

Mass Murder

Part 20

CDC Targets Unvaccinated Children in New Guidance For Students Returning to School in the Fall

[July 10, 2021 News](#)



The Centers for Disease Control and Prevention (CDC) on Friday issued new guidance for student returning to school this fall.

The CDC said only fully vaccinated children do not need to wear masks in classrooms:

- Masks should be worn indoors by all individuals (age 2 and older) who are not fully vaccinated. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors and in crowded settings, when physical distancing cannot be maintained.
- CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing by people who

are not fully vaccinated, to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as indoor masking.

Children have virtually zero chance of dying from Covid yet the CDC is specifically calling for unvaccinated children to be abused and 'marked' with a face mask.

A new study publishes in JAMA pediatrics says children wearing masks can expose them to dangerous levels of carbon dioxide.

Furthermore, vaccines are currently only available to children ages 12 and up.

The CDC will also recommend that all schools fully reopen in the fall – EVEN IF THEY CAN'T TAKE ALL RECOMMENDED STEPS TO PREVENT COVID.

This is purely political. It is criminal as well.

Avoid being scammed by those pushing the Vaxx agenda. Use your critical thinking ability!

ASKING questions is at the heart of science. Science is not an institution and not an authority. Science is never settled. It is forever evolving through conjecture and criticism. Questions form the basis of all scientific inquiry and scientific progress. Without challenging existing concepts – usually held by a majority – there is no knowledge creation. Censoring dissenting voices eliminates the mechanism of error correction and pushes humanity back into the dark ages.

From the beginning, lockdowns were a questionable public health tool, even described as 'pro-contagion' by Professor Ioannidis of Stanford University. As early as June 2020, papers showed that lockdowns and other non-pharmaceutical interventions (NPIs) had no effect on reducing deaths. We were all aware that lockdowns would have a terrible economic impact and a devastating human toll, especially in the developing world. We went along with this 'cure' because we were told it would save lives – it was necessary for two to three weeks to flatten the curve of infections and prevent healthcare system strain. Yet the goalposts kept shifting endlessly, moving towards a ZERO COVID world: a completely unrealistic and unachievable goal.

Is now the time to question absolutely everything?

The U.S. Centers for Disease Control, the World Health Organization and 'experts' have flip-flopped multiple times. In February 2020, Anthony Fauci [said](#): *"In all the history of respiratory-born viruses of any type, asymptomatic transmission has never been the driver of outbreaks. The driver of outbreaks is always a symptomatic person."* However, all the pandemic measures were based on the assumption that people who are healthy might be sick without knowing it. On June 8, 2020, Maria Van Kerkhove of the WHO stated that asymptomatic spread of SARS-CoV-2 is very rare. The next day she walked back her comment saying that studies, based on computer modelling not

The Ultimate Cheatsheet for Critical Thinking



Want to exercise critical thinking skills? Ask these questions whenever you discover or discuss new information. These are broad and versatile questions that have limitless applications!

Who	<ul style="list-style-type: none"> ... benefits from this? ... is this harmful to? ... makes decisions about this? ... is most directly affected? 	<ul style="list-style-type: none"> ... have you also heard discuss this? ... would be the best person to consult? ... will be the key people in this? ... deserves recognition for this?
What	<ul style="list-style-type: none"> ... are the strengths/weaknesses? ... is another perspective? ... is another alternative? ... would be a counter-argument? 	<ul style="list-style-type: none"> ... is the best/worst case scenario? ... is most/least important? ... can we do to make a positive change? ... is getting in the way of our action?
Where	<ul style="list-style-type: none"> ... would we see this in the real world? ... are there similar concepts/situations? ... is there the most need for this? ... in the world would this be a problem? 	<ul style="list-style-type: none"> ... can we get more information? ... do we go for help with this? ... will this idea take us? ... are the areas for improvement?
When	<ul style="list-style-type: none"> ... is this acceptable/unacceptable? ... would this benefit our society? ... would this cause a problem? ... is the best time to take action? 	<ul style="list-style-type: none"> ... will we know we've succeeded? ... has this played a part in our history? ... can we expect this to change? ... should we ask for help with this?
Why	<ul style="list-style-type: none"> ... is this a problem/challenge? ... is it relevant to me/others? ... is this the best/worst scenario? ... are people influenced by this? 	<ul style="list-style-type: none"> ... should people know about this? ... has it been this way for so long? ... have we allowed this to happen? ... is there a need for this today?
How	<ul style="list-style-type: none"> ... is this similar to _____? ... does this disrupt things? ... do we know the truth about this? ... will we approach this safely? 	<ul style="list-style-type: none"> ... does this benefit us/others? ... does this harm us/others? ... do we see this in the future? ... can we change this for our good?

real-life data show that asymptomatic spread is cause for concern. A systematic review and meta-analysis paper, published in 2020, falsified this assumption. Asymptomatic spread is simply not the main driver of disease. What should be of even less concern is transmission in the open air, likely to be below 0.1 per cent of all transmissions. Unfortunately, the CDC overestimated outdoor spread, claiming that it represented 10 per cent of transmissions. This exaggeration was used to justify futile outdoor mask mandates. They later admitted their error, too little, too late. Why are we still testing healthy people and locking populations indoors?

The CDC and the WHO confused the public with their contradictory social media recommendations about masks: 'Masks don't work in the community. Everyone should wear masks in the community. Everyone should wear two masks. Even if you are vaccinated you should still wear a mask. If you are vaccinated you can do without a mask.' Behind the scenes, the CDC published a [policy review](#) in May 2020 stating, 'We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission'. The WHO published an [Interim guidance](#) in June 2020 stating 'At present, there is no direct evidence on the effectiveness of universal masking of healthy people in the community'. Fauci's leaked emails showed that he didn't believe in the power of masks either. He said in February 2020 in his [email](#) to Sylvia Burwell, 'The typical mask you buy in the drug store is not really effective in keeping out virus, which is small enough to [pass](#) through the material.' Why were masks mandated even when the data showed that they [made](#) no difference?

The WHO flip-flopped on the definition of herd immunity, which is the point at which an infectious disease stops being a cause for concern because most of the population is immune to it. They removed [natural immunity](#) from the definition and limited herd immunity to that reached via [vaccination](#) only. After this meddling caused an uproar, they [went back](#) again and included both forms of immunity as contributing to herd immunity. Furthermore, they changed their recommendations about the PCR test, first allowing very high [cycle thresholds of 45](#) (which is the number of times the genetic material of the virus is multiplied until it is detected) and recommending that cases are diagnosed based on a positive PCR test, regardless of symptoms – previously unheard of in medicine. Patients are usually diagnosed with a disease if they are sick. Later the WHO rectified their [stance](#), clarifying that the diagnosis of cases requires clinical symptoms and that high cycle thresholds lead to false positives. Why did the [WHO](#) make recommendations contrary to established medical practice for infectious diseases? The PCR test was not designed to diagnose [infectiousness](#). It merely detects viral genetic material, dead or alive. Studies indicate that [25 cycles](#) are enough to detect an infectious virus. How much have the [false positive results](#) affected the number of cases and in turn the number of deaths? How many deaths were [wrongly attributed](#) to COVID instead of other diseases?

Science doesn't flip-flop like that. Politics does. Science has become politicized. We need to decouple science from politics. It is being manipulated to serve corporate and political agendas. Anyone criticizing 'The Science' is silenced harshly. People are smart and if given accurate information they can make the right decisions for themselves and

their communities. Unfortunately, people are being [misinformed](#) and [terrified](#) with non-stop death reports, apparently vanishing immunity and the threat of new variants. Fear is not good for us. It's not good for our immunity, our health or our ability to think rationally. To calm the fear, we need to know that 'cases' are meaningless, deaths are overestimated and [immunity](#) – whether natural or vaccine-induced – is long-lasting and can protect us from future variants. Variants are not unique to Covid. All respiratory viruses mutate. The [variants](#) are so minutely different from each other that our [immune system](#) will recognize them and protect us. It's like your friend wearing a [cap](#). Can you still recognize him? In the same way, your immune system also recognizes the variants. How much longer should we let those variants haunt us?

Now is the time for error correction. Start at the beginning and question everything: lockdowns, asymptomatic transmission, mask mandates, claims about short-lived immunity and dreadful variants. Now is the time for a better [solution](#).

I have been exposing the Covid-19 scamdemoc plan since the middle of November, 2019. The virus was made for the vaccine. If you understand what I just said, you will understand that the vaccines were produced years before the virus was hatched into the public. Coronavirus re-named Covid-19 has been around since 2001, patents have been issued 71X times by those weaponizing it for their own agendas. Now that Dr. David L. Martin exposed 4,000 pages of patent information proving it was all a giant scam on the world, we hope that criminal prosecution will be in store for the criminals Dr. Fauci, and his cohorts. I sent more documents and links to Senator Rand Paul a few days ago that will aid his office in the exposure, investigation, and prosecution of Dr. Fauci. Dr. Martin prepared a 100-page dossier on Dr. Fauci's crimes. Ring leader Dr. Anthony Fauci and his cohorts took an ordinary cold virus and spent millions of U.S. tax money to have the Chinese enhance the virility with "gain-of-function" so that it could injure and kill millions.

The real tragedy of this crime is that millions of Americans will die in the next few years because of what the Vaxx contains and is programmed to do. Those vaccinated with the "gene" therapy vaxxes will not all die at the same time, but rather die randomly as each person encounters an attack by something as simple as a cold or the flu. Thus when death occurs there will be little notice or thought that the person was vaxxed in 2020 or 2021. The spike protein is known as PEG or polyethylene glycol. Car owners know it as Anti-freeze, and whether you swallow it or inject it into the body it is poison.

Mandatory COVID-19 vaccines at LOCAL LEVEL just around the corner; fake and falsified "Full FDA Approval" vaccines just months away
Friday, July 16, 2021 by: [S.D. Wells](#)



(Natural News) If there has ever been more fake research, skewed statistics, falsified data, and manipulated “conclusions” published for any medicine than there has been for vaccines, please let it be known. From the [fake polio vaccine](#) to the mercury-loaded flu shots, more health detriment comes from inoculations than any other form of “medication,” thanks to the FDA (fraudulent drug approvals) and the CDC (center for disease creation).

Now that vaccine “hesitancy” (non-insanity) has more than 50% of Americans saying “absolutely not” to all Covid jabs, the fake, falsified and “Full FDA Approval” is coming next, to try to reassure the refusers that the blood-clotting, heart-inflaming deadly Covid inoculations are once again “safe and effective,” which means unsafe and defective. Their slogan is always the exact opposite of the dangers and the effects.

This fake “Full FDA Approval” will switch the Covid vaccines out of “medical experiment” mode and back their “local level” push for mandatory, gunpoint vaccination campaigns. This is what’s next, a [local level push](#), because the gangster mafia DC thugs can’t seem to enforce their toxic jabs on gun owners and landowners who know better and aren’t “hesitant,” but rather 100% sure vaccines are nothing short of a death wish.

CoVax Syndrome now more than obvious around the world, so the “local level” push won’t get much traction.

Yes, [Covid Vaccine Syndrome](#) (CVS) is sweeping the nation. As more large company employers are requiring Covid jabs for continued employment, more people are wandering around wondering why they feel lethargic all the time, and confused and anxious. Their blood is clogging and their heart is inflamed, stressed to the maximum

trying to pump blood past all the spike proteins that cling to blood vessels and cause blockages. Ten times worse than fibromyalgia, over [400,000 jabbed Americans](#) have reported horrific side effects and adverse events that last not for a day or days, but for weeks, months, and some aren't going away ([blindness](#), deafness, [loss of motor skills](#)).

The CDC is attempting to bury these reports, but they're popping up faster than they can delete them. Just check VAERS daily and you will see. All injuries caused by vaccines, including blood clots, heart inflammation, and death, are misdirected away from the vaccines and the vaccine manufacturers by every MD in the country. That is why the FDA and the CDC desperately need their fake "full approval" for vaccines, so they can reassure the "vaccine hesitant" Americans that everything is just fine and dandy, so it's "safe" to go get your death jab.

Has your employer announced yet that Covid vaccines will be mandatory for you to keep your job? They will soon.

The calls are mounting for "[Full FDA Approval](#)" **of the most toxic inoculations ever created on Earth, and yes, we're talking about the China Flu jabs. Vaccine manufacturers fake efficacy testing all the time. There are zero checks and balances for the industry, so nobody else is testing these vaccines for safety or efficacy. Nobody. No independent labs are allowed to use the patented formulas used for spreading disease. Only the CDC and the FDA are allowed to get their hands dirty.**

That's another reason the Covid vaccines are dirty vaccines and must be forced onto Americans by their employers; otherwise anyone who knows anything about vaccine ingredients and [adverse events](#) would avoid them like the plague (because they are).

All Covid vaccines right now are labeled "Medical Experiment" and fall under "Emergency Use Authorization" (EAU). This is to blame for "vaccine hesitancy," another term for people who know vaccines are deadly, and much more so than any lab-made flu the globalists are spreading around. Vaccines are the pandemic. Even healthcare professionals, doctors, surgeons, pediatricians – most of them know NOT to get the vaccines themselves (or lie and say they did). At least [50% of healthcare workers avoid vaccines](#) unless they don't have a choice.

The next phase of the plandemic is to get a fake "Full FDA Approval" for Covid vaccines and then have as many employers in America as possible make them mandatory. The psycho Democrats in DC think they might get another 10% of America inoculated by this fully-coercive and illegal method. At the same time as the fake "Full FDA Approval" is issued, the Delta Variant (also made in a lab and released this year) will blanket the fake MSM news everywhere. Fear and emotions are everything when conning sheeple into taking deadly medicine.

In May of 2020, the Fraud & Deception Agency (FDA) issued 84 EUAs to applicant businesses and laboratories. There is no real approval of any Covid vaccines, and there are no safety or efficacy tests being run, because they're simply not needed, and the vaccine manufacturers cannot be sued for anything, ever, by anyone (thanks to Congress).

Are you suffering from CoVax Syndrome? Covid-19 vaccines are not safe or effective; they're *unsafe* and *defective*. Visit [CovidVaccineReactions.com](https://www.covidvaccinereactions.com) if you already got a dirty jab or two and feel like you're sick and dying. Then call an attorney. Also check out [Pandemic.news](https://www.pandemic.news) for updates on these [crimes against humanity](#) and the upcoming vaccine holocaust.

Nearly 11,000 Deaths After COVID Vaccines Reported to CDC, as FDA Adds New Warning to J&J Vaccine

VAERS data released today by the CDC showed a total of 463,457 reports of adverse events from all age groups following COVID vaccines, including **10,991 deaths** and **48,385 serious injuries** between Dec. 14, 2020 and July 9, 2021.

Data released today by the Centers for Disease Control and Prevention (CDC) included 463,457 reports of injuries and deaths, across all age groups, following COVID vaccines — an increase of more than 25,000 compared with the previous week.

The data comes directly from reports submitted to the [Vaccine Adverse Event Reporting System](#) (VAERS), the primary government-funded system for reporting adverse vaccine reactions in the U.S.

Every Friday, [VAERS](#) makes public all vaccine injury reports received as of a specified date, usually about a week prior to the release date. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed.

Data released today show that between Dec. 14, 2020 and July 9, 2021, a total of [463,457 total adverse events](#) were reported to VAERS, including [10,991 deaths](#) — **an increase of 1,943 deaths over the previous week**. There were [48,385 serious injuries](#) reported during the same time period — up 7,370 compared with the previous week.

In the U.S., [333 million](#) COVID vaccine doses had been administered as of July 9. This [includes](#): 135 million doses of [Moderna's](#) vaccine, 184 million doses of [Pfizer](#) and 13 million doses of the [Johnson & Johnson](#) (J&J) COVID vaccine.

Of the 10,991 deaths reported as of July 9, [22% occurred](#) within 48 hours of vaccination, [15% occurred](#) within 24 hours and [37% occurred](#) in people who became ill within 48 hours of being vaccinated.

This week's data for 12- to 17-year-olds show: [14,003](#) total adverse events, including [866](#) rated as serious and [14](#) reported deaths. Two of the nine deaths were suicides.

The screenshot shows the National Vaccine Information Center's search results for COVID-19 vaccine cases. The page title is "Search Results" and it states "From the 7/9/2021 release of VAERS data: Found 463,457 cases where Vaccine is COVID19". Below this is a table with the following data:

Event Outcome	Count	Percent
Death	13,081	2.82%
Permanent Disability	9,274	2%
Office Visit	82,534	17.81%
Emergency Room	56	0.01%
Emergency Dept./Floor	59,347	12.81%
Hospitalized	31,089	6.62%
Hospitalized, Prolonged	82	0.02%
Recovered	184,764	39.86%
Birth Defect	256	0.05%
Life Threatening	9,851	2.15%
Not Serious	184,318	39.77%
TOTAL	↑ 595,172	↑ 128.20%

↑ Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 463,457 (the number of cases found), and the Total Percentage is greater than 100.

The most recent reported death includes a 13-year-old boy (VAERS I.D. [1431289](#)) with a previous history of COVID who suffered cardiac arrest and died 17 days after vaccination with Pfizer.

Other reports include two [13-year-old boys](#) (VAERS I.D. [1406840](#) and [1429457](#)) who died two days after receiving a Pfizer vaccine, three 15-year-olds (VAERS I.D. [1187918](#), [1382906](#) and [1242573](#)), three 16-year-olds (VAERS I.D. [1420630](#), [1225942](#) and [1386841](#)) and three 17-year-olds (VAERS I.D. [1199455](#), [1388042](#) and [1420762](#)).

[2,040 reports](#) of anaphylaxis among 12- to 17-year-olds with 99% of cases attributed to [Pfizer's vaccine](#), 1.1% to [Moderna](#) and 0.2% (or four cases) to [J&J](#).

[377 reports](#) of myocarditis and pericarditis (heart inflammation) with [373](#) attributed to Pfizer's vaccine.

[65 reports](#) of blood clotting disorders, with [64 attributed to Pfizer](#) and [1 attributed to Moderna](#).

This week's total VAERS data, from Dec. 14, 2020 to July 9, 2021, for all age groups combined show:

23% of deaths were related to cardiac disorders.

50% of those who died were male, 45% were female and the remaining death reports did not include gender of the deceased.

The [average age](#) of death was **75**.

As of July 9, [2,857 pregnant women](#) reported adverse events related to COVID vaccines, including 1072 reports of [miscarriage or premature birth](#).

Of the [5,049 cases of Bell's Palsy reported](#), 63% were attributed to Pfizer vaccinations, 35% to Moderna vaccine and 5% to J&J.

445 reports of [Guillain-Barré Syndrome](#), with 51% of cases attributed to Pfizer, 37% to Moderna and 17% to J&J.

[127,421 reports of anaphylaxis](#) with 48% of cases attributed to [Pfizer's vaccine](#), 45% to [Moderna](#) and 7% to [J&J](#).

[9,471 reports](#) of blood clotting disorders. Of those, [4,998 reports](#) were attributed to Pfizer, [2,845 reports](#) to Moderna and [1,582 reports](#) to J&J.

[1,991 cases](#) of myocarditis and pericarditis with [1,336 cases](#) attributed to Pfizer, [599 cases](#) to Moderna and [52 cases](#) to J&J's COVID vaccine.

Experts warn of 'huge risk' as Moderna launches COVID vaccine trials for pregnant women.

Moderna will study its [COVID vaccine](#) in pregnant women, according to a posting on [ClinicalTrials.gov](#). The observational study, expected to begin July 22, will enroll about 1,000 females over age 18 who will be studied over a 21-month period.

Women who [received a Moderna vaccine](#) during the 28 days prior to their last menstrual period, or at any time during pregnancy, are eligible.

The [brief summary](#) of the trial states the main goal is "to evaluate the outcomes of pregnancy in females exposed to the [Moderna](#) COVID-19 vaccine (mRNA-1273) during pregnancy."

Currently, the CDC [says](#) pregnant women can get a [COVID vaccine](#). But the agency also acknowledges there is limited data available about the safety of COVID vaccines for people who are pregnant.

[Tell Schools/Universities No Vaccine Mandates for Children/Young Adults!](#)

"Pregnant women are taking what may be a huge risk with the COVID vaccine," said [Jennifer Margulis](#), Ph.D., author of "[Your Baby, Your Way](#)." Margulis said in an email to [The Defender](#), there is no evidence COVID vaccines are safe, but [ample evidence](#) suggesting it is dangerous to expose pregnant women and unborn babies to drugs and interventions that can disrupt immunity.

Lyn Redwood, RN, MSN and president emerita of [Children's Health Defense](#), said it's "bass-ackwards to release the vaccine to pregnant women before doing a clinical trial or proper animal studies."

FDA added warning to J&J vaccine of 'serious but rare' autoimmune disorder.

On July 13, the FDA [added a new warning](#) on J&J's (Janssen) COVID vaccine to [include information](#) pertaining to an observed increased risk of [Guillain-Barré Syndrome \(GBS\)](#) following vaccination.

According to an [FDA news release](#), GBS is a neurological disorder in which the body's immune system damages nerve cells, causing muscle weakness or, in the most severe cases, paralysis.

Based on an analysis of VAERS data, there have been 100 preliminary reports of GBS following vaccination with J&J's vaccine. Of these reports, 95 were serious and required hospitalization. There was one reported death.

While the cause of GBS is not fully known, it often follows infection with a virus and has been [linked to other vaccines](#). The FDA concluded the benefits of the vaccine outweigh any danger, but included the proviso in fact sheets about the drug for providers and patients.

The CDC's Advisory Committee on Immunization Practices (ACIP) is expected to [discuss the GBS cases](#) during an upcoming meeting, the CDC said.

Coroner says vaccine not to blame for man's death after Pfizer— wife not convinced
A healthcare worker who [died](#) four days after his second dose of Pfizer's COVID vaccine was killed by heart disease, according to the [Orange County, California coroner](#).

As [The Defender reported](#) this week, Tim Zook, an x-ray technologist at South Coast Global Medical Center in Santa Ana, was hospitalized Jan. 5 — just hours after being vaccinated. Zook's wife, Rochelle, [told the Orange County Register](#) her husband's health rapidly deteriorated after receiving his second dose of Pfizer's vaccine. He died Jan. 9.

An [autopsy report](#) released Wednesday found Zook's heart was severely enlarged, thicker than normal and dilated. "There is a focus of severe coronary artery disease," according to the report, which also said Zook's heart valves showed mild-to-moderate calcium deposits.

The autopsy report concluded the official cause of death was "hypertensive and [atherosclerotic heart disease](#) with severe [cardiomegaly](#) [enlarged heart] and heart failure."

Rochelle Zook said she is not convinced her husband's death is unrelated to the vaccine. He was "quite healthy," she said shortly after her husband's death. Rochelle Zook preserved samples of her husband's tissue for future testing, hoping to learn more as data about vaccines emerge in years to come.

Woman's sudden paralysis linked to J&J vaccine.

A Houston woman spent 22 days in the hospital after getting a COVID vaccine and then developing GBS, [ABC 13 reported July 14](#). After Jamie Walton got the J&J vaccine, she started feeling numbness and tingling in her feet and hands.

"I know my body and I knew something wasn't right, so I kept trying to go to different doctors and I kept being told, 'You're dehydrated. You're fine'." Walton said. "One doctor told me I had anxiety."

The otherwise healthy woman ended up paralyzed from the waist down and lost her ability to walk. Walton went to the emergency room twice and met with several doctors before her diagnosis was confirmed. She was hospitalized for 22 days, had to learn how to walk again and do other basic movements. Her case was reported to VAERS.

Pfizer fails to convince FDA on immediate need for boosters.

Pfizer executives met privately this week with U.S. senior scientists and regulators to press their case for quick authorization of [COVID](#) booster vaccines amid pushback from federal health agencies who [last week said](#) the extra doses are not needed.

Officials said after the meeting that more data — and possibly several more months — would be needed before regulators could determine whether booster shots were necessary, [The Defender reported](#).

The meeting was largely seen as a courtesy after Pfizer's [announcement](#) last week that it would seek [Emergency Use Authorization](#) for its booster shot led to unusual pushback from the U.S. Food and Drug Administration (FDA) and CDC.

Woman with 'life-altering' injuries after COVID vaccine teams up with U.S. senators to demand answers.

A Utah woman and two U.S. senators are teaming up to get answers from federal health agencies about [life-altering injuries](#) people have experienced after receiving a COVID vaccine, [The Defender reported](#) July 7.

Brianne Dressen, preschool teacher from Utah, was injured after participating in AstraZeneca's COVID vaccine clinical trial in November 2020. She accumulated more than \$250,000 in medical bills as a result of injuries she believes were caused by the vaccine.

After experiencing severe symptoms and neurological decline, Dressen spent months teaching herself how to walk, eat and form sentences again — all while she traveled in search of answers.

Dressen, along with other people who said they were injured by vaccines but “[repeatedly ignored](#)” by the medical community, participated last month in a [news conference](#) held by Sen. Ron Johnson (R-Wis).

Following the news conference, Johnson and Utah Sen. Mike Lee [wrote a letter](#) to the CDC and FDA after the agencies ignored requests for assistance and answers from families injured by COVID vaccines.

Lee and Johnson said widespread lack of acknowledgement of [adverse events](#) following receipt of a [COVID](#) vaccine has made it nearly impossible for some individuals to obtain the medical treatment they need, and that risks must be disclosed to the medical community and general public.

In the letter, Lee and Johnson asked the FDA and CDC about the adverse events suffered during clinical trials, disclosed in the FDA’s Emergency Use Authorization Memorandum for the [Pfizer](#), [Moderna](#) and [Johnson & Johnson](#) vaccines, as well as reported injuries from the U.S. AstraZeneca trial.

They also asked the CDC whether it is working with physicians and researchers at the FDA, National Institutes of Health or other medical research bodies to provide the various individuals who experienced adverse effects vaccine treatment and care.

130 days and counting, CDC ignores The Defender’s inquiries.

According to the [CDC website](#), “the CDC follows up on any report of death to request additional information and learn more about what occurred and to determine whether the death was a result of the vaccine or unrelated.”

On March 8, [The Defender](#) contacted the CDC with a [written list of questions](#) about reported deaths and injuries related to COVID vaccines. We have made repeated attempts, by phone and email, to obtain a response to our questions.

Despite multiple phone and email communications with several people at the CDC, and despite being told that our request was in the system and that someone would respond, we have not yet received answers to any of the questions we submitted. It has been 130 days since we sent our first email to the CDC requesting information.

[Children’s Health Defense](#) asks anyone who has experienced an adverse reaction, to any vaccine, to file a report following [these three steps](#).

The body was made by God to be strong, to resist bacteria, parasites, infections, and disruptions of many sorts. For almost 6,000 years we did not have vaccines, invented during the early 1800s by Jesuits Edward Jenner, and Jesuit Louis Pasteur. Biblical cleanliness from the Torah stressed cleanliness, dietary guidelines for humanity for six thousand years.

When we surrender our lives to the lordship of Jesus, the Holy Spirit moves into our hearts, and our bodies become His temple -(1st Corinthians 6:19–20). In light of this, healthcare takes on a spiritual element. We must take care of our bodies because they no longer belong to us. They are the temple of the Lord, and we are responsible for the care of His human temple. That involves seeking good healthcare. We offer healthcare to others as a way of serving them and showing them the love of Christ.

When it comes to overall health, spiritual healthcare will always be a higher priority than physical healthcare. Regardless of how excellent our medical healthcare, our bodies will eventually wear out and die. Believers in this world have this promise: "*Though our outer self is wasting away, our inner self is being renewed day by day*" -(2nd Corinthians 4:16), and in the world to come, resurrection.

Editorial Observations

I have been doing this "Mass Murder" series for five months at this point, and we are beginning to see patterns forming from the reporting data, from many different sources. In Bible prophecy, Pattern = Prologue = Prophecy. I discuss this concept elsewhere in articles I write pertaining to Bible prophecy. As to how this concept fits into the Covid-19 scandemic, is very preliminary after 16 months of it being hatched in Wuhan, China. We can say with total certainty that this SARS2-CoV19 is NOT NATURAL! This is not even debatable at this point. Proof of this can be found in Dr. Len Horowitz's scathing report on the Fauci e-mails, linking an international criminal scheme to depopulate on a global scale. **"EXPLOSIVE EXPOSURE of COVID NATIONAL SECURITY 'CRIME' SYNDICATE!"**. You will find it posted on my web page www.pastorbobreid.com for 7/8/21.

Dr. Len Horowitz is the author of *'Emerging Viruses: AIDS And Ebola, Nature, Accident, or Intentional'*. The "Indian paper" published, but retracted under pressure of Dr. Anthony Fauci published in March or April of 2020, revealed the virus had 4 insertions of the HIV genome fragments, hence refutes the premise of the CDC, NIAID, NIH, and WHO claiming it was a rogue novel virus! We learned from the Dr. Fauci e-mails, it was Dr. Anthony Fauci who pressured the Indian scientists to remove their paper or lose future finding for research if they did not withdraw their lab findings.

Dr. David L. Martin was interviewed by German atty. Reiner Fuellmich a week ago and Internet censors pulled the video shortly after it aired on Monday July 12, 2021. I did get to watch the interview twice before it was pulled from the Internet bu Monday

evening. I saved transcripts of the interview and it is highly revealing of a criminal RICO Act case unlike the world has ever experienced. Reiner Fuellmich is known for his exposing and defeating Volkswagen in a multi-billion dollar fine against the Volkswagen Corporation for rigging EPA tests involving Volkswagen diesel-equipped vehicles a few years ago.

This is a bombshell video conference between [Dr. David E Martin](#) and [Reiner Fuellmich](#) that should fatally debunk the official COVID narrative, if you send this to everybody you know who still watches cable news.

David makes a tight case, backed by mountainous evidence that COVID-19 wasn't a lab leak. It is a U.S. bioweapon, as is the so-called vaccine. The primary motive is money.

Everything David says can be used in a court of law and is backed by over 20 years of research, patent filings and FOIA documents, including Anthony Fauci's recently-released emails. David does not speculate about anything. He doesn't get into any ulterior motives beyond what he has seen in official or verified documents. What he can definitively prove is that COVID-19 is a financially-motivated scam more than 20 years in the making.

Furthermore, he says "SARS-CoV-2" is not novel. It's the same old SARS (SARS-CoV-1) bioweapon targeted for human lung epithelium that Anthony Fauci commissioned the University of North Carolina to create and which was patented on April 19th 2002, months before what he calls the "alleged" outbreak in Asia.

David goes through the CDC's patent filing for SARS coronavirus on April 25th, 2003, followed three days later by a filing by Sequoia Pharmaceuticals for the treatment of same, in a patent on anti-viral agents of control of infections by coronavirus. Sequoia Pharmaceuticals (subsequently, AB Links Pharmaceuticals) was later rolled-up into the proprietary holdings of Pfizer, Crucell and Johnson & Johnson.

David says this is a [RICO](#) case. *"And the RICO pattern, which was established in April 2003 for the first coronavirus was played out to exactly the same schedule, when we see SARS-COV-2 show up, when we have Moderna getting the spike protein sequence by phone from the Vaccine Research Center at NIAID – prior to the definition of the novel subclade. How do you treat a thing before you actually have the thing?"*

The goal of all of this has been to institute an aggressive "pan-coronavirus" vaccine schedule for adults, that seeks to replace our natural immune system with synthetic mRNA biology. This goal and the means to achieve it is encapsulated in a statement made by Wuhan Institute Gain-of-Function contractor, Peter Daszak in 2015: ***"We need to increase public understanding of the need for medical countermeasures, such as a pan-coronavirus vaccine. A key driver is the media and the economics will follow that hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of the process."***

David says, "Peter Daszak, the head of EcoHealth Alliance; Peter Daszak, the person who was independently corroborating the Chinese non-lab leak non-theory, because there wasn't a lab leak. This was an intentional bioweapon of spike proteins, to inject into people, to get them addicted to a pan-coronavirus vaccine. This has nothing to do with a pathogen that was released and every study that's ever been launched to try to verify a lab leak is a red herring..."

"It's always been all about money. And just to answer a question that was asked slightly earlier, the script for this was written first January 6th, 2004."

Reiner asks, "January 6th, 2004. Who wrote the script?"

"Merck, at the conference called SARS and Bioterrorism. 'Bioterrorism and emerging infectious diseases, antimicrobials and immune modulators.' Merck introduced the notion of what they called the 'New Normal', which is the language that became the branded campaign that was adopted by the World Health Organization, the Global Preparedness Monitoring Board, which was the board, upon which the Chinese Director of the Centers for Disease Control, Bill Gates' Dr. Elias of the Gates Foundation and Anthony Fauci sat together on that Board of Directors but the first introduction of the New Normal campaign, which was about getting people to accept a universal pan-influenza, pan-coronavirus vaccine was actually adopted January 6th, 2004."

As to the vaunted Delta and Lambda "variants" that we've been hearing about lately, David says, point-blank, "There is no evidence that the Delta Variant is somehow distinct from anything else on [GISAID](#). The fact that we are now looking for a thing doesn't mean that it is a thing, because we are looking at fragments of things...Because of the way in which we currently sequence genomes, which is actually a compositing process – it's what we'd call in mathematics, an [interleaving](#) – we don't have any point of reference to actually know whether or not the thing we're looking at is, in fact distinct from either clinical or even genomic sense...It's just an alteration and a stop-and-start of what you call the 'reading frame'. There is no 'novel' anything."

As the head of an organization that monitors all breaches of biological weapons treaty violations, that publishes lists of names and contact information and that identifies who is financing these breaches, David says, "For us, it wasn't hard to figure out that this was not a public health crisis, this was an opportunistic marketing campaign to address a stated objective. And that's why this is Occam's Razor, it's the easiest thing to describe, because they're the ones that said it. The Occam's Razor reality is that they said they needed to get the public to accept a pan-coronavirus vaccine countermeasure and they needed to the media to create the hype and investors would follow where they see profit."

"You do not have anything else you need to rely on to explain the events of the past 20 months than the actual statement of the actual perpetrator. I don't do the navel-gazing exercise of going in to try to understand whether there were 'mommy issues' behind a

bank robber. If they're holding a bag of money outside of a bank, I actually make the crazy assumption that maybe they're a bank robber."

"Similarly, if I have somebody who says 'We need to use the media to hype the medical countermeasure,' which is actually the injection of a synthetic, recombinant, chimeric protein developed off a computer simulation, if I'm actually going to listen to the motivation for why that might be being done, I will listen to the person doing the simulation, who says, 'Investors will follow where they see profit.' I don't need more explanation."

4,000 PATENTS PERTAINING TO SARS

David begins by telling Reiner that his team has reviewed the over 4,000 patents pertaining to the SARS coronavirus and done a comprehensive analysis of the financing of all of the manipulations which gave rise to SARS as a subclade of the Beta Coronavirus family.

David's team took the reported gene sequence of the so-called "novel" coronavirus, as indicated by the ICTV (the International Committee on the Taxonomy of Viruses of the World Health Organization) and compared this gene sequence with those in the patent records as of early 2020 and what they found were over 120 patented pieces of evidence to suggest that the declaration of a novel coronavirus was "entirely a fallacy."

David says, *"There was no novel coronavirus. There are countless very subtle modifications of coronavirus sequences that have been uploaded. But there was no single identified novel coronavirus, at all. As a matter of fact, we found records in the patent records of sequences attributed to novelty going to patents that were sought as early as 1999. So, not only was this not a novel anything...it's not been novel for over two decades."*

David then takes us on a short journey through the patent landscape.

"The first vaccine ever patented for coronavirus was actually sought by Pfizer...which was specifically this 'S' spike protein – so the exact same thing that allegedly we have rushed into invention – the first application was filed on January 28, 2000, twenty-one years ago."

"So the idea that we stumbled on the way to 'intervene' on vaccines is not only ludicrous it is incredulous, because Timothy Miller, Sharon Klepfer, Albert Paul Reed and Elaine Jones, on January 28th, 2000 filed what ultimately was issued as US Patent #6372224, which was the spike protein virus vaccine for the canine coronavirus, which is actually one of the multiple forms of coronavirus."

"But as I said, the early work, up until 1999 was largely focused in the area of vaccines for animals. The two animals receiving the most attention were probably Ralph Baric's work on rabbits and the rabbit cardiomyopathy that was associated with significant

problems among rabbit breeders and then, canine coronavirus, in Pfizer's work to identify how to develop 'S' and spike protein vaccine target candidates, giving rise to the obvious evidence that says that neither the coronavirus concept of a vaccine, nor the principle of the coronavirus, itself as a pathogen of interest, with respect to the spike protein's behavior is anything novel, at all. As a matter of fact, it's 22 years old, based on patent filings."

"What's more problematic, actually the most egregious problem is that Anthony Fauci and NIAID found the malleability of coronavirus to be a potential candidate for HIV vaccines."

SARS IS A MAN-MADE BIOWEAPON

"SARS is actually not a natural progression of a zoonotic modification of coronavirus. As a matter of fact, very specifically in 1999, Anthony Fauci funded research at the University of North Carolina, Chapel Hill specifically to create – and you cannot help but lament what I'm about to read, because this comes directly from a patent application filed on April 19th, 2002...where the NIAID built an infectious, replication-defective coronavirus. It was specifically targeted for human lung epithelium."

"In other words, we made SARS. And we patented it on April 19, 2002, before there was ever any alleged outbreak in Asia, which as you know, followed that by several months."

"That patent was issued as #7279327. That patent clearly lays out, in very specific gene sequencing, the fact that we knew that the ACE receptor, the ACE-2 binding domain, the S1 spike protein and other elements of what we have come to know as this 'scourge pathogen' was not only engineered, but could be synthetically modified in the laboratory using nothing more than gene sequencing technologies; taking computer code and turning it into a pathogen or an intermediate of the pathogen."

"And that technology was funded exclusively, in the early days as a means by which we could actually harness coronavirus as a vector to distribute HIV vaccine..."

"So it gets worse. My organization was asked to monitor biological weapons treaty violations in the very early days of 2000. You'll remember the [anthrax events](#) in September of 2001. And we were part of an investigation that gave rise to the Congressional inquiry into not only the anthrax origins but also what was unusual behavior around Bayer's Ciprofloxacin drug, which was a drug used as a potential treatment for anthrax poisoning. And throughout the fall of 2001, we began monitoring an enormous number of bacterial and viral pathogens that were being patented through NIH, NIAID, [USAMERIID](#), the US Armed Forces Infectious Diseases program and a number of agencies internationally that collaborated with them."

"And our concern was that coronavirus was being seen not only as a potential

manipulatable agent for potential use as a vaccine vector, but it was also very clearly being considered as a biological weapon candidate. And so our first public reporting on this took place prior to the [SARS outbreak](#) in 2001, so you can imagine how disappointed I am, to be sitting here 20 years later, having 20 years earlier pointed out there was a problem looming on the horizon with respect to coronavirus."

"But after the alleged outbreak. And I will always say, 'alleged outbreak', because I think it's important for us to understand that coronavirus, as a circulating pathogen inside the viral model we have is actually not new to the human condition and it is not new to the last two decades, it's actually been part of the sequence of proteins that circulates for quite a long time."

"But the alleged outbreak that took place in China in 2002, going into 2003 gave rise to a very problematic April 2003 filing by the United States Centers of Disease Control and Prevention. And this topic is of critical importance to get the nuance very precise. Because, in addition to filing the entire gene sequence on what became SARS coronavirus – which is actually a violation of 35 US Code Section 101 – you cannot patent a naturally-occurring substance, the 35 US Code Section 101 violation was Patent #7220852. Now, that patent also had a series of derivative patents associated with it. These are patent applications that were broken apart, because they were of multiple, patentable subject matter."

"These include, US Patent #46592703P, which is actually a very interesting designation, US Patent #776521. These patents not only covered the gene sequence of SARS coronavirus, but also covered the means of detecting it, using RTPCR."

"Now, the reason why that's a problem is if you actually both own the patent on the gene, itself and you own the patent on its detection, you have a cunning advantage to being able to control 100% of the provenance of not only the virus, itself but also its detection, meaning you have entire scientific and message control."

"And this patent, sought by the CDC, was allegedly justified by their public relations team as being sought so that 'everyone would be free to be able to research coronavirus'. The only problem with that statement is it's a lie. And the reason why it's a lie is because the Patent Office not once but twice rejected the patent on the gene sequence as 'unpatentable', because the gene sequence was already in the Public Domain."

"In other words, prior to CDC's filing for a patent, the Patent Office found 99.9% identity with the already-existing coronavirus recorded in the Public Domain and over the rejection of the Patent Examiner, and after having to pay an appeal fine in 2006 and 2007, the CDC overrode the Patent Office's rejection of their patent and ultimately, in 2007, got the patent on SARS coronavirus."

"So every public statement that CDC has made, that said this was in the public interest is falsifiable by their own paid bribe to the Patent Office. This is not something that's subtle. And to make matters worse, they paid an additional fee to keep their application private. Last time I checked, if you're trying to make information available for the public research, you would not pay a fee to keep the information private."

SARS-COV-1 = SARS-COV-2

"I wish I could have made up anything I just said but all of that is available in the public Patent Archive record, which any member of the public can review. And the Public Pair, as it's called at the US Patent Office has not only the evidence but the actual documents, which I have in my possession."

"Now, this is critically important...because 'fact-checkers' have repeatedly stated that the novel coronavirus, designated as SARS-CoV-2, is in fact distinct from the CDC patent. And here's both the genetic and the patent problem: If you look at the gene sequence that is filed by CDC in 2003, again in 2005, and then again in 2006, what you find is identity in somewhere between 89% to 99% of the sequence overlaps that have been identified in what's called the "Novel Subclade" of SARS-CoV-2."

"What we know is that the core designation of SARS coronavirus, which is actually the clade of the Beta coronavirus family and the subclade that has been called SARS-COV-2 have to overlap from a taxonomic point of view. You cannot have 'SARS' designation on a thing without it first being SARS."

"So the disingenuous fact-checking that has been done, saying that somehow or another, CDC has nothing to do with this particular patent or this particular pathogen is beyond both the literal credibility of the published sequences and it's also beyond credulity, when it comes to the ICTV taxonomy, because it very clearly states that this is, in fact a subclade of the clade called SARS coronavirus."

David then goes through the CDC's patent filing for SARS coronavirus on April 25th, 2003, three days later, followed by a filing by Sequoia Pharmaceuticals, a Maryland corporation for a patent on anti-viral agents of treatment and control of infections by coronavirus.

"Ask yourself a simple question," David says. "How would one have a treatment for a thing that had been invented three days earlier? The patent in question, the April 28th, 2003 patent, #7151163 issued to Sequoia Pharmaceuticals has another problem. The problem is, it was issued and published before the CDC patent on coronavirus was actually allowed. So the degree to which the information could have been known by any means other than insider information between those parties is zero. It is not physically possible for you to patent a thing that treats a

thing that had not been published, because CDC had paid to keep it secret. This, my friends, is the definition of criminal conspiracy, racketeering and collusion. This is not a theory. This is evidence..."

Reiner says, ***"This well could blow up into a RICO case, ultimately."***

David says, ***"It is a RICO case. It's not could blow up into it, it is a RICO case. And the RICO pattern, which was established in April 2003 for the first coronavirus was played out to exactly to the same schedule, when we see SARS-CoV-2 show up, when we have Moderna getting the spike protein sequence by phone from the Vaccine Research Center at NIAID – prior to the definition of the novel subclade. How do you treat a thing before you actually have the thing?"***

Reiner laughs.

David says, ***"It's gonna get worse, here. On the 5th of June 2008, which is an important date, because it is around the time that DARPA, the Defense Advanced Research program in the United States actively took an interest in coronavirus as a biological weapon. June 5th, 2008. AB Links, which is part of Sanofi files a series of patents that targeted what we've been told is the novel feature of the SARS-CoV-2 virus. And you heard what I just said. This s the 5th of June, 2008."***

"Specifically, they targeted the polybasic cleavage site for SARS-CoV-2, the novel spike protein and the ACE-2 receptor binding domain, which is allegedly novel to SARS-CoV-2 and all of that was patented on the 5th of June, 2008 and those patents, in sequence were issued between November 24th of 2015 and, which was US Patent #9193780. So that one came out after the Gain of Function moratorium. That one came out after the MERS outbreak in the Middle East but what you find is that, then in 2016, 2017, 2019, a series of patents, all covering not only the RNA strands but also the subcomponents of the gene strands were all issued to AB Links and to Sanofi."

"And then, we have Crucell, we have Rubius Therapeutics, we have Children's Medical Corporation, we have countless others, that include Ludwig-Maximilian Universität in München, Protein Science Corporation, Dana Farber Cancer Institute, University of Iowa, University of Hong Kong, Chinese National Human Genome Center in Shanghai, all identifying in patent filings, that ranged from 2008-2017, every attribute that was allegedly uniquely published by the single reference publication, the novel bat coronavirus reveals 'natural insertions at the S1/S2 2 cleavage site of the spike protein and possible recombinant 3 origin of the SARS-CoV-2 virus,' [the paper that has been routinely been used to identify the novel coronavirus](#)."

"Unfortunately, if you actually take what has been reported to be novel, you find 73 patents issued between 2008 and 2019 that have the elements that were allegedly novel in the SARS-CoV-2, specifically as it relates to the polybasic cleavage site, the ACE-2 receptor binding domain and the spike protein."

"So the clinically novel components of the clinically unique, clinically contagious – you know where I'm going with this – there was no outbreak of SARS, because we had engineered all of the elements of that and by 2016, the paper that was funded during the Gain of Function moratorium, that said that the SARS coronavirus was 'poised for human emergence', written by none other than Ralph Baric – was not only poised for human emergence, but it was patented for commercial exploitation 73 times."

NO LAB LEAK: COVID DEPLOYED TO LAUNCH THE 'PAN-CORONAVIRUS' VACCINE

Reiner interjects, *"Ralph Baric – I think I saw a video clip where he said you can make a lot of money with this."*

"Yes, you can," David replies, "and he has made a lot of money doing this."

"So for those who want to live in the illusion that somehow or another, that's the end of the story, be prepared for a greater disappointment. Because somebody knew something in 2015 and 2016, which gave rise to my favorite quote of this entire pandemic. And by that, I'm not being cute. My favorite quote of this pandemic was a statement made in 2015 by Peter Daszak."

"The statement that was made by Peter Daszak in 2015, reported in the National Academies of Press publication, February 12, 2016, and I'm quoting, 'We need to increase public understanding of the need for medical countermeasures, such as a pan-coronavirus vaccine. A key driver is the media and the economics will follow that hype. We need to use that hype to our advantage to get to the real issues. Investors will respond if they see profit at the end of the process'."

"Peter Daszak, the head of EcoHealth Alliance. Peter Daszak, the person who was independently corroborating the Chinese non-lab leak non-theory, because there wasn't a lab leak. This was an intentional bioweapon of spike proteins, to inject into people, to get them addicted to a pan-coronavirus vaccine. This has nothing to do with a pathogen that was released and every study that's ever been launched to try to verify a lab leak is a red herring."

Lawyer, Viviane Fischer comments, *"And there's really nothing that is new in this –"*

"Nothing." David replies. "73 patents on everything clinically novel. 73, all issued before 2019. And I'm going to give you the biggest bombshell of all, to prove that this was actually not a release of anything, because Patent #7279327, the patent on the recombinant nature of that lung-targeting coronavirus was transferred mysteriously from the University of North Carolina Chapel Hill to the National Institutes of Health in 2018."

"Now, here's the problem with that. Under the [Bayh-Dole Act](#), the U.S. Government

already has what's called a march-in provision. That means that if the US Government has paid for research, they're entitled to benefit from that research at their demand or at their whim. So explain why, in 2017 and 2018, suddenly, the National Institutes of Health have to take ownership of the patent that they already had rights to, held by the University of North Carolina, Chapel Hill? And how did they need to file a certificate of correction to make sure that it was legally enforceable, because there was a typographical error in the grant reference in the first filing?"

"So they needed to make sure that not only did they get it right but they needed to make sure every typographical error that was contained in the patent was correct – on the single patent required to develop the Vaccine Research Institute's mandate, which was shared by the University of North Carolina, Chapel Hill in November of 2019 and Moderna in November of 2019, when UNC Chapel Hill, NIAID and Moderna began the sequencing of a spike protein vaccine – a month before an outbreak ever happened."

Reiner asks, "You have all the evidence, right?"

"Yep," says David.

"So it's all about money?"

"It's always been all about money. And just to answer a question that was asked slightly earlier, the script for this was written first January 6th, 2004."

Reiner says, "January 6th, 2004. Who wrote the script?"

"Merck, at the conference called SARS and Bioterrorism. 'Bioterrorism and emerging infectious diseases, anti-microbials and immune modulators.' Merck introduced the notion of what they called the 'New Normal', which is the language that became the branded campaign that was adopted by the World Health Organization, the Global Preparedness Monitoring Board, which was the board, upon which the Chinese Director of the Centers for Disease Control, Bill Gates' Dr. Elias of the Gates Foundation and Anthony Fauci sat together on that Board of Directors but the first introduction of the New Normal campaign, which was about getting people to accept a universal pan-influenza, pan-coronavirus vaccine was actually adopted January 6th, 2004."

"So it's been around quite, quite a long time. I'm not going to belabor many more points, other than to say that it was very clear that Moderna knew that it was going to be placed at the front of the line, with respect to the development of a vaccine, in March of 2019. And this is a very important date. Because in March of 2019, for reasons that are not transparent, they suddenly amended a series of rejected patent filings, which is a very bizarre behavior. But they amended a bunch of patent filings to specifically make reference to an intentional or accidental – I'm sorry, their term: deliberate release – of coronavirus."

"So in March, they amended four failed patent applications to begin the process of a coronavirus vaccine development and they began dealing with a very significant problem that they had, which was that they relied on technology that they did not own. Two Canadian companies, [Arbutus](#) Pharmaceuticals and [Acuitus](#) Pharmaceuticals actually own the patent on the lipid nanoparticle envelope that's required to deliver the injection of the mRNA fragment. And those patents have been issued both in Canada and the US and then around the world and their around-the-world equivalents."

"Moderna knew they did not own the rights and began trying to negotiate with Arbutus and Acuitus to get the resolution of the lipid nanoparticle patented technology available to be put into a vaccine. And we know, as I made reference to before, that **in November, they entered into a cooperative agreement with UNC Chapel Hill, with respect to getting the spike protein to put inside the lipid nanoparticle, so that they actually had a candidate vaccine before we had a pathogen, allegedly that was running around.**"

"What makes that story most problematic, beyond the self-evident nature of it is that we know that from 2016 and 2019, at every one of the NIAID council board meetings, Anthony Fauci lamented the fact that he could not find a way to get people to accept the universal influenza vaccine, which was his favorite target. He was trying to get the population to engage on this process."

"And what becomes very evident, with Peter Daszak, EcoHealth Alliance, UNC Chapel Hill and others and then, most specifically, by March of 2019, in the amended patent filings of Moderna, we see that there is an epiphany that says, 'What if there was an accidental or an intentional release of a respiratory pathogen?'"

"And what makes that particular phrase problematic is it is exactly recited in the book, A World at Risk, which is the scenario that was put together by the World Health Organization in September of 2019. Months before there's an alleged pathogen, which says that we need to have a coordinated, global experience of a respiratory pathogen release, which by September 2020, must put in place a universal capacity for public relations management, crowd control, and the acceptance of a universal vaccine mandate. That was September of 2019."

"And the language of a release of a respiratory pathogen was written into the scenario that 'must be completed by September 2020...this was the Global Preparedness Monitoring Board's unified statement. There are a number of people who have taken credit and then backed away from taking credit for it..."

Reiner's group begins a Q&A and then David begins to wrap it up by recalling his experience investigating the anthrax attacks of 2001. He notes wryly that while 100,000 US troops had been sent to the Middle East to "get even" for 9/11, that two US Postal Service Inspectors were in charge of the anthrax investigation, the largest biological attack on US soil in its history.

Having seen all of that and having an organization that monitors all breaches of biological weapons treaty violations, that publishes lists of names and contact information and that identifies who is financing these breaches, **David says, "For us, it wasn't hard to figure out that this was not a public health crisis, this was an opportunistic marketing campaign to address a stated objective. And that's why this is Occam Razor, it's the easiest thing to describe, because they're the ones that said it. And the Occam's Razor reality is that they said they needed to get the public to accept a pan-coronavirus vaccine countermeasure and they needed to the media to create the hype and investors would follow where they see profit."**

"You do not have anything else you need to rely on to explain the events of the past 20 months than the actual statement of the actual perpetrator. I don't do the navel-gazing exercise of going in to try to understand whether there were 'mommy issues' behind a bank robber. If they're holding a bag of money outside of a bank, I actually make the crazy assumption that maybe they're a bank robber."

"Similarly, if I have somebody who says 'We need to use the media to hype the medical countermeasure,' which is actually the injection of a synthetic recombinant chimeric protein developed off a computer simulation, if I'm actually going to listen to the motivation for why that might be being done, I will listen to the person doing the simulation, who says, 'Investors will follow where they see profit.' I don't need more explanation."

The David L. Martin interview by Zoom is an astonishing revelation and it explains why the Internet censors blocked it so fast. This was one of the documents I mailed to Senator Rand Paul's offices in Bowling Green, KY and Washington, D.C. I ask the reader to pray for the safety of Senator Rand Paul and his family.



We also know that it is a "Depopulation" genocidal weapon, as the Vaxxes attack the reproductive organs of both male and female, predominantly female. 82% of pregnant mothers who received the Vaxx spontaneously aborted or miscarried.

We also know the highest death rates are among the elderly. Every report from Robert F. Kennedy's Children's Health Defense report in *'The Defender'* reports the average age of those who have died is currently at 75 years. If you go back and read each of the weekly reports, the average age of all deaths is consistently in this age range. It has not deviated by much more as a single percentage point as I recall. This may change now that those under 18 are being Vaxxed. Many physicians and researchers are agreed that this is unnecessary. We have to wait and see how that changes with the vaccination of children.

My observations here will be updated as need be in the coming weeks. We can only speculate as to who and what the motives are behind this scandemic, and hell-bent agenda of a "needle in every arm" statement by Klaus Schwab of the World Economic Forum made last year. At this point, we have very little information that we can trust. The statistical data that can be quantified becomes our venue starting point.



Blessings, Jesus is at the door!

Pastor Bob, Evanteachr@aol.com
www.pastorbobreid.com.
<http://jesusisthewaythetruththelife.com/node/22>

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