

# The CDC

## Cannot be Trusted Ever Again!

**CDC NOW Admits NO 'Gold Standard' for the Isolation for ANY Virus!**

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**CDC NOW Admits NO 'Gold Standard' for the Isolation for ANY Virus!**

By Robert O Young DSc, PhD, Naturopathic Practitioner, published on [June 12, 2021](#),  
[Updated: on June 17, 2021](#)

The author of this article, Robert O. Young has unequivocally proved that the Center for Disease Control & Prevention is a FRAUD. If anything, the CDC really represents the Center for Disease Creation. Throughout the past eighteen months the CDC has been unable to provide slide samples to research, public health labs, scientists, for close to 100 countries who requested proof in the form of slide samples needed to crosscheck and verify individual infections that were often taken from defective or inaccurate PCR test equipment.

The creator of the PCR device, Cary Mullis before his death in 2019, called Dr. Anthony Fauci a liar, further stating that the PCR was not intended to be used as a diagnostic indicator for any virus.

This PCR test farce has been going on since Mar 2020.

Whilst extending the number of cycles beyond 40 may increase the sensitivity of the assay, it may also increase the risk of false positivity due to non-specific amplification.

<https://www.health.gov.au/resources/publications/phln-guidance-on-nucleic-acid-test-result-interpretation-for-sars-cov-2>

This looks like the Federal Government uses 40 as the "OK" parameter, so all these new "cases" are 96% bovine excrement. The recommend scale standard was to be 28. As we have learned from many sources and reports, the PCR test device was even rigged to be deceptive.

This next bit is important to understand. Queensland Health, or the rest of Australia for that matter, does not understand this concept. but it is up on the Federal Government website.

“Analytical accuracy of the PCR is therefore very high but clinical accuracy of the PCR is a function of the prevalence of SARS-CoV-2 in the population being tested. A higher prevalence of SARS-COV-2 in the population, increases the pretest probability and the likelihood for detecting SARS-COV-2 RNA. This is reflected in a higher positive predictive value for the test. Conversely, even a very specific test will have a reduced positive predictive value if the population being tested has a very low prevalence of SARS-CoV-2.

For example, if a test with a specificity of 99% is used to test symptomatic passengers on a cruise ship where the likelihood of infection is 50%, the positive predictive value is 99% (i.e. for every 100 people with a positive test result, 99 people will have SARS-CoV-2 infection but 1 person without infection will have a false positive result).

However, using the same test, if a low risk asymptomatic population is tested where the likelihood of infection is 5 in 10,000 (i.e. 0.05%), the positive predictive value is 4.3% (i.e. for every 100 people with a positive test result, four to five will have SARS-CoV-2 infection but 95-96 people out of those 100, without infection, will have a false positive result).”

According to: <https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/current-status/statistics#casesummary>

There have been 2,854,125 tests done in Queensland which resulted in 1,686 “cases”.

Even if all those were certain positives, that equates to 0.059%. We can take that as the “likelihood of infection”. So, according to the Federal Government website citing 0.05%, it must mean 96% of those Queensland tests were “false positives”.

So only 68 people out of the 1,686 “cases” reported in Queensland so far are probable positive for SARS-CoV-2. If they are fit and healthy individuals an illness that results from a certain positive diagnosis has a 99.74% chance of full recovery, without any medical treatment.

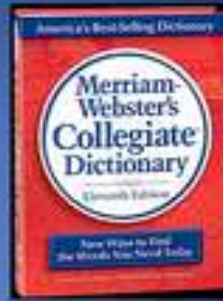
What’s the fuss all about?

**That’s what we all want to know?**



**NO ONE HAS EVER ISOLATED, PURIFIED AND/OR SCIENTIFICALLY VERIFIED AND PROVEN THE EXISTENCE OF ANY AND ALL VIRUSES AT ANYTIME, AT ANY PLACE, ANYWHERE IN THE WORLD!**

Merriam-Webster  
Collegiate



isolate

*“especially: to separate from another substance so as to obtain pure or in a free state”*

Over the last several months we have requested from the Center of Disease Control (CDC) evidence for the isolation and existence for the any and all viruses, including CoV – 2 and 19, MERS, Influenza, Polio, Measles, HIV, XMRV, HTLV-1, HTLV-III/LAV, HPV, Ebola, Zika, just to name a few of the so-called viruses, disclosed under the Freedom of Information Act (FOIA).

These written requests were made by Ms. Christine Massey to CDC/ATSDR FOIA Chief Officer Mr. Robert Andoh, to locate and deliver ANY records, research and/or findings for ANY “viral” isolation and purification (by anyone, anywhere, anytime in the World) from a patient sample via maceration, filtration and/or the use of an ultracentrifuge or what is called the ‘Gold Standard’ for isolating and identifying a pathological micro or nana organism. The ‘Gold Standard’ for isolating and identifying microbes is referred to as Koch’s and Rivers Postulates which was established many years ago.

# Koch vs Rivers

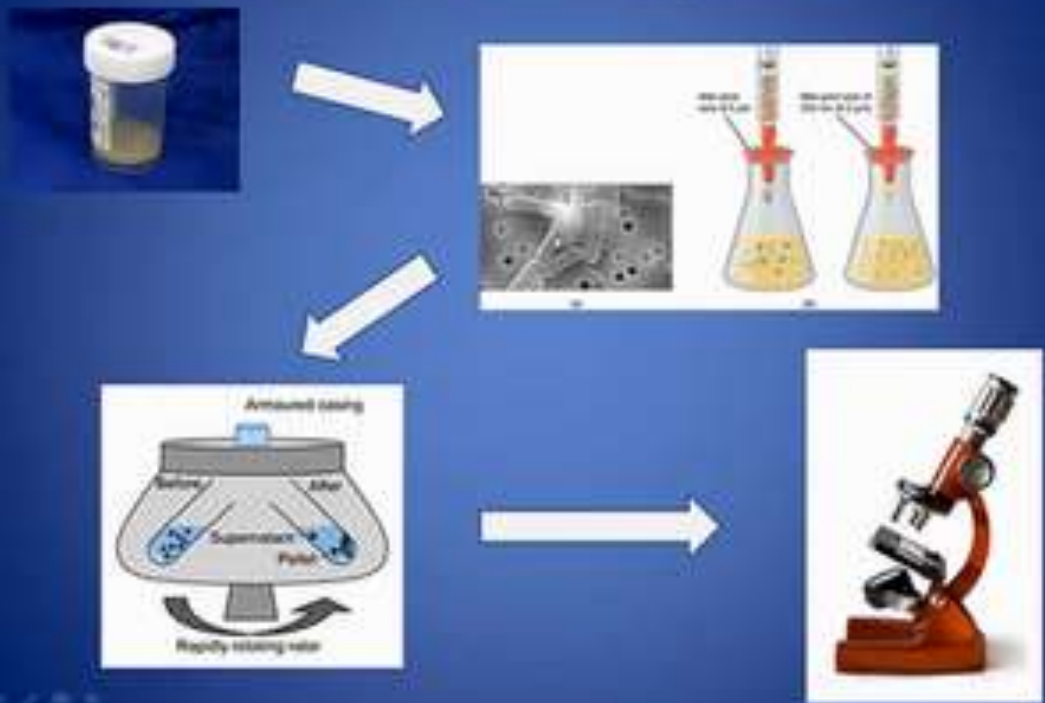
## Koch (1884)

1. The microorganism found in the ill but not the healthy
2. The microorganism must be isolated from a diseased organism and grown in pure culture.
3. Produce same disease in host
4. Re-isolation of microorganism

## Rivers (1937)

1. Isolation of virus from diseased host
2. Cultivation of virus in host cells
3. Proof of filterability
4. Produce same disease in host
5. Re-isolation of virus
6. Detection of a specific immune response to virus

## Method for Isolating Virus



The CDC Chief FOIA, Mr. Roger Andoh provided straightforward responses to each one of our requests, admitting in writing that they have **NO RECORD** of ANY KIND, for the following so-called phantom “viruses”, including CoV – 2 -19, HIV, HPV, XMRV, HTMV-1, HTMV-111/LV, Measles, Influenza, MERS, EBOLA, ZIKA, POLIO,:



Welcome to the Centers for Disease Control and Prevention (CDC) Freedom of Information Act (FOIA) site. CDC is the nation’s leading public health agency, dedicated to saving lives and protecting the health of Americans. CDC ensures its science and research activities and its employees comply with federal laws, regulations, and policies in order to exercise the highest level of scientific integrity. At the core of this mission is information sharing—not just health information and disease study results, but information CDC gathers as part of a continuous process of putting information into action. As a science-based agency funded by U.S. taxpayers, CDC is committed to openness and accountability. Like all federal agencies, CDC is required to disclose records requested in writing by any person unless the records (or a part of the records) are protected from disclosure by any of the nine exemptions contained in the law. This site provides information about the CDC FOIA Office program and how to access CDC records.

The author posted copies of his correspondence from the CDC, however due to the print size, I have not included them with the content here.

**1. June 7, 2021: CDC admits they have no record of any “COV – 2 or 19 virus” purified from any patient sample via maceration, filtration and use of an ultracentrifuge, by anyone, anywhere, ever:**

**2. June 7, 2021: CDC admits they have no record of any “HPV virus” purified from any patient sample via maceration, filtration and use of an ultracentrifuge, by anyone, anywhere, ever: (note: CDC made an error in their original response and later provided the corrected version below):**

**3. June 7, 2021: CDC admits they have no record of any “Measles virus” purified from any patient sample via maceration, filtration and use of an ultracentrifuge, by anyone, anywhere, ever! No Isolation, No Purification and No Identification for the Measles Virus!**

**4. A Letter from the CDC Concerning the Childhood and Adult USA “Immunization Schedule:**

**[Note: there was a reference to “influenza” in this request, but it doesn’t affect our request in any way because it was in the context of our example of the record we were looking to validate that the CDC does not have ANY record or research or findings for ANY so-called virus that is responsible for ANY sickness or disease – EVER!**

**5. June 10, 2021: CDC admits they have no record of any “MERS virus” purified from any patient sample via maceration, filtration and use of an ultracentrifuge, by anyone, anywhere, ever:**

**6. CDC June 11 2021: CDC admits they have no record of any “POLIO virus” purified from any patient sample via maceration, filtration and use of an ultracentrifuge, by anyone, anywhere on the planet, ever:**

**7. March 15, 2021 CDC FOIA response: no records of any “Ebola virus” isolation or purification from a patient sample, by anyone, anywhere on the planet, ever:**

**8. March 19, 2021, U.S. CDC (Centers for Disease Control and Prevention) and the Agency for Toxic Substances and Disease Registry (ATSDR) admit they have no record of any “Zika virus” isolated or purified from a patient sample, by anyone, anywhere on the planet, ever:**

**9. March 23, 2021 CDC admitted in a FOIA response that they have no record of any “HIV virus”, “Hepatitis virus”, “STD virus”, and “TB bacillus bacterium” purified isolate from a patient sample, by anyone, anywhere, ever.**

**10. April 7th, 2021, the CDC states that they have no record of “XMRV virus” purification or isolation from a patient sample, by anyone, anywhere on the planet, ever:**

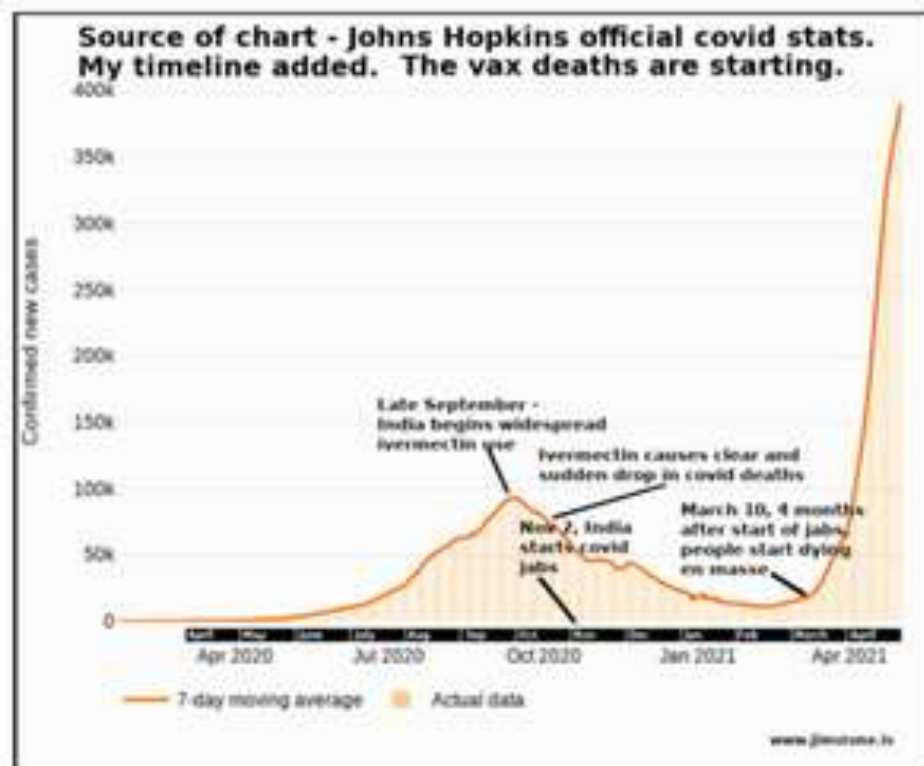
**11. April 7th, 2021 the CDC states that they have no record of “HTLV-1 virus” purification or isolation from a patient sample, by anyone, anywhere on the planet, ever:**

12. April 7th, 2021, the CDC states that they have no record of “HTLV-III/LAV virus” purification or isolation from a patient sample, by anyone, anywhere on the planet, ever:

13. April 12, 2021: CDC admits they have no record of any “influenza virus” isolated or purified from a patient sample, by anyone, anywhere on the planet, ever:

[Note: there was a reference to “influenza” in this request, but it doesn’t affect our request in any way because it was in the context of our example of the record we were looking to validate that the CDC does not have ANY record or research or findings for ANY so-called virus that is responsible for ANY sickness or disease – EVER!

If no one anywhere at any time in the World has isolated and proven the existence of any such novel coronavirus or for any virus as a unique pathogen, how on earth can any pharmaceutical company provide a treatment with a vaccine for a virus that does NOT even exist?



Is the virus or pathogen a mythical ‘FAIRY TALE’ virus that needs a mythical (but expensive and poisonous!) vaccine to destroy it?



Or is this phantom virus the creation of 'bad actors' and 'Luciferians' for the purpose of redistributing the wealth of the world to themselves and at the same time reduce the surplus population of so-called 'useless eaters'?



As Voltaire once warned us:

*“Those who can make you believe in absurdities can make you commit atrocities.”*

As stated quite clearly by Chief Officer Mr. Roger Andoh in his CDC FOIA letters:

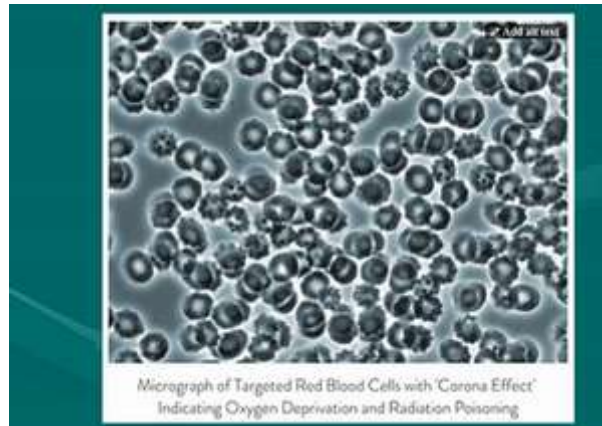
*“Since no quantified virus isolates of the 2019 – nCoV are currently available, assays [diagnostic tests] designed for detection of the 2019 – nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA...”*

*As Rappaport has stated,*

*“Since that is the case, that there are no quantified virus isolates, how can one be sure of what is being determined as COVID -19 is, in fact, COVID -19?”*

**YOU CANNOT USE A CHARACTERIZED STOCK OF GENETIC MATTER OF UNKNOWN ORIGIN CULTURED AND CONTAMINATED IN THE CELLS OF AN ABORTED HUMAN FETAL CELLS OR THE CELLS OF BATS OR MONKEY WHEN YOU ARE LOOKING FOR A PURE ISOLATE FROM A SYMPTOMATIC ANIMAL OR HUMAN TO DETERMINE ITS EXISTENCE AND ITS VIRULENCY!**

**YOU SEE THE SYMPTOMS OF CoV – 19 are ALL ASSOCIATED WITH THE SYMPTOMS OF CHEMICAL AND RADIATION POISONING AND NOT FROM A LONE THEORETICAL VIRUS. THE CORONA VIRUS IS NOT A VIRUS AT ALL BUT A SYMPTOM OF CELL MEMBRANE DEGENERATION I CALL THE 'CORONA EFFECT'!**

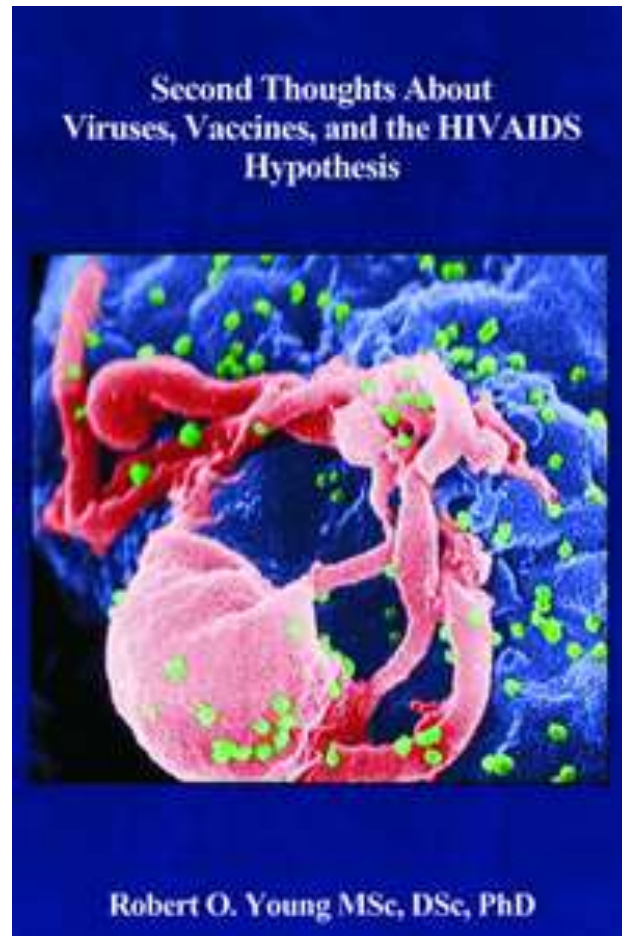


The 'Corona Effect' Caused by Systemic Chemical and Radiation Poisoning Leading to Pathological Blood Coagulation, Hypoxia and Death

**The two micrographs above show the 'CORONA EFFECT' on the red blood cells with the 'SPIKED PROTEIN' caused by decompensated acidosis of the interstitial and then vascular fluids from an acidic lifestyle and specifically, exposure to toxic pulsating electro-magnetic fields at 2.4GHz or higher, chemical poisoning from the food and water ingested, toxic acidic air pollution and chem-trails and to top-it-all-off a chemical laden inoculation! Please check your feelings and false beliefs at the door before YOU prematurely cause YOUSELF harm!**

To learn more about the myth of viruses, vaccines and the mythical viral theory please read and study, A Second Thought About Viruses, Vaccines and the HIV AIDS Hypothesis. You can order this book at:

<https://www.phmiracleproducts.com/collections/books-audio-video/products/second-thoughts-about-viruses-vaccines-and-the-hiv-aids-hypothesis-booklet>



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<https://newearthproject.org/initiative/international-tribunal-for-natural-justice/>

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Freedom of Information responses from 69 institutions (including Public Health Agency of Canada, USA CDC, UK Department of Health and Social Care, Indian Council of Medical Research) in 20 countries/jurisdictions show that health/science institutions have NO RECORD of “SARS-COV – 2 and 19” isolation/purification from ANY patient sample, by ANYONE, ANYWHERE, EVER! – HERE IS THE LINK: <https://www.fluoridefreepeel.ca/fois-reveal-that-health-science-institutions-around-the-world-have-no-record-of-sars-cov-2-isolation-purification/>

Please watch my latest interviews published on Rumble on The Plague of Corruption and whether to Vaccinate or NOT to Vaccinate at the following links:

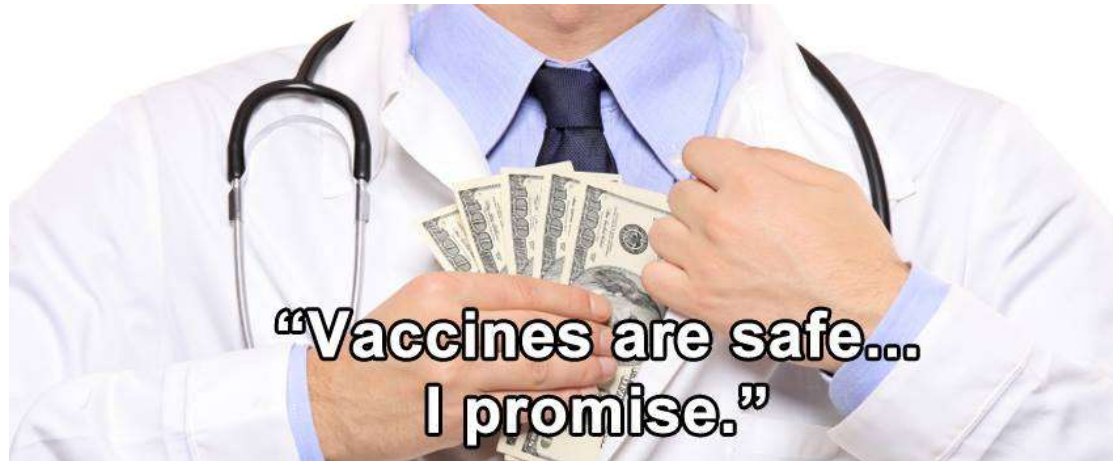
1. <https://rumble.com/vhpo0h-solutions-to-pollutions-from-air-water-food-vaccines-radiation-and-more.html>
2. <https://rumble.com/vi3f9x-to-vaccinate-or-not-to-vaccinate-that-is-the-question-for-you-to-decide.html>

You will find ALL MY latest interviews on Rumble!  
<https://rumble.com/search/video?q=drrobertyoung> – 50 recent interviews recorded on Zoom

**Dr. Robert Young is not the only source of criticism of the CDC. Christina England wrote a scathing review of the CDC in 2014.**

## **The CDC: A Truly Corrupt and Dangerous Organization**

By [Christina England, BA Hons](#) / September 10, 2014



Over the years, the CDC (Centers for Disease Control and Prevention) has repeatedly deceived and lied to the public, yet they continue to state that their mission is to protect America from health, safety and security threats, both foreign and in the U.S.

They boldly announce on their website that the *“CDC increases the health security of our nation. As the nation’s health protection agency, CDC saves lives and protects people from health threats. To accomplish our mission, CDC conducts critical science and provides health information that protects our nation against expensive and dangerous health threats, and responds when these arise,”* and yet there is more and more evidence to suggest that their so called ‘scientific evidence’ has been skewed and deliberately tampered with to gain the desired results. [1]

During the course of this article, I am going to give five recent examples of CDC fraud or deception. Each one of my examples will demonstrate when the CDC has deliberately altered or withheld scientific evidence in a bid to misinform the public.

#### Example #1: CDC Whistleblower Announces That the MMR Vaccine Causes Autism

Last month, Dr. Andrew Wakefield revealed that, during telephone conversations between biochemist Brian Hooker and a CDC whistleblower, later named as William Thompson, Thompson admitted that the CDC had deliberately withheld crucial evidence proving that the MMR (measles, mumps and rubella) vaccine caused autism.

Dr. Thompson told Dr. Hooker that, in 2003, research carried out by the CDC in Atlanta, Georgia, revealed that when African-American boys under the age of 36 months were given the MMR vaccine, the rate of autism in this group rose by 340 percent.

In a desperate bid to cover up this tragedy, the CDC decided to fix the data and eliminated all African-American boys without a Georgia birth certificate. In doing so, the number of children suffering from autism caused by the vaccine reduced significantly, giving the CDC the results they desired.

In an article sourced from Focus Autism Foundation, referenced by Roger Landry, founder of The Liberty Beacon, the authors stated:

*“According to Dr. Hooker, the CDC whistleblower informant— who wishes to remain anonymous (since named as William Thompson)— guided him to evidence that a statistically significant relationship between the age the MMR vaccine was first given and autism incidence in African-American boys was hidden by CDC researchers. After data were gathered on 2,583 children living in Atlanta, Georgia who were born between 1986 and 1993, CDC researchers excluded children that did not have a valid State of Georgia birth certificate — reducing the sample size being studied by 41%. Hooker explains that by introducing this arbitrary criteria into the analysis, the cohort size was sharply reduced, eliminating the statistical power of the findings and negating the strong MMR-autism link in African American boys.” [2]*

On August 27, 2014, William Thompson, PhD, issued this statement. He wrote:

*“FOR IMMEDIATE RELEASE-AUGUST 27, 2014  
STATEMENT OF WILLIAM W. THOMPSON, Ph.D., REGARDING THE 2004 ARTICLE  
EXAMINING THE POSSIBILITY OF A RELATIONSHIP BETWEEN MMR VACCINE  
AND AUTISM*

*My name is William Thompson. I am a Senior Scientist with the Centers for Disease Control and Prevention, where I have worked since 1998.*

*I regret that my co-authors and I omitted statistically significant information in our 2004 article published in the journal Pediatrics. The omitted data suggested that African American males who received the MMR vaccine before age 36 months were at increased risk for autism.*

*Decisions were made regarding which findings to report after the data were collected, and I believe that the final study protocol was not followed.*

*I want to be absolutely clear that I believe vaccines have saved and continue to save countless lives. I would never suggest that any parent avoid vaccinating children of any race. Vaccines prevent serious diseases, and the risks associated with their administration are vastly outweighed by their individual and societal benefits.*

*My concern has been the decision to omit relevant findings in a particular study for a particular sub group for a particular vaccine. There have always been recognized risks for vaccination and I believe it is the responsibility of the CDC to properly convey the risks associated with receipt of those vaccines.”*

He continued:

*“I have had many discussions with Dr. Brian Hooker over the last 10 months regarding studies the CDC has carried out regarding vaccines and neurodevelopmental outcomes including autism spectrum disorders. I share his belief that CDC decision-making and analyses should be transparent. I was not, however, aware that he was recording any of*

*our conversations, nor was I given any choice regarding whether my name would be made public or my voice would be put on the Internet.” [3]*

In other words, if Dr. Hooker had not had the tenacity and foresight to record those telephone calls, lifting the lid on the CDC’s deception, it is unlikely that this information would have ever been made public.

**Example #2: Fact – Thimerosal in Vaccinations Can Cause Children to Develop Tics**

It appears that Dr. Thompson’s guilty conscience has caught up with him, because during his many telephone conversations with Dr. Hooker, he dropped yet another bombshell. The whistleblower revealed that not only had the MMR been responsible for an increase in the cases of autism seen in African-American boys, but that vaccinating pregnant women with vaccinations containing the preservative thimerosal is known to cause children to suffer from tics (sudden, repetitive movements or sounds that can be difficult to control) after they are born.

In an extremely revealing recording of the conversation between whistleblower Dr. William Thompson and Dr. Brian Hooker, we can clearly hear Thompson state:

*“Thimerosal from vaccines causes tics. You start a campaign and make it your mantra. Do you think a pregnant mother would want to take a vaccine that they knew caused tics? Absolutely not, I would never give my wife a vaccine that I thought caused tics. I can say tics are four times more prevalent in kids with autism. There is a biological plausibility right now to say that Thimerosal causes autism like features!” [4]*

These are strong words from the whistleblower, because during that conversation, he actually verified that giving a pregnant women a vaccination containing thimerosal could heighten the risk of their unborn child developing autism as a result.

*Note: although thimerosal, a form of mercury, has been removed from many of the vaccinations in use today, the preservative still remains in flu vaccines given to pregnant women.*

**Example # 3: CDC Found to be Responsible for the Death of Thousands of Unborn Children**

Carrying on with the theme of vaccinations being given to pregnant women, in 2012, Eileen Danneman from the National Coalition of Organized Women (NCOW) accused the CDC of “willful misconduct,” stating that she believed the CDC was responsible for causing the deaths of thousands of unborn babies.

She stated that the CDC had deliberately misled the nation’s obstetricians and gynecologists and colluded with the *American Journal of Obstetrics and Gynecology* (AJOG) to mislead the public by advertising the flu vaccine as a safe vaccine for pregnant women when members of the CDC knew fully well that the vaccine was causing a massive spike in fetal deaths.

Documentation received from Ms. Dannemann revealed that that between 2009 and 2010, mercury-laden combined flu vaccinations increased Vaccine Adverse Events Reporting Systems (VAERS) fetal death reports by 4,250 percent in pregnant women. Dannemann, NCOW's director, made abundantly clear that despite these figures being known to the CDC, the multiple-strain, inactivated flu vaccine containing mercury (thimerosal) had been recommended to pregnant women as a safe vaccination.

In a letter to Dr. Mercola, Dannemann wrote:

*"The Advisory Committee on Childhood Vaccines (ACCV) and CDC were confronted with the VAERS data from NCOW on September 3, 2010, in Washington, D.C., and then again by conference call on September 10, and then again in Atlanta, Georgia, on October 28, 2010. On both September 3 and September 10, Dr. Marie McCormick clearly denied that there were any adverse events for pregnant women from the 2009 flu vaccine."*

However, despite being presented with the facts and figures regarding the dangers of the vaccination by the NCOW, evidence revealed that the CDC deliberately concealed this fact.

At a conference a few weeks after the CDC had received the information from the NCOW, the CDC's Dr. Shimabakuru gave a presentation on significant adverse reactions to the H1N1 vaccine, such as cases of Guillan-Barre syndrome, which appeared to have risen three percent, claiming it as an insignificant signal.

He made no mention of the adverse events related to pregnant women.

As luck would have it, however, his attempts to pull the wool over the eyes of the audience were foiled when he was challenged by a member of the audience asking if the vaccine caused adverse events in pregnancy. Feeling cornered, he reluctantly looked in his bag and rather sheepishly presented a slide that corroborated the NCOW data, confirming that the CDC knew of the spike in fetal deaths in the fall of 2010. [5]

So, why did Dr. Shimabkauru have a slide containing compromising evidence in his bag? Why did he decide to hide the slide? Surely, if he had prepared a slide outlining this crucial data, it would have made sense to include the slide in his presentation. After all, a 4,250 percent increase in fetal deaths is far more significant than a three percent increase in Guillan-Barre syndrome, don't you agree?

See reference [6] for full story and documents to support this.

Example #4: The CDC Admitted That Polio Vaccinations Cause Polio but Promote Them Anyway

In 2012, the CDC wrote a press release titled *Update on Vaccine-Derived Polioviruses — Worldwide*. They wrote:

*"In 1988, the World Health Assembly resolved to eradicate poliomyelitis worldwide. One of the main tools used in polio eradication efforts has been the live, attenuated oral poliovirus vaccine (OPV). This inexpensive vaccine is administered easily by mouth,*



makes recent recipients resistant to infection by wild polioviruses (WPVs), and provides long-term protection against paralytic disease through durable humoral immunity. **Nonetheless, rare cases of vaccine-associated paralytic poliomyelitis can occur both among immunologically normal OPV recipients and their contacts and among persons who are immunodeficient.** In addition, vaccine-derived polioviruses (VDPVs) can emerge to cause polio outbreaks in areas with low OPV coverage and can replicate for years in persons who are immunodeficient.” (emphasis added)

They continued:

**“VDPVs can cause paralytic polio in humans** and have the potential for sustained circulation. VDPVs resemble WPVs biologically and differ from **most vaccine-related poliovirus** (VRPV) isolates by having genetic properties consistent with prolonged replication or transmission. VDPVs were first identified by sequence analyses of poliovirus isolates.” (emphasis added)

The CDC recommended that the best way to deal with this problem was “mass vaccination” and stated:

*“To prevent VDPV emergence and spread, all countries should maintain high vaccination coverage against all three poliovirus serotypes.” [7]*

This proves that yet again the CDC actively promote vaccinations despite knowing their dangers.

Finally – Example # 5: CDC Caught Changing the Risk Criteria for Ebola Transmission  
It appears that the CDC has been secretly changing their data on the risks of ebola entering the US on their website. Could this be in preparation for an onslaught of new vaccinations that are heading our way?

On August 29, 2014, the CDC announced:

*“On August 28, 2014, NIH announced that initial human testing of an investigational vaccine to prevent Ebola virus disease will begin next week by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health.*

*The early-stage trial will begin initial human testing of a vaccine co-developed by NIAID and GlaxoSmithKline (GSK) and will evaluate the experimental vaccine’s safety and ability to generate an immune system response in healthy adults. Testing will take place at the NIH Clinical Center in Bethesda, Maryland.*

*The study is the first of several Phase 1 clinical trials that will examine the investigational NIAID/GSK Ebola vaccine and an experimental Ebola vaccine developed by the Public Health Agency of Canada and licensed to NewLink Genetics Corp. The others are to launch in the fall. These trials are conducted in healthy adults who are not infected with Ebola virus to determine if the vaccine is safe and induces an adequate immune response.” [8]*

Given this fact, it is hardly surprising that the CDC has been quietly changing certain ebola facts on their website, is it?

John Galt from the website Shenandoah has clearly demonstrated that the CDC has been quietly revising the information regarding transmission risks on their website, while steadfastly maintaining that there is little chance of airborne transmission. He stated:

*“On Thursday, August 7, the CDC quietly revised the transmission risks while maintaining there was little chance of airborne transmission of Ebola via their minions and bureaucrats speaking out in the mainstream media. The shocking part of the revision is within the footnotes which few civilians bother to read and put their trust in government officials to protect their families and their livelihoods.”*

Mr. Galt continued:

*“From the CDC website, I took these screen shots just in case they decided to “delete” or revise the changes made above so I can keep a permanent record of what is happening with this latest contagious disease outbreak.”*

It is a good job he did, because, if he is correct, then the screenshots that he has given on his website clearly show that on August 7, 2014, the CDC stated:

*“Low risk exposures*

***A low risk exposure includes any of the following:***

- ***Household member or other casual contact with an EVD patient***
- ***Providing patient care or casual contact<sup>1</sup> without high-risk exposure with EVD patients in health care facilities in EVD outbreak affected countries” (emphasis added)***

The CDC carried on to state:

*“Casual contact is defined as a) being within approximately 3 feet (1 meter) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., droplet and contact precautions—see Infection Prevention and Control Recommendations); or b) having direct brief contact (e.g., shaking hands) with an EVD case while not wearing recommended personal protective equipment (i.e., droplet and contact precautions—see Infection Prevention and Control Recommendations). At this time, brief interactions, such as walking by a person or moving through a hospital, do not constitute casual contact.”*

John Galt continued his article by adding the following witty comment:

*“Excuse me? Low risk exposure? Before this update on August 7th the running mainstream media theme that there was little if any risk of airborne exposure and suddenly they quietly revise the page among numerous internet stories about aerial transmission of the disease in West Africa. Perhaps if one is standing in one of these famous TSA check in lines, they might start to think about the “low risk” propaganda the government is having everyone believe at this time with the sudden revision.” [10]*

He could be right, but could this sudden change have been made with a new vaccine program in mind?

#### Conclusion

It is clear that the CDC cannot be trusted when it comes to giving advice about vaccinations. Over the years, evidence has shown that the CDC continually lies, withholds evidence and fixes data to obtain the results that they want to achieve.

Due to their continual dishonesty, many children have suffered lifelong disabilities as a result. Although, for many of their parents, the latest revelations have offered a glimmer of hope in a very dark world, it has also caused many parents to just break down and weep, like one mother known to myself.

This is a tragic waste of the future potential of thousands of children worldwide. How much longer are parents going to continue to trust this corrupt and dangerous organization when it comes to the health of their children?

1. <http://www.cdc.gov/about/organization/mission.htm>
2. <http://www.thelibertybeacon.com/2014/08/18/whistleblower-cdc-knew-in-2003...>
3. <http://www.morganverkamp.com/august-27-2014-press-release-statement...>
4. <http://healthimpactnews.com/2014/cdc-whistle-blower-mercury-in-vaccines...>
5. Influenza Vaccine Safety Monitoring (slide 20).  
CDC's Dr. Tom Shimabukuro confirms NCOW data , Oct. 28, 2010, ACIP.
6. <http://vactruth.com/2012/11/23/flu-shot-spikes-fetal-death/>
7. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6137a3.htm>
8. <http://www.cdc.gov/vhf/ebola/outbreaks/guinea/qa-experimental-treatments.html>
9. <http://johngaltfla.com/wordpress/2014/08/10/cdc-changes-risk-criteria...>

Blessings,

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