Mass Murder

By Syringe Needle!
Part 55

483 More Deaths After COVID Vaccines Reported to VAERS, as Pfizer and Moderna Push for More Boosters

VAERS data released Friday by the Centers for Disease Control and Prevention included a total of **1,183,495 reports of adverse events** from all age groups following COVID vaccines, including **25,641 deaths** and **208,209 serious injuries** between Dec. 14, 2020, and March 11, 2022.

The Centers for Disease Control and Prevention (CDC) today released new data showing a total of **1,183,495 reports of adverse events** following COVID-19 vaccines were submitted between Dec. 14, 2020, and March 11, 2022, to the Vaccine Adverse Event Reporting System (VAERS). VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S.

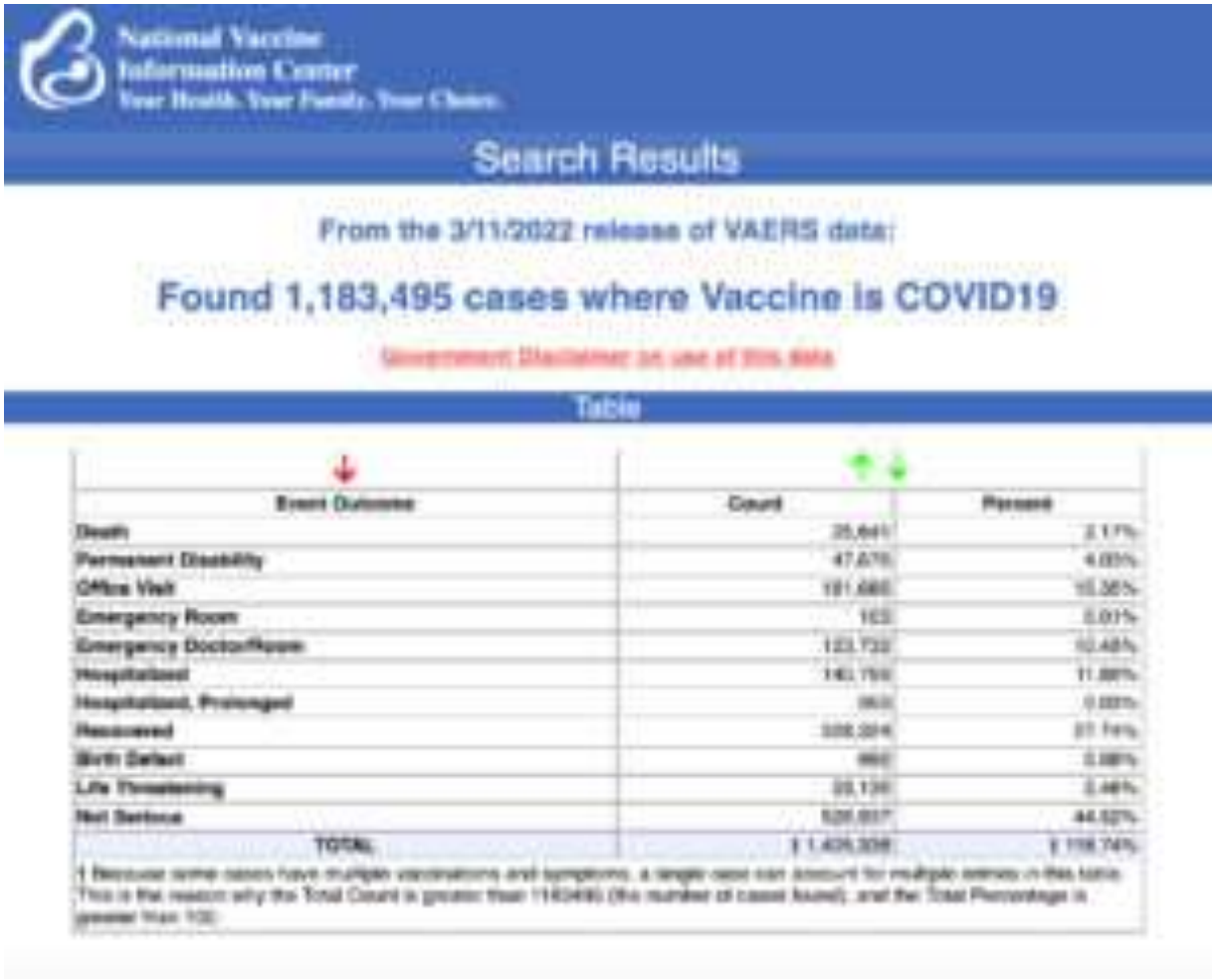
The data included a total of **25,641 reports of deaths** — an increase of 483 over the previous week — and **208,209 reports of serious injuries**, including deaths, during the same time period — up 4,321 compared with the previous week.

Excluding "**foreign reports**" to VAERS, **788,624 adverse events**, including **11,728 deaths** and **76,231 serious injuries**, were reported in the U.S. between Dec. 14, 2020, and March 11, 2022.

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.

Of the 11,728 U.S. **deaths reported** as of March 11, 17% occurred within 24 hours of vaccination, 22% occurred within 48 hours of vaccination and 60% occurred in people who experienced an **onset of symptoms** within 48 hours of being vaccinated.

In the U.S., 556 million COVID vaccine doses had been administered as of March 11, **including** 328 million doses of Pfizer, 209 million doses of Moderna and 19 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 March 11, 2022, for 5- to 11-year-olds show:

- **9,161 adverse events**, including **217 rated as serious** and **5 reported deaths**.

The most recent death involves a 7-year-old boy (VAERS I.D. 2152560) from Washington who died 13 days after receiving his first dose of Pfizer's COVID vaccine when he went into shock and suffered cardiac arrest. He was unable to be resuscitated and died in the emergency department.

- **17 reports** of myocarditis and pericarditis (heart inflammation).

The CDC uses a **narrowed case definition** of "myocarditis," which **excludes cases** of cardiac arrest, **ischemic strokes** and deaths due to heart problems that occur before

one has the chance to go to the emergency department.

- **34 reports** of blood clotting disorders.

U.S. VAERS data from Dec. 14, 2020, to March 11, 2022, for 12- to 17-year-olds show:

- **30,295 adverse events**, including **1,744 rated as serious** and **42 reported deaths.**

The most recent deaths involve a 17-year-old boy (VAERS I.D. **2171083**) from Illinois with **Duchenne muscular dystrophy** who died from cardiac arrest after receiving his second dose of Pfizer's COVID vaccine, and 14-year-old boy from Guam (VAERS I.D. **2157944**) who died one week after his first dose of Pfizer when he suddenly committed suicide.

The boy's VAERS report states:
"Sudden suicide one week after the vaccine. Patient was a perfectly happy child. After the vaccine, he became much more tired and achy and lost interest in doing his sports. One week later, without any warning, he hung himself."

- **68 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.**
- **646 reports** of myocarditis and pericarditis, with **634 cases attributed to Pfizer's vaccine.**
- **162 reports** of blood clotting disorders, with all cases attributed to Pfizer.

U.S. VAERS data from Dec. 14, 2020, to March 11, 2022, for all age groups combined, show:

- 20% 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 March 11, **5,250 pregnant women** reported adverse events related to COVID vaccines, including 1,668 reports of **miscarriage or premature birth.**
- Of the **3,613 cases of Bell's Palsy** reported, 51% were attributed to **Pfizer** vaccinations, 40% to **Moderna** and 8% to **J&J.**
- 863 reports of **Guillain-Barré syndrome**, with 41% of cases **attributed to Pfizer**, 30% to **Moderna** and 28% to **J&J.**
- **2,363 reports** of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- **1,683 reports** of myocardial infarction.
- **13,512 reports** of blood-clotting disorders in the U.S. Of those, **6,034 reports** were attributed to Pfizer, **4,818 reports** to Moderna and **2,617 reports** to J&J.

- **4,045 cases** of myocarditis and pericarditis with **2,483 cases** attributed to Pfizer, **1,377 cases** to Moderna and **175 cases** to J&J's COVID vaccine.

Moderna asks FDA to authorize 4th dose for adults 18 and up
Moderna on Thursday asked the FDA to **amend Emergency Use Authorization** (EUA) of its COVID vaccine to include a fourth dose for adults 18 and older.

According to **The Associated Press**, the request is broader than Pfizer's. Pfizer earlier this week asked the agency to authorize a fourth dose of its COVID vaccine for adults 65 and older.

In a **press release**, Moderna said the request to include adults over 18 was made "to provide flexibility for the U.S. Centers for Disease Control and Prevention and healthcare providers to determine the appropriate use of an additional booster dose of mRNA-1273, including for those at higher risk of COVID-19 due to age or comorbidities."

Moderna **said its decision** to seek FDA approval was based on studies from the U.S. and Israel about the **Omicron** variant, but didn't provide further information. Booster doses of Moderna are half the dose of the first and second doses.

Pfizer and BioNTech ask FDA to authorize fourth vaccine dose for older adults
Pfizer and BioNTech on Tuesday **said** they submitted a request to the FDA for EUA of an additional booster dose of their COVID vaccine for adults 65 and older.

The companies' request was not based on robust, peer-reviewed U.S. data, but on **two recent studies from Israel** — both published on preprint servers without peer review.

The first **study** was done in conjunction with Israel's Ministry of Health and involved a review of 1.1 million health records. The study concluded rates of COVID in those who received a fourth dose of Pfizer's COVID vaccine were lower compared to those who received only three doses.

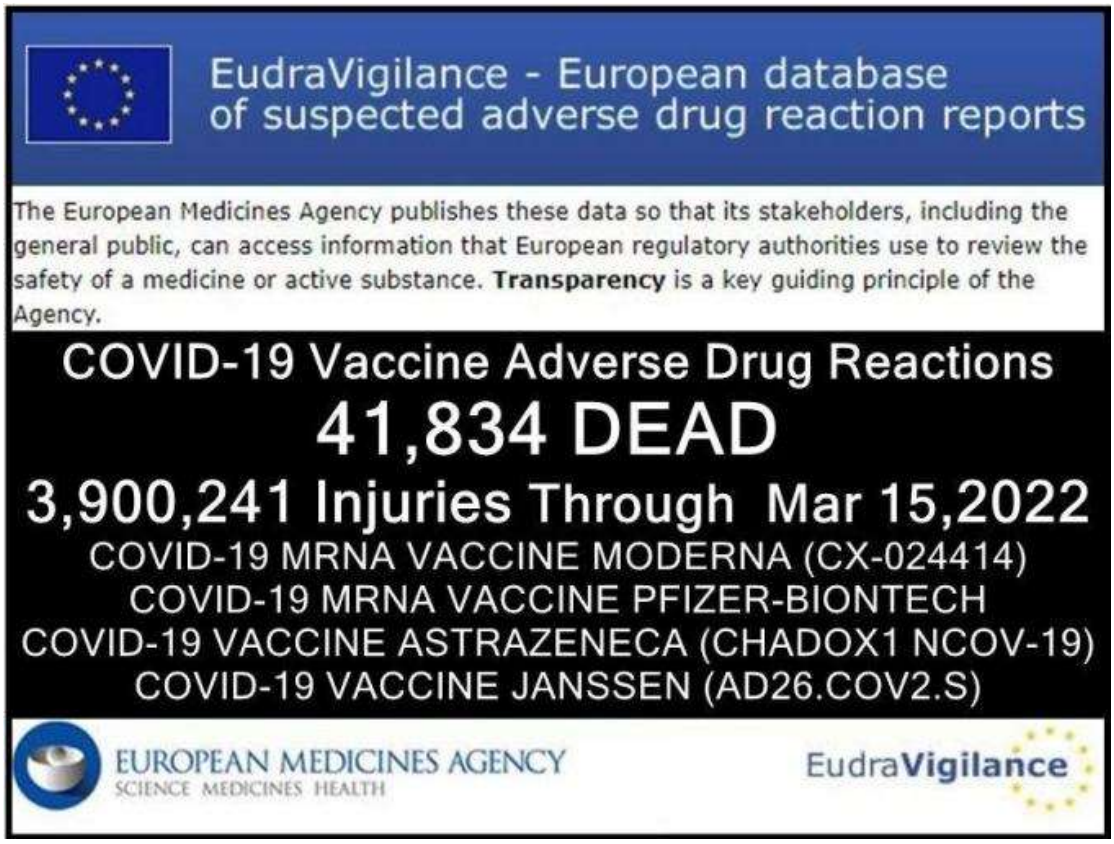
According to the **preprint** published on medRxiv, since Jan. 2 Israel has been administering a fourth dose of the Pfizer vaccine only to people over 60 and at-risk populations.

In the **second study** of Israeli healthcare workers, results showed a fourth dose of either Pfizer's or Moderna's vaccine boosted antibody levels, but neither was effective at preventing infections.

41,834 DEAD 3.9 Million Injured Following COVID Vaccines in European Database as U.S. Military Deaths Soar 1100%

BRIAN SHILHAVY, EDITOR of HEALTH IMPACT NEWS
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 41,834 fatalities, and 3,900,241 injuries following injections of four experimental COVID-19 shots:



From the total of injuries recorded, almost half of them (1,814,420) are serious injuries.

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

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

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

Booster Shots vs. Natural Immunity

- COVID-19 booster shots lose effectiveness rapidly, with protection plummeting by the fourth month post-shot
- Within four to five months post-booster, protection against COVID-19-related emergency department and urgent care visits decreased to 66%, then fell to just 31% after five months or more post-booster
- Regulators are already hinting that a fourth COVID-19 shot may be necessary
- Moderna, Pfizer and other vaccine makers have begun clinical trials for COVID-19 shots that target the Omicron variant specifically, but studies have failed to show any advantage to the new shots
- Artificially inflated antibodies caused by repeated booster shots could lead to health problems, including autoimmune conditions
- If you've had COVID-19, even a mild case, you've more than likely got long-term — potentially even lifelong — immunity that's superior to what existing COVID-19 shots provide

COVID-19 booster shots lose effectiveness rapidly, with protection plummeting by the fourth month post-shot.[1] The eye-raising data, presented by the U.S. Centers for Disease Control and Prevention, follows the same dismal pattern of effectiveness displayed by the primary mRNA COVID-19 shot series, whose effectiveness also wanes in a matter of months.

When one or two doses of COVID-19 shots didn't work to end the pandemic, health officials stressed that a third booster dose was necessary. It now states, *"Most people need booster shots,"*[2] and recommends the Pfizer-BioNTech booster for everyone 12 years and older, at least five months after the first set of shots.[3]

But with evidence that the booster shots become significantly less effective within just four months, it's opened the door for ongoing shots in the future, which could have serious ramifications for human health.

Booster Shot Effectiveness Plummets in Four Months

The CDC-funded study involved data from 10 states collected from August 26, 2021, to January 22, 2022, periods during which both Delta and Omicron variants were circulating. Visits to emergency rooms and urgent care facilities, as well as hospitalizations, among people seeking medical care for COVID-19 were analyzed. The study did not include milder COVID-19 cases, for which no medical attention was sought.

While initially vaccine effectiveness against COVID-19-associated emergency department or urgent care visits and hospitalizations was higher after the booster shot, compared to the second COVID-19 injection, effectiveness waned as time passed since vaccination.[4] Within two months of the second COVID-19 shot, protection against

emergency department and urgent care visits related to COVID-19 was at 69%. This dropped to 37% after five months post-shot.

The low effectiveness five months after the initial shot series is what prompted officials to recommend a booster dose — and the third shot "boosted" effectiveness to 87%. This boost was short-lived, however. Within four to five months post-booster, protection against emergency department (ED) and urgent care (UC) visits decreased to 66%, then fell to just 31% after five months or more post-booster.[5]

Will There Be Fourth, Fifth and More COVID-19 Shots?

The CDC data confirmed statements made by Moderna CEO Stéphane Bancel in January 2022, predicting that the efficacy of the third shot is likely to decline over several months, necessitating another shot soon thereafter.[6]

"I will be surprised when we get that data in the coming weeks that it's holding nicely over time — I would expect that it's not going to hold great," Bancel said in an interview with Goldman Sachs.[7] Conveniently, Moderna is working on an Omicron-specific jab that they hope to release as early as March 2022[8] — and this is only the beginning.

With the effectiveness of COVID-19 booster shots dropping to just 31% after five months, regulators are already opening the door for another shot. According to the CDC:[9]

"The finding that protection conferred by mRNA vaccines waned in the months after receipt of a third vaccine dose reinforces the importance of further consideration of additional doses to sustain or improve protection against COVID-19–associated ED/UC encounters and COVID-19 hospitalizations."

In a press briefing, Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases (NIAID), similarly stated, *"[T]here may be the need for yet again another boost — in this case, a fourth-dose boost for an individual receiving the mRNA — that could be based on age, as well as underlying conditions."*[10]

Bancel's Moderna is *"working with public health experts like Dr. Fauci's team"* to come up with a shot for fall of 2022[11] and annual boosters thereafter, including combination shots. For instance, Moderna is planning to combine a COVID-19 shot, a flu shot and a respiratory syncytial virus (RSV) shot into one injection — coming in 2023 — to avoid *"compliance issues."* Bancel said:[12]

"The other piece we're working on is for 2023, is how do we make it possible from a societal standpoint that people want to be vaccinated?

And we're going to do this by preparing combinations, we're working on the flu vaccine, we're working on an RSV vaccine, and our goal is to be able to have a single annual booster, so that we don't have compliance issues, where people don't want to get two to

three shots a winter, but they get one dose, where they get a booster for corona, and a booster for flu and RSV, to make sure that people get their vaccine."

Omicron-Specific Shots Offer No Advantage

Moderna, Pfizer and other vaccine makers have begun clinical trials for COVID-19 shots that target the Omicron variant specifically — a questionable move since they'll always be one step behind the latest variant. So far, the studies have failed to show any advantage of the new shots.

A study that tested an Omicron-specific shot in macaques concluded, *"[A]n Omicron boost may not provide greater immunity or protection compared to a boost with the current mRNA-1273 vaccine."*[13] Similar results were found in a study on mice, which revealed *"limited differences in efficacy"* between Omicron-specific or original mRNA booster shots.[14]

Even among mice that had not previously received COVID-19 shots, the Omicron-specific jab only produced high levels of antibodies against Omicron and wasn't effective against other COVID-19 variants.[15] As Nature reported:[16]

"'What these studies are teaching us are the rules of engagement of the immune system when you boost with a variant vaccine,' says [COVID-19 shot researcher David] Montefiori. Those rules suggest that single boost of a variant-matched vaccine probably isn't the solution, he says. *'There are important questions that still need to be addressed.'"*

In fact, training your body to produce singular antibodies for one spike protein cannot compare to the protection provided by natural immunity, which occurs after recovery from an illness. Speaking with Daniel Horowitz, pathologist Dr. Ryan Cole explained that natural infection produces broad immunity that can't be matched by vaccination:[17]

"A natural infection induces hundreds upon hundreds of antibodies against all proteins of the virus, including the envelope, the membrane, the nucleocapsid, and the spike. Dozens upon dozens of these antibodies neutralize the virus when encountered again.

Additionally, because of the immune system exposure to these numerous proteins (epitomes), our T cells mount a robust memory, as well. Our T cells are the 'marines' of the immune system and the first line of defense against pathogens. T cell memory to those infected with SARSCOV1 is at 17 years and running still."

Repeated Boosters Come With a Cost

Artificially inflated antibodies caused by repeated booster shots signal to your body that you're always infected, and the resulting immune response could prove to be detrimental to your health, leading to a *"death zone"* that accelerates the development of autoimmune conditions such as Parkinson's, Kawasaki disease and multiple sclerosis, according to tech leader and COVID analyst Marc Girardot.[18]

Our bodies mount an intense response to infection, which includes a high fever to damage the pathogens, T-cell elevations and increased antibody production to rid your body of "viral debris." This is supposed to be a temporary response; after the threat is neutralized, your body tamps down its immune response.

This is by design, as a perpetual fever and high levels of antibodies keep your body in a dangerous state. Just as chronic stress, keeping your body in an extended state of *"fight or flight mode,"* increases disease risks, so, too, do permanently elevated levels of antibodies. Girardot details three reasons why:[19]

"1. Too long a fever would end up breaking down all healthy cells, and so the remedy would be worse than the illness.

2. Perpetual specialized T-cells are also dangerous as they can start off-target attacks of healthy cells (as often occurs with immune checkpoint blockade treatments against cancer), and would be like leaving your home filled with a battalion of armed soldiers with their guns loaded and pin-less hand-grenades.

3. Finally, very high levels of antibodies with nowhere to go are also extremely dangerous. They can passively bind to receptors of healthy cells, and kickstart a cascade of autoimmune diseases. Land mining where you live."

Where's the Buzz About Natural Immunity?

Early data on SARS-CoV-2 found that antibody titers declined rapidly in the first months after recovery from COVID-19, leading some to speculate — incorrectly — that protective immunity against SARS-CoV-2 may be short-lived.[20] However, declining antibodies shouldn't be confused with declining immunity. It's natural for antibodies to go down after acute infection.

They don't disappear, however — they plateau. In the case of SARS-CoV-2, antibodies decline in the first months after infection, as they should, then level off to about 10% to 20% of the maximum concentration detected.

When a new infection occurs, cells called plasmablasts provide antibodies, but when the virus is cleared, longer-lasting memory B cells move in to monitor blood for signs of reinfection.[21] Bone marrow plasma cells (BMPCs) also exist in bones, acting as "persistent and essential sources of protective antibodies."[22]

This is why if you've had COVID-19, even a mild case, you've more than likely got long-term — potentially even lifelong — immunity, according to a team of researchers from Washington University School of Medicine.[23] This is something that existing COVID-19 shots and booster shots cannot provide.

A retrospective observational study published August 25, 2021, also found that natural immunity is superior to immunity from COVID-19 shots, with researchers stating, *"This study demonstrated that natural immunity confers longer-lasting and stronger protection*

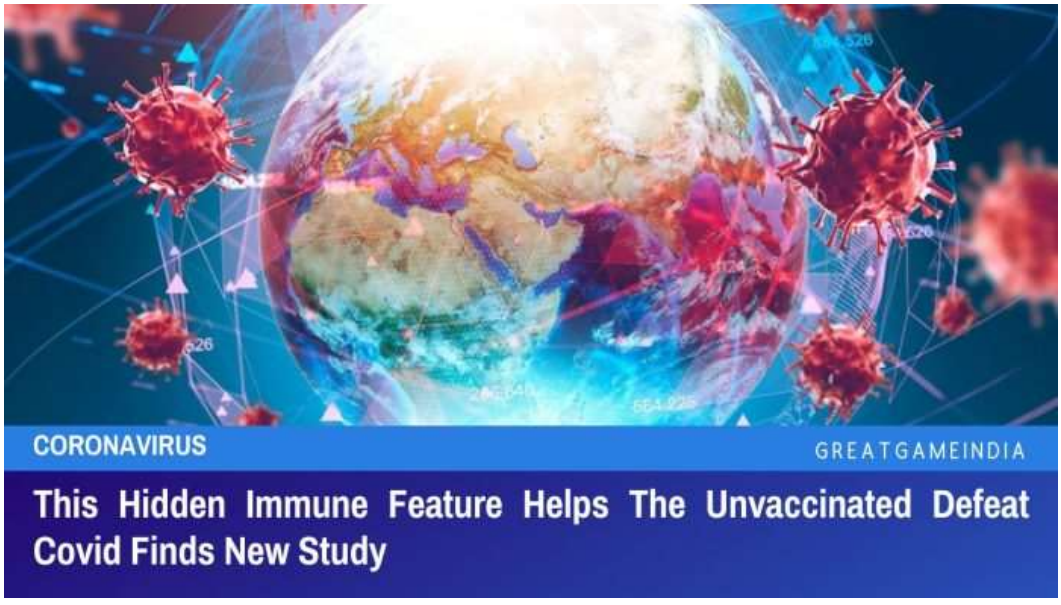
against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity."[24]

Yet, there's hardly a mention of this powerful immunity provided by nature, upon recovery from COVID-19, by health officials. Even those who are already naturally immune are urged to get COVID-19 shots and a booster dose — with waning effectiveness just four months later — no matter the consequences.

The CDC continues to state that COVID-19 shots and boosters are safe, but this is an unprecedented experiment on humankind. No one knows whether humans' immune systems, and overall health, will be able to withstand such an ongoing assault, but many have their doubts.

As Girardot put it, *"I would like to underscore the absolute lunacy of delivering these products to an entire population every three to four months. It's nothing short of criminal. In my earnest opinion, repeated vaccine injections can only lead to one outcome: generalized illness and death …"*[25]

A group of scientists from the University of Gothenburg has gone another step forward in their quest to learn how the immune system acquires resistance to COVID-19. According to the findings from a new study a hidden immune feature helps the unvaccinated defeat Covid.



156 personnel from five primary care health institutions were enlisted during April and May 2020, and the scientists at the University's Sahlgrenska Academy researched them for six months. During the peak of the pandemic, none of these staff had been immunized against COVID-19, and the bulk of them had to work with sick patients on a regular basis.

They found IgA (immunoglobulin A) in the respiratory tracts of numerous of the individuals who were not infected with COVID-19, suggesting that they had an antidote in their immune systems all along.

These antibodies are located in mucous membrane secretions in the airways and gastrointestinal tract, wherein they defend the body by attaching to viruses and other invaders.

An antidote in the immune system

Since the onset of the pandemic in early 2020, COVID-19, an infectious disease produced by the SARS-CoV-2 virus, has resulted in the deaths of almost 6 million individuals. Indeed, according to certain experts, the actual number of lives lost to the COVID-19 by the end of 2021 was 18.2 million, upwards of three times the reported death toll.

Certain people seem to be more seriously affected than some others, with some reporting very minimal signs and others being hospitalized and needing breathing assistance. The goal of this study was to find health characteristics that seemed to protect unvaccinated people from COVID-19.

"We all have IgA," stated Christine Wenners, a member of the research group and professor of clinical bacteriology at Sahlgrenska Academy, University of Gothenburg, as well as a senior physician at Sahlgrenska University Hospital. *"It's found on the mucous membranes, and COVID-19 is an infection that spreads via those membranes. We thought it was important to investigate what happened when completely healthy people encountered the coronavirus, before vaccines became available."*

"Of the participants in our study, none whom contracted COVID-19 required hospitalization," she continued. *"A lot of other research has concerned the most seriously ill patients, who have been hospitalized and in need of intensive care."*

Health factors

A third of the care staff produced antibodies against COVID-19, per the findings of a study published in the European Journal of Immunology *(read below)*, and they were divided into two groups based on antibody patterns and COVID-19 incidence.

COVID-19 had no effect on one group of people who only had IgA antibodies. Participants in the other group, who possessed both IgG antibodies and T cells, became ill.
IgA antibodies were found in all of the individuals who did not test positive or who were ill. Being female and having a respiratory allergy were two other variables that tended to protect against infection.

The results, on the other hand, refutes the idea that those who do not have antibodies towards COVID-19 have protective T cells, which are immune system cells that target particular foreign particles.

It is worth noting that the majority of COVID-19 vaccinations are extremely successful in preventing serious disease, hospitalization, and death. In fact, as the Omicron subvariant BA.2 takes over as the prevalent form of COVID-19 in many countries, researchers have observed that two doses of COVID immunization appear to minimize the likelihood of infection caused by the new subvariant.

Study Abstract:

The patterns of humoral and cellular responses to SARS-CoV-2 were studied in Swedish primary health care workers (n = 156) for 6 months during the Covid-19 pandemic. Serum IgA and IgG to SARS-CoV-2, T-cell proliferation and cytokine secretion, demographic and clinical data, PCR-verified infection, and self-reported symptoms were monitored. The multivariate method OPLS-DA was used to identify immune response patterns coupled to protection from Covid-19. Contracting Covid-19 was associated with SARS-CoV-2-specific neutralizing serum IgG, T cell, IFN-γ, and granzyme B responses to SARS-CoV-2, self-reported typical Covid-19 symptoms, male sex, higher BMI, and hypertension. Not contracting Covid-19 was associated with female sex, IgA-dominated, or no antibody responses to SARS-CoV-2, airborne allergy, and smoking. The IgG-responders had SARS-CoV-2-specific T-cell responses including a cytotoxic CD4+ T-cell population expressing CD25, CD38, CD69, CD194, CD279, CTLA-4, and granzyme B. IgA-responders with no IgG response to SARS-CoV-2 constituted 10% of the study population. The IgA responses were partially neutralizing and only seen in individuals who did not succumb to Covid-19. To conclude, serum IgG-dominated responses correlated with T-cell responses to SARS-CoV-2 and PCR-confirmed Covid-19, whereas IgA-dominated responses correlated with not contracting the infection.

Steve Kirsch On COVID Jab Deaths: 'The Worst Cover-Up In Human History'

Prepare For Change / Derek Knauss

From redvoicemedia.com:

Earlier in March, Steve Kirsch participated in an expert panel discussion regarding COVID-19 before the Pennsylvania Senate, claiming that the injuries stemming from the COVID jab rollout *"is the worst cover-up in human history."*

During the March 4th panel discussion, Senator Doug Mastriano gave a warm introduction to Kirsch, highlighting his notable work in technology and efforts regarding the pandemic.

"Our next presentation is from Mr. Steve Kirsch, he's a former Silicon Valley tech executive. And when the pandemic started he created the COVID-19 early treatment fund to fund researchers working on repurposed drugs, including Fluvoxamine, which is shown to reduce death from COVID by a factor of 12 – that's amazing – that study was featured on 60 Minutes. Steve also writes a popular COVID-19 newsletter on Substack and has testified in front of the U.S. Senate regarding the pandemic response."

Kirsch made mention of his theory surrounding the alleged underreporting he suspects is present within the VAERS data as it relates to deaths caused by the COVID shots. He then segues to how the insurance industry has seen an increase in deaths for those under 64, saying that such spikes in deaths *"can't happen by chance."*

"In other words, you take the 10,000 deaths in VAERS and you multiply by 41, you get 410,000 deaths. Now if those people weren't killed by the vaccine, what killed them? Nobody wants to answer that question. You know, it's the same with the insurance company. You know, the insurance company executive in Indiana thought he was just talking to his peers when he mentioned there was a 40% increase in the third quarter in deaths of people under 64. That's not supposed to happen if you look at the insurance statistics, they're all flat, they're all – it's the same number every year. And now it just jumps 40%, how does that happen? That's a 12 sigma variation, it can't happen by chance."

Kirsch also brought up conversations he's had with embalmers, saying how one, in particular, has seen an alarming rate of *"these blood clots that had never been seen before the vaccines,"* were released to the public.

"So it didn't happen by chance, something caused that. Something caused – this is like the greatest cause of death in human history, and nobody knows what it is. I've talked to embalmers, embalmers are the end of the line, you know they're right before you go six feet under. I talked to one embalmer, 93% of her cases – that's what they call the dead bodies, they call them cases – 93% of the cases had these blood clots that had never been seen before the vaccines rolled out. Now she's seeing those blood clots in 93% of the people she embalms. This is the greatest killer of mankind."

According to the entrepreneur, he feels as though these deaths presumably stemming from the COVID jabs are part of the *"worst cover-up in human history,"* and facilitated by "the U.S. government."

"This is the worst cover-up in human history; 150,000 – probably more than that, probably 400,000 – Americans have been killed by the U.S. government."

Two people have been talked about many times on *The COVID Blog* – Dr. Kary Mullis and Dr. Luc Montagnier.

Dr. Mullis is the Nobel Prize-winning biochemist who invented the polymerase chain reaction (PCR) technique. He is also known for his ongoing feud with Fauci in the 1980 and 1990s. Dr. Mullis made clear in the early 1990s that PCR is not a test and can essentially find anything in any living being if you run enough cycles.

He would have gladly challenged Fauci to debates about COVID-19, and that his invention is not a COVID-19 test. But Dr. Mullis mysteriously died on August 7, 2019 at age 74, just a few months before the COVID-19 agenda commenced. Mainstream media barely recognized him or his death, despite his contributions to humanity. This will be an ongoing theme throughout this article.

Mainstream media coverage of Dr. Luc Montagnier's February 8 death was different than Dr. Mullis, but with the same motives. The BBC, for instance, described Dr. Montagnier as a "French virologist credited as a co-discoverer of the human immunodeficiency virus (HIV)." *That's an interesting and disingenuous way of saying Dr. Montagnier created the HIV virus in a lab and patented it in 1989. In fact the very first sentence in the abstract of the patent refers to HIV as "the invention."*

There was some contention between Dr. Montagnier and Dr. Robert Gallo as to who is the actual inventor. But apparently Dr. Gallo allowed Dr. Montagnier to take credit for the invention.

Dr. Montagnier won a Novel Prize in 2008 for inventing HIV and subsequently killing countless millions (particularly Africans and Western homosexuals) with the biological weapon. That made him a darling to the powers-that-be. But more recently, Montagnier is best-known for stating the obvious – that the mRNA and viral vector DNA injections cause all the so-called variants of COVID-19.

That quickly changed him from darling to pariah in mainstream and big pharma circles.

The HIV/AIDS patent expired in 2005. Thus, Montagnier and the Pasteur Institut in France no longer had exclusive rights to manipulate and profit off the HIV invention. AIDS mostly disappeared from mainstream recognition thereafter. But now in 2022, HIV/AIDS has been resurrected and rebooted.

Remember, nobody "dies of/from AIDS." They die because AIDS destroys their immune systems. So any little disease they catch, even a common cold, will potentially kill AIDS patients. That of course sounds very much like post-injection antibody-dependent enhancement in 2021-22.

The saying goes, *"those that fail to learn from history are doomed to repeat it."* So it's important to know the history of AIDS to understand what's happening now and the carnage to come.

The history of AIDS

When this blogger was a little kid in the early 1980s, he loved AYDS. His mom had AYDS and he wanted to eat the AYDS. That sounds horrible until you learn that "AYDS" were little caramel and chocolate appetite suppressants marketed as a diet plan.

The Carlay Company, which made AYDS, ultimately had to change the product's name due to the negative publicity from the AIDS disease that came along around the same time period.

AIDS was introduced to the Western world around 1980. Anybody who was alive at the time knows that it was the greatest health scare of the 20th century. You catch AIDS, you die. That was how it was *"marketed,"* if you will. The public was made to believe that AIDS originated in an "African green monkey" and then spread around the world. It

was the same song in April 2020 when mainstream media launched its "coronavirus is a Black disease" propaganda campaigns.

The green monkey premise was fallacious on its face because the disease introduced itself to the world in homosexual males in San Francisco and New York sometime around 1979-80. It didn't appear on the African Continent until around 1983.

A familiar Fearmonger-in-Chief

Note this synopsis is not comprehensive. It's suggested that you read all links and watch the videos for the full picture

Dr. Anthony Fauci had been working for the National Institutes of Health since he finished his medical residency in 1968. In other words he's been a bureaucrat for his entire career, not a medical doctor with patients. Fauci was appointed chief of the National Institute of Allergy and Infectious Diseases (NIAID) Laboratory of Immunoregulation in 1980, just in time for AIDS. The fearmongering propaganda commenced almost immediately.

Fauci wrote, in a 1983 article published in the *Journal of the American Medical Association* (JAMA):

"[There is] the possibility that routine close contact, as within a family household, can spread [AIDS]. If we add to this possibility that nonsexual, non-blood-borne transmission is possible, the scope of the syndrome may be enormous."

This article sparked widespread fear and panic in the United States. Less than two months after the article was published, Fauci flip-flopped and said via *'The Baltimore Sun'*, *"It is absolutely preposterous to suggest that AIDS can be contracted through normal social contact."* It's the same routine he used with masks in 2020. But the damage was already done. Fauci had done the powers-that-be proud. He was promoted to director of the NIAID in 1984, a position he's held ever since.

But just like the COVID-19 narratives and propaganda, critical thinkers and real doctors willing to put their careers on the line started punching holes in the entire AIDS agenda.

Dr. Robert Strecker and The Strecker Memorandum

Dr. Robert Strecker is considered the first and most important AIDS whistleblower in history. But his role in uncovering the truth about AIDS was an accident. Dr. Strecker and his brother, attorney Ted Strecker, wanted to start a health maintenance organization (HMO) in California in 1983. They needed to learn about the long-term financial implications of insuring AIDS patients. The doctor and lawyer duo started digging into the medical and scientific literature, and discovered what many skeptics had already concluded without evidence.

Long story short, the Streckers concluded that HIV was created in a lab and kills everyone who contracts it. They also found that HIV is rarely (if ever) transmitted via

semen or saliva. Dr. Strecker didn't say it directly. But he implied, based on his findings, that AIDS was spread by deliberate infection, whether from injections (e.g. Hepatitis B vaccines), pills, water or something else. The federal government and academic researchers laughed at Dr. Strecker because, in 1985, the general consensus was that only 10% of AIDS patients would die. Government was also fully onboard with the "green monkey" fallacy.

Ted Strecker compiled all the evidence and prepared a report called "The Bio-Attack Alert." He sent a copy to every state governor, The White House, the FBI, the CIA and several members of Congress. But only three people responded. Only one, Illinois State Representative Douglas Huff, joined the crusade to expose AIDS and those behind it. More on him in a bit.

Scientific literature is hard to read. Dr. Strecker wanted every American to understand that AIDS was lab-created and a biological weapon. Virtually every American household had a VHS VCR by 1988. So instead of taking years to write a science-based book that would be very difficult for the average American to understand, Dr. Strecker compiled all his findings in a 96-minute VHS video called *The Strecker Memorandum*. It was released in 1988.

The video provided indisputable proof that AIDS did not come from nature and is a biological weapon meant to make malevolent people billions of dollars. Incredibly, the video is still allowed on Youtube.

Mysterious deaths and laying low

Big pharma will never allow anyone to interfere with their international rackets. *The Strecker Memorandum* posed a serious threat to their goals because it reached millions of people. Something had to be done to slow the video's dissemination. And that's what happened.

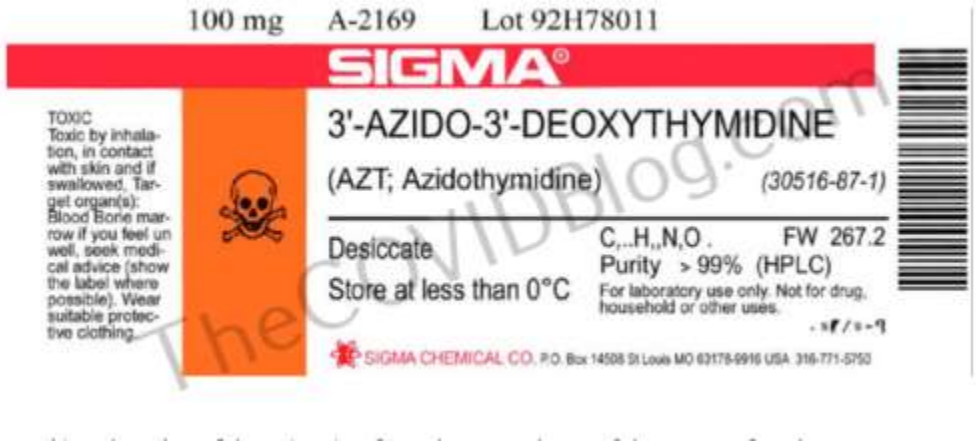
Ted Strecker was found dead in his Springfield, Missouri home on August 11, 1988, just a few weeks after *The Strecker Memorandum* was released. His death was ruled a suicide. Representative Huff, who spoke publicly several times on television and radio about "The Strecker Memorandum," died of an alleged stroke on September 22, 1988, less than six weeks after Ted Strecker was found dead. Representative Huff had been sentenced to four years in prison for tax evasion two weeks prior. So media blamed his alleged stroke on cocaine abuse and the stress of forthcoming prison.

Dr. Strecker, knowing he was next, stepped carefully from there. He did a few more television interviews, including a 1991 appearance on KLAS TV – Las Vegas.

But he was pretty much silent about AIDS thereafter. Dr. Strecker died in a car accident April 15, 2018 at age 71. All of the obituaries and news reports failed to mention his great contributions as an AIDS whistleblower. Good luck locating information online about Dr. Strecker and Ted Strecker. They have essentially been erased from history.

AZT money grab and expired patent

Now that the Streckers and Representative Huff were silenced, it was time to accelerate AIDS profiteering. The disease was created and released on the public, and the "treatments" quickly followed. The drug Zidovudine, aka azidothymidine (AZT), is a highly-toxic chemotherapy drug that was originally developed in the 1960s. In the simplest of terms, AZT stops DNA synthesis in reproducing cells. There is a skull and crossbones right on the label of the Sigma version of AZT, indicating it is poisonous.



Several FDA directors did not want to approve the drug. Ellen Cooper, the FDA director of antiviral drug products, said that approving AZT would be *"a significant and potentially dangerous departure from our normal toxicology requirements."* Dr. Itzhak Brook, another panel member, said the FDA had no idea what would happen to people a year from now who took the drug.

Despite all the evidence of the drug being poisonous and dangerous, the FDA approved AZT as an AIDS treatment on March 19, 1987, in a record-setting (at the time) 20 months. A year later, Fauci got on TV and used very familiar language in promoting the dangerous drug.

"AZT is the only drug shown to be safe and effective" for treating AIDS patients, Fauci said in 1988. He encouraged both symptomatic and asymptomatic AIDS patients to take the drug.

Numerous doctors and journalists tried bringing balance to the AZT debate, to no avail. Even homosexual rights activist and Harvard research analyst John Lauritsen, in his 1992 book *Poison by Prescription: The AZT Story*, tried warning his brethren about the flawed and fraudulent clinical trials that led to FDA approval of AZT. But homosexuals, then and now, worship Fauci like some sort of god, and cling to every word he says.

It took a few court battles. But Burroughs Wellcome (merged with GlaxoSmithKline [GSK] in 1995) won patents for AZT for AIDS treatment, and exclusive rights to sell the drug for a given period (typically 20 years from the application date). The brand name

for the drug in the USA was Retrovir. GSK charged $8,000 for a year's supply of the drug in the early 1990s. That's about $17,000 today adjusted for inflation. It was the most expensive drug in U.S. history at the time.

AZT gradually got less expensive as GSK developed other AIDS "cocktail" drugs, Combivir and Trizivir, in 1997 and 2000, respectively. When the AZT patent expired in 2005, GSK couldn't have cared less, since the other two drugs were highly profitable. There's no way of knowing exactly how much GSK made from AZT from 1989 to 2005. We know GSK was fined $6 billion by the IRS for underpaying taxes during that time. That fine was settled for $3.4 billion.

We'll also never know exactly how many people died from AZT. If you listen to *"fact checkers,"* that number is zero, just like they say zero have died from mRNA and viral vector DNA injections. But some homosexual activists put the number as high as 300,000 American deaths. Many of them were asymptomatic HIV patients, only to get deathly ill after taking the drug.

Fauci received a Presidential Medal of Freedom in 2008 for killing 300,000 people his efforts to advance and treat AIDS.

The AIDS money train had run its course. The disease and AZT barely existed in news cycles after 2005. That's all changed recently.

AIDS, SARS-CoV-2, and COVID "vaccines" timelines 2020-current

As we know, vaccines are the leading cause of coincidences. But you have to be extremely dense if all these headlines since 2020 do not cause alarm.

Let's start from the beginning. Researchers from Kusuma School Of Biological Sciences (India) published a study on January 31, 2020. They found "Uncanny similarit[ies] of unique inserts in the 2019-nCoV spike protein to HIV-1." They also posited that the virus

was man-made. Of course this information would have completely nipped the so-called "pandemic" in the bud before it got started.

The Kusuma researchers were forced to withdraw the study due to pressure from "vested interests." But they continue to this day standing by their research. One of them, Ashutosh Kumar Pandey, tweeted on May 29, 2021, that they were right the whole time about SARS-CoV-2 being man-made and containing HIV genome sequences.

An October 20, 2020 Forbes article is entitled, "Researchers Warn Some Covid-19 Vaccines Could Increase Risk Of HIV Infection." The article cited a 2014 paper by none other than Dr. Fauci. He warned that Adenovirus 5 (Ad5) as a vector for delivering genetic material in HIV vaccine candidates increased the risk of people actually developing the disease. Of course both the Johnson & Johnson and AstraZeneca shots use Ad5 as a vector for delivering genetic instructions.

Less than two months later, on December 11, 2020, Australian government scrapped plans to buy 50 million doses of a University of Queensland homegrown COVID "vaccine." The reason was because "several trial participants returned false positive HIV test results." Mainstream media have done their best to bury anything that ties COVID-19, the "vaccines" and AIDS together ever since. But now there's simply no ignoring it.

The British Duke of Sussex (Prince Harry) encouraged everyone to get tested for HIV on February 10. That same article in *The Guardian* links to a company that provides free HIV tests.

The official Twitter account for the Government of Saskatchewan (Canada) tweeted on February 16 that there are 23 locations across the province to pick up free HIV tests.

A February 3 article in the peer-reviewed academic journal *Science* talks about a "highly virulent variant of HIV-1" in the Netherlands. Coincidentally or otherwise, Moderna, which owns the patent for SARS-CoV-2, announced on January 27, 2022 that

it is now testing a new HIV mRNA "vaccine" in human beings. There's also the *Business Insider* story from February 15, claiming a woman was "cured of HIV using a groundbreaking umbilical cord blood transplant."

Again, this blogger is not drawing any conclusions herein. The goal here is to present the foregoing information and you decide what you want to think of it.

And now all AIDS researchers are mysteriously dying?

We, again, want to make it crystal clear. Dr. Montagnier was 89 when he died earlier this month. That's a long life and he likely died of natural causes. But whether you want to call it antibody-dependent enhancement or HIV, the COVID "vaccines" are destroying people's immune systems. Dr. Montagnier was very vocal about this fact.

Dr. Montagnier's death could be pure coincidence and/or nature taking its course. But there sure are a lot of coincidences in the last 24 months.

- **Dr. Francis Plummer, a "renowned Canadian HIV/AIDS researcher" died of an alleged heart attack on February 4, 2020.**
- **Dr. Gita Ramjee, a prominent South African AIDS researchers, died of so-called COVID-19 on April 3, 2020.**
- **Dr. Arthi Ramkissoon, a prominent South African AIDS researcher, died "suddenly" of so-called COVID-19 on January 18, 2021.**
- **Dr. David Kattzenstein, a prominent American AIDS researcher, died from so-called COVID-19 on January 25, 2021.**
- **Dr. John Lamont Peterson, A Bay Area AIDS researcher, "died unexpectedly" on May 23, 2021.**
- **John C. Martin, who developed a once-a-day AIDS pill, "died unexpectedly" on March 30, 2021.**
- **Stephen Karpiak, a "pathbreaking HIV researcher," died in New York on October 16, 2021.**

We could literally keep going, listing these deaths of AIDS researchers since the so-called pandemic started. Note that many of them were over age 60. It's just strange to this blogger that the inventor of HIV and all of these researchers are dying as HIV/AIDS is making a comeback.

Literally Déjà vu

Dr. Robert Redfield was the CDC director in Year One of the so-called pandemic. He was also a player in the HIV/AIDS racket of the 1990s. Dr. Redfield tried pulling a fast one by creating an HIV vaccine with a company called MicroGeneSys. Congress appropriated $20 million for the research and development. All the research was flawed and, to some, outright false.

The government concluded that there was no misconduct. Redfield still tried to get his pet project to the market. But phase II clinical trial results were published in the *Journal of Infectious Disease* in 2000. The data concluded that the vaccine was ineffective

against HIV/AIDS. The lead author of the trial results was none other than Dr. Deborah Birx, the White House Coronavirus Response Coordinator, while Dr. Redfield was CDC director.

It's all the same players, the same game, and the same racket. The only thing different now is that the fear agent is called COVID-19 vs. AIDS. We know for a fact that the mRNA and viral vector DNA injections cause all kinds of issues, from blood clots and heart inflammation, to autoimmune disorders and cancer. HIV has been tied to both SARS-CoV-2 and the injections from the very beginning. Pfizer-owned Reuters has already done its "fact-check," concluding that the shots do not cause HIV/AIDS.

That means the shots do in fact cause HIV/AIDS.

This blogger has spoken of being a single man as of October 2021. He's been on two dates since, with two incredibly attractive, intelligent, sweet women. But ultimately you learn that they have received at least two injections each, and communications end. Granted the data from Dr. Strecker show that HIV is spread in many different kinds of ways, not just sexual transmission. But this blogger will not be having sexual relations with vaxxed women. That sadly lowers the dating pool significantly. But just like the job or jab choice, we also have a choice to protect ourselves by any means necessary.

Stay vigilant and protect your friends and loved ones.
Original Article: https://tapnewswire.com/2022/03/move-over-cancer-mrna-injections-are-respawning-hiv-aids-around-the-globe-while-numerous-aids-researchers-are-suddenly-and-mysteriously-dying/

FINDING: Masks will silently deprive humans of oxygen for years to come through microplastic pollution

Friday, March 25, 2022 by: Lance D Johnson

(Natural News) For the first time, scientists have detected microplastic pollution in human blood. The study, published in *Environment International*, detected plastic particles in almost 80% of the people they tested. These microplastics may be consumed or inhaled. These microplastics can attach to red blood cells, harming oxygen utilization in the bloodstream. They also interfere with glandular function, causing hormonal changes in the human body.

The study found that the microplastics not only get into the body but they also travel throughout the bloodstream and lodge in human organs. In laboratory studies, microplastics damage human cells, disrupt hormones and contribute to premature death. Plastic bottles, styrene food and beverage containers, and plastic shopping bags all contribute to this ever-present health threat, and that's not all.

Masks will cause long term damage to oxygen utilization in humans

Today, people willingly breathe in these microplastics by attaching masks to their faces. And, as the face masks are discarded en masse, the microplastics break down into the air, soil, and water, before finding their way into human blood and organs. Masks strain, suffocate, and poison people in an acute manner, and over the long haul, the microplastics break down in the environment, silently infiltrating the blood, and depriving red blood cells of oxygen. In one study, microplastics latched onto the outer membrane of red blood cells, hindering their ability to transport oxygen throughout.

At the height of the mask mandate hysteria, the world population was consuming 129 billion disposable face masks each month, or approximately three million masks every minute. Many of these masks are discarded into the environment or dumped in landfills, where they will break down and pollute the soil for years.

Disposable face masks contain an inner layer of thermoplastic polymers that are melted together into porous sheets. When they break down in the environment, these polymers and polypropylene fabrics break down into small plastic particles called microplastics. These microplastics leech into the soil and water, and ultimately make their way into human blood, tissues, and organs. These particles also travel through the air and are often taken in through the lungs. The long-term environmental and human health effects caused by mask mandates are yet to be fully realized. These negative impacts will be measured in human blood in the form of microplastic contamination.

Plastic pollution, exacerbated by masks, affects human hormones, childhood development

In the *Environment International* study, half the blood samples contained PET plastic, the kind that comes from plastic soda bottles. One third of the blood samples contained polystyrene, the hormone disrupting chemical used to manufacture Styrofoam containers. One quarter of the blood samples contained polyethylene, which is commonly used in grocery bags. Lead researcher, Professor Dick Vethaak from the Vrije Universiteit Amsterdam, said this is the *"first indication that we have polymer particles in our blood."* He says further studies are needed to assess the presence of many more plastic polymers and understand what these microplastics are doing to the human body.

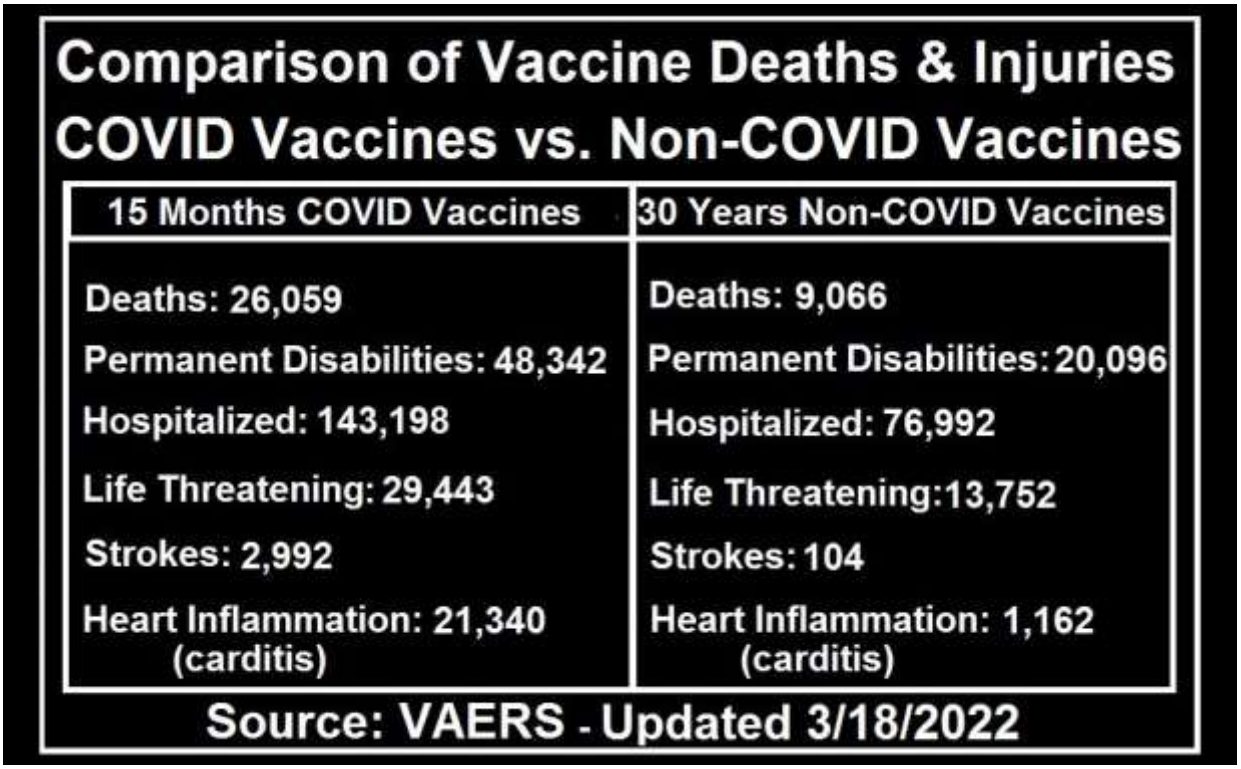
"The particles are there and are transported throughout the body," he said, so it is *"certainly reasonable to be concerned."* In his previous work, Vethaak found microplastic contamination to be ten times higher in babies because they are fed with plastic bottles. Babies are especially vulnerable to the negative effects; studies show the particles travel through the lungs and into the heart and brain, affecting neurodevelopment. More health studies should be conducted on people who regularly wear face masks. How might inhalation of microplastics affect one's ability to transport oxygen in their blood over time? How might this exposure affect one's hormones and cancer risk?

The amount and type of microplastics detected in the study varied considerably, as this was the first study to detect microplastics as small as 0.0007mm. Vethaak said the

differences in microplastic levels might reflect short-term plastic exposures that occurred before the blood samples were taken, such as drinking from a Styrofoam cup or wearing a disposable face mask.

"The big question is what is happening in our body?" Vethaak said. *"Are the particles retained in the body? Are they transported to certain organs, such as getting past the blood-brain barrier?" And are these levels sufficiently high to trigger disease? We urgently need to fund further research so we can find out."*

COVID-19 Vaccine Massacre: 68,000% Increase in Strokes, 44,000% Increase in Heart Disease, 6,800% Increase in Deaths Over Non-COVID Vaccines



by **Brian Shilhavy**
Editor, Health Impact News
The corporate media is now controlled by the interests of Big Pharma which has spent over $1 BILLION in promoting COVID-19 vaccines. See:
Local, National Media Paid $MILLIONS To Push COVID-19 Vaccines
Even last night's Oscar's show was sponsored by Pfizer and BioNTech.

So when this corporate media now switches their focus to trying to convince the American public that Russia and Putin are a threat to our national security, that's an indication to look around and see what they are trying to cover up and hide.

And one does not have to look very far to see the damaging effects of their COVID-19 vaccines. The government's own database of *Vaccine Adverse Events Reporting System* (VAERS) through March 18, 2022 shows that there are unprecedented increases in recorded deaths and injuries following COVID-19 vaccines for the past 15 months since they were issued emergency use authorizations (EUAs), as compared to recorded deaths and injuries reported following all FDA-approved vaccines for the previous 30 years.

These government statistics show there is no greater danger to the lives of Americans today than our own government which is sitting on data that show the following increases of reports in VAERS following COVID-19 vaccines:

- 68,000% increase in strokes
- 44,000% increase in heart disease
- 6,800% increase in deaths
- 5,700% increase in permanent disabilities
- 5,000% increase in life threatening injuries
- 4,400% increase in hospitalizations

This is mass murder and genocide.

If the corporate media switched from covering the war in Ukraine and published this data directly from the government's own database, there would be riots all across the U.S. right now, if not a Civil War.

But the largely brain-dead American consumer is content to watch their corporate news and blame all the world's problems on Russia right now instead, as we face huge labor shortages and supply chain bottlenecks due to all these deaths and injuries from the COVID-19 vaccines that will now be blamed on Russia.

A false flag attack on American soil that will be blamed on Russia seems imminent now. Here is a summary of the raw data in VAERS for the past 15 months following COVID-19 vaccines. (Source.)

From the 3/18/2022 release of VAERS data:

Found 1,195,936 cases where Vaccine targets COVID-19 (COVID19)

Table

Event Outcome	Count	Percent
Death	26,059	2.18%
Permanent Disability	48,342	4.04%
Office Visit	183,633	15.35%
Emergency Room	108	0.01%
Emergency Doctor/Room	124,670	10.42%
Hospitalized	143,198	11.97%
Hospitalized, Prolonged	356	0.03%
Recovered	330,723	27.65%
Birth Defect	1,004	0.08%
Life Threatening	29,443	2.46%
Not Serious	532,711	44.54%
TOTAL	† 1,420,247	† 118.76%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 1195936 (the number of cases found), and the Total Percentage is greater than 100.

Here is the same raw data in VAERS following all non-COVID vaccines for the previous 30 years. (Source.)

From the 3/18/2022 release of VAERS data:

Found 830,210 cases for ALL vaccines prior to 11/30/2020

Table

Event Outcome	Count	Percent
Death	9,066	1.09%
Permanent Disability	20,096	2.42%
Office Visit	42,433	5.11%
Emergency Room	194,438	23.42%
Emergency Doctor/Room	14,764	1.78%
Hospitalized	76,992	9.27%
Hospitalized, Prolonged	3,271	0.39%
Recovered	345,444	41.61%
Birth Defect	166	0.02%
Life Threatening	13,752	1.66%
Not Serious	309,464	37.28%
TOTAL	† 1,029,886	† 124.05%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 830210 (the number of cases found), and the Total Percentage is greater than 100.

The majority of cases now found in the 31+ year history of VAERS are from after 12/1/2020 when the FDA granted emergency use authorization for the COVID-19 vaccines.

To check our math on the percentage increase, take the numbers from the non-COVID vaccines and divide by 360 months for the previous 30 years to get the monthly average, and then take the numbers from the COVID-19 vaccines and divide by the 15 months since they were approved in December of 2020.

The number of strokes following COVID-19 vaccines is found here, and the number of strokes following all vaccines for the previous 30 years is found here.

The number of cases of heart disease (all cases of *carditis) following COVID-19 vaccines is found here, and the number of cases of heart disease following all vaccines for the previous 30 years is found here.

The greatest threat to the national security of the United States today is our own government, and the Wall Street Billionaires and bankers who fund Big Pharma who seem to have the government in their pocket, and that includes both political parties.

Government is the problem, NOT the solution.

Dr Ricardo Delgado of La Quinta Columna shows us how to see if people around us have been nano-chipped by the vaxx.

TRANSCRIPT/TRANSLATION

Did you know that if you are vaccinated, you emit a MAC address that is visible on any mobile phone?

If you've received the jab, you've been branded like cattle.

Regardless of whether you've been branded into the herd of Pfizer, Astra Zeneca, Janssen or Moderna, your body now appears as a node on an online network that is discoverable via Bluetooth technology.

At La Quinta Columna, we need not convince you of anything. We want you to see this for yourself.

It is extremely easy and it will take less than a minute.

On an Android cellphone, go to the Play Store and download the free Bluetooth Scanner app.

Once downloaded, activate your phone's GPS and Bluetooth capabilities.

Now, open the Bluetooth Scanner app and choose "Search".

You will be able to see a list of MAC addresses, which appear as sets of 12-digit hexadecimal numbers, separated every two digits by a colon or a hyphen (i.e., an octet) and you will be able to distinguish those addresses that don't correspond with any appliances in your environment.

If you click to open each of these MAC addresses, you can even get an estimate of the physical distance to which those branded by this technology are from you.

If you have been vaxxed, one of these MAC addresses will correspond to you and if you drill down on it, you will see your own cellphone's call record.

If you find this shocking, wait until you experience the far-reaching

consequences of being branded as cattle for the rest of your life.

Sadly, this is not a hoax.

They injected you with microtechnology and graphene, which is how this all works.

We have seen this same microtechnology in all brands of the vaxxines, from samples that we've analyzed, taken from all parts of the world.

They can monitor your specific biomedical data, the consequences of which go way beyond anything you can imagine now.

The mainstream media is hiding this abomination now being carried out against all human beings, including your children.

Visit LaQuintaColumna.info and LaQuintaColumna.tv and you will quickly understand the far-ranging implications of this intra-corporeal microtechnology and its humiliating purpose for all of humanity.

[For English translations of their work, go to Orwell.city].

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Mik Andersen, publisher of the research blog Corona2Inspect is a renowned scientist now collaborating under a pseudonym with La Quinta Columna and Dr Pablo Campra Madrid.

The nano-network being deciphered and described by Andersen is one that would allow the neurostimulation of the population through a network designed for this purpose.

It appears that neuromodulation is the ultimate purpose of the global inoculation operation which has deployed highly-advanced military technology within the general population, 80% of whom still believe this is a vaccine.

Those who follow the investigations of La Quinta Columna know that, in addition to finding reduced graphene oxide (rGO), microparticles have been observed under the microscope that self-assemble with the appearance of chips, computer cards and strange fibers, similar to Morgellons but that also change over the course of several hours.

These revelations are so hellacious that people go into denial, because they cannot believe that governments, doctors, journalists, etc have agreed to carry out the most diabolical fraud in human history by fulfilling the Globalists'

long-announced goal of microchipping the human population.

Running Time: 2 mins Video Link just below

Moderna Seeks Approval from FDA and European Medicines Agency (EMA) to Start Injecting Children Under 6 with mRNA COVID-19 Vaccines

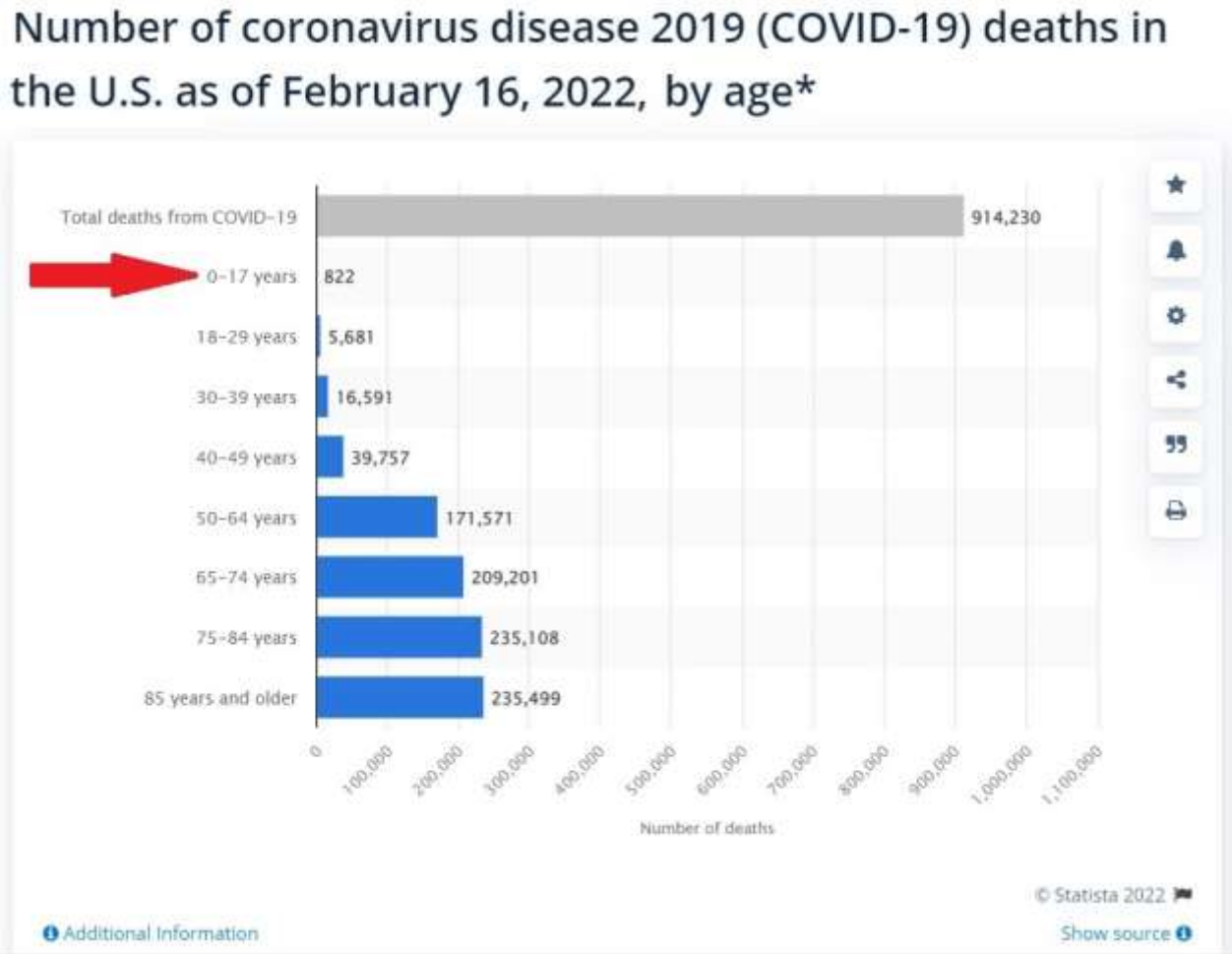
by Brian Shilhavy
Editor, Health Impact News

Fierce Pharma **reported yesterday** [1] **that Moderna is seeking approval for their COVID-19 mRNA vaccine to be injected into children under the age of 6, from both the U.S. FDA and the European EMA. They are also asking the FDA to approve their vaccine for children between the ages of 6 and 11.**

Moderna has new data backing the use of its COVID-19 vaccine Spikevax at a low dose in the youngest children under the age of 6, and it's moving forward with global regulatory submissions.

Moderna will ask the FDA and the European Medicines Agency (EMA) "in the coming weeks" to authorize Spikevax for children 6 months to under 6 years of age, the company said Wednesday. Simultaneously, Moderna has started a delayed FDA filing for emergency use authorization of the mRNA vaccine in children ages 6 to 11, CEO Stéphane Bancel said in a statement. (Source [1]**.)**

Using government official statistics, children in this age group have almost a zero percent chance of dying from COVID-19, as we have previously shown in numerous articles.



Source [2].
And yet, the U.S. *Vaccine Adverse Events Reporting System* (VAERS) is reporting almost 45,000 injuries and deaths in this age group following COVID-19 vaccines, and we know that this is severely under-reported. (Source [3].)

From the 3/11/2022 release of VAERS data:

Found 44,821 cases where Age is under-18 and Vaccine is COVID19

Table

Event Outcome	Count	Percent
Death	95	0.21%
Permanent Disability	396	0.88%
Office Visit	6,296	14.05%
Emergency Room	9	0.02%
Emergency Doctor/Room	4,619	10.31%
Hospitalized	3,296	7.35%
Hospitalized, Prolonged	6	0.01%
Recovered	18,566	41.42%
Birth Defect	12	0.03%
Life Threatening	550	1.23%
Not Serious	18,474	41.22%
TOTAL	† 52,319	† 116.73%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 44821 (the number of cases found), and the Total Percentage is greater than 100.

Also, the CDC recently removed nearly a quarter of the deaths it was previously reporting for children under the age of 18 related to COVID-19.

The Centers for Disease Control and Prevention (CDC) has removed tens of thousands of deaths linked to COVID-19, including nearly a quarter of deaths it had listed in those under 18 years old.

The health agency quietly made the change on its data tracker website [4] on March 15.

***"Data on deaths were adjusted after resolving a coding logic error. This resulted in decreased death counts across all demographic categories,"* the CDC says on the site.**

The CDC relies on states and other jurisdictions to report COVID-19 deaths and acknowledges on its website that the data is not complete.

But the statistics are often cited by doctors and others when pushing for COVID-19 vaccination, including figures who believe virtually all children should be vaccinated. Dr. Rochelle Walensky, the CDC's director, cited the tracker's death

total in November 2021 while pushing for an expert panel to advise her agency to recommend vaccination for all children 5- to 11-years-old.

Before the change, the CDC listed 1,755 children as dying from COVID-19 along with approximately 851,000 others, according to Kelley Krohnert, a Georgia resident who has been tracking the updates.

The update saw the CDC cut 416 deaths among children and over 71,000 elsewhere, arriving at a total of just under 780,000.

The agency declined to provide a comment by deadline. (Source [5].)

This begs the question then as to why the FDA would even consider a COVID-19 shot for this age group (I think we all know the answer to that question), and why parents would take the risk of injuring or killing their child with one of these experimental shots?

This is simply the same demonic spirit we have seen throughout history that moves people to sacrifice their children to "gods" like Molech and Baal in ancient times, and is now being manifest in "modern" culture through the vaccine cult.

Here are a few tragic stories that have been posted to Telegram within the past few days of parents who sacrificed their children to the vaccine gods and now have either a dead child that they have to bury, or one disabled for the rest of their life.

Evidence has emerged which proves beyond a reasonable doubt that the Covid-19 virus was created by the very pharmaceutical giant that has made billions through the sale of an experimental Covid-19 injection; Moderna. By Steve Kirsch.

On February 23 the Daily Mail ran an article showing that Moderna has patented the 19 base letter (nucleotide) sequence which codes for the Furin Cleavage site in Covid-19.

They cited a Paper by Scientists in India, Switzerland, Italy and the US (cautiously entitled: MSH3 Homology and Potential Recombination Link to SARS-CoV-2 Furin Cleavage Site) in which they calculated that the chances of a 19 nucleotide sequence patented by Moderna randomly appearing in Covid-19 in circumstances where it does not appear anywhere else in nature are 1 in 3 trillion.
But they failed to make the obvious deduction there from. Had they made said obvious deduction I fear that might have been the last scientific deduction they ever got published!

They decided to investigate the RNA sequence for the Furin cleavage site in the Covid-19 Spike Protein to see if it occurred anywhere else in nature. .

Fortunately the NCBI/NIH have produced the wonderful BLAST database which catalogues every gene sequence in nature known to man and every synthetic patented gene sequence known to the patent office.

The researchers chose the Furin Cleavage sequence because it is the only continuous gene letter sequence (nucleotide sequence) in Covid-19 with more than 3 nucleotides, that differs from the respective letters in its closest natural relative the Bat Coronavirus RaTG13 (all other differences are 3 letters or less long). So it was by far the best candidate for determining whether or not Covid-19 was man made.

The reader might consider it more likely that a Furin Cleavage Site would appear in the Sun than in the Daily Mail. But this cleavage refers to the separation of spike from virus rather than pillow from pillow.

Furthermore the Furin Cleavage Site is key to the pathogenicity of Covid-19. So if there was to be some man made gain of function included in the virus, this is where one might expect to find it.

The Amino Acid sequence of the Furin Cleavage Site is PRRA (Proline Argenine Argenine Alanine). Each Amino Acid is coded for by a Codon, consisting of 3 nucleotides (genetic sequence letters). So all the differences in the genetic code between Covid-19 and RaTG13 are at most one Codon long, one amino acid long, other than the Furin Cleavage Sequence, which is…

CCT CGG CGG GCA

The complimentary sequence (the opposing DNA strand of the double helix is (GGAGCCGCCCGT) because C binds with G and A binds with T

The reverse compliment (the same thing written backwards) is therefore TGCCCGCCGAGG

The researchers did a BLAST (Basic Local Alignment Search Tool) alignment search (which means they search for the gene sequence, the reverse gene sequence, the complimentary gene sequence and the reverse complimentary gene sequence) through every gene sequence in nature known to man for CTCCTCGGCGGGCACGTAG which is the 19 nucleotide sequence containing the Furin Cleavage Sequence, which also appears in Covid-19, and which is found actually in the reverse compliment form CTACGTGCCCGCCGAGGAG patented by Moderna.

Their search results can be found here.

Table 1 shows that it does exist in the 5 U.S. patents cited below…

US9149506B2: Modified polynucleotides encoding septin-4 – https://patents.google.com/patent/US9149506B2/en

Inventor: Tirtha Chakraborty, Antonin de Fougerolles
Current Assignee: ModernaTx Inc

2012-04-02 Priority to US201261618953P
2013-12-16 Application filed by Moderna Therapeutics Inc
2014-05-22 Publication of US20140141067A1
2015-10-06 Publication of US9149506B2
2015-10-06 Application granted
2020-01-10 First worldwide family litigation filed

US9216205B2: Modified polynucleotides encoding granulysin – https://patents.google.com/patent/US9216205B2/en

Inventor: Tirtha Chakraborty, Antonin de Fougerolles
Current Assignee: ModernaTx Inc

2012-04-02 Priority to US201261618873P
2013-12-16 Application filed by Moderna Therapeutics Inc
2014-04-24 Publication of US20140113960A1
2015-12-22 Publication of US9216205B2
2015-12-22 Application granted

US9255129B2: Modified polynucleotides encoding SIAH E3 ubiquitin protein ligase 1 – https://patents.google.com/patent/US9255129B2/en

Inventor: Tirtha Chakraborty, Antonin de Fougerolles
Current Assignee: ModernaTx Inc

2012-04-02 Priority to US201261618868P
2013-12-16 Application filed by Moderna Therapeutics Inc
2014-05-22 Publication of US20140141068A1
2016-02-09 Application granted
2016-02-09 Publication of US9255129B2

US9301993B2: Modified polynucleotides encoding apoptosis inducing factor 1 – https://patents.google.com/patent/US9301993B2/en

Inventor: Tirtha Chakraborty, Antonin de Fougerolles
Current Assignee: ModernaTx Inc

2012-04-02 Priority to US201261618957P
2013-12-16 Application filed by Moderna Therapeutics Inc
2014-04-17 Publication of US20140107189A1

2016-04-05 Application granted
2016-04-05 Publication of US9301993B2
2020-01-10 First worldwide family litigation filed
US9587003B2: Modified polynucleotides for the production of oncology-related proteins and peptides – https://patents.google.com/patent/US9587003B2/en

Inventor: Stephane Bancel, Tirtha Chakraborty, Antonin de Fougerolles, Sayda M. Elbashir, Matthias John, Atanu Roy, Susan Whoriskey, Kristy M. Wood, Paul Hatala, Jason P. Schrum, Kenechi Ejebe, Jeff Lynn Ellsworth, Justin Guild

Current Assignee: ModernaTx Inc

2012-04-02 Priority to US201261618868P
2016-02-04 Application filed by ModernaTx Inc
2016-06-02 Publication of US20160152678A1
2017-03-07 Publication of US9587003B2
2017-03-07 Application granted

So Moderna first applied for a patent for the 19 nucleotide sequence in 2013 on December 16. Perhaps December 25 would have been more appropriate since it was destined to become the Crown of Thorns of Mathew 27, Mark 15 and John 19

Table2: Shows that the sequence occurs in Covid-19 from nucleotide 23601 to 23619.

Table3: Shows that this gene sequence does not exist in nature (but 14 nucleotide parts of it do).

I decided to check their work. Yes. I fact checked them (I will send an invoice to the globalists). This turned out to be a bit of an epic journey. The Google patent page for US9587003B2 does not contain the gene sequence. The pdf of the patent does not contain the gene sequence and is not searchable from pages 101-304. But it does have a link to a lengthy 'Sequence Listing" section which link one cannot copy. So I manually transcribed it in my fair hand – http://seqdata.uspto.gov/?pageRequest=docDetail&DocID=US09587003B2

From that page you can enter the Sequence ID quoted in the paper as 11652 and get to https://seqdata.uspto.gov/?pageRequest=viewSequence&DocID=US09587003B2&seqID=11652 which has the following at Nucleotides 2751-2733 reading backwards…

CTACGTGCCCGCCGAGGAG patented by Moderna is the reverse compliment of CTCCTCGGCGGGCACGTAG, the 19 nucleotide sequence which appears in Covid-19 DNA from nucleotide 23601-23619 (which would therefore be covered by their patent).

Likewise you can search for the sequence in US9149506B2 by going to https://seqdata.uspto.gov/?pageRequest=viewSequence&DocID=US09149506B2&seqID=11652, whereupon you will find the same thing again

I then searched the gene sequence of Wuhan Hu1 (alpha) at https://www.ncbi.nlm.nih.gov/nuccore/NC_045512 and found

Which has the 19 nucleotide sequence CTCCTCGGCGGGCACGTAG from 23601-23619 as described in table 3.

I then ran my own non-aligned blast search of all patented gene sequences for the reverse compliment directly (or perhaps for a back handed compliment) and got the same results as the researchers

And the same for the other 3 US patents.

So I can confirm, and the reader can confirm using the links above, that Moderna did apply for a Patent not only on the reverse compliment of the 12 nucleotide Furin Cleavage Site in Covid-19 but actually on the 19 nucleotide sequence containing it as described above.

Furthermore they did not merely apply for a patent on 2016 February 4 with US9587003B2: as reported in the Daily Mail. They actually applied on 2013 December 16 for 4 patents with US9149506B2, US9216205B2, US9255129B2, US9301993B2:as well.

So Moderna had developed the 19 nucleotide gene sequence containing the Furin Cleavage Site which gives Covid19 its infectivity to humans by patented gain of function research as early as 2013, 6 years before the Wuhan outbreak took place. Not 3 as reported in the Mail and virally elsewhere..

So now we look at the chances of this occurring naturally. The paper calculates the probability of this particular 19 nucleotide sequence occurring randomly in a 30,000 nucleotide virus as

$(30,000-18) \times (1/4)^{19} = 1.09 \times 10^{-7}$
Which is correct because there are 30,000-18 places to start the sequence given that it needs a further 18 more letters to complete it. But there are actually 29,904 nucleotides in Wuhan HU1 (alpha). So a more accurate calculation would be
$(29,904-18) \times (1/4)^{19} = 1.087 \times 10^{-7}$

Then they calculate the chances that the 19 nucleotide sequence occurs in the patented library of 24,712 sequences with a mean length of 3300 nucleotides. But that calculation is irrelevant because the sequence did not randomly appear in 5

Moderna Patent applications. The sequence was known to code for a Furin Cleavage Site, which is known to provide gain of function to Coronaviruses.

It was put there deliberately and patented due to its infecting power in humans, which we shall see, later in the article, results from the normal viral Arginine (R) codon AGA (used in 45% of viral Arginine codons) being replaced by the human Arginine codon CGG (used in 0% of viral Arginine codons) in the furin cleavage site.

All we are tying to work out here is what the chances are of a 19 nucleotide sequence patented by Moderna turning up in Covid-19 through natural causes, the natural mutations of Bat Coronavirus RaTG13 or some other virus.

The nucleotides form Codons which are triplets. So there are 64 possible triplets of the 4 DNA nucleotides ACGT (4x4x4 = 64). But all triplets do occur. 61 code for 20 amino acids redundantly and 3 are stop codons which tell the ribosome to stop making the protein.

But things are not this simple because the Furin cleavage site appears in the spike protein where it needs to be and the spike protein only has 1273×3 = 3819 nucleotides. The chances of the 19 nucleotide Furin Cleavage sequence appearing in the spike protein are
$(3,819-18) \times (1/4)^{19} = 1.389 \times 10^{-8}$

Or 1 in 72 million. So those would be the chances that one particular variant, say the first Covid-19 variant, had the 19 nucleotide sequence in the right place (the spike). And it did. So certainly by the balance of probabilities, and certainly beyond a reasonable doubt (1 in 72 million being an unreasonable doubt) Moderna made Covid-19.

100% Biochemic Proof that Covid19 was Man Made

The Double CGG Codon used in the Moderna Specific Furin Cleavage site does not occur in any other Furin cleavage site in any other virus in nature. Furin cleavage sites do occur in other viruses but NOT at all in other betacoronaviruses like Covid-19 and NOT at all with the double CGG codon.
Arginine (R), can be encoded by any of the 6 triplets: AGG, AGA, CGA, CGC, CGG, CGT. In Covid-19, the furin site (PRRA), has 12 nucleotides (3 x 4). In Covid-19, the RR doublet of the furin site is encoded by CGG-CGG.

Two Biochemists Prof Antonio R. Romeu and Assistant Prof Enric Ollé analysed the RR doublet from a large sample of furin cleavage sites of several kinds of viruses. They found that there were no RR doublets encoded by the CGG-CGG codons in any virus in nature. They observed that the AGA triplet was the majority codon involved in these viral RR doublets.

In all genetic recombination (where a part of one genome merges with another genome), the donor code is passed to the acceptor. But there is simply NO KNOWN VIRUS with a Moderna Specific Furin Cleavage Site (having the CGG-CGG codon pair) that exists to donate a Moderna Specific furin cleavage site to Covid19. So the only way that sequence could get into Covid-19 is from Moderna. Moderna was the donor. Nature was not. QED. Case Closed..
But it gets worse.

The Spanish Profs decided to analyse the arginine codon usage in every single protein in Covid-19. The found the following…
AGG (13%)
AGA (45%)
CGA (5%)
CGC (10%)
CGG (3%)
CGT (24%).

So the AGA codon triplet was the majority, and interestingly, CGG was the minority codon for Arginine in the virus.

But it gets worse still.

In the specific case of S protein, of the 42 Arginines (R) it has, 20 are encoded by AGA, and only 2 by CGG. These 2 of course, are the two in the Moderna Specific Furin Cleavage Site.

So the only Arginine in the spike protein that is encoded a la Moderna are in the Furin Cleavage site. The other 40 instances do not use CGG at all.

They then go on to comment that each individual species in nature has its own codon preferences. Obviously viruses like AGA, and do not like CGG at all, in nature.

But guess which species does use CGG for Arginine more than the other 5 competing codons – yes its jolly old homo sapiens. Our coding preferences for Arginine are
AGG (20%)
AGA (20%)
CGA (11%)
CGC (19%)
CGG (21%)
CGT (9%).

So the CGG codon in the furin cleavage site WILL have come about through Chimeric (human animal combination) gain of function research.

Could Somebody other than Moderna have made Covid-19 using the Moderna Specific Furin Cleavage Site?

"New documents show that just 18 months before the first Covid-19 cases appeared, researchers had submitted plans to release skin-penetrating nanoparticles and aerosols containing "novel chimeric spike proteins" of bat coronaviruses into cave bats in Yunnan, China. They also planned to create chimeric viruses, genetically enhanced to infect humans more easily, and requested $14 million from the Defense Advanced Research Projects Agency (Darpa) to fund the work.

Papers, confirmed as genuine by a former member of the Trump administration, show they were hoping to introduce "human-specific cleavage sites" to bat coronaviruses which would make it easier for the virus to enter human cells.

When Covid-19 was first genetically sequenced, scientists were puzzled about how the virus had evolved such a human-specific adaptation at the cleavage site on the spike protein, which is the reason it is so infectious." – the Telegraph

I can see all of the great journalists at the Daily Mail and the Telegraph (not to mention scientists around the world) doing all of this research into Covid19 and reaching the inevitable logical conclusion that there was either an accidental or a deliberate lab leak and then having to word their conclusions in such a way as to label that strong probablity as a weak possibility.

But here above we have proved it as a fact (since the Moderna Specific Furin Cleavage Sequence CGG codon does not occur in any furin cleavage site in any natural virus and therefore it cannot have been the result of natural genetic recombination. So it has to be the result of man made genetic insertion.

In theory a further party involved with the NAIAD or the NIH could have used the furin cleavage site patented by Moderna and made Covid19 themselves. This would not have broken any patent of Moderna. The Furin cleavage site itself is not patentable having been known since at least 2004

US7223390B2: Insertion of furin protease cleavage sites in membrane proteins and uses thereof
2004-05-07 Application filed by Research Development Foundation
2004-11-11 Publication of US20040224391A1
2007-05-29 Application granted

Although Moderna could actually have patented the Moderna Specific (CGG for AGA) encoding of the furin cleavage site which was is not known in nature even today (if we accept that Covid-19 is man made).

But given that the lab leak (deliberate or accidental) came from Wuhan, and given the Chinese cover up and given the Fauci denials exposed by Senator Rand Paul, and given the NIH, NIAID cover ups and the US Intelligence services cover up, when their 3 month long report into the origin of Covid-19 ordered by presidential impersonator Biden yielded nothing, and given the relationships between the NIAID, the NIH, the WIV, the EcoHealth Alliance, the University of North Carolina and Moderna, I cannot see any room for anyone else.

Furthermore the entire unholy cabal of bad actors started developing the Moderna Vaccine before the pandemic struck – https://www.infowars.com/posts/must-watch-nih-claimed-joint-ownership-of-moderna-mrna-vaccine-began-development-weeks-ahead-of-pandemic/

But things are not as simple as that because nature has had certainly 100,000 years to make human viruses and it never once put a Moderna specific (CGG for AGA) furin cleavage site into anything, nor did it put the 19 nucleotide sequence in anything before.

Yet within 6 years of Moderna patenting it, we find it in Covid-19 in circumstances where Moderna is working with that virus. So just there the probability is not 100,000 to 6 or 16,666 to 1 that Moderna is responsible rather than nature. No it is 100% because nature has not done it. It never has and there is no evidence that it ever will.

It is man the mixes up human and viral Arginine codons not nature.

Prof. Luc Montagnier spent the last years of his life proving that COVID-19 was man made and containing much of the HIV1 genetic code

Prof. Luc Montagnier, before he died on February 8, 2022 did a total assassination of the concept that Covid-19 evolved naturally by showing that it had massive equivalence to HIV. The diagram below shows a 275 nucleotide region of Covid-19 which has 200 nucleotides from HIV/SIV (Simian ImmunoVirus) in it. And remember there are 61 codons specifying 20 amino acids. So one can say the same thing in on average 3 different ways with codons.

You can download a pdf of his study here and the supplementary materials here. It is very technical. But he did win the Nobel prize for discovering the HIV virus. So if anyone would know if Covid had been boosted with HIV, it would be him. He pointed out that Covid-19 was man made early (March 2020) in the pandemic and was himself assassinated by the press and the fact checkers as a result. Every single fact checker who attacked him was wrong.

There was no scientific basis to any of their fact checking. These outfits are not fact checkers at all of course. They are globalist disinformation agencies, sons of Goebbels, fact chuckers and science deniers. They are about as trustworthy as

an American election. I can check a fact for myself thank you very much. I don't need a brainwashed woke madrassa student telling me their opinion about a subject that they never studied at University.

Since we have proven beyond a reasonable doubt (beyond a 1 in 72 million doubt statically and with 100% certainly biochemically from the Moderna Specific Furin Cleavage Site) that Moderna made Covid-19. And since Moderna and Fauci have not admitted to having made it and have in fact covered up evidence to that effect, it may be the case that they are hiding something else as well.

Because the only two theories now left are the accidental lab leak theory and the deliberate lab leak theory. I mean the vast majority of political leaks are not accidents. They are deliberate strategies to provide advantage to the leaker or his paymaster. It is well known in the IT industry that viruses appear when antivirus sales are needed. Why would things be any different with human viruses, now that they can be man-made too? Especially when you consider the massive role of Bill Gates and his foundation and GAVI and GVAP in he global vaccination business.

The only reason that Moderna would make Covid-19 is to release it. Otherwise the entire exercise would be financially futile, commercially pointless

The reason adduced by Fauci for doing gain of function research is that man needs to be ahead of nature or bad actors in order to have a vaccine in good time if a disease mutates or is genetically modified by the Chinese or the Russians to be lethal.

But in order to believe that one has to believe that Moderna are interested in the saving people's lives. I am sorry. All their actions show to me that they are interested in vaccinating people knowing how likely that is to cost them their lives.

They are interested in profit, the profit that comes from a pandemic. They are not saviors of mankind as they represent. They are our exploiters and our abusers.

They produced the virus in order to leak it, in order to pose as our saviours from their own leak. These are not the activities of a savior figure. Luc Montagnier was trying to be our savior from them and he was assassinated (professionally) by their groupies. Moderna were doing gain of function research in order to release the virus and force a vaccine for it in a manner which would maximize their profits. That is not a conspiracy theory. It is what happened precisely. Their share price went up by 20x.

They released it in order to sell their vaccines and to destroy the immune systems of their customers because our immune systems reduce their profits. That is Big Pharma business.

The reason that the writer is so confident that Moderna or their agents made and leaked Covid-19 and the reason I called it as such at the start of the pandemic to almost as much ridicule as Prof Montagnier received (God bless him) is that the scriptures say in Matthew 27, Mark 15 and John 19 that.

[29] And they (the soldiers of the governor of verse [27]) platted a crown of thorns and put it upon his head, and a reed in his right hand; and they kneeled down before him, and mocked him, saying, Hail, King of the Jews! [30] And they spat upon him, and took the reed and smote him on the head. (Matthew 27 ASV)

May I therefore beg your indulgence whilst I interpret these words:

The US department of defense funded the gene splicing of the Coronavirus of Spike Proteins (Covid-19) through NIH and NIAID and DARPA which first infected Jesus, through his fiance, the New Covenant Saints, just after he became the secular King, Caesar to those saints, the antitypical Jews, those covenanted to be angelic sons of Jacob, the born against angelically.

We calculated that the malediction which prevented Jesus becoming Caesar to the saints ended in 2019 Tishri 15 (October 17/18). Glenn Beck did a documentary showing that 10 hospitals in Wuhan took cases with Covid19 symptoms in October 2019. Yes Folks. Covid-19 is a proof that Jesus is now secular King over the saints, the antitypical Jews, the Jews by angelic salvation covenant, at the least.

But then the soldiers spat upon him. For that is how Covid19 is transferred, through small aerosol droplets exhaled out of the mouth. The soldiers deliberately spat upon him. It was not a SALIVA LEAK! They smote Jesus on the head because the saints are the head of the church and they caught Covid19 not by random chance infection but by a deliberate smiting with a read, a biological weapon, a deliberate weaponised attack. For more on this see here.

So what Prof Montagnier saw with his virology expertise, I saw with my theological expertise. Showing that whilst fact checkers and science are mutually exclusive, science and theology actually agree, when properly understood (and that is one big caveat). Prof M taught us that the vaccines cause the variants. Indeed basic virology forbids mass vaccination during a pandemic for that very reason. He said the curve of deaths follows the curve of vaccinations. Mind you, paradoxically, if the vaccines caused Omicron, then they saved us from themselves!

The Time has Come to hold People and Organizations to Account

The Covid19 makers, the genetic vaccine makers. their funders and their promoters, which include almost every government and public sector and health service in the world, are therefore guilty of Genocide and crimes against humanity. They have pushed genetic rape and sickness and death onto half of the population of the world in order to enrich the pockets of Pharmaceutical Companies. Governments and Public sectors around the world have abandoned their health service regulation to billionaires and heartless corporations

In the UK, all of the income tax we pay goes to the health service and all of its protocols are determined by its regulators and all of its regulators are controlled and funded by Big Pharma who seek to damage then manage our health for their profit.

So every penny we spend in income tax brings us one step closer to sickness, to death and to drug dependency.

So why did Prof Montagnier choose to spend the last years of his life proving that Covid-19 was man made and that the spike proteins, and therefore the vaccines, were an existential threat to the species? What did he have left to prove to himself or to anybody else at 87-89? He certainly did not do it to increase his reputation in the profession.

No, he was driven by the same passion that drove him to discover HIV. A passion to SAVE mankind from viruses and those who would engineer them to damage us. And why did he give up the ghost in February 2022? Because he knew that Omicron had the vaccines beat. His job was done by a greater virologist even than him. He could therefore rest in peace and go see some people who understood the magnitude of his contribution.

Covid-19 was not made in 2019. It was made from the 19 nucleotide Moderna specific chimeric (CGG for AGA) furin cleavage site which does not occur anywhere in nature. And every Covid death and every Covid vaccine death is parked squarely on the doorstep of ModeRNA waiting for justice.
But we shall not execute that justice fast enough. And therefore the final plague upon mankind of Revelation 6:8, delivered by the 4th horseman of the apocalypse, which plague Bill Gates himself has prophesied, will arrive later this year (after War and after Famine, the 2nd and 3rd horsemen).

Going forward the balance of this article is from Dr. Luc Montagnier's original report. In a previous segment of this series, I shared the genome location of the

inserts of HIV1, HIV2, and SARS2. Without question, Dr. Luc Montagnier is the true hero in all of this crime against humanity.

"SARSCoV-2/COVID-19 is a novel coronavirus characterized as an unusual viral pneumonia. COVID-19 contains a single-stranded (positive-sense) mRNA associated with a nucleoprotein within a capsid comprised of a matrix protein." -(National Library of Medicine)

"A digital ID is the electronic equivalent of an individual's identity card. It is a way to provide verified personally identifying information of an individual for a software to read and process. Both online and offline environments can adopt a digital identity. It can also act as a key by storing and deploying permission." – (World Economic Forum (WEF)

Today's synthetic biology is driven by a combination of quantum computing and artificial intelligence. The most obvious example being the SARS-CoV-2 "virus" - in quotations specifically because of its synthesis in a laboratory, imitating a "wild", or naturally occurring virus. Since January of 2020, we have provided numerous peer reviewed papers, patents, and journal articles as evidence of the research leading up to and including insilico development of this synthetic "virus". Below, please find a link to bioinformatic evidence from the published sequence of this m RNA organism. (Prashang et al, Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag | bioRxiv) Wuhan market ID: LR757998.1).

The research team of Professor Luc Montagnier and Jean Claude Perez, PhD, published the identity of the inserts in their paper entitled: "COVID-19, SARS and Bats Coronaviruses Genomes Unexpected Exogenous RNA Sequences". The following excerpts provide evidence of their findings: - 4 HIV1 HIV2 Exogenous Informative Elements radically distinguishes all COVID-19 strains from all SARS and Bat strains. - Validation of nucleotide fragments as « Exogenous Informative Elements » (EIE): We have chosen this minimal length of 18 nucleotides (6 amino acids) for the support of information (thus as an antigenic motif). This is also the size of the primers used for PCR which allows high specificity of sequence selection on DNA recognition.

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motif). This is also the size of the primers used for PCR which allows high specificity of sequence selection on DNA recognition.

This article shows how 16 fragments (Env Pol and Integrase genes) from different strains, both diversified and very recent, of the HIV1, HIV2 and SIV retroviruses most likely are present into the genome of COVID-19. Among these fragments, 12 are concentrated in a very small region of the COVID-19 genome, length less than 900 bases, i.e. less than 3% of the total length of this genome.

In addition, these footprints are positioned in 2 functional genes of COVID-19: the or f1ab and Sspike genes. To sum up, here are the two main facts which contribute to our hypothesis of a partially synthetic genome: A contiguous region representing 2.49% of the whole COVID-19 genome of which 40.99% is made up of 12 diverse fragments originating from various strains of HIV SIV retroviruses. On the other hand, these 12 fragments some of which appear concatenated.

Notably, the retroviral part of these regions, which consists of 8 elements from various strains HIV1, HIV2 and SIV covers a length of 275 contiguous bases of COVID-19. The cumulative length of these 8 HIV SIV elements represents 200 bases. Consequently, the HIV SIV density rate of this region of COVID-19 is 200/ 275 = 72.73%, which is considerable. Moreover each of these elements is made of 18 or more nucleotides and therefore may have function. They are called Exogenous Informative Elements.

Summary of Findings

1. **18 RNA fragments of homology equal or more than 80% with human or simian retroviruses have been found in the COVID_19 genome.**

2. **These fragments are 18 to 30 nucleotides long and therefore have the potential to modify the gene expression of Covid19. We have named them external Inform ative Elements or EIE.**

3. **These EIE are not dispersed randomly, but are concentrated in a small part of the genome.**

4. **Among this part, a 225 nucleotide long region is unique to COVID_19 and Bat RaTG13 and can discriminate and formally distinguish these 2 genomes.**

5. **In the decreasing slope of the epidemic, this region exhibits an abnormally high rate of mutations/deletions**

6. **The comparative analysis of the SPIKES genes of COVID_19 and Bat RaTG13 demonstrates two abnormal facts: on the one hand, the insertion of 4 contiguous amino acids in the middle of SPIKE, on the other hand, an**

abnormal distribution of synonymous codons in the second half of SPIKE. Finally the insertion in this region of an EIE coming from a Plasmodium Yoelii gene is demonstrated, but above all seems to explain the "strategy" pursued by having "artificially" modified the ratio of synonym codons / non-synonymous codons in this same region of 1770 COVID_19 SPIKEnucleot ides.

The above information comes from two different sources which confirm with 100% certainty that COVID-19 is a MAN-MADE virus, and it can be proved that MODERNA Pharmaceuticals developed it and patented the Retrovirus in 2013.

This information confirms that anyone vaxxed should immediately be tested for HIV1, HIV2, or SIV2. To neglect to do so puts one at great risk of going untreated for these pathogens. To go untreated is to allow the vaxx to degrade your natural immune system until death occurs. HIV does not mean a death sentence if treated immediately. The NBA basketball player Magic Johnson has lived with HIV for over 30 years with proper treatment!

Blessings,

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