80 per cent lethality rate in mice.

Boston University has argued that their research was not gain of function, as the original wild strain killed 100 per cent of mice exposed to it, which they argue means their work actually reduced the lethality of the virus.

Researchers equipped the original Wuhan strain of Covid with Omicron's spike protein - the part which helps it invade cells and makes it more infectious.

Some experts defended the work, claiming it could advance our understanding of Covid and how to treat and vaccinate against it, but critics warn the benefits did not outweigh the risk of a potential leak.

The hybrid strain was of immediate concern due to its combination of the worst attributes of the virus - Omicron's high rate of transmissibility and the original's high lethality.

“How Worried Should We Be About Boston University’s Gain-of-Function Covid Virus That Kills 80% of Mice?”

Very worried from a report by Dr. Randall Bock, writing the other day at *‘The Daily Sceptic’*

BY DR RANDALL BOCK | THE DAILY SCEPTIC | OCTOBER 23, 2022

This week, Boston University found itself at the center of scorn over claims its laboratories were engineering a **“SARS-CoV-3” virus** that would (hypothetically) put humanity one lab-leak away from a renewed Covid pandemic.

In the midst of worldwide relief over SARS-CoV-2’s eventual replacement by the mild, ‘common cold’ Omicron variant, BU’s scientists have created *de novo* an **“Omicron S-bearing virus”**, potentially marrying Omicron’s transmissibility with the Wuhan strain’s dangerous pathogenicity.

Boston University leadership should not be shocked by the widespread condemnation of this experiment. It has its own hubris to blame: steamrolling neighborhood opposition to the urban placement of America’s **National Emerging Infectious Diseases Laboratories** (NEIDL), through which BU amasses lucrative research grants. As the philosopher Spider-Man has said, *“with great power, there must also come great responsibility.”*

In this case, BU exhibits power, but avoids responsibility. The National Institutes of Health (NIH) is examining whether these experiments should have triggered a federal review as ‘gain of function’ with SARS CoV-2’s gaining new or enhanced abilities, which NIH deems *“inherently risky”*. Boston University **says** it *“did not have an obligation to disclose this research”*, despite having received federal NIAID funding which BU states was only for *“tools and platforms”* used by the scientists.

“We take our safety and security of how we handle pathogens seriously, and the virus does not leave the laboratory,” **noted** NEIDL’s Dr. Ronald Corley. Cynics might point out that as recently as 2018, the Wuhan Institute of Virology (WIV) **touted** that its work *“held the secret to preventing epidemics”*. NEIDL has (probably) released fewer unintentional pandemics than WIV, so there’s that.

NEIDL can be seen as either a bulwark against – or conversely, a conduit for – **bioterrorism**. NEIDL houses the Level-3 Biosafety Lab (BSL-3) of this trans-viral graft experiment as well as one of the **rare** US **BSL-4** laboratories, intended for studying the deadliest transmissible diseases, such as Ebola.

Lab-coat scientist researchers are not selected or rewarded for political acumen, nor should they be. Actual wet-lab work often embodies the phrase by which physicians tease anesthesiologists: “99% boredom and 1% panic” – but, without the panic. Instead, researchers have their 1%-portion comprised of the brief, refreshing glory on the occasion of publishing consequential results – the news of which usually stays within a small coterie of PhDs cognizant of the technical ‘twin-speak’ pertinent to the narrow focus of the experiment performed.

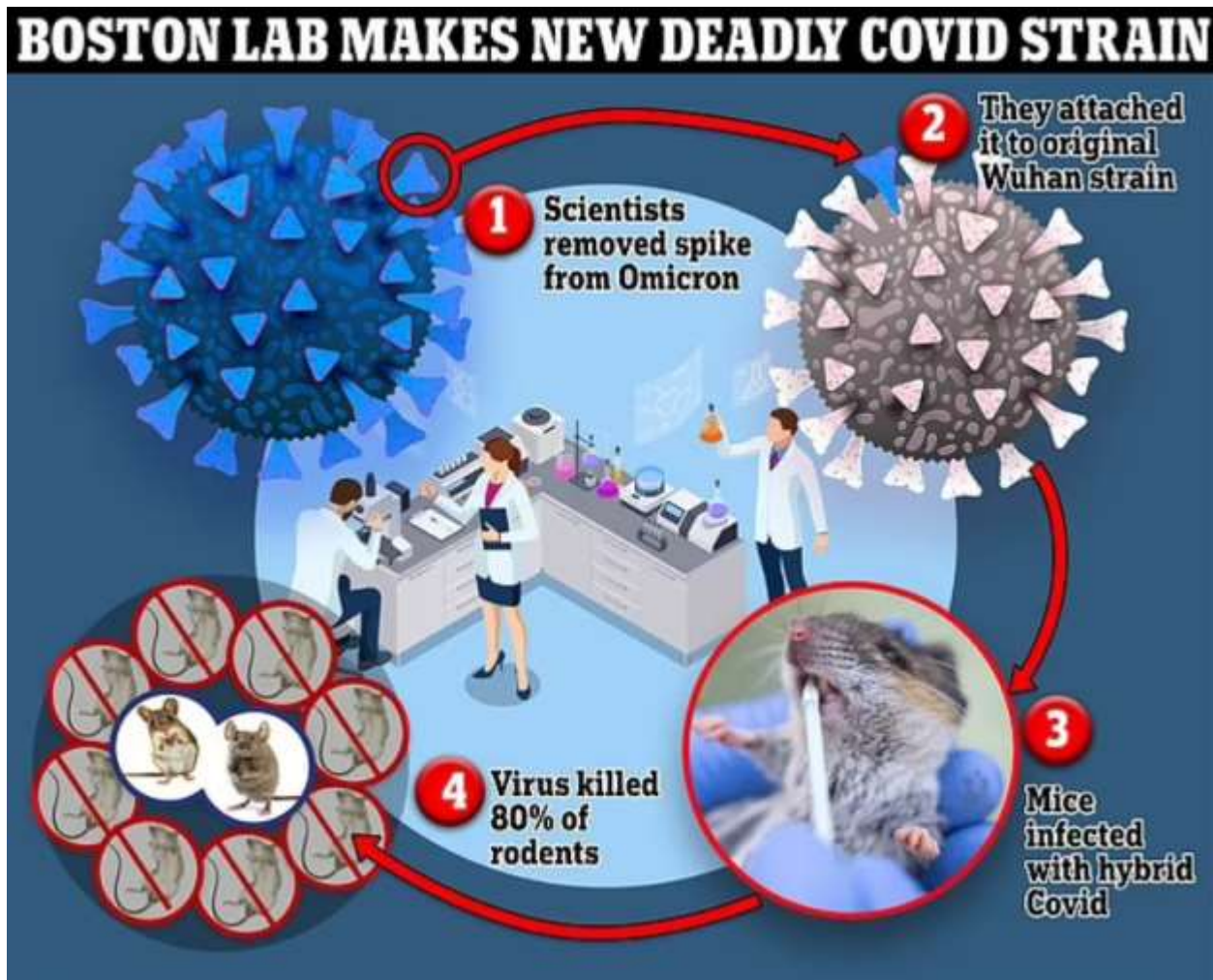
Upending the news cycle, bringing fear and then furor to a Covid-weary populace, and a posse of paparazzi upon itself is not the usual *modus operandi* of researchers releasing a preprint dryly titled (as they often are): “Role of spike in the pathogenic and antigenic behavior of SARS-CoV-2 BA.12 Omicron”. Boston University’s Mohsan Saeed (*et al.*) ‘buried the lede’ by not communicating clearly having formed a SARS-CoV-2 mutant through chimeric graft of Omicron spike onto SARS CoV-2.

The researchers’ insularity is evident in their not predicting that producing novel camouflage for the pandemic’s perpetrator would be sufficient cause for all hell to break loose. Given Dr. Saeed’s interim disappearance from the scene, it is assumed notoriety was not the researchers’ actual intent. His additional lack of communicating the societal need for a rejiggering of COVID-19 spare parts into a new mutant strain is its own problem.

NIAID says that the BU should have communicated in advance the purpose and nature of the study. BU responds that it did not have to because the primary funds were from BU itself. Medical ethicist Dr. Arthur Caplan says, *“the entire research community would benefit from better communication.” Perhaps even earlier “better communication”* might have obviated the experiment itself.

By focusing so intently within the micro-world, it’s perhaps forgivable virologists lose sense of the macro. Conversely, the general public has earned every right to be twitchy and tetchy over ‘gain of function’ engineered augmentations to SARS-CoV-2 after the many millions of excess deaths following what many suspect was a Wuhan lab leak.

The *Daily Mail*’s story headlined “This is playing with fire – it could spark a lab-generated pandemic” had this graphic stating the mutant strain has an 80% kill rate.



Sensationalism definitionally entails shocking language at the expense of accuracy. Corrections are therefore in order:

- Yes, this lab is performing a ‘Frankenstein’s monster’ experiment: putting Omicron’s spike protein (head) on ancestral SARS CoV-2’s envelope (body) – *but*, this is the standard operating procedure for virologists. Chimeric work allows comparisons to be made gauging the relative strength or pathogenicity of individual virion segments.
- Yes, this is a brand-new ‘deadly strain’ – *but* for a particularly and purposefully vulnerable strain of mice, not for humans. The new ‘Frankenstein’ Omicron-spike-and-Wuhan-body chimeric coronavirus caused 80% of [hACE-2 lab mice](#) to die – fewer, actually, than had perished from the ancestral Wuhan SARS-CoV-2 itself. For better or worse, these mice have been specifically genetically engineered to have 100% fatality to SARS-CoV-2. If the mice instead replicated human’s very low fatality rate against this virus (less than 0.1% in the non-vulnerable), it would be nigh impossible to make any statistically significant judgements in any experiment unless multi-thousands of mice were included in every phase.

This specific type of work was performed in an appropriate BSL-3 laboratory, and was technically legal even though it encompassed '[gain of function](#)' work. There had been a moratorium in the mid-2010s on such potentially dangerous work within the United States, but that was repealed in 2017. The rationale for reversing the moratorium was similar to that of any military's maintaining and testing weaponry and engaging in wargames: *"Researchers deliberately make viruses more dangerous to help prepare better responses to outbreaks that might occur naturally."*

Ostensibly, the moratorium was lifted to keep us safe; however, it was instituted for the very same reason, in 2014, to curtail scientists' from [juicing up avian flu](#).

In 2011, Fouchier and Kawaoka alarmed the world by revealing they had [modified the deadly avian H5N1 influenza virus](#) so that it spread between ferrets (animals used for their similarity to humans' influenza response). Critics worried a souped-up virus could spark a pandemic if it escaped from a lab (accidentally or as bioterror).

The flip-flopping in allowing gain of function research points to the dual needs in relation to such cutting edge science. Even as the moratorium was lifted, there were rules about the flow of information on gain of function experiments. Open communication is a prerequisite to scientific innovation but also can provide ready blueprints for any intrepid bioterrorist. An additional complication is that almost every study in the U.S. receives federal funds, creating a loophole of having to divulge sensitive results through any given FOIA request.

It is uncertain if BU's newly chimeric COVID-19 mutant could qualify as a bio threat. Personally, I think not. Almost every one of its mutations is less efficacious than the parent. Viruses go through trillions in order to adapt sequentially to changing immune systems amongst the host. That researchers would come up with a highly dangerous one on the first try seems unlikely. In any event, there is vast natural immunity to Omicron and natural and vaccine immunity to ancestral SARS-CoV-2, COVID-19.

So what was the purpose of the BU NEIDL team? Since poor communication seems to be a threat throughout this story, it is perhaps no surprise that this preprint's abstract section lacks clarity – and features instances of 'begging the question (highlighted).

The recently identified, globally predominant SARS-CoV-2 Omicron variant (BA.1) is highly transmissible, even in fully vaccinated individuals, and causes attenuated disease compared with other major viral variants recognized to date. The Omicron spike (S) protein, with an unusually large number of mutations, is considered the major driver of these phenotypes. We generated chimeric recombinant SARS-CoV-2 encoding the S gene of Omicron in the backbone of an ancestral SARS-CoV-2 isolate and compared this virus with the naturally circulating Omicron variant. The Omicron S-bearing virus robustly escapes vaccine-induced humoral immunity, mainly due to mutations in the receptor binding motif (RBM), yet unlike naturally occurring Omicron, efficiently replicates in cell lines and primary-like distal lung cells. In K18-hACE2 mice, while Omicron causes mild, non-fatal infection, the Omicron S-carrying virus inflicts severe

disease with a mortality rate of 80%. This indicates that while the vaccine escape of Omicron is defined by mutations in S, major determinants of viral pathogenicity reside outside of S.

Let's translate the abstract into general English:

Omicron is milder – and its spike protein is structurally different enough from the ancestral Wuhan strains that an mRNA vaccine to SARS CoV-2 does nothing to protect mice from Omicron. This is somewhat immaterial because Omicron doesn't make these mice sick in the first place (basically the same situation as with humans). So, with research funding in hand, what are we going to do? Let's put an Omicron 'Halloween mask' on the dangerous Wuhan strain! How many mice will die? A lot, nearly 80%. That's sounds really bad, but we forgot to mention (in this abstract) that Wuhan strain without the Omicron-spike mask kills 100% of these mice, which sadly are canaries in a coal mine, engineered to die from SARS-CoV-2. Conclusion: the stuff inside the SARS-CoV-2 envelope is the really bad stuff. With its very own original spike protein it's more dangerous, but what did we expect? We just made a virus that's different from a fairly dangerous one and it's not quite as dangerous.

Thus restated, it becomes difficult to ascertain the genuine *need* for doing this experiment (whose results seem obvious, predictable and axiomatic). Einstein favored [Gedankenexperimente](#) ('thought experiments') using conceptual rather than actual experiments in creating the theory of relativity. There's nothing like the 'real thing', but I'm imagining 99% of virologists could have foreseen a conclusion similar to this without having done any of the study. Moreover, most would not have seen a real point in doing this study in the first place. Of course, getting paid and churning research grants can help provide motivation.

Even without the researchers' having read my own article ["Is it Time to Accept That Omicron is not COVID-19?"](#) in *The Daily Sceptic*, September 25, 2022 – they should still have had enough information to know Omicron (despite its Greek letter) is not a SARS CoV-2 variant nor lineal genomic or genetic descendent. Such information was easily available January 2022. With this in mind, the highlighted portions make little sense and the purpose of the study even less.

One virologist offered these criticisms of the [preprint's](#) study (in confidence):

1. Why put Omicron S on a virus that is no longer circulating? I'm not sure what scientific question they are trying to answer.
2. The grants that are cited for the work were meant to study innate immunity. They claim they want to study the role of spike protein in phenotype but they are not using the proper controls.
3. It would have made more sense to have reversed the experiment, i.e., put the Wuhan spike on the Omicron envelope.
4. Also, site-directed mutagenesis (creating specific, targeted changes) would have been a more useful technique, given that there are so many mutations in Omicron's spike protein compared to earlier variants.

5. The authors' conclusion, "These findings indicate that the S protein is not the primary determinant of Omicron's pathogenicity in K18-hACE2 mice," should say that "S protein was not a primary determinant of Wuhan pathogenicity".
6. They actually [downwardly] attenuate the Wuhan strain by putting the Omicron-S onto that virus, yet try to sell it as if they had made the virus more lethal.
7. Overall, they seem to really be studying Wuhan pathogenicity in the context of Omicron spike.

All products and methods of technology (e.g. nuclear power, mining, fossil fuels) are variously considered 'double-edged swords'. So too it is with these studies. There are potential benefits and potential risks. In this particular case, were the risks worth it? Was the study appropriately directed and was the information gleaned worth the global consternation? The answer to both is 'no'.

"It's not like they made this monster virus, that's a complete misinterpretation," states infectious disease specialist [Dr. Daniel Kuritzkes](#). "Researchers compared the ancestral version, Omicron, and a combined version of the two to research what piece of the virus dictates how sick a person will get. What we see in animal models does not translate directly to what we will see in humans. The labs are extraordinarily careful in how they do these experiments. There are strict protocols in place to make sure that nothing produced in the lab is released into the environment."

My assessment is that this is more 'tempest in a teapot' than monster – although Dr. Frankenstein's methods and ethical issues find resonance here. That there is a federal investigation into this case is interesting for the side reason that it seems an admission against its own interest, namely to the possibility that virology laboratories can potentially leak mutant strains. Who would've thought? For so long, it was all but forbidden to consider such a possibility for China's WIV, even though ancillary evidence is nearly conclusive it occurred.

[Dr. Randall Bock](#) is a primary care physician near Boston, Massachusetts, and the author of [Overturning Zika](#).

What we are witnessing is an anxious picture of mad scientists, unconcerned about public safety to profit from experimental research that has become open source science to find ways to "depopulate" the world. The End Game is to kill 7-billion people and accelerate the demise of humanity as we know it. The End Game through the so-called viruses to cover for the real virus of **5G** remains cover as distraction and fear to keep our eyes off the real issue until such time the **5G** EMF/EMR can be activated and kill all those that got the jabs and experimental "gene Therapy."

THE PLAN shows the official agenda of the World Health Organization to have ten years of ongoing pandemics, from 2020 to 2030. This is revealed by a WHO virologist, Marion Koopmans. You will also see shocking evidence that the first pandemic was planned and abundantly announced right before it happened. Make sure to watch, and share this everywhere.

Download the documents featured in THE PLAN

More information, and to see all the documents in THE PLAN, go to: <https://www.stopworldcontrol.com/proof>

Documents that open the eyes of humanity

- ✓ ☐ [Grand Jury Evidence 1](#)
- ✓ ☐ [Vaccine Death Report](#)

Documents that announced the coronavirus pandemic

- ✓ ☐ [Scenarios for the Future by the Rockefeller Foundation](#)
- ✓ ☐ [A Futuristic Scenario by John Hopkins Center](#)
- ✓ ☐ [Australian Health Management Plan for Pandemic Influenza](#)
- ✓ ☐ [WHO instructed world to prepare for imminent coronavirus pandemic](#)
- ✓ ☐ [EU Comic Book shows pandemic starting in China, and medical tyranny](#)

☐

Be aware of the extreme level of hypocrisy that is in these documents. These criminals claim to protect humanity, while in reality they are suppressing and banning all effective treatments for covid, while censoring, firing, arresting, and even murdering physicians who are curing covid patients.

Blessings,

Pastor Bob, EvanTeachr@aol.com
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