

Mass Murder

By Syringe Needle!
Part 44

The government's official death statistical data report for Covid-19 ending December 31st, 2021 is **822,914** and this is the equivalent or **0.24861450151057%** of 331,000,000 or just **2/10th of one percent**. Because of inflated numbers encouraged by CDC, NIAID, NIH, and WHO we will never know the true figures. This is proof that Covid-19 was nothing like Bill Gates, Deborah Birx, Robert Redfield, Francis Collins, or Dr. Teflon Anthony Fauci have made it out to be. Mass Murder it still is because of the vaxxes and the toxic ingredients of those vaxxes. Now let's look at the global stats at the global level.

At the end of 2020 I became convinced we were all being force fed a giant load of absolute bovine excrement. Don't believe me? Look at world population statistics. Here's a sample. At the end of 2018, the world population was 7,631,091,040 and that year 57,625,149 people died. This showed an overall death rate of 0.76%. I know some of you are shocked by this, but yes, 57 million people died of all types of causes in 2018. When you reach the end of your life, you die.

At the end of 2019, the world population was 7,713,468,100 and 58,394,378 died. Naturally, because we had more people reaching the end of their lives, more people died. The death rate that year was 0.76%. Now let's see what 2020 brought us. The year of the pandemic. At the end of 2020, the world population was 7,794,798,739 and 59,230,795 died. The death rate was 0.76%. Yes. That's right. In the year of the deadly pandemic the world's population grew by 81,330,639 people and the death rate did not change by even a hundredth of a percent. The media never once pulled back the lens to show this, they continued to show the narrow focus of case counts and Covid deaths. Even going so far as to change causes of death so that someone who died "with" Covid in their system was counted as someone who died "of" Covid.

The Western world shut down over a disease about as deadly as the common flu. And our rights were shut down along with it. Despite this disease having a non-existent effect on the overall death rate of the world's population the call came out for a mass vaccination. Since I was already skeptical of the pandemic, I was naturally skeptical of the need for a "vaccine". But you can see what the motivation of "Fear" can do to people.

The one field where this kind of data is critical is the insurance industry. The insurance industry employs the best actuarial statisticians money can afford. Throughout the past two years insurance rates have not changed so much as a fraction. Dr. David L. Martin in a video last year pointed out the business model of the Insurance Industry is based upon mortality rates, stacked or designed to profit the insurance industry.



Germany: Government Reports 96% of Omicron Cases Are Among Fully Vaccinated, 4% Are Unvaccinated

By Chris Menahan

New data released today by the Robert Koch Institute, a research agency run by the German government, found that though 71% of the population is fully vaccinated nearly 96% of Omicron cases are among the fully vaccinated.

“Robert Koch Institute report released today states that 95.58% of the #Omicron cases in Germany are fully vaccinated (28% of those had a “booster”), 4.42% are unvaccinated,” Disclose TV reported.

Welt reporter Tim Röhn shared the findings on Twitter, noting that “the usual tabular overview of vaccination effectiveness is missing” in the new RKI weekly report.

“Concerning the burden of disease: ‘For 6,788 cases, information on the symptoms was provided, mostly no or mild symptoms were reported. 124 patients were hospitalized, four people died,’” Röhn reported.

As a reminder, Dr. Robert Malone was banned from Twitter yesterday after the AP accused him of “misleading” people by claiming that vaccines “don’t provide protection against the omicron variant.”



Tim Röhn 
@Tim_Roehn



Im neuen [#RKI](#)-Wochenbericht fehlt die übliche tabellarische Übersicht zur Impfeffektivität. Dafür gibt es die folgenden Impfstatus-Infos zu 4206 von insgesamt [#Omikron](#)-Fällen:

- 4020, ergo 95,58 % vollständig Geimpfte (1137 davon geboostert)
- 186 Ungeimpfte (4,42 %)

@welt

Translated from German by [Google](#)

The usual tabular overview of vaccination effectiveness is missing in the new [#RKI](#) weekly report. The following vaccination status information is available for 4206 out of a total of [#Omikron](#) cases:

- 4020, therefore 95.58% completely vaccinated (1137 boosted)
- 186 unvaccinated (4.42 %)

@welt

10:28 AM · Dec 30, 2021 · Twitter Web App

New York bill threatens basic rights of citizens with forced COVID vaccinations, quarantine camps

Friday, December 31, 2021 by: [Matthew Davis](#)

[\(Natural News\)](#) Lawmakers in New York are preparing to vote on a bill that will allow [authorities to act upon unvaccinated individuals](#). These acts include – but are not limited to – the removal of people identified as carriers or communicable diseases and those potentially dangerous to public health.

The bill is included in the agenda for the next legislative assembly for both the state senate and assembly on Jan. 5, 2022. If ratified, the authorities will be given executive powers similar to those in Australia, where quarantine camps are set up for people who

test positive for the Wuhan coronavirus (COVID-19), as well as those who test negative – even as it continues to pose little to no impact on the daily [lives of individuals and business owners](#).

It's worth noting that New York and California have been under a perpetual "state of emergency," where rapidly expanding mandates and other impositions continue to threaten the autonomy and basic rights of their citizens. (Related: [NYC announces door-to-door vaccination teams that will come to your house and pay you \\$100 to take the death jab.](#))

Under the bill, individuals who had contact with someone with COVID-19 may be forcibly removed from their homes and placed in a medical facility, even if they tested negative for the virus. (Related: [New York bill would allow gov. to detain anyone considered to be public health threat](#))

Critics of the bill have expressed their concern, saying medical mandates are becoming increasingly normalized and that forcing someone to take a drug for so-called treatments should have no place in the U.S.

Meanwhile, Linda Rosenthal – a Democrat representing Manhattan's Upper West Side – introduced Assembly Bill A11179, which proposes [mandating COVID-19 vaccinations](#) if not enough residents voluntarily get the shot once it is available.

According to the bill, the state would require to "safely and effectively" distribute a Food and Drug Administration (FDA)-approved vaccine "in accordance with the department [of health]'s COVID-19 vaccination administration program."

"While steps have been taken to reduce the spread of COVID-19, epidemiologists and public health experts have concluded that a vaccine will be necessary to develop herd immunity and ultimately stop the spread of the disease," according to the bill's support memo.

"The State must make efforts to promote vaccination and ensure that a high enough percentage of the population is vaccinated against COVID-19 to develop sufficient immunity."

If the bill passes, the state's health department can mandate vaccinations to those it deems are safe to receive the vaccine, if it sees that New Yorkers aren't developing "sufficient immunity from COVID-19" – a term the bill does not define.

The mandate takes effect if less than 70% of the population is voluntarily vaccinated.

"Then the state Department of Health would have the ability to say that more people have to get it," Rosenthal added. "And they would set the rules and they would set the structure."

Currently, experts from the *Centers for Disease Control and Prevention* are still unsure what percentage of the population would need to be vaccinated to achieve so-called herd immunity against COVID-19.



PAPERS, PLEASE! Mother and child kicked out of New York City restaurant by police because young boy had no covid vaccine passport

Saturday, January 01, 2022 by: [Ethan Huff](#)

([Natural News](#)) For the “crime” of not being drugged up with a “vaccine” from Operation Warp Speed, a young boy and his mother were [kicked out of a New York City restaurant by police](#).

[Video footage](#) of the incident that went viral shows New York Police Department (NYPD) officers approaching the table where the mother and child were seated to inform them that they had to leave unless they could produce the boy’s Wuhan coronavirus (Covid-19) injection pass (watch below).

Several people inside the restaurant expressed outrage over the scene, calling it “disgusting and gross” that the cops would scare, traumatize and ultimately terrorize and innocent young boy and his mother while they were trying to enjoy a meal.

The young boy, unsure of what to do or even what was happening, is seen in the footage being towered over by various adult figures, including other patrons at the restaurants who gathered around the table visibly upset.

While it is unknown exactly where the incident took place, reports suggest that it may have occurred at an Applebee’s location in Queens. The same area was recently in the news for an anti-jab protest that was held at the nearby Queens Center Mall.

Police officers are not your friend when they side with government tyranny

Back in March, New York [became the first state](#) in the country to launch a Fauci Flu injection “passport” scheme.

Known as the “Excelsior Pass,” the program requires New Yorkers to either show proof of injection or a “negative” test for the Chinese Virus in order to attend large events or enter a restaurant.

New York City was the first place in the state, naturally, to later start enforcing a jab-only policy that no longer allows negative test results to suffice as a tool of entry.

“This will be your only warning,” an NYPD jackboot is further seen telling the woman and her child at the restaurant.

Had they not complied, the mother and son would have been arrested by the officer and charged with trespassing.

When asked about the incident, a spokesman for the NYPD refused to respond and instead started jabbering about an earlier protest at the same location. Apparently the NYPD is standing against the rights of its citizens and for the fascism of Bill de Blasio, Tony Fauci, and other Branch Covidian tyrants.

According to reports, New York City is requiring that all private businesses force their patrons to show proof of injection before entry. This includes all patrons as young as five years old.

“Meanwhile, a pedophile is raping a child and there are no cops stopping the crime because of petty BS like this!” wrote one angry commenter at *Reclaim the Net*.

“I’m pretty sure now how I’m going to die, and it’s not going to be from the vaccine or lack of food because I don’t have a vaxport,” wrote one at *Natural News*.

“This is all planned into the financial destruction,” wrote yet another about how these mandates are going to completely decimate what remains of the restaurant industry.

“They want to bring in Agenda 2030 and all independent businesses must be destroyed for that to happen. Rural people won’t be able to live without jobs and will be forced into the cities. That’s their plan, anyway. I have other plans.”

Many others expressed the fact that they will never again be returning to New York or the city for any reason whatsoever. There goes another nail into the coffin of the state’s small business economy.

Despite Entire Team Being Fully Vaccinated – Two Thirds of Antarctic Polar Researchers Have Contracted COVID-19



Another example of the COVID-19 vaccine not working.

The [National Post](#) reports:

Polar researchers in Antarctica have contracted COVID-19 despite being fully vaccinated and living miles from civilization.

Two thirds of the 25 staff based at Belgium’s Princess Elisabeth Polar Station has caught the virus, the Le Soir newspaper reported, proving there is no escape from the global pandemic.

The outbreak took hold despite all staff passing multiple PCR tests, quarantining and living in one of the most remote places in the world.

There are studies that show that vaccines do not work, now we have another example in real life.

REVELATION: Only the “vaccinated” died during the 1918 Spanish Flu

Wednesday, December 29, 2021 by: Ethan Huff



(Natural News) Everything you thought you knew about the infamous “Spanish Flu” outbreak of 1918 is probably wrong.

It turns out that one of the most well-known pandemics from recent history was actually caused by the “vaccines” that were supposedly introduced to stop it – much like how the Wuhan coronavirus (Covid-19) “vaccines” of today are spreading more covid.

Dr. Sal Martingano, FICPA, explains that mass vaccination during the Spanish Flu is what actually caused people to die. In fact, the only people who ended up dying during the ordeal were those who got jabbed.

In her book *Vaccination Condemned*, Dr. Eleanor McBean, Ph.D., N.D., explains how she is an “unvaccinated survivor” of the 1918 Spanish Flu. She continues to urge people to revisit the historical event with a new lens, which she helps readers to do in her book.

McBean actually wrote a second book called *Vaccination ... The Silent Killer* that expounds upon the revelations contained in her first book. The evidence she provides points to the vaccines, and not the flu itself (if there ever even was one...) as the true culprit that resulted in tens of millions of deaths.

“McBean’s coverage of the 1918 ‘Spanish Flu,’ as a reporter and an unvaccinated survivor, requires that the historical basis of the event needs to be revisited, not as a ‘conspiracy theory’ but with evidence that will ‘set your hair on fire,’” writes Dr. Martingano.

“McBean provides evidence that not only were the historical events of the 1918 ‘Spanish Flu’ compromised, but also those of the Polio and Swine Flu epidemics.”

The first case of Spanish Flu occurred at a military base in Kansas where vaccine experiments were taking place.

Because Spain remained neutral during both the first and second world wars *and* did not censor its press like was occurring elsewhere, it would become the first country in the world to report a flu epidemic in 1918.

This would explain why Spain ended up being scapegoated for what would later be called the “Spanish Flu.” However, it turns out that that first real case of the deadly disease actually occurred in Kansas at a military base where vaccine experiments were taking place.

In preparation for World War I, military servicemen at Fort Riley, where numerous prior vaccines had been developed, conducted a massive vaccination experiment. This would lead to “patient zero” appearing in the United States rather than Spain.

If history was honest, it would actually be called the 1918 United States Military Flu. However, thanks to prolific influence from the likes of the Rockefeller family and other Big Pharma globalists, the blame got shifted to Spain.

“The fledgling pharmaceutical industry, sponsored by the ‘Rockefeller Institute for Medical Research,’ had something they never had before – a large supply of human test subjects,” explains Martingano.

“Supplied by the U.S. military’s first draft, the test pool of subjects ballooned to over 6 million men.”

There was no Spanish Flu: it was bacterial meningitis caused by vaccines

It would take until long after the war for autopsies to show that the millions of people who died from the “Spanish Flu” actually died from vaccine-induced bacterial meningitis. (RELATED: The polio outbreaks of the past were similarly caused by man-made chemicals rather than an airborne disease.)

“It was caused by random dosages of an experimental ‘bacterial meningitis vaccine,’ which to this day mimics flu-like symptoms,” Martingano explains. “The massive, multiple assaults with additional vaccines on the unprepared immune systems of soldiers and civilians created a ‘killing field.’”

Interestingly, the only people who were not affected by the so-called Spanish Flu were those who avoided taking the injections. Those people, including McBean, would go on to live normal lives and even tell all about what they witnessed at that horrific time.

While it all started out with mostly soldiers getting the injections, a massive leftover cache of the shots would eventually be given to civilians. This resulted in mass death on a wide scale among the American civilian population.

“Fearing that soldiers coming home would spread diseases to their families, the U.S. government pushed the largest vaccine ‘fear’ campaign in history,” Martingano writes.

“They used the human population as a research and development lab to field test experimental vaccines ... Tens of millions of civilians died in the same manner as did the soldiers.”

Just like today, the doctors of that day mostly ignored what they were witnessing occur as a result of the mass injection campaign. Instead of stopping it in order to save lives, they actually proceeded to *intensify* the jab drive, resulting in many more deaths.

“Seven men dropped dead in a doctor’s office after being vaccinated,” McBean writes in her book about the propaganda that was being spread at the time. “Letters were sent to their families that they had been killed in action.”

In total, WWI soldiers from the U.S. were given anywhere from 14-25 untested, experimental injections, all within just a few days of one another. This triggered a cascade of intensified diseases all at once, which the medical system blamed on the “Spanish Flu.”

“The doctors called it a new disease and proceeded to suppress the symptoms with additional drugs or vaccines,” Martingano further explains.

This sobering account of what really happened during the so-called Spanish Flu pandemic of 1918 explains a lot about what the world is currently facing with the latest fraudulent *plandemic* episode called “covid.” It was all a lie back then, and is still a lie today.

Vaccinated people are dying from autoimmune attacks against their own organs Bombshell: Vaccinated people are dying from autoimmune attacks against their own organs

NaturalNews.com / Lance D Johnson



([Natural News](#)) Two reputable scientists from Germany, Sucharit Bhakdi, M.D. and Arne Burkhardt, M.D., published a bombshell paper entitled, “On COVID vaccines: why they cannot work, and [irrefutable evidence of their causative role in deaths after vaccination.](#)” The findings were presented on December 10th at an interdisciplinary symposium where researchers discussed the safety and efficacy of the new vaccines.

The study took a closer look at fifteen vaccinated patients (ages ranging from 28-95) who died within seven days up to six months after receiving an experimental covid vaccine. The vaccines did not save their lives. In fact, fourteen of the deceased vaccinated patients suffered from extensive autoimmune damage in various vital organs. After taking the spike protein mRNA, their antibodies and T-lymphocytes had turned against them, attacking their vital organs.

Spike protein mRNA causes autoimmune attacks in vital organs

Because coroners are not properly trained to link vaccines to various causes of death, most of the fatalities were initially determined to be caused by “*arrhythmogenic heart failure.*” Most of the patients (eleven) were never hospitalized. They either died in their home, on the street, at work, in their car, or in a home-care facility. Four of the patients were treated in the ICU for more than two days. Therefore, the paper concluded that medical interventions were “*unlikely to have significantly influenced the post-mortem findings.*”

After the vaccine mRNA encodes spike proteins in the cells, that genetic information is translated in the ribosomes to mass produce a foreign, toxin protein. By subverting the natural protein synthesis of the cell, the vaccine technology reprograms the immune

system to fight foreign proteins that were forcibly created by the body's own cells. The immune responsive cells may see the body's healthy cells, tissues and organs as a threat. If healthy cells are suddenly creating foreign spike proteins, immune responsive cells may see the healthy cells as a threat to the body as a whole. This could trigger an out-of-control autoimmune reaction, a process of self-destruction.

Covid vaccines train IgG antibodies and T-lymphocytes to target the body's own organs. Any cell that is penetrated and reprogrammed by spike protein mRNA could ultimately come under attack by the body's own IgG antibodies and cytotoxic T-lymphocytes. After all, the T-lymphocytes are intended to protect the body against cancerous cells and cells that are infected by pathogens. This immune process can take place in any organ.

In 14 out of 15 of the autopsies, the immune system attacked the individual's heart. In 13 cases, the immune system attacked the individual's lungs. The liver, brain, salivary glands and thyroid gland were all attacked in two cases each. Every deceased person showed similar inflammatory pathological evidence in their tissues, especially with the death of small blood vessels. The most important evidence was a high concentration of killer T-lymphocytes in blood vessels and the tissues surrounding them.

"Your heart muscle, and your liver and your lungs begin to produce these damn [spike] proteins, [and then] your killer lymphocytes go there ... and destroy your heart, your lungs, your liver," Dr. Bhakdi warned. The evidence of the *"immunological self-attack is without precedent,"* the doctors wrote. *"Because vaccination was the single common denominator between all cases, there can be no doubt that it was the trigger of self-destruction in these deceased individuals."* They warn that more people will suffer similar adverse events as additional booster shots are approved.

The vaccines also penetrate the lymph nodes, teaching these cells to produce spike proteins instead of white blood cells. This may cause the T-lymphocytes to attack one of the body's critical immune defenses. People who have been vaccinated will be more susceptible to various infections of viral and bacterial origin because one facet of their immune system is being trained to damage other facets of the immune system. This evidence has led one doctor, Dr. Peter McCullough, to declare covid vaccines the [*"most dangerous biological medicinal product rollout in human history."*](#) Are the covid vaccines part of [*a depopulation agenda?*](#) Is the pope a Jesuit?

Reports of COVID Vaccine Injuries Pass 1 Million Mark, FDA Signs Off on Pfizer Booster for Kids 12 and Up

VAERS data released Friday by the Centers for Disease Control and Prevention included a total of **1,000,229 reports of adverse events** from all age groups following COVID vaccines, including **21,002 deaths** and **162,506 serious injuries** between Dec. 14, 2020, and Dec. 24, 2021.

By Megan Redshaw

The Centers for Disease Control and Prevention on Dec. 31, 2021, released new data showing a total of [1,000,229 reports of adverse events](#) following COVID vaccines were

submitted between Dec. 14, 2020, and Dec. 24, 2021, to the Vaccine Adverse Event Reporting System (VAERS). VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S.

The data included a total of [21,002 reports of deaths](#) and [162,506 reports of serious injuries](#). Excluding “[foreign reports](#)” to VAERS, [709,084 adverse events](#), including [9,623 deaths](#) and [62,069 serious injuries](#), were reported in the U.S. between Dec. 14, 2020, and Dec. 24, 2021.

[Foreign reports](#) are reports received by U.S. manufacturers from their foreign subsidiaries. Under U.S. Food and Drug Administration (FDA) regulations, if a manufacturer is notified of a foreign case report that describes an event that is both serious and does not appear on the product’s labeling, the manufacturer is required to submit the report to VAERS.

Of the 9,623 U.S. [deaths reported](#) as of Dec. 24, 20% occurred within 24 hours of vaccination, 25% occurred within 48 hours of vaccination and 61% occurred in people who experienced an [onset of symptoms](#) within 48 hours of being vaccinated.

In the U.S., 499.7 million COVID vaccine doses had been administered as of Dec. 23. This [includes](#) 291 million doses of Pfizer, 190 million doses of Moderna and 18 million doses of Johnson & Johnson (J&J).

Every Friday, [VAERS](#) publishes vaccine injury reports received as of a specified 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](#).

U.S. VAERS data from Dec. 14, 2020, to Dec. 24, 2021, for 5- to 11-year-olds show:

- 5,706 [adverse events](#), including [114 rated as serious](#) and 2 [reported deaths](#).
- [11 reports](#) of myocarditis and pericarditis (heart inflammation).
- [14 reports](#) of blood clotting disorders.

U.S. VAERS data from Dec. 14, 2020, to Dec. 24, 2021, for 12- to 17-year-olds show:

- 25,802 [adverse events](#), including [1,506 rated as serious](#) and [34 reported deaths](#).

The most recent death involves a previously healthy 15-year-old girl from Wisconsin (VAERS I.D. [1963633](#)), who experienced a cerebral and intraventricular hemorrhage secondary to a ruptured aneurysm. She also tested positive for SARS-CoV-2 despite having been fully vaccinated.

- [61 reports](#) of anaphylaxis among 12- to 17-year-olds where the reaction was life-threatening, required treatment or resulted in death — with 96% of cases attributed to [Pfizer’s vaccine](#).

- [579 reports](#) of myocarditis and pericarditis with [568 cases](#) attributed to Pfizer's vaccine.
- [146 reports](#) of blood clotting disorders, with all cases attributed to Pfizer.

U.S. VAERS data from Dec. 14, 2020, to Dec. 10, 2021, for all age groups combined, show:

- 19% of deaths were related to cardiac disorders.
- 54% of those who died were male, 41% were female and the remaining death reports did not include the gender of the deceased.
- The [average age](#) of death was **72.3**.
- As of Dec. 24, [4,692 pregnant women](#) reported adverse events related to COVID vaccines, including 1,487 reports of [miscarriage or premature birth](#).
- Of the [3,358 cases of Bell's Palsy](#) reported, 51% were attributed to [Pfizer](#) vaccinations, 41% to [Moderna](#) and 8% to [J&J](#).
- 815 reports of [Guillain-Barré syndrome](#) (GBS), with 41% of cases [attributed to Pfizer](#), 29% to [Moderna](#) and 28% to [J&J](#).
- [2,241 reports](#) of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- [12,070 reports](#) of blood clotting disorders in the U.S. Of those, [5,341 reports](#) were attributed to Pfizer, [4,302 reports](#) to Moderna and [2,275 reports](#) to J&J.
- [3,405 cases](#) of myocarditis and pericarditis with [2,379 cases](#) attributed to Pfizer, [1,197 cases](#) to Moderna and [152 cases](#) to J&J's COVID vaccine.

FDA clears Pfizer boosters for 12- to 15-year-olds, bypasses experts

The FDA today amended [Emergency Use Authorization](#) (EUA) for Pfizer's COVID vaccine [expanding eligibility for boosters](#) to children 12 through 15 years of age.

The agency did not consult its expert panel of vaccine advisors, who in September, [overwhelmingly rejected boosters](#) for healthy people 16 and older.

The FDA also shortened the time for both adolescents and adults to receive a booster from six months to five months after receiving a second dose and authorized a third shot for immunocompromised children aged 5 to 11.

Dr. Peter Marks, director of the Center for Biologics Evaluation and Research at the FDA, [said in a statement](#) the agency made its decision because a third dose "may help provide better protection against both the [Delta](#) and [Omicron](#) variants."

The FDA said it reviewed real-world data from Israel of more than 6,300 individuals 12- to 15-years-old who received a booster at least five months after their second Pfizer dose and found no serious safety concerns.

Likewise, additional data showed no problems giving anyone eligible for a Pfizer booster an extra dose at five months instead of six, the [Associated Press reported](#).

The FDA said it will [continue to review](#) the information and communicate with the public if data emerges suggesting booster doses are needed for the younger pediatric population.

Pediatrician weighs in on FDA decision: children aren't 'mini-adults'

[Dr. Michelle Perro](#), pediatrician and co-author of "[What's Making Our Children Sick](#)," disagreed with the FDA's decision, pointing out that "children are not mini-adults." In an email to The Defender, Perro said children's rapid growth, quick cellular turnover and less efficient detoxification pathways are factors that must be considered whenever any new therapeutics are being introduced.

Perro said:

"This newest immunomodulating therapy, the mRNA inoculation, has already been shown to have produced multisystem negative health outcomes in children garnered from the CDC's own database."

Perro outlined five reasons she believes this "experimental therapy" must be immediately withdrawn:

- Gene-edited injectables have not been adequately studied in children as per Pfizer's own data, where they meshed children's and adults' data together.
- The injection utilizes nanotechnology which is now part of the emerging technology in vaccinology research. These nanoparticles are so small in size they can cross the blood-brain barrier which can adversely affect our already fragile population of children.
- The mRNA itself is unstable and is thus encapsulated in a lipid biosphere comprised of a polyethylene glycol shell which in itself is toxic.
- The number of children suffering from already documented irreparable side effects from the inoculations, such as those occurring in their hearts (myocarditis), is not only unacceptable but immoral.
- Children's healthcare providers are neither educated or proactive in diagnosing and treating the effects from this experimental therapy.

Perro questioned the FDA's motives, given that children suffer [nearly zero](#) morbidity and mortality from COVID infections.

She also said the FDA is "veering from" its own historical stance.

"When previous true vaccines were introduced historically (rotavirus vaccine), after just a few cases of adversity, they were immediately withdrawn," Perro told The Defender. "The FDA must adhere to its own historical position regarding their assigned task of the protection and oversight of our country's greatest asset: our children."

Fauci says hospitalization numbers for kids with COVID are over counted

[Dr. Anthony Fauci](#), director of the National Institute of Allergy and Infectious Diseases, in an [interview on MSNBC](#), said statistics for hospitalizations among children with

COVID are over counted, making clear the distinction between [children hospitalized with COVID](#) and children hospitalized “because of COVID.”

Speaking to MSNBC’s Ayman Mohyeldin, who was filling in for [Rachel Maddow](#) on Dec. 29, about the rise in hospitalizations among children amid the Omicron variant, Fauci said the surge is due to two contributing factors — more children getting infected and the way COVID cases are counted.

“And what we mean by that — if a [child goes in the hospital](#), they automatically get tested for COVID. And they get counted as a COVID-hospitalized individual,” Fauci said. “When in fact, they may go in for a broken leg or appendicitis or something like that. So it’s over counting the number of children who are, quote, ‘hospitalized with COVID,’ as opposed to because of COVID.”

Secretary of Defense Lloyd Austin tests positive for COVID after three doses

Secretary of Defense Lloyd Austin [tested positive for COVID](#), and will remain at home for the next five days “*in accordance with new CDC guidelines.*”

In an [emailed statement](#) released Sunday night, Austin said he is fully vaccinated and received his booster dose in October, which he claimed made the infection “*much more mild.*”

Austin said vaccines work and will remain a medical requirement for the military’s workforce. A [lawsuit](#) challenging the military’s COVID vaccine mandate is working its way through the courts, and plaintiffs on Dec. 10 [filed](#) an [amended complaint](#) seeking a new injunction against the requirement until the court rules on the case.

People getting unapproved fourth and fifth doses of COVID boosters

Some people with compromised immune systems are sidestepping government guidelines to receive unapproved fourth or fifth COVID shots, despite uncertainty about their safety or effectiveness, [The New York Times reported](#).

The CDC in October 2021 updated its guidelines, allowing immunocompromised people to receive a fourth dose six months after a third, but the earliest eligibility for a fourth dose would be late February.

In order to administer COVID vaccines, medical providers must sign a [legal agreement](#) with the CDC that states they could be kicked out of the vaccination program or face prosecution for breaking the agency’s rules.

Yet, the government has not enforced compliance with regulations and seems unlikely to pursue punishments for most providers, [according to legal experts](#).

Israel has already begun [administering fourth doses](#), becoming the first country in the world to roll out additional shots.

Prime Minister Naftali Bennett announced on Sunday the country would offer a fourth dose to individuals with weakened immune systems, people aged 60 and over and medical workers who had their last jab at least four months ago.

Novavax files data with FDA for Emergency Use Authorization

Novavax last week filed [final data with the FDA](#) for its COVID vaccine, fulfilling the final prerequisite to apply for EUA of NVX-CoV2373, the company's recombinant nanoparticle protein-based [COVID vaccine](#) with Matrix-M adjuvant.

If all goes well, the Maryland-based biotech company expects to submit a request for EUA in the U.S. in one month in accordance with FDA guidance.

“Novavax is committed to delivering our protein-based vaccine in the United States, where the COVID-19 pandemic continues to evolve with the emergence of new variants,” Stanley Erck, president and CEO of Novavax, [said in a statement](#).

Novavax is [partnering with the Serum Institute of India](#), one of the largest vaccine manufacturers in the world, and uses the COVID spike protein pulled from the very first strain of the virus. The company boasts a vaccine efficacy of about 90%.

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

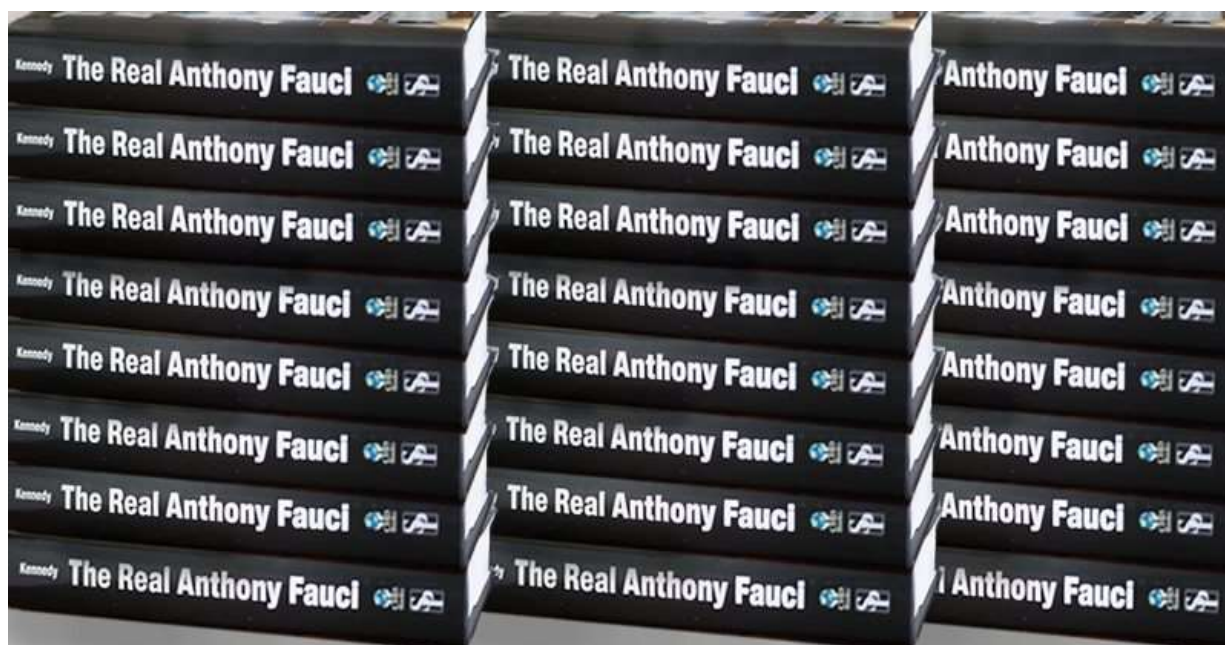
On Monday, January 3rd, 2022, I finished reading this comprehensive work by Robert F. Kennedy Jr. and there are not enough adjectives to describe this spectacular book. at 6:15am. I went to bed Sunday night at 11pm and read for a while. I awoke around 2:15am and could not go back to sleep, something rare for me. I was within forty-five pages of finishing the book and so I put my night reading night and began where I had left off at.

The last two chapters in *'The Real Anthony Fauci'*, the book is eye-opening in a way that has confirmed we have been gamed, a psyop, and an example of gas-lighting at its evil worst. The last two chapters, 11 and 12 are the definitive proof that America and the Constitution has been taken over, even better than they ever imagined. Chapter 12 “Germ Games” is the thread chapter linking war games: Genesis of the Biosecurity State disrobes the crimes that have been conducted since the end of World War II. The leaders of the U.S. have been the enemy of the “We the People” and coopted. This has been an attack on humanity and without argument has been the greatest takeover of the free world through use of an imaginary fake virus.

Bill Gates was instrumental in funding and orchestrating Event 201 in live fashion by Johns Hopkins University overseeing an imaging game where a pandemic was being role-played in such fine detail as to suggest it was all a game but hijacked by real actors responsible for the mayhem that was hatched by the WHO and coordinated by Dr. Anthony Fauci and others running the war game. The final two chapters are the coup

de grâce, a French phrase meaning blow of mercy, that is, a final killing blow that puts a fatally wounded person out of his misery; used to mean the action or event that finally destroys or ends something. In this case I am talking about the end of the United States of America. Tragic as it is, our only hope is the “Blessed Hope” and awaiting our deliverance by our Lord and Jesus Christ. The “*Harpazo*” is imminently closer than anyone can imagine at this point in time! Don’t let the critics deceive you. Everything is falling right into place as Scripture predicted, even the creature described in Revelation 13:2 placed on the grounds of the United Nations. From everything we know, do not take tests, vaxxes, pills, potions, alleged to protect you. The dark side has relied on deception since this “Germ Game” was hatched.

[BUY TODAY: Robert F. Kennedy, Jr.'s New Book — 'The Real Anthony Fauci'](#)



Fauci’s NIH Research Proves 5G Spiked Sars Cov 2 Breakout in Wuhan and Globally-Proving 5G is Deadly .

Fauci’s NIH Research Proves **5G** Spiked Sars Cov 2 Breakout in Wuhan and Globally-Proving **5G** is Deadly.

Confirming our Warnings. Published online Sept. 29, 2021

Fifth Generation [**5G**] Wireless Communications Radiation [WCR]) and (SARS-CoV-2) Virus and its Effects on Human Health

Journal of Clinical and Translational Research Evidence for a Connection between Coronavirus Disease-19 and 5G Exposure

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8580522/>

Evidence for a connection between coronavirus disease-19 and exposure to radiofrequency radiation from wireless communications including **5G** (WCR) Wireless Communication Radiation

Both COVID-19 and WCR Wireless Communication Radiation Exposure Can Affect the Heart and Cardiovascular System, Directly and/or Indirectly.

Conclusion

There is a substantial overlap in pathobiology between COVID-19 and WCR exposure. The evidence presented here indicates that mechanisms involved in the clinical progression of COVID-19 could also be generated, according to experimental data, by WCR exposure.

Therefore, we propose a link between adverse bio effects of WCR exposure from wireless devices and COVID-19.

Specifically, evidence presented here supports a premise that WCR and, in particular, **5G**, which involves densification of 4G, may have exacerbated the COVID-19 pandemic by weakening host immunity and increasing SARS-CoV-2 virulence by (1) causing morphologic changes in erythrocytes including echinocyte and rouleaux formation that may be contributing to hypercoagulation; (2) impairing microcirculation and reducing erythrocyte and hemoglobin levels exacerbating hypoxia; (3) amplifying immune dysfunction, including immunosuppression, autoimmunity, and hyperinflammation; (4) increasing cellular oxidative stress and the production of free radicals exacerbating vascular injury and organ damage; (5) increasing intracellular Ca²⁺ essential for viral entry, replication, and release, in addition to promoting pro-inflammatory pathways; and (6) worsening heart arrhythmias and cardiac disorders.

WCR exposure is a widespread, yet often neglected, environmental stressor that can produce a wide range of adverse bio effects. For decades, independent research scientists worldwide have emphasized the health risks and cumulative damage caused by WCR [42,45]. The evidence presented here is consistent with a large body of established research.

Healthcare workers and policymakers should consider WCR a potentially toxic environmental stressor.

Methods for reducing WCR exposure should be provided to all patients and the general population.

Accelerated Probiotic Improves Digestion, Boosts Energy & Improves Overall Immunity

Scientific Study Concludes That **5G** Exacerbated COVID / Reese Report

KEY POINTS ARE LISTED BELOW, BUT I RECOMMEND READING THE ENTIRE DOCUMENT AND SHARING THIS EXPLOSIVE REPORT EVERYWHERE POSSIBLE

COVID-19 began in Wuhan, China in December 2019, shortly after city-wide **5G** had “gone live,” that is, become an operational system, on October 31, 2019. COVID-19 outbreaks soon followed in other areas where **5G** had also been at least partially implemented, including South Korea, Northern Italy, New York City, Seattle, and Southern California.

In May 2020, Mordachev reported a statistically significant correlation between the intensity of radiofrequency radiation and the mortality from SARS-CoV-2 in 31 countries throughout the world.

During the first pandemic wave in the United States, COVID-19 attributed cases and deaths were statistically higher in states and major cities with **5G** infrastructure as compared with states and cities that did not yet have this technology.

There is a large body of peer reviewed literature, since before World War II, on the biological effects of WCR that impact many aspects of our health. In examining this literature, we found intersections between the pathophysiology of SARS-CoV-2 and detrimental bio effects of WCR exposure. Here, we present the evidence suggesting that WCR has been a possible contributing factor exacerbating COVID-19.

Sars Cov 2 / Covid-19 and **5G** Radiation Share Most of the Same Symptoms

Overview on COVID-19

The clinical presentation of COVID-19 has proven to be highly variable, with a wide range of symptoms and variability from case to case.

According to the CDC, early disease symptoms may include sore throat, headache, fever, cough, chills, among others. More severe symptoms including shortness of breath, high fever, and severe fatigue may occur in a later stage. The neurological sequela of taste and smell loss has also been described.

Ing et al. determined 80% of those affected have mild symptoms or none, but older populations and those with comorbidities, such as hypertension, diabetes, and obesity, have a greater risk for severe disease. Acute respiratory distress syndrome (ARDS) can rapidly occur and cause severe shortness of breath as endothelial cells lining blood vessels and epithelial cells lining airways lose their integrity, and protein rich fluid leaks into adjacent air sacs. COVID-19 can cause insufficient oxygen levels (hypoxia) that have been seen in up to 80% of intensive care unit (ICU) patients exhibiting respiratory distress. Decreased oxygenation and elevated carbon dioxide levels in patients’ blood have been observed, although the etiology for these findings remains unclear.

Massive oxidative damage to the lungs has been observed in areas of airspace opacification documented on chest radiographs and computed tomography (CT) scans

in patients with SARS-CoV-2 pneumonia. This cellular stress may indicate a biochemical rather than a viral etiology.

Overview on bio effects of WCR Wireless Communications Radiation exposure

In 2009, Johansson conducted a literature review, which included the 2007 Bio initiative Report. He concluded that electromagnetic fields (EMF) exposure, including WCR, can disturb the immune system and cause allergic and inflammatory responses at exposure levels significantly less than current national and international safety limits and raise the risk for systemic disease

Organisms are electrochemical beings. Low-level WCR from devices, including mobile telephony base antennas, wireless network protocols utilized for the local networking of devices and internet access, trademarked as Wi-Fi (officially IEEE 802.11b Direct Sequence protocol; IEEE, Institute of Electrical and Electronic Engineers) by the Wi-Fi alliance, and mobile phones, among others, may disrupt regulation of numerous physiological functions.

Non-thermal bio effects (below the power density that causes tissue heating) from very low-level WCR exposure have been reported in numerous peer-reviewed scientific publications at power densities below the International Commission on Non-Ionizing Radiation Protection (ICNIRP) exposure guidelines. Low-level WCR has been found to impact the organism at all levels of organization, from the molecular to the cellular, physiological, behavioral, and psychological levels.

Moreover, WCR has been shown to cause systemic detrimental health effects including increased cancer risk, endocrine changes, increased free radical production, deoxyribonucleic acid (DNA) damage, changes to the reproductive system, learning and memory defects, and neurological disorders.

Having evolved within Earth's extremely low-level natural radiofrequency background, organisms lack the ability to adapt to heightened levels of unnatural radiation of wireless communications technology with digital modulation that includes short intense pulses (bursts).

In considering the epidemiological triad (agent-host-environment) applicable to all disease, we investigated a possible environmental factor in the COVID-19 pandemic: ambient radiofrequency radiation from wireless communication systems including microwaves and millimeter waves.

SARS-CoV-2, the virus that caused the COVID-19 pandemic, surfaced in Wuhan, China shortly after the implementation of city-wide (fifth generation [5G] of wireless communications radiation [WCR]), and rapidly spread globally, initially demonstrating a statistical correlation to international communities with recently established 5G networks

Demonstrating a statistical correlation to international communities with recently established 5G networks

We explore the scientific evidence suggesting a possible relationship between COVID-19 and radiofrequency radiation related to wireless communications technology including fifth generation (**5G**) of wireless communications technology, henceforth referred to as WCR. WCR has already been recognized as a form of environmental pollution and physiological stressor. Assessing the potentially detrimental health effects of WCR may be crucial to develop an effective, rational public health policy that may help expedite eradication of the COVID-19 pandemic. In addition, because we are on the verge of worldwide **5G** deployment, it is critical to consider the possible damaging health effects of WCR before the public is potentially harmed.

5G is a protocol that will use high frequency bands and extensive bandwidths of the electromagnetic spectrum in the vast radiofrequency range from 600 MHz to nearly 100 GHz, which includes millimeter waves (>20 GHz), in addition to the currently used third generation (3G) and fourth generation (4G) long-term evolution (LTE) microwave bands.

5G frequency spectrum allocations differ from country to country.

Focused pulsed beams of radiation will emit from new base stations and phased array antennas placed close to buildings whenever persons access the **5G** network.

Because these high frequencies are strongly absorbed by the atmosphere and especially during rain, a transmitter's range is limited to 300 meters.

Therefore, **5G** requires base stations and antennas to be much more closely spaced than previous generations. Plus, satellites in space will emit **5G** bands globally to create a wireless worldwide web.

The new system therefore requires significant densification of 4G infrastructure as well as new **5G** antennas that may dramatically increase the population's WCR exposure both inside structures and outdoors.

Approximately 100,000 emitting satellites are planned to be launched into orbit. This infrastructure will significantly alter the world's electromagnetic environment to unprecedented levels and may cause unknown consequences to the entire biosphere, including humans.

The new infrastructure will service the new **5G** devices, including **5G** mobile phones, routers, computers, tablets, self-driving vehicles, machine-to-machine communications, and the Internet of Things.

The global industry standard for **5G** is set by the 3G Partnership Project (3GPP), which is an umbrella term for several organizations developing standard protocols for mobile telecommunications.

The **5G** standard specifies all key aspects of the technology, including frequency spectrum allocation, beam-forming, beam steering, multiplexing multiple in, multiple out schemes, as well as modulation schemes, among others.

5G will utilize from 64 to 256 antennas at short distances to serve virtually simultaneously a large number of devices within a cell. The latest finalized **5G** standard, Release 16, is codified in the 3GPP published Technical Report TR 21.916 and may be downloaded from the 3GPP server at <https://www.3gpp.org/specifications>.

Engineers claim that **5G** will offer performance up to 10 times that of current 4G networks.

Covid-19 no longer a threat in Ireland after **5G** towers burn

<https://thedailyirish.weebly.com/blog/covid-19-no-longer-a-threat-in-ireland-after-5g-towers-burn>

NIH REPORT TRIES TO DISCREDIT THE CONNECTION BETWEEN 5G AND COVID-19

(That's Right. They can Report the Truth on Their Website, But they Have To Discredit the Public Reports AS CONSPIRACY THEORY)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7205032/>

COVID-19 and the **5G** Conspiracy Theory: Social Network Analysis of Twitter Data

Abstract / Background

Since the beginning of December 2019, the coronavirus disease (COVID-19) has spread rapidly around the world, which has led to increased discussions across online platforms. These conversations have also included various conspiracies shared by social media users. Amongst them, a popular theory has linked **5G** to the spread of COVID-19, leading to misinformation and the burning of **5G** towers in the United Kingdom. The understanding of the drivers of fake news and quick policies oriented to isolate and rebate misinformation are keys to combating it.

WHY DOES 5G TRANSMITTER HAVE A COVID-19 DESIGNATION?

Immune system disruption and activation

When SARS-CoV-2 first infects the human body, it attacks cells lining the nose, throat, and upper airway harboring ACE2 receptors. Once the virus gains access to a host cell through one of its spike proteins, which are the multiple protuberances projecting from the viral envelope that bind to ACE2 receptors, it converts the cell into a virus self-replicating entity.

In response to COVID-19 infection, both an immediate systemic innate immune response as well as a delayed adaptive response has been shown to occur. The virus can also cause a dysregulation of the immune response, particularly in the decreased production of T-lymphocytes. Severe cases tend to have lower lymphocyte counts, higher leukocyte counts and neutrophil-lymphocyte ratios, as well as lower percentages

of monocytes, eosinophils, and basophils. Severe cases of COVID-19 show the greatest impairment in T-lymphocytes.

In comparison, low-level WCR studies on laboratory animals also show impaired immune function. Findings include physical alterations in immune cells, a degradation of immunological responses, inflammation, and tissue damage. Baranski exposed guinea pigs and rabbits to continuous or pulse-modulated 3000 MHz microwaves at an average power density of 3.5 mW/cm² for 3 h/day over 3 months and found nonthermal changes in lymphocyte counts, abnormalities in nuclear structure, and mitosis in the erythroblastic cell series in the bone marrow and in lymphoid cells in lymph nodes and spleen. Other investigators have shown diminished T-lymphocytes or suppressed immune function in animals exposed to WCR. Rabbits exposed to 2.1 GHz at 5mW/cm² for 3 h/day, 6 days/week, for 3 months, showed suppression of T-lymphocytes. Rats exposed to 2.45 GHz and 9.7 GHz for 2 h/day, 7 days/week, for 21 months showed a significant decrease in the levels of lymphocytes and an increase in mortality at 25 months in the irradiated group. Lymphocytes harvested from rabbits irradiated with 2.45 GHz for 23 h/day for 6 months show a significant suppression in immune response to a mitogen.

In 2009, Johansson conducted a literature review, which included the 2007 Bio initiative Report. He concluded that electromagnetic fields (EMF) exposure, including WCR, can disturb the immune system and cause allergic and inflammatory responses at exposure levels significantly less than current national and international safety limits and raise the risk for systemic disease

COVID-19 patients commonly show increased levels of cardiac troponin, indicating damage to the heart muscle. Cardiac damage has been associated with arrhythmias and increased mortality. Cardiac injury is thought to be more often secondary to pulmonary emboli and viral sepsis, but direct infection of the heart, that is, myocarditis, can occur through direct viral binding to ACE2 receptors on cardiac pericytes, affecting local, and regional cardiac blood flow.

Immune system activation along with alterations in the immune system may result in atherosclerotic plaque instability and vulnerability, that is, presenting an increased risk for thrombus formation, and contributing to development of acute coronary events and cardiovascular disease in COVID-19.

Regarding WCR exposure bio-effects, in 1969 Christopher Dodge of the Biosciences Division, U.S. Naval Observatory in Washington DC, reviewed 54 papers and reported that radiofrequency radiation can adversely affect all major systems of the body, including impeding blood circulation; altering blood pressure and heart rate; affecting electrocardiograph readings; and causing chest pain and heart palpitations. In the 1970s Glaser reviewed more than 2000 publications on radiofrequency radiation exposure bio-effects and concluded that microwave radiation can alter the electrocardiogram, cause chest pain, hyper-coagulation, thrombosis, and hypertension in addition to myocardial infarction. Seizures, convulsions, and alteration of the

autonomic nervous system response (increased sympathetic stress response) have also been observed.

Since then, many other researchers have concluded that WCR exposure can affect the cardiovascular system. Although the nature of the primary response to millimeter waves and consequent events are poorly understood, a possible role for receptor structures and neural pathways in the development of continuous millimeter wave-induced arrhythmia has been proposed.

In 1997, a review reported that some investigators discovered cardiovascular changes including arrhythmias in humans from long-term low-level exposure to WCR including microwaves. However, the literature also shows some unconfirmed findings as well as some contradictory findings.

Havas et al. reported that human subjects in a controlled, double-blinded study were hyper-reactive when exposed to 2.45 GHz, digitally pulsed (100 Hz) microwave radiation, developing either an arrhythmia or tachycardia and upregulation of the sympathetic nervous system, which is associated with the stress response.

Saili et al. found that exposure to Wi-Fi (2.45 GHz pulsed at 10 Hz) affects heart rhythm, blood pressure, and the efficacy of catecholamines on the cardiovascular system, indicating that WCR can act directly and/or indirectly on the cardiovascular system.

Most recently, Bandara and Weller present evidence that people who live near radar installations (millimeter waves: **5G** frequencies) have a greater risk of developing cancer and experiencing heart attacks.

Similarly, those occupationally exposed have a greater risk of coronary heart disease. Microwave radiation affects the heart, and some people are more vulnerable if they have an underlying heart abnormality. More recent research suggests that millimeter waves may act directly on the pacemaker cells of the sinoatrial node of the heart to change the beat frequency, which may underlie arrhythmias and other cardiac issues.

In short, both COVID-19 and WCR exposure can affect the heart and cardiovascular system, directly and/or indirectly.

Original Article: <https://tapnewswire.com/2021/12/faucis-nih-research-proves-5g-spiked-sars-cov-2-breakout-in-wuhan-and-globally-proving-5g-is-deadly/>

Why is this mentioned or being relevant after two years of denial the NIH and Dr. Fauci have suddenly come forth and confirmed what I have said for five years. This is really important, in case any of you have 5G cell phones or 5G EMF Wi-Fi in your residences.

As of January 5th, 2022, the telecoms are “Throwing the Switch” and activating 20,000 satellites orbiting the Earth here in the U.S.A. Up to this point in time they have been using an upgraded version of 4G+, yet being sold or marketed as 5G. From

Thanksgiving until two days before Christmas, I have been experiencing the radiation effects of AT&T tweaking their area cell towers in anticipation of the January 5th, 2022 “Throwing the Switch”. I am within 2,500-feet of an AT&T cell tower. When they are testing frequencies, I experience itching of my hands, arms, and back. I have to take a Benadryl to stop the itching or wear an anti-Wi-Fi hoodie that works up to 4.8 GHz level. The public is largely oblivious to the invisible effects of **5G** Wireless Energy until struck down from its effects.

Wednesday, January 5th, 2022 could be another day like what occurred in Wuhan, China when the CCP “Threw the Switch” activating its **5G** system. On October 31st, 2019, the Chinese activated their “Smart City” by turning on **5G** to full power and somewhere between 21 and 23 million Chinese people keeled over and died in their own foot print from the **5G** 60GHz energy that bathed the city with invisible energy that consumed the oxygen in their lungs when the CCP “Threw the Switch!”

MAGA Cartoonist Ben Garrison Turns on Trump After Pro-Vaccine Comments



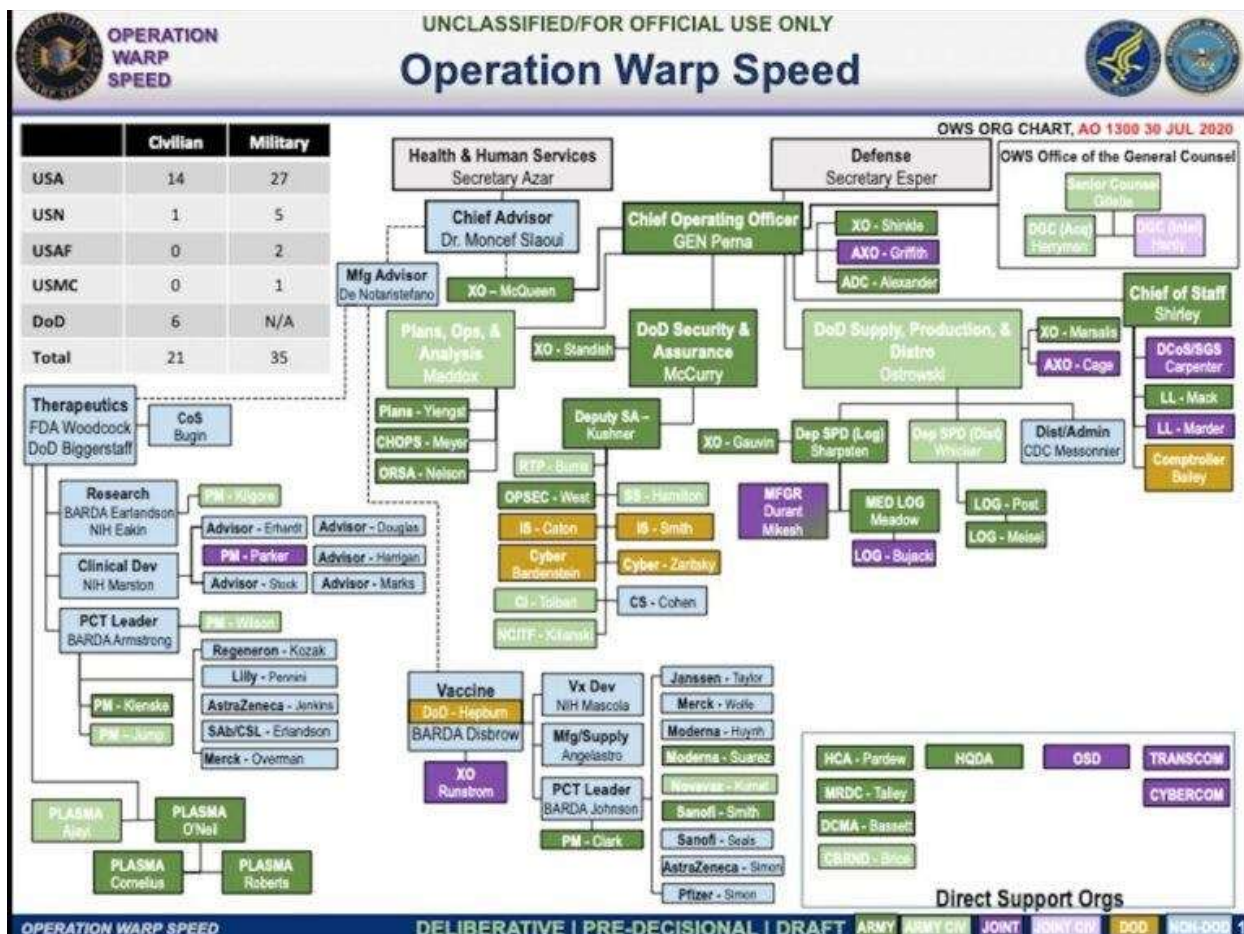
Controversial cartoonist **Ben Garrison's** latest offering takes aim at former President **Donald Trump** – who once invited him to the White House for a social media summit.

Garrison's cartoon shows a distraught Trump riding in the back of the "Big Pharma Vaccine Bandwagon" through a crowd of booing onlookers wearing what appear to be MAGA hats. In the cartoon Trump is making a pained face, while an exclamation and question mark ring next to his ear. Never thought I would see the day Ben Garrison turned on Trump.

The cartoon appears to be a reaction to Trump's recent statements supporting the Covid-19 vaccinations. Trump grabbed attention earlier in the week when he [announced](#) he had received his booster shot. He doubled down later in the week in an [interview](#) with Candace Owens, saying the vaccines are keeping people from dying.

"The vaccine is one of the greatest achievements of mankind," Trump added. Trump was a liar, and most likely knew he was lying. There is too much that I can't share in this article but if we are still here much longer, I will go into the depth of this story.

Garrison is a fierce critic of the Covid-19 vaccines and made [headlines](#) in September for treating his severe case of the virus with beet juice and ivermectin, an anti-parasite drug often prescribed for livestock and not shown to be effective in combating Covid-19, a virus, in humans.



Robert F. Kennedy, Jr. goes into the particulars of what is now known as Operation Warp Speed.

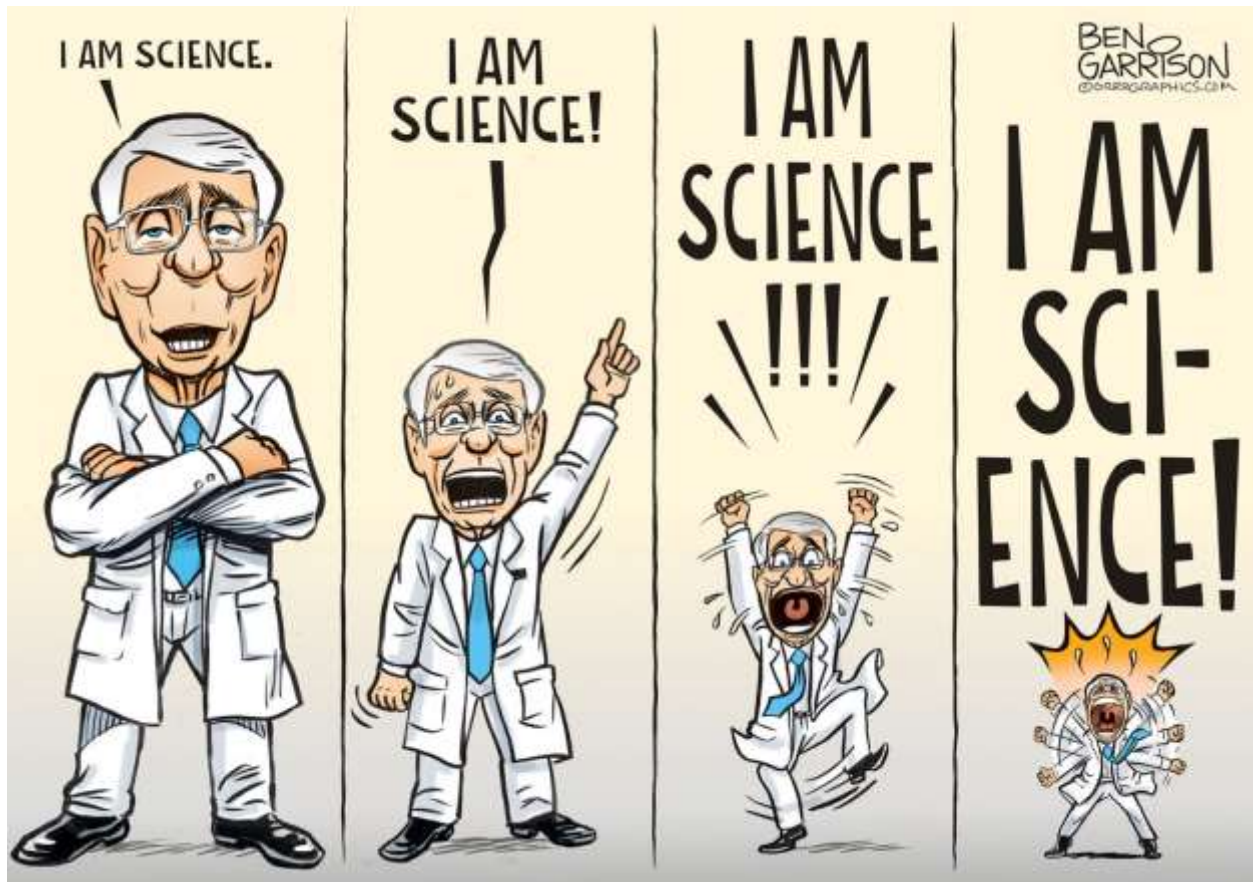
In 2019, Trump raised eyebrows by inviting Garrison to the White House. Garrison, a longtime supporter of Trump (at least before this latest cartoon), had elicited accusations of antisemitism for depicting Jews as puppet masters. Donald J. Trump sold the American citizens out by his signing the Operation Warp Speed document, which was really a military operation rather than a medical situation. The OWS was a takeover of the United States planned before the President ever signed into law its very existence.



The leadership of this country has been waging a war against its own citizens, and the fake Biden is representing the Deep State is continuing on with the surrender without so much as firing a shot.

Here is the data that none of these fools can get around. One has to be a damn idiot to see this is not a crisis! Dr. Fauci never talks about this data. He can't lie that the data supports his cries of hysteria because it is simply not true!

Age	Median IFR (%)	Survival Rate estimate (%)
0-19	0.0027	99.9973
20-29	0.014	99.9860
30-39	0.031	99.9690
40-49	0.082	99.9180
50-59	0.27	99.7300
60-69	0.59	99.4100
70+	5.5	94.5000



Why Don't People "Trust The Science?" Because Scientists Are More Often Caught Lying!

Furthermore, being a Jesuit, this Quack has a history of being a liar! At Dr. Fauci's age, he should be more concerned about Cosmic Justice than the Judicial System!

Dr. Fauci Runs Public Health As A Personal Profit-Making Operation

Published on December 11, 2021, Written by Dr. Paul Craig Roberts

I just got my copy of RFK Jr.'s *The Real Anthony Fauci*. Flipping through the first couple of chapters, one thing really stood out — that Fauci dispenses some \$7 billion in research grants to "public health" researchers all over the world.

He has held that position for 30 years. This means that for thirty years there has been one-man monopoly control over virtually all public health-related "peer review." This proves in spades what a clownish, lying, incompetent, corrupt stooge Fauci is when he responds to criticism with statements like "everyone I know agrees with me on this." Yeah, everyone who works for him and is paid by him, or wishes to work for him and be paid by him (with taxpayers' money).

This means that “public health” peer review is a joke and a fraud. No other profession in the world would be taken seriously if one single government bureaucrat was effectively in charge of all the professional publications in the entire field.

And what Fauci doesn’t control through government funding, other government bureaucrats at NIH and elsewhere do. They are Fauci wannabes in this corrupt, stinking, fraudulent field of “public” health. No wonder Dr. Scott Atlas, a real doctor and medical researcher, was so shocked at the immense incompetence he was exposed to while serving on President Trump’s COVID task force and sitting through meetings with dopey Fauci and that goofy scarf woman.

He told Tucker Carlson that the two of them seemed 100 percent detached from and unaware of the relevant science and did nothing but repeat political rhetoric lockdown/masking/you-must-obey/jab-every-child/shut-down-all-the-schools-and churches talking points without even discussing any scientific basis for any of it.

From the Introduction to *‘The Real Anthony Fauci’* by Robert F. Kennedy, Jr.

I was astonished to realize that the pervasive web of deep financial entanglements between Pharma and the government health agencies had put regulatory capture on steroids. The CDC, for example, owns 57 vaccine patents^[1] and spends \$4.9 of its \$12.0 billion-dollar annual budget (as of 2019) buying and distributing vaccines.^{[2][3]} NIH owns hundreds of vaccine patents and often profits from the sale of products it supposedly regulates.

High level officials, including Dr. Fauci, receive yearly emoluments of up to \$150,000 in royalty payments on products that they help develop and then usher through the approval process.^[4] The FDA receives 45 percent of its budget from the pharmaceutical industry, through what are euphemistically called “user fees.”^[5] When I learned that extraordinary fact, the disastrous health of the American people was no longer a mystery; I wondered what the environment would look like if the EPA received 45% of its budget from the coal industry!

In August 2021, Dr. Fauci’s acolyte—CNN’s television doctor, Peter Hotez—published an article in a scientific journal calling for legislation to “expand federal hate crime protections” to make criticism of Dr. Fauci a felony.^[14] In declaring that he had no conflicts, Dr. Hotez, who says that vaccine skeptics should be snuffed out,^[15] evidently forgot the millions of dollars in grants he has taken from Dr. Fauci’s NIAID since 1993,^[16] and more than \$15 million from Dr. Fauci’s partner, Bill Gates, for his Baylor University Tropical Medicine Institute.^{[17],[18]}

As we shall see, Dr. Fauci’s direct and indirect control—through NIH, Bill & Melinda Gates Foundation, and the Wellcome Trust of some 57 percent of global biomedical research funding^[19]—guarantees him this sort of obsequious homage from leading medical researchers, allows him to craft and perpetuate the reigning global medical narratives, and can fortify the canon that he, himself, is science incarnate.

High-visibility henchmen like Hotez—and Pharma’s financial control over the media through advertising dollars—have made Dr. Fauci’s pronouncements impervious to debate and endowed the NIAID Director with personal virtues and medical gravitas supported by neither science nor his public health record. By the latter metric, his 50-year regime has been calamitous for public health and for democracy. His administration of the COVID pandemic was, likewise, a disaster.

As the world watched, Tony Fauci dictated a series of policies that resulted in by far the most deaths, and one of the highest percentage COVID-19 body counts of any nation on the planet. Only relentless propaganda and wall-to-wall censorship could conceal his disastrous mismanagement during COVID-19’s first year.

The U.S., with 4 percent of the world’s population, suffered 14.5 percent of total COVID deaths. By September 30, 2021, mortality rates in the US had climbed to 2,107/1,000,000, compared to 139/1,000,000 in Japan.

Anthony Fauci’s Report Card:

Death Rates from COVID per million population, as of September 30, 2021:[20]

United States 2,107 deaths/1,000,000

Sweden 1,444 deaths/1,000,000

Iran 1,449 deaths/1,000,000

Germany 1,126 deaths/1,000,000

Cuba 650 deaths/1,000,000

Jamaica 630 deaths/1,000,000

Denmark 455 deaths/1,000,000

India 327 deaths/1,000,000

Finland 194 deaths/1,000,000

Vietnam 197 deaths/1,000,000

Norway 161 deaths/1,000,000

Japan 139 deaths/1,000,000

Pakistan 128 deaths/1,000,000

Kenya 97 deaths/1,000,000

South Korea 47 deaths/1,000,000

Congo (Brazzaville) 35 deaths/1,000,000

Hong Kong 28 deaths/1,000,000[21]

China 3 deaths/1,000,000

Tanzania 0.86 deaths/1,000,000

After achieving these cataclysmically awful results, “Teflon Tony’s” media savvy and his skills for deft maneuvering beguiled incoming President Joe Biden into appointing him as the new administration’s COVID Response Director.

Blinded by generously stoked fear of deadly disease against which Dr. Fauci seemed the only reliable bulwark, Americans failed to see the mounting evidence that Dr. Fauci’s strategies were consistently failing to achieve promised results, as he doggedly elevated Pharma profits and bureaucratic powers over waning public health.

As we shall see from this 50-year saga, Dr. Fauci's remedies are often more lethal than the diseases they pretend to treat. His COVID prescriptions were no exception. With his narrow focus on the solution of mass vaccination, Dr. Fauci never mentioned any of the many other costs associated with his policy directives.
See more here: paulcraigroberts.org.

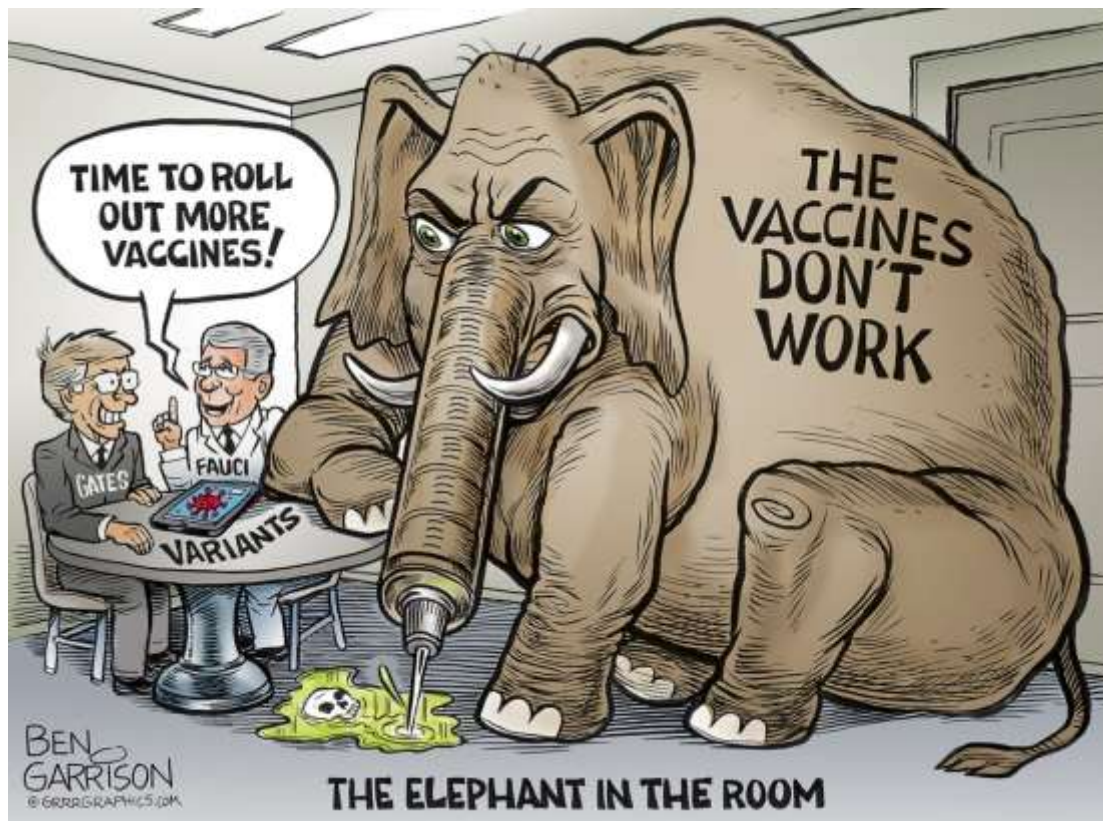
It was Dr. Anthony Fauci who has stated we will have Covid with us forever. It is most obvious that with a survival rate of the above CDC data, Dr. Fauci is either a LIAR and a CRIMINAL, or plain STUPID. Since he is a product of Jesuit-learning, I will rule out the latter that he is stupid. Jesuits are certainly not stupid, and in fact they are highly educated and skilled in the art of deception of their craft.

A saint Dr. Fauci is not! I recommend Robert Kennedy's new book *'The Real Dr. Fauci'*. He is a modern-day Josef Mengele from a tragic era of civilization, repeating itself!

Courtesy of Patrick O'Carroll -- Cabalist Jews Playing Key Roles In The COVID GENOCIDE:

Larry Fink (CEO of BlackRock which bought controlling interest in Pfizer in 2019);
Rob Kapito (President of BlackRock which bought controlling interest in Pfizer in 2019);
Mortimer Joseph Buckley (CEO of Vanguard);
Rochelle Walensky (Director of CDC);
Anne Schuchat (Deputy Director of CDC);
Sherri A Berger (Chief of staff of CDC);
Mitchell Wolfe (Chief "medical" officer of CDC);
Jeff Reczek (Director of Washington Office of CDC);
Stanley Erck (CEO and president of Novavax);
Serge Weinberg (Independent director of Sanofi (formerly Hoechst));
Stéphane Bancel (CEO of Moderna);
Tal Zaks (Chief "medical" officer of Moderna, vaccine creator);
Emma Walmsley (CEO of Glaxo Smith Kline);
Drew Weissman (Pioneer in the development of mRNA vaccines);
Albert Bourla (Chairman and CEO of Pfizer);
Michael Dolsten (Chief "scientific" officer of Pfizer);
Sally Susman (Executive vice president and Chief corporate affairs officer of Pfizer);
Alex Gorsky (CEO of Johnson & Johnson);
Pascal Soriot (CEO of AstraZeneca);
Xavier Becerra (Secretary of US department of "Health" and Human "Services");
Alex Azar (Secretary of US department of "Health" and Human "Services");
Rachel Levine (Assistant secretary of US department of "Health", cross-dressing
pervert);
Jeffrey Zients (COVID "czar" to Bolshevik-Zionist Biden);
Andy Slavitt (COVID senior "advisor" to Bolshevik-Zionist Biden);
Jonas Salk (Eugenicist, inventor of the genocidal polio "vaccine");
Alejandro Mayorkas (Secretary of Homeland "Security");
Andy Slavitt (Senior "Advisor" to the COVID (Magic Virus) "Response" "Coordinator");

Anne Neuberger (Deputy National "Security" "Advisor" for Cyber and Emerging Technology);
Annie Petsonk (Assistant Secretary of Transportation for Aviation and International "Affairs");
Antony Blinken (Secretary of "State");
Avril Haines (Director of National "Intelligence");
David Cohen (Deputy Head of the Central Lack-Of-Intelligence Agency (CIA));
David Kessler (Chief "Science" Officer of the COVID (Magic Virus) "Response" Team);
Douglas Emhoff (the next "First Lady"? Husband of Kamala Harris);
Elena Kagan (Supreme Court "Justice");
Jeffrey Zients (COVID (Magic Virus) "Response" "Coordinator");
Kamala Harris (next US president? Harris told one camera she celebrated Hanukkah as a child)
Merrick Garland (US Attorney General);
Ron Klein (White House Chief of Staff);
Sonia Sotomayor (Supreme Court "Justice");
Stephen Breyer (Supreme Court "Justice");
Victoria Nuland (Undersecretary of State for Political "Affairs");
Wendy Sherman (Deputy Secretary of "State");
William Gates (Eugenicist, ex-CEO of Microsoft,



One of the facts that I have learned in the past two decades is that the vaccine business nearly died out by the 1970s. Many diseases died out by the late 1970s. Once the

industry stepped up its political campaign to introduce vaccines in the schedule for children attending public school, injury of children began to increase steadily. **In 1989 Autism was less than 1 in 10,000 children. In 2021, Autism is stated to be 1 in 44 boys. Autism is not an issue in the Amish and Mennonite communities in the U.S. It is essentially non-existent in this religious community.**

This is a clear indictment of the vaccine industry of the crimes being committed against our children in the name of health and safety. We have been deceived, defrauded, and children have been denied a future due to this criminal act. We have a group of people in this country that can be used as a comparison standard for those who do not get vaccines, and they are the 345,000 Amish and Mennonite in PA, OH, IN, and KY.

2019 CHILDHOOD VACCINE SCHEDULE

1962	1983	2019			
OPV	DTP (2 months)	Influenza (pregnancy)	Hep B (6 months)	Influenza (18 months)	Influenza (10 years)
Smallpox	OPV (2 months)	Tdap (pregnancy)	Rotavirus (6 months)	Hep A (18 months)	HPV (10 years)
DTP	DTP (4 months)	Hep B (birth)	DTaP (6 months)	Influenza (30 months)	Influenza (11 years)
5 Doses	OPV (4 months)	Hep B (2 months)	HIB (6 months)	Influenza (42 months)	HPV (11 years)
	DTP (6 months)	Rotavirus (2 months)	PCV (6 months)	DTaP (4 years)	Tdap (12 years)
	MMR (15 months)	DTaP (2 months)	IPV (6 months)	IPV (4 years)	Influenza (12 years)
	DTP (18 months)	HIB (2 months)	Influenza (6 months)	MMR (4 years)	Meningococcal (12 years)
	OPV (18 months)	PCV (2 months)	Influenza (7 months)	Varicella (4 years)	Influenza (13 years)
	DTP (4 years)	IPV (2 months)	HIB (12 months)	Influenza (5 years)	Influenza (14 years)
	OPV (4 years)	Rotavirus (4 months)	PCV (12 months)	Influenza (6 years)	Influenza (15 years)
	Td (15 years)	DTaP (4 months)	MMR (12 months)	Influenza (7 years)	Influenza (16 years)
	24 Doses	HIB (4 months)	Varicella (12 months)	Influenza (8 years)	Meningococcal (16 years)
		PCV (4 months)	Hep A (12 months)	Influenza (9 years)	Influenza (17 years)
		IPV (4 months)	DTaP (18 months)	HPV (9 years)	Influenza (18 years)
					72 Doses

WHAT HAPPENED IN 1986?

- In 1986, Reagan passed a law that gave legal immunity to vaccine manufacturers.
- They could no longer be sued for injuries or death caused by their products. Safe vaccines wouldn't need such protection.
- Once that law passed, we suddenly 'needed' 48 additional doses of vaccines. (Do you remember any outbreaks in 1989?)
- Also, since that law was passed, U.S. Federal Government has paid out more than \$4 Billion in vaccine injury compensation, and that's only a fraction of actual injuries.
- The U.S. gives more vaccines than most developed countries, yet we have the sickest kids

GUESS WHAT?

The CDC has only ever tested MMR and Thimerosal for a link to autism. The remaining 15 vaccines and 37 common ingredients remain untested for links to autism.



For more information and sources, please visit www.InformedChoiceUSA.org

THERE ARE RISKS | YOU HAVE CHOICES

What should be a concern for American citizens is that the vaccine industry has been seeking to increase the required vaccines on children to be expanded to adults in order to expand their business. This is a result of push-back from parents regarding new vaccines being added. The chart above shows what has occurred in the past fifty years.



Blessings,

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