Mass Murder

Part 32

Video emerges where Dr. Fauci and others plan for a "Universal mRNA Flu Vaccine" which became the "COVID-19 Vaccine" Because People were not Afraid Enough of the Flu Virus

By Brian Shilhavy | *Health Impact News* | October 5, 2021

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

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

In this short clip, which was extracted from the hour long panel discussion, Anthony Fauci explains that bringing a new, untested kind of vaccine like an mRNA vaccine,

would take at least a decade *("if everything goes perfectly"*) to go through proper trials and be approved by the FDA.

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

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

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

Here is the short clip which I put on our Bitchute and Rumble channels last night: Alex Jones spent over 50 minutes covering this on his show last night, and it looks like he covered it on his show today as well.

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

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

- Margaret Hamburg, Foreign Secretary, National Academy of Medicine
- Bruce Gellin, President, Global Immunization, Sabin Vaccine Institute
- Casey Wright, CEO, FluLab

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

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

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

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

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

Margaret Hamburg stated regarding getting a *"Universal Vaccine"* into the market:

"It's time to stop talking, and it's time to act."

"I think it is also because we haven't had a sense of urgency."

Michael Specter asks:

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

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

Bruce Gellin states that basically people just are not afraid enough of the term *"the flu."*

There are so many things that are revealed about how Big Pharma and government health authorities think in this panel discussion. For example, they bemoan the fact that if they do too good of a job in public health, then they lose funding to develop products that fight viruses.

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

Hamburg: *"And they cut your funding."*

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

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

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

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

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

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

Most flu-like symptoms are never tested in a lab to determine what is causing the symptoms. They were always just classified as "flu" to inflate the numbers to justify the very profitable flu shot each year. Some of our previous coverage of this issue:

CDC Inflates Flu Death Stats to Sell More Flu Vaccines
Did 80,000 People Really Die from the Flu Last Year? Inflating Flu Death Estimates to Sell Flu Shots

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

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

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

Fauci then addressed this *"perception problem."*

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

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

"There isn't anyone who is afraid of influenza. You go into a focus group and you say: Are you afraid of getting HIV if you're at risk? Oh, absolutely."

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

"That's the reality of how people perceive flu."

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

Specter then asks:

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

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

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

Hamburg then states:

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

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

Specter states:

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

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

Bright replies:

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

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

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

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

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

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

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

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

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

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

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

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

Bingo! Think Bill and Melinda Gates Foundation, the Rockefeller Foundation, and other "philanthropies" that are "unburdened" by regulatory issues as they spend

their money pretty much unchecked, with no accountability, all in the name of "science" and the "greater good."

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

Bruce Gellin then talks about a report published by his organization that called for an "entity" that would make these decisions and bring everyone together to collaborate to create this universal vaccine, and eliminate those who oppose.
The report was published in 2019, and here is the press release.

He states:

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

I assume that this "entity" is Gellin's group, The Sabin-Aspen Vaccine Science & Policy Group.

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

Online Misinformation about Vaccines
Watch the entire panel discussion to learn just how arrogant these people are. This is on our Bitchute and Rumble channels… Further analysis at *Health Impact News*.

[I have listened to the taped presentation and it is obvious their interests are less about public health and more about creating business and making big profits in the process. This is evident when they did not track flu statistics this past winter and simply dumped the data into the pool of Covid-19 for the purpose of inflating the data in order to make Covid-19 seem larger than life. The CDC's own data refutes the false perception they have tried to infer, imply, and suggest. Studying all the data, and other input from various sources does not paint a very nice picture of the CDC, NIH, NIAID, and the WHO –Pastor Bob.]

Are you aware that the deployment of the Moderna mRNA covid-19 vaccine has created multiple billionaires associated with the company? A report published earlier this year by *Oxfam International* shows that of the new 9 vaccine

billionaires created since the deployment of the covid-19 vaccines, 5 of them are associated with the Moderna covid-19 vaccine.

The 9 new vaccine billionaires, in order of their net worth are:

1. Stéphane Bancel, Moderna's CEO (worth $4.3 billion)
2. Ugur Sahin, CEO and co-founder of BioNTech (worth $4 billion)
3. Timothy Springer, an immunologist and founding investor of Moderna (worth $2.2bn)
4. Noubar Afeyan, Moderna's Chairman (worth $1.9 billion)
5. Juan Lopez-Belmonte, Chairman of ROVI, a company with a deal to manufacture and package the Moderna vaccine (worth $1.8 billion)
6. Robert Langer, a scientist and founding investor in Moderna (worth $1.6 billion)
7. Zhu Tao, co-founder and chief scientific officer at CanSino Biologics (worth $1.3 billion)
8. Qiu Dongxu, co-founder and senior vice president at CanSino Biologics (worth $1.2)
9. Mao Huihua, also co-founder and senior vice president at CanSino Biologics (worth $1 billion)

Pfizer, Moderna seen reaping billions from COVID-19 vaccine booster market NEW YORK, Aug 13 (Reuters) - Drugmakers Pfizer Inc, BioNTech and Moderna Inc are expected to reap billions of dollars from COVID-19 booster shots in a market that could rival the $6 billion in annual sales for flu vaccines for years to come, analysts and healthcare investors say.

For several months, the companies have said they expect that fully inoculated people will need an extra dose of their vaccines to maintain protection over time and to fend off new coronavirus variants. Now a growing list of governments, including Chile, Germany and Israel, have decided to offer booster doses to older citizens or people with weak immune systems in the face of the fast-spreading Delta variant.

Late on Thursday, the U.S. Food and Drug Administration authorized a booster dose of vaccines from Pfizer Inc (PFE.N) and Moderna Inc (MRNA.O) for people with compromised immune systems. Pfizer, along with its German partner BioNTech, and Moderna have together locked up over $60 billion in sales of the shots just in 2021 and 2022. The agreements include supply of the initial two doses of their vaccines as well as billions of dollars in potential boosters for wealthy nations.

Going forward, analysts have forecast revenue of over $6.6 billion for the Pfizer/BioNTech shot and $7.6 billion for Moderna in 2023, mostly from booster sales. They eventually see the annual market settling at around $5 billion or higher, with additional drug makers competing for those sales. The vaccine makers say that evidence of waning antibody levels in vaccinated people after six months, as well as an increasing rate of breakthrough infections in countries hit by the Delta variant, support the need for booster shots.

Merck Charging U.S. 40 Times What It Costs To Make Govt-Financed COVID Pill
WEDNESDAY, OCT 06, 2021 - 06:12 PM

Tell me it's not about the money!
Merck's new 'not Ivermectin' Covid-19 treatment, molnupiravir, costs $17.74 to produce - yet the company is charging the U.S. government $712 for the treatment - a 40x markup, according to The Intercept, citing a report issued last week by the Harvard School of Public Health and King's College Hospital in London.

The pill, originally developed using U.S. government funds as a possible treatment for Venezuelan equine encephalitis, cut the risk of hospitalization and death in half in a randomized trial of 775 adults with mild/moderate Covid who were considered at high risk for disease due to comorbidities such as obesity, diabetes and heart disease. The trial was stopped early so the company could apply for and emergency use authorization (EUA). The drug did not benefit patients who were already hospitalized with severe disease.

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Think the FDA Is Looking Out for Your Health … History Tells a Different Story!

October 7, 2021 This article was posted by TLB Staff

Think the FDA Is Looking Out for Your Health? History Tells a Different Story.
Consumer watchdog groups accuse the FDA of having evolved from a "hard-charging tiger of an agency" a century ago, to a "pliant pussycat" today.
By: Children's Health Defense Team

Regulatory agencies, **says Encyclopedia Britannica**, are a uniquely American institution. Though conceptualized as mere advisory bodies at the time of their emergence in the late 19th century, **federal regulatory agencies** have since acquired comprehensive legislative powers and even quasi-judicial powers — exercising "**social control through rulemaking**" with *"almost no supervision by other branches of government."*

As legal scholars tamely explain, *"unique pressures and influences … invariably push [regulators'] actions and their decisions on policy questions, in a direction* ***favored by regulated firms****."*

This phenomenon, known as **regulatory capture**, has become **the norm** — not least because lucrative *"revolving door"* jobs generally await tractable regulators once they exit their government posts.

In the crowded field of captured agencies, the **U.S. Food and Drug Administration** (FDA) is one of the **standouts**. FDA gets **45% of its budget** from the pharmaceutical industry, and fast-tracks **more than 50%** of the drugs it approves.

Consumer watchdog groups **accuse** the FDA of having evolved from a *"hard-charging tiger of an agency"* a century ago, to a *"pliant pussycat"* today.

FDA states that drug recalls are **initiated** either "by FDA request" or "on a company's own initiative." According to the consumer website Drugwatch, however, *FDA "can only* ***recommend****" but not force a recall*.

Vaccine recalls, too, are *"almost always initiated voluntarily* ***by the vaccine manufacturer****."* In 1976, **public outcry** forced the government to pull the plug on a dangerous swine flu vaccine after just **10 weeks**, but only after 40 million Americans had received it.

Although manufacturers do withdraw dangerous **drugs**, **vaccines** and **consumer products** from the market from time to time (sometimes after FDA has obligingly looked the other way for **decades**), many observers believe such recalls represent the **tip of the iceberg** — a placatory bone thrown to persuade the public that the nation has a functional oversight system.

Is the FDA at least scrupulous about which drugs and vaccines it lets out of the starting gate?

As a long line of drug fiascoes suggests, the clear answer is no — **experimental** COVID vaccines are the **latest example**.

The still timely tale of thalidomide

Thalidomide never received FDA approval, but the saga illustrates how, even 60 years ago, the FDA had already cast its lot with industry.

In the **late 1950s**, German firm Chemie Grünenthal (now **Grünenthal**) developed thalidomide with the help of former Nazi scientists (including Hitler's IG Farben adviser on chemical warfare), promoting the drug for nausea and other discomforts of pregnancy.

In some countries, thalidomide was an ingredient in children's cough syrups. Chemie Grünenthal sold thalidomide in **46 countries** for five years before admitting the drug posed risks of severe birth defects, including missing or deformed limbs and injuries to major organs.

In the U.S., Chemie Grünenthal gave two pharmaceutical giants (companies that dominate the American market to this day) permission to manufacture thalidomide: first Smith Kline & French (now GlaxoSmithKline) and then Richardson-Merrell (now Sanofi). Richardson-Merrell expected smooth regulatory sailing, but after it ignored repeated requests for pregnancy safety data from Dr. Frances Kelsey — a newly minted FDA employee with untarnished integrity — Kelsey "took a bold stance against **inadequate testing and corporate pressure**" and refused to approve thalidomide's U.S. release.

Mistakenly confident that "corporate pressure" would eventually bear fruit, the company went ahead and distributed, "**in an uncontrolled fashion**," more than 2.5 million doses of thalidomide to 20,000 pregnant women under cover of "clinical trials."

When Kelsey still would not approve the drug, the company was forced to give up, but threatened to sue Kelsey after she tried to track down thalidomide babies. Neither the FDA nor the U.S. attorney backed up Kelsey.

In 1962, President John F. Kennedy shone a light on Kelsey's efforts by giving her a **President's Award** for Distinguished Federal Civilian Service. Even so, thalidomide survivors allege the FDA and Richardson-Merrell kept the full story of thalidomide **buried** for decades.

In fact, not only did FDA squelch efforts to **locate thalidomide victims**, but it produced a whitewashed report stating that Richardson-Merrell's "**unauthorized marketing program**" had produced just 17 thalidomide babies — a **bogus estimate** emphatically denounced by survivors.

At some point, FDA appears to have quietly changed its tune. In an **undated presentation** on its website, the agency states: *"By late 1961, it was obvious that thalidomide had caused serious birth defects in thousands of children."*

In 2013, a GSK researcher published a surprisingly frank dissection of the thalidomide disaster, describing how the drug established a **template** for industry and regulatory behavior that is still relevant today:

"Strong marketing pressure in an industry hungry for new medicines brought an inadequately tested drug to the market, targeted outsourcing quickly expanded the client base and finally market forces prevented timely withdrawal, even when evidence was emerging of disastrous side-effects. […] Many of the pressures that led to the thalidomide disaster exist today with record high management and shareholder pressures to achieve success, parallel worldwide marketing, increased numbers of targeted outsourcing by small companies forming alliances with 'Big Pharma' and…a

breakdown in the system of checks and balances that have existed in the regulatory authorities …"

In the intervening decades, thalidomide has undergone a "**dramatic revitalization**." Undaunted by its horrific **teratogenic** track record and other **serious adverse effects** such as blood clots, nerve damage and neurotoxicity, the U.S. today permits thalidomide as a treatment for **multiple myeloma**. The hunt is also on for dermatological and **other uses**.

DES and Vioxx

Self-congratulatory regulators **claim** the thalidomide disaster gave birth to stricter regulations and safer drugs. However, it is not hard to find examples that undermine this assertion.

For instance, despite numerous danger signals, it took the FDA **until 1971** to issue a warning about pregnant women's use of diethylstilbestrol (DES) — a drug the FDA approved in 1947, in the pre-thalidomide era.

No ban accompanied FDA's soft-pedaled 1971 warning, however, so mothers-to-be continued to receive DES for at least another decade.

Scientists now acknowledge DES provokes calamitous epigenetic effects in future generations, with DES grandchildren showing increased risks of preterm delivery, neonatal mortality, cerebral palsy and "malformations of any type."

Merck's infamous painkiller Vioxx is another example of FDA foot-dragging — a "cautionary tale of masterful public relations, aggressive marketing and **ineffective regulation**."

Just six months after Vioxx's May 1999 approval, an FDA-convened data and safety monitoring board identified a "disconcerting" trend of serious heart problems and deaths in patients taking Vioxx — a risk confirmed one month later to be **twice as high** as that in the group taking a comparison painkiller.

Despite this early evidence, the FDA said little, leaving it up to well-paid Merck consultants to massage the data.

According to subsequent independent analyses, Vioxx produced elevated **cardiovascular risks** even with short-term use, and the risks persisted long after the individual stopped taking the drug.

At its peak, Vioxx was marketed in 80-plus countries.

In September 2004, after roughly 20 million Americans had taken the drug — credited with causing tens of thousands of premature deaths from heart attacks and strokes in the U.S. alone — Merck finally withdrew Vioxx.

That same month, FDA reviewer Dr. David Graham **blamed** the FDA for failing to protect public safety, telling the Senate Finance Committee that his agency's *"procedures and culture made it impossible to adequately investigate drugs."*

In Europe, a Scottish scientist characterized the episode as "quite possibly" one of the **worst drug disasters in history**.

*Describing the FDA's willingness to turn a blind eye to the drug's harms as "the equivalent of allowing 'two to four jumbo jetliners' to crash every week for five years," Graham noted he had been "ostracized," asked by superiors to "soften his conclusions" and "subjected to veiled threats" and "**intimidation**."*

The FDA's response to safety concerns, Graham also asserted, was *"almost always one of denial, rejection and heat."*

Recall roulette

Readers ready to dismiss the examples of thalidomide, DES and Vioxx as ancient history should check out the **FDA's webpage** of more recent drug recalls.

From Aug. 30, 2017 to Oct. 1, 2021, manufacturers have recalled 381 drugs or drug lots — an average of approximately eight recalls per month. Notable entries include drugs or products by COVID vaccine makers **Pfizer**, **Johnson & Johnson** (J&J) and **AstraZeneca** (or their subsidiaries).

In **2015**, Pfizer acquired Hospira, *"the world's leading provider of injectable drugs and infusion technologies."* At the time, Hospira's track record was less than stellar, with **more than 40 recalls** in the prior three years.

The conservative FDA recall list shows at least 12 more Hospira recalls since September 2017. Other "urgent" **Hospira recalls** have not yet appeared on FDA's list.

Nearly all of the Pfizer-Hospira recalls have been for potentially life-threatening production failures — such as **mislabeling** of one product for another, **microbial contamination**, **cracked vials** (and other **defects** jeopardizing **product sterility**) and presence of **particulates** (including **glass** and **human hair**).

Kaiser Health News reported in early 2021 that *"a decade's worth of FDA inspection reports"* had flagged one of Pfizer's Hospira manufacturing plants as a *"repeat offender"* for bacterial and mold contamination.

Pfizer also appears several other times on the FDA recall list:

- In July and August of this year, Pfizer began recalling lots of its prescription **anti-smoking drug Chantix** due to the presence of **carcinogenic nitrosamines** above the "acceptable daily intake level." By September, Pfizer had **expanded**

the recall to include all lots. The FDA acknowledges the "potential increased **cancer risk**" but says that smoking is worse.

- In August 2019, Pfizer issued an **urgent recall** of some lots of its **migraine drug, Relpax**, due to "potential microbiological contamination." The contamination, the company stated, poses a risk of "bacterial dissemination from the gut to the bloodstream potentially resulting in serious, life-threatening infections."
- In August 2018, Pfizer recalled one lot of **children's Advil** due to product mislabeling and "concerns the mislabeling could potentially cause an overdose." The FDA did not **publish** its own announcement of the recall until March 2020.

Over the past two decades, merger-happy Pfizer has spearheaded three of the **ten largest pharmaceutical mergers** in history, with Wyeth (2009), Pharmacia (2003) and Warner-Lambert (2000).
In August 2021, Pfizer **added** cancer drug maker Trillium Therapeutics to its roster — right around the time concerned health providers were reporting an **uptick in aggressive cancers** in **COVID mRNA vaccine** recipients.

Wyeth was the manufacturer of two notorious diet pills recalled **in 1997** for causing long-lasting heart valve injuries — fenfluramine (Pondimin) and dexfenfluramine (Redux), both part of the "fen-phen" cocktail of diet drugs.

Pondimin had been allowed to remain on the market for **24 years** before being pulled. One year after Pfizer's acquisition of Wyeth, Pfizer also issued a recall of Wyeth's fatal and liver-damaging leukemia drug, Mylotarg, which had received **accelerated FDA approval** a decade earlier.

More speedy approvals on the horizon

The FDA is far from the only captured agency. Many critics of the U.S. Environmental Protection Agency (EPA), for example, **blame** the EPA's *"completely broken"* and *"reckless"* safety review process for **prioritizing corporate profits** over public health and encouraging use of some of the world's most dangerous pesticides, including **glyphosate**.

Unfortunately, new opportunities for FDA corruption are emerging, particularly in the arena of "biosimilars." **Biosimilars** are biologics (such as vaccines) that the FDA considers "highly similar to and [with] no clinically meaningful differences from an existing FDA-approved reference product." As such, they are eligible for an "**abbreviated licensure pathway**."

In 2016, biosimilars were projected to become *"the single **fastest-growing** biologics sector."*

American vaccine scientists are salivating over the prospect of proving biosimilarity for future **mRNA vaccines**. Though the legal terrain has yet to be consolidated, biosimilarity would guarantee **lightning-fast approvals**.

Coincidentally or not, Pfizer's **Hospira** subsidiary is a *"global leader in biosimilars."* **Japan**, which has some of the most cautious vaccine policies in the world, recently **recalled 1.6 million doses** of Moderna's mRNA injection against COVID, after two men injected with stainless-steel-contaminated batches died.

Don't expect anything similar to happen in the U.S. No matter how shoddy Pfizer's or Moderna's manufacturing practices may be, and no matter the **safety signals**, the FDA's primary goal seems to be to ensure an endless **profit pipeline** for the vaccine and drug manufacturers that are the agency's own bread and butter.

The dangers are enhanced when public policy mandates such products as being mandatory to the general public, trampling issues of informed consent, personal choice, freedom from persecution for dissenting, and the list goes on! Your freedom is at risk!

The "vaccine" Is a Depopulation Device

Dr. Paul Craig Roberts has been stating the same claim that I have for the nearly two years so far. The "vaccine" produces the new strains or variants, and the new vaccine will produce new variants requiring new vaccines. All the time your immune system is being destroyed. Humanity will end up with zero natural immunity.

As many censored scientists said at the beginning, it is a depopulation plot. It is as simple as this – when you mess around with your God-given immunity, the end results are diminished health and permanent damage that inevitably shortens your life!

How Officials Keep Cooking the Books on COVID Casualties

By Dr. Joseph Mercola | October 5, 2021

How many people have died of COVID-19? The media is reporting CDC data that the death toll is about 640,000 in the U.S., but the answer is nobody knows. Health officials like Dr. Anthony Fauci claim that there are likely far more COVID-19 deaths than have been reported, meaning that such deaths are being undercounted.[1]

Evidence of this, however, is lacking and many believe the opposite is true — that COVID-19 deaths have been over-reported, in some cases by as much as 500%. In a Full Measure investigation, host and investigative journalist Sharyl Attkisson revealed their findings from around the U.S., which found that "in some documented cases, news that COVID was the cause of death was greatly exaggerated."[2]

Meanwhile, the U.S. Centers for Disease Control and Prevention has made startling changes in how they track COVID-19 cases, which is muddling the data and making it virtually impossible to track infections among those who have received a COVID-19 injection.[3]

Homicide, Suicide Counted as COVID Deaths

Grand County, Colorado, has a population of just 15,717 people.[4] It's the type of rural area where coroner Brenda Bock is able to keep tabs on each and every death, including those from COVID-19 — of which, she said, there were none in 2020.[5] COVID-19 deaths, however, were recorded in the area, highlighting the problems with how such casualties are counted. Bock told Attkisson:[6]

"I had a homicide-suicide the end of November, and the very next day it showed up on the state website as Covid deaths. And they were gunshot wounds. And I questioned that immediately because I had not even signed off the death certificates yet, and the state was already reporting them as Covid deaths."

The reasoning behind counting the homicide-suicide deaths as COVID-19 casualties was that they were listed in a database of people who had tested positive for COVID-19 within 28 days of their death. According to Full Measure:[7]

"Because there had been no Covid deaths within the geographic boundaries of Grand County in 2020, Bock was in a unique position to challenge the state's accounting. In many cities and counties, the numbers are too big and the coroners would never know about discrepancies."

There were other instances in Grand County as well. Bock investigated two "COVID-19 deaths," which turned out to be people who were still alive. "They just got put in there by accident," Bock said.[8] Attkisson also spoke with Dr. James Caruso, chief medical examiner and coroner for Denver, who said he had also heard from coroners in rural counties that trauma deaths were being counted as COVID-19 casualties:[9]

"[A]t some level — maybe the state level, maybe the federal level — there's a possibility that they were cross-referencing Covid tests. And that people who tested positive for Covid were listed as a Covid-related death, regardless of their true cause of death. And I believe that's very erroneous, and not the way the statistics needed to be accumulated."

Dying 'of' COVID or 'With' COVID

The distinction comes down to some tricky wording: deaths "among" COVID-19 cases and deaths "due to" COVID-19, or dying "of" COVID or "with" COVID. Someone who died with COVID-19 may be counted as a death among COVID-19 cases, even if the virus had nothing to do with their death.

When a death is said to be *"due to"* COVID-19, this is intended when COVID-19 caused or significantly contributed to the death. According to the Colorado Department of Public Health and Environment:[10]

"The number of deaths due to COVID-19 is not necessarily included in the number of deaths among people with COVID-19. After review, at either the state or national level,

some deaths may not be counted as COVID-19 deaths. This is rare, and the expectation is that in the end the numbers will closely align."

But according to Bock, the inflated numbers could hurt the region's economy, which is largely dependent on tourism:[11]

"It's absurd that they would even put that on there. Would you want to go to a county that has really high death numbers? Would you want to go visit that county because they are contagious? You know I might get it, and I could die if all of a sudden one county has a high death count. We don't have it, and we don't need those numbers inflated."

Caruso told Attkisson that he voiced his concerns about deaths being wrongly attributed to COVID-19 to the Colorado Department of Public Health in April 2020. A coroner from Montezuma County also complained after an alcohol death was deemed a COVID death. Colorado ended up adding categories to their death counts, stating a person died "Of" COVID or "With" COVID, but the counts were still off.

For instance, Bock's murder-suicide cases were still being counted under "With COVID," even though they shouldn't have been tallied at all. According to Bock:[12]

"And that's what I complained about. And then when I did talk to the Governor, he told me he didn't believe it was right, but he wasn't going to have them remove it from the count because all the other states were doing it that way so we were going to also."

Full Measure's investigation found that of the 13,845 COVID-related deaths in Colorado, about half were among people who died "among" or "with" COVID. The media is also contributing to the confusion. In one instance *The New York Times* inflated the number of people who died from COVID-19 in Grand County by at least 500%.[13]

This raises questions about COVID deaths being reported nationwide. There have been reports, for instance, of traffic accident fatalities,[14] cancer[15] and nursing home or hospice deaths[16] being attributed to COVID-19. And in Alameda County, California, when they removed deaths that's weren't directly caused by COVID-19 from their official count, the number of "COVID" deaths dropped by 25%.[17] Attkisson said:[18]

"The obvious implications are huge. If such a significant number of Colorado's "Covid deaths" weren't directly caused by Covid, or even related at all in some cases, and if that bears out in other states, it means the national totals we've heard since the start of the pandemic could be largely misleading."

CDC Isn't Tracking Most Cases Among the Vaccinated

Media reports keep referring to the pandemic as a crisis of the unvaccinated, which is simply inaccurate, since COVID-19 continues to affect and spread among those who have been vaccinated. The CDC's Morbidity and Mortality Weekly Report (MMWR) posted online July 30, 2021, details an outbreak of COVID-19 that occurred in

Barnstable County, Massachusetts — 74% of the cases occurred in fully vaccinated people.[19]

So-called *"breakthrough infections,"* which used to be known as vaccine failures, were reported by the CDC far earlier, though, including in their May 28 MMWR, which documented 10,262 breakthrough infections reported January 1, 2021, to April 23, 2021, across 46 states.[20]

This, they believed, was "likely a substantial undercount," but rather than continuing to assess the situation, they stopped monitoring most COVID-19 infections among vaccinated people:[21]

"Beginning May 1, 2021, CDC transitioned from monitoring all reported COVID-19 vaccine breakthrough infections to investigating only those among patients who are hospitalized or die, thereby focusing on the cases of highest clinical and public health significance."

ProPublica detailed the case of Meggan Ingram, a 37-year-old who is fully vaccinated but tested positive for COVID-19. She became sick enough to require oxygen and intravenous steroids in a hospital for three hours, but wasn't admitted. Her case won't be counted among the official count, and neither will the seven other people in her household who also tested positive — five of them fully vaccinated.[22]

The end result is that there's no way to know how many people have been infected, including among the vaccinated, and how the virus is spreading. As Dr. Randall Olsen, medical director of molecular diagnostics at Houston Methodist Hospital in Texas, told *ProPublica*, *"They are missing a large portion of the infected. If you're limiting yourself to a small subpopulation with only hospitalizations and deaths, you risk a biased viewpoint."*[23]

Injection Effectiveness Is Dropping

It's possible the CDC stopped tracking most COVID-19 cases among the vaccinated in order to obscure just how commonly the vaccines are failing. According to CDC data, the overall COVID-19 vaccine effectiveness declined from 91.8% in May to 75% in July.[24] Among nursing home residents, the vaccines are similarly failing, dropping from an effectiveness rate of 74.7% in March-May 2021 to 53.1% in June-July.[25]

"The vaccinated are not as protected as they think. They are still in jeopardy," Dr. Eric Topol, director of the Scripps Research Translational Institute, told *ProPublica*.[26] As for why the CDC abruptly stopped tracking most breakthrough cases, the agency said it was because the more targeted data collection would be more useful for "response research, decisions, and policy."[27]

However, it's resulted in a lack of consistency and access to the full data for the U.S. public, with each state varying in what data its gathering and whether or not to share it. U.S. Sen. Edward Markey, D-Mass., has called on the CDC to track and share

information on COVID-19 breakthrough cases. In a letter to CDC director Dr. Rochelle Walensky, he said:[28]

"The American public must be informed of the continued risks posed by COVID-19 and variants, and public health and medical officials, as well as health care providers, must have robust data and information to guide their decisions on public health measures."

In July 2021, he asked to CDC to respond to a series of questions, including whether vaccine-derived immunity is decreasing in light of the breakthrough cases and what action they're taking to monitor breakthrough cases among people who aren't hospitalized. As of September 2021, he had still received no response, and many remain puzzled over the CDC's sudden refusal to track such crucial health data.[29]

"I was shocked," Dr. Leana Wen, a physician and visiting professor of health policy and management at George Washington University, told *ProPublica*. *"I have yet to hear a coherent explanation of why they stopped tracking this information."*[30]

Sources and References

- [1, 2, 5, 6, 7, 8, 9, 12, 13, 15, 17, 18] **Full Measure September 19, 2021**
- [3, 22, 23, 26, 27, 30] **ProPublica August 20, 2021**
- [4] **Statesman Journal, Grand County, Colorado**
- [10] **Colorado Department of Public Health & Environment September 28, 2020**
- [11] **CBS Local December 14, 2020**
- [14] **FOX 35 Orlando July 16, 2020**
- [16] **Week April 20, 2020**
- [19] **MMWR Weekly August 6, 2021 / 70(31);1059-1062**
- [20, 21] **MMWR Weekly May 28, 2021 / 70(21);792–793**
- [24, 25] **CDC MMWR August 27, 2021**
- [28, 29] **Ed Markey July 22, 2021**

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NIH Director Resigns After Documents Reveal He Lied About His Involvement with Gain-of-Function Research in Wuhan Lab

NIH Director Dr. Francis Collins on Tuesday resigned just a few weeks after **documents exposed he lied about his involvement** in **gain-of-function** research in the **Wuhan lab.**

Recall, Francis Collins over the summer said **parents should wear masks at home** in front of their unvaccinated children.

Collins conceded that it "may sound weird" that people should wear masks in their homes, but he advised it anyway.

"Parents of unvaccinated kids should be thoughtful about this and the recommendation is to wear masks [at home] as well," Collins said. *"I know that's uncomfortable. I know it seems weird but it is the best way to protect your kids."*

In June, Francis Collins admitted to **radio host Hugh Hewitt** that the US collaborated with the Wuhan Virology Laboratory.

The documents make it clear that assertions by the NIH Director, Francis Collins, and the NIAID Director, Anthony Fauci, that the NIH did not support gain-of-function research or potential pandemic pathogen enhancement at WIV are untruthful.
— Richard H. Ebright (@R_H_Ebright) **September 7, 2021**

Dr. Collins then went on to defend the researchers and the **virology lab in Wuhan, China.**

*"The documents make it clear that assertions by the NIH Director, Francis Collins, and the NIAID Director, Anthony Fauci, that the NIH did not support **gain-of-function research** or potential pandemic pathogen enhancement at WIV are untruthful,"* Rutgers University chemical biology professor Richard Ebright said.

Career criminal Tony Fauci is blabbing his annoying mouth again, this time in promotion of communism.

Career criminal Tony Fauci is **blabbing his annoying mouth** again, this time in promotion of communism. This time the little weasel is speaking to the fake president doppelganger stand-in Arthur Roberts. (Notice the absence of droopy ear lobes in the above left figure of Hollywood bit-part actor standing in for the brain-dead Joe Biden).

According to the government troll, who has been on the taxpayer dole for the past nearly 40 years, all Americans must *"give up"* their constitutional rights by getting "vaccinated" for the Wuhan coronavirus (Covid-19) and wearing a mask – because doing this, he says, is necessary for the *"greater good."*

"But you are a member of society," Fauci whined during a mainstream media appearance. *"And as a member of society, reaping all the benefits of being a member of society, you have a responsibility to society."*

Fauci went on to say that he personally feels as though the Constitution should be scrapped because of *"a pandemic that's killing millions of people."* This, he says, is reason enough to suspend all individual rights and force everyone into slavery under his rule.

"You have got to look at it and say, there comes a time when you do have to give up what you consider your individual right of making your own decision for the great good of society," Fauci added.

Fauci is a threat to freedom!

Much like Chairman Mao, Fauci believes that he should be able to decide who gets to do what and when, based on their mask and vaccination status. Only those Americans who obey his commands should be allowed to live.

Even after **openly admitting** that Chinese Virus injections are causing more disease to spread, Fauci still feels like everyone should be forced to get them in order to stay "safe" against possible infection with Chinese Germs.

Back in August, Fauci appeared, as he often does, on some mainstream media program in which he threatened that *"things are going to get worse"* if Americans do not fully comply with his demands.

The *"pain and suffering"* will intensify, Fauci promised, if unvaccinated people continue to rely on their God-given natural immunity as opposed to the fake *"immunity"* being dispensed by him and his ilk. Fauci appears to believe the CDC figures are in error and he is right!

"If you look at the acceleration of the number of cases, the seven-day average has gone up substantially," Fauci stated, rattling off made-up numbers he came up with on the fly. *"You know, what we really need to do, John, and we say it over and over again, it's the truth, we have a hundred million people in this country who are eligible to be vaccinated who are not getting vaccinated."*

No, Fauci, what we really need to do is *get rid of you* and stop your reign of terror over the American people. You have no right to tell other people what to do with their own bodies, no matter how much you feel as though you do have that right.

What Fauci is effectively telling Americans is that their rights must decrease while his rights must increase. Fauci thinks he has the right to force you to wear a mask and get injected against your will, meaning he is unwilling to sacrifice his own self-perceived "right" to tell other people what to do.

The guy is a nutcase, but a *dangerous* one with clear psychopathic tendencies. Fauci is a threat to a free and open society, and nobody need pay him any mind – though many Branch Covidians have decided to make him their patron saint.

In the religion of Covidism, Fauci is a type of priest or pope that tells his followers what to do. The problem is that this religion has become mandatory, meaning if you refuse to convert, its members are threatening to punish you with violence and the total deprivation of your rights.

Frontline Doctors Stand Up to Authoritarian Public Health Officials
By Max Borders | AIER | October 6, 2021
Imagine you're a doctor. You go into work every day for long hours and figure out how to treat Covid. You are saving lives and doing so patient by patient. Each patient has individual needs that sometimes require custom care, but you know early treatment works.

Suddenly, faraway bureaucrats demand that you abandon your best practices and fall into line around their *grand plan*. Suddenly your patients can't get what you prescribe. Media apparatchiks diminish, invalidate or mock everything you've learned and are doing.

And all of it is being carried out in the name of "science."

The Physicians' Rebellion
More than 10,000 physicians and medical scientists have signed onto a **Declaration** that accuses public health authorities of, well, doing it wrong–and to devastating effect.

"WHEREAS, public policy makers have chosen to force a "one size fits all" treatment strategy, resulting in needless illness and death, rather than upholding fundamental concepts of the individualized, personalized approach to patient care which is proven to be safe and more effective;"

The Declaration goes on to assert that "thousands of physicians are being prevented from providing treatment to their patients, as a result of barriers put up by pharmacies, hospitals, and public health agencies" and that ***"These policies may actually constitute crimes against humanity."***

Local Knowledge
Such statements might strike non-physicians as hyperbolic. But consider that many of these doctors, such as **Dr. Brian Tyson** have each saved thousands of lives through early intervention and best practices developed in the field through trial-and-error, observation, and active communication among peers.

"We started seeing inflammation, so we used anti-inflammatories," Dr. Tyson explains.

"We saw blood clots, so we used anticoagulants. We saw patients having trouble breathing, so we used asthma medications… It wasn't just one drug. It was the art of what we see and how those patients responded to what we gave them."

Despite treating more than 6,000 patients, Tyson can count the patients he's lost to Covid on three fingers. And yet non-practicing officials are interfering with the work of doctors like Tyson.

The physicians and medical scientists who have signed the Declaration are also frustrated with the authoritarian measures supported by career bureaucrats such as **Anthony Fauci**. Indeed as more information trickles out, more and more observers **suspect Fauci approved funding for dangerous research** at the Wuhan Institute of Virology and then colluded with the **bioethically disturbed Peter Daszak** to propagate the unlikely "natural origins" theory.

Barriers to Treatment

Public health authorities have erected huge barriers to early treatment by:

- Putting pressure on major pharmacies not to fill essential prescriptions,
- Putting pressure on insurers not to cover proven therapies, and
- Putting pressure on Big Tech giants to censor and suppress eminent physicians such as cardiologist **Peter A. McCullough**, who has expressed concerns about vaccinating children.

Declaration signatories include physicians who figured out how to successfully reduce the death toll while public health authorities dithered and delayed their grand plan to roll out mRNA vaccines for everyone — including, apparently, **low-risk populations**.

All the doctors agree that greater access to early treatment could have saved thousands of lives–and could save thousands more. The Declaration suggests that public health authorities are trying to steamroll over clinical practitioners when these camps should complement each other.

"We are in a pandemic of undertreatment," **said** intensive care specialist Pierre Kory, M.D., winner of the British Medical Association's President's Choice Award.

"Everything else that we've discovered, everything that's in our protocols is because we have used good clinical sense, lots of experience, and we've used trial and error using our best judgments of risks and benefits."

Clinicians or "Experts?"

Why should anyone trust thousands of doctors and medical researchers over public health authorities and other so-called experts trotted out in media campaigns?

1. Physicians figured out how to save lives and control Covid by talking to each other and developing best practices.

2. Physicians have more **local knowledge** and more direct experience with real patients.
3. Physicians are not as beholden to pharmaceutical companies as public health authorities, particularly as these authorities have gone as far as *mandating* pharma products for millions.
4. Physicians have learned to scale up their practices, including telemedicine, to avoid 'hospital overwhelm.'
5. Physicians have learned that early treatment and natural immunity is an effective way to reduce the dangers of a pandemic whose virus was probably funded by… public health authorities.

It's no wonder these doctors are in open rebellion against authoritarian public health bodies who seek to implement monolithic mass behavioral control in place of a dynamic multi-pronged approach that includes clinical best practices.

Intimate, repeated, in-person care, which includes both observational and randomized control studies, has an underappreciated advantage over armchair analysis and "exciting, soul-capturing abstractions," which have "**extended themselves over the perception of world and self like plastic pillowcases**." And yet the doctors of the Physicians Declaration soldier on.

Never mind. Fall into line. The government is here to help.

*Note: The Declaration by the International Physicians and Medical Researchers is not affiliated with **The Great Barrington Declaration** hosted by AIER. Yet there are striking similarities in that each group represents a groundswell of opposition to authoritarian public health policies worldwide.*

Max Borders is author of ***After Collapse**: The End of America and the Rebirth of Her Ideals and **The Social Singularity**: A Decentralist Manifesto.*

Leaked Dept. of Defense Document Reveals Evidence of Widespread VACCINE FAILURE

October 7, 2021, By Sayer Ji

A leaked Department of Defense document *first reported on by attorney Tom Rentz reveals high rates of "breakthrough" infections (4% of which died) and hospitalizations within a cohort of 5.6 million Medicare beneficiaries all of whom were fully vaccinated.*

An astounding PowerPoint document posted on the Humetrix company website, titled "**Waning Effect of COVID-19 Vaccines in 5.6M U.S. Study Cohort, Weekly Update 9/28/2021**," stamped by the Department of Defense JOINT ARTIFICIAL INTELLIGENCE CENTER's ***Project Salus*** (an AI driven analytics platform named after the Roman goddess of safety and well-being), reveals that the COVID-19 vaccines are clearly not living up to their stated promises of being highly effective — something that

should be obvious to anyone watching the aggressive push to add regular "boosters" on top of a failing two-dose regimen.

Within a cohort of 5.6 million Medicare beneficiaries aged 65 and older who received two doses of the COVID-19 vaccines (2.7 million Pfizer and 2.9 million Moderna), there was still a cumulative breakthrough rate (i.e., vaccine failure rate) of 2.9%, along with a 21% hospitalization rate in "breakthrough infections." Among breakthrough hospitalizations, 31% required ICU care, and there was a 4% death rate overall among "breakthrough infections."

This data clearly proves that the official narrative claiming the vaccines are unequivocally "effective," with no questions allowed to be asked, is patently false.

Are Vaccine Side Effects Being Labeled 'Breakthrough Infections'?

On first glance, it appears that the incontrovertible evidence of widespread vaccine failure described in this document are being driven by the so-called vaccine resistant "delta variant," taking the focus off the clearly ineffective vaccines themselves, and perhaps setting the public up for endless "boosters." But there is another possibility which you will not hear discussed elsewhere but is worth considering…

It is quite possible that the tremendous side effects known to be caused by these experimental mRNA vaccines are being knowingly or unknowingly misidentified, misclassified or otherwise relabeled as "breakthrough infections," generating the illusion that a new or old variant of a novel coronavirus is responsible *for the symptoms caused by the vaccines' side effects*; side effects that, as of yet, neither world governments, the global media nor the medical industrial establishment will acknowledge even exist, despite overwhelming evidence from government databases such as the Vaccine Adverse Event Reporting System **(VAERS)** or **Vigibase** that this vaccine (arguably more a gene therapy than a vaccine) is causing unprecedented harms **and deaths** among those who take them and who have been deprived of any semblance of informed consent, a *mandatory* medical ethical principle.

According to slide 7 of 17, titled "Total & Breakthrough Cases in the 65 Years and Older Salus Cohort," in the 65 and older population where the fully vaccinated rate is 80% "an estimated 71% of COVID-19 cases occurred in fully vaccinated individuals."

There are a number of ways to interpret this data. Either the vaccines do not work in the majority of those who receive them, or, worse, they suppress innate immunity against COVID-19 or any of its supposed variants, or, as I refer to above, the vaccines' adverse events (which include classical symptoms of influenza-like illness and/or those attributed to COVID-19) are being misidentified and miscategorized as new "breakthrough" cases or the "delta variant."

This latter explanation becomes all the more plausible when you consider that the "gold standard" tool for identifying COVID-19 cases are PCR test, which are not capable of diagnosing replication-competent viruses or viral infections. Kari Mullis, the technology's inventor himself, made this clear. You can learn more about Mullis' views, work and the problem with **PCR tests here**.

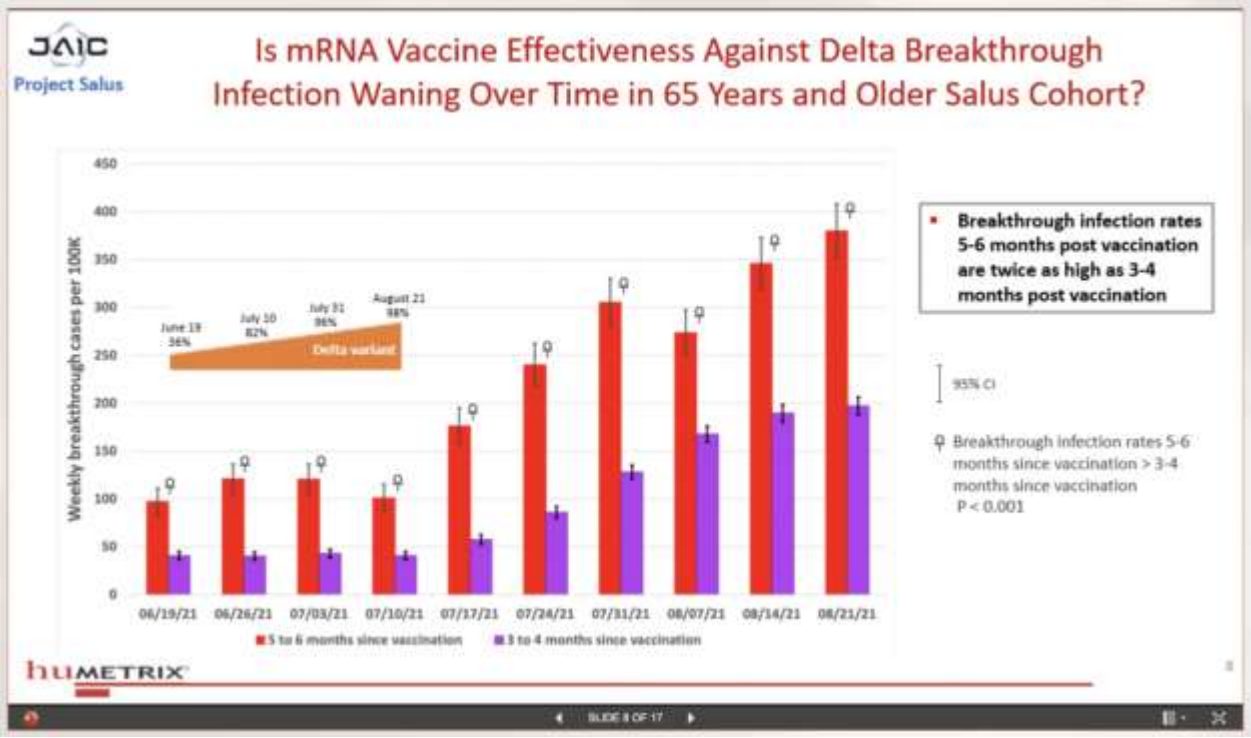
The Underlying Reason Why the Vaccines Are Failing?

As a quick aside, I think it is important to explain that when a cell is damaged, it releases nucleic acids (e.g., apoptotic bodies, necrotic bodies, exosomes), some of which end up in the plasma and can be mistaken as exogenous viral sequences by a PCR test.

Vaccines can cause profound damage to the integrity of the cell, which generates the illusion of an elevated "viral load," when, in fact, the markers for elevated exogenous or "foreign" nucleic acids are coming from the body's natural responses (i.e., attempts to

survive and heal) to the exogenous and xenobiotic toxicants and/or autoimmune generating effects of the vaccinations themselves.

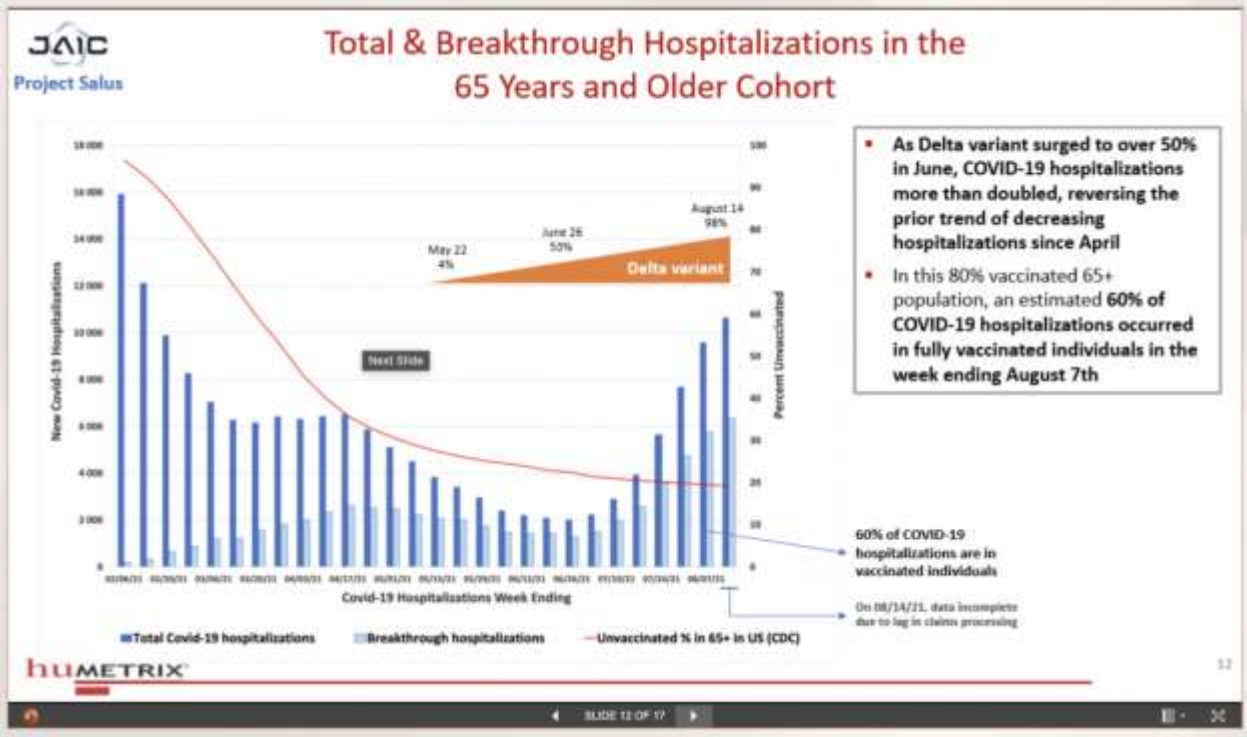
While this slide kit does not address this possibility, it may help explain the underlying reason why the vaccines are clearly failing (as well as the unprecedented signals of harm associated with them) without falling prey to the "escape variant" or "delta variant" narrative, which is being used to argue for boosters, further pharmaceutical drug intervention and, ultimately, to further consolidate and weaponize the narrative that there is an extremely dangerous set of viruses out there that require unconstitutional executive orders to completely suspend our basic human, civil and constitutionally backed rights.



View the entire 17 slide presentation on Scribd.
Slide 8 of 17, titled "Is mRNA Vaccine Effectiveness Against Delta Infection Waning Over Time in 65 Years and Older Salus Cohort?," details how "Breakthrough infection rates 5-6 months post vaccination are twice as high as 3-4 months post vaccination." In other words, the longer the duration after vaccination the weaker their immunity and poorer their health becomes.

This, for me, is an indication that the mRNA technology is creating an overall downward trend in the recipient's health, which is an explanation consistent with the alarming signals of harm associated with the vaccines, as evidenced by multiple government database sources, such as the U.S. government's VAERS and the World Health Organization's **VigiBase**. A recent estimate by Steve Kirsch presented at an FDA

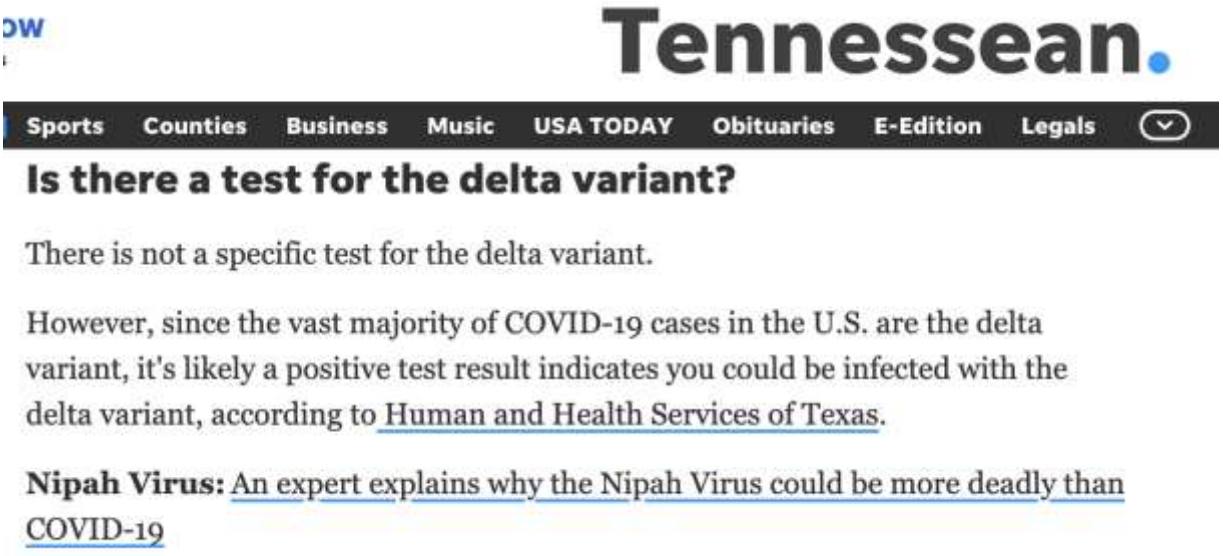
hearing proposes that about 200,000 Americans have died from COVID-19 vaccines thus far. **Watch his presentation here.**



View the entire 17 slide presentation on Scribd.

In slide 12 of 17, titled "Total & Breakthrough Hospitalizations in the 65 Years and Older Cohort," the slide proposes, *"As Delta variant surged to over 50% in June, COVID-19 hospitalizations more than doubled, reversing the prior trend of decreasing hospitalizations since April."*

Once again, this explanation is suspect given that there is little to no evidence that a Delta variant is driving hospitalizations, whereas we know that the hundreds of adverse events listed in the VAERS database related to the vaccines' effects *can indeed be life-threatening* and do drive people to the hospital, despite the fact that as few as 1% of these events are reported by hospitals to the government.[1]



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Is there a test for the delta variant?

There is not a specific test for the delta variant.

However, since the vast majority of COVID-19 cases in the U.S. are the delta variant, it's likely a positive test result indicates you could be infected with the delta variant, according to Human and Health Services of Texas.

Nipah Virus: An expert explains why the Nipah Virus could be more deadly than COVID-19

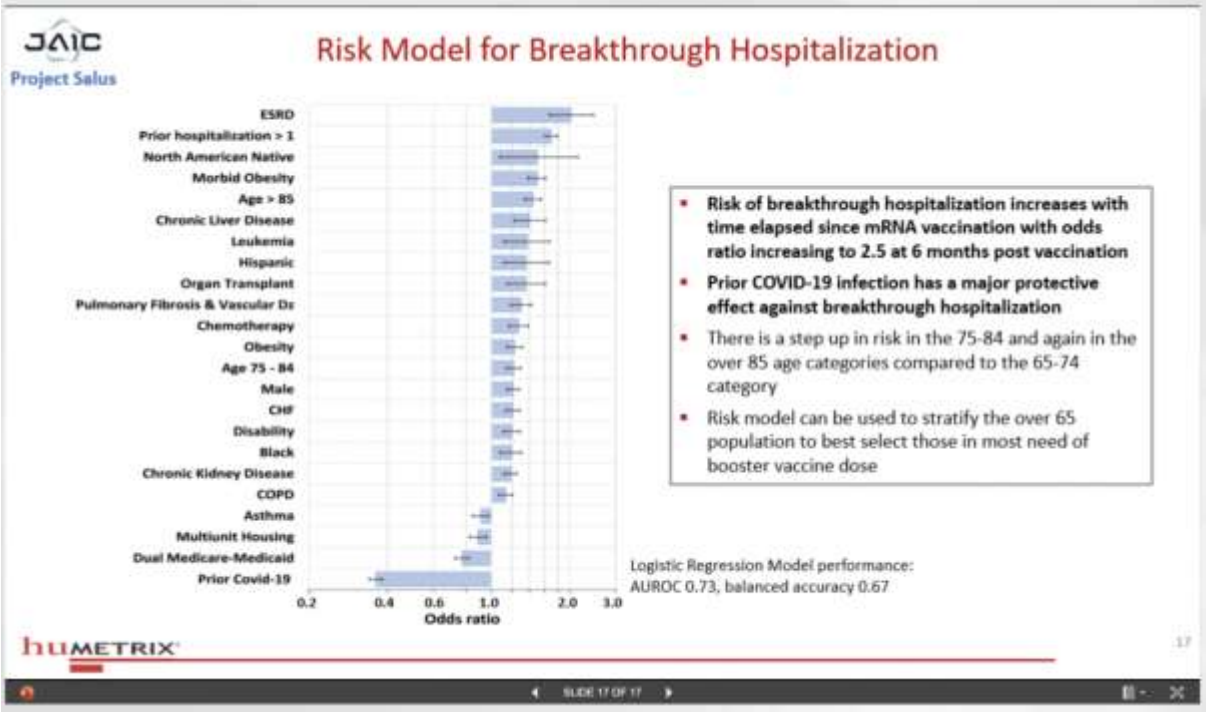
This **Tennessean article** is one of many investigative reports that have concluded a Delta variant test does not exist yet for the public.

The U.S. Centers for Disease Control and Prevention admits that it only **does about 700 Delta variant tests per week**, and this is assuming we can trust them to tell the public the truth — see the proposed Federal Grand Jury investigation of the **CDC for violating federal law by hyperinflating COVID-19 death stats here**). The CDC then extrapolated the data to "estimate" what it says is affecting the public at large, which the media promulgates as unquestionable truth. And so, one could rightfully interpret their statement, "As Delta variant surged to over 50% in June … ," to mean, "As Vaccine Adverse Events surged … in June."

The slide also states, "In this 80% vaccinated 65+ population, an estimated 60% of COVID-19 hospitalizations occurred in fully vaccinated individuals in the week ending August 7th."

Again, this could mean that the COVID-19 vaccines caused hospitalizations that were wrongly attributed to COVID-19 and/or its "variants," because we know that all it requires for someone to be labeled a COVID-19 case, or even to be pronounced dead by a coroner or medical examiner "by COVID-19," is suspicion of infection, thanks to the **WHO changing the ICD emergency use codes early in 2020**, and the **CDC following suit and doing the same in March 2020**.

We also know that the medical industry, the government and the media are actively censoring and suppressing any link between the vaccines and the hundreds of known serious side effects associated with them, making it virtually impossible for official accounts of vaccine reactions to be openly linked back to the vaccines, much less discussed. It's much easier to blame "COVID-19" or "the Delta variant."



View the entire 17 slide presentation on Scribd.

Slide 17 of 17, titled "Risk Model for Breakthrough Hospitalization," contains two important observations:

1. "Risk of breakthrough hospitalization increases with time elapsed since mRNA vaccination with odds ratio increasing to 2.5 at 6 months post vaccination." Is it the "breakthrough" virus or viruses driving these hospitalizations or the vaccines' many known side effects? This is the important question that the slide kit creators do not ask.
2. "Prior COVID-19 infection has a major protective effective against breakthrough infection." In other words, NATURAL IMMUNITY protects against going to the hospital even among those already vaccinated. Phrased differently: contracting COVID-19 (or what might be mistakeningly labeled COVID-19 but is actually influenza-like illness) and surviving it is the best protection against hospitalization, confirming what we already know and believe as natural health advocates.

Help Spread the Truth

This remarkable document should be shared widely. Considering the widespread censorship of information like this, we hope that you will continue to be brave with us and get the word out.

Documents like these come directly from the government and cannot be easily written off as conspiracy theory. The more people who wake up to the fact that the vaccines do not work as advertised and are not nearly as safe as we are told, the greater chance we have of preserving our right to informed choice when it comes to our bodies.

Reference

1. **Electronic Support for Public Health-Vaccine Adverse Event Reporting System**

Sayer Ji is founder of **Greenmedinfo.com**, a reviewer at the **International Journal of Human Nutrition and Functional Medicine**, Co-founder and CEO of **Systome Biomed**, Vice Chairman of the Board of the **National Health Federation**, Steering Committee Member of the **Global Non-GMO Foundation**.

Reports of Serious Injuries After COVID Vaccines Near 112,000, as Pfizer Asks FDA to Green Light Shots for Kids 5 to 11

VAERS data released Friday by the CDC included a total of 778,685 reports of adverse events from all age groups following COVID vaccines, including 16,310 deaths and 111,921 serious injuries between Dec. 14, 2020 and Oct. 1, 2021.

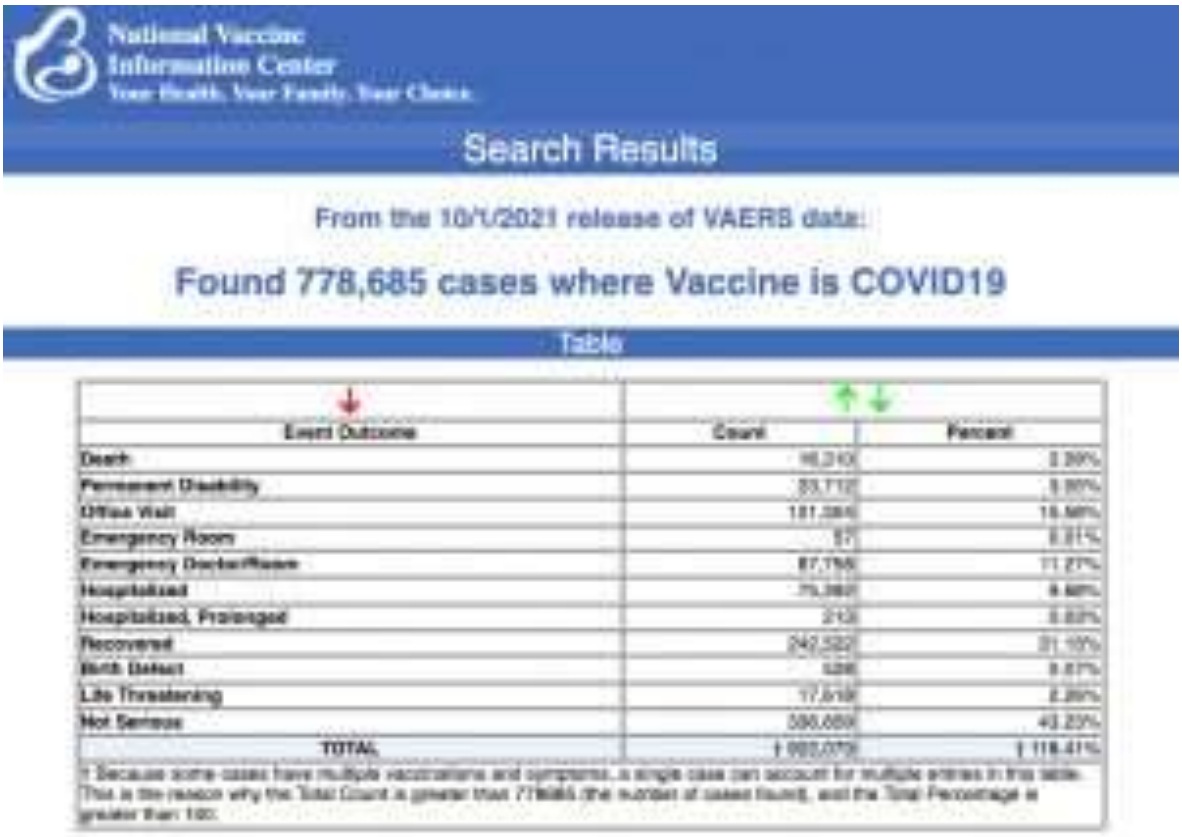
Data released Friday by the Centers for Disease Control and Prevention (CDC) showed that between Dec. 14, 2020 and Oct. 1, 2021, a total of 778,685 adverse events following COVID vaccines were reported to the Vaccine Adverse Event Reporting System (VAERS). The data included a total of 16,310 reports of deaths — an increase of 373 over the previous week.

There were 111,921 reports of serious injuries, including deaths, during the same time period — up 6,163 compared with the previous week.

Excluding "foreign reports" filed in VAERS, 593.728 adverse events, including 7,437 deaths and 47,455 serious injuries, were reported in the U.S. between Dec. 14, 2020 and Oct. 1, 2021.

Of the 7,437 U.S. deaths reported as of Oct. 1, 11% occurred within 24 hours of vaccination, 16% occurred within 48 hours of vaccination and 29% occurred in people who experienced an onset of symptoms within 48 hours of being vaccinated.

In the U.S., 393.4 million COVID vaccine doses had been administered as of Oct. 1. This includes: 227 million doses of Pfizer, 152 million doses of Moderna and 15 million doses of Johnson & Johnson (J&J).



The data come directly from reports submitted to 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.

Historically, VAERS has been shown to report only 1% of actual vaccine adverse events.

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

- **21,298 total adverse events, including 1,284 rated as serious and 22 reported deaths. Two of the 22 deaths were suicides.**

The most recent death involves a 16-year-old male (VAERS I.D. 1734141) who reportedly died from cardiac failure five days after receiving Pfizer's COVID vaccine.

Other recent deaths include a 17-year-old male (VAERS I.D. 1689212) with cancer who was vaccinated April 17, tested positive for COVID on July 20, was hospitalized and passed away Aug. 29; and a 16-year-old female (VAERS I.D.

1694568) who died from a pulmonary embolism nine days after receiving her first Pfizer dose.

- **3,202 reports of anaphylaxis among 12- to 17-year-olds with 99% of cases attributed to Pfizer's vaccine.**
- **520 reports of myocarditis and pericarditis (heart inflammation) with 508 cases attributed to Pfizer's vaccine.**
- **114 reports of blood clotting disorders, with all cases attributed to Pfizer.**

This week's U.S. VAERS data, from Dec. 14, 2020 to Oct. 1, 2021, for all age groups combined, show:

- **19% of deaths were related to cardiac disorders.**
- **56% 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 72.8.**
- **Of the 2,935 cases of Bell's Palsy reported, 50% were attributed to Pfizer vaccinations, 42% to Moderna and 8% to J&J.**
- **648 reports of Guillain-Barré syndrome, with 40% of cases attributed to Pfizer, 32% to Moderna and 28% to J&J.**
- **1,976 reports of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.**
- **158,280 reports of symptoms of anaphylactic reactions with 43% of cases attributed to Pfizer's vaccine, 49% to Moderna and 7% to J&J. An anaphylactic reaction may include various symptoms like skin rashes, nausea, vomiting, difficulty breathing or shock.**
- **9,907 reports of blood clotting disorders. Of those, 4,286 reports were attributed to Pfizer, 3,595 reports to Moderna and 1,975 reports to J&J.**
- **2,737 cases of myocarditis and pericarditis with 1,733 cases attributed to Pfizer, 888 cases to Moderna and 106 cases to J&J's COVID vaccine.**

Young mother pressured to receive COVID vaccine dies of vaccine-induced blood clots

Jessica Berg Wilson, a 37-year-old stay-at-home mother from Washington passed away suddenly on Sept. 7 from vaccine-induced thrombotic thrombocytopenia (VITT) — a rare, and sometimes fatal, blood-clotting condition — after receiving J&J's COVID vaccine.

In exclusive interview w/ #TheDefender, Jessica Berg Wilson's husband + uncle share devastating story of Jessica's death, which was attributed to vaccine-induced thrombotic thrombocytopenia caused by J&J COVID vaccine.
SIGN UP: https://t.co/zL66EdwTnDhttps://t.co/pSnXQNCBCH
— Robert F. Kennedy Jr (@RobertKennedyJr) October 6, 2021

On Aug. 29, Jessica went to a Seattle pharmacy to get her COVID vaccine and was told she would be receiving J&J's shot. She was "vehemently opposed" to taking the vaccine, "considering her stay-at-home mom status, state of good health and young age in conjunction with the known and unknown risk of an unproven vaccine," her husband said.

But Jessica was pressured to get the vaccine due to a vaccine mandate at their child's school requiring "room moms" who wished to serve in the classroom be fully vaccinated.

According to Jessica's VAERS report (VAERS I.D. 1683324), she experienced blood clots in her ovarian and renal veins, and a brain hemorrhage that led to tissue damage. Although doctors tried to relieve the pressure on her brain by performing a craniotomy, they were unsuccessful.

Jessica was ultimately pronounced brain dead, removed from life support and passed away. Doctors confirmed the cause of death was VITT.

Pfizer asks FDA to authorize emergency use of its COVID vaccine for 5- to 11-year-olds.

Pfizer and its German partner, BioNTech on Thursday asked the U.S. Food and Drug Administration (FDA) to authorize their COVID vaccine for emergency use for children 5 to 11 years old. The FDA advisory committee is scheduled to meet Oct. 26 to discuss Pfizer's pediatric COVID vaccine.

FDA officials said once vaccine data for younger children was submitted, the agency could authorize a vaccine for younger children in a matter of weeks, but it would depend on the timing and quality of the data provided.

Pfizer and BioNTech submitted initial data to the FDA last month for a regimen of two 10-microgram doses in children — one-third the amount given to older patients — but had not formally requested authorization until now.

According to Pfizer's Sept. 20 press release, the trial didn't show the vaccine reduced hospitalizations or even mild cases. But it did reveal side effects generally comparable to those observed in participants 16 to 25 years of age.

Parents… Tired of watching your child walk? Why not let them join the 1,149 people left paralyzed by Covid Vaccines?

Dear Parents,

Are you aware that 86% of children suffered an adverse reaction to the Pfizer Covid-19 vaccine in the extremely short and small clinical trial?

Are you aware that 1 in 9 children suffered a serious adverse reaction leaving them unable to perform daily activities in the extremely short and small clinical trial? (***source***)

Are you aware that up to August 25th 2021, just 9 deaths associated with Covid-19 had occurred in children since March 2020? (***source***)

Are you aware that the risk of children developing serious illness due to Covid-19 is extremely low? (***source***)

Are you aware the Pfizer Covid-19 vaccine is experimental and still in clinical trials? (***source***)

Are you aware three scientific studies conducted by the UK Government, Oxford University, and CDC, which were published in August 2021, have found the Covid-19 vaccines do not work? (***source***)

Are you aware that Public Health England data shows the majority of Covid-19 deaths are among the vaccinated, and the data suggests the vaccines worsen disease? (***source***)

Are you aware there have been more deaths in 8 months due to the Covid-19 vaccines that there have been due to all other available vaccines since the year 2001? (***source***)

Are you aware of the real risk of myocarditis (heart inflammation) in children due to the Pfizer vaccine? (***source***)

Are you aware children are dying due to the Covid-19 vaccines in the USA? (***source***)

Are you aware of who profits from your child getting the Covid-19 vaccine? (***source***)

Are you aware the Joint Committee on Vaccination & Immunization refused to recommend the Pfizer vaccine be offered to children, and are you aware they were overruled by Chris Whitty, the Chief Medical Officer for England? (***source***)

Are you aware that since teenagers were first offered the Covid-19 vaccine that deaths among 15 – 19-year-olds have increased by 47% on the previous year? (***source***)

If you were not aware of any of these things, then you are now. But if you still decide despite all of the above that you would like your child to get the Covid-19 vaccine then it must be because you are tired of watching your child walk, and you'd like them to join the other 1,149 people that have been left paralyzed by the Covid-19 vaccines in the UK?

The latest report on adverse reactions to the Covid-19 vaccines reported to the MHRA Yellow Card scheme reveals that up to September 22nd 2021 a total of 323 reports of paralysis were made against the Pfizer mRNA vaccine.

These include 11 reports of diplegia, 41 reports of hemiparesis, 36 reports of himplegia, 1 report of locked-in-syndrome, 48 reports of monoparesis, 63 reports of monoplegia, 112 reports of full paralysis, 3 reports of paraparesis, 6 reports of paresis, 1 report of quadriparesis, and 1 report of quadriplegia.

If the possibility your child might be left paralyzed, or lose their vision, or both, isn't enough for you though then perhaps you just want your child to die, and join the other 1,682 people who have lost their lives due to the Covid-19 vaccines?

Including 544 people who last their lives to the Pfizer injection, alongside the 330,983 injuries that it has caused up to September 22nd.

You may not get what you wish for of course parents, as not every person is being left blind, paralyzed, or losing their life due to the Covid-19 vaccines. However, with a total of 1,215,597 injuries being reported, and approximately 48.6 million people having been vaccinated, at least there is a 1 in 39 chance that your child will suffer an injury due to the Covid-19 vaccine.

A chance that is more likely 1 in 4, because just 10% of adverse reactions are reported to the MHRA Yellow Card scheme.

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 IS a war of words being waged by those who have ulterior motives for their call for vaccine mandates. Things are only going to get worse with this kind of propaganda.

It is part and parcel of the New World Order plan to "Depopulate" the world.

This is a war by psychopathic and sociopathic demonic liars. We now are living in a world of mass psychosis. Exiting from such a world is not possible due to the psychotic fear and lack of rational and logical thinking. It feeds upon itself and the madness assumes a life of its own. Since it is global in form, it becomes an "Extinction Level Event." Only Jesus Christ can break this curse!

The CDC survival rate refutes their own lies! The chart below 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.

Covid-19 is a

"BIOWEAPON"

Created to scare people into taking The real kill shot!

Blessings, Jesus is at the door!

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

Feel Free to Share This With Everyone!
This information can be very important
and the difference between Life and Death!

I do not exaggerate!

This is Global Genocide!
They want us all dead!