

# Mass Murder

## Part 23

**Real “danger” EXPOSED: COVID mortality rate ZERO among healthy children, according to new Johns Hopkins study**

by: [Sara Middleton, staff writer](#) | July 30, 2021

([NaturalHealth365](#)) As Dr. Fauci and other officials try to normalize the idea that kids of all ages will be able to (and should) get the experimental COVID jab by early 2022, a growing number of medical experts continue to risk their professional reputations and careers in order to voice their dissent.

One [example](#) comes from a Johns Hopkins professor, who recently publicized the findings of his study on the COVID death rate among kids. The results, he and his colleagues say, only add to the growing doubts about the need to push an unapproved injection onto young children.

Zero COVID deaths among healthy kids, “flimsy” evidence behind the push to give experimental COVID injection to kids, Johns Hopkins researcher says

Dr. Marty Makary is a professor at the Johns Hopkins Bloomberg School of Public Health. A surgeon by training, Dr. Makary has also been elected to the National Academy of Medicine and is the author or co-author of over 250 scientific articles.

Dr. Makary and colleagues recently collaborated with the nonprofit organization FAIR Health to analyze health insurance data from approximately 48,000 children under 18 and diagnosed with COVID-19 between April to August 2020.

What they found was significant: the death rate from COVID among healthy kids – children without any pre-existing medical condition – was zero.

“[If our research] holds,” Dr. Makary states in a July 19 op-ed published in the *Wall Street Journal*, “it has significant implications for healthy kids.”

Do NOT ignore the health dangers linked to toxic indoor air. These chemicals - the 'off-gassing' of paints, mattresses, carpets and other home/office building materials - increase your risk of nasal congestion, fatigue, poor sleep, skin issues plus many other health issues.

Dr. Makary adds that the U.S. Centers for Disease Control and Prevention (CDC) is relying on “flimsy” evidence to promote the need for two jab doses in kids, particularly if they are healthy. He uses the following example:

CDC claims that 335 American children under 18 have died with a diagnosis of COVID-19. But the agency, Dr. Makary states in his op-ed, *“hasn’t researched each death to find out whether COVID caused it or if it involved a pre-existing medical condition.”*

He continues: *“I’ve written hundreds of peer-reviewed medical studies, and I can think of no journal editor who would accept the claim that 335 deaths resulted from a virus without data to indicate if the virus was incidental or causal, and without an analysis of relevant risk factors such as obesity.”*

Despite this logical critique of the [experimental jab](#) data (or lack thereof); the CDC recently decided those two doses – never mind just one – are worth the risk for kids aged 12 to 15.

Is CDC ignoring natural immunity and injection complications? Can we truly make medical mandates based on such incomplete data? Johns Hopkins doctor raises important questions.

Here’s the reality:

Hospitals have routinely [tested patients for COVID-19](#) throughout the pandemic, even if they are asymptomatic and not at the hospital for a COVID-related reason.

This explains why someone in the hospital with a gunshot wound or other unrelated issue could technically be counted as a “COVID hospitalization.”

As far as kids go, this questionable categorization points to a question that the CDC and public health officials are all too happy to sweep under the rug: among kids, who had a COVID diagnosis at the time of their death, did they die OF COVID or did they die WITH COVID?

Dr. Makary’s critique of the CDC doesn’t end here. He notes that the agency is likely “under-capturing data” regarding COVID injection complications and those they are ignoring the rates of natural immunity from prior infections.

What do you think?

Does the current data (and its interpretation) raise more questions about the safety of COVID jabs for kids? Should schools be preparing to mandate the jab for incoming students as soon as the government gives them the green light?

**Pastor Bob recommends to anyone reading this weekly report, sign up for Dell Bigtree's web site, [The Highwire.com](http://TheHighwire.com). Dell interviews practicing physicians and scientists. Dell Bigtree was the producer and host of the television program "The Doctors".**

**Dane Wigington  
GeoengineeringWatch.org**

What aren't we being told? Is the highly toxic and controversial element graphene being seeded into our skies as part of the ongoing covert climate intervention operations? Is climate modification the only motive behind the elements being utilized for atmospheric aerosol spraying programs? Are other agendas also being carried out? Do the weather makers and their controllers consider the consequences of their actions? Or is it possible that many of the consequences are, in fact, part of the agenda? Please review the attached 5 minute video report for input and answers.

All are needed in **the critical battle to wake populations** to what is coming, **we must make every day count**. Share **credible data** from a credible source, make your voice heard. Awareness raising efforts can be carried out from your own home computer.

The nature of this article is technical; however specific health issues and problems are noted in **bold red type**. **With all the so-called Vaccines, it was reported in the previous Mass Murder segment that all the vaxxes contain Graphene Oxide!**

**Dane Wigington of GeoengineeringWatch.org has confirmed that we are being sprayed with it disbursed through the Chemtrails all over the country.**

**[DW](#)**

Must view, **[THE DIMMING](#)**, our most comprehensive climate engineering documentary:

**Responses to Graphene Skies?**

***V. Susan Ferguson says:***

**[July 30, 2021 at 10:59 am](#)**

***VSF:*** *This is only one company of many in the graphene business. There are five others that are recommended as stock-buys for investors. Applied Graphene Materials (AGM), Haydale Graphene Industries (HAYD), AIXTRON (AIXA), Applied Graphene Materials (AGM), ZEN Graphene Solutions (ZEN).*

**The Future of Graphene and 5G  
Grolltex Manager, April 2nd, 2018**

At the February Mobile World Congress, held in Barcelona, Spain, the *close connection between graphene and 5G technology* was one of the main sources of attraction. Both have been featured prominently in the news recently as new-age wonders, so it's only natural that the two would at some point combine forces to produce some truly remarkable capabilities. That time appears to be in the very near future, as considerable

research has been underway on ways that the two could support each other for mutual benefit.

Monolayer graphene has only been commercially available for about the last decade, but it has already made a powerful impact in the areas of high-speed photosensitivity, farming applications, flexible photodetectors, medical diagnostics, and water purification processes. **5G** of course, has been hailed as the future of communications for several years, and is considered to be the enabling technology for both VR and AR. Some of the ongoing research has been related to finding ways that super-conductive, flexible monolayer graphene could be used to support the needs of **5G** technology, to help finally achieve the breakthrough it needs.

### **Graphene and 5G Technology Combined**

**5G** technology cannot simply be scaled up from previous technology to meet the demands of high-speed communications of the future – it needs an enabling technology. Enter monolayer graphene. By late 2017, a research team at Chalmers University in Sweden had developed a method of *combining graphene flexibility with terahertz detection so as to make it possible to connect the Internet of Things (IoT), via high-bandwidth technologies available in 5G.*

Another group of researchers comprised of Italian University specialists and commercial companies, have produced a flexible microwave device for communications which has applications for Wi-Fi, and which can also be used in millimeter wave (mmWave) technologies. And why is this important? It's universally acknowledged that *the true future of 5G technology lies in this millimeter wave technology.*

Currently some of the **5G** high-frequency components are made using gallium arsenide technology, but this is very costly, and has been one of the factors slowing the development of **5G**. Graphene can be manufactured much more inexpensively, and its quality is at least comparable and often superior to gallium arsenide. The only thing which hinders the shift from gallium arsenide to graphene is the immaturity of the graphene supply chain – this is a technology barely 10 years old, and there are not a lot of manufacturers able to supply components in the quantity that would be needed.

### **The Future of Graphene**

The versatility of graphene will become more and more evident in the next several years, as graphene will be used in the manufacture of a wide range of superior products such as water desalination membranes, medical diagnostic devices, smartphone displays, stretchable electronics, advanced solar cells, and others. Graphene is clearly the wave of the future, and it will be fascinating to observe its ongoing development.

Grolltex is the most advanced graphene producer in the U.S. Through patented transfer and processing methods, we are able to produce single layer graphene at a cost structure not previously known. There are *currently more than 15,000 products under patent-pending status which are based on graphene technology*, and that number will most assuredly be growing in the coming few years. To acquire high-quality graphene

sheets for sale, or monolayer graphene, contact us with any questions you might have, or to place an order.

### **Abstract**

Graphene and graphene derivatives (e.g., graphene oxide (GO)) have been incorporated into hydrogels to improve the properties (e.g., mechanical strength) of conventional hydrogels and/or develop new functions (e.g., electrical conductivity and drug loading/delivery). Unique molecular interactions between graphene derivatives and various small or macromolecules enable the fabrication of various functional hydrogels appropriate for different biomedical applications. In this mini-review, we highlight the recent progress in GO-incorporated hydrogels for biomedical applications while focusing on their specific uses as mechanically strong materials, electrically conductive scaffolds/electrodes, and high-performance drug delivery vehicles.

### **Properties of Graphene Oxide**

One of the advantages of the graphene oxide is its *easy dispersability in water and other organic solvents*, as well as in different matrixes, due to the presence of the oxygen functionalities. This remains as a very important property when mixing the material with ceramic or polymer matrixes when trying to improve their electrical and mechanical properties.

On the other hand, in terms of electrical conductivity, graphene oxide is often described as an electrical insulator, due to the disruption of its sp<sup>2</sup> bonding networks. In order to recover the *honeycomb hexagonal lattice*, and with it the electrical conductivity, the reduction of the graphene oxide has to be achieved. It has to be taken into account that once most of the oxygen groups are removed, the reduced graphene oxide obtained is more difficult to disperse due to its tendency to create aggregates.

Functionalization of graphene oxide can fundamentally change graphene oxide's properties. The resulting chemically modified graphenes could then potentially become much more adaptable for a lot of applications. *There are many ways in which graphene oxide can be functionalized*, depending on the desired application. For optoelectronics, biodevices or as a drug-delivery material, for example, it is possible to substitute amines for the organic covalent functionalization of graphene to *increase the dispersability of chemically modified graphenes in organic solvents*. It has also been proved that porphyrin-functionalized primary amines and fullerene-functionalized secondary amines could be attached to graphene oxide platelets, ultimately increasing nonlinear optical performance.

In order for graphene oxide to be usable as an intermediary in the creation of monolayer or few-layer graphene sheets, it is important to develop an oxidization and reduction process that is able to separate individual carbon layers and then isolate them without modifying their structure. So far, while the chemical reduction of graphene oxide is currently seen as the most suitable method of mass production of graphene, it has been difficult for scientists to complete the task of producing graphene sheets of the same quality as mechanical exfoliation, for example, but on a much larger scale. Once this

issue is overcome, we can expect to see graphene become much more widely used in commercial and industrial applications.

### **Abstract**

With the development of nanomaterials and sensor technology, *nanomaterials-based electrochemical immune-sensors* have been widely employed in various fields. Nanomaterials for electrode modification are emerging one after another in order to improve the performance of electrochemical immune-sensors. When compared with traditional detection methods, electrochemical immune-sensors have the advantages of simplicity, real-time analysis, high sensitivity, miniaturization, rapid detection time, and low cost. Here, we summarize recent developments in electrochemical immune-sensors based on nanomaterials, including carbon nanomaterials, metal nanomaterials, and quantum dots. Additionally, we discuss research challenges and future prospects for this field of study.

### **Fabrication and Characterization of a Biomaterial Based on Extracellular-Vesicle Functionalized Graphene Oxide**

Mesenchymal stem cell (MSC) derived extracellular vesicles (EV) are emerging as acellular therapeutics for solid organ injury and as carriers for drug delivery. Graphene-based materials are novel two-dimensional crystal structure-based materials with unique characteristics of stiffness, strength and elasticity that are being explored for various structural and biological applications. We fabricated a biomaterial that would capture desirable properties of both graphene and stem cell derived EV.

### **Developmental Toxicity of GO-EV Treatment**

To determine if GO and sGO-based biomaterials have in vivo effects, we evaluated their toxicity using zebrafish. Dechoriation and hatching in zebrafish takes place between 48 and 72 hpf. First, we monitored the hatching rate of the zebrafish starting at 45 hpf. In comparison to vehicle treated control zebrafish, there was a modest delay in the hatching rates of the zebrafish treated with 100  $\mu\text{g/mL}$  GO and GO-EV, conversely, the rates in zebrafish treated with 10  $\mu\text{g/mL}$  EV were accelerated (Figure 7). A similar acceleration in hatching was observed in the zebrafish treated with 10  $\mu\text{g/mL}$  sGO, whereas the zebrafish treated with 10  $\mu\text{g/mL}$  sGO-EV, 100  $\mu\text{g/mL}$  sGO and 100  $\mu\text{g/mL}$  sGO-EV all exhibited delayed hatching rates (Supplementary Figure 1). Next, we evaluated for the development of any malformations. In zebrafish exposed to GO-EV, yolk sac edema and pericardial edema were observed. Pericardial edema was also observed in the zebrafish treated with either low or high concentrations of sGO-EV. On the contrary, there were no malformations observed in the zebrafish treated with PBS, GO, or sGO at either 10 or 100  $\mu\text{g/mL}$ . The heart rate varied considerably at different time points, but we did not observe any trends toward decreased heart rate in any treatment groups (data not shown). We further assessed survival of zebrafish at 168 hpf. A slight increase in mortality was observed in zebrafish treated with GO-EV, and with higher concentrations of sGO or sGO-EV but there was no lethality observed in zebrafish treated with PBS, GO or lower concentrations of sGO.

## Discussion

In the present study we have developed a graphene oxide-based biomaterial synthesized by copper-catalyzed cycloaddition of azide tagged bone marrow derived-MSC-EV to alkyne functionalized graphene oxide. This novel biomaterial offers the ability to combine the structural physicochemical benefits of graphene with the biological effects of MSC-EV. MSC-EV retain the intrinsic therapeutic properties of their parent cells and have shown to be effective in promoting tissue repair and regeneration, mitigating oxidative stress and modulating immune cell activities.

The utility of MSC-EV as acellular therapeutics is being increasingly recognized. Their use is enhanced by several properties. Their cargo can be altered by exogenous loading to selectively enrich them with modulatory agents such as anti-sense oligonucleotides (George et al., 2018), miRNAs (Pomatto et al., 2019) or siRNAs (Matsuda et al., 2019). In addition, selective manipulation of their content is feasible through genetic engineering of donor cells to express RNA or proteins of interest. Moreover, their surface can be engineered to express specific markers that facilitate tissue- or cell-targeted delivery of the EV. Furthermore, their cellular production can be modulated by micro-environmental perturbations (Yan et al., 2017; Zhang et al., 2020). Of particular therapeutic relevance, MSC-EV also retain an ability to home to sites of inflammation and injury, similar to their parental cells (Lai et al., 2013). For all of these reasons, MSC-EV are attractive acellular therapeutics as well as therapeutic delivery vehicles with the capacity for targeted delivery of bioactive therapeutic molecules.

Theranostics is a term derived from a combination of the words therapeutics and diagnostics. In this emerging field of medicine, drugs and/or techniques are uniquely combined to simultaneously or sequentially diagnose and treat medical conditions.

The ability to acquire a diagnosis and administer therapy in one package is a game-changer for medicine as we know it. Not only does this offer the opportunity to save time and money, but it also potentially allows one to bypass some of the undesirable biological effects that may arise when these strategies are employed separately.

### Theranostics and Nanomedicine

The medical application of nanotechnology is referred to as nanomedicine, and this is made possible by a vast range of medical and scientific methodologies. One such approach is the use of nanoparticles in theranostics. The ultimate aim of combining nanomedicine and theranostics is to modify disease and patient-specific outcomes in such a way that they are drastically improved. <https://www.news-medical.net/health/What-is-Theranostics.aspx>

The unique physicochemical properties and adaptability of graphene makes it attractive for development as a theranostic nanomaterial. Several biomedical applications such as drug and nucleic acid delivery, biosensing, photothermal, photodynamic therapy and tissue engineering have been proposed for graphene and its derivatives such as GO and rGO (Robinson et al., 2011; Hu et al., 2012; Lee et al., 2016; Shin et al., 2016;



Vinothini et al., 2019). The oxygen-containing functional groups in GO and rGO contribute to their overall colloidal stability in aqueous solutions. These derivatives are often conjugated to polymers or other biomolecules in order to mitigate membrane-damaging effects or the effects of oxidative stress. Similarly, the conjugation of MSC-EV to GO may permit additional properties that can be exploited toward broader potential biomedical applications. The MSC-EV cargo contains a variety of bioactive molecules that can work alone, or in concert, to elicit a therapeutic effect (Liang et al., 2016; Yan et al., 2017). The modifiability of the EV cargo and the EV surface profile can contribute to achieve the desired biological effects in a targeted fashion (Ye et al., 2018).

Furthermore, considering that EV and GO are internalized by different mechanisms, conjugation of EV to GO could enhance GO uptake by recipient cells (Huang et al., 2012; McKelvey et al., 2015). Thus, the biological effects of MSC-EV such as reducing tissue injury can be coupled with physical, biochemical or structural functionalities offered by graphene.

An advantage of conjugation of EV to GO allows exploitation of the properties of graphene, such as surface modifications for additional functional properties. For example, cytotoxic effects of GO-EV could be augmented by loading chemotherapeutic that are released in a pH-responsive manner in tumor settings (Ardeshirzadeh et al., 2015; Wang et al., 2019). Other potential applications may involve fashioning the GO-EV as a structural biomolecule for implantation as an extracellular scaffold within tissues such as bone or teeth, or within endoprostheses and stents placed in the body (Diomedea et al., 2018; Li et al., 2018). In this context, the ability to selectively load MSC-EV exogenously after isolation, or endogenously through genetic or protein manipulation of the parental cells offer the potential ability to use GO-EV as a therapeutic delivery platform. For such applications, further studies to determine the kinetics of EV release from GO-EV would be valuable to determine whether controlled release of MSC-EV can be accomplished for therapeutic benefit.

The paucity of developmental or genotoxic effects of the GO-EV biomaterial paves the way for development of further applications in tissue engineering and regenerative medicine. Within the context of bone tissue engineering, GO elicits pro-osteoneogenic effects *in vitro* and *in vivo* (Hermenean et al., 2017). BM MSC-EV cargo has been shown to be enriched in several pro-osteogenic miRNAs (Ardeshirzadeh et al., 2015). Thus, GO-EV could augment the osteoinductive effects observed with GO. We observed variable effects on cytotoxicity of GO-EV and sGO-EV in liver cancer cell lines, though minimal cytotoxicity was observed in healthy hepatocytes. Notably, no genotoxicity was observed. Moreover, we did not detect any significant developmental toxicity in zebrafish. sGO-EV and GO-EV are readily recognized and phagocytosed by macrophages. Following their internalization by RAW264.7 cells, an alteration in the secretome profile with enhanced secretion of the pro-inflammatory cytokine, TNF- $\alpha$  was observed. The immunological impact of these biomaterials warrants further evaluation. Biocompatibility *in vivo* could be improved via the conjugation of GO with polymers that are capable of being cleaved upon internalization of the biomaterial to prevent the



adverse accumulation of GO in cells (Li et al., 2014). Additional surface modifications may further reduce undesirable immune effects observed in our in vitro study.

This study developed a process for fabrication of a graphene-based biomaterial incorporating MSC-EV and examined their cytotoxicity and immunologic effects in vitro and developmental toxicity effects in vivo. GO-EV induced an inflammatory response and cell-specific cytotoxicity. While some developmental malformations were observed, these had a minimal impact on overall survival in zebrafish. There are opportunities to further improve the biocompatibility of GO-EV. For example, variable effects of cytotoxicity have been observed with GO in different study settings. Cytotoxicity can be influenced by the flake size and the degree of oxygenation of GO, with the smaller and more oxygenated forms of GO eliciting more potent cytotoxic effects (Pelin et al., 2017; Gurunathan et al., 2019). Differences in GO induced cytotoxicity have been observed between different malignant and non-malignant cells (Fiorillo et al., 2015). Attention to optimized approaches and selection of base materials is warranted in future studies because cytotoxic effects could be impacted by the physical differences in the lateral dimensions and overall shapes of graphene noted between top-down and bottom-up synthetic approaches (Lee et al., 2019). Such efforts are warranted to take full advantage of the use of GO-EV as a functional biomaterial that combines the versatility of graphene with the intrinsic therapeutic effects of cell derived EV for the development of biomedical applications.

#### **Data Availability Statement**

The original contributions presented in the study are included in the article/Supplementary Material, further inquiries can be directed to the corresponding author/s.

#### **Ethics Statement**

The animal study was reviewed and approved by the Mayo Clinic Institutional Animal Care and Use Committee.

<https://www.frontiersin.org/articles/10.3389/fbioe.2021.686510/full>

#### **Reply**

... several typical mechanisms underlying GFN toxicity have been revealed, for instance, physical destruction, oxidative stress, DNA damage, inflammatory response, apoptosis, autophagy, and necrosis ...

GFNs can be delivered into bodies by intratracheal instillation [30], oral administration [31], intravenous injection [32], intraperitoneal injection [33] and subcutaneous injection

**GFNs can induce acute and chronic injuries in tissues by penetrating through the blood-air barrier, blood-testis barrier, blood-brain barrier, and blood-placenta barrier etc. and accumulating in the lung, liver, and spleen etc. ...**

... graphene nanomaterials aerosols can be inhaled and substantial deposition in the respiratory tract, and they can easily penetrate through the tracheobronchial airways ...

**The toxicological mechanisms of GFNs demonstrated in recent studies mainly contain inflammatory response, DNA damage, apoptosis, autophagy and necrosis etc. ...**

**GO can result in acute inflammation response and chronic injury ...**

**Fibrosis and inflammation ...**

**The GFNs exert different toxicological effects on male or female reproductive system. pregnant mice had abortions at all dose, and most pregnant mice died when the high dose ...**

**The developmental toxicity of GFNs may induce structural abnormalities, growth retardation, behavioral and functional abnormalities, and even death. ...**

**The cytotoxicity of GFNs in vitro has been verified in various cells to change the cell viability and morphology, destroy the membrane integrity, and induce DNA damage [110–112]. GO or rGO decrease cell adhesion; induce cell apoptosis; and enter lysosomes, mitochondria, cell nuclei, and endoplasm [113]. GQDs entered cells and induced DNA damage ...**

**Graphene can increase cell viability [117] or cause cell death ...**

**... cause dose-dependent toxicity ... The high content of GO mainly deposited in the lungs, liver, spleen, and kidneys and was difficult to be cleaned by the kidneys ...**

**Increasing concentrations of GO entered the lysosomes, mitochondria, endoplasm, and cell nucleus ...**

**GO can insert between the base pairs of double-stranded DNA and disturb the flow of genetic information at the molecular level, which might be one of the main causes of the mutagenic effect of GO ...**

**... the importance of the GO surface charge because of its ability to affect the internalization and uptake mechanism of cells ...**

... strong electrostatic interactions between the negatively charged oxygen groups on the GO/GS surface and positively charged phosphatidylcholine lipids on the RBC outer membrane ...

The physical interaction of graphene nanoparticles with cell membranes is one of the major causes of graphene cytotoxicity ...

... the sharpened edges of GNS may act as 'blades', inserting and cutting through bacterial cell membranes ...

... overwhelm the activity of antioxidant enzymes, including catalase, SOD, or glutathione peroxidase (GSH-PX) ... The interactions of GO with cells can lead to excessive ROS generation, which is the first step in the mechanisms of carcinogenesis, ageing, and mutagenesis

Exposure to GFNs resulted in significantly increased coupled and uncoupled mitochondrial oxygen consumption, dissipation of the mitochondrial membrane potential, and eventual triggering of apoptosis by activating the mitochondrial pathway ...

GFNs can cause apoptosis and/or cell necrosis by direct influencing cell mitochondrial activity ...

Due to its small size, high surface area and surface charge, GO may possess significant genotoxic properties and cause severe DNA damage, for example, chromosomal fragmentation, DNA strand breakages, point mutations, and oxidative DNA adducts and alterations ...

Even if GO cannot enter into the nucleus of a cell, it may still interact with DNA during mitosis when the nuclear membrane breaks down, which increases the opportunity for DNA aberrations ...

The  $\pi$  stacking interaction between the graphene carbon rings and the hydrophobic DNA base pairs can make a DNA segment 'stand up' or 'lay on' the surface of graphene with its helical axis perpendicular or parallel, respectively. The intermolecular forces severely deform the end base pairs of DNA, which potentially increases the genotoxicity ...

**DNA damage can not only initiate cancer development but also possibly threaten the health of the next generation if the mutagenic potential of GO arises in reproductive cells, which impacts fertility and the health of offspring ...**

**A strong inflammatory response was induced by subcutaneously injection ...**

**Apoptosis is defined as the self-destruction of a cell regulated by genes through complicated programmes ... after inhalation ...**

**... graphene and GO physically damaged cell membranes ... increased the permeabilization of the outer mitochondrial membrane and changed the mitochondrial membrane potential ... triggered by the death-receptor and canonical mitochondrial pathway ...**

**Necrosis is an alternate form of cell death induced by inflammatory responses or cellular injury. The exposure of cells to pristine graphene causes apoptosis and necrosis at high doses ...**

**GFNs could cause subtle changes in gene expression programming by modulating epigenetic changes.**

I'm guessing that they probably used Graphene for this engineered winter weather event, to likely destroy the world's largest coffee bean crops. IN BRAZIL?

*"Some Brazilians tweeted their reaction on the winter phenomenon, saying the snowfall brought 'intense cold air-break' and hail."*

Sounds exactly like the intense cold air-break and hail phenomenon we had here in Texas back in February!

Ironic how most of these engineered winter weather and heat dome events, only seem to occur where crops, vineyard, orchards and other agricultural based economies are located. Or major gas, coal and oil refineries are operating. Plus the "mystery" cyber attacks on pipelines and meat processing plants.

Anyone else seeing a pattern developing here, besides just Dane?

Modern and historical warfare tactics include crippling the civilian populations and I find it hard to believe that Nature would be just as discerning. Because the military industrial

complex continues to grow stronger with each passing weather (Climate) anomaly. While the general public starves, freezes or suffers from heat stroke!

In their book, all of this is considered "Mission Accomplished". Especially when it can all be done covertly, while operating right out in plain sight as well.

Thank you Dane. I mentioned to you on a You Tube post I'd been smelling aluminum in my sinuses on heavily cloudy days. Now I know why.

I was wondering why the skies look different as of late. They spray very early now in the morning. It is stringy clouds and they burn off by midday. There is still a lot of aluminum because I see it sparkling in sunlight. Graphene, wow, our world covered in it and our bodies injected with it. You cannot make this evil up!

Thank You Dane!!! This absolutely confirms what I've been telling others about viruses amidst the other toxins in the spraying. It's even effected my little dog as she has developed a chronic cough that gets worse when we've spent time outdoors.

## **Globalists flee to private islands, underground bunkers, as they unleash bioweapons “nuke from orbit” plan to decimate the human race with spike protein vaccine injections**

Monday, August 02, 2021 by: [Mike Adams](#)

[\(Natural News\)](#) The biological war against humanity has just shifted from the “please come take these friendly vaccine” phase to a globalist “nuke from orbit” stance that plans to force mass extermination injections on the entire human race. The irrational desperation of governors and national leaders to force spike protein bioweapons injections into the masses is a sure sign that this has never been about public health. Rather, it has always been about compliance with experimental, deadly injections that contain gene alteration nanotech alongside toxic particles that are well known to induce antibody dependent enhancement (ADE) in victims.

**What we are witnessing is a global extermination event unfolding under the false label of a “public health” initiative, all broadcast by the journo-terrorism media, with [Big Tech controlling](#) every conversational narrative and the corrupt, criminal science journals and institutions (CDC, WHO, etc.) conspiring to lie to the very same public they are deliberately working to slaughter with the bioweapons they designed.**

**Covid-19 is nothing but a renamed common cold virus, which is why no “novel” covid-19 physical specimen has ever been isolated from a sick human and shown to cause illness by itself.** The real sickness is caused by the spike protein bioweapon, and the PCR tests are flagging people as “positive” for having fragments of previous colds or even flu vaccines from previous years. (I've confirmed all this with Dr. Judy Mikovitz.)

There are no isolated, quantitative covid-19 reference materials in the real, physical world... they don't exist.

Even as a lab science founder and owner myself, I have been utterly unable to locate any isolated, physical reference standards of the claimed covid-19 virus (SARS-CoV-2). All the companies selling so called "isolated" are admitting they are no such thing, offering bizarre disclaimers such as, "this product is not suitable as a whole cell antigen preparation because the protein content is largely contributed by the host cell and the fetal bovine serum used during virus propagation." [See an example at this link from BEI Resources.](#)

This means it isn't a covid-19 isolate at all. Essentially, the CDC grabbed a person who was sick with a common cold, harvested some lung snot from them, labeled it "covid" and ever since, they've been replicating this lung snot by growing it in cow blood serum and cloned human cells. These are nothing but "snot stew" cocktails of all sorts of viral fragments and genetic material, combining wild type viruses with previous monkey viruses found in flu shots, plus human genetic material and so on. Covid-19 hasn't been isolated at all.

BEI Resources, which sells this "snot stew" goo, also warns that it cannot state anything about these samples being accurately labeled or confirmed in the least:


*BEI Resources makes no warranties or representations as to its accuracy. Citations from scientific literature and patents are provided for informational purposes only. BEI Resources does not warrant that such information has been confirmed to be accurate.*

This is far from any legitimate, scientific "Certified Reference Material" (CRM) that's typically used in legitimate science. For example, in my food science lab, we routinely purchase NIST-traceable CRMs for glyphosate, lead, arsenic, mercury and so on. Yet there are no legitimate, isolated CRMs for any covid-19 virus, and also no such thing for any "Delta" variant which appears to be nothing more than a clever name for spike protein vaccine side effects.

In today's Situation Update podcast, I discuss my recent conversation with Dr. Judy Mikovitz, the utter lack of legitimate reference materials for covid, and the globalist "nuke from orbit" plan to mass murder billions of humans beings through this faked *plandemic* that has all been based on outrageous quack science fraud.



## 20,595 DEAD 1.9 Million Injured (50% SERIOUS) Reported in European Union's Database of Adverse Drug Reactions for COVID-19 Shots



EudraVigilance - European database  
of suspected adverse drug reaction reports

The European Medicines Agency publishes these data so that its stakeholders, including the general public, can access information that European regulatory authorities use to review the safety of a medicine or active substance. **Transparency** is a key guiding principle of the Agency.

**COVID-19 Vaccine Adverse Drug Reactions**  
**20,525 DEAD**  
**1,960,607 Injuries Through July 31, 2021**  
COVID-19 MRNA VACCINE MODERNA (CX-024414)  
COVID-19 MRNA VACCINE PFIZER-BIONTECH  
COVID-19 VACCINE ASTRAZENECA (CHADOX1 NCOV-19)  
COVID-19 VACCINE JANSSEN (AD26.COV2.S)



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

EudraVigilance

by Brian Shilhavy Editor, Health Impact News

The European Union database of suspected drug reaction reports is [EudraVigilance](#), and they are now reporting **20,595 fatalities**, and **1,960,607 injuries**, following COVID-19 injections.

A *Health Impact News* subscriber from Europe reminded us that this database maintained at EudraVigilance is only for countries in Europe who are part of the European Union (EU), which comprises 27 countries.

The total number of countries in Europe is much higher, almost twice as many, numbering around 50. (There are some differences of opinion as to which countries are technically part of Europe.)

So as high as these numbers are, they do NOT reflect all of Europe. The actual number in Europe who are reported dead or injured due to COVID-19 shots would be much higher than what we are reporting here.



The EudraVigilance database reports that through July 31, 2021 there are **20,595 deaths** and **1,960,607** injuries reported following injections of four experimental COVID-19 shots:

- [COVID-19 MRNA VACCINE MODERNA \(CX-024414\)](#)
- [COVID-19 MRNA VACCINE PFIZER-BIONTECH](#)
- [COVID-19 VACCINE ASTRAZENECA \(CHADOX1 NCOV-19\)](#)
- [COVID-19 VACCINE JANSSEN \(AD26.COV2.S\)](#)

From the total of injuries recorded, half of them (968,870) are serious injuries.

*“Seriousness provides information on the suspected undesirable effect; it can be classified as ‘serious’ if it corresponds to a medical occurrence that results in death, is life-threatening, requires inpatient hospitalisation, results in another medically important condition, or prolongation of existing hospitalisation, results in persistent or significant disability or incapacity, or is a congenital anomaly/birth defect.”*

A *Health Impact News* subscriber in Europe ran the reports for each of the four COVID-19 shots we are including here. This subscriber has volunteered to do this, and it is a lot of work to tabulate each reaction with injuries and fatalities, since there is no place on the [EudraVigilance](#) system we have found that tabulates all the results.

Since we have started publishing this, others from Europe have also calculated the numbers and confirmed the totals.\*

Here is the summary data **through July 31, 2021**.

Total reactions for the experimental mRNA vaccine Tozinameran (code BNT162b2, Comirnaty) from [BioNTech/ Pfizer](#): 9,868 deaths and 767,225 injuries to 31/07/2021

- 21,004 Blood and lymphatic system disorders incl. 126 deaths
- 19,717 Cardiac disorders incl. 1,489 deaths
- 177 Congenital, familial and genetic disorders incl. 14 deaths
- 9,913 Ear and labyrinth disorders incl. 8 deaths
- 471 Endocrine disorders incl. 3 deaths
- 11,693 Eye disorders incl. 21 deaths
- 69,612 Gastrointestinal disorders incl. 431 deaths
- 205,214 General disorders and administration site conditions incl. 2,832 deaths
- 779 Hepatobiliary disorders incl. 46 deaths
- 8,405 Immune system disorders incl. 53 deaths
- 24,114 Infections and infestations incl. 941 deaths
- 9,314 Injury, poisoning and procedural complications incl. 146 deaths
- 19,170 Investigations incl. 323 deaths
- 5,675 Metabolism and nutrition disorders incl. 178 deaths
- 104,915 Musculoskeletal and connective tissue disorders incl. 122 deaths
- 528 Neoplasms benign, malignant and unspecified (incl. cysts and polyps) incl. 43 deaths
- 137,631 Nervous system disorders incl. 1,081 deaths

- 719 Pregnancy, puerperium and perinatal conditions incl. 24 deaths
- 140 Product issues incl. 1 death
- 13,659 Psychiatric disorders incl. 130 deaths
- 2,481 Renal and urinary disorders incl. 157 deaths
- 8,028 Reproductive system and breast disorders incl. 2 deaths
- 33,642 Respiratory, thoracic and mediastinal disorders incl. 1,168 deaths
- 36,970 Skin and subcutaneous tissue disorders incl. 87 deaths
- 1,289 Social circumstances incl. 13 deaths
- 564 Surgical and medical procedures incl. 25 deaths
- 21,401 Vascular disorders incl. 404 deaths

Total reactions for the experimental mRNA vaccine mRNA-1273(CX-024414) from **Moderna**: 5,460 deaths and 212,474 injuries to 31/07/2021

- 3,901 Blood and lymphatic system disorders incl. 49 deaths
- 6,139 Cardiac disorders incl. 599 deaths
- 86 Congenital, familial and genetic disorders incl. 3 deaths
- 2,699 Ear and labyrinth disorders
- 165 Endocrine disorders incl. 1 death
- 3,330 Eye disorders incl. 13 deaths
- 18,562 Gastrointestinal disorders incl. 200 deaths
- 57,313 General disorders and administration site conditions incl. 2,188 deaths
- 345 Hepatobiliary disorders incl. 20 deaths
- 1,803 Immune system disorders incl. 9 deaths
- 6,151 Infections and infestations incl. 332 deaths
- 4,652 Injury, poisoning and procedural complications incl. 102 deaths
- 4,289 Investigations incl. 103 deaths
- 2,105 Metabolism and nutrition disorders incl. 125 deaths
- 26,743 Musculoskeletal and connective tissue disorders incl. 107 deaths
- 252 Neoplasms benign, malignant and unspecified (incl. cysts and polyps) incl. 27 deaths
- 38,118 Nervous system disorders incl. 552 deaths
- 432 Pregnancy, puerperium and perinatal conditions incl. 5 deaths
- 46 Product issues
- 4,224 Psychiatric disorders incl. 90 deaths
- 1,306 Renal and urinary disorders incl. 85 deaths
- 1,526 Reproductive system and breast disorders incl. 2 deaths
- 9,377 Respiratory, thoracic and mediastinal disorders incl. 521 deaths
- 11,300 Skin and subcutaneous tissue disorders incl. 45 deaths
- 925 Social circumstances incl. 20 deaths
- 700 Surgical and medical procedures incl. 55 deaths
- 5,985 Vascular disorders incl. 207 deaths

Total reactions for the experimental vaccine AZD1222/VAXZEVRIA (CHADOX1 NCOV-19) from **Oxford/ AstraZeneca**: 4,534 deaths and 923,749 injuries to 31/07/2021

- 10,912 Blood and lymphatic system disorders incl. 184 deaths
- 15,131 Cardiac disorders incl. 523 deaths

- 132 Congenital familial and genetic disorders incl. 3 deaths
- 10,643 Ear and labyrinth disorders
- 415 Endocrine disorders incl. 3 deaths
- 16,108 Eye disorders incl. 18 deaths
- 91,912 Gastrointestinal disorders incl. 229 deaths
- 244,487 General disorders and administration site conditions incl. 1,128 deaths
- 729 Hepatobiliary disorders incl. 41 deaths
- 3,663 Immune system disorders incl. 18 deaths
- 22,077 Infections and infestations incl. 284 deaths
- 10,114 Injury poisoning and procedural complications incl. 119 deaths
- 20,068 Investigations incl. 105 deaths
- 11,087 Metabolism and nutrition disorders incl. 62 deaths
- 140,986 Musculoskeletal and connective tissue disorders incl. 63 deaths
- 446 Neoplasms benign malignant and unspecified (incl. cysts and polyps) incl. 13 deaths
- 194,032 Nervous system disorders incl. 727 deaths
- 363 Pregnancy puerperium and perinatal conditions incl. 8 deaths
- 135 Product issues incl. 1 death
- 17,296 Psychiatric disorders incl. 39 deaths
- 3,324 Renal and urinary disorders incl. 40 deaths
- 11,369 Reproductive system and breast disorders
- 31,980 Respiratory thoracic and mediastinal disorders incl. 534 deaths
- 42,437 Skin and subcutaneous tissue disorders incl. 30 deaths
- 1,093 Social circumstances incl. 7 deaths
- 971 Surgical and medical procedures incl. 19 deaths
- 21,839 Vascular disorders incl. 336 deaths
- 

Total reactions for the experimental COVID-19 vaccine JANSSEN (AD26.COV2.S) from **Johnson & Johnson**: 733 deaths and 57,159 injuries to 31/07/2021

- 531 Blood and lymphatic system disorders incl. 23 deaths
- 867 Cardiac disorders incl. 92 deaths
- 21 Congenital, familial and genetic disorders
- 346 Ear and labyrinth disorders
- 24 Endocrine disorders incl. 1 death
- 705 Eye disorders incl. 3 deaths
- 5,449 Gastrointestinal disorders incl. 27 deaths
- 15,097 General disorders and administration site conditions incl. 177 deaths
- 78 Hepatobiliary disorders incl. 7 deaths
- 231 Immune system disorders incl. 5 deaths
- 915 Infections and infestations incl. 21 deaths
- 529 Injury, poisoning and procedural complications incl. 11 deaths
- 2,936 Investigations incl. 51 deaths
- 305 Metabolism and nutrition disorders incl. 12 deaths
- 9,614 Musculoskeletal and connective tissue disorders incl. 18 deaths

- 24 Neoplasms benign, malignant and unspecified (incl. cysts and polyps) incl. 2 deaths
- 12,240 Nervous system disorders incl. 90 deaths
- 17 Pregnancy, puerperium and perinatal conditions incl. 1 death
- 17 Product issues
- 659 Psychiatric disorders incl. 8 deaths
- 207 Renal and urinary disorders incl. 9 deaths
- 354 Reproductive system and breast disorders incl. 2 deaths
- 1,878 Respiratory, thoracic and mediastinal disorders incl. 57 deaths
- 1,602 Skin and subcutaneous tissue disorders incl. 2 deaths
- 143 Social circumstances incl. 3 deaths
- 468 Surgical and medical procedures incl. 30 deaths
- 1,902 Vascular disorders incl. 81 deaths

EudraVigilance - European database of suspected adverse drug reaction reports		EUROPEAN MEDICINES AGENCY SCIENCE MEDICINES HEALTH				
Last Update: Jul 31, 2021	Reported Cases	Fatalities	% Fatalities to cases	All Multiple Symptoms	Serious injuries	% serious to ALL
Oxford/AstraZeneca	346 881	4 534	1,31%	923 749	496 693	53,77%
Pfizer-BioNTech	327 665	9 868	3,01%	767 225	336 609	43,87%
Moderna	84 587	5 460	6,45%	212 474	116 849	54,99%
Janssen	19 915	733	3,68%	57 159	18 719	32,75%
<b>Total:</b>	<b>779 048</b>	<b>20 595</b>	<b>2,64%</b>	<b>1 960 607</b>	<b>968 870</b>	<b>49,42%</b>

\*These totals are estimates based on reports submitted to [EudraVigilance](#). Totals may be much higher based on percentage of adverse reactions that are reported. Some of these reports may also be reported to the individual country's adverse reaction databases, such as the U.S. VAERS database and the UK Yellow Card system. The fatalities are grouped by symptoms, and some fatalities may have resulted from multiple symptoms.

**Pfizer continued their program of using Israelis as lab rats this week as Israel became the first country in the world to authorize a third COVID-19 “vaccine” for those who have already received two Pfizer mRNA shots, beginning with people over the age of 60.**

**[ZeroHedge News reports:](#)**

In what's a likely sign of things to come elsewhere, Israel is now pushing a third jab, or follow-up booster for those who've already received their two vaccine rounds, for the elderly people over the age of 60. (This is criminal insanity!)

Israel's prominent 'Haaretz' newspaper revealed Thursday the country will be the first in the world to start doing so after government approval, writing that Israel "will start offering a third COVID vaccine shot to people over 60 starting on Sunday, after the Health Ministry approved the move on Thursday."

*“The booster shots will be given to those over 60 who received their second dose at least five months ago. Israel is the first country to announce that it will begin giving booster shots,” the report says.*

Israeli President Naftali Bennet unveiled the plan to the nation in a televised address:

*“I’m announcing this evening the beginning of the campaign to receive the booster vaccine, the third vaccine,” Bennett said.*

*“Reality proves the vaccines are safe. Reality also proves the vaccines protects from severe morbidity and death. And like the flu vaccine that needs to be renewed from time to time, it is the same in this case.”*

Read the full article at [ZeroHedge News](#).

Earlier this year Vera Sharav, a Holocaust survivor, reported how the Israeli government had reached an agreement with Pfizer to vaccinate as many people in Israel as quickly as possible and monitor the results, selling out their citizens as “lab rats.”

### **Government Consigned Israeli Population to be Human Subjects in a Massive Experiment**

### **Israelis Cry Out to the World to Stop Mandatory COVID Injections as Lawsuit is Filed in International Criminal Court Over Nuremberg Code Violation**

It appears that now the Israeli people will also be the first to be tested with a third injection, as Israeli President Naftali Bennet confirmed what most of us expected: there will be constant COVID-19 booster shots just like the annual flu shots.

Mordechai Sones, with [America’s Frontline Doctors](#), interviewed security expert Ehden Biber this week who claims to have recovered unredacted contracts between Pfizer and world governments which he claims required these countries to ban or make illegal existing treatments for COVID-19, such as Ivermectin, to be able to distribute Pfizer mRNA COVID-19 injections.

Information security expert on revealed Pfizer agreements: ‘There’s good reason Pfizer fought to hide the details of these contracts’

“If you were wondering why Ivermectin was suppressed, it is because the agreement that countries had with Pfizer does not allow them to escape their contract, which states that even if a drug will be found to treat COVID-19, the contract cannot be voided.”

If you take a look back to the previous European Eudra Vigilance data, [Pfizer has the highest number of deaths for the Vaxxes in Europe, twice the rate of the other three Vaxxes being given in Europe.](#)



## Physicians who post COVID-19 vaccine misinformation may lose license, medical panel says

Jackie Drees - Thursday, July 29th, 2021

The Federation of State Medical Boards warned July 29 that physicians and other healthcare professionals could be at risk of losing their medical licenses if they spread COVID-19 vaccine misinformation on social media, online and in the media.

FSMB, a non-profit that represents all U.S. state medical boards, said any clinicians who create or spread vaccine misinformation or disinformation risk disciplinary action by state medical boards, including suspension or revocation of their medical license, according to a statement emailed to *Becker's Hospital Review*.

*"Due to their specialized knowledge and training, licensed physicians possess a high degree of public trust and therefore have a powerful platform in society, whether they recognize it or not,"* FSMB said. *"They also have an ethical and professional responsibility to practice medicine in the best interests of their patients and must share information that is factual, scientifically grounded and consensus-driven for the betterment of public health."*

In July, President Joe Biden [called out](#) social media platforms like Facebook for allowing vaccine misinformation to spread on its services, claiming that disinformation about the vaccines is "killing people," according to *CNBC*. On August 1<sup>st</sup>, 2021, an emergency meeting was held at the White House over the mixed messages being put out by the government and its various health agencies. We are going gangbusters as the communist regime cracks down on free speech. I have never seen blocking and



censoring as I do now. When the CDC pulled down the VAERS reporting site last week it became obvious they are doubling down on the vaxxes for nefarious reasons. For a virus with a 99.98% recovering rate, it should become self-evident that this is not about a virus. **There is no Covid-19 virus, it was a bioweapon and it had 18 fragments of the HIV genome and 4 fragments of the SARS2-CoV2 inserted as well to make**

**people ill, and those with existing health conditions would die from the added pathogen payload.**

The FDA plans to certify the vaxxes in order for the illegal president to mandate it to the U.S. Military and then force it upon the unvaxxed public. This is a Crime against Humanity and a Genocidal Depopulation agenda of the world's elite who fly around in their personal jets trying to save the planet excrement.

**Bombshell: Bill Gates partnered with CCP group to conduct coronavirus gain-of-function research**

**08/04/2021**



For the past five years, the Chinese Communist Party (CCP) via the National Natural Science Foundation (NSFC) of China has [maintained a partnership](#) with the Bill & Melinda Gates Foundation that involves conducting scientific research into, you guessed it: *bat coronaviruses*.

*The National Pulse* published an in-depth exposé into the partnership, revealing that the People's Liberation Army (PLA) has been conducting research on bat coronaviruses alongside the Bill & Melinda Gates Foundation at the infamous [Wuhan Institute of Virology](#), which is where the Wuhan coronavirus (Covid-19) is believed to have "escaped" after being sent there by Ralph Baric from the [University of North Carolina at Chapel Hill](#).



The state-owned scientific group says it is “guided by President Xi Jinping’s Socialist thoughts,” which normally involve creating “strategic cooperative agreements” with the CCP’s Central Military Commission. However, the Gates Foundation got involved back in 2015, signing a memorandum of understanding with the NSFC to “jointly support research projects and bilateral workshops.”

“Together, the Gates Foundation and NSFC would ‘co-fund awards of up to US\$1M and 4 years for collaborations between Chinese and international investigators,’” writes Natalie Winters for *The National Pulse*, highlighting key points from the Gates Foundation memo.

Billionaire Gates is using your taxpayer dollars to develop new covid “vaccines”. As of this writing, the Gates Foundation is still working with the NSFC on Fauci Flu research. It was identified as one of several CCP-run scientific organizations that “partnered” with the regime on a \$5 million grant to “identify and confirm cases, safely isolate and care for patients and accelerate the development of treatments and vaccines.”

On several occasions, representatives from the NSFC have visited the Gates Foundation headquarters in Seattle to discuss new projects. Vice President Hou Zengqian made an appearance there in October 2019. Back in 2016, an NSFC delegation also met with the Gates Foundation Deputy Director of Discovery & Translational Sciences.

One of the reasons you probably never heard anything about this is because the Gates Foundation [controls most major “news” outlets](#), steering what gets reported to shine favorably on Gates and his endeavors at all times. Further important is that the U.S. government does not want to publicize this as it involves the U.S. complicity in weaponizing biologicals and chemicals. Bill Gates is an eugenicist and his father was a V.P. and founder of Planned Parenthood. These people are all in bed with each other and committed to reducing the world population. Genocide is their game!

Fortunately, that stranglehold of censorship is beginning to show some cracks as the *Pulse* and others unearth truths that link Gates and his cronies to the Chinese Virus *plandemic*.

Gates also held his infamous [“Event 201” pandemic exercise](#) back in the fall of 2019, just months before the Fauci Flu was announced by the mainstream media as a scary new threat for which we need to give up our freedoms.

Event 201 depicted a public-private partnership almost exactly like the one that we now know exists between the Gates Foundation and communist China being used to usher in a new world order on the back of a deadly disease scare.

Gates was clearly announcing the Wuhan coronavirus (Covid-19) *plandemic* before it happened, and very few people seemed to notice at the time. More people sure are connecting the dots these days, however.

“Another one of Satan’s operatives, both him and Soros,” one of our commenters wrote about Bill Gates. *“Those two are the nastiest looking and corrupt to their core. Absolutely disgusting!”*

*“It was run in conjunction with the globalist ‘Global Economic Forum’ that China is a part of,”* wrote another.

Yet another said it right by explaining that the only pandemic going on right now is “fear politics to sell toxic vaccines and reduce the population around the world.” The “elite” could not care less about anyone’s health, and anyone who thinks otherwise is living in delusion.

### **No Proof there is a so-called Delta Variant**

The Delta variant of COVID 19 is the latest twist in the Chinese bioweapon unleashed on the World. But I find one thing very troubling—news media, pundits and some health organizations insist the culprit behind the latest breakout of COVID cases is the DELTA variant but there is no test for the DELTA variant. It would be one thing if the media reports told the story of people being tested and then, a day or two later, learn belatedly they are carrying the dreaded DELTA variant. But that is not what is being reported. The testing for the DELTA variant is presented as an article of faith. [This is an example:](#)

*Data from [Public Health England](#) (PHE) shows that, while the overall chances of getting re-infected are very low, the Delta variant, first identified in [India](#) and which accounts for around 99% of cases in the UK, poses a higher risk.*

*It came as new figures showed the breakdown of how many people in hospital with the Delta variant have had one or both doses of a Covid-19 vaccine.*

From June 21 to July 19, some 1,788 people were admitted to hospital after testing positive for Delta.

*Of these, 970 (54%) were unvaccinated, while 530 (30%) had received both doses. So how does the testing occur? It apparently requires some rather [sophisticated laboratory analysis](#):*

*Although there are **no direct Delta variant tests**, PCR tests that are positive for SARS-CoV-2 can undergo genetic analysis such as ‘genomic sequencing’ which tells us if it is the Delta (or another) variant. This means it is possible to accurately identify if someone is unwell with the Delta variant of Covid-19. This is problematic since the World Health Organization (WHO) finally conceded that the PCR tests do not work, and they were never intended to measure quantity but only quality of a test.*

**While it is “possible” to identify that someone may have the DELTA variant, THERE IS NO DIRECT TEST.**

**So, I repeat my question—how the hell do we know that most of the new cases are “DELTA” when there is no DIRECT test? No lab slide samples exist and it is a question of “Where is the proof?”**

This is a serious question to you, the readers. If you have any evidence or citation to clear up this confusion I welcome your input.

Fauci says he fears a COVID variant worse than Delta could be coming. The big picture: As the virus continues to spread due to insufficient vaccination rates, it is being given “ample” time to mutate into a more dangerous new variant in the fall and winter, Fauci said.

*“Quite frankly, we’re very lucky that the vaccines that we have now do very well against the variants — particularly against severe illness,”* Fauci said, emphasizing that this might not be the case with a new variant.

*“If another one comes along that has an equally high capability of transmitting but also is much more severe, then we could really be in trouble,”* he said.

*“Quite frankly, we’re very lucky that the vaccines that we have now do very well against the variants — particularly against severe illness,”* Fauci said, emphasizing that this might not be the case with a new variant.

*“If another one comes along that has an equally high capability of transmitting but also is much more severe, then we could really be in trouble,”* he said. More fear-mongering from flip flop Fauci!

## **FDA Shreds Formal Science Trials for Safety as mRNA Shots to Be Approved, Scientists Fear Self-Organ Attacks by Confused Immune Systems**

[August 5, 2021](#)

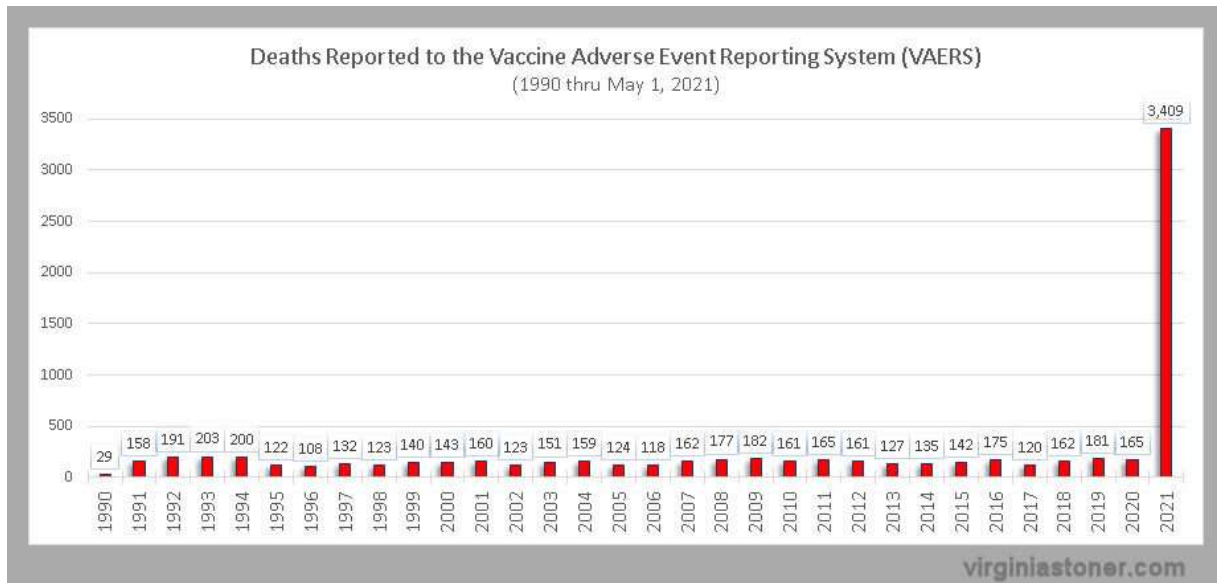
The FDA is set to violate its [own lawful requirements](#) for completed clinical trials before approving a drug for general public use, even as the CDC system for reporting “adverse events,” including deaths, shows more events in 7 months for the Pfizer/Moderna products than for [all other vaccines combined](#) since 1990.

*Below: Reported possibly linked COVID vaccine deaths compared to previous possible vaccine death reports, through May 1st. 2021, [red bar now over 12,000 \(source\)](#) (click for larger image)*

The FDA announcement is expected to open the floodgates for mandatory mRNA injections, on pain of losing one’s livelihood and ability to feed one’s family.

[CNN reported on July 29th:](#)

“Though the FDA has yet to [disclose a time line](#) for when its work will be done, medical experts and sources familiar with the process tell CNN that full approval could come within the next couple of months.” Its going to happen sooner than that!



Last March 2020, Pfizer and Moderna, filed their plans – protocols – for showing that a drug was, above all, safe. The earliest either set of clinical trials was complete was late into 2022.

[\[Pfizer clinical trials protocol submitted to FDA, last into 2022\]](#)

[\[Moderna clinical trials protocol submitted to FDA, last into 2023\]](#)

In times of sanity, the FDA approves a plan, a “protocol,” which includes clinical trials of certain duration, to show that a drug is safe. When the protocol and trials are complete, the drug company presents its data, and the FDA then approves or denies.

.....  
: **The essence of the FDA announcement is there is now NO formal scientific** :  
: **process for determining the safety of what employers may demand people shoot** :  
: **into their veins, or lose their jobs, even when the CDC “early warning system,”** :  
: **the Vaccine Adverse Event Reporting System (VAERS,) is signaling, as many** :  
: **scientists say, anything but “safe and effective.”** :  
: .....  
: .....

This is after the pharmaceuticals were already allowed the unheard of step of short-circuiting the normal three to six years of animal trials, which has been scathingly criticized by the original inventor of mRNA vaccine technology, [Dr. Robert Malone](#) formerly of the Salk’s Institute. Does suddenly eliminating a rigorous, long-term experimental process mean that a drug is not still an experiment? This is just another example of the FDA’s corruption and illegal actions.

There are now over **500,000 “adverse events”** entered into the CDC’s [Vaccine Adverse Event Reporting System](#), (VAERS,) including **12,000 deaths**, **41,000 hospitalizations**, **13,000 permanent disabilities**, **11,000 “life threatening,”** and **300 birth defects**. One-third of the deaths [occurred within 48 hours](#), in one large sample.

Former Vice President and Chief Science Officer for Pfizer for 16 years, [Dr. Mike Yeadon](#), said last year:

*“There is absolutely no need for vaccines to extinguish the pandemic. I’ve never heard such nonsense talked about vaccines.”*

*“You do not vaccinate people who aren’t at risk from a disease. You also don’t set about planning to vaccinate millions of fit and healthy people with a vaccine that hasn’t been extensively tested on human subjects,”*

Dr. Yeadon was among the first to point out that “new cases” can be manufactured depending on the number of “cycles” a test is set to. It has been [admitted by the government](#) that likely a fraction of deaths listed as COVID were actually COVID. It is only the [extent to which this is true](#) which is unknown.

Although it is frequently argued that the CDC Vaccine Adverse Event Reporting System (VAERS) does not conclusively determine that a vaccine was the cause of injury or death that was never the intent of the system. It was set up as an early warning system for signals that a disaster was in the making, so that the government could recall a drug, if necessary, for further investigation. In 1976, the Swine Flu vaccine program was halted [after just 25 unexplained](#) deaths, after being administered to 40 million Americans.

If a [Harvard-Pilgrim study](#) on adverse event reporting is correct, the VAERS data may represent only 1% of actual reportable events. Regardless of the true magnitude, the CDC concedes that adverse events are [vastly under-reported](#).

### **Deadly mRNA Injections Pushed While Safe Remedies Banned**

The FDA plows ahead despite the dire warnings of many in the science community, including the [inventor of the mRNA technology](#), who say we may be headed for a backlash of harrowing, Biblical proportions.

As if all this were not bad enough, remedies for COVID which are globally recognized as cheap, safe, and effective continue to be banned in the U.S., even though countries which have encouraged the use of hydroxychloroquine (HCQ) and Ivermectin have consistently reported reductions in COVID mortality of 70%, or more. (*HCQ/Ivermectin*

The remedies have none of the dire safety concerns that are now rampant over the mRNA shots, except in [flawed studies](#) which [continue to be cited](#) by the U.S. medical establishment. The suppression of HCQ and Ivermectin in the U.S. and Western nations

may explain why, globally, there were [no excess deaths in 2020](#), that is, deaths over the number which would be ordinarily expected.

**The nation of Gibraltar, which achieved a 99 percent vaccine compliance rate as of June 1, is now seeing an astounding spike in cases.**

The number of COVID cases per day have increased by an astounding 2,500 percent since June 1, in the latest bit of evidence that the vaccine regime is not all it's cracked up to be.

By June 1st, over 99% of Gibraltar's population was fully vaccinated. Since that time, new COVID cases per day have increased more than 2,500%.

As a result of the failure of the COVID-19 vaccine, Gibraltar is undergoing another lockdown of sorts, which is affecting public life for all of the countrymen who bought the Big Pharma propaganda and lined up for the shots.

The Gibraltar Ministry of Culture and the Office of Civil Contingencies has cancelled all large scale events until at least September due to the outbreak. They are also urging all private facilities to implement restrictions as well.

"The Government calls on private bars, restaurants and nightclubs to be cautious in the events that they hold, to strictly control numbers and to ensure that clients are vaccinated and have a negative COVID-19 test result," the government [wrote in their announcement](#) of the restrictions.

*"At this point in time the Government is not considering introducing legislation to control catering establishments and nightclubs, but this is of course a possibility should cases continue to rise regardless,"* they continued.

*"While all of this is inconvenient and burdensome, it is important that we continue to work together, as we have done up to now, in reducing the risk of transmission and once again obliterating COVID-19 in the community,"* the government added.

Throughout the West, government have begun to re-impose the mask mandates due to the lack of efficacy of the vaccines, which is then blamed on the individuals who refused the shots by the mass media and the so-called public health experts.

Gibraltar only has a population of just fewer than 34,000 but has experienced an unusually high number of deaths alleged to be Covid-19. 95 deaths have been reported as Covid.

This is a significant number for this small of a country. But this is another story on **5G** wireless energy for a different article. But Covid-19 is a great cover story for global control agenda as we transition to the period of the Great Tribulation in the Bible.



## Freedom of Information Requests: Health/ Science Institutions Worldwide “Have No Record” of SARS-COV-2 Isolation/Purification

August 04, 2021

### *Profound Evidence Proves the Covid-19 is All BS!*

In a shocking revelation first reported by Dan Dicks of [Press for Truth \(Canada\)](#), an FDA document admits that the CDC and FDA conspired to fabricate a covid-19 testing protocol using human cells combined with common cold virus fragments because **they had no physical samples of the SARS-CoV-2 “covid” virus available.**

Without physical reference material to use for calibration and confirmation, the test has zero scientific basis in physical reality. And all the PCR analysis based on this protocol is utterly fraudulent, flagging people as “positive” for covid when they merely possess tiny quantities of RNA fragments from other coronavirus strains circulating in their blood. The FDA document, available [from the FDA.gov website](#), is entitled, “CDC 2019-Novel Coronavirus (2019-nCoV)

Real-Time RT-PCR Diagnostic Panel.” The document astonishingly admits: (emphasis ours)

*Since **no quantified virus isolates of the 2019-nCoV were available for CDC use at the time the test was developed** and this study conducted, assays designed for detection of the 2019-nCoV RNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN908947.2) of known titer (RNA copies/μL) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic clinical specimen.*

**In other words, they had no covid virus from which to develop and calibrate the test, so they mixed up a cocktail of human cells and RNA fragments from a common cold virus, and then called it “covid.”** The GenBank sequence referred to in this paragraph is simply **a digital library definition that’s labeled “covid”** but has no supporting reference materials in physical reality either.

That’s because **no doctor or researcher has isolated “covid” from any infected, symptomatic patient.** As a result, no laboratory instruments can be calibrated against *actual* covid, and the tests simply rely on digital libraries pushed out by the CDC and WHO, using “covid” as the label.

I know this is hard for people to believe, and for many it is even harder to believe they were duped! It is a fact and the public were conned into taking a gene therapy experiment that will cost them their lives.

The PCR tests are then instructed to look for these genetic sequences obtained from the fabricated digital libraries, meaning the entire scheme is junk science circular logic with no basis in physical reality.



## Why are there seemingly non certified reference materials for covid available to laboratories for instrument calibration?

I am the founder and owner of an analytical laboratory that routinely conducts quantitative analysis of food contaminants, producing high-precision analysis results for pesticides, herbicides and heavy metals. In every case where we conduct lab analysis, **we calibrate the instruments against known physical samples called “external standards” or “certified reference materials.” (CRM)**

Any lab can purchase CRMs for mercury, arsenic, glyphosate and even salmonella. For example, [this link at Biosisto](#) lists CRMs for various salmonella strains. Labs can purchase those reference materials and use them to calibrate their instruments, making sure their analysis is traced back to physical, real-world samples of a purified material. These CRMs, in turn, must be NIST-traceable in order to confirm their origin and authenticity. All CRMs are therefore labeled with lot numbers and expiration dates.

While labs can purchase reference materials for microbes, heavy metals, pesticides, etc. — all *physical* materials — I have searched far and wide and have not been able to locate any certified reference materials for SARS-CoV-2 or even a weakened, non-viable version of it. As far as I can tell, **there appear to be no physical specimens of isolated covid viruses available for instrument calibrations and testing protocol quality control.** NONE WHATSOEVER!

To be clear, I’m not saying that viruses don’t exist, and it’s quite clear that the Wuhan Institute of Virology colluded with Fauci, Daszak, the NIH, Baric and others to develop a weaponized spike protein. But **the spike protein is not a virus by itself.** It’s simply a toxic nanoparticle that can be synthesized in quantity and then either dumped on cities or added to vaccines and injected into people via immunization protocols.

I ask the big question about all this in my science lab whistleblower video here, which presents more details about all this that will have your head spinning. In essence, **if “covid-19” is a real virus that can be isolated, why are there apparently no physical reference materials to calibrate laboratory instruments for covid detection?** And why were no such materials used in the development of the FDA-approved, CDC-endorsed PCR testing protocols?

**CDC pulls its own fraudulent covid PCR testing protocol, implying it cannot differentiate between covid and influenza.**

What adds to the mystery in all this is the fact that [the CDC just issued a “laboratory alert,”](#) announcing their intention to withdraw the faulty PCR testing protocol by the end of this year. As part of their announcement, they implied that the current PCR test — the same one the FDA mentioned above, which was developed without any physical covid samples for calibration — **cannot tell the difference between influenza and covid.**

From the CDC document:

*In preparation for this change, CDC recommends clinical laboratories and testing sites that have been using the CDC 2019-nCoV RT-PCR assay select and begin their transition to another FDA-authorized COVID-19 test. CDC encourages laboratories to consider adoption of a multiplexed method that can **facilitate detection and differentiation of SARS-CoV-2 and influenza viruses.***

Why might it be important to differentiate covid from influenza?

Because, as it seems, **influenza cases nearly disappeared in 2020** as influenza was re-labeled “covid” due to the faulty testing.

“Percentage influenza positivity decreased by 64% ( $p = 0.001$ ) and estimated daily number of influenza cases decreased by 76% ( $p = 0.002$ ) in epidemiologic weeks 5–9 of 2020 compared with the preceding years,” [reported the CDC in 2020](#).

In essence, the medical establishment simply took all the people who would normally be diagnosed with colds and the flu, and shifted them into the “covid” category in order to push a covid mass hysteria narrative that would drive people into vaccines. The vaccines, then, were formulated with spike protein toxic nanoparticles to cause the “delta” panic wave, which is largely occurring among vaccinated individuals. From here, the plandemic scam proceeds like clockwork: People get sick from the vaccines, so more vaccine boosters are demanded, which perpetuates the illness. Rinse and repeat. It never ends until the perpetrators are arrested and people wise up to the scam.

The CDC has just published a science document that confirms the entire scam. [Click here to view the PDF on our servers.](#)

It’s entitled, “Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021” and it shockingly admits that **74% of infections occurred in fully vaccinated (double dose) people:**

*During July 2021, 469 cases of COVID-19 associated with multiple summer events and large public gatherings in a town in Barnstable County, Massachusetts, were identified among Massachusetts residents; vaccination coverage among eligible Massachusetts residents was 69%. Approximately three quarters (346; **74%**) of cases occurred in fully vaccinated persons (those who had completed a 2-dose course of mRNA vaccine [Pfizer-BioNTech or Moderna] or had received a single dose of Janssen [Johnson & Johnson] vaccine? 14 days before exposure).*

See, the vaccine is the pandemic. The vaccine is spreading the spike protein, and the fake PCR tests provide the fuel to keep the mass hysteria going.

Is it not obvious that this social engineering has little to do with preventing infection from a corona virus with a less than 1% death rate? This manipulation is designed to nullify our Constitution, paving the way for totalitarian Marxism.

**The DOJ doesn't have the authority to mandate vaccines. It's against the Constitution to force individuals to get vaccines, much less vaccines that have not been approved by the FDA. There are limits on the federal government's authority.**

## **The Vaxxes are the Biblical Mark of the Beast of Revelation 13:17; 14:11; 15:2; 16:2; 19:20; and 20:4! [Pay close attention]**

This will likely surprise many who have been hoping it was not so, but we have ample evidence to the affect that the Vaxxes; all four, AstraZeneca, Moderna, Pfizer, and J&J contain Graphene Oxide, a poison that will be part of the QuantumDot: Hydrogel ID2020. I saw it coming twenty-two years ago when the "Digital Angel" was unveiled on the NBC "Today" morning news. The company that produced the "Digital Angel" went bankrupt from financial problems and then IBM bought the company and its patents and research work. Since 2002, IBM and Bill Gates of Microsoft teamed up to produce what is known today as the "QuantumDot:Hydrogel ID2020". This is the Biblical "MARK" of the Beast System. I first wrote about this 18-months ago.

**If you do not learn anything that I have shared in this series, do not allow yourself to be vaxxed and do not submit to nasal swab tests or future booster Vaxxes.** The Pfizer pharmaceutical have stated people will need booster shots every six months. The booster shots are needed for several reasons: **1. To trick the human immune system in accepting the package contained in the Vaxx,** and **2. To upload more Graphene Oxide into the individual.** **Pfizer just posted earnings of \$5,000,000,000 for the latest quarter (\$5 billion) earnings report. WOW: Moderna Calls for 3<sup>rd</sup> Shot of Vaccine to Protect Against New Strains — On Same Day Company Posts \$4 Billion 2nd Quarter Profit on Vaccine. Interestingly, Big Pharma was going broke before the Scamdemic was hatched!** Are you beginning to see a picture of the well-used expression "Follow the money trail?"

In the previous segment of this ongoing series I included two articles posted Friday, July 30<sup>th</sup>, 2021. The articles were very comprehensive for anyone not familiar with what I was saying two years ago. The Pittsburgh, PA NBC affiliate station Channel 11 noon news today August 6<sup>th</sup>, 2021 said Pfizer will begin giving the third jab "booster" shot next month, September, 2021! **Moderna led the move recently by raising the price of their "gene" therapy by 25%.** Can you blame them for taking advantage of the fear propaganda put out there by Lucifer's vaccine czar Jesuit Fauci? Wake your family and friends to this crime against humanity! Or is the world full of Forrest Gumps?

God built into the human body a wonderful immune system that attacks anything that is injected into the body through a needle. In previous articles, I have noted when they talk about so-called "booster" shots it will be to trick the natural immune system from

expelling or rejecting the man-made vaxx toxins. The immune system goes into attack mode to destroy what has been injected into the body. Anyone that has had any sort of “transplant” surgery knows that rejection of the replacement organ is the biggest hurdle faced, and requires a “transplant” patient to take anti-rejection drugs most of their remaining days of life.

## **VAERS Latest Data Include 2 New Reports of Teen Deaths Following COVID Vaccine, as Total Reports of Deaths Exceed 12,000**

VAERS data released today by the CDC showed a total of **545,338 reports of adverse events** from all age groups following COVID vaccines, including **12,366 deaths** and **70,105 serious injuries** between Dec. 14, 2020 and July 30, 2021.

Data released today by the Centers for Disease Control and Prevention (CDC) showed the total number of reports (including foreign and U.S.) of deaths following COVID vaccination, across all age groups, **surpassed 12,000.**

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 30, 2021, a total of **545,338 total adverse events** were reported to VAERS, including **12,366 deaths** — an increase of 426 over the previous week. There were **70,105 reports of serious injuries**, including deaths, during the same time period — up 7,003 compared with the previous week.

Excluding “[foreign reports](#)” filed in VAERS, **443,201 adverse events**, including **5,739 deaths** and **35,881 serious injuries**, were reported in the U.S.

In the U.S., **344.9 million** COVID vaccine doses had been administered as of July 30. This **includes**: 139 million doses of [Moderna’s](#) vaccine, 193 million doses of [Pfizer](#) and 13 million doses of the [Johnson & Johnson](#) (J&J) COVID vaccine.

Of the 5,739 U.S. deaths reported as of July 30, **13% occurred** within 24 hours of vaccination, **19% occurred** within 48 hours of vaccination and **34% occurred** in people who experienced an onset of symptoms within 48 hours of being vaccinated.

## Search Results

From the 7/30/2021 release of VAERS data:

**Found 545,338 cases where Vaccine is COVID19**

Table

Event Outcome	Count	Percent
Death	12,346	2.26%
Permanent Disability	14,251	2.61%
Office Visit	30,135	5.53%
Emergency Room	36	0.01%
Emergency Doctor/Room	67,880	12.45%
Hospitalized	45,800	8.39%
Hospitalized, Prolonged	134	0.02%
Recovered	185,331	33.99%
Birth Defect	224	0.04%
Life Threatening	12,193	2.24%
Not Serious	219,382	40.23%
<b>TOTAL</b>	<b>1,600,836</b>	<b>1,179.26%</b>

† 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 545,338 (the number of cases found), and the Total Percentage is greater than 100.

Excluding “[foreign reports](#)” filed in VAERS, [443,201 adverse events](#), including [5,739 deaths](#) and [35,881 serious injuries](#), were reported in the U.S.

In the U.S., [344.9 million](#) COVID vaccine doses had been administered as of July 30. This [includes](#): 139 million doses of [Moderna’s](#) vaccine, 193 million doses of [Pfizer](#) and 13 million doses of the [Johnson & Johnson](#) (J&J) COVID vaccine.

Of the 5,739 U.S. deaths reported as of July 30, [13% occurred](#) within 24 hours of vaccination, [19% occurred](#) within 48 hours of vaccination and [34% occurred](#) in people who experienced an onset of symptoms within 48 hours of being vaccinated.

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

**This week’s U.S. data for 12- to 17-year-olds show:**

- [15,741](#) total adverse events, including [947 rated as serious](#) and [18 reported deaths](#). Two of the nine deaths were suicides.

The most recent reported deaths include a 15-year-old boy (VAERS I.D. [1498080](#)) who previously had COVID, was diagnosed with cardiomyopathy in May 2021 and died four days after receiving his second dose of Pfizer’s vaccine on June 18, when he collapsed



on the soccer field and went into ventricular tachycardia; and a 13-year-old girl (VAERS I.D. [1505250](#)) who died after suffering a heart condition after receiving her first dose of Pfizer.

- Other deaths include two [13-year-old boys](#) (VAERS I.D. [1406840](#) and [1431289](#)) who died two days after receiving a Pfizer vaccine, a 13-year-old boy who died after receiving Moderna (VAERS I.D. [1463061](#)), three 15-year-olds (VAERS I.D. [1187918](#), [1382906](#) and [1242573](#)), five 16-year-olds (VAERS I.D. [1420630](#), [1466009](#), [1225942](#), [1475434](#), and [1386841](#)) and three 17-year-olds (VAERS I.D. [1199455](#), [1388042](#) and [1420762](#)).
- [2,323 reports](#) of anaphylaxis among 12- to 17-year-olds with 99% of cases attributed to [Pfizer's vaccine](#).
- [406 reports](#) of myocarditis and pericarditis (heart inflammation) with [402 cases](#) attributed to Pfizer's vaccine.
- [77 reports](#) of blood clotting disorders, with all cases attributed to Pfizer.

**This week's total U.S. VAERS data, from Dec. 14, 2020 to July 30, 2021, for all age groups combined, show:**

- 21% of deaths were related to cardiac disorders.
- 54% of those who died were male, 43% were female and the remaining death reports did not include gender of the deceased.
- The [average age](#) of death was **73.2**.
- As of July 30, [2,636 pregnant women](#) reported adverse events related to COVID vaccines, including 912 reports of [miscarriage or premature birth](#).
- Of the [2,533 cases of Bell's Palsy](#) reported, 50% were attributed to [Pfizer](#) vaccinations, 43% to [Moderna](#) and 6% to [J&J](#).
- 483 reports of [Guillain-Barré Syndrome](#), with 40% of cases [attributed to Pfizer](#), 35% to [Moderna](#) and 24% to [J&J](#).
- [121,452 reports of anaphylaxis](#) with 44% of cases attributed to [Pfizer's vaccine](#), 48% to [Moderna](#) and 8% to [J&J](#).
- [8,048 reports](#) of blood clotting disorders. Of those, [3,428 reports](#) were attributed to Pfizer, [2,910 reports](#) to Moderna and [1,665 reports](#) to J&J.
- [2,018 cases](#) of myocarditis and pericarditis with [1,275 cases](#) attributed to Pfizer, [667 cases](#) to Moderna and [71 cases](#) to J&J's COVID vaccine.

## **FDA eyes full approval of Pfizer vaccine by early next month**

The U.S. Food and Drug Administration (FDA) has accelerated its timeline to fully approve Pfizer's COVID vaccine — planning to complete the process by the beginning of September, people familiar with the effort told [The New York Times](#).

President Biden said last week he expected a fully approved vaccine in early fall. But the FDA's unofficial deadline is Labor Day or sooner, according to The Times.

The agency said in a statement its leaders recognized approval might inspire more public confidence and had "taken an all-hands-on-deck approach" to the work.

The FDA's move is expected to kick off more [vaccination mandates](#) for hospital workers, college students and [federal troops](#). They tell the public in advance of what they are going to do as a means of deflating the surprise of bad news when it occurs!

Federal regulators have been under growing public pressure to fully approve Pfizer's vaccine ever since the company filed its application on May 7.

### **Vaccinated may play key role in aiding evolution of more dangerous COVID variants**

According to research [published](#) last week in *'Scientific Reports'*, vaccinated people may [play a key role](#) in helping SARS-CoV-2 variants evolve into those that evade existing COVID vaccines.

Researchers [identified](#) three specific risk factors that favor the emergence and establishment of a vaccine-resistant strain. They are: a high probability of initial emergence of the resistant strain; a high number of infected individuals; and a low rate of vaccination.

However, the analysis also showed the highest risk for establishing a vaccine-resistant strain occurs when a large fraction of the population has already been vaccinated but the transmission is not controlled.

*"When most people are vaccinated, the vaccine-resistant strain has an advantage over the original strain,"* Simon Rella of the Institute of Science and Technology Austria, [told CNN](#). *"This means the vaccine-resistant strain spreads through the population faster at a time when most people are vaccinated."*

The data is consistent with a [study](#) released last week by the Centers for Disease Control and Prevention which showed vaccinated people may transmit the [Delta variant](#) — now responsible for 80% of [COVID](#) cases in the U.S. — just as easily as the unvaccinated

**The CDC and NIAID directors are placing the blame of reinfections of those already vaccinated on the unvaccinated public in an effort to force the 35% who have for their own reasons chose not take the unproven experimental "gene" therapy which never followed the protocols of testing. This a war of words by those who have ulterior motives for their call for vaccine mandates. Things are going to get worse with this kind of propaganda. **It is part and parcel of the New World Order plan to "Depopulate" the world.****

**The CDC survival rate disproves their own lies! The chart on page 37 is from the CDC's own statistics. This is all about "Mass Murder" by needle, and the plan to exterminate as much of the population through what I have shared. This is a war by psychopathic and sociopathic demonic liars.**





### Editorial Observations

I have been doing this “Mass Murder” series for six months at this point, and we have defined patterns forming from the reporting data, from many different sources. In Bible prophecy, Prologue = Pattern = Prophecy. I discuss this concept elsewhere in articles I write pertaining to Bible prophecy. As to how this concept fits into the Covid-19 scamdemic, is showing many signs of it being problematic after 18 months of it being hatched in Wuhan, China. We can say with total certainty that this SARS2-CoV19 is **NOT NATURAL!** It was and is a **bioweapon**. This is not even debatable at this point.

Those taking the jabs are betting their life on evidence of a crime against humanity. 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](http://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 (18 fragments) + 4 fragments of SARS2, 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 attorney. Reiner Fuellmich three weeks ago and Internet censors pulled the video shortly after it aired on Monday July 12, 2021. Dr. Martin showed the evidence this was patented multiple times since 2003! 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.

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 **74.3 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 until this past week when it dropped to **73.2 years**. As I expected, this began to change in last week’s report on Mass and declined by just 2-months in this week’s report. Murder of those under 18 by being vaxxed is lowering the average age of death. Many physicians and researchers are agreed that this is absolutely unnecessary.

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, there is a growing list of scientist, researchers, doctors, virologists coming forth and exposing the global tyranny with threats by Joe Biden and his handlers suggesting that companies and institutions impose mandate lockdowns, thus circumventing government limitations.

Everyone sees the Covid-19 story from different and even unique perspectives. I have studied it for what I knew it was right from the start, a **“Depopulation”** agenda the world was presented in the Georgia Guidestones located in Elberton, GA. The very first of the secular statements was there were too many people and the stated plan was to bring it down from 7.8 billion to a “nice size” of 500,000,000. The nagging question has always been how they planned to achieve their goal. Well, now we know!

[\(Natural News\)](#) When physicians receive their medical license, they must pronounce their intellectual devotion and allegiance to the vaccine industry and its myriad of false narratives. Any healthcare professional who dares question “the science” risks losing their medical license. Any doctor who speaks out-of-line against forceful vaccine propaganda could be stripped of their title; their career destroyed; their reputation smeared.

**On July 29, 2021, the Federation of State Medical Boards (FSMB) warned all healthcare professionals that they could [lose their medical license](#) if they create or spread so-called “COVID-19 vaccine misinformation.”**

**No free speech for physicians, who are officially only allowed to spout vaccine propaganda! The censorship is very heavy-handed.**

Doctors are no longer allowed to say anything that could “sow distrust” about covid-19 vaccines, and they won’t be allowed to collect their own data, share information with other doctors, make observations, or draw their own conclusions. Doctors will no longer be allowed to speak out in interviews with the media, unless the interview promotes

vaccines. Healthcare professionals are no longer allowed to speak up on social media, in their private medical practice, or on their own personal website. Wellness pioneer, Dr. Joseph Mercola, was even [threatened to take down 25 years of research](#) from his website. Dr. Mercola has been known for his honest and trustworthy health information.

Doctors will no longer be allowed to speak about the medical issues caused by the vaccines, and will inevitably file fewer vaccine injury reports with the Vaccine Adverse Events Reporting System (VAERS). This government reporting system has been flooded with vaccine injury reports in 2021, with hundreds of thousands of serious injuries and tens of thousands of wrongful death reports coming from the experimental covid-19 vaccines.

**The USA is no longer a Constitutional Republic.** We are nothing more than a Fascist/Communist dictator state, worse than the late Soviet Union and quickly transitioning into what we see in China today where FEAR dominates and reigns supreme. Get ready for a CCP communist state if I am wrong about September 6-8! When there is no open platform for genuine discourse and sharing of all the facts, there is no Free Speech. When they can censor an old retired pastor such as me, you know we are in deep woo woo!

### **State medical boards demand allegiance to the vaccine industry**

The FSMB represents every medical board across the United States and will now use their authority to gag doctors and control their practice. When the organization spots “COVID-19 vaccine misinformation” in interviews, medical literature, recorded discussions or social media posts, they will punish the doctor and refer them for disciplinary action with their respective state medical board. If a doctor divulges the risks of the vaccines, and the [benefits of natural immunity](#), he could be targeted by the all-knowing, all-powerful FSMB. If a doctor provides informed consent, immune system solutions or treatment paths, his medical license could be suspended or revoked. Dr. Eric Nepute of St. Louis was [even charged by the FTC](#) for promoting zinc and vitamin D, two efficacious treatments. America’s Frontline Doctors and medical professionals across the country are facing many levels of censorship and intimidation.

The FSMB asserts: *“Due to their specialized knowledge and training, licensed physicians possess a high degree of public trust and therefore have a powerful platform in society, whether they recognize it or not.”*

*“They also have an ethical and professional responsibility to practice medicine in the best interests of their patients and must share information that is factual, scientifically grounded and consensus-driven for the betterment of public health.”*

The FSMB is now just another enforcement arm of the vaccine industry, controlling the speech of doctors and determining what the facts are. In this way, the vaccine industry treats doctors as unintelligible puppets who must spout out fraudulent narratives about immunity and health. This subservience to the vaccine industry is exacerbated by a federal government that claims *“COVID-19 vaccine misinformation is killing people.”*

The federal government now admits that they and the Surgeon General work with social media platforms to eliminate information that does not worship vaccine “science.”

In truth, health care professionals are being threatened to abandon their conscience and their medical ethics. Basic medical principles such as informed consent are now considered “COVID-19 vaccine misinformation” if that information leads a patient to decide that a vaccine is not right for them. The FSMB is now violating the Nuremberg Code and will be enforcing [GAVI’s vax-all agenda](#), which disregards the science of natural immunity and uses censorship to coerce and intimidate countless people to comply with [needless medical fraud](#) (covid-19 vaccination).

### **TRICKSTER: Fauci moves goal posts AGAIN, now says 90% vaccination is necessary to reach covid “herd immunity”**

After claiming for the longest time that only 70 percent of Americans needed to get “vaccinated” for the Wuhan coronavirus (Covid-19) in order to “stop the spread,” fake television “doctor” Tony Fauci is now insisting that the true figure is more like 90 percent. **Jesus Christ warned believers not to be deceived** “*And Jesus answered and said unto them, Take heed that no man deceive you.*” – (Matthew 24:4).

Every day this pathetic excuse of a man/doctor remains free will result in the furthering of Lucifer’s agenda to: ***“The thief cometh not, but for to steal, and to kill, and to destroy: I am come that they might have life, and that they might have it more abundantly.*** –(John 10:10) You shall know them by their fruits (works)! Six times in the Gospels of Matthew and Mark, Jesus repeated those words about not being deceived. The wise shall understand, ***“Many shall be purified, and made white, and tried; but the wicked shall do wickedly: and none of the wicked shall understand; but the wise shall understand.”*** –(Daniel 12:10) ***“Who is wise, and he shall understand these things? prudent, and he shall know them? for the ways of the LORD are right, and the just shall walk in them: but the transgressors shall fall therein.”*** –(Hosea 14:9).

Speaking at the Center for Strategic and International Studies the other day, Fauci rewrote the *plandemic* script once again by claiming that once the U.S. Food and Drug Administration (FDA) grants full approval for the Trump Vaccines from “Operation Warp Speed,” businesses, colleges and other institutions will be free to start mandating the shots as a condition of employment and participation in society.

Fauci says that about 70 percent of adults in America are now vaccinated, but that 20 more percent will need to roll up their sleeves in order to “*flatten the curve*” in the coming weeks and months.

*“I’d settle for 70 percent of 80 percent, but I’d love to see 90 percent,”* Fauci stated, suggesting that a 90 percent compliance rate is the best way to keep everyone “safe”

against the alleged infestation of Chinese germs that just will not relent from occupying mainstream media headlines.

According to Fauci, official FDA approval will be a “game-changer” in terms of the medical fascists getting away with trying to force the injections on people who do not consent to them.

It is Fauci’s desire and hope that unwilling Americans will be medically raped with his shots in order to buy and sell. This is Fauci’s vision for the future of America under his and Pedo Joe’s rule. He reveals the Jesuit agenda to destroy America everyday he is allowed to be free.

### **Fauci is a medical fascist who wants you to be genetically raped with his deadly syringes**

Keep in mind that the Biden regime used to claim that it supported freedom of choice when it came to the Chinese Virus injections. Now, Hunter’s dad and his handlers are changing their tune and demanding total compliance with the Wuhan Flu shot agenda, or else.

*“The only way to avoid continued lockdowns, mask mandates and other forms of government tyranny”, Fauci says, “is for every last American to modify their DNA permanently with experimental gene therapy. Then, and only then, will the world be able to “evolve” into the “new normal”.”*

*“To get to the 93 million unvaccinated people, we are going to need local mandates,” Fauci says.*

*“I think you’re going to see more people get vaccinated and you’re also going to see enterprises feeling much more confident in local mandates for the vaccines ... you’re going to see more universities...places of businesses, once they get the cover of the mandate ... you’ll start seeing more vaccines. Because if you get the majority of the people vaccinated, we wouldn’t be having this conversation now.”*

Fauci further griped about the handful of state governors across America who have signed executive orders or helped pass legislation prohibiting employers, businesses and schools from requiring face masks or vaccination as a condition of employment and participation in society.

If it were up to Fauci, every last anti-vaxxer would be lined up like cattle and injected by force – to keep them “safe,” of course.

*“How does an injection that provides no immunity create herd immunity?” asked one critical thinker at Zero Hedge about Fauci’s erroneous claims about his Fauci Flu shots. “Have we flattened the curve yet?” asked another.*



*“They have a time-sensitive agenda; on this I am sure,” speculated another as to the mad rush among certain government figureheads to get everyone mass vaccinated at ‘warp speed.’ “Now, why would they need a much smaller population? Answer that and you are coming close to the truth.”*



If you have accepted Big Pharma’s plan perhaps you might want to take a look see at Revelation 14:11 and 16:2. I’m just the messenger! God will not be mocked! You may only have 30 days to repent!

Wake up folks, there is no Covid-19 virus, it was a simple cold virus, which Dr. Fauci and his CCP friends in Wuhan, China interjected 18 fragments of the HIV genome and 4 fragments of the SARS2 genome and labeled it Covid-19. He did not tell you that it was patented a decade ago by Bill Gates, Richard Rothschild, and the Pirbright Institute of



Surrey, UK, a Rothschild Satanist institution! Note carefully the Apostle Paul's words in Galatians 5:19-24, ***"Now the deeds of the flesh (self) are evident, which are: immorality, impurity, sensuality, idolatry, sorcery, enmities, strife, jealousy, outbursts of anger, disputes, dissensions, factions, envying, drunkenness, carousing, and things like these, of which I forewarn you, just as I have forewarned you, that those who practice such things will NOT inherit the Kingdom of God."*** I know where Jesuit Fauci is destined, but my question to you is this, *"Why would you or any parent permit their young to be sacrificed on the altar of Satan for a poison needle that has taken the lives of hundreds of thousands in the name of immunity when you know it does not offer immunity."* Perhaps this is God's way of testing humanity (especially the church) with having to make the choice between God and Lucifer, life eternal or damnation in Hell!



Blessings, Jesus is at the door!

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<http://jesusisthewaythetruththelife.com/node/22>

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and the difference between Life and Death!

**I do not exaggerate!**