

The Chino-Americana Virus Plot Revealed:

October 7, 2021



U.S. and Chinese scientists **were plotting to form a new coronavirus before the pandemic erupted**, leaked proposals reveal.

Last month, a grant application submitted to the U.S. Defence Advanced Research Projects Agency (DARPA) **showed that an international group of scientists had intended to mix genetic data of similar strains to form a new virus**.

The grant application was made in 2018 and leaked to Drastic, the pandemic origins analysis group.

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"We will compile sequence/RNAseq data from a panel of closely related strains and compare full length genomes, scanning for unique SNPs representing sequencing errors."

*"Consensus candidate genomes will be synthesised commercially using established techniques and **genome-length RNA** and **electroporation** to recover recombinant viruses," the application declares.*

This would end in a virus that had no pure ancestor in nature, a World Health Organization (WHO) specialist told The Telegraph.

The specialist, who asked the paper not to reveal their name, announced that, if such a method had been carried out, it could reveal why no close match has ever been discovered in nature for Sars-CoV-2.

The closest naturally occurring virus is the Banal-52 strain, reported in Laos last month. It shares 96.8 percent of Covid-19's genome.

PENTAGON ENTERING FINAL STAGE OF VACCINATIONS

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No direct ancestor, which would be expected to share approximately 99.98 percent, has been discovered thus far.

The WHO specialist told The Telegraph that the process detailed in the application would generate *"a new virus sequence, not a 100 percent match to anything."*

"They would then synthesize the viral genome from the computer sequence, thus creating a virus genome that did not exist in nature but looks natural as it is the average of natural viruses."

"Then they put that RNA in a cell and recover the virus from it."

"This creates a virus that has never existed in nature, with a new backbone that didn't exist in nature but is very, very similar as it's the average of natural backbones," the specialist said.

The proposal was rejected and the database of viral strains at the Wuhan Institute of Virology was taken offline some 18 months later, making it impossible to check what scientists there were working on.

The institute's scientists have consistently denied forming the coronavirus in their very lab. The accumulating evidence does not support that denial. As this report continues we will show examples of disingenuous if not illegal nefarious purposes behind the entire bioweapons program bought and paid for by U.S. tax dollars.

The grant application proposal was submitted by British zoologist Peter Daszak on behalf of a group, which included Daszak EcoHealth Alliance, the Wuhan Institute of Virology, the University of North Carolina, and Duke NUS in Singapore, The Telegraph reported.

Specialists explained to the paper that creating an "ideal" average virus could have been part of work to form a vaccine that works across coronaviruses.

Do you realize what this grant application means? Have you any idea of the danger such a grant infers. If the country was brought to its proverbial knees the past twenty-

two months, this proposal would have all the potential for wiping out the national population in spades!

A few days before the above was leaked out into the public realm, the following report had been posted by Alex Jones of Infowars.com. As the transcript below reveals, the people behind the vaccine program were less interested in public health than they were about making huge profits. It is a picture of a Big Pharma gone rogue!

Video Emerges Where Fauci and Others Planned for a “Universal mRNA Flu Vaccine” Which Became the “COVID-19 mRNA Vaccine” Because People Were Not Afraid Enough of the Flu Virus [The content of that meeting hosted by the Milken Institute is include below. I included this information in Mass Murder #32]

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Last night Alex Jones of [Infowars.com](http://infowars.com) did a special broadcast regarding an October, 2019 video that they had just become aware of that was a panel discussion hosted by the Milken Institute discussing the need for a Universal Flu Vaccine.

The video clip that they played of this event was a 1 minute and 51 second dialogue between the moderator, **Michael Specter**, a journalist who is a New Yorker staff writer and also an adjunct professor of bioengineering at Stanford University, **Anthony Fauci**, the director of the National Institute of Allergy and Infectious Diseases, and **Rick Bright**, the director of HHS Biomedical Advanced Research and Development Authority (BARDA).

In this short clip, which was extracted from the hour-long panel discussion, Anthony Fauci explains that bringing a new, untested kind of vaccine like an mRNA vaccine, would take at least a decade (“if everything goes perfectly”) to go through proper trials and be approved by the FDA.

He would know, because he had been trying to do it for about a decade already by then (October, 2019), trying to develop an mRNA based vaccine for HIV.

But now they were discussing something much bigger than just a vaccine for AIDS patients. They are talking about a “Universal Flu Vaccine” that everyone would have to take – a huge market for Big Pharma!

Rick Bright, the director of HHS Biomedical Advanced Research and Development Authority (BARDA), then speaks and states that what could happen is that “an entity of excitement that is completely disruptive and is not beholden to bureaucratic strings and processes” could change that.

Here is the short clip which I put on our [Bitchute](#) and [Rumble](#) channels last night:

Alex Jones spent over 50 minutes [covering this on his show last night](#), and it looks like he [covered it on his show today as well](#).

I have not had a chance to watch these yet, as I went and found the original 1 hour panel discussion video, and spent the day listening to and analyzing that, so that I could supply this report to our readers.

Joining Fauci, Rick Bright, and Michael Specter at this event were:

- **Margaret Hamburg**, Foreign Secretary, National Academy of Medicine
- **Bruce Gellin**, President, Global Immunization, Sabin Vaccine Institute

- **Casey Wright**, CEO, FluLab

In short, this panel discussion focused on what they perceived as the need for a universal flu vaccine, but they admitted that the old way of producing vaccines was not sufficient for their purposes, and that they needed some kind of global event where many people were dying to be able to roll out a new mRNA vaccine to be tested on the public.

They all agreed that the annual flu virus was not scary enough to create an event that would convince people to get a universal vaccine.

And as we now know today, about 2 years after this event, that “terrifying virus” that was introduced was the COVID-19 Sars virus.

And so now we know why the flu just “disappeared” in the 2020-21 flu season. It was simply replaced by COVID-19, in a worldwide cleverly planned “pandemic” to roll out the world’s first universal mRNA vaccines.

This was always the goal, and previous efforts through various influenzas, AIDS, Ebola, and other “viruses” were all unsuccessful in leading to the development of a universal vaccine to inject into the entire world’s population.

Margaret Hamburg stated regarding getting a “Universal Vaccine” into the market:

“It’s time to stop talking, and it’s time to act.”

“I think it is also because we haven’t had a sense of urgency.”

Michael Specter asks:

“Do we need lots of people to die for that sense of urgency to occur?”

Hamburg replies that: “There are already lots of people dying” from the flu each year.

Bruce Gellin states that basically people just are not afraid enough of the term “the flu.” There are so many things that are revealed about how Big Pharma and government health authorities think in this panel discussion. For example, they bemoan the fact that if they do too good of a job in public health, then they lose funding to develop products that fight viruses.

Michael Specter states: “It seems to me that one of the curses of the public health world is, if you guys do your job well, everyone goes along well and healthy.”

Hamburg: “And they cut your funding.”

Rick Bright complains that the yearly distribution of flu vaccines is inefficient in terms of collecting data, and in the process actually admits that some vaccines just don’t work well:

“We distribute 150 million doses of the seasonal (flu) vaccines every year, we don’t even know how many people are being vaccinated from the doses that are delivered to the people, which doses they got, and what the real outcome was, so that we can learn from that knowledge base on how to optimize or improve our vaccine. So there are opportunities that we have today...

I think if we uncloaked the poorest performing vaccines in the market place today, it might be very revealing to tell us which of the technologies we have, and allow us to go deeper into those technologies to determine why they are more effective. There are vaccines licenses today that are more effective. I think that we’re just afraid to admit the truth.”

So much for the public mantra that is espoused by Big Pharma and government that the “science” of vaccines is “settled,” and that they are completely “safe and effective.”

Casey Wright repeats the mantra that was publicized every year, before COVID, about just how deadly the flu virus was: “650,000 people die every year from the flu.”

As we have documented many times over the past decade here at *Health Impact News*, this is simply not true. This is an estimate because actual laboratory confirmed cases of influenza each year are very small, probably less than 1000 in the U.S.

[The Painful Truth About Last Year’s Failed Flu Vaccine](#)

Most flu-like symptoms are never tested in a lab to determine what is causing the symptoms. They were always just classified as “flu” to inflate the numbers to justify the very profitable flu shot each year. Some of our previous coverage of this issue: [CDC Inflates Flu Death Stats to Sell More Flu Vaccines](#), [Did 80,000 People Really Die from the Flu Last Year? Inflating Flu Death Estimates to Sell Flu Shots](#)

So as they have inflated the COVID-19 cases since last year, they are simply continuing their policy of inflating flu numbers each year in order to sell their vaccines. They obviously could not have done both last year, as the public would have quickly seen that the math doesn’t work.

And yet, so many in the public bought the lie that the COVID-19 measures got rid of the flu, but not COVID-19.

Ultimately, this panel discussion can be boiled down to: Nobody wants to fund research for a universal flu vaccine. So how do we change that? Create a pandemic of fear over the flu (but they couldn’t call it the “flu” because people are no longer afraid of influenza, and the fear over “AIDS” had also subsided).

Fauci then addressed this “perception problem.”

There’s this perception (about the flu), if it’s so serious, how come people get the flu each year and it isn’t a catastrophe?

When you’re dealing with a disease like HIV, if you get HIV, it’s serious. Whether you’re young, whether you’re middle aged, or whether you’re old. If you get cancer, that’s bad. Whether you’re young, whether it’s intermediate... whereas if it’s influenza, some people, they go throughout life and it doesn’t impact them at all.

There isn’t anyone who is afraid of influenza. You go into a focus group and you say:

Are you afraid of getting HIV if you’re at risk? Oh, absolutely.

Are you afraid of getting cancer? Absolutely. Are you afraid of the flu? Don’t bother me.

That’s the reality of how people perceive flu.

And it is going to be very difficult to change that, unless you do it from within and say, I don’t care what your perception is, we’re going to address the problem, in a disruptive way...

Specter then asks:

In the long run, over time, if the 2009 pandemic had been much more deadly, would that have ended up being a better thing for humanity?

Everyone is silent as they obviously were thinking about how to answer that, and Specter says: “Come on gang.”

Fauci ultimately answers and says “No” because there were other years that were worse than 2009 and it didn’t change a thing in terms of creating a universal vaccine.

Hamburg then states:

The sad truth is that when there is a major crisis, it focuses attention and usually resources and some significant mobilization follows.

We need, #1, this time to be different, and we also need to really organize ourselves in a way where there will be accountability for sustained action, and not just response.

Specter states:

Craig Venter, who is a controversial person, but interesting to me, has written that he thinks we ought to have a vaccine, such that, if you take off in a plane from Hong Kong, and are infected, by the time your plane lands in New York, there ought to be a vaccine assembled and deliverable to you.

How crazy is that? How far are we from that? Are we ever going to get there?

Bright replies:

I'm not going to say how far away, but I don't think that's too crazy.

I think that if we move towards the era of synthetic-based vaccines, I think we remove the dependencies of thinking the vaccine has to be grown into something else, an egg, a cell, or insect cell – any type of dependency embryo.

If we can move into more synthetic, the nucleic acid based, messenger RNA based, those sequences can be rapidly shared around the world.

He then goes on to talk about using a 3D printer to print out a “vaccine patch” that people use to administer the “vaccine.”

We also learn in this panel discussion why Anthony Fauci is so opposed to natural immunity, because natural immunity for influenza, according to his view, translates to an immune response against other strains of a particular influenza virus, which will interfere with what they are trying to do with the vaccines.

That is why he wants to inject infants as young as 6 months old with a universal vaccine, as he states here, to prevent that “confused” natural immunity from happening before the child grows older.

So the big question that this panel was tackling, was how do they implement their strategies and what is holding them back?

Certainly the government/regulatory issue is a big one, and now two years later we can see exactly how they did that, by controlling the FDA and the CDC to promote the “killer virus pandemic” narrative as long as possible to justify taking emergency measures that short-cut the normal procedures for bringing novel, new drugs to the market.

It also clearly explains the vicious opposition to existing, cheap therapeutics that very easily treated what is really just the seasonal flu “virus,” which stood in their way of rolling out a universal vaccine.

Casey Wright then made a rather remarkable comment about “philanthropy” and its role in this effort:

There's a potential role for philanthropy to play there... we are in a position to take on a little more risk (she smiles eerily as she says this), to be open to a little bit more experimentation and methods in how we do things. That's what I think is unique about FluLab, and is unique about other philanthropies.

I think they can play a really important role there, and fund a set of bolder, maybe earlier promising concepts.

Bingo! Think Bill and Melinda Gates Foundation, the Rockefeller Foundation, and other “philanthropies” that are “unburdened” by regulatory issues as they spend their money pretty much unchecked, with no accountability, all in the name of “science” and the “greater good.”

We have seen most certainly how the Gates Foundation has done this in India by luring poor people into highly questionable ethical experimentations on vaccines, such as the Gardasil vaccine which we have covered so often over the years here at *Health Impact News*.

Bruce Gellin then talks about a report published by his organization that called for an “entity” that would make these decisions and bring everyone together to collaborate to create this universal vaccine, and eliminate those who oppose.

The report was published in 2019, and [here is the press release](#).

He states:

They called for this “entity” which is the collaboration we talked about. They called for the need to infuse innovation, to find some of these people who we don’t know might be part of the problem to come into this. And to try to think about how we talk about this differently so that your stomach flu doesn’t keep us from making progress. (everyone laughs...)

I assume that this “entity” is Gelling’s group, [The Sabin-Aspen Vaccine Science & Policy Group](#).

Today, this is the main group fighting “vaccine hesitancy” and trying to silence any dissenting voices that get in their way of rolling out this universal vaccine, which of course we now know is the COVID-19 vaccine.

[Online Misinformation about Vaccines](#)

Watch the entire panel discussion to learn just how arrogant these people are. This is on our [Bitchute](#) and [Rumble](#) channels.



Your Life Only has Value as a Lab Rat to These Satanic Tyrants

This is one of the most explosive videos I have ever watched that takes us into the mindset of the Globalist Tyrants and their greedy desire to control the human race by means of vaccines.

As you watch this, you need to ask yourself: Who appointed these people as caretakers of humanity to decide what is good for the entire human race?

At the very core of this problem of medical tyranny is a fundamental difference of how one views life.

This panel represents the Luciferian, Satanic worldview that completely excludes God as the Creator of Life.

When they talk about the “deficiencies” of natural immunity, this is a direct Satanic attack on the human race, created in God’s image, and this has always been the case behind the “science” of vaccines.

This worldview represented by this panel believes that they are a higher form of life that can dictate to the masses how to live their lives, because these people honestly believe

that they are tasked with saving humanity, and saving the planet, and that everyone else is too ignorant to make these decisions.

They are psychopaths driven by greed and the desire to control. We only see their public side, but they are human beings just like everyone else, and if we could see how they live outside of their public life, they would probably never be able to maintain their positions of power, because it would be plain to see just how evil they are.

Look at Anthony Fauci, for example. Does he look like an 80-year-old man? What does he do to stay looking so young?

We know that the rich and famous are addicted to pursuing youth and maintaining their power, and that many do so by consuming “young blood,” the blood taken from young people, including what is reportedly the very addictive drug “adrenochrome” harvested from babies just before they are executed. See: [“Young Blood” – The Emerging Market for Products Made from the Blood of Children](#)

They think nothing of people dying in mass for the sake of “science” and developing their universal vaccines. This universal vaccine is something they have worked on for decades now, and their dreams are finally coming to fruition through COVID-19.

I have been covering this issue for over a decade now, and nothing in this panel discussion surprised me at all.

The only way to control the global population for their own agendas is to control their health, and they have learned after decades of failure that it is nearly impossible to develop a biological weapon capable of infecting and spreading through the entire population.

The reason for this is because God’s natural immune system is just too strong, as it adapts and overcomes these diseases, as a built-in safe guard for the human race.

I would suspect that pretty much ALL of the past historical “pandemics” have been failed biological weapon programs that they have tried to develop. In the end, they have learned that the only way to infect everyone on the face of the earth is to inject them with a poison via vaccines.

This has ALWAYS been the goal of the vaccine movement, even if most in the movement were not aware of it, and were foolish enough to believe that vaccines actually conferred health upon people.

REAL health is not something that can be purchased from “health authorities.” It is a free gift given to us by our Creator, and the most healthy people on the planet today are those very few individuals who recognize this truth, and stay as far away from pharmaceutical products as they can knowing they are poisons, and make every effort to eat clean, whole foods as God created them, and breathe fresh air, something that is

getting more and more difficult to do as they pollute the atmosphere with their chemicals in geoengineering.

There are “natural medicines” that God has supplied us to use when our immune system is not balanced properly, and they are found in nature and generally available to all, because they cannot be patented, since they are God-made, and not man-made.

We must resist these Satanic tyrants! Your health is the most important thing God has given to you. Without your health, you are at their mercy and enslaved by their medical system.

Without your health you cannot love your spouse, you cannot produce children, you cannot live your life to its fullest and accomplish the purpose that God placed you on this earth to accomplish.

The mark of the beast prophesied in the Bible that is necessary to take in order to participate in the economy is here, and it is the COVID-19 vaccine, and this video unearthed by Alex Jones of Infowars.com is just further proof to this fact.

Now if this does not cause concern with you, then the Jesuit Doctor Death made an incredible statement just days ago.

Dr. Fauci gave a virtual lecture entitled COVID-19: Lessons Learned and Remaining Challenges to Canadians at McGill University in which he made a startling declaration.

Fauci boldly told Canadians who oppose vaccine mandates that they have “no right to make their own decision about what goes into their body” during the presentation, which outlined how the world continues to battle with the Covid pandemic.

He said: “there comes a time when you do have to give up what you consider your individual right of making your own decision.”

Dr. Fauci’s message for Canadians opposed to COVID vaccine mandates and passports: “there comes a time when you do have to give up what you consider your individual right of making your own decision.”

— Rebel News (@RebelNewsOnline) October 3, 2021

Rebel News reports: Fauci began his message to those freedom-minded Canadians who believe the Charter of Rights and Freedoms and Bill of Rights are being violated by COVID-19 vaccine mandates and passports by saying “I think what people have to appreciate is that indeed you do have personal liberties for yourself, and you should be in control of them.”

“But,” Fauci added, “you are a member of society and as a member of society, reaping all the benefits of being a member of society, you have a responsibility to society, and I think each of us, particularly in the context of a pandemic that’s killing millions of people,

you have got to look at it and say there comes a time when you do have to give up what you consider your individual right of making your own decision.” Dr. Fauci has not answered the question about one size fits all, be it an 85-year old versus a 7-year old. To Dr. Fauci, it’s really about the patent royalties to be gained!

He continued the lecture by explaining how best to advertise the vaccination message, suggesting it be done *“with a trusted messenger — not necessarily me or you, but someone who they feel they trust. Be that a clergyman, be that a family member, a sports figure, someone who can relay it to them in a non-confrontational way.”*

Meanwhile, Fauci’s emails dating from the beginning of the pandemic, revealed through freedom of information requests, showed the hypocritical comments and flip-flopping medical advice he gave to the American public.

Dr. Fauci has become the quintessential example of Nazism or Marxist Communism from the first half of the twentieth century. He has no evidence whatsoever to support his science, and he claims attacks on him are attacks on science. Everything about Dr. Fauci and his smooth talking has been exposed by doctors and physicians equally or more qualified than Dr. Fauci. His crimes have been exposed by Dr. Judy Mikovits and others.

We know from Dr. David Martin’s patent evidence, Covid is not novel, and they have been working with Covid for more than twenty years, over 4,000 pages of patent information on this fraud. Read Dr. Martin’s report at this link below:

4,000 Patents: Why the ‘Novel’ SARS-CoV-2 Virus Isn’t so Novel

By admin on Tue, 10/05/2021 - 19:52

[4,000 Patents: Why the ‘Novel’ SARS-CoV-2 Virus Isn’t so Novel](#)

Covid-19 was and is a “Bioweapon”. I was saying that in late 2019, and we have the proof now to who did it and how much of taxpayer dollars paid for it. It will shock you and I can say at this point everything I have written since before the so-called outbreak on the Diamond Prince Cruise ship has been confirmed and validated! We know to the penny how much was spent in weaponizing the common cold virus by “piggybacking” SARS2, HIV1, with the Covid-19 to achieve “Gain-of-Function” in making it more lethal.

A Bombshell! Scientific paper further demolishes government’s crumbling narrative. Science hammers yet another nail in the coffin of the government’s credibility.

October 8, 2021 □ Steve Cook □ COMMENTARY, GOVERNMENT, HEALTH, Spotlight, by Kieron McFadden

With its entire narrative alleging the existence of a mass-killing pandemic thoroughly discredited – by the government’s own stats no less! – and the relentless procession of outright lies that created the narrative exposed, yet another nail in the coffin of the government’s credibility has been hammered home by the publication of a bombshell scientific paper entitled, “*Why are we vaccinating children against COVID-19?*”.

Covid Critics Vindicated

The paper further vindicates most thoroughly the thousands of medical professionals, observers and people’s media outlets that have campaigned tirelessly to alert the public to the hostile agenda behind the government’s fabricated “health crisis” and what is now widely understood to be its booby-trapped pseudo-vaccine “solution”.

These revelations have placed the engineers of and collaborators with the Covid operation in severe danger from the inevitable public wrath as the extent of its dishonesty and the mounting casualties that have resulted permeate the government/MSM cover-up.

Calls for Criminal Investigation hard to deny

Many are calling now for a full criminal investigation to unmask and punish the culprits and it is hard to see now how this call can be ignored.

We should also add that until justice is brought to bear and steps are taken to eliminate such deadly criminality on the part of politicians, ministers, bureaucrats and those driving the agenda of the pharmaceutical corporations, the capacity for wide-spread harm by an insane few will remain a blight upon and threat to the lives, peace of mind and wellbeing of every citizen and their children.

In the meantime, the bombshell paper:

Explains why the C_V_D-19 injections are in fact a “treatment” deceptively mis-labelled a vaccine.

Shows why the clinical trials predicted neither (a) the seriousness of the immediate- and short-term adverse events that have occurred nor (b) the potential extent of the underlying pre-symptomatic damage (i.e., damage that has not yet manifested symptoms but is likely to do so as time goes on) that has occurred as a result of the injections.

Summarizes the adverse events that have occurred as of mid-June (as reported in VAERS) from the mass injections.

Presents biological evidence to support the potential occurrence of many more adverse effects from these injections in the mid- and long-term.

Examines why the normalized post-injection deaths are “few”, but (contrary to government claims) not negligible, in children.

Provides a detailed analysis of the major clinical trials that were used to justify Emergency Use Authorization (EUA) for the “inoculants” presently being administered in the USA and elsewhere.

Presents a novel best-case scenario cost-benefit analysis of the C_V_D-19 inoculations that have been administered in the USA.

Please check out the paper for yourself and you’ll find the science establishes:

People in the 65+ demographic are five times as likely to die from the pseudo-vax injection (we cannot accurately call it vaccination or inoculation) as from COVID-19 under the most favorable assumptions!

The long-term cost-benefit ratio under the best-case scenario could well be on the order of 10/1, 20/1, or more for all the demographics, increasing with decreasing age.

And here are further conclusions quoted directly from the paper itself

Highlights:

- Bulk of COVID-19 per capita deaths occur in elderly with high comorbidities.
- Per capita COVID-19 deaths are negligible in children.
- Clinical trials for these inoculations were very short-term.
- Clinical trials did not address long-term effects most relevant to children.
- High post-inoculation deaths reported in VAERS (very short-term).

Abstract

This article examines issues related to COVID-19 inoculations for children. The bulk of the official COVID-19-attributed deaths per capita occur in the elderly with high comorbidities, and the COVID-19 attributed deaths per capita are negligible in children. The bulk of the normalized post-inoculation deaths also occur in the elderly with high comorbidities, while the normalized post-inoculation deaths are small, but not negligible, in children. Clinical trials for these inoculations were very short-term (a few months), had samples not representative of the total population, and for adolescents/children, had poor predictive power because of their small size. Further, the clinical trials did not address changes in biomarkers that could serve as early warning indicators of elevated predisposition to serious diseases. Most importantly, the clinical trials did not address long-term effects that, if serious, would be borne by children/adolescents for potentially decades.

A novel best-case scenario cost-benefit analysis showed very conservatively that there are five times the number of deaths attributable to each inoculation vs those attributable to COVID-19 in the most vulnerable 65+ demographic. The risk of death from COVID-19 decreases drastically as age decreases, and the longer-term effects of the inoculations on lower age groups will increase their risk-benefit ratio, perhaps substantially.

In a subsequent article next week, I will expand on my remarks here that will outrage the American public when the whole story is told.



This last piece of information should make clear the fact that deaths from Covid-19 are showing more and more that as this public health report indicates, 81% of the deaths are coming from people who had both shots of the Vaxxes. Dr. Fauci and his fake president want to put the blame on those who are unvaccinated as the cause of those dying from Covid-19. They have every reason to point the finger of blame on the unvaccinated population, and it is to their advantage to push that narrative. The problem is that accusation simply does not conform to the narrative. Truth has an uncanny way of coming out in the end, and the American people are beginning to see through the subterfuge, lies, and deceit from the politicians and public health community. Those jumping ship at the FDA, CDC, and the head of the NIH are a sign confirming the truth is coming out!

Public Health Data: 81% of Covid-19 Deaths in September Were Vaccinated

Even more evidence proving the Covid-19 vaccination program is a huge failure has been released which confirms throughout September 81% of the people who allegedly died of Covid-19 had been vaccinated against the disease.

You may believe that the Covid-19 vaccination program is a roaring success thanks to the mainstream media only choosing to publicize data that is around three to four months out of date.

A recent [Office for National publication](#) gathered traction in mainstream news outlets as it showed the vaccinated population accounted for just 1% of Covid-19 deaths in the United Kingdom, but there was a catch that they neglected to tell the masses.

The [data published by ONS](#) only covered the period from the beginning of January to the end of June 2021, which means the data contained thousands of alleged Covid-19 deaths that occurred during the winter wave of 2021, with the vast majority of them occurring in January when just 0.8% of the UK population was fully vaccinated, this of course led to skewed figures to justify the effectiveness of the Covid-19 vaccine.

Table 1: There were 640 deaths involving COVID-19 of people who had received both vaccination doses

Count of deaths involving COVID-19 and percentage of all deaths by vaccination status, England, deaths occurring between 2 January and 2 July 2021

Vaccination status	Deaths involving COVID-19	Non-COVID-19 deaths	Percent of all deaths
All deaths regardless of vaccination status	51,281	214,701	19.3
Unvaccinated	38,964	65,170	37.4
Deaths within 21 days of first dose	4,388	14,265	23.5
Deaths 21 days or more after first dose	7,289	66,533	9.9
Deaths within 21 days of second dose	182	11,470	1.6
Deaths 21 days or more after second dose	458	57,263	0.8

Source: Office for National Statistics – National Immunisation Management Service, NHS Test and Trace

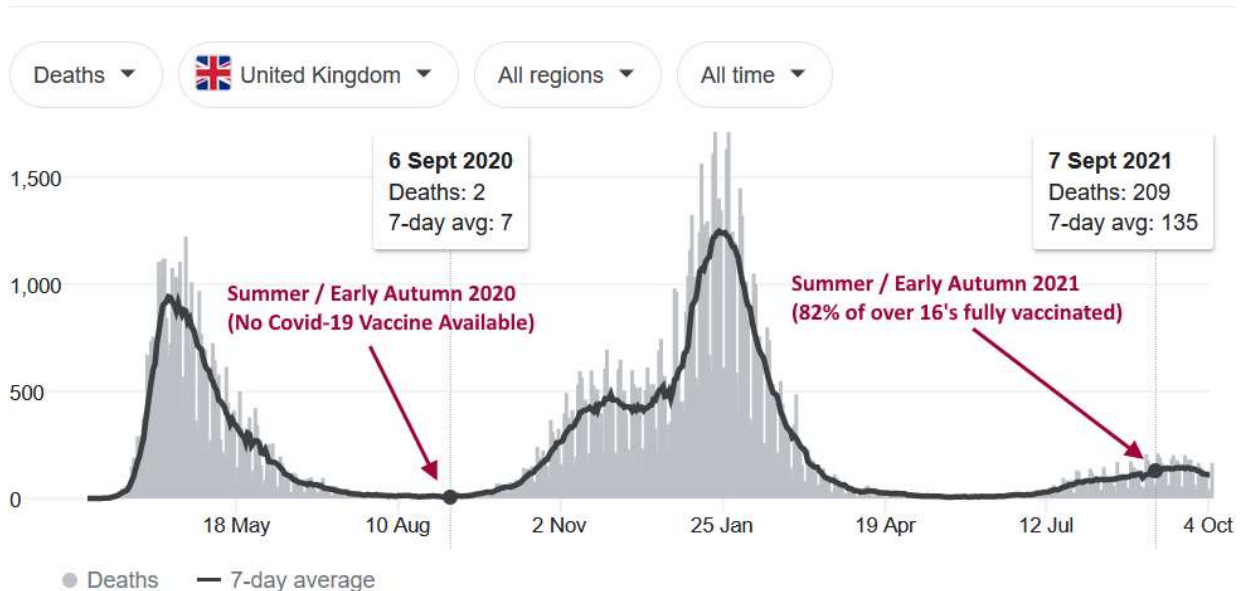
However, the ONS did inadvertently reveal that [30,305 people had also died within 21 days of having a Covid-19 vaccine](#) during the same period, figures that many have been trying to find out for months, with public health bodies claiming “they do not hold this information”.

The ONS report, used to dupe the public into believing just 1% of fully vaccinated people have died of Covid-19, didn't include Covid-19 deaths that have and are currently occurring in this extremely strange third wave of Covid-19 deaths. Strange because Covid-19 deaths have been and still are many times higher than this time last year, despite the fact summer has been on our side, as well as an allegedly 95% effective vaccine.

In summer 2020, Covid-19 deaths flat-lined to zero even though a Covid-19 injection was not available, but fast forward one year and they are currently occurring at a higher rate than you would expect to see in the middle of winter with a 95% effective vaccine.

New cases and deaths

From [JHU CSSE COVID-19 Data](#) · Last updated: 2 days ago



But the strangeness doesn't end there, just take a look at the [latest Covid-19 Statistical Report](#) released by Public Health Scotland (PHS) on the 6th October 2021.

The [report](#) provides an array on data on testing, quarantining, vaccinations, cases, hospitalizations, and deaths but it doesn't get very interesting until you read Table 16 which covers the number of Covid-19 positive cases by week and vaccination status.

Interesting because it shows that the majority of confirmed cases are now among the vaccinated population. In the most recent week from 18th September – 24th September 2021 the report shows that there were 10,479 confirmed cases among the unvaccinated population.

But it also shows that there were 1,330 confirmed cases among the partly vaccinated population, and 10,514 confirmed cases among the fully vaccinated population.

This means that **between 18th September and 24th September there were 11,844 cases among the vaccinated population – almost 1,400 more than the unvaccinated population.**

Table 16: Number of COVID-19 positive cases individuals by week and vaccination status, 28 August 2021 to 24 September 2021

Week/Vaccination Status	Unvaccinated			1 Dose			2 Doses		
	No. of Cases	Eligible or Vaccinated	% Cases	No. of Cases	Eligible or Vaccinated	% Cases	No. of Cases	Eligible or Vaccinated	% Cases
28 August - 03 September 2021	21,164	1,720,660	1.23%	5,617	494,054	1.14%	17,093	3,527,495	0.48%
04 September - 10 September 2021	19,387	1,695,588	1.14%	3,435	420,587	0.82%	17,293	3,626,034	0.48%
11 September - 17 September 2021	13,552	1,674,290	0.81%	1,935	365,811	0.53%	12,119	3,702,108	0.33%
18 September - 24 September 2021	10,479	1,655,524	0.63%	1,330	333,738	0.40%	10,514	3,752,947	0.28%

Vaccination status is determined as at the date of PCR specimen date according to the definitions described in Appendix 9. The data displayed within the greyed-out section (7 days) are considered preliminary and are subject to change as more data is updated. The denominators have been updated to include under 16s denominators from NRS mid-2020 population estimates.

The same can also be said for the week of **11th September – 17th September** which saw **13,552 cases among the unvaccinated population** and 14,054 cases among the vaccinated population, and the same can also be said for the previous two weeks before that.

The data actually shows that between 28th August 2021 and 24th September 2021 there were 64,582 cases among the unvaccinated population, 12,317 cases among the partly vaccinated population, and 57,019 cases among the fully vaccinated population. Meaning there were 4,754 more cases among the vaccinated population.

So now that we've cleared up that the experimental Covid-19 injections clearly do not prevent infection or spread of Covid-19, let's find out if they prevent hospitalizations like the authorities claim.

According to [table 17 of the report](#) between the 18th September 2021 and the 24th September 2021 there were 46 admissions to hospital related to Covid-19 among the unvaccinated over 60 population, whilst there were 6 admissions on the partly vaccinated population.

However, there were a huge 295 admissions among the fully vaccinated over 60 population, and the same pattern can be seen for the weeks previous all the way back to the 7th August 2021.

Table 17: Number of acute hospital admissions where individual had a COVID-19 positive PCR test 14 days prior, on admission or during their stay in hospital, by week and vaccination status, 28 August 2021 to 24 September 2021

Week/Vaccination Status	Unvaccinated			1 Dose			2 Doses		
	No. of Admissions	Eligible or Vaccinated	% Admissions	No. of Admissions	Eligible or Vaccinated	% Admissions	No. of Cases	Eligible or Vaccinated	% Admissions
60 years and over									
28 August - 03 September 2021	38	70,337	0.054%	7	16,897	0.041%	320	1,392,573	0.023%
04 September - 10 September 2021	56	70,134	0.080%	7	16,344	0.043%	412	1,393,329	0.030%
11 September - 17 September 2021	46	69,961	0.066%	13	15,912	0.082%	397	1,393,934	0.028%
18 September - 24 September 2021	46	69,775	0.066%	6	15,599	0.038%	295	1,394,433	0.021%

In all age groups for the week of 17th September to 24th September 2021 there were 230 hospitalizations among the entire unvaccinated population but 415 hospitalizations among the fully vaccinated population. If we base these hospitalizations occurring after the previous weeks confirmed cases then we can calculate the case-hospitalization rate.

In the week beginning 11th September there were 13,552 confirmed cases among the unvaccinated population. Therefore based on the unvaccinated hospitalization figures of 230 in the week beginning 17th September the case-hospitalization rate is 1.7%. However, when we carry out the same calculation for the fully vaccinated population hospitalizations (415) and cases (12,119) we can see that the case-hospitalization rate is 3.4%.

Therefore, this shows that the Covid-19 injections are increasing the risk of hospitalization when exposed to Covid-19 by 102% rather than reducing the risk by the 95% claimed by the vaccine manufacturers and authorities.

So now that we've cleared up the Covid-19 injections increase the risk of hospitalization rather than reducing it let's find out if they prevent deaths like the authorities claim.

Table 18 of the [Public Health Scotland report](#) shows the number of deaths to have occurred via vaccination status. Unfortunately this data lags a week begin the data available for cases and hospitalizations, however the four weeks' worth data shows an obvious trend.

The table shows that between 21st August 2021 and 17th September 2021 there were 59 deaths among the unvaccinated population, and 10 deaths among the partly vaccinated population.

However, the number of deaths occurring in the fully vaccinated outnumber both the unvaccinated and partly vaccinated deaths combined and some more.

The table shows that between 21st August 2021 and 17th September 2021 there were 233 deaths among the fully vaccinated population. Combine these with the 10 partly vaccinated deaths and it means the vaccinated population accounted for 81% of Covid-19 deaths up to the 17th September 2021.

Table 18: Number of confirmed COVID-19 related deaths and age-standardised mortality rate per 100,000 population by week and vaccination status at time of test, 21 August 2021 to 17 September 2021

Week	No. of deaths	Unvaccinated		1 Dose		2 Doses	
		Age Standardised Mortality Rate per 100,000 with 95% confidence limits	No. of deaths	Age Standardised Mortality Rate per 100,000 with 95% confidence limits	No. of deaths	Age Standardised Mortality Rate per 100,000 with 95% confidence limits	No. of deaths
21 August - 27 August 2021	8	1.77 (0.32 - 3.22)	2	2.76 (1.29 - 6.81)	35	0.68 (0.45 - 0.91)	
28 August - 03 September 2021	12	3.48 (1.23 - 5.73)	2	2.42 (1.44 - 6.27)	39	0.75 (0.51 - 0.99)	
04 September - 10 September 2021	13	4.37 (1.76 - 6.98)	2	4.75 (1.84 - 11.33)	58	1.13 (0.84 - 1.43)	
11 September - 17 September 2021	26	8.38 (4.84 - 11.93)	4	4.93 (0.40 - 10.26)	101	1.93 (1.55 - 2.30)	

This means the unvaccinated population have accounted for just 19% of alleged Covid-19 deaths throughout most of September, whilst the fully vaccinated accounted for 77% of them. But couple the partly vaccinated deaths with the fully vaccinated deaths and you can see that throughout most of September 81% of deaths occurred among the vaccinated population.

If we base these deaths on occurring two weeks after the number of confirmed cases then we can work out the case-fatality rate.

In the week beginning 28th August there were 21,164 confirmed cases among the unvaccinated population. Therefore based on the unvaccinated death figures of 26 in the week beginning 11th September the case-fatality rate is 0.1%.

However, when we carry out the same calculation for the fully vaccinated population with 101 deaths and 17,093 cases we can see that the case-fatality rate is 0.6%.

Therefore, this shows that the Covid-19 injections are increasing the risk of death when exposed to Covid-19 by a huge 500% rather than reducing the risk by the 95% claimed by the vaccine manufacturers and authorities.

The data clearly shows the jabs do not prevent infection or transmission, and it clearly shows that even in summer and early autumn they are increasing the risk of hospitalization and death rather than reducing the risk.

More exposures coming!

Blessings,

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