Evidence of the Conspiracy to Commit Mass Murder by the DOD, HHS - Sasha Latypova

Many people that I know are still in a state of disbelief that their government has been trying to kill them. That includes family members as well. I have said hundreds of times since 1968 that the U.S. government is just as corrupt and dishonest with its citizens as any historical dictatorship.

It was Dr. David E. Martin two years ago who said the government had broken its "social contract" with the public. Then last year it was former Blackrock hedge fund manager Edward Dowd and his colleagues noticed the huge spike in "death benefits" insurance claims among the healthiest age working population group of those 18-45. It did not take long before morticians were noticing strange "rubbery" substances in the veins of deceased being prepped for burial. Casket sales were taking off, including smaller children's caskets, floral sales for funerals, and the funeral industry was booming. Even my wife noted the past months increase of local obituaries in the local paper of young people between 25 and 45 stood out to her as well.

At first I was not sure what Dr. David E. Martin was talking about in his remark about the so-called "social contract". In a video presentation that he gave at a large church somewhere on the west coast it became lucidly clear to me what he was talking about. In the simplest expression Dr. Martin was telling the audience the government cannot pay future retirees their "social security" when they are ready to retire and that the insurance industry would be stuck with the bag(loss)! That is on top of the $32-trillion dollar national debt that will never be paid off. Let's not forget the budget buster $1.7-trillion dollar omnibus "pork" bill the week before Christmas. The enigma of the so-called "rogue, novel virus" conveniently became the answer to solve the government's "social contract" problem. By making this a global pandemic, world leaders could hide behind the invisible pathogens that are so often originating in third-world countries. Their rational eludes such evidence that the 54 African countries on the continent have so little Covid!

The report that follows was provided by Sasha Latypova courtesy of "Forbidden Knowledge TV". If you care for your fellow species, families, read this and share it with all, far and wide!

Below is the transcript of her 70-minute unveiling what can only be described as "Mass Murder" through vaccination.

In this presentation, Sasha Latypova covers the pseudo-legal structure, the organizational structure and the money flow of the COVID criminal enterprise.

Latypova and I both highly recommend that you subscribe to **Katherine Watt's Bailiwick News Substack**.

This is the **Transcript** of Latypova's conversation with Katherine Watt on November 4, 2022.

Here are the DOD contracts for "COVID Countermeasures".

NOTES

The topic of my presentation today is "Intent to Harm" and I'm going to discuss evidence of conspiracy – which is not a theory – of U.S. Department of Defense, Health and Human Services, other government agencies and other governments all over the world, in collusion with pharmaceutical companies; **conspiracy to commit mass murder through bioterrorism and informational warfare operations, worldwide.**

So, let's review the totality of all the evidence, to date. I'm not going to cover all of these topics, I'm going to focus more on the organization and pseudo legal structure of this crime:

• **Toxic by Design:** Mechanisms of injury designed into C-19 injections

• **No Safety:** Horrific death and injury toll (VAERS, vSAFE, Eudravigilance, Yellow Card, etc. in millions of reports)

• **No Efficacy:** Negative efficacy 3+ months after injections

• **Bad Manufacturing:** Highly variable production, non-compliant with the FDA's cGMP [Current Good Manufacturing Practice (cGMP)] Regulations, no enforcement of cGMP by any agency

• **Malignant Policy Worldwide:** Government lies, cover-up, gas lighting of the injured, prosecution of dissent and whistleblowers, collusion with media, perverse financing of the above, =>clear **intent to harm**

Just to recap, and I think many people will agree with me, that the evidence is overwhelming that there is an intent to harm people by the COVID-19 injections, so-called "vaccines" and other nonsensical COVID response measures implemented, in lockstep by governments all over the world.

For example, these injections are toxic by design. We know this. There has been an

extensive body of literature, studies, scientific discussions, evidence published on this matter. There are numerous mechanisms of injury built into the COVID-19 injections, the most important one being that these shots are designed to make your cells attack themselves; make your cells express antigens that are toxic (spike proteins) and then create antibodies to attack the cells. So it trains your body to destroy itself. Toxic by design.

There is definitely no safety in these shots. There's a horrific death and injury toll recorded in numerous datasets that are designed for pharmacovigilance, such as VAERS, vSAFE, Eudravigilance, Yellow Card and so forth and we know today, there are millions of reports of injury, death, permanent disability, sadly death in very young people, including children.

There is no efficacy in these shots, in fact, we know that there is negative efficacy, meaning these shots make you more likely able to get sick and die and for example, a very large study recently by Kaiser-Permanente, which is a California insurer and healthcare provider who forced all of their employers to get these shots and then studied those employees – 120,000 of them. They found that after 3 months, these employees are much more likely to get COVID.

There's extensive evidence of bad manufacturing of these products and I covered it a lot in my own work and I know that there is highly variable production of these shots. I demonstrated it in many ways. We have documentation of this coming directly from the manufacturers and from regulators.

They're not compliant with Good Manufacturing practices and importantly, there is no enforcement of Good Manufacturing practices worldwide for these products.

We also know that there is malignant government policy all over the place and it's surprisingly consistent across all countries of the world. The governments all are lying, covering it up, gas lighting of the injured, persecution of dissent, whistleblowers, especially when they're professionals, such as myself; professionals like permanent doctors who are speaking against these measures and there is definitely massive collusion with the media, who are all engaged in informational warfare and propaganda.

And especially, perverse financing. So, the money flow is tremendous and it's all funding this crime, funding doctors, nurses, vaccinators, universities' administrations, employers, government officials, funding them all to continue to commit this crime.

The crime is very clear and there is very clear intent to harm.

Why Is There No Action by the Regulators?

That's a key question. Why, given all of this, nobody has stopped this? The FDA did not recall the EUA, the FDA did not recall the product and there's been no

enforcement of the cGMP.

Well, the answer why is because **Health and Human Services Secretary, Javier Becerra, FDA Commissioner, Robert Califf are running the U.S. Government's Bioterrorism Program jointly with the U.S. Department of Defense, Secretary Lloyd Austin, the Department of Justice, Attorney General Merrick Garland, Department of Homeland Security, Alejandro Mayorkas, Pfizer CEO, Albert Bourla, Moderna CEO, Stéphane Bancel, World Health Organization Director-General, Tedros Adhanom Ghebreyesus and many other government and defense officials.**

So, let's review the pseudo-legal structure of this crime (in the U.S.)...I'm saying "pseudo-legal" because you cannot legalize a crime, yet this is exactly what the U.S. Government has done over many, many years.

This goes back a lot of years, we're going to discuss that. They made it (on paper) legal – none of this is lawful – because they are committing a crime.

To review the most recent key legislation, I'm going to rephrase or re-hash the analysis that Katherine Watt has done extensive research on and published on her Substack, which is called Bailiwick News, I highly, highly recommend everyone subscribe to her and read her work. It's an encyclopedia of law references, meticulously-researched going back years, describing how the structure was put in place and what it entails.

• But to just boil it down to some key pieces, the first one is the **Emergency Use Authorization Law**, which was put in place in 1997, during the Clinton administration and this legislation gets rid of the FDA "safety & efficacy" regulations and allows a DA to issue an Emergency Use Authorization for any products they require. At the beginning, this was very limited, pretty strict limitations, as far as when it can be applied and limited for only a year, needs to be renewed every year and there are some pretty important conditions that exist for issuing the EUA, such as, for example, there are no other options for treatment available for that particular disease or condition and the disease or condition is pretty desperate but this was put in place in '97.

• The **Other Transaction Authority**, while it has existed since the 1960s, it was amended in 2015 by Obama and it enables the Department of Defense to order undisclosed military prototypes from private manufacturers, such as pharmaceutical companies.

• The **PREP Act** and it was amended shortly before this global pandemic and "Public Health Emergency", when the U.S. was announced and it specifically, very thoroughly exempts anyone participating in this program, in this bioterrorism program from any liability from lawsuits, from injuries and thus caused by these actions.

The Public Health Emergency was announced by Trump in 2020 and it has been extended since by the Biden administration and will be continued to be extended, even though there is no public health emergency and hasn't been one for a very long time – actually, I can argue that there has never been a public health emergency in relation to this – but they will continue it, because this is the Keystone that holds all of this criminal structure together.

So what is the Other Transaction Authority? It's a catch-all definition, the catch-all category of contracting that was put in place to avoid all normally-regulated ways of government contracting.

•10 USC 2371b & 10 USC 4022 Other Transaction Authority (OTA) program "legalized" DOD contracting with pharma's to produce biochemical weapons, in violation of federal and international laws prohibiting same:

•10 USC 4022(a)(1) - "The Director of DARPA, the Secretary of a military department or any other official designated by the Secretary of Defense may, under the authority of Section 4021 of this title **carry out prototype projects that are directly relevant to enhancing the mission. Effectiveness of military personnel and the supporting platforms, systems, components or materials proposed to be acquired or developed by the Department of Defense, or to improvement of platforms, systems, components or materials in use by the armed forces."**

• The OTA government purchasing program classified bio/chem/radio/nuclear-weapons as "qualified countermeasures, medical countermeasures and security countermeasures."

When are these "Countermeasures" deployed?

Turns out, it can be anytime HHS feels like it. This can be done, based on no criteria at all, as there is no standard. They used to exist but no longer do, because they have been re-phrased and re-worded into oblivion. So now, HHS can deploy countermeasures whenever they feel like it, which is usually because the WHO is telling them to feel like it.

In this case, Tedros declared a Global Pandemic based on 40 COVID cases worldwide. 40 cases in a global population of 8 billion people.

And then, Latypova says, "HHS runs and says, 'Pandemic! Pandemic! Pandemic!' and declared a Public Health Emergency in the US.

"And once they do that, that triggers the whole criminal structure to be clicked into place. And when it clicks into place, the only criteria for deploying these countermeasures that the Department of Defense somehow so desperately wants is that the HHS Secretary may issue Emergency Use Authorization if he or she, in their

sole capacity as HHS Secretary conclude that, based on the totality of scientific evidence available – if available (so it doesn't have to be available) – these products may be effective."

There's no other standard. They don't need to be proven safe, don't need to be proven effective, it's just that they "may" be effective and any potential risks don't need to be proven.

So, as you can see, it's just open to anything that is arbitrarily is decided by the HHS Secretary. And of course, the perpetrators of this crime; DOD and Pfizer agents now have ample means, motive and opportunities, through these OTA contracts to ensure that no evidence ever becomes available.

The most important part of the Emergency Use Authorization Countermeasures law is 21 USC 360 bbb-3(k), whereby the use of EUA-covered Medical Countermeasure (MCM) products, once designated as such by the Secretary of Health and Human Services "shall not be considered to constitute a clinical investigation." In other words, these EUA-covered shots are NOT pharmaceutical products.

Latypova says this is the most critical piece of the puzzle and it explains why, in the face of all of the overwhelming evidence, the FDA and its counterparts all over the world have not stopped this program. It's because legally, these shots are not clinical investigational products, so they are not subject to any normal pharmaceutical regulations.

So, when these regulatory agencies go to the media and say that the COVID-19 vaxxines have been investigated and they are "safe and effective", they are lying in many ways, firstly, because they are speaking as if they have regulatory authority over this matter. They don't.

The entire narrative about "Vaccine Development and Approval" has been performance art to deceive the public. There is no development and approval for these shots because they are not pharmaceutical products, they are not vaccines, they are Countermeasures under EUA, under Public Health Emergency. They're not subject to any pharmaceutical regulation.

This explains the very strange use of the word, "demonstration" in the DOD contracts for the so-called "vaccines".

• Clinical trials were not ordered by the DOD/HHS contracts, because you cannot do a clinical trial for something that's not a clinical investigational product.

• cGMP was not ordered, as it is not a commercial pharmaceutical product, it is a Top Secret DOD bioweapon

• Legally, there are no clinical trial subjects or investigators and no informed consent

• FDA is impersonating regulators and lying to the public. They have no authority to regulate these EUA-covered products (bioweapons)

Latypova says that not all 15,000 FDA employees are aware of what's really going on but the ones at the top have been briefed and they know exactly what they're doing. They're impersonating regulators and they're lying to their own employees, who she says have been pushed to the limit and in fact, two FDA reviewers during this Warp Speed "review and approval" theater took it so seriously that they committed suicide.

The FDA does not regulate DOD bioweapons or EUA-covered Medical Countermeasures (MCM) and it seems none of the regulators worldwide know which spike proteins are being expressed by these mRNA injections, because they're not being given access to the test material and no data with human cell lines actually shows the spike.

Leaked European Medical Agency Documents

The Wuhan Spike has a molecular weight of 141 kDa (kilodaltons) but in the leaked European Medical Agency (EMA) review of the Pfizer Manufacturing Documentation, the spike protein produced by the synthetic mRNA had a molecular weight of 180 kDa, which is substantially bigger and definitely different from the Wuhan Spike.

The leaked EMA documents showed that a "severe deficiency in the characterization section is that no biological characterization is presented and that the mode of action is not described." The manufacturer is claiming certain modes of action; that they're going to make your cells produce this antigen but they have never actually shown it, so how were the regulators supposed to believe them?

Such proof is a requirement. It's a must-have for any pharmaceutical product. If you're making a claim, you have to demonstrate it, which the manufacturers haven't done.

Moreover, the leaked EMA document says that "Full biological characterization is not possible to perform on drug substance (DS)," to which Latypova says, "That should have been a show-stopper, right there," because if it's not possible to do, then you cannot make this product, you cannot inject people with it and certainly, you cannot mandate it on every man, woman and child in the world.

Latypova says this information needs to come out everywhere and be communicated clearly, that the manufacturers have never shown that this product does what they claim it's supposed to do. They never showed it to the regulators, the regulators noted this as a severe deficiency and this became a

"specific obligation" of the marketing approval, which was issued in December 2020 and was agreed to by Pfizer as a condition of their marketing authorization and has never been met. It hadn't been met as of December 2021 and on February 2022, EMA just gave up and approved it, anyway.

So we still don't know whether this product does what the manufacturer claims it to do.

Another thing that has never been addressed is the lipid nanoparticle. The regulators don't know anything about the proprietary lipids (ALC-0159 Pegylated lipid and ALC-0315 ionic/cationic lipid), because Pfizer never told them anything. This is not allowed by the regulatory review rules, yet somehow, even though the regulators wrote that they objected to this, nobody stopped this product from rolling-out, as-is.

These proprietary lipids were not characterized in any way. They needed to invent the tests and the assays that characterize them, to demonstrate that they can produce what they're claiming and to produce it consistently through all the batches and all the injections and this wasn't done, Pfizer didn't include them. The steps of the manufacturing were not known and are still not known and therefore, the pharmacology of the lipids is not known.

Normally, this would prevent a drug from being released until this was resolved but it wasn't and billions of people have now been injected with this.

The Organizational Structure of the Crime

In the United States, it was the National Security Council that set up the COVID policy, not the HHS, whose job it would have normally been. The HHS 2018 PanCAP pandemic response plan did not include lockdowns and masks but on March 13, 2020, PanCAP was adapted to COVID-19.

The National Security Council is an executive forum for foreign policy and national security and does not include public health agencies. Regular attendees are the Vice President, Secretary of State, Secretary of the Treasury, Secretary of Defense, Assistant to the President for National Security Affairs, Chairman of the Joint Chiefs of Staff is the statutory advisor to the Council, Director of National Intelligence is the intelligence advisor.

The public was led to believe that this was a natural virus and yet, the policy for this matter that was being overseen by the defense and intelligence agencies.

Why was FEMA (Not HHS) the Lead Agency?

On March 13, 2020, President Donald Trump declared a nationwide emergency under the Robert T Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), authorizing assistance administered by the Federal Emergency Management

Agency (FEMA). Five days later, the President notified then-FEMA administrator, Peter Gaynor that the agency would assume leadership of the federal pandemic response effort – the first known instance of FEMA serving in such a role for a public health incident.

To Latypova, this suggests that FEMA was in a ceremonial role and that HHS is was in a propaganda role.

Then Operation Warp Speed was brought in to develop the COVID-19 vaccines, therapeutics and diagnostics.

Latypova shows the organizational chart for Operation Warp Speed, which clearly shows that the DoD was in charge as the Chief Operating Officer of the Project, whereas HHS was in an advisory role, as the Chief Science Advisor. The Executive part shows that the National Security Council, DoD and BARDA were in charge of production, distribution, clinical trials, manufacturing, legal affairs and Office of General Counsel, etc. were all controlled by the US Government. All of the pharma companies were just following orders.

The question here is who was really developing and manufacturing these injections?

Operation Warp Speed

Operation Warp Speed looks more like a military operation than a science project. Roughly 60 military officials, including at least four generals are involved in the leadership of Operation Warp Speed, many of whom have never worked in healthcare and vaccine development. **Only 29 of the 90 leaders on the chart aren't employed by the Department of Defense.**

"Turns out people like Deborah Birx, it turns out she was not an HHS employee, she was from the National Security side," Latypova notes.

As for the manufacturing side, we've been led to think that it was all handled by Johnson & Johnson, Sanofi-Pasteur, Astra-Zeneca, Moderna, Novavax and Pfizer but if you look closely at the organizational chart for Operation Warp Speed, you see that these companies were tasked with manufacturing "demos" and that **the real manufacturing was carried out by these pharma defense contractors, like Emergent, Texas A&M and Ology Bioservices.**

BARDA was in charge, distributing money to the pharma companies, as well as ATI, which sells illegal weapons, such as bioweapons, which are deemed legal when they are labeled as "prototypes" or "experimental", which was precisely the language of Pfizer's $10 billion contract with BARDA.

It was BARDA that compressed the normal 10-year process for developing a vaccine into a matter of months by developing large-scale manufacturing in

parallel to clinical trials, which is a violation of Title 21 the FDA's Good Manufacturing Practices, in which you cannot manufacture safe products before safety is properly tested. They broke the law.

Latypova also found that it was BARDA and not the FDA that was testing the batches. Unlike the FDA, which would normally be responsible for testing, BARDA is not a regulatory agency.

The Money Flow

BARDA controls nearly 50% of all R&D money spent and they distributed money to hundreds of pharma companies and contractors during Operation Warp Speed and absolved them of any liability.

Latypova says, *"In the United States, we do not have a private vaccine manufacturing industry anymore, we have a government-controlled pharmaceutical industry – and specifically, a government defense-controlled pharmaceutical industry that funnels a tremendous amount of money – and this half avoids all the regulations."*

"So, you have half of the industry that gets free money to essentially do whatever they like without following any rules and the other half, that is privately-funded, has to comply with an incredible amount of regulation."

Latypova estimates that within a year or two, there will no longer be a private sector left in vaccine manufacturing, because they cannot possibly compete with those being financed by BARDA.

According to FOIA requested information, all of the U.S. Government COVID Countermeasure monies that were distributed were categorized as Department of Defense expenditures and all of these DOD contracts were not made directly with the government by were instead managed by a company called ATI, Advanced Technology International.

The HHS' Administration for Strategic Preparedness and Response (ASPR) Secretary under Trump, Robert Kadlec personally controlled the distribution of these funds. Kadlec was also responsible for updating the PREP Act to fully shield the pharma companies from any liability. Kadlec was formerly a lobbyist for Emergent Biosolutions, which is the pharma defense contractor which Kadlec awarded with the contract to manufacture the Johnson & Johnson and Astrap-Zeneca COVID vaxxines.

A full list of these contracts can be found **Here.**

Who is ATI?

• Advanced Technology International (ATI) is a non-profit company that organizes consortia of public, private and academic organizations that perform Research and Development (R&D) on behalf of the U.S. Government

• ATI mainly manages R&D consortia for the Department of Defense for things like weapons manufacturing, metal casting, forging, ship production and technology aimed at "countering Weapons of Mass Destruction (WMDs)."

ATI claims to be experts on the Other Transaction Authorities (OTAs) that we discussed earlier, which manufacture things as "experimental" and as "prototypes" and thereby avoid regulations.

ATI manages two "Health" Related Consortia:

• Medical Technology Enterprise Consortium (MTEC):
Operates on behalf of the U.S. Army Medical Research and Development Command, which includes technologies for gene-editing, nanotechnology, "tele-health solutions", artificial limbs and brain implants. They're currently developing a wearable device to diagnose COVID-19 before symptoms appear (which Latypova says, "Sounds like a Chinese practice to me.").

• Medical CBRN Defense Consortium (MCDC): "Advanced development efforts to support the Department of Defense's medical and pharmaceutical and diagnostic requirements to counter Chemical, Biological, Radiological, and Nuclear (CBRN) threat agents."

• "Enabling prototype technologies for therapeutic medical countermeasures targeting viral, bacterial and biological toxin targets of interest to the DOD," including the development of vaccines.

MCDC, together with ATI awarded the DOD's contracts to Pfizer to manufacture the "Large Scale Vaccine Manufacturing Demonstration", i.e, the experimental jab prototype.

It was this that Pfizer referred to this wording in their DOD contract in their motion to dismiss Brook Jackson's fraud lawsuit, saying *"We didn't defraud the government by doing these fraudulent clinical studies, we did nothing wrong because we were only ordered to provide a demonstration."*

A demonstration, by definition is fake. It's not the real deal. So that was Pfizer's argument to the court and technically, they're correct.

The PREP Act makes everyone connected to the vaxxines exempt and it makes everybody associated with the vaccine, down to the pharmacy employee an HHS employee for the purposes of administering the vaxx.

Conclusion

These COVID so-called "vaccines" are, indeed weapons and they intend to harm. Since at least 2012, the DOD had established an infrastructure to roll out of billions of shots and it was switched on with the declaration of the pandemic.

The contracts ordered Pfizer to use the DOD's pharma contractors as suppliers and to just slap their name on it, while assuring them they would have no liability, at all.

Pfizer didn't have the capacity to fulfill the $10 billion order. They didn't design their clinical trials or protocols, didn't select their own vendors. DOD dictated everything.

The DOD's control of the entire vaccine rollout explains why nothing has been stopped, in spite of the evident harm.

This is a government Genocidal Eugenics Mass Murder operation from top to bottom!

Blessings,

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