

5G and Crimes Against Humanity

Part 2

There is a National Plan to Vaccinate Every American – National Registry to Record Everyone’s Vaccination Status. It did not begin this year, or even last year, it has been around for more than three decades. Most folks have never given a second thought to this or what all it might entail.

Scientists at the National Institutes of Health are working with a biotech company to quickly start clinical trials of an experimental messenger RNA vaccine and fast track it to licensure.

The FDA has not yet licensed messenger RNA vaccines that use part of the RNA of a virus to manipulate the body’s immune system into stimulating a potent immune response.

It looks like the Coronavirus vaccine will be the first genetically engineered messenger RNA vaccine to be fast tracked to licensure, just like Gardasil was the first genetically engineered virus-like particle vaccine to be fast tracked to licensure.

There likely will be lots of questions about whether the fast tracked Coronavirus vaccine was studied long enough to adequately demonstrate safety, especially for people who have trouble resolving strong inflammatory responses in their bodies and may be at greater risk for vaccine reactions.

During 1998-1996, an effort began with the purpose of tracking childhood vaccine injuries. Established under the 1986 National Childhood Vaccine Injury Act during the Reagan Administration, the Plan didn’t really get traction until Congress funded the Vaccines for Children program in 1993 under the Clinton Administration and gave the Department of Health and Human Services authority to fund a network of state-based electronic vaccine tracking registries that can monitor the vaccination histories of children without the informed consent of their parents.

In 1995, then Secretary of Health Donna Shalala used rule-making authority to authorize the Social Security Administration to disclose the social security number of every baby born in the country to state governments without parental consent.

Federal officials explained that *“public health program uses of the social security numbers would include, but are not limited to, establishing immunization registries”* and that new

routine use of social security numbers would help the government operate *“a national network of coordinated statewide immunization registries.”*

By 1996, when Congress established a national Electronic Health Records (EHR) system under HIPPA, the stage had been set for a government-operated electronic surveillance system to monitor the personal medical records and vaccination status of all Americans. The U.S. Department of Health and Human Services (“HHS”) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).¹ The Privacy Rule standards address the use and disclosure of individuals’ health information—called “protected health information” by organizations subject to the Privacy Rule — called “covered entities,” as well as standards for individuals' privacy rights to understand and control how their health information is used.

The justification for this big data grab by the government, which clearly violated the privacy of Americans, was to- quote – *“protect the public by reducing disease.”* If you haven’t learned by now, these federal programs never go away, they simply grow incrementally.

Today, the Nationwide Electronic Health Records & Vaccine Tracking Systems, a nationwide federally funded Electronic Health Records system captures the details of every visit you make to a doctor’s office, hospital, pharmacy, laboratory or other medical facility; every medical diagnosis you get; every drug you have been prescribed and every vaccine you accept or refuse. My name does appear in this system to my knowledge. I am by choice of my own not a participant in any program other than basic Medicare. I have never signed up for any of the various plans of Medicare. Each year the government book on Medicare benefits comes out in the mail and every year it seems to shrink in size.

Your Electronic Health Record can be accessed not only by government health agencies like the Social Security Administration, Medicaid and federal and state health and law enforcement agencies, but also can be shared with authorized third parties such as doctors, health insurance companies, HMOs and other corporations, hospitals, labs, nursing homes and medical researchers.

A new Health Information Exchange initiative funded by the government will make it even easier for computerized health and vaccine records databases to tag, track down and sanction Americans who do not go along with the National Vaccine Plan in the future.

What Happened to the Plan’s Duty to Prevent Adverse Reactions to Vaccines?

Ironically, when Congress directed the Department of Health and Human Services to create a National Vaccine Program in the 1986 Act, federal health officials were told to put together a Plan to – quote *“achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines.”*

The Plan was not supposed to focus solely on vaccine development and promotion but to equally focus on preventing vaccine reactions.

Yet, in the very first 1994 National Vaccine Plan only four out of 25 “objectives” and only two out of 14 anticipated “outcomes” addressed preventing vaccine reactions.

The 2010 version of the Plan also largely ignored the legal duty of HHS to conduct vaccine safety research to fill in long standing knowledge gaps and take steps to make vaccines and vaccine policies less likely to cause harm.

Looking back, it appears Congress was not really committed to funding research and creating substantive initiatives to reduce vaccine risks, regardless of what was stated in the 1986 Act, or there would be congressional oversight and federal agencies would have been directed to follow the law rather than ignore it for more than 30 years.

The Government’s Vaccine Marketing Plan for the pharmaceutical industry suddenly was unleashed upon the public. Government agencies have brazenly forged lucrative public private business partnerships with the pharmaceutical industry and the medical establishment to:

- develop many new vaccines;
- increase public demand for vaccines;
- raise vaccination rates among children to nearly 100 percent;
- create and expand electronic vaccine tracking registries; and
- promote global vaccination programs, even though the primary purpose of the 1986

Act was to reduce vaccine reactions and protect the U.S. childhood vaccine supply, not fund and expand global vaccination programs.

In fact, federal health officials accurately characterize the U.S. vaccination system in the 21st century as a business. A decade ago they admitted that – *“The 2010 National Vaccine Plan provides a vision for the U.S. vaccine and immunization enterprise for the next decade.”*

That’s because they know the National Vaccine Plan is really a Vaccine Marketing Plan for the pharmaceutical industry.

So, if you are wondering why many states are trying to pass laws eliminating all vaccine exemptions and mandate every vaccine the pharmaceutical industry produces and the CDC recommends, you don’t have to look any further than the government’s well-financed National Vaccine Plan.

Implementation of the Plan was accelerated in 2011 after the U.S. Supreme Court declared FDA licensed vaccines to be –quote – “unavoidably unsafe” for the purpose of removing almost all remaining liability from drug companies when vaccines hurt people.

Since 2011, two powerful CDC-appointed vaccine advisory committees influenced by members associated with the pharmaceutical and medical trade industries – the Advisory Committee on Immunization Practices (ACIP) and the National Vaccine Advisory Committee (NVAC) – have been busy coming up with new ways to meet strategic goals of the National Vaccine Plan.

When highly publicized cases of measles were reported in California’s Disneyland in 2015 and in New York in 2019, with military precision pursuit of the Plan was kicked into even high gear.

During the past five years, California, Vermont, New York, Maine and Hawaii have lost vaccine exemptions, even though tens of thousands of Americans rose up in protest.

In 2019, the people managed to hold on to exemptions in states like Oregon, Arizona and New Jersey but this year, bills to force vaccine use are already threatening parental, civil and human rights in Virginia, Massachusetts, Florida, Washington, Pennsylvania and more.

Five Main Types of Vaccine Laws Being Proposed in States

These are the five main types of laws being proposed in the states and your state may be one of them:

Number One: State laws that eliminate all personal belief vaccine exemptions allowing you to follow your conscience or religious beliefs and make it illegal for physicians to grant a medical exemption unless it strictly conforms to very narrow CDC-approved contraindications to vaccination.

National vaccine coverage rates among school children are at 95 percent for core vaccines like polio, pertussis, measles and chickenpox, yet, government health officials are not satisfied.

They have narrowed vaccine contraindications so that almost no medical history or health condition qualifies as a reason for a medical exemption.

If you or your child have had previous vaccine reactions, are vaccine injured, have a brother or sister who was injured or died after vaccination, or are suffering with a brain or immune system disorder that the CDC’s Advisory Committee on Immunization Practices (ACIP) does not consider to be a contraindication to vaccination, states like California are denying physicians the right to exercise professional judgment and give children a medical exemption to vaccination are threatening human rights.

No wonder less than one percent of vaccine reactions are ever reported to the federal Vaccine Adverse Events Reporting System and doctors feel free to discriminate against and deny medical care to anyone who is not vaccinated according to CDC schedules.

Laws that eliminate medical, religious and conscience exemptions to vaccination and ban citizens from getting a school education – even a college education – do violate civil and human

rights and so do vaccine mandates by employers who fire or refuse to hire workers based on their vaccination status.

The two professions being targeted first for workplace vaccine mandates are healthcare and childcare workers, but they certainly will not be the last.

Number Two: State laws that turn unelected members of the CDC's Advisory Committee on Immunization Practices into de facto lawmakers and automatically mandate all current and future federally recommended vaccines without any public discussion or vote by duly elected state legislators.

Under the U.S. Constitution, state legislatures hold the majority of power to pass public health laws, so vaccine laws are state laws.

If states hand that constitutional authority over to an unelected federal government committee, the people no longer can work through their elected state representatives to make sure laws do not force involuntary medical risk taking and punish citizens exercising civil and human rights.

It is clear that Pharma and medical trade lobbyists partnering with government officials to implement the National Vaccine Plan are unhappy they have to spend so much time and money trying to strong arm state legislators into mandating every CDC recommended vaccine.

At the same time, some politicians are not happy that a growing number of Americans are showing up in state Capitols to oppose oppressive vaccine mandates. Medical news reporter Dell Bigtree and Robert Kennedy Jr. have led protests at the California State Capitol building several times. Robert Kennedy recently won a law suit that showed big Pharma does no scientific testing of new vaccines, such as double-blind studies to determine the efficacy of vaccines.

Today, it costs a staggering \$3,000 to give a child every one of the 69 doses of 16 vaccines on the federal government's schedule.

In addition to coronavirus vaccine, there are more than a dozen experimental vaccines being fast tracked to market for TB, influenza, HIV/AIDS, gonorrhea, herpes simplex, strep A and B, e-coli, RSV, salmonella, and malaria, with several hundred more being developed in a global vaccine market estimated to balloon to nearly \$100 billion by 2026.

State laws that automatically mandate all federally recommended vaccines are handing Big Pharma a big blank check and putting an unknown number of vaccine vulnerable children and adults at risk for serious health problems if they are forced to use every one of them.

Number Three: State laws that allow doctors to declare minor children mentally competent to consent to vaccination so children can be vaccinated without the knowledge of their parents.

There is plenty of scientific evidence that children's brains are not developed enough before or during teenage years to support rational benefit and risk decision-making, especially if they are subjected to pressure.

Giving doctors the legal authority to, in effect, go behind parents' backs and persuade a minor child to get liability free vaccines violate the legal right of parents to consent to medical interventions performed on their children.

It also puts vaccine vulnerable children at greater risk for suffering reactions.

Parents know their child's personal and family medical history best and if parents are left in the dark, not only are they blocked from preventing vaccine reactions but there is no way for them to monitor a child after vaccination for signs of reactions so they can immediately take their child for treatment.

Number Four: State laws requiring schools to publicly post vaccine coverage rates for the purpose of shaming schools that allow students with vaccine exemptions to receive a school education.

Publicly posting school vaccination rates and numbers of students with exemptions creates a hostile community environment by targeting certain schools and families, whose children have vaccine exemptions, for discrimination and abuse.

It is an illusion that some schools are safer based on vaccination rates.

For example, even schools with 100 percent vaccination rates and zero exemptions have had outbreaks of pertussis and schools with very high vaccination rates have had outbreaks of measles and mumps.

That is because vaccinated children and adults can get infected with and transmit infectious diseases but sometimes show few or no symptoms and are never diagnosed or reported.

Children and teachers interact with many other vaccinated and unvaccinated people outside of the school setting. It is discriminatory to require public posting of the numbers of healthy students with vaccine exemptions, when schools are not required to publicly post the numbers of students who are infected with transmissible diseases like hepatitis B and C, HIV, streptococcal, mononucleosis, cytomegalovirus, e-coli, Fifth's disease, herpes simplex and more.

Number Five: State laws that operate vaccine tracking registries and integrate them into Electronic Health Records systems without the consent of those being tracked.

The National Vaccine Information Center has a two-decade public record of opposing the creation of national or state based electronic surveillance systems that automatically enroll

children and adults without their informed consent to monitor their vaccination status and health histories.

Not only have there been past security breaches with electronic databases dumping personally identifying information into the public domain, but there is legitimate concern that the government should not be conducting electronic surveillance on citizens while pursuing a National Vaccine Plan that encourages punitive societal sanctions, such as the inability to get a school education or a job, for individuals who refuse to go along with the Plan.

Learn About Federal & State Government Police Powers to Compel Vaccine Use. In America, we are governed by laws that the representatives we elect make, so it is important to vet all candidates for positions on issues you care about before going to the polls. Good laws can be enacted and bad laws can be repealed but only if we wake up, stand up and actively participate to make our representative government work for us.

Already this year of 2020, there have been more than 50 good bills introduced in a number of states that defend voluntary vaccine choices. This is a time for positive action. It's your health. Your family. Your choice.

The tests being used to purportedly detect COVID-19 are yielding between 50 and 80 percent "False Positive" results.

This means that between half and three-quarters of all the people testing "positive" as having COVID-19 are not in fact infected by COVID-19. Uh-duh. So all those numbers? Are bogus.

Many of those testing positive most likely have some normal influenza virus fragments drifting around their system---- don't forget normal influenza is still present and still infecting millions of people worldwide.

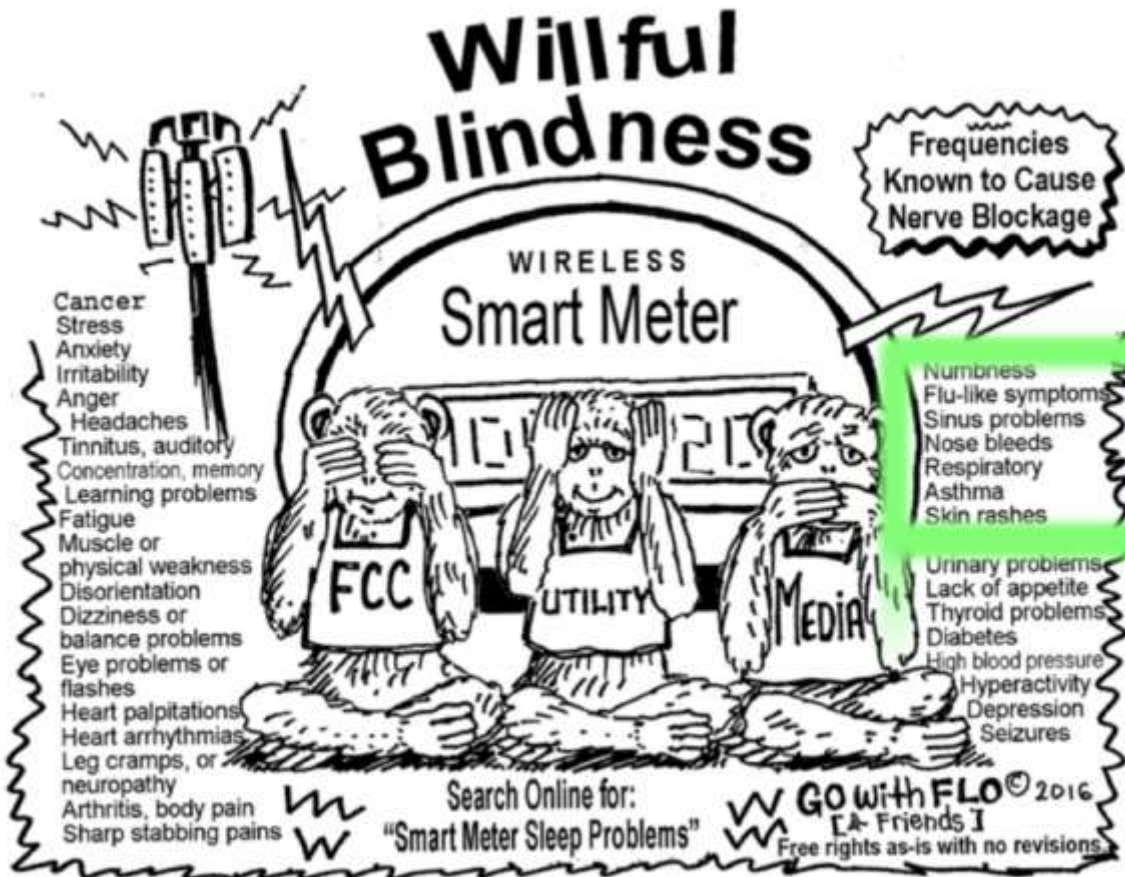
So, use your silly heads. The Common Cold is still being passed around as usual, infecting as many people as usual, causing as many problems as usual.

Just because someone coughs, sneezes, or tests "positive" for coronavirus (Common Cold) does NOT mean that they are infected with "the" coronavirus that has been tweaked by these madmen ---those who need to be caught and hanged from very high trees.

And, even if someone really IS infected with the bio-engineered variety of COVID-19, there are two strains of the bio-engineered crud, which the Chinese have identified as "S" strain and "L" strain. S is much less lethal than L and far more common.

All this has been brought to us by the sicko Rothschild-agents at Pirbright and associated labs, again, transported by clueless Americans used as dumb mules, and have nothing to do with China. China may still be trying to determine who really attacked them. And in case you really want to know what is going on, who planned it, which is responsible, and who needs the ever-

loving crap kicked completely out of them ---- here it is, in living color, the "Event 201 Global Pandemic" rehearsal held in December 2019 to force this "agenda" globally.



Art Courtesy of Floris Freshman

A Swiss medical doctor provided the following information on the current situation in order to enable our readers to make a realistic risk assessment. (Daily updates below)

According to the latest data of the Italian National Health Institute ISS, the average age of the positively-tested deceased in Italy is currently about 81 years. 10% of the deceased are over 90 years old. 90% of the deceased are over 70 years old.

80% of the deceased had suffered from two or more chronic diseases. 50% of the deceased had suffered from three or more chronic diseases. The chronic diseases include in particular cardiovascular problems, diabetes, respiratory problems and cancer.

Less than 1% of the deceased were healthy persons, i.e. persons without pre-existing chronic diseases. Only about 30% of the deceased are women.

The Italian Institute of Health moreover distinguishes between those who died from the coronavirus and those who died with the coronavirus. In many cases it is not yet clear whether the persons died from the virus or from their pre-existing chronic diseases or from a combination of both.

The two Italians deceased under 40 years of age (both 39 years old) were a cancer patient and a diabetes patient with additional complications. In these cases, too, the exact cause of death was not yet clear (i.e. if from the virus or from their pre-existing diseases).

The partial overloading of the hospitals is due to the general rush of patients and the increased number of patients requiring special or intensive care. In particular, the aim is to stabilize respiratory function and, in severe cases, to provide anti-viral therapies.

(Update: The Italian National Institute of Health published a statistical report on test-positive patients and deceased, confirming the above data.)

The doctor also points out the following aspects:

Northern Italy has one of the oldest populations and the worst air quality in Europe, which has already led to an increased number of respiratory diseases and deaths in the past and is likely an additional risk factor in the current epidemic.

South Korea, for instance, has experienced a much milder course than Italy and has already passed the peak of the epidemic. In South Korea, only about 70 deaths with a positive test result have been reported so far. As in Italy, those affected were mostly high-risk patients.

The few dozen test-positive Swiss deaths so far were also high-risk patients with chronic diseases, an average age of more than 80 years and a maximum age of 97 years, whose exact cause of death, i.e. from the virus or from their pre-existing diseases, is not yet known.

Furthermore, according to a first Chinese study, the internationally used virus test kits may give a false positive result in some cases. In these cases, the persons may not have contracted the new coronavirus, but presumably one of the many existing human coronaviruses that are part of the annual (and currently ongoing) common cold and flu epidemics.

Thus the most important indicator for judging the danger of the disease is not the frequently reported number of positively-tested persons and deaths, but the number of persons actually and unexpectedly developing or dying from pneumonia (so-called excess mortality).

According to all current data, for the healthy general population of school and working age, a mild to moderate course of the Covid-19 disease can be expected. Senior citizens and persons with existing chronic diseases should be protected. The medical capacities should be optimally prepared.

Symptoms of Microwave Illness

<https://www.microwavedvets.com>

Headaches	Difficulty Concentrating	Tinnitus
Dizziness	Memory Loss	Hearing Loss
Nausea	Brain Damage	Irregular Sleep Pattern
Skin Rash	Mood Disorder	Insomnia
Itchy Skin	Personality Disorder	Chronic Fatigue
Burning Skin Sensation	Increased Irritability	Deteriorating Vision
Tingling Sensation	Decreasing Trust in People	Pressure in/behind eyes
Tremors	Depression	Eye Damage
Muscle Spasms	Anxiety	Cataracts
Muscle and Joint Pain	ADHD/ADD	Immune Abnormalities
Restless Leg Syndrome	Digestive Issues	Altered Sugar Metabolism
Foot Issues	Abdominal Pain	Asthma Attacks
Low/High Pressure	Enlarged Thyroid	Bronchitis
Facial Flushing	Hair Loss	Pneumonia
Dehydration	Testicular/Ovarian Pain Low	Inflamed Sinuses
Body Metals Redistribution	Sperm Motility	Chest Pain/Pressure
Leukemia	Miscarriage	Heart Arrhythmia
Lymphoma	Electromagnetic Sensitivity	Heart Palpitations

After the Lockdown: A Global Coronavirus Vaccination Program...



The tendency is towards a worldwide lockdown spearheaded by fear and media disinformation. Currently, hundreds of millions of people Worldwide are under lockdown. What is the next step in the evolution of the COV-19 Crisis?

According to By [Prof Michel Chossudovsky](#) of 'Global Research,' March 24, 2020, a Corona virus vaccine program was announced at Davos at the World Economic Forum (21-24 January) barely 2 weeks after the Corona virus was identified by the Chinese authorities on January 7. You now know the plan in the coming months as the Corona virus.

The world is being beta-tested for a ramped up program to panic and create fear-mongering. This weaker strain was hyped by the media, political leaders, and government agencies as part of an overall program to condition the public for receptivity of a vaccine this fall when the schools open and school children bring home the first cold and sore throat, which becomes part of the herd mentality that shakes the sheepeople into panic.

The lead entity for the novel coronavirus vaccine initiative is the **Coalition for Epidemic Preparedness Innovations (CEPI)** an organization sponsored and financed by the World Economic Forum (WEF) and the Bill and Melinda Gates Foundation.

Note the chronology: The development of the **2019 nCoV vaccine** was announced at the Davos World Economic Forum (WEF) a week prior to the official launching by the WHO of a Worldwide Public Health Emergency (January 30) **at a time when the number of “confirmed cases” Worldwide (outside China) was 150 (including 6 in the US).**

CEPI is seeking a “monopoly” role in the vaccination business the objective of which is a “global vaccine project”, in partnership with a large number of “candidates”. It announced funding for its existing partnership with **Inovio** and The University of Queensland (Australia). In addition, CEPI confirmed (January 23) its contract with **Moderna, Inc.** and the **U.S. National Institute of Allergy and Infectious Diseases (NIAID)** headed by **Dr. Anthony Fauci**, who has been instrumental in waging the fear and panic campaign across America: “*Ten Times Worse than Seasonal Flu*”, said Dr. Anthony Fauci.

CORONAVIRUS

COVID-19 Mortality Rate 'Ten Times Worse' Than Seasonal Flu, Says Dr. Anthony Fauci

Initial hopes that the public health consequences of the new coronavirus would be mild are fading.

RONALD BAILEY | 3.11.2020 8:00 PM



It's a boldface Lie, according to the

The World Health Organization says those who become infected generally experience mild illness and recover in about two weeks.

The Central Role of CEPI

CEPI is dealing simultaneously with several pharmaceutical companies. **The Moderna- NIAID** in all likelihood is slated to implement the COV-19 vaccine in the US.

On January 31st, the day following the WHO's official launching of the pandemic and Trump's decision to curtail air travel with China, CEPI announced its partnership with **CureVac AG**, a German-based biopharmaceutical company. A few days later, in early February, CEPI "announced that major vaccine manufacturer **GSK** would allow its [proprietary adjuvants](#)— compounds that boost the effectiveness of vaccines — to be used in the response".

There are many "potential vaccines in the pipeline" with "dozens of research groups around the world racing to create a vaccine against COVID-19".

In turn the EU and the U.S. are currently competing for the vaccine markets on behalf of powerful pharmaceutical conglomerates, with the European Commission "offering up to €80 million in financial support to the CureVac AG" after it was reported that Trump "[was attempting to secure exclusive access to a COVID-19 vaccine it is developing](#)", under the auspices of NIAID headed **by** Dr. Anthony Fauci.

The October 2019 Coronavirus Event 201 Simulation Exercise

The coronavirus was initially named [2019-nCoV](#) by CEPI and the WHO: exactly the same name as that adopted in the WEF-Gates-John Hopkins **Event 201** pertaining to a coronavirus simulation exercise held in Baltimore in mid-October 2019.

The Event 201 John Hopkins simulation [addressed the development of an effective vaccine](#) in response to millions of cases (in the October 2019 simulation) of the **2019 nCoV**. The simulation announced a scenario in which the entire population of the planet would be affected. "During the initial months of the pandemic, the cumulative number of cases [in the simulation] increases exponentially, doubling every week. And as the cases and deaths accumulate, the economic and societal consequences become increasingly severe."

The scenario ends at the 18-month point, with 65 million deaths. The pandemic is beginning to slow due to the decreasing number of susceptible people. **The pandemic will continue at some rate until there is an effective vaccine or until 80-90 % of the global population has been exposed.** From that point on, it is likely to be an endemic childhood disease.

The COV-19 Global Vaccination Program

CEPI (on behalf of Gates-WEF, which funded the simulation exercise) is currently playing a key role in a large scale (global?) vaccination program in partnership with biotech companies, Big Pharma, government agencies as well as university laboratories.

CEPI 
@CEPIvaccines 

Today we announced funding for three programmes to develop vaccines against the novel [#coronavirus](#), nCoV-2019 🦠

We'll be supporting pioneering technologies designed to speed up the development of vaccines against emerging threats [#OutsmartEpidemics](#) 📌 bit.ly/2GjEmSS



Richard Hatchett
Chief Executive Officer, CEPI

“Given the rapid global spread of the novel coronavirus, the world needs to act quickly and in unity to tackle this disease. We hope this work could provide a significant and important step forward in developing a vaccine.”

CEPI

“We’re having conversations with a broad array of potential partners. And critical to those conversations is: What’s the plan to make very large quantities of vaccine within a time frame that is potentially relevant to what people seem to be increasingly certain will be a pandemic, if it isn’t already there? ... [\[Richard Hatchett, CEPI CEO\]](#) in interview with [stat.news.com](#)]. ...

The underlying focus is to develop a global vaccine.

And part of that was doing a **global survey of manufacturing capacity** to think about where we wanted to plant the manufacturing of any successful products we were able to bring forward.

Of significance, Hackett confirmed that the project to develop a vaccine commenced not only prior to the discovery and identification of the coronavirus (January 2020) **but several months prior to the October 2019 simulation exercise.**

“We did that in the last year or so. ... We are using the information that we have collected and have that team now thinking about opportunities for scaling vaccines of various different types. That is a work in progress. For some of the technologies the tech transfer [to a manufacturer] may be something that could be done in a time frame that was pertinent to the epidemic, potentially.

I think it is going to be really important to engage those folks who have access to really substantial production capacity. **And having the big producers at the table** — because of their depth, because of their experience, because of their internal resources — would be very, very important.

The candidate vaccines will be very, very quick. **Dr. Anthony Fauci**, director of NIAID [who has been spreading panic on network TV], is out in public as saying **he thinks the clinical trial for the Moderna vaccine may be as early as the spring.**

What is unfolding in real life is in some regards similar to the October 2019 simulation exercise at John Hopkins. The scenario is how to produce millions of vaccine shots on the presumption that the pandemic will spread.

The CEPI sponsored vaccine conglomerates had already planned their investments well in advance of the global worldwide health emergency.

I [Hackett] think part of the general strategy is to have a large number of candidates. [And] you want to have enough candidates that at least some of them are moving rapidly through the process.

And then for each candidate, you need to ask yourself the question: How do you produce that? ... [And] how are you going to get to that point with production at a scale that is meaningful in the context of a disease that is going **to infect the whole of society?** (Interview conducted by Helen Branswell, [statsnews](#), February 3, 2020)

Moderna Inc.

Moderna Inc. based in Seattle is one of several candidates involved and supported by CEPI. It is also home for Bill and Melinda Gates Foundation as well. No coincidence I suppose.

Moderna announced on February 24th the development of “an experimental mRNA COVID-19 vaccine, known as **mRNA-1273**”. “The initial batch of the vaccine has already been shipped to U.S. government researchers from the National Institute of Allergy and Infectious Diseases (NIAID)” headed by **Dr. Antony Fauci**.

While Moderna, Inc. initially stated that the first clinical trials would [commence in late April](#), tests involving human volunteers started in mid-March in Seattle:

Coronavirus vaccine test opens as volunteer in Seattle gets 1st shot

POSTED 10:14 AM, MARCH 16, 2020, BY ASSOCIATED PRESS, UPDATED AT 10:24AM, MARCH 16, 2020

[Researchers in Seattle gave the first shot to the first person](#) in a test of an experimental [coronavirus](#) vaccine Monday — leading off a worldwide hunt for protection even as the pandemic surges. ...

Some of the study’s carefully chosen healthy volunteers, ages 18 to 55, will get higher dosages than others to test how strong the inoculations should be. Scientists will check for any side effects and draw blood samples to test if the vaccine is revving up the immune system, looking for encouraging clues like the NIH earlier found in vaccinated mice.

“We don’t know whether this vaccine will induce an immune response, or whether it will be safe. That’s why we’re doing a trial,” Jackson stressed. “It’s not at the stage where it would be possible or prudent to give it to the general population.” ([FOX news local](#))

CEPI’s nCoV-2019 Global Vaccine and the ID2020 Digital Identity Platform

While CEPI announced the launching of a global vaccine at the Davos World Economic Forum, another important and related endeavor was underway. It’s called the **ID2020 Agenda**, which, [according to Peter Koenig](#) constitutes “an electronic ID program that uses generalized vaccination as a platform for digital identity”.

“The program harnesses existing birth registration and vaccination operations to provide newborns with a portable and persistent biometrically-linked digital identity”. ([Peter Koenig](#), March 2020)

The Founding Partners of ID2020 are **Microsoft, the Rockefeller Foundation** and the **Global Alliance for Vaccines and Immunization (GAVI)** among others.

It is worth noting the timeline: **The ID2020 Alliance** held their Summit in New York, entitled “Rising to the Good ID Challenge”, on September 19, 2020, exactly one month prior to nCov-2019 simulation exercise entitled **Event 201** at John Hopkins in Baltimore. Is it just a coincidence that ID2020 is being rolled out at the onset of what the WHO calls a Pandemic? –

Or is a pandemic needed to 'roll out' the multiple devastating programs of ID2020? ([Peter Koenig](#), March 2020)

ID2020 is part of a "World Governance" project which, if applied, would roll out the contours of what some analysts have described as a **Global Police State** encompassing through vaccination the personal details of several billion people Worldwide.

In the wake of the Lockdown the fear campaign will continue in the wake of the lockdown. Will the hardships of the economic and social crisis encourage people to get vaccinated?

To implement the Global Vaccine, the propaganda campaign must continue. The Truth must be suppressed. These are their "guidelines", which must be confronted and challenged.

The main actors including CEPI will require the firm endorsement of the WHO (which they control), a green light from the scientific community as well bold statements by corrupt politicians.

Moreover, they will have to suppress information and analysis on the features of the virus, how it can be cured (without a vaccine), which is currently the object of debate by virologists and physicians in several countries including the US.

Remember **the 2009 H1N1 swine flu pandemic** when Obama's Council of Advisors on Science and Technology compared the H1N1 pandemic to the 1918 Spanish flu pandemic while reassuring the public that the latter was more deadly. (CBC: Get swine flu vaccine ready: U.S. advisers)

Based on incomplete and scanty data, the WHO Director General predicted with authority that: **"as many as 2 billion people could become infected over the next two years — nearly one-third of the world population."** (World Health Organization as reported by the Western media, July 2009).

It was a multibillion bonanza for Big Pharma supported by the WHO's Director-General **Margaret Chan**. In a subsequent statement she confirmed that: **"Vaccine makers could produce 4.9 billion pandemic flu shots per year** in the best-case scenario", [Margaret Chan, Director-General, World Health Organization \(WHO\)](#), quoted by Reuters, 21 July 2009).

"Swine flu could strike up to 40 percent of Americans over the next two years and as many as several hundred thousand could die if a vaccine campaign and other measures aren't successful." (Official Statement of Obama Administration; Associated Press, 24 July 2009).

There was no pandemic affecting 2 billion people... Millions of doses of swine flu vaccine had been ordered by national governments from Big Pharma. Millions of vaccine doses were subsequently destroyed: a financial bonanza for Big Pharma, an expenditure crisis for national governments.

There was no investigation into who was behind this multibillion dollar fraud. Several critics said that the H1N1 Pandemic was “Fake”

The Parliamentary Assembly of the Council of Europe (PACE), a human rights watchdog, is [publicly investigating](#) the WHO’s motives in declaring a pandemic. Indeed, the chairman of its influential health committee, epidemiologist **Wolfgang Wodarg**, [has declared that](#) the “false pandemic” is “one of the greatest medicine scandals of the century.” ([Forbes](#), February 10, 2010)

PACE to prepare report on the handling of the Swine Flu pandemic

26/01/2010 11:02:52 SOCIAL AFFAIRS, HEALTH AND SUSTAINABLE DEVELOPMENT

"Are decisions on pandemics taken on the best scientific evidence only?" was the question asked at a January public hearing of PACE's Committee on Social, Health and Family Affairs which looked into the handling of the H1N1 pandemic. The World Health Organisation's flu chief defended his organisation, saying its advice was not improperly influenced by the pharmaceutical industry.

The committee now intends to hold a second public hearing in Paris, with the participation of government officials who dealt with the pandemic. Rapporteur Paul Flynn (United Kingdom, SOC) is also due to visit the WHO's headquarters in Geneva. His report should be available at the end of April, for a possible plenary debate in June.

We are currently in a Lockdown, We have time to reflect. There are important lessons to be learned from the 2009 H1N1 Pandemic:

- The COVID-19 pandemic is far more serious and diabolical than the 2009 H1N1. The COV-19 pandemic has provided a pretext and a justification for destabilizing the economies of entire countries, impoverishing large sectors of the World population. Unprecedented in modern history!
- And it is important that we act cohesively and in solidarity with those who are victims of this crisis. People’s lives are in a freefall and their purchasing power has been destroyed. What kind of twisted social structure awaits us in the wake of the lockdown?
- Can we trust the World Health Organization (WHO) and the powerful economic interest groups behind it?

- Can we trust the main actors behind the multibillion dollar global vaccination project?
- Can we trust the Western media which has led the fear campaign? Disinformation sustains the lies and fabrications.
- Can we trust our “corrupt” governments? Our national economy has been devastated.

This is an act of “economic warfare” against humanity! However, it is that and a lot more. My wife’s grandson’s fiancée is a new Medic and was hired by a KY country EMS an hour away. On her very first day on the job and her first emergency call on the job, it was for a man who had shot himself having lost his job. He died in the ambulance on the way to the hospital.

This is classical “Hegelian Dialectic” – Problem-Reaction-Solution!
Create the problem (COVID-19 virus)
Observe the reaction (we need a vaccine)
Offer the solution (vaccine)

These are Crimes Against Humanity!!!

Read very closely the following data that is known/reported by the World Health Organization (WHO). This information was reported by government sources as of March 26, 2020. I have done the math here that gives the **percentage rate in red** below. This specific deviation from the standard deviation is indicative of fraud of one of a number of possibilities, i.e., variables causing the death rate from COVID-19, the world-wide rate is nearly **3X** the U.S. death rates for COVID-19.

Coronavirus Cases world-wide: 460,487
Deaths 20,831 (Just short of 5% death rate)

Coronavirus Cases in the U.S.: 65,652
Deaths: 931 (Just a shade over 1.41% death rate)

U.S. Flu (Influenza) Deaths

During the 2019-2020 U.S. Flu Season so far there have been:

23,000 – 59,000 flu deaths

38,000,000 – 54,000,000 flu illnesses

17,000,000 – 25,000,000 flu medical visits

390,000 – 710,000 flu hospitalizations

Pneumonia in the U.S. in 2017

There were 2.56 million people who died from pneumonia in 2017 world-wide. Almost a third of all victims were children younger than 5 years, it is the leading cause of death for children under 5. There were 49,157 U.S. deaths in 2017.

1,300,000 hospitalizations in 2017

2,560,000 deaths world-wide in 2017

49,157 U.S. deaths in 2017

The data for the COVID-19 compared to the yearly flu statistics and for pneumonia in the U.S. does not come anywhere close to what the WHO considers a Pandemic. You might be better to call this a “Plan-Demic”. **There were bonds being sold on the markets for a planned event two years ago, that fall due in July of 2020.** The bet was that the WHO would call an event, use the term “Pandemic” by a specific date before July, 2020. I don’t have all the details at hand but I do recall this from data that I read in 2019.

In laymen terms, major investors bet that an event would occur by July, 2020 and the bet was the WHO would be required to call this “event” a Pandemic. In a similar report, Dr. Anthony Fauci “predicted” that President Trump would face in his first term, that the President would face such a Pandemic.

Fauci: ‘No doubt’ Trump will face surprise infectious disease outbreak

Healio.com

Anthony S. Fauci, MD, director of the National Institute of Allergy and Infectious Diseases, said there is “no doubt” Donald J. Trump will be confronted with a surprise infectious disease outbreak during his presidency.

Fauci has led the NIAID for more than 3 decades, advising the past five United States presidents on global health threats from the early days of the AIDS epidemic in the 1980s through to the current Zika virus outbreak.



Anthony S. Fauci

During a forum on pandemic preparedness at Georgetown University, Fauci said the Trump administration will not only be challenged by ongoing global health threats such as influenza and HIV, but also a surprise disease outbreak.

“The history of the last 32 years that I have been the director of the NIAID will tell the next administration that there is no doubt they will be faced with the challenges their predecessors were faced with,” he said.

While observers have speculated since his election about how Trump will respond to such challenges, Fauci and other health experts said Tuesday that preventing disease pandemics often starts overseas and that a proper response means collaboration between not only the U.S. and other countries, but also the public and private health sectors.

“We will definitely get surprised in the next few years,” he said.

‘Risks have never been higher’

Trump, the real estate developer-turned-Republican politician, has [worried some infectious disease experts](#) with controversial and sometimes unclear views on certain health issues.

Ronald Klain, who coordinated the U.S.’s Ebola response for the Obama administration, said Trump’s virtual silence about the Zika outbreak and harsh comments about American volunteers infected during the West African Ebola outbreak is “not the kind of leadership we need in our next president.”

“It’s hard to think of a more important time to show a willingness to speak out in the public health community and the global health community than it is right now on the eve of Donald Trump becoming our next president,” Klain said. “The risks have never been higher, and the question of his perspective on these issues has never been more dubious than it is with Donald Trump.”

Fauci and others noted some of the disease outbreaks that recent administrations have faced, including current President Barack Obama, whose administration was tested early on with an [H1N1 influenza pandemic](#) in 2009. More recently, the administration was forced to [re-purpose almost \\$600 million](#) in federal funds set aside for the Ebola outbreak when Republicans rejected Obama’s request for \$1.9 billion to fund the nation’s Zika response.

Current Deputy Homeland Security Advisor Amy Pope, JD, said it was “typical” of the U.S. government that money meant for the Ebola epidemic was appropriated for Zika because of the proclivity of populations to worry about what is currently threatening them.

“We shouldn’t ask the American public to make those choices in the future,” she said. “It doesn’t keep them safe.”

Klain said pandemic preparedness should be approached from a nonpartisan angle. A Democrat, he referenced Republican President George W. Bush founding the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), and said Republican Senators Mitch McConnell and Lindsey Graham collaborated with the Obama administration on the Ebola response.

“The mosquitoes don’t know if they’re biting Democrats or Republicans,” Klain said. “They don’t know what party you are.”

Other highlights

According to some of the experts who spoke on Tuesday, preparing the U.S. for pandemics requires proper funding and starts by battling disease outbreaks overseas. This is not just the right thing to do, but the best way to keep Americans safe, Klain said.

“There is no safety for us and our populace when infectious diseases rage,” he said. “The only way the American people can have safety and security in their lives is to promote safety and security around the world.”

Some other highlights from the forum:

- Hamid Jafari, MD, acting director of the Division of Global Health Protection at the CDC, said the CDC has been productive during past presidential transitions and expects the same will be true as control of the White House passes from Obama to Trump: *“We have room for optimism that there will be continuing support,”* he said.
- Pope said there is no playbook for fighting emerging infectious diseases: *“We never know what’s going to hit us, so we need to be prepared as possible,”* she said.
- According to Pope, some in the health community are wary about working with the security community because they think it will be detrimental to their work, when the opposite is true: *“Marrying these communities actually leads to more resources and more attention,”* she said.
- Bill Steiger, PhD, chief program officer of Pink Ribbon Red Ribbon and former director of the HHS Office of Global Health Affairs, said his first piece of advice for the incoming administration would be to budget time for HHS to focus on things other than domestic health issues, because a larger problem is inevitable: *“Some international global health crisis will happen that will divert that attention. It has happened over and over again,”* he said.

- Steiger said the global health agenda, including programs like PEPFAR, is an “easy win” for the new administration: “Expand the funding if available, but at a minimum keep it going,” he said.
- Fauci said he is in favor of a public health emergency fund that would be used to combat outbreaks like those involving Ebola and Zika: “It’s tough to get it ... but we need it. What we had to go through with Zika was very, very painful when the president asked for \$1.9 billion in February and we didn’t get [funding] until September.”

Near the end, Fauci speculated about the possibility that there will be a resurgence of Zika this summer. The virus has caused many travel-related cases in the U.S. and some locally acquired cases in Florida and Texas. Fauci said other concerns for the Trump administration include the potential for a new influenza pandemic and outbreaks of diseases that are not yet on anyone’s radar.

“What about the things we are not even thinking about?” he said. “No matter what, history has told us definitively that [outbreaks] will happen because [facing] infectious diseases is a perpetual challenge. It is not going to go away. The thing we’re extraordinarily confident about is that we’re going to see this in the next few years.” – by Gerard Gallagher

Disclosures: Fauci, Jafari and Pope report no relevant financial disclosures. *Infectious Disease News* was unable to confirm relevant financial disclosures for Klain and Steiger at the time of publication.

Each day, investigators and researchers are unearthing data, reports, articles that by themselves meant very little, yet in the big picture present a growing picture of people, groups, that are likely to be at the bottom of this “Plan-Demic” and “Crimes Against Humanity.” Scoffers and skeptics alike are faced with the words engraved in granite on the Georgia Guidestones, located in Elberton, GA.

In the past month, censors have attempted to block me from saving documents and reports that corroborate and confirm humanity is under attack by a well-connected network of Eugenicians, represented in a wide array of academic disciplines and professions. I have been researching since 1997, and when I first learned the mission of the Club of Rome, I have honed in on the Depopulation agenda that has worked subtly and with great stealth.

In the next round of this Beta-testing of the Corona virus, by fall of 2020, the public will be begging for the vaccine that will give them the “kill shot” and it will be invisible. From what we already know, this “kill shot” will be delivered by **5G** 60-gigahertz. The **5G** system will be an integrated element of the “Rods from God”. A Kinetic Strike, nicknamed Rods from God, is a space-based weapons system in use by the United States of America. It serves as the WMD for the Joint Strike Force. The idea for space-based kinetic kill weapons such as the so called "Rods from God" originated with the RAND corporation in the 1950's. They are also known as “DEW” or Directed Energy Weapons.

MAINTAIN HUMANITY UNDER 500,000,000
IN PERPETUAL BALANCE WITH NATURE

GUIDE REPRODUCTION WISELY -
IMPROVING FITNESS AND DIVERSITY

UNITE HUMANITY WITH A LIVING
NEW LANGUAGE

RULE PASSION - FAITH - TRADITION -
AND ALL THINGS
WITH TEMPERED REASON

PROTECT PEOPLE AND NATIONS
WITH FAIR LAWS AND JUST COURTS

LET ALL NATIONS RULE INTERNALLY
RESOLVING EXTERNAL DISPUTES
IN A WORLD COURT

AVOID PETTY LAWS AND USELESS
OFFICIALS

BALANCE PERSONAL RIGHTS WITH
SOCIAL DUTIES

PRIZE TRUTH - BEAUTY - LOVE -
SEEKING HARMONY WITH THE
INFINITE

BE NOT A CANCER ON THE EARTH -
LEAVE ROOM FOR NATURE -

Blessings to all,

Pastor Bob, EvanTeachr@aol.com