

Mass Murder

By Syringe Needle!
Part 45

Rogan and Malone: Most Important Interview of Our Time?

In an interview with Joe Rogan, Dr. Robert Malone, mRNA vaccine expert and outspoken critic of our pandemic response, delivered a powerful message to the world. Yes, its three hours long, and yes, it's worth every minute.

By Madhava Setty, M.D.



Something monumentally important happened in the closing days of 2021.

Joe Rogan, host of the widely viewed "[Joe Rogan Experience](#)" podcast, interviewed one of the worlds most qualified and unbiased individuals about the safety and efficacy of the [COVID-19](#) vaccines now deployed upon nearly 4 billion human beings.

[Dr. Robert Malone](#), originally an academic pathologist, has run more than 100 clinical trials mostly in the vaccine and drug repurposing spaces.

He has been involved in nearly every infectious disease outbreak since the [AIDS epidemic](#), has worked for the National Institutes of Health awarding millions of dollars in contracts for vaccines and biodefense, and spent "countless hours" at Centers for Disease Control and Prevention Advisory Committee for Immunization Practices meetings.

Malone works closely with the Defense Threat Reduction Agency, knows [Dr. Anthony Fauci](#) personally and is possibly best known for his instrumental work in developing the platform for mRNA-based vaccine technologies more than 30 years ago.

On Dec. 30, 2021, Malone and Rogan sat down in Rogan's studio in Austin, Texas, and recorded a riveting three-hour conversation.

Rogan stands alone as an independent voice outside of corporate media that is able to reach a politically and ideologically diverse audience of 11 million or more per episode.

Similarly, Malone is an outspoken critic of [vaccine mandates](#) who represents the opinion of a large and growing number of researchers and clinicians who believe our approach to the pandemic has been [poorly conceived](#) and stands in opposition to basic tenets of immunology, epidemiology and emerging real-world data.

It was clear both were prepared for the encounter. Rogan reported he had been following the doctor's tweets, has been reading everything Malone has been writing and was clearly versed in the latest and most salient scientific findings.

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

Malone, though honed by countless appearances on various platforms, admitted this interview was special because of its potential impact on public opinion.

The conversation opened with Malone summarizing his bonafides and then describing his approach to engaging his audiences.

"I try really hard to get people the information and help them to think, not tell them what to think," Malone said.

Malone was true to his method throughout, being careful to identify fact from speculation, noting what is observed without assuming intent while helping Rogan explore the rabbit holes that we inevitably encounter when choosing to look just a bit further beyond what has become socially acceptable.

The two spoke of Malone's recent loss of his Twitter account. The doctor was banned from the platform without warning or explanation. He speculated it may have been due to one or both of his final two tweets, one which brought attention to the Canadian COVID Care Alliance's [summary of the Pfizer trial](#), the other to the World Economic Forum's strategy for managing media around COVID.

Rogan repeatedly voiced his concern around the [silencing of opinions](#) from legitimate experts.

Malone responded:

“If it’s not okay for me to be a part of the conversation ... even though I’m pointing out facts that may be inconvenient, then who can be allowed? Virtually all others that have [my] background have conflicts of interest...I am not getting any money out of this...”

Over the next two-and-a-half hours the two demonstrated how we can make sense of conflicting messaging and complex data by asking the right questions and being open to the answers, if they exist.

The vaccinologist, inventor and staunch advocate for informed consent told his personal story of getting COVID, suffering from long-COVID, getting the [Moderna](#) vaccination and suffering [adverse events](#) (stage III hypertension, heart arrhythmias, restless leg syndrome and narcolepsy) after the second jab.

Rogan took full advantage of his time with Malone, asking the questions media refuse to pose to their own identified “*experts*.”

The result was a full-scale repudiation of our pandemic response from its inception to the vaccine mandates that are in violation of the [Nuremberg Code](#).

Malone and Rogan thoroughly probed many angles of our present situation from, [T-cell dysfunction](#) to the [Trusted News Initiative](#).

Here are some of the key points discussed with time codes:

- **24:19:** An estimated 500,000 COVID Deaths resulted from the [suppression](#) of Ivermectin and Hydroxychloroquine (HCQ).
- **25:39:** Former head of the U.S. Food and Drug Administration (FDA), Dr. Janet Woodcock, intentionally prevented doctors from using HCQ outside of the hospital setting (HCQ is one of the few antiviral medications [safe in pregnancy](#) and is largely ineffective once a person has been hospitalized).
- **31:10:** [Pharma](#) industry’s systematic efforts to [discredit ivermectin](#).
- **32:40:** COVID deaths in the Indian State of Uttar Pradesh plummeted soon after packets of medicines were distributed to their population. It is suspected these packets included Ivermectin but this was never formally disclosed. This puzzling policy went into effect soon after a meeting between President Biden and Prime Minister Modi.
- **36:28:** Increased risk of [adverse events](#) from vaccinating after SARS-COV2 infection.
- **38:40:** [140 studies](#) demonstrate natural immunity is superior to vaccine-induced immunity. Natural immunity is 6- to 13-fold better than vaccination in preventing hospitalization.

- **43:44:** [The Trusted News Initiative](#) employed to protect western elections from foreign influence was used to justify the suppression of “misinformation” around the pandemic.
- **50:15:** Emails between NIH Director Francis Collins and Fauci [demonstrate](#) an intention to launch a smear campaign against the founders of the Great Barrington Declaration.
- **54:00:** How is Israel (highly vaccinated) faring in comparison to Palestine (poorly vaccinated)?
- **57:00:** Why is good data nearly impossible to find?
- **1:06:00:** The regulatory process is broken because vaccine manufacturers are responsible for their own data (FDA is not doing its job as a regulatory body).
- **1:14:50:** Arguably the best clinicians of our day are having their medical licensure [attacked](#).
- **1:22:50:** [Hong Kong study](#) demonstrates that 1 in 2,700 boys getting hospitalized with myocarditis after vaccination.
- **1:27:00:** Lipid nanoparticles pose [danger to ovaries](#).
- **1:46:30:** Long COVID and post-vaccination syndrome are impossible to differentiate.
- **1:49:00:** Dysregulation of T-cells after vaccination may be causing latent virus reactivation (e.g., [shingles](#)).
- **1:59:00:** Omicron and the possible [negative efficacy](#) of vaccines.
- **2:06:20:** What is [Original Antigenic Sin](#)?
- **2:20:00:** Monoclonal antibody therapies are still important but have been limited by our authorities.
- **2:22:10:** Vaccine mandates are [illegal](#).
- **2:35:50:** [Pfizer](#) is one of the most [criminal](#) pharmaceutical organizations in the world.
- **2:37:00:** What are mass formation psychosis and tribalism?
- **2:53:00:** We are having a worldwide epidemic of [suicide in children](#).

Conclusion

Malone concludes, *“There are two hills that I am willing to die on. The first is stopping the jabs on the children. [The other] is resisting the erosion of free speech ...”*

It is clear the former can only be accomplished if the latter is as well. Though this three-hour exchange sheds light on the numerous challenges we face as a society, it can only result in real transformation if people are willing and able to listen.

Four days after this content was released, YouTube removed the video from its platform. It can still be seen [here](#) on Bitchute.

As Malone repeatedly pointed out, [Big Tech](#), Big Pharma and governmental authorities are concerted in their efforts to suppress any dissenting opinion at any cost, including the health of our children.

Clarity, it seems, will only emerge from sources untrammelled by corporate interests.

Thankfully the magnitude of the problem was not lost on Rogan who stated, “I am compelled to have people like you on because I don’t know where else this is going to get out.”

He’s right.

Proof of Lethal Death Testing Found in Lot Numbers Computer Hackers Confirm Mass Murder Experiment

Many are wondering why some geographic areas, such as those surrounding Silicon Valley are not seeing nearly as many adverse reactions to the vaxx as other areas, with Prudential reporting a 87% increase in death benefits paid out in the third quarter of 2021, compared the third quarter of 2020. Pacific Life and Annuity is reporting that claims are up by over 80% and other insurers reporting increases of between 12% and 40%.

According to Dr. Jane Ruby, we the people of Planet Earth are being subjected to mass unethical drug testing, without informed consent, against all ethical and regulatory rules; tests that are supposed to be reserved for rats and mice.

ATTACK ON AMERICA: COMPANIES INTENTIONALLY DEPLOYING TOXIC BATCHES

Dr. Ruby joins Stew Peters to relay how she spent 3 hours with researchers who have been painstakingly identifying the lot numbers of the most deadly vials that are now in circulation.

She says that hackers were able to break into the systems of Pfizer and Moderna and the researchers were able to put together a comprehensive list of all the lots and the code numbers of the most toxic batches.

According to the hackers, 5% of the batches have generated the 21,000 deaths reported to VAERS.

She says that in the Moderna analysis, the death rate in the United States was 10 times higher than in the EU and that the EU had ten times more disabilities, as compared with the US. She says it is clear that this was by design.

She says they're not testing doses within the therapeutic range, they're testing lethal doses. She says she will be coming back with a more in-depth report but says, "Before you let your child get in line for these bioweapon shots, if you don't believe anything we've said, at least ask them for the lot numbers." The lot numbers can then be checked on the researchers' website, HowBad.Info.

Dr. Ruby says, "What they're telling us is that this is a worldwide human experiment, it's intentional and there's a subplot to this; that there is an attack on the American People."

"What they basically told me is that all three companies, Pfizer, Moderna and Johnson & Johnson – which is essentially Janssen – are testing. They're actively testing and it's worse than we thought, because there's evidence that these companies are intentionally deploying toxic batches."

"They've also identified what they call 'super toxic' batches and they've released these lot numbers. And I felt like this was an emergency to get this to the American People and the people of the world."

"I want to show you what they found, in terms of most dangerous lots. And when we're done with this segment, I urge everyone to go to HowBad.Info, where you can check the lots and you can know which lots are deadly and dangerous if you're thinking or on the fence about getting any of these bioweapon injections."

"When you look at the first column here, for Pfizer, I want you to know that the most deadly, dangerous lot [for children] will begin with 'EW'. Second to that is 'FA' and then 'FC'..."

"The most harmful lot for children, under this EW, FA, FC...the whole lot number is: EW0182 but you can go to HowBad.Info and look up the company and put your lot number in."

"Under Pfizer for adults, the most toxic, deadly batches begin with 'EN' and then, second to that is 'ER'..."

"Under Moderna [all ages]...their toxic, deadly batches end in '20A'."

"Their 'supertoxic', under Moderna, have in the middle section – they got very clever...all companies coded their lot numbers so that they would know where the

most toxic batches are and I'm going to share with you why that's important in a little bit."

"But Moderna took it a step further, with a little cleverness, because they embedded their code for their most toxic amount, either in dose or chemical composition under the letters in the middle of that lot number, J, K, L, M."

"The analysts were a team that included the well-known [former Pfizer VP] Dr. Michael Yeadon, Craig Partikooper from Africa, a woman named Alexandra Ladipova, who's in California, our well-known Jessica Rose, who we've interviewed on the Stew Peters Show before and another analyst named Walter Wagner."

"Look, this 'EW' lot for children – anything that starts with 'EW' is responsible for almost all adverse events in children, all ER visits, all hospitalizations, all life-threatening events, disabilities and all deaths."

"This is serious. And here's the kicker, Stew: All of these deadly lots that we're going to show you are all already in circulation, remembering that there could be up to 1.5 million doses per lot."

This quantification is set by each company. And the way they know that is because they have looked at the companies and they've gotten into their systems to see how the companies have laid this out.

"They made the assertion, Stew – and this was shocking – that what these companies are doing is they're exporting 'disability', as defined by the VAERS system, itself out to Europe; ex-USA. And what they're doing is they're exporting, if you will, death. More death, more lethal doses in the United States."

LETHAL DOSE STUDIES WITHOUT INFORMED CONSENT

"Now, let me share with everyone – there's another chart with a scatter plot, it's called 'Pfizer Batches'. And when Pfizer batches were arranged alphanumerically along the X axis, the following patterns emerged. And you can see these dots, these vertical dots represent batch numbers."

"And again, there's that 'EW', you can see the green stack of dots. Those are children's doses. Even though the company claims that the amount is less than the adult dose, supposedly, we have no idea what's in there..."

"They are conducting what we call 'lethal dose studies'. Now, in pharmaceutical drug development, lethal dose studies look at how much you need to cause death and obviously, they're not done in humans, in people. They're always done in animals, though they've slowed down in recent years, because people have become concerned. Even though they're rats and mice; they're 'lower forms', people are concerned about the cruelty to animals. But they're never done in people."

"And what's happening here is they are basically, from the analysis, these analysts tell us that these three companies are actively, right now conducting lethal dose studies."

"Let me explain 'lethal dose'. They take the highest amount of chemical, in terms of dosage and chemical and what they do is that they determine what lethal amount to test half the population."

It's one of the means to assess acute toxicity prior to going into human studies. And like I said, it has been largely phased-out. They are conducting it without informed consent, it's against all ethical and regulatory rules. In other words, we believe these companies are just proceeding with impunity, because there is nothing stopping them."

SIGNIFICANCE OF NUMBERS IN BATCH CODES

"I want to also show people something – before we get into a larger look at the lots and what's happening and how these analysts are so sure that this is not by randomization, that this is not by chance, I want to take a look at the parts of a Moderna batch code."

"I mentioned earlier that Moderna got a little more complex and clever. Remember, these companies, we now know are actually embedding into their lots a code to tell THEM which lots are toxic, which ones are causing disabilities and what types of disabilities! This is absolutely outrageous!"

"When you look at the parts of a Moderna batch code, you see '011', the letter 'L', and '20A'."

"'20A', as we mentioned before, in the first chart I showed...denotes the most lethal batch of lot codes in the Moderna program right now. And remember, all of these numbers I'm going to show you are from the middle of November, all the way up until as late as December 16, just a couple of weeks ago."

"So when you look at this number, 011-L-20A, what you're looking at in the '011' is the temporal batch order; so how it's being developed over time and deployed by the company."

"The 'L' is the concentration. It tells the company the toxicity and number of adverse reactions."

"And then, the '20A' is qualitative; it's the ingredient. And either '20A', which was the most toxic of their batch lots or '21A' came up, as well."

"So this is their clever scheme...The reason they're not concerned with safety issues is because this is an a priori design. This is designed ahead of time to send out toxic batches and then, to gather their information."

PROFESSIONAL HACKERS GOT INTO PFIZER & MODERNA

Dr. Ruby explains that professional hackers got into Pfizer and Moderna's systems and they were able to verify the whole lots. Dr. Partikooper has a list of all the Moderna batches deployed so far and Moderna also has a web tool for checking the expiration dates for the batches and these computer guys hacked into the Moderna and Pfizer websites and got entire lists of all their batches and batch code numbers.

She says, *"I just want to make something very clear: This exporting death to the USA and disability to the EU, what they found, for example, in the Moderna analysis. There was ten times the death rate in the United States than in the EU and in the Moderna group, there were ten times more disabilities in the EU group compared with the USA."*

Dr. Ruby says they're clearly not testing doses within the therapeutic range, they're testing lethal doses. She says she will be coming back with a more in-depth report and says, *"Before you let your child get in line for these bioweapon shots, if you don't believe anything we've said, at least ask them for the lot numbers."*

GLOBAL ALERT: An estimated 10 million people PER DAY are set on irreversible countdown to vaccine death that could exterminate BILLIONS if not stopped in the next year

Tuesday, January 04, 2022 by: [Mike Adams](#)

[\(Natural News\)](#) This is a **red alert for humanity**. We have less time remaining than you might think.

I've done some rough math, and it's beyond alarming. It spells the end of human civilization if we don't stop the vaccine holocaust in the next 365 days.

As estimates and projections show below, as long as "clot shot" covid vaccines are being administered around the world, about **ten million people each day** are being put on an irreversible countdown to vaccine death. For each day that these vaccine shots continue, in other words, roughly ten million people will likely die over the next decade, based on these projections. (See the math below.)

This explains why Biden and other world leaders don't care about legal challenges and the rule of law. They know that if they can bully these vaccines into people for just one more year, they will murder over **3.5 billion more human beings** from vaccine-induced deaths that kick in over the next decade.

That's why we have less time remaining than you might think. And that's why the vaccine zealots don't care if they get stopped over the next 2-3 years by court challenges. **By then it's too late for humanity.**

Even if we stop all covid vaccines right now, we're likely to still see **between one and two billion deaths** over the next decade as vaccine deaths take their toll. (See the numbers below.)

Disclaimer: The numbers presented here are estimates and projections based on early data available now. These estimates may substantially improve or worsen as new data become available. These conclusions are subject to change based on new data as it is released for total mortality, cancer deaths and other factors. These conclusions are not peer-reviewed. Comments and suggestions are welcomed. See below for full details.

By the way, remember that **Reuters “fact checkers” are all compromised because Reuters is the propaganda arm of Pfizer.** They share some of the same board members. The job of Reuters is to pump out Pfizer disinformation and label it “facts.” These so-called “facts” are then used to suppress the truth on social media platforms like Facebook. It's all a grand evil conspiracy involving Pfizer, Reuters, Facebook and a true depopulation agenda to mass murder billions of human beings.

The “mass casualty event” has begun

As [Dr. Robert Malone has recently pointed out](#), we are living through a “mass casualty event” that looks a lot like genocide: (emphasis ours)

*It is starting to look to me like the largest experiment on human beings in recorded history has failed. And, if this rather dry report from a senior Indiana life insurance executive holds true, then Reiner Fuellmich's “**Crimes against Humanity**” push for convening new Nuremberg trials starts to look a lot less quixotic and a lot more prophetic.*

*AT WORST, this report implies that the federal workplace vaccine mandates have driven what appears to be **a true crime against humanity**. Massive loss of life in (presumably) workers that have been forced to accept a toxic vaccine at higher frequency relative to the general population of Indiana.*

*This article reads like a dry description of an avoidable **mass casualty event caused by a mandated experimental medical procedure**. One for which all opportunities for the victims to have become self-informed about the potential risks have been methodically erased from both the internet and public awareness by an international corrupt cabal operating under the flag of the “Trusted News Initiative”. George Orwell must be spinning in his grave.*

Looking at the evidence

The VAERS system is currently reporting roughly 21,000+ post-vaccine deaths in America. A well-documented URF (Under Reporting Factor) in normal times is around 40X reported figures. This reveals that at least **840,000 Americans** have already died from covid vaccines.

Yet we also know from credible sources such as attorney Thomas Renz and the Medicare whistleblower that **VAERS data is months behind** on data entry. The process of entering records into VAERS is being intentionally slowed to prevent these numbers from rapidly growing. **Additionally — and critically — nurses are being actively ordered by doctors, hospitals and administrators to avoid submitting VAERS reports related to covid vaccines.** This is widely documented in articles [like this one from CitizensJournal.us](#):

Angela, a nurse for more than 25 years, confirms that in her hospital's emergency room, they say they are seeing more heart problems in young adults, which are never reported to the Vaccine Adverse Event Reporting System (VAERS) as potential adverse reactions to COVID "vaccinations."

Another nurse, Jennifer, says ER nurses privately say they are seeing "all the clotting, bleeding and things you would expect from the vaccine six months later — brain bleeds, heart attacks in younger 50-year-olds. No doctor will admit this is from the vaccine. They won't make the VAERS report."

When Daniel asked fellow nurses and practitioners if they report to VAERS, they looked at him like, "What's that?"

All nurses interviewed say they are seeing "ground-glass opacity" results in the CT scans of people's lungs who recently took the experimental vaccines — and that this is never reported to VAERS.

We also know from anecdotal evidence that **a shocking number of US doctors have no idea what VAERS is**. They make no reports whatsoever and aren't even aware of the existence of this system. This fact, combined with the realization that nurses are being actively ordered to *avoid* VAERS reporting on covid vaccines, means the URF of 40X is far too low. Given the environment of extreme suppression now leveled against doctors and nurses to try to cover up vaccine injuries, a more legitimate estimate of the URF would be 200X.

If accurate, this would mean that 21,000+ VAERS reports actually translated into **4.2 million US deaths from these vaccines so far**.

Bookmark that thought as we look at other numbers that paint a truly frightening picture. **Vaccines kill people in three phases, taking as long as a decade for all the vaccine-induced cancer deaths to play out.**

Although we've all seen people literally keel over dead from vaccine-induced heart attacks, most people who are on track to die from covid vaccines don't die right away.

There are three phases of covid vaccine mortality, described in this chart below:

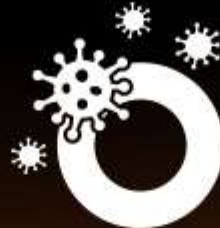
THE **THREE PHASES** OF COVID VACCINE MORTALITY

DEATHS



SHORT TERM 0-30 Days

- Blood Clots
- Thrombosis
- Myocarditis
- Strokes
- Heart Attacks
- Spontaneous Abortions
- Pulmonary Embolism
- Anaphylactic Shock



MEDIUM TERM 1-12 Months

- Vaccine-Induced Immoderacy
- Antibody Dependent Enhancement (ADE)
- Autoimmune Reactions
- Prion-Like Neurological Destruction
- Heart Failure



LONG TERM 1-10 Years

- Spike Protein-Induced Chromosomal Damage
- Cancers
- Severe Immunodeficiency
- Fatal Autoimmune Disorders
- Suppressed DNA Repair Mechanism NHEJ
- Infertility / Reproductive Disorders

TIME

**Covid vaccines are known to
cause myocarditis.**

**Myocarditis alone is fatal in 56% of patients
in less than 5 years. Giant-cell myocarditis
causes over 80% mortality in 5 years.**

Source = AHAjournals.org, "Circulation" Journal of the American Heart Association,
Feb. 14, 2006, Vol 113, Issue 6.

Remember that according to Dr. Ryan Cole, a Mayo Clinic trained, board-certified anatomic pathologist, 62% of patients injected with mRNA vaccines show micro blood clots. Dr. Cole presents this evidence in the following video from the White Coat Summit:

Micro blood clotting is an early sign of vascular damage and heart damage. People receiving covid vaccines are often diagnosed with myocarditis, which has a **56% fatality rate over five years.**

A [study published by the American Heart Association](#) — then widely censored by Big Tech — found that mRNA covid vaccines greatly increased the risk of vascular inflammation and therefore heart attacks and other vascular events. The risk of heart attack alone increased by 127% in a group of 500 patients, according to this one study.

[As DailyExpose.uk explains:](#)

A new study suggests the mRNA injections produced by both Pfizer and Moderna are raising inflammatory blood markers used to estimate the risk of a person suffering a heart attack.

Dr. Aseem Malhotra, a consultant cardiologist, points out that in the UK there have been 10,000 excess non-Covid deaths — many of which were due to heart attack and stroke. A few days after these ominous results came out, a whistleblower and researcher from a different group contacted Dr. Aseem Malhotra to say that in imaging studies they have found inflammation in the coronary arteries after vaccination. But they decided not to publish this yet because they are afraid of losing future grant money from the drug industry. The whistleblower was quite upset about this.

Dr. Charles Hoffe (Canada) is also reporting substantial increases in blood clotting among mRNA vaccine takers. [Via LifeSiteNews:](#)

The core problem he has seen are microscopic clots in his patients' tiniest capillaries. He said, "Blood clots occurring at a capillary level. This has never before been seen. This is not a rare disease. This is an absolutely new phenomenon."

Most importantly, he has emphasized these micro-clots are too small to show up on CT scans, MRI, and other conventional tests, such as angiograms, and can only be detected using the D-dimer blood test, a standard test that indicates whether blood clots are being actively formed somewhere within a person's vascular system.

Using the latter, he found that 62 percent of his patients injected with an mRNA shot were positive for clotting, not a small fraction that can be easily dismissed.

Myocarditis fatalities and inhibition of DNA damage repair

Through simple math, if we take 62 percent of covid vaccinated people who show micro blood clots — leading to myocarditis — and multiply by the known myocarditis 56% fatality rate over five years, this alone would mean that **36% of mRNA vaccine takers**

will be dead in five years. Granted, this assumes that all the micro blood clot people end up with myocarditis, and that relationship isn't yet satisfactorily documented. So this 36%, based entirely on heart attack deaths, may be too high by itself.

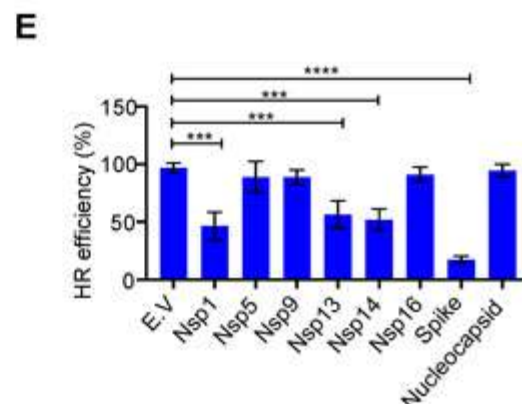
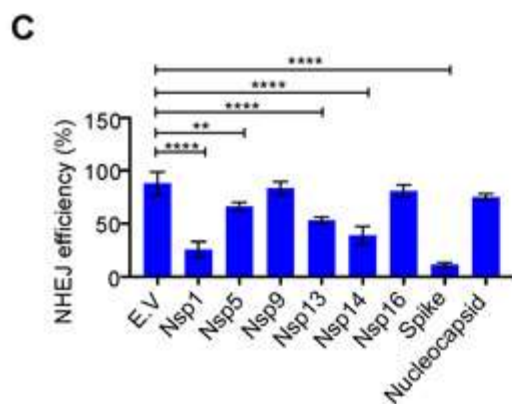
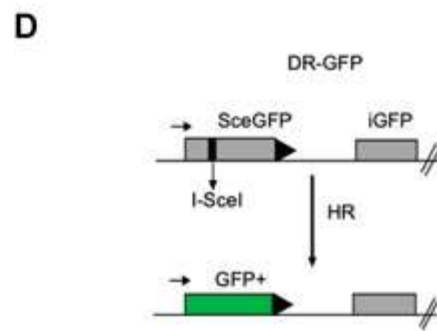
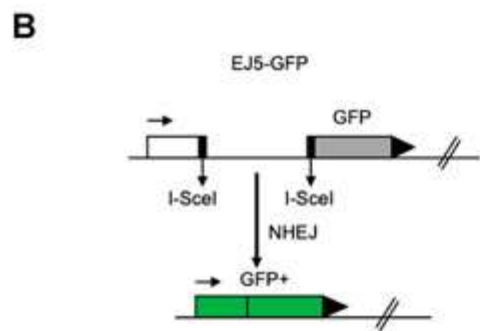
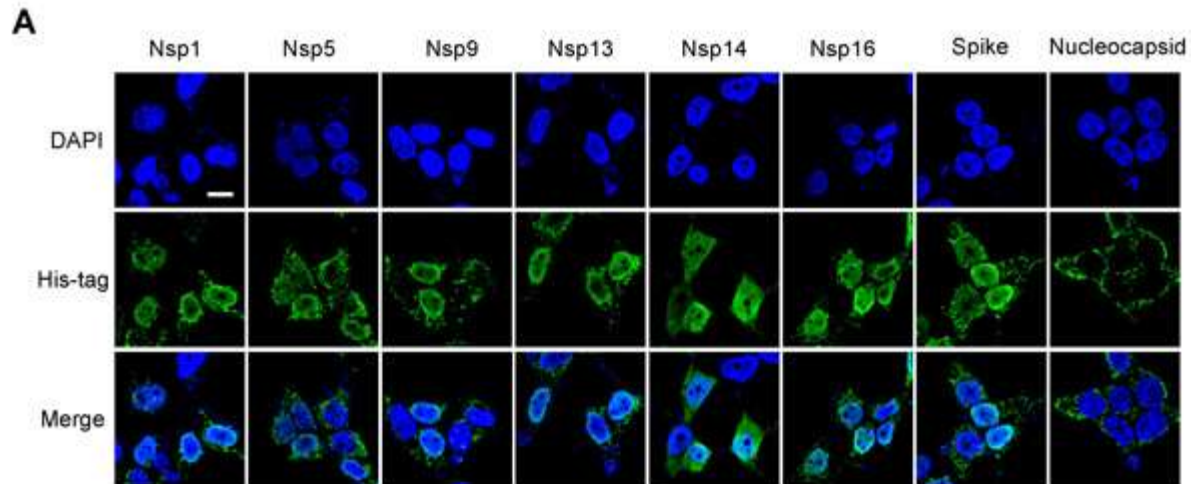
Yet this only begins to tell the story of deaths from other causes such as vaccine-induced cancer. Another fact we now know is that once mRNA vaccines start producing spike protein nanoparticles in a person's body, some percentage of those spike proteins **enter cell nuclei** and achieve about a 90% suppression of the NHEJ mechanism, which is the chromosomal repair mechanism that maintains genetic integrity for the body.

See this Nov. 2, 2021 article – [Vaccine spike protein enters cell nuclei, suppresses DNA repair engine of the human body, will unleash explosion of cancer, immunodeficiency, autoimmune disorders and accelerated aging.](#)

That article cites a critical research paper entitled, "SARS-CoV-2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro," authored by Hui Jiang and Ya-Fang Mei, at the Department of Molecular Biosciences, The Wenner-Gren Institute, Stockholm University, SE-10691 Stockholm, Sweden, and the Department of Clinical Microbiology, Virology, Umeå University, SE-90185 Umeå, Sweden, respectively. You can see an archived PDF of this study at:

<https://www.naturalnews.com/files/viruses-13-02056-v2.pdf>

In the conclusion of the paper, authors write, "*We found that the spike protein markedly inhibited both BRCA1 and 53BP1 foci formation (Figure 3D–G). Together, these data show that the SARS-CoV-2 full-length spike protein inhibits DNA damage repair by hindering DNA repair protein recruitment.*"



The study finds that the suppression of NHEJ activity exhibits a dose-dependent response to the presence of spike protein. This means that spike proteins in the cells will cause the suppression of chromosomal repair mechanisms, leading to **loss of genetic integrity over time**.

In effect, once people are injected with mRNA vaccines, when they are subsequently exposed to even mild sources of ionizing radiation — sunlight, mammography, high-altitude commercial air flights, food plastics chemicals, etc. — their bodies may initiate the growth of new cancer tumors that cannot be suppressed because the NHEJ system is no longer functioning.

In effect, **people will become mutants** because they can no longer maintain genetic integrity due to the spike protein suppression of the NHEJ repair mechanism.

We are already seeing reports of alarming increases in cancers among the vaccinated. For example, as [reported from Cancer.news](#):

Women recently injected with experimental covid vaccines are showing symptoms of BREAST CANCER

A group of Utah doctors have discovered something terrifying in recent mammogram screenings taken at the Breast Care Centre in Salt Lake City, Utah. Women who were recently injected with experimental COVID vaccines suffer from abnormal inflammation of the lymph nodes in their breasts. According to the Intermountain Healthcare doctors, women who take the covid-19 vaccines are showing symptoms of breast cancer.

Dr. Brett Parkinson, MD., warns, “Whenever we see these on a normal screening mammogram, we call those patients back because it can either mean metastatic breast cancer which travels to the lymph nodes or lymphoma or leukemia.” Instead of dealing with the cause of this problem (vaccines), the doctors are now telling women not to get mammograms after vaccination.

And from Vaccines.news: [Idaho doctor reports “20 times increase” in cancer among those “vaccinated” for covid](#):

In a video produced by the Idaho state government’s “Capitol Clarity” project, Cole revealed how he is now seeing a 2,000 percent chronic illness increase in folks who took [the vaccine].

“Since January 1, in the laboratory, I’m seeing a 20-times increase of endometrial cancers over what I see on an annual basis,” Cole stated in the video.

“I’m not exaggerating at all because I look at my numbers year over year, and I’m like ‘Gosh, I’ve never seen this many endometrial cancers before.’”

In a “normal” year, there are around **600,000** cancer deaths in the United States. With the spike protein suppressing NHEJ by 90%, and with doctors already reporting a 2000% increase in one type of cancer (endometrial) from early 2020, it’s clear that cancer deaths are going to substantially increase in the coming years due to covid vaccines.

Add that data point to the big picture here.

A 40% increase in all-cause mortality, says life insurance CEO

Providing an additional clue to all this, we have recently [reported on the shocking interview with Scott Davison, CEO of OneAmerica, a life insurance company](#). Davison reveals that **all-cause mortality is up 40%** among their life insurance policy holders, which covers a wide range of people, aged 18 – 64. Davison refers to this as, “the

highest death rates we have seen in the history of this business – not just at OneAmerica.”

This observation is based on third quarter data from 2021. The numbers for Q4 will look far worse due to the well documented fact that VE numbers (Vaccine Effectiveness) plummet with each passing week after vaccination, representing a continued destruction of the immune system. As more time goes by, those who took the vaccines have weaker and weaker immune systems, making them more vulnerable to common infections and flu strains that would normally be of little threat. This is confirmed by official government data from the UK as well as independent research such as this study from the Francis Crick Institute in the UK: [Pfizer vaccine destroys T cells, weakens the immune system – study](#):

A study from the Francis Crick Institute in the United Kingdom has found that the Pfizer-BioNTech Wuhan coronavirus (COVID-19) vaccine destroys T cells and weakens the immune system... It found that only 50 percent of the people who received a single dose of the Pfizer vaccine had a quantifiable neutralizing antibody response against the alpha variant of COVID-19. This number decreased even further to just 32 percent and 25 percent for the delta and beta variants, respectively.

A 40% increase in all-cause mortality, if applied across all age groups, means that an additional **3,100 Americans** are dying each day. That's over 90,000 people per month being killed by the vaccine as of Q3, 2021. (The normal pre-covid death rate is around 7,700 per day in the USA.)

We estimate that by the time Q1, 2022 data are available, we will likely see up to a 60% increase in all causes mortality, leading to **an additional 4,600 deaths per day**. This alone is nearly **1.7 million deaths per year**, or about half a percent of the entire US population.

My (conservative) prediction is that as post-vaccine cancer deaths take hold, we are going to see, at minimum, a **400% increase in cancer deaths** starting in 2022. That's roughly **2.4 million vaccine-related cancer deaths per year** for the foreseeable future, very likely continuing through the next decade.

93% of post-vaccine deaths attributed to the vaccine itself

One more factor to consider in all this is the astonishing research conducted by Drs. Bhakdi and Burkhardt, [commented on by Steve Kirsh at Substack.com](#).

Although the sample size was small (15 autopsies), it showed that 93% of people who died after being vaccinated were, in fact, **killed by the vaccine**. As Kirsh explains:

The coroner or the public prosecutor didn't associate the vaccine as the cause of death in any of the cases. However, further examination revealed that the vaccine was implicated in the deaths of 14 of the 15 cases. The most attacked organ was the heart (in all of the people who died), but other organs were attacked as well. The implications

are potentially enormous resulting in millions of deaths. The vaccines should be immediately halted.

Importantly, as Dr. Bhakdi explains on video, these autopsies showed that people were killed by **killer lymphocytes attacking their own organs such as the heart and lungs**. In other words, mRNA covid vaccines caused the body's own immune system to start growing lymphocyte tissues in places where it doesn't belong, such as the heart and other organs.

This shocking finding caused former Pfizer VP Mike Yeadon to write Steve Kirsh and explain, "This is about the worst 15 min (video) I've ever seen. Mass covid19 vaccination is leading to mass murder."

That video is shown here:

[Brighteon.com/2d124f9e-e8f3-4938-a4ab-f9358d580a52](https://www.brighteon.com/2d124f9e-e8f3-4938-a4ab-f9358d580a52)

Essentially, what Dr. Bhakdi's findings reveal is that **far more people are now dying from the vaccine than from natural causes**. This would imply that the pre-covid daily death rate of 7,700 Americans (that's per day) is about to be dwarfed by vaccine-induced deaths which will, at some point, emerge as a *multiple* of 7,700.

It's not unreasonable to imagine that over the next few years as cancer tumors and lymphocyte attacks accelerate, we could start to see *daily* deaths in America exceeding 16,000 or even 30,000 as the post-covid vaccine deaths accelerate.

At 30,000 deaths per day, by the way, the number of dead in a year reaches nearly 11 million people, or about 3.3% of the total U.S. population expiring in a given year. Over a decade, that's about a third of the current population. These are projections, of course, but they are rooted in early evidence and observation.

Conservatively, one-third of all who received covid vaccines will likely die over the next decade... and another third will be debilitated

Based on the cancer deaths, myocarditis deaths, autoimmune deaths, heart attack deaths and the increased risks of strokes, neurological disorders and organ failure, we can conservatively conclude that roughly:

- One-third of those who took mRNA covid vaccines will be dead over the next ten years.
- One-third will be injured or debilitated and unlikely to be capable of participating in society in a meaningful way.
- One-third will be relatively unaffected.

Interestingly, this appears to coincide with the statistical analysis of covid vaccine lot numbers, where roughly one-third of the lots are associated with heart attacks and deaths, another third are associated with injuries (but not death), and a final third appear to be harmless (suspected to be saline).

Again, these are rough numbers and there will be disagreement about many of the projections made here, but this is an **early snapshot and projection** based on what we know so far. Obviously, these conclusions are subject to change as new data appear, and the final number by the end of 2032 could be radically different from these projections (far worse or perhaps far better).

30 million people per day are being vaccinated around the world

Now let's look at what this means globally if we conclude that roughly one-third of vaccinated people will die over the next decade.

Right now, about **30 million people** are being vaccinated each day across the globe, [according to OurWorldInData.org](https://www.ourworldindata.org).

That same site says that **58.5%** of the world's population has been vaccinated with at least one dose, and that **9.25** billion doses have been administered (data accessed on 1/4/2022).

If one-third of vaccinated people are set on a path to die from the vaccine over the next decade, then each day that these vaccines continue, **about 10 million people are being sentenced to death**.

If this continues for just one more year — 365 days — this would mean an additional **3.65 billion people** will be exterminated by vaccines and die from vaccine-induced fatalities over the next decade or so. That's roughly **half the world's population**, by the way.

If you're wondering how more than one-third of the world's population can be exterminated if only one-third of the vaccine lots are so-called "kill shots," remember that people are being given multiple injections via "boosters." Thus, one person can be injected five or six times with mRNA shots, and even if only one-third of those shots are "kill shots," their chances of escaping the kill shot dwindle rapidly. It's like playing *vaccine roulette*.

Statistically speaking, here are the odds of EVADING a kill shot if a person continues to take more injections, given the assumption that one-third of the lots are deadly:

1st injection: 66.6% chance of evading death.

2nd injection: 44.4% chance of evading death. ($.666^2$)

3rd injection: 29.5% chance of evading death. ($.666^3$)

4th injection: 19.7% chance of evading death. ($.666^4$)

5th injection: 13.1% chance of evading death.

6th injection: 8.7% chance of evading death.

As you can see, **if the governments of the world can coerce people into taking six shots, they can kill over 90% of the world's population**, given that one-third of vaccine lots are kill shots and assuming a 100% kill rate over time.

Thus, the only way to stop this vaccine holocaust is to stop the vaccines.

For each additional day that the depopulation globalists run their vaccine holocaust campaign, they are likely exterminating an additional 10 million people over time.

That's a **World War II Nazi Holocaust every 14.4 hours**, in terms of innocent lives destroyed.

It also means that nearly 7,000 lives are being destroyed *per minute* as this vaccine holocaust continues.

This also means that each day *earlier* that we stop the holocaust, **we potentially save 10 million lives**.

Hence the urgency of our mission. If we stop the vaccine holocaust right now, we still lose 1.5 billion human beings from vaccine-induced deaths over the next ten years. Importantly, **human civilization can probably survive such a hit**, as devastating as it might be.

But if this vaccine holocaust continues for just one more year, globalists could have set into motion the deaths of potentially an additional 3.6 billion people on top of the 1.5 who are already on the death clock countdown. That means we could lose **over 5 billion human beings** in the next decade, simply stemming from our inability to stop this holocaust in the next 365 days.

The important question becomes: Can human civilization remain intact if we lose over 50% of the population?

I don't have the answer to that, but given the complexity of our modern society, it seems likely that a systemic collapse — “great reset” — would be inevitable. It also seems that **this is what the globalists are trying to achieve**.

Note carefully that no one in government power is suggesting we pause the vaccines, wait a year and see how many people die. No, they prefer to charge ahead at full speed — damn the consequences! — and then blame the unvaccinated for the mass deaths of the vaccinated.

Clearly, they are bad faith actors. They are not trying to save lives; they're working to exterminate them.

Find more details in today's Situation Update podcast here:

[Brighteon.com/72f2d8d5-0d32-474f-af5e-85ef8d227475](https://www.brighteon.com/72f2d8d5-0d32-474f-af5e-85ef8d227475)

36,257 Deaths and 3,244,052 Injuries Following COVID Shots in European Database



EudraVigilance - European database of suspected adverse drug reaction reports

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

COVID-19 Vaccine Adverse Drug Reactions 36,257 DEAD

3,244,052 Injuries Through Jan 01, 2022

COVID-19 MRNA VACCINE MODERNA (CX-024414)

COVID-19 MRNA VACCINE PFIZER-BIONTECH

COVID-19 VACCINE ASTRAZENECA (CHADOX1 NCOV-19)

COVID-19 VACCINE JANSSEN (AD26.COV2.S)



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EudraVigilance

[By Brian Shilhavy | Health Impact News | January 6, 2022](#)

The European (EEA and non-EEA countries) database of suspected drug reaction reports is [EudraVigilance](#), verified by the European Medicines Agency (EMA), and they are now reporting **36,257 fatalities**, and **3,244,052 injuries** following injections of four experimental COVID-19 shots:

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

From the total of injuries recorded, almost half of them (1,540,852) are **serious** injuries.

Judge Rejects FDA's 75 Year Delay On Big-Pharma Data

[January 7, 2022](#)

Judge Rejects FDA's 75 Year Delay On Vax Data Cuts To Just 8 Months

ZeroHedge

A federal judge has rejected a request by the FDA to produce just 500 pages per month of the data submitted by Pfizer to license its Covid-19 vaccine – and has ordered them to produce 55,000 pages per month. Assuming there are roughly

450,000 pages, that means it will take just over eight months for the world to see what's under the hood.

Attorney Aaron Siri, who represents the plaintiff in the case, has provided this stunning update via his blog, [Injecting Freedom](#):

On behalf of a client, my firm requested that the FDA produce all the data submitted by Pfizer to license its Covid-19 vaccine. The FDA asked the Court for permission to only be required to produce at a rate of 500 pages per month, which would have taken over 75 years to produce all the documents.

I am pleased to report that a federal judge soundly rejected the FDA's request and ordered the FDA to produce all the data at a clip of **55,000** pages per month!

This is a great win for transparency and removes one of the strangleholds federal "health" authorities have had on the data needed for independent scientists to offer solutions and address serious issues with the current vaccine program – issues which include [waning immunity](#), variants [evading](#) vaccine immunity, and, as the CDC has confirmed, that the vaccines do not [prevent](#) transmission.

No person should ever be coerced to engage in an unwanted medical procedure. And while it is bad enough the government violated this basic liberty right by mandating the Covid-19 vaccine, the government also wanted to hide the data by waiting to fully produce what it relied upon to license this product until almost every American alive today is dead. That form of governance is destructive to liberty and antithetical to the openness required in a democratic society.

In ordering the release of the documents in a timely manner, the Judge recognized that the release of this data is of paramount public importance and should be one of the FDA's highest priorities. He then aptly quoted James Madison as saying a "popular Government, without popular information, or the means of acquiring it, is but a Prologue to a Farce or a Tragedy" and John F. Kennedy as explaining that a "nation that is afraid to let its people judge the truth and falsehood in an open market is a nation that is afraid of its people."

The government's official death statistical data report for Covid-19 ending December 31st, 2021 was **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 reported 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.

Being worried about COVID-19 impairs a person's cognitive abilities

Thursday, January 06, 2022 by: [Arsenio Toledo](#)

([Natural News](#)) New research has found that constantly worrying about the Wuhan coronavirus (COVID-19) pandemic [can impair a person's cognitive abilities](#).

This study was conducted by researchers from McGill University in Montreal, Canada. They worked with other researchers from the Montreal Neurological Institute and Hospital to survey over 1,500 Americans between April and June 2020 to gauge how concerned they were about the coronavirus pandemic and how this fear may have affected their thinking.

The study participants were asked to rate how worried they are about COVID-19 and were then asked to complete a series of cognitive and psychological examinations. These tests measured how well each person processed information and their attitudes to taking risks.

For the information processing exam, participants were asked to match pairs of symbols and digits according to a fixed rule. For the risk attitude test, participants were given an economic decision task where they made a series of hypothetical choices between “certain” options that would net them a small amount of money and “risky” options that gave them a chance to win a larger amount of money, but with the small chance of winning no money.

According to the results of the tests, how much a person is worried about COVID-19 and the pandemic predicted their tendency to distort described risk levels. They “*underweighted likely probabilities and overweighted unlikely probabilities,*” wrote the researchers.

The study authors also suggested that the more anxious respondents are, the more sensitive they may be to risks. This may result in them seeking out more information before making choices.

“Individuals reporting greater pandemic-related worry appeared more sensitive to described risk level,” wrote the authors. *“As with the analysis of cognitive task performance, this relationship between sensitivity to outcome probabilities and individual worry remained after controlling for demographic variables, and perceived risk of contracting COVID-19.”*

This suggested that worries related to COVID-19 can negatively affect a person’s ability to make decisions and fundamentally change how they make decisions that involve certain risks.

Lockdowns have a disastrous effect on mental health

“The basic cognitive abilities measured here are crucial for healthy daily living and decision-making,” said Kevin da Silva Castanheira, a graduate student in McGill’s Department of Psychology and the study’s primary author. *“The impairments associated with worry observed here suggest that, under periods of high stress like a global pandemic, our ability to think, plan and evaluate risks is altered. Understanding these changes are critical as managing stressful situations often relies on these abilities.”*

Dr. Madeleine Sharp, one of the study’s other authors and a neurologist at the Montreal Neurological Institute, said: *“The impact of stress and worry on cognitive function are well known, but are typically studied in the laboratory setting. Here, we’re able to extend these findings by studying the effects of a real-world stressor in a large sample. An important future direction will be to examine why some people are more sensitive than others to stress and to identify coping strategies that help to protect from the effects of stress.”*

The McGill study is consistent with the findings by other researchers. In Israel, researchers from a group of Israeli universities found that children experienced more stress as a result of the effects of the COVID-19 pandemic, such as lockdowns. This caused them to develop unhealthy social and dietary habits and made them more prone

to higher rates of violence. (Related: [COVID-19 lockdowns causing deterioration of children's mental health.](#))



7-Year-Old Dies 11 Days After Pfizer Shot, VAERS Report Shows

VAERS data released Friday by the Centers for Disease Control and Prevention included a total of **1,017,001** reports of adverse events from all age groups following COVID vaccines, including **21,382 deaths** and **166,606 serious injuries** between Dec. 14, 2020, and Dec. 31, 2021.

By Megan Redshaw

The Centers for Disease Control and Prevention today released new data showing a total of [1,017,001 reports of adverse events](#) following COVID vaccines were submitted between Dec. 14, 2020, and Dec. 31, 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 [21,382 reports of deaths](#) — an increase of 380 over the previous week — and [166,606 reports of serious injuries](#), including deaths, during the same time period — up 4,100 compared with the previous week.

Excluding “[foreign reports](#)” to VAERS, [715,857 adverse events](#), including [9,778 deaths](#) and [63,089 serious injuries](#), were reported in the U.S. between Dec. 14, 2020, and Dec. 31, 2021.

[Foreign reports](#) are reports foreign subsidiaries send to U.S. vaccine manufacturers. 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.

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

Of the 9,778 U.S. [deaths reported](#) as of Dec. 31, 20% occurred within 24 hours of vaccination, 24% 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., 507 million COVID vaccine doses had been administered as of Dec. 30, This [includes](#) 296 million doses of Pfizer, 194 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. 31, 2021, for 5- to 11-year-olds show:

- 6,005 [adverse events](#), including [126 rated as serious](#) and [3 reported deaths](#).

The most recent death involves a 7-year-old girl (VAERS I.D. [1975356](#)) from Minnesota who died 11 days after receiving her first dose of Pfizer’s COVID vaccine when she was found unresponsive by her mother. An autopsy is pending.

- [13 reports](#) of myocarditis and pericarditis (heart inflammation).
- [15 reports](#) of blood clotting disorders.

U.S. VAERS data from Dec. 14, 2020, to Dec. 31, 2021, for 12- to 17-year-olds show:

- 26,169 [adverse events](#), including [1,516 rated as serious](#) and [35 reported deaths](#).

The most recent death involves a 15-year-old girl from Minnesota (VAERS I.D. [1974744](#)), who died 177 days after receiving her second dose of Pfizer from a pulmonary embolus. An autopsy is pending.

- [62 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 [573 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. 31, 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 **72.7**.
- As of Dec. 31, [4,730 pregnant women](#) reported adverse events related to COVID vaccines, including 1,499 reports of [miscarriage or premature birth](#).
- Of the [3,386 cases of Bell's Palsy](#) reported, 51% were attributed to [Pfizer](#) vaccinations, 41% to [Moderna](#) and 8% to [J&J](#).
- 825 reports of [Guillain-Barré syndrome](#) (GBS), with 41% of cases [attributed to Pfizer](#), 29% to [Moderna](#) and 28% to [J&J](#).
- [2,252 reports](#) of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- [12,200 reports](#) of blood clotting disorders in the U.S. Of those, [5,398 reports](#) were attributed to Pfizer, [4,345 reports](#) to Moderna and [2,275 reports](#) to J&J.
- [3,405 cases](#) of myocarditis and pericarditis with [2,409 cases](#) attributed to Pfizer, [1,220 cases](#) to Moderna and [155 cases](#) to J&J's COVID vaccine.

CDC not investigating 13-year-old's death following COVID vaccine

The CDC is not [investigating the death](#) of a 13-year-old Michigan boy who [died](#) June 16, 2021, of myocarditis three days after his second dose of Pfizer's COVID vaccine.

Judicial Watch on Wednesday obtained [314 pages of records](#) from the CDC, including communications from Director Dr. Rochelle Walensky showing a request for information about the death of Jacob Clynick.

What?!? CDC is leaving it to state health departments to investigate deaths reported following COVID vaccines, including the June 2021 death of 13-year-old Jacob Clynick who died of myocarditis three days after his second Pfizer shot.

<https://t.co/k5ZG883NRB>

— Robert F. Kennedy Jr (@RobertKennedyJr) [January 7, 2022](#)

In the communications, CDC officials said the agency was not actively involved in the investigation of Clynick's death, although it did make contact with the state health department and the pathologist who confirmed preliminary results showed "bilateral ventricular enlargement and histology consistent with myocarditis."

The official said the agency was in touch to “maintain situational awareness” but said it was up to the states to conduct investigations into deaths reported following COVID vaccines.

The teen’s death was not acknowledged by CDC officials in [presentations on myocarditis or vaccine safety](#) during meetings held by the agency’s vaccine safety advisory panel, which makes clinical recommendations for use of COVID vaccines in children.

As [The Defender reported](#) Thursday, a Louisiana nurse last month told state lawmakers her hospital is seeing “terrifying” reactions to COVID vaccines, including [blood clots](#), heart attacks, strokes, encephalopathy and heart arrhythmia — and staff are failing to report these to VAERS.

Collette Martin, R.N., a practicing nurse for 17 years, during testimony at a Louisiana House Health and Welfare Committee hearing, told State Rep. Lawrence Bagley that most medical professionals in her hospital aren’t even aware VAERS exists.

Martin said she raised concerns about adverse reactions to COVID vaccines and the failure to report them to hospital administrators, but she was “repeatedly dismissed.”

It’s Martin’s belief that only a fraction of deaths are being reported to VAERS as her hospital and others “are not reporting anything.”

Omicron variant less likely to cause lung damage or death

As [The Defender reported](#) Wednesday, multiple studies of Omicron infections showed decreased lung damage and decreased mortality rates in both animal and human tissue, but greater transmissibility of the [Omicron](#) variant.

A group of Japanese and American scientists on Dec. 29, released a [study](#) on hamsters and mice infected with either Omicron or one of several earlier variants. The findings showed those infected with Omicron had less lung damage, lost less weight and were less likely to die.

According to the preprint study, authored by more than 50 international scientists, the experiments “observed less infection of hamster bronchial cells in vivo with Omicron than Delta virus.”

The researchers also found a lower viral burden in the nasal cavities of mice infected with Omicron compared to those infected with other SARS-CoV-2 strains.

This rodent study is consistent with results announced earlier in December by researchers at Hong Kong University, and epidemiological data out of South Africa over the last two months. While cases there have skyrocketed, hospitalizations and deaths have declined in comparison to Delta.

Study shows COVID vaccine alters women's menstrual cycles

An analysis of thousands of menstrual records showed women's cycles changed after COVID vaccines, validating anecdotal reports from thousands of women who said their menstrual cycles were off after vaccination.

According to a study published by the Journal of Obstetrics & Gynecology, women who were vaccinated had slightly longer menstrual cycles after the COVID vaccine than those who were not vaccinated.

Cycle lengths returned to normal within one or two months, with a more pronounced delay in women who received both vaccine doses during the same menstrual cycle. These women had their periods two days later than usual, researchers found.

The study was conducted by researchers at Oregon Health & Science University and the Warren Alpert Medical School of Brown University, in collaboration with Natural Cycles, whose app is used by millions of women around the world to track their cycles.

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

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.



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 [Pastor Bob has been saying this for more than two years!]

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 [First they release a report linking 5G to Covid and then attempt to discredit the report to cover their behinds]

(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 FAA, FCC, and telecoms delayed until January 17th their decision**] 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. [**I am watching closely government’s actions**]

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!” Few people recognize the danger of **5G** EMF radiation because they cannot see it in action.

If you go to my web page www.pastorbobreid.com the reader will find over 100 articles on **5G** EMF non-ionizing radiation issues. There are other YouTube videos by experts like Mark Stein, Dr. Barry Trower, Dr. Martin Pal, and these scientists have decades of experience working with RADAR, and electrical energy. All technology research begins in the military long before it sees commercial application; and, the U.S. Navy has led the study of electricity for decades. Much of their research that was once formerly classified, has been made available to the public for over twenty years and easily accessible on the Internet.

As I have said in my articles, my interest began by first-hand experience. We had Wi-Fi installed by Verizon back in Turtle Creek, PA on June 10, 2010. Within a week of its installation my legs began to blister from below the knees down to my ankles. I went to a local hospital ER, where they admitted me, ran a series of tests, and after six days they discharged me with no diagnosis or explanation. They billed Medicare \$7,900 and never changed my bed sheets during my six days as a patient.

Two years later, in September of 2012, we moved back to central Kentucky to help with the raising of grandchildren as parents worked and continued their education in college and nursing school. Shortly after we settled in the blisters began again. After the first snow brought down all the leaves, we discovered we were in direct eye sight of a cell tower. We moved two years later to where we live today, and the problem became worse. I am 2,500-ft. from a cell tower and the problem repeated. I developed lymphedema and the leakage began. The problem persists even though I have a regimen that has enabled me to keep it under control. When **5G** is activated to its optimum level, I can only speculate and surmise what I am facing. I do believe Covid has been a “smoke” screen for **5G** EMF toxic radiation.

The leadership of this country has been waging a war against its own citizens, and the fake doppelganger play acting as Biden is representing the Deep State is continuing on with the surrender without so much as firing a shot. The U.S. can't meet its obligations because it has stolen trillions of dollars from pension funds, Social Security, and so has resolved to use 'Silent Weapons for Quiet Wars' to eliminate as many people as they can. The most recent data on average age of death to Covid from the VAERS report above stands at **72.7** years. It has hardly budged in the 45 weeks I have been writing this report. That speaks volumes to me that Covid is not a virus, it is a "bioweapon!"

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!

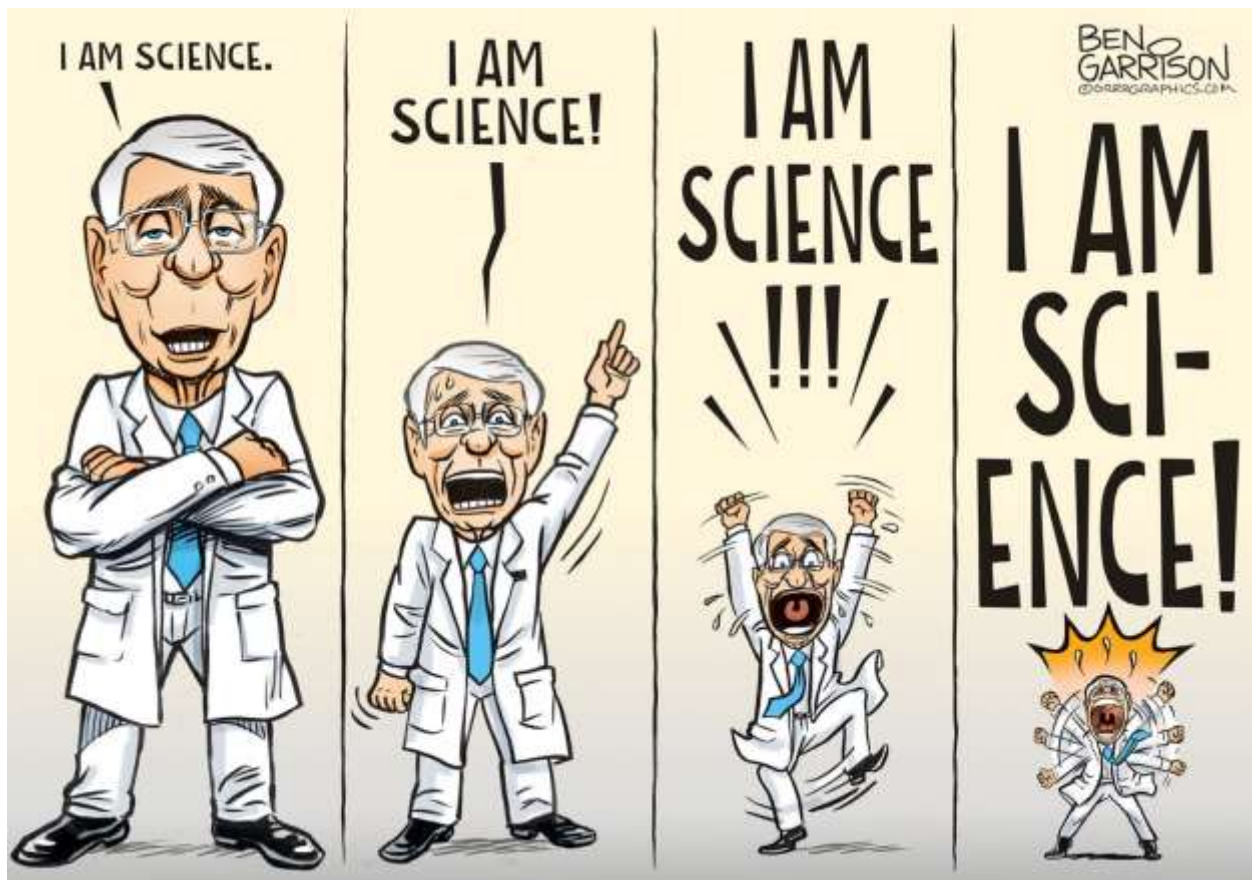
Dr. Fauci Runs Public Health As A Personal Profit-Making Operation

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.

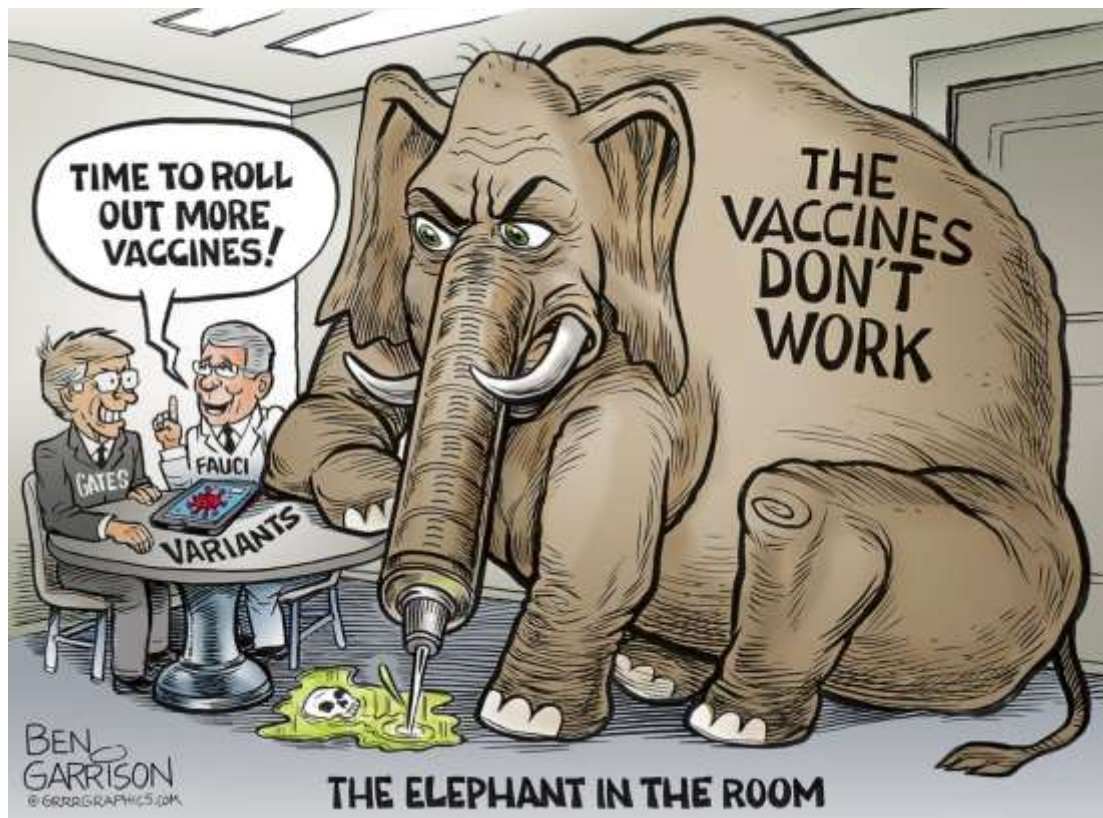
It was Dr. Anthony Fauci who has stated we will have Covid with us forever. It is most obvious that with a survival rate of the above CDC data, Dr. Fauci is either a LIAR and a CRIMINAL, or plain STUPID. Since he is a product of Jesuit-learning, I will rule out the latter that he is stupid. Jesuits are 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.



The Supreme Court of the United States today heard oral arguments pertaining to two of the Biden administration's COVID vaccine mandates.

The focus of the hearing was whether to stay or to grant temporary injunctions requested by plaintiffs in a number of lawsuits challenging the emergency mandates for millions of Americans.

The two mandates in question include one imposed on private businesses with 100 or more employees, and the one for healthcare facilities participating in the Medicare or Medicaid programs.

The judges did not rule today and gave no indication as to how quickly the court will issue orders.

Mandate penalties enforced by the Occupational Safety and Health Administration (OSHA) are scheduled to begin next week for large private employers.

According to *'The New York Times'*, members of the Supreme Court's conservative majority appeared skeptical that the Biden administration had the legal power to impose a mandate requiring the nation's large employers to require workers to be vaccinated against COVID or to undergo frequent testing.

But in a separate challenge regarding the U.S. Department of Health and Human Services' Centers for Medicare & Medicaid Services (CMS) mandate for healthcare workers and facilities, some justices appeared more open to vaccine requirements for certain healthcare workers, *CNN* reported. From listening to the dialogue of the Justices, from my perspective this is a fixed outcome and was decided behind closed doors. Why was it the Justices received vaccine shots on Tuesday, the week of the hearing of oral arguments. It's another rigged show case of Bovine Excrement Injustice!

They were laughably misinformed on basic COVID information. The more liberal justices defended the government's ability to impose vaccine mandates, citing concerns over Omicron, which Justice Sonya Sotomayor claimed was more deadly to the unvaccinated than the Delta variant. In defending the Biden regime's attack on our unalienable rights, liberal Supreme Court justices spent the day peddling COVID misinformation.

The court room was a crowd that was unanimously triple vaxxed, and they had to get a negative test just to get inside of the building. Yet here they are, in Washington, D.C., accommodating the mask religion. I was repeatedly struck by how these men and women of supposed great wisdom and intellect were unable to showcase a grasp of basic information related to COVID Mania. In fact, every liberal justice was trafficking in provable misinformation.

Sotomayor also expressed concern over the 100,000 children she said were hospitalized, many of whom are on ventilators.

"We have over 100,000 children," Justice Sotomayor said, *"which we've never had before, in serious condition and many on ventilators. So saying it's a workplace variant just underscores the fact that without some workplace rules with respect to vaccines or encouraging vaccines because this is not a vaccine mandate."*

The liberal justices said vaccine mandates were a needed response to the public health crisis, which Justice Stephen Breyer said caused 750,000 million new COVID cases yesterday in the U.S. — more than double the U.S. population.

Justice Breyer says that there were *"750 million new covid cases yesterday"*

There are only 330 million people who live in America which means everyone apparently got covid twice in the last 24 hours.

— Greg Price (@greg_price11) January 7, 2022

"We know the best way to prevent spread is for people to get vaccinated," Justice Elena Kagan said.

Chief Justice John Roberts, Jr. and Justice Neil Gorsuch said the states and Congress, rather than a federal agency, were better equipped to address the pandemic in the nation's workplaces.

Justice Amy Coney Barrett said the OSHA regulation appeared to reach too broadly in covering all large employers, while Justices Gorsuch and Justice Brett Kavanaugh suggested the governing statute had not authorized the agency to impose the mandate clearly, given what was at stake politically and economically.

Sotomayor aggressively pushed back on the term *"vaccine mandate"* during the hearing on OSHA's regulations, issued through a *"Vaccination and Testing Emergency Temporary Standard"* (ETS), which covers employers with 100 or more employees.

“There’s no requirement here. It’s not a vaccine mandate,” Justice Sotomayor said during the oral arguments. *“It’s something totally different.”*

Justice Sotomayor appeared to be tapping into the idea that, because the mandate allows for mandatory vaccinations to be substituted by weekly testing, it is therefore not a mandate, Fox News reported.

According to OSHA, *“The ETS requires covered employers to establish, implement and enforce a written mandatory COVID-19 vaccination policy with an exception for employers that instead establish, implement and enforce a written policy that requires unvaccinated employees to undergo weekly COVID-19 testing and wear a face covering at the workplace instead of vaccination.”*

Scott Keller, attorney for the National Federation of Independent Business, argued the OSHA regulations had originally been passed to protect workers from unvaccinated coworkers and were now obsolete due to *“CDC guidance contradicting foundational assumptions”* of the regulations.

“Yes, that may be true, but we are now having deaths at an unprecedented amount, catching COVID keeps people out of the workplace for extraordinary periods of time,” Justice Sotomayor responded.

Justice Elena Kagan suggested getting a COVID vaccine reduces the spread of COVID, a claim questioned by the rising number of breakthrough cases worldwide. Justice Kagan’s opinion is that *“this is the policy that is most geared to stopping all this.”*

“There’s nothing else that will perform that function better than incentivizing people strongly to vaccinate themselves,” Justice Kagan said. *“So, you know, whatever necessary means, whatever grave means, why isn’t this necessary and grave?”*

Justice Stephen Breyer suggested being vaccinated would stop people from transmitting the virus to others, and the idea that more people would leave the workforce due to the mandates was moot because *“more may quit when they discover they have to work together with unvaccinated people because that means they may get the disease.”*

Justice Breyer said he would find it *“unbelievable that it would be in the public interest to stop these vaccinations.”*

The second hearing addressed the CMS vaccine mandate. Justice Gorsuch asked a series of questions to Brian Fletcher, principal deputy solicitor general for the Biden administration, about the impact of the vaccine mandates and how it can be viewed as potentially controlling the employment of healthcare workers, which is not allowed by the law.

Justice Gorsuch asked:

“This regulation affects, we’re told, 10 million healthcare workers and will cost over a billion dollars for employers to comply with. So what’s your reaction to that, why isn’t this a regulation that effectively controls the employment and tenure of healthcare workers at hospitals? An issue Congress said the agency didn’t have the authority and that should be left to the states to regulate.”

Fletcher said the government interprets the relevant statute to mean the secretary cannot dictate particular hiring decisions: *“That’s what control and supervision means.”* Elizabeth Murrill, Louisiana solicitor general, reminded the court the case is not about whether *“vaccines are effective, useful or a good idea. It’s about whether this federal executive branch agency has the power to force millions of people working for or with a Medicare or Medicaid provider to undergo an invasive, irrevocable forced medical treatment — a COVID shot.”*

Twitter erupts over disinformation during SCOTUS hearing

Twitter erupted over what some considered to be disinformation perpetuated during the hearing and over concerns false information would influence the Supreme Court’s decision.

Mike Cernovich, producer and attorney tweeted:

SCOTUS is the last remaining institution with mystique.

Today was a bad day for the Court’s legitimacy, with multiple justices spreading disinformation about children on ventilators and daily cases exceeding total US population.

— Cernovich (@Cernovich) January 7, 2022

Jenin Younis, a civil liberties attorney, tweeted:

Kagan, in questioning attorney arguing against CMS mandate, again insists that vaccines stop transmission. This lack of knowledge as to basic facts about the vaccines- and covid- is concerning.

— Jenin Younes (@Leftylockdowns1) January 7, 2022

Greg Price, a senior digital strategist, noted in a tweet that during oral arguments, Justice Sotomayor claimed:

Justice Sotomayor also claimed that hospitals are nearing capacity.

She also asked “Why is a human spewing a virus not like a machine spewing sparks?” Incredible performance all around.

— Greg Price (@greg_price11) January 7, 2022

Here is Justice Sotomayor saying that “hospitals are almost all full capacity” and there are “over 100,000 children” hospitalized with covid “many on ventilators,” Price tweeted: Here is Justice Sotomayor saying that “hospitals are almost all full capacity” and there are “over 100,000 children” hospitalized with covid “many on ventilators.

None of those things are true. Not even close.

— Greg Price (@greg_price11) January 7, 2022

As The Defender reported Jan. 3, the Supreme Court's move to hold oral arguments in deciding whether or not to issue an emergency stay is considered unusual. Typically, such cases are placed on the "shadow docket" and are decided without a full briefing or a presentation of oral arguments.

The decision by the Supreme Court on whether to stay the mandate will provide a strong indication for employers about what they will or won't need to do to come into compliance.

The Biden administration's ETS mandating employers with over 100 employees get vaccinated, or if unvaccinated, wear a mask and get tested weekly, has faced many court challenges.

The cases were consolidated and the 6th circuit recently lifted a stay on the mandate imposed by the 5th circuit, prompting the case to make its way to the Supreme Court.

CMS announced Dec. 29, 2021, it will begin enforcing its COVID vaccine mandate in the 26 states where it is not blocked. A modified enforcement timeline accompanied this announcement: Healthcare workers will now be required to receive the first dose of a COVID vaccine by Jan. 27, and the second dose by Feb. 28.



Although I cannot prove it, I know in my heart and mind that the "Fix" is in, and with a 7-2 Jesuit-Catholic Court, it will side with Biden's masters in the Vatican. The same Chief

Justice Roberts was once verbally on the record as being against mandatory requirements to buy health insurance, but how did he decide when the Supreme Court handed down their decision? He ruled the Obama Health Care Reform Bill was constitutional and that you could be forced to buy health insurance!

Blessings,

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