

Mass Murder

By Sovereign State Sanctioned Syringe Needle!
Part 63

Hundreds of CDC Employees Never Got Their CVV-19 Jobs
[April 30, 2022](#) This article was posted by TLB Staff



Hundreds of CDC Employees Never Got Their COVID-19 Jobs
Hypocrisy of Our Overlords
NEWS WIRE

This is only the tip of a much bigger iceberg. You'll find this is the case right across government. While the federal government was threatening and blackmailing American workers with mandatory vaccines, the main agency tasked with creating the crisis narrative has been exposed for double standards.

This is hardly surprising to anyone who has been paying attention. Remember, it was the CDC, a valuable tool of Big Pharma, who were constantly producing the misleading COVID and vaccine claims and statistics, while diligently [hiding any evidence which might have confounded the government's dubious official narratives](#) about an 'out-of-control, deadly pandemic' and 'safe and effective' experimental mRNA COVID gene therapy vaccines.
Here they are, in all of their glory.

Zachary Stieber from [Epoch Times](#) reports...

Nearly 400 employees at the U.S. Centers for Disease Control and Prevention (CDC) haven't received a COVID-19 vaccine, according to data obtained exclusively by The Epoch Times.

A total of 382 workers at the CDC are unvaccinated, Roger Andoh, a Freedom of Information Act (FOIA) officer at the agency, told The Epoch Times.

Another nine employees have just had one dose of the Pfizer or Moderna vaccines, meaning they also don't qualify as 'fully vaccinated' per the CDC's guidelines.

Collectively, the number is 3.2 percent of the CDC's workforce.

Andoh initially pointed to [a statement](#) from the government that contained data as of December 2021 and [declined to fully answer The Epoch Times' FOIA request](#), which asked for more detailed figures that were current as of March 15.

"Please note that this is the most recent and most complete data available and some data elements that you requested are not available," Andoh said initially.

When asked to clarify, another CDC officer repeated Andoh's statement.

After The Epoch Times filed an appeal to the Department of Health and Human Services (HHS), the CDC's parent agency, the office changed its stance without explaining why.

"After an additional search, we are providing you with the following information," Andoh said in the new response.

"The response I got to your appeal from CDC gave me the impression they didn't mean to withhold any information in the first place," Jonathan Nelson, a FOIA analyst with HHS, told The Epoch Times in an email. *"Based on that, my (personal) belief is that this was just an accidental omission on their part."*

The Epoch Times report speaks to the insanity of the Covid "Gene" therapy. These are not vaccines but are poisoned laced chemicals intended to maim and kill people under the guise of a pandemic.

Walgreens publishes data proving that COVID jabs don't prevent COVID

Tuesday, May 03, 2022 by: Ethan Huff

(Natural News) One of America's most well-known pharmacy chains has [inadvertently admitted](#) that Wuhan coronavirus (COVID-19) "vaccines" are a farce in terms of protecting against COVID disease.

“Positivity Rate by Vaccination Status” data covering the time period from April 23, 2022, to April 29, 2022, shows that the demographic with the least amount of “positive” test results for the Fauci Flu is the unvaccinated. The worst-off group, as you might expect, consists of people who received two main doses of the shot followed by a “booster” shot.

The Walgreens “COVID-19 Variant Tracker” claims that ever since January of this year, the predominant “strain” of Fauci Flu in circulation is omicron (moronic). Before that, it was delta that was supposedly in circulation.

How they know this is anyone’s guess, seeing as how SARS-CoV-2 has never actually been isolated and proven to exist, let alone its many alleged “variants” and “subvariants.”

People are testing “positive” for something fictitious, in other words, not to mention the fact that the PCR test is inherently fraudulent. It was never designed as a diagnosis tool, and is actually just an amplification tool that magnifies whatever it is pointed at, so to speak.

“PCR revolutionized molecular biology but its most notable application was in genetic fingerprinting, where its ability to magnify even the smallest traces of DNA became a major weapon in the fight against crime,” revealed a paper put together by the Brownstone Institute.

“But, like a powerful magnifying glass or zoom lens, if it’s powerful enough to find a needle in a haystack it’s powerful enough to make mountains out of molehills.”

Do the injections contain “COVID?”

Whatever is being magnified with these tests is most prominent among the “fully vaccinated,” according to Walgreens. Only 14.1 percent of unvaccinated people are testing positive, while 19 percent of those who received one dose of a Fauci Flu injection are testing positive.

The positivity rate only goes up from there, with 24.3 percent of people who received two injections more than five months ago are testing positive. The figure is even higher at 27.8 percent among those who received three injections more than five months ago.

This data would suggest that the vials contain the disease, whatever that disease is. It is clear from the figures that getting jabbed increases one’s risk of testing positive, so what are people actually getting injected with?

“Most actuaries know this,” wrote someone in response to the news that the fully jabbed are seeing the worst health outcomes. *“But math isn’t ‘science.’”*

Another joked that the Walgreens data must first be run by government “doctor” Tony Fauci, who will decide for all of us whether or not it is true.

“Six months to the November election to flatten the stupidity,” joked another.

Another asked if COVID “tests” are capable of sequencing the test samples. If not, then how is the variant type being determined, this person wants to know?

“Walgreens will probably face an investigation for releasing the data,” said another.

Still another pointed out something that many seem to have forgotten: COVID injections were never touted as being able to prevent infection or spread. All the government claims they do is lessen the severity of an infection, though this remains an unproven hearsay that conflicts with the data.

“If people would have paid attention,” this person added, *“then they would also know that the stuff is not a ‘vaccine’ in the first place, ‘it’s a selection of individually distinct experimental mRNA-based drugs, and nobody actually has a scientifically precise description of ‘COVID’ anyway.”*

UN whistleblower says World Health Organization is “tip of the spear” for global tyranny

Wednesday, May 04, 2022 by: Ethan Huff

([Natural News](#)) Epidemiologist Dr. Astrid Stuckelberger appeared on an episode of “Conversations That Matter” with *The New American* magazine’s Alex Newman to discuss the World Health Organization (WHO), a product of the United Nations that she says represents the “*tip of the spear*” for global tyranny.

Right now, the WHO is attempting to usurp for itself even more power over the world with a new international health regime proposal that would grant the entity more control over public health.

Stuckelberger had been working directly with the WHO throughout the *plandemic* to form public health policy, and what she saw during that time with the push towards global totalitarianism apparently shocked her, causing her to become a whistleblower.

One major thing she took issue with was the use of PCR tests, which are not meant to be diagnostic tools. Stuckelberger says it was “*very strange*” that these were used since they have “*no validity*” in verifying the presence of covid disease.

“We have never seen that in the WHO that the test and the diagnostic technology – it’s not a diagnostic actually; it’s a technology for research that suddenly becomes the tool of the world the tool of WHO to prove ‘cases,’ and ‘cases’ were transformed into sick people, and contagious, and asymptomatic ... and that was one thing that was very disturbing.”

Stuckelberger went on to discuss how the WHO was “*creating fear*” from the very beginning, which violates the WHO’s own 2005 International Health Regulations, which task the entity with communicating ethically, not for shock value to push some ulterior agenda. (Related: The WHO is also [involved in bioweapons research](#).)

Until it is proven to exist, there is no such thing as “covid,” scientifically speaking.

Even though SARS-CoV-2 has never been isolated, purified or analyzed, the WHO ran with the lockdown narrative almost immediately out of the gate. And much of the world followed suit, especially throughout the West.

The WHO’s power and influence in this regard is why Stuckelberger says that the WHO is the “*tip of the spear*” of a global tyranny matrix in which all member countries just obey without question.

“WHO gave directives that were totally non-commensurate with the research,” Stuckelberger says.

“They did not give the data that there is a causality between a coronavirus and the sickness, which usually you have to purify, take pictures of, study and replicate in animals ... and we never had this.”

Stuckelberger says that normally there is an extensive process involved with identifying a perceived threat and determining the risks involved. Instead of going through that process, the WHO just went ahead and promoted lockdowns and the halting of the global economy.

“What you basically have to do is not stop commerce and trade, and not lock down people immediately – that’s the thing to avoid,” she says. *“Everything looked very suspicious to me from the beginning.”*

“The house of cards is falling down, and what we do will echo after that,” Stuckelberger says.

There were many red flags right from the start that caught Stuckelberger’s attention. And as she put the pieces together, she came to the realization that *fraud* was more than likely involved with the WHO’s *plandemic* response.

“The more you put the pieces together, the more (you see that) it’s deliberate,” she says. *“And now we have the proof from the U.S. that it has leaked from a Wuhan lab – it didn’t actually leak, though, it was an intentional spread.”*

Be sure to check out the full interview with Stuckelberger and Newman at [The New American website](#).

As many as 30% of US pilots may have COVID-19 vaccine-induced heart conditions

Tuesday, May 03, 2022 by: Arsenio Toledo



[\(Natural News\)](#) Cardiologist and Wuhan coronavirus (COVID-19) researcher Dr. Peter McCullough estimates that as many as 30 percent of pilots in the United States may have underlying heart conditions [caused by the vaccines](#).

Joshua Yoder, a pilot and co-founder of the U.S. Freedom Flyers, a health freedom advocacy organization formed to help transportation industry employees oppose COVID-19 vaccine mandates, relayed McCullough's words during an interview. (Related: [Pilots fear for safety of passengers as airlines continue to impose COVID-19 vaccine mandate – Brighteon.TV.](#))

In the interview conducted by Vaccine Safety Research Foundation founder Steve Kirsch, Yoder said McCullough told him in a prior conversation that, if airlines conducted health screenings on their vaccinated pilots, 30 percent of them [would be disqualified](#) due to newly found cardiac issues caused by the COVID-19 vaccine.

McCullough has been consistent in advocating for an end to vaccinations. Last year, he and several other critics of the experimental and dangerous COVID-19 vaccines gave the Federal Aviation Administration (FAA) several recommendations based on known safety concerns with the vaccines.

These recommendations include medically flagging all vaccinated pilots and de-certifying and grounding pilots who fail cardiovascular health screening tests. These

include EKGs, D-dimer tests, troponin tests, cardiac MRIs and any pilots *“who otherwise show symptoms indicative of possible blood-clotting issues or myocarditis.”* These symptoms include chest pain, shortness of breath and decreased tolerance to exercise.

In the written recommendations, McCullough and his colleagues contended that the FAA, by allowing vaccinated pilots to continue flying without the appropriate medical clearances, is *“putting both pilots and the general public at risk of death and/or serious injury.”*

Forcing pilots to take COVID-19 vaccine is *“going to end in catastrophe”*.

In his interview with Kirsch, Yoder noted that the most prominent health issues being reported by vaccinated pilots include chest pains, myocarditis and pericarditis. A day before the interview, Yoder said three vaccinated pilots called him to say that they were being forced to fly with chest pains. Another pilot was being treated for heart issues by a cardiologist.

“I’m afraid if we keep going down this path, at some point it’s going to end in catastrophe,” said Yoder, hinting at the possibility that one of these vaccinated pilots could experience heart complications mid-flight, endangering the lives of his passengers.

“If passengers actually knew what was going on at the airlines and the FAA, they would be livid, and everyone would be jumping on a class action suit against all of them.”

Multiple pilots like Yoder have already spoken out about experiencing health issues due to the mandated vaccinations.

One captain, Robert Snow, who works for American Airlines, nearly died when his heart stopped mere minutes after landing his plane. The cardiac arrest was caused by the Johnson & Johnson COVID-19 vaccine.

Another pilot, Greg Pierson, suffered a stroke after getting the COVID-19 vaccine under duress last year. Pierson said during an interview that if he had his stroke while piloting a plane, he could have caused a crash.

Another pilot, Cody Flint, who flies agricultural planes, was vaccinated in Feb. 2021. He suffered a mid-flight blackout a few days after getting vaccinated, and said that he was only able to safely land *“by the grace of God.”*

Flint was diagnosed with a neurological disorder that gives him severe headaches and vertigo – two problems he never had to deal with before he got vaccinated.

PANDEMIC TYRANNY: CDC spent \$420,000 tracking Americans who violated lockdown by going to church during plandemic

Thursday, May 05, 2022 by: Ethan Huff

[\(Natural News\)](#) In the early days of the Wuhan coronavirus (Covid-19) *plandemic*, the U.S. Centers for Disease Control and Prevention (CDC), a [private corporation posing as a government agency](#), funneled nearly half a million American taxpayer dollars to another private corporation to spy on lockdown rebels.

The CDC reportedly [paid the SafeGraph brokerage \\$420,000](#) for location data on tens of millions of mobile phones. The CDC then used this data to determine how many people violated lockdown by going to school or attending church.

Since the data was aggregated, the CDC supposedly did not obtain person-specific data, meaning it could only see numbers and not individuals. Still, this is quite a bit of cash spent on secret spying operations, which only just now came to light.

VICE obtained documents showing both the transaction and what was obtained through it. In short, the CDC was able to identify general movement trends throughout the *plandemic*, which is an invasion of privacy.

The documents also reveal that the CDC had planned to use the data to analyze compliance with curfews, as well as track human traffic patterns in and out of K-12 schools.

Strangely, the CDC specifically honed in on the movements of indigenous people in the Navajo Nation.

CDC collected location data for reasons far beyond just the *plandemic*, warns cybersecurity researcher

According to the documents, the CDC believed it necessary to spy on Americans, both native and otherwise, as part of its “ongoing response efforts” to investigate the spread of the Fauci Flu.

The CDC engaged in “hourly monitoring of activity in curfew zones,” as well as obtained “detailed counts of visits to participating pharmacies for vaccine monitoring.”

Cybersecurity researcher Zach Edwards, who closely follows the data marketplace, says that the CDC apparently had even bigger plans for the location data that were never fully executed.

“The CDC seems to have purposefully created an open-ended list of use cases, which included monitoring curfews, neighbor to neighbor visits, visits to churches, schools and pharmacies, and also a variety of analysis with this data specifically focused on ‘violence,’” Edwards told VICE.

In the very beginning of this whole saga, SafeGraph was providing location data to the public for “free” in order “to better understand where COVID-19 has the potential to spread the most.”

At some point, however, the company started charging for this information, and the CDC was one of its biggest customers.

It turns out that SafeGraph is bankrolled by none other than Turki bin Faisal Al Saud, the former head of Saudi Arabia’s intelligence agency. Billionaire Peter Thiel is another investor in the company.

Last summer, Google banned the SafeGraph app from its Android app store, preventing the company’s tracking codes from residing on people’s phones for data collection purposes. SafeGraph is still collecting data from codes embedded in other apps, however.

“Real-time data like this is being used in Ukraine,” wrote someone at the Daily Mail (UK). *“Why do you think all those generals are being killed?”*

“This is a Republican utopia,” said another. *“On March 28, 2017, conservatives voted on party lines to pass Senate Joint Resolution 34 to allow ISPs to sell your private data, including geographic location. Trump signed it.”*

Another expressed interest in finding out who at the CDC awarded the contract and how they might be related to SafeGraph.

“I would be willing to bet that there is a relationship,” this person added. *“It’s who you know in government.”*

Someone else put it simply, stating:

“And this is why you should never own a smartphone.”

CDC: 74.2 million people living in the US never got “vaccinated” for COVID

Thursday, May 05, 2022 by: [Ethan Huff](#)

[\(Natural News\)](#) Not as many Americans have gotten “vaccinated” for the Wuhan coronavirus (COVID-19) as you might think.

The [latest report](#) from the U.S. Centers for Disease Control and Prevention (CDC) reveals that 74.2 million people living in the United States decided to *just say no* to the experimental drugs. Another 157 million, we now know, got the first “dose” of a two-shot series, but refused to get the second or third one.

Either these partially jabbed suffered an adverse event that caused them to refuse any subsequent shots, or they suddenly woke up after the first one to the fact that the whole thing is a deadly scam.

Last summer, we were told by fake “president” Joe Biden that nobody who gets injected will ever “*get COVID.*” The reality, however, is that there are more new “cases” of the Chinese Flu [among people who got jabbed](#) than there are among people who left their natural immune system intact.

“If you’re vaccinated, you’re not going to be hospitalized, you’re not going to be in the ICU unit, and you’re not going to die,” Hunter’s dad added in a speech.

Old Joe should try telling that to the family of Josée Forest-Niesing, a Canadian senator who [died from COVID](#) not long after he became fully vaccinated.

Fully jabbed twice as likely to die from covid compared to unvaccinated

Towards the end of 2021, China Joe opened up his mouth once again and stumbled through a speech about how we are all still suffering from a “*pandemic of the unvaccinated.*”

Beijing Biden has continued to spew the pro-jab scripts placed in front of him, demonstrating that he and his regime are anti-truth.

One of the most recent examples of this was a covid outbreak that occurred at the “Gridiron Dinner” in Washington, D.C., back in early April. All guests were required to show proof of injection in order to enter, and yet one week later 72 of the 630 fully jabbed and “boosted” guests tested positive for the Wuhan Disease.

Based on the latest data, it is possible that at least half of America is aware of the Biden regime’s lies concerning the jabs. This would explain why half of the country remains either partially vaccinated or fully unvaccinated.

It turns out that less than one-third of the country qualifies as “*fully vaccinated,*” based on the criteria set forth by both the Biden regime and Tony Fauci.

“Approximately 183 million people in the USA are now refusing to partake in the largest real-world experiment ever conducted, even though their ‘elected’ president told them it was their patriotic duty to get vaccinated because he falsely claimed the vaccinated do not spread Covid-19,” reports the *Daily Exposé* (UK).

Meanwhile, official data published by the government of Canada reveal that triple-injected people are now *four times* more likely than the unvaccinated to become infected with the Fauci Flu, and two times more likely to be hospitalized with it.

These same triple-injected folks are also twice as likely to *die* from COVID compared to their unvaccinated counterparts, which clearly shows that China Joe is a liar.

One explanation for this is vaccine-associated enhanced disease, also known as antibody-dependent enhancement, or ADE. Another is that people are contracting AIDS (acquired immune deficiency syndrome) from the injections.

Roughly two years ago, Luc Montagnier, a Nobel Prize winner who discovered HIV, warned that vaccinating people in the middle of a pandemic “is an unacceptable mistake.” We are now seeing the consequences of a world that rejected Montagnier’s warning.

World Alternative Media CEO: EU, Fauci COVID-19 pandemic announcements are scripted psychological warfare

Thursday, May 05, 2022 by: [Kevin Hughes](#)

([Natural News](#)) Josh Sigurdson of World Alternative Media (WAM) thinks the recent announcements made by the European Union (EU) and National Institute of Allergy and Infectious Diseases (NIAID) Director Dr. Anthony Fauci pertaining to the Wuhan coronavirus (COVID-19) pandemic are part of “*a scripted psychological warfare.*”

He was alluding to the EU’s declaration that the pandemic is over and Fauci’s statement on national television that the United States is now [out of the pandemic phase](#).

“I honestly think that this is probably one of the greatest examples of psychological warfare in recent history. The fact that we can say one thing one day and then another thing the next day and everything is at the exact same time like the mask mandates and vaccine mandates falling worldwide at the same time. And then people think, oh, it’s all over. It’s good. No this is psychological warfare. They are manipulating people’s minds,” said the WAM [CEO and journalist](#), adding that the people responsible for the COVID pandemic are using this to see how people react to certain announcements and then make plans for the future based on it.

“It’s all psychological warfare. The whole purpose is [to manipulate your mind](#), take (the) stress off your shoulder and then — boom! — they hit you again. But this time you feel a bit better because you had a little bit of a break, the eye of the storm, to kind of ride things out for a while.”

Sigurdson noted that the EU’s decision to move away from the COVID pandemic emergency phase came a week after Fauci said he is seeing a COVID infection uptick coming from BA2 subvariant. (Related: [The HighWire: European nations are scrapping COVID mandates.](#))

The WAM CEO said Fauci doesn’t sound like he knows what he’s talking about as he changes his mind every two weeks. He added that the NIAID director should be in jail

for funding bioweapons research labs and for being involved in killing people with anthrax.

China reports first human case of H3N8 bird flu

Sigurdson also talked about China reporting its first human case of H3N8 bird flu, which he said is a cue for the next big crisis. He said the Chinese police are now building cages around homes in the world's strictest COVID lockdown and added that those who want a view of the future should take a look at what is happening in China.

The globalists failed to get everyone scared with COVID-19, Sigurdson said, so they are now introducing the H3N8 bird flu.

He also mentioned that the International Monetary Fund (IMF), the *World Health Organization* (WHO) and the United Nations (UN) are meeting soon for a global government pandemic treaty.

The WHO, in a news release last March, said the international community should work together “toward a new international [treaty for pandemic preparedness and response](#)” to create a stronger global health architecture that will protect future generations.

Sigurdson said this is very important because they are planning a massive global governance system with the Special Drawing Rights (SDR), an international reserve asset created by the IMF. He added that the globalists will use the collapse of the U.S. dollar and the global currency system to bring in SDR, which is attached to social credit. He said the COVID-19 pandemic is just the beginning and that the globalists are now shifting into the next big thing. Sigurdson added the 2020s are the testing ground to push toward Agenda 2030 – the decade the globalists intend to depopulate the Earth.

Researchers confirm evidence of viral shedding from covid-19 vaccines

Thursday, May 05, 2022 by: [Lance D Johnson](#)

([Natural News](#)) A new study, “[Evidence for Aerosol Transfer of SARS-CoV2-specific Humoral Immunity](#)” shows that vaccinated adults are more likely to transmit SARS-CoV-2 infection to their children who live in the same household. Researchers from the [University of Colorado](#) detected the presence of SARS-CoV-2 specific IgGs and IgAs in swab samples taken from children who live with “fully vaccinated” parents. Children who live in unvaccinated households are less likely to have SARS-CoV-2 specific antibodies in their nasal passageways and saliva. This evidence shows that unvaccinated children could be developing specific immune responses to the spike proteins that [vaccinated people are shedding through their skin and into the air](#).

Evidence for viral shedding from covid-19 mRNA vaccines

The authors of the study hypothesize that the vaccinated adults are shedding SARS-CoV-2 specific antibodies through the air and are more likely to spread aerosolized

byproducts to unsuspecting “hosts.” This is the latest evidence that the [covid-19 vaccines are causing person-to-person transmission](#) of self-replicating spike proteins and other infectious nano-particles. This could be the reason for the uptick in SARS-CoV-2 specific antibodies in the nasal passageways and saliva of children. In traditional vaccinology, this non-consensual process of transmission is referred to as “*viral shedding*.”

The evidence is preliminary because it is based on laboratory results from 34 adult-child pairs. The study authors used the results to praise the covid-19 vaccines for reducing the risk of infection in unvaccinated children. However, the results show that vaccinated adults are causing specific immune responses, so the vaccines could be causing secondary infections in children through aerosol transmission from vaccinated adults.

Researchers claim that the vaccinated are transmitting antibodies, while ignoring the biological process by which these antibodies form

The study authors are calling this vaccine transmission a “*benefit*” to children due to “*passive immunity*” from vaccinated adults. The authors wrote, “*Our results suggest that aerosol transmission of antibodies may also contribute to host protection and represent an entirely unrecognized mechanism by which passive immune protection may be communicated.*” The study authors’ theory hinges on the hypothesis that the vaccinated are transmitting protective antibodies through the air.

“Respiratory transmission of viral infection is proof that oral/nasal cavity constituents can be communicated through aerosols and/or respiratory droplets. As such, it would stand to reason that antibody present within the oral/nasal environment may also be aerosolized to some degree,” they wrote.

To validate their hypothesis, the researchers used swab samples taken from masks that were worn by vaccinated lab personnel. The swabs contained IgG and IgA from the saliva of vaccinated individuals. “*Given these observations, we hypothesized that droplet/aerosolized antibody transfer might occur between individuals, much like droplet/aerosolized virus particles can be exchanged by the same route,*” the authors wrote.

“Evaluation of samples in this fashion revealed that high intranasal IgG in vaccinated parents was significantly associated (p -value = 0.01) with a 0.38 increase in the log transformed intranasal IgG gMFIs within a child from the same household.”

However, the authors did NOT show that the specific antibodies were viable outside the human body, whether they could travel through the air, attach to new hosts and provide immune benefits to children. The authors did not investigate whether the vaccinated adults were shedding infectious spike proteins and causing sickness in children and a subsequent immune response that they ultimately measured as SARS-CoV-2 specific IgG and IgAs.

This study more likely shows that a non-consensual vaccine shedding process is occurring after a person is vaccinated with SARS-CoV-2 mRNA. Other studies have shown that the spike protein is [not neutralized in the deltoid muscles](#). In [Pfizer's own study design documents](#), researchers were concerned with the possibility of “occupational exposure” and warned that caretakers and close contacts of the recently vaccinated could be exposed to the spike proteins that are translated and synthesized in their cells. These toxic nanoparticles circulate throughout the body, [cause damage to organs](#), and may shed through the skin. Unvaccinated children could be affected by this shedding process, and the SARS-CoV-2 specific antibodies in children could be evidence that they were previously sickened by the heavily vaccinated adult population.

CDC spied on millions of Americans during COVID by tracking cellphones

by David Leach • May 5, 2022



CDC spied on millions of Americans during COVID by tracking their cellphones.

From the very beginning of COVID tyranny, the push for vaccine passports has been nothing but a backdoor way of using the so-called pandemic to build an Orwellian police state, and with recent revelations that the CDC spied on millions of Americans by tracking their cellphones, it looks like Big Brother is well on the way of reaching that goal.

Newly released documents reveal the CDC spied on Americans by using COVID as an excuse to obtain cellphone location data in order to monitor schools and churches to see who was or wasn't complying with lockdowns and other mandates. Additionally, the documents show that the CDC intended to use it for more-general purposes (via [Motherboard](#)):

The documents reveal the expansive plan the CDC had last year to use location data from a highly controversial data broker. **SafeGraph, the company the CDC paid \$420,000 for access to one year of data to, includes Peter Thiel and the former**

head of Saudi intelligence among its investors. Google banned the company from the Play Store in June.

The Centers for Disease Control and Prevention (CDC) bought access to location **data harvested from tens of millions of phones in the United States to perform analysis of compliance with curfews, track patterns of people visiting K-12 schools, and specifically monitor the effectiveness of policy in the Navajo Nation,** according to CDC documents obtained by Motherboard. The documents also show that **although the CDC used COVID-19 as a reason to buy access to the data more quickly, it intended to use it for more general CDC purposes.**

The CDC used the data for monitoring curfews, with the documents saying that SafeGraph's data "has been critical for ongoing response efforts, such as **hourly monitoring of activity in curfew zones or detailed counts of visits to participating pharmacies for vaccine monitoring.**" The documents date from 2021. (Emphasis mine)

This news follows revelations back in January that [Canada's federal government was secretly surveilling](#) 90% of its population during the COVID lockdown by tracking 33 million phones. And just like the CDC, Canada's health organization plans to continue tracking population movement for at least the next five years to control "*other infectious diseases, chronic disease prevention and mental health.*"

The CDC is simply the latest U.S. government agency caught spying on Americans via their cellphones thanks to Donald Trump and his bought-and-paid-for Republican Party. For example, [BuzzfeedNews.com](#) reported in October 2020 that the Department of Homeland Security (DHS) — the post-9/11 creation of George W. Bush — was using real-time cellphone geolocation data to track people, a practice DHS claimed was perfectly legal and required no warrant.

DHS purchased consumer cellphone data that made it possible for authorities to track immigrants trying to cross the southern border, a practice privacy advocates warned could lead to a vast "surveillance partnership" between the government and private corporations.

In an internal memo, DHS's top attorney, Chad Mizelle, outlined how ICE officials were able to look up locations and track cellphone data activity to make decisions on immigration enforcement.

In defense of the practice, Mizelle stated his belief that DHS can obtain and use the data without a warrant or violating the Fourth Amendment — which protects us from unreasonable searches and seizures — That logic could lay the groundwork for the government to use the same data to track everyday Americans, raising red flags among privacy advocates.

A little over a year ago, we learned how the Defense Intelligence Agency — there's a contradiction in terms — [manipulated parts of the PATRIOT Act](#) and created a program making it possible for them to spy on us via our cellphones without a warrant.

Revelations about how the CDC spied on millions of Americans by tracking their cellphones didn't happen in a vacuum; the agency laid the foundation for it with its push for vaccine passports.

In July 2021, [CDC Director Rochelle Walensky suggested](#) that a “health pass system” (vaccine passports) allowing special access to certain venues for vaccinated individuals like those used in France and Italy — [not to mention Nazi Germany](#) — could be adopted in the United States.

Earlier this year, Joe Biden announced a plan to give [one billion COVID test kits](#) to Americans for “free.” Besides the obvious fact that his “free” tests would be paid for with taxpayer money, Biden's benevolence was, in reality, another backdoor method for gaining access to your cellphone; and eventually, the ability to track your every move.

*“At home COVID tests have been made available to every congressional office, but these are the kind that **require a smartphone to report results**, and ‘tests results are reported to relevant public health authorities.’ **We have developed a work around to the surveillance state.**” (Emphasis mine)*

In other words, once you use the test, government not only knows the results, but it will also have created backdoor access to your device. A COVID tyranny win-win.

As mentioned above, the CDC said in another section of the document that it wants to use cellphone location data for non-COVID-related purposes:

*“CDC also plans to use mobility data and services acquired through this acquisition to **support non-COVID-19 programmatic areas** and public health priorities across the agency, including but not limited to travel to parks and green spaces, physical activity and mode of travel, and population migration before, during, and after natural disasters,” it reads. “The mobility data obtained under this contract will be **available for CDC agency-wide use and will support numerous CDC priorities.**” (Emphasis mine)*

In March 2020 — well before vaccine mandates and passports — I wrote that COVID might lead to [the end of liberty and the race toward tyranny](#). In the piece, I referenced an article written by John Whitehead, the founder and president of the Rutherford Institute, who believes (as do I) that COVID tyranny is leading to the creation of a full-blown police state:

*“This coronavirus epidemic, which has brought China's **Orwellian surveillance** out of the shadows and caused Italy to declare a nationwide lockdown, threatens to **bring the American Police State out into the open** on a scale we've not seen before.”*

*“If and when a nationwide lockdown finally hits — if and when we are forced to shelter in place — if and when militarized police are patrolling the streets — if and when security checkpoints have been established — if and when the media’s ability to broadcast the news has been curtailed by government censors — **if and when public systems of communication (phone lines, internet, text messaging, etc.) have been restricted** — if and when those FEMA camps the government has been surreptitiously building finally get used as quarantine detention centers for American citizens — if and when military “snatch and grab” teams are deployed on local, state, and federal levels as part of the activated Continuity of Government plans to isolate anyone suspected of being infected with COVID-19 — and if and when martial law is enacted with little real outcry or resistance from the public — then we will truly understand the extent to which the government has fully succeeded in recalibrating our general distaste for anything that smacks too overtly of tyranny.”*

“This is how it begins.”

When all of this began a few short years ago, people wrote you off as a conspiracy theorist or tinfoil hat-wearing nut job if you expressed concerns about COVID tyranny leading us to an Orwellian surveillance or police state, but these new revelations about how the CDC spied on millions of Americans during COVID by tracking their cellphones appears to validate those concerns.

CDC data shows punitive COVID job mandates are killing the young

by: [Sara Middleton, staff writer](#) | May 4, 2022

([NaturalHealth365](#)) Hitting the headlines recently: some hope for the thousands of U.S. troops treated unjustly in the wake of the COVID shot fiasco, pending the moves of Congress.

Unfortunately, American servicemen and women weren’t the only ones negatively affected by the pandemic mitigation measures (vax mandate prominent among them). One [U.S. demographic](#) in particular might have been hit especially hard, according to some claims.

Does CDC data suggest that Gen X, Gen Z, and Millennials have faced staggering increase in death rates since COVID shot rollout?

Edward Dowd is reportedly a former Blackrock portfolio manager. A video of an interview he did with Steve Bannon on his show *War Room* is currently making the rounds on social media. In it, he makes some shocking claims based on his analysis of recent mortality data from the U.S. Centers for Disease Control and Prevention (CDC).

In the video, Dowd references a chart (“chart 4”) from the CDC, which he says “shows that the millennial age group 25 to 44 experienced an 84 percent increase in excess mortality into the fall” of 2021.

Dowd continues: *“It’s the worst ever excess death mortality, I think, in history. Just to give you an idea, when you look at chart 4, you see when mandates and boosters hit the acceleration into the fall, and then it reaccelerated into the end of the year.”*

Dowd is referring to the spikes in deaths that trend in tandem with the rollout of COVID jab mandates starting around August 2021.

Is it any surprise, Dowd and supporters argue, that these exponential rises in deaths correlate almost perfectly with times when a high number of young people were coerced into taking jabs under threat of termination and financial hardship?

The CDC’s National Center for Health Statistics (NCHS) rebukes Dowd’s claims, saying in an email to “fact-checker” Reuters that the provisional data “should most certainly not be attributed to specific events or causes – they just represent an overall higher number of deaths in this age group relative to previous years and could be due to any number of different factors (missed COVID-19 deaths, missed emergency care for conditions like [heart disease](#), increases in drug overdose deaths and motor vehicle traffic fatalities, etc.)”

Reuters concludes that the 84 percent increase in deaths among this age group is misleading. The NCHS has, however, acknowledged that data shows a 44 percent increase in deaths among this age group in 2021 compared to 2019.

In other breaking news: Bill introduced to Congress would reinstate servicemen and women unethically discharged from military over private medical decisions

It’s clear that more time needs to pass to truly gain clarity on the impact of these shots – as well as the impact of the immoral decision to mandate them for people who simply want to work, participate in society, and feed their families.

But we do see some hope for vindication among a large group of people hurt by jab mandates: U.S. [military members](#) who were involuntarily dismissed due to their decision *not* to receive a COVID jab.

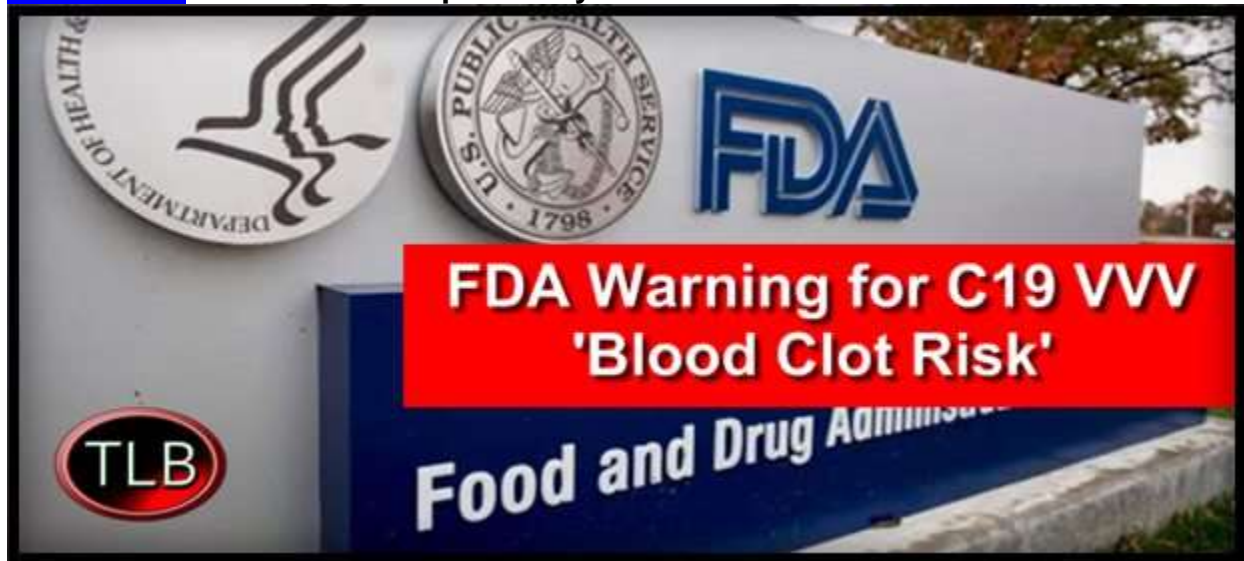
On April 25, 2022, New Jersey Republican Rep. Chris Smith introduced a new bill to Congress. The bill, H.R. 7570, is intended to *“establish certain protections for individuals involuntarily separated from the Armed Forces solely on the basis of refusing to receive vaccinations against COVID-19.”*

Rep. Smith has been quoted in multiple news articles, including Insider NJ, as saying that his legislation *“will ensure that our brave men and women in uniform who were unjustly punished because of their personal medical or moral decisions receive the benefits they deserve and have the opportunity to continue serving our great Nation.”*

If the bill passes the House, it will be sent to the Senate for further deliberation.

FDA Issues Warning for C19 VVV Due to 'Blood Clot Risk'

May 6, 2022 This article was posted by TLB Staff



FDA Issues Warning for Covid Vaccine Due to 'Blood Clot Risk'

Restricts to Adults 18 Years & Older

Becker News

The Food and Drug Administration has issued new restrictions on the single-shot Johnson & Johnson Covid vaccine.

The Johnson & Johnson shots are now limited to adults 18 years and older or for whom other COVID-19 vaccines are deemed not accessible or clinically appropriate due to the risk of blood clots.

"The FDA said its analysis had determined that the risk of thrombosis with thrombocytopenia syndrome after the administration of the shot warrants limiting of the authorization," CNBC [reported](#).

"We recognize that the Janssen COVID-19 Vaccine still has a role in the current pandemic response in the United States and across the global community," said Peter Marks, director of the FDA's Center for Biologics Evaluation and Research. *"Our action reflects our updated analysis of the risk of TTS following administration of this vaccine and limits the use of the vaccine to certain individuals."*

The FDA had confirmed 60 cases, including 9 deaths, of the "rare but serious" blood clotting condition.

"The FDA temporarily paused the administration of the Johnson & Johnson COVID-19 vaccine last year after several reported cases of blood clotting," UPI News [noted](#). *"At the time, all six cases were found in women between the ages of 18 and 48. At least one died."*

It is not the only serious side effect of Covid vaccines that has been verified this week. An [MIT study](#) found that there was an increased risk of side effects among 16-39 year-olds in Israel.

“COVID-19 vaccination was ‘significantly associated’ with a 25% jump in emergency medical services (EMS) for heart problems in 16-39 year-olds in Israel, whose vaccination rate is among the world’s highest, according to a peer-reviewed study by MIT researchers,” Just the News [reported](#).

“While not establishing causal relationships, the findings raise concerns regarding vaccine-induced undetected severe cardiovascular side-effects and underscore the already established causal relationship between vaccines and myocarditis, a frequent cause of unexpected cardiac arrest in young individuals,” the study says.

In October 2021, some European countries suspended authorization for Moderna vaccines due to the increased risk of heart inflammation for young persons.

“Scandinavian authorities on Wednesday suspended or discouraged the use of Moderna’s COVID-19 vaccine in young people because of an increased risk of heart inflammation, a very rare side effect associated with the shot,” [Fox reported](#) at the time.

“Sweden suspended the use of Moderna for those recipients under 30, Denmark said those under 18 won’t be offered the Swiss-made vaccine, and Norway urged those under 30 to get the Pfizer vaccine instead,” the report added.

An Oxford University study [published in Nature](#) in December showed that the risk of myocarditis, a form of heart inflammation, is greater from getting ‘vaccinated’ with the mRNA shots than from contracting the virus itself.

“This is the largest study to date of acute cardiac outcomes after SARS-CoV-2 vaccination or infection, the first to compare the risk of cardiac events between different vaccine products and SARS-CoV2 infection and the first to investigate the association between cardiac events and the ChAdOx1 vaccine,” the study stated.

“Our findings are relevant to the public, clinicians and policy makers,” the researchers note. “First, there was an increase in the risk of myocarditis within a week of receiving the first dose of both adenovirus and mRNA vaccines, and a higher increased risk after the second dose of both mRNA vaccines.”

In February, a CDC panel recommended a longer waiting period in between mRNA covid shots due to a reported spike in heart inflammation cases.

“A wider gap between the first two doses of the mRNA Covid-19 vaccines could improve the shots’ effectiveness and help reduce the risk of a rare type of heart inflammation

called myocarditis, experts told a Centers for Disease Control and Prevention advisory committee on Friday,” as NBC [reported](#).

“Members of the group, the CDC’s Advisory Committee on Immunization Practices, largely supported extending the recommended interval between the first two doses of both the Pfizer-BioNTech and Moderna vaccines to eight weeks,” the report added.

The recommended adjustment of the CDC timeline is another tacit admission that the Covid mRNA shots had unforeseen side effects and were not properly tested in clinical trials. Furthermore, the full clinical data for the Pfizer vaccine has [not yet been fully released](#).

However, Pfizer this week [released 90,702 pages](#) under court order that raise further disturbing questions about both the efficacy and the safety of the vaccines.

Public health officials who continue to tell the American people that Covid vaccines have no known side effects are committing fraud. It is now up to Congress to hold such public officials accountable to the fullest extent of the law, or otherwise pass laws to ensure that they are held accountable.

Largest Vaccine Group Resisters according to Robert Kennedy Jr.

In the ‘Covid Revealed’ video interview series that began airing this week, Robert Kennedy Jr. stated the most resistant groups to the Vaxx program were the following:

- Those holding PhD degrees
- Afro-Americans
- Those most informed about Covid

What I learned on my trip to the Ohio Statehouse

By Steve Kirsch

Quite a lot it turns out. The most stunning thing I learned is that you might not find out for more than 10 years if you are seriously injured by a vaccine. Many of us could be ticking time-bombs. [\[Further proof your government wants you dead!\]](#)

I am on the plane back from my trip to the [Ohio Statehouse event put on by Children’s Health Defense](#). A lot of my followers were there in force. Here is a quick summary of things I learned from the audience and from the other speakers:

1. **A third are still mask brainwashed.** Informal counting people boarding the plane suggests about 2/3 of travelers have no mask; 1/3 are still brainwashed. This is consistent with the mass formation estimate that a third of people are lost causes, a third are persuadable, and a third were never fooled.

2. **Vaccine adverse events can happen many years later.** Vaccines can kill people many years later. One father lost his 20 year old daughter to a seizure caused by a meningitis vaccine given to her when she was a small child. Vaccines can seriously injure people even 13 years after vaccination. One of the hosts of the event had a seizure during the event. She had the Gardasil vaccine many years ago, but didn't have her first seizure until 13 years ago. The seizures happen when she is under stress and can be triggered by a bad food choice. So even though she had no adverse reactions for 13 years, now she can be disabled in minutes. This was stunning seeing this first hand and learning about the 13 year latency period.
3. **How to identify a vaccine adverse event years later.** Vaccine injuries can be identified even a decade after the shot because the symptoms are so unusual and consistent. What I mean by that is that for most vaccines, the side effect profile is fairly narrow and unusual. For the COVID vaccines, the symptom list is much more variable, but the onset of multiple unusual symptoms (all associated with the vaccine in VAERS) starting shortly after vaccination is a dead giveaway.
4. **I met an autistic teenager.** He was vaccine injured. Hearing about autistic kids is one thing. Actually spending time with an autistic teenager is a whole new level. This is a horrible disease that is believed to be preventable if we stop the vaccines. I've been told that the [Amish don't have vaccines and don't have autism](#).
5. **State censorship.** Palo Alto Networks (the vendor used by the Ohio Statehouse) views Gab.com and vacsafety.org as subversive organizations so neither website was available from the Ohio Statehouse. This is government censorship of free speech and I believe it is unconstitutional.
6. **We've been misled on other meds, it's not limited to just vaccines.** Statins are bad news, confirmed yet again on this trip. Seems like everyone I know who has objectively looked at this says to stay away. A famous doctor's faith in the medical system has been destroyed by what has happened with the COVID vaccine. He now questions medications that his doctors have prescribed for him in the past as do I. I pointed him to [this article on how diabetes drugs you see advertised all the time on TV are not as safe as they make you think](#) (we both have Type 2 diabetes). Jenny Ruhl did her homework; sadly, very few endocrinologists take the time to do their own research. I think this is typical for most meds being prescribed today. This wasn't really news to me, but it's important to reiterate.
7. **Myocarditis rates could very well affect more than 1% of kids.** Nobody has done a troponin test on a cohort of vaccinated kids post vaccine. We are basically afraid to look. Peter McCullough thinks it might even be as high as 1 in 20 when you consider subclinical myocarditis (elevated troponin with visible symptoms which means "smoldering heart damage").

8. **Fewer than 1% of the public haven't ever been vaccinated with any vaccine. I did a "show of hands" survey on a crowd who was mostly COVID unvaccinated. So this is the best case. Fewer than 1% of people raised their hands.**
9. **Easiest way to red-pill your doc: Ask him to show you the data (see [this article](#)). Then ask him how come the medical community not only doesn't have this data but isn't asking for it. Let me know what he says. If this doesn't red-pill him, nothing will.**
10. **AERS app.** Robert Malone told me about a [cool adverse event reporting app called wombat](#) (that may be the wrong link) from a company called Phi that can be repurposed as a general tracking tool so we can look at all sorts of things with a public query tool. Think VAERS on steroids, and not just tracking vaccine events, but people's health in general. This could be a really powerful research tool.
11. **Report your COVID vax injury here:** On the [truthforhealth.org website](#). Peter McCullough runs this site.
12. **How to get politicians to act in the public interest:** You must show them it will impact their reelection chances. Apparently, they rarely take action otherwise. This was the advice from the pros.
13. **Why Ohio isn't blocking the vaccines or making mandates illegal:** It's simple: the "good guy" legislators in Ohio said they don't have the votes. The vested interests (such as the Chamber of Commerce) will support the other guy if they don't toe the line and support the vaccine.
14. **75% of the docs at UCSF/Marin in radiology got religious exemption instead of the booster. It's because they saw what happened to vaccinated patients. They aren't stupid. Again, we see validation of the mass formation stats (equal parts duped, semi-duped, not duped).**
15. **How to treat the vaccine injured:** I learned the techniques doctors are using to treat the vax injured. I also learned that most clinics claiming to do this have no clue what they are doing and will just give you test after test and basically make a lot of money on you. I'll be writing a separate substack article on this. In particular, IVIg treatments are a two-edged sword, mostly negative.
16. **Hospitals get paid over \$100K per dead COVID patient.** It's criminal that the U.S. government is incentivizing hospitals to kill patients. Why isn't there an incentive for every COVID patient that they save?? I bet the results would be a lot different if we did that!

17. **UK data shows 28X more likely to die (all causes) if vaccinated.** UK data shows for ages 10-14, ≥ 21 days since 2nd shot died at 28 times the rate of the unvaccinated. Check out <https://archive.ph/kch6d>. I guarantee you that it's even worse if you look at death starting right after the shot. Do you think we should run full-page ads and billboards signed by 10,000+ doctors (we include hyperlink to the names in the ad) saying "PLEASE do not vaccinate your kids" with a subhead of "Latest data from the UK government show that vaccinated kids die at 28 times the rate of unvaccinated kids. The CDC doesn't want to admit they were wrong which is why they aren't telling you this"? The other ad I want to run is on masks, e.g., "The latest data shows wearing a mask makes you more likely to get COVID. But the CDC is too embarrassed to admit they got it wrong." Again, signed by 10,000 doctors with the scientific reference link.
18. **Government incentivized fraud.** Ernest Ramirez was offered \$30K to say his son died from COVID instead of the vaccine. He refused.
19. **Adaptive clinical trial for the next pandemic.** Peter McCullough thinks that the [COLCORONA trial](#) was really well done and should be the model in the future for adaptive clinical trials.
20. **The U.S. government pays schools to push deadly drugs.** Ohio State University is being paid almost \$1 billion as long as they comply with the CDC vaccine guidance. This is in the public record. So if they are paying this to Ohio State, can you imagine what other schools are getting?

Lipid Nanoparticles: A Key Component Of COVID Vaccines Stick To Your Organs Found Pfizer's Own Study

May 6, 2022

Information obtained through a Freedom of Information Act lawsuit filed by Judicial Watch, Pfizer's own study revealed that lipid nanoparticles, a key component of their COVID vaccines, stick to your organs, especially the liver, adrenal glands, spleen, and ovaries.



Judicial Watch today announced that it had received [466 pages](#) of records (*pdf below*) from the Department of Health and Human Services (HHS) relating to bio-distribution studies and related data for the COVID-19 vaccines, which show that lipid nanoparticles (LNPs), a key component of the vaccines developed by Pfizer/BioNTech, were found outside the injection site, primarily in the liver, adrenal glands, spleen, and ovaries of test animals, 8 to 48 hours after injection.

LNPs are used as a delivery mechanism in Pfizer/BioNTech's mRNA-based COVID vaccine. Acuitas Therapeutics LNP technology is used in COMIRNATY, the Pfizer/BioNTech COVID-19 vaccine, according to a [press release](#) issued by Pfizer on January 10, 2022.

Johnson & Johnson relied on studies showing that vaccine DNA particles and injected virus particles were still present in test animals months after injection, according to [663 pages](#) of records obtained from HHS regarding biodistribution studies and related data for COVID-19 vaccines, which show that Johnson & Johnson relied on studies showing that vaccine DNA particles and injected virus particles were still present in test animals months after injection.

According to the data, Johnson & Johnson did not include tests of the spike protein encoded in the J&J vaccination in its submission to the FDA for approval of its COVID vaccine.

A method of tracking where compounds of interest go in an experimental animal or human subject is called [biodistribution](#).

The records were obtained through a Freedom of Information Act (FOIA) lawsuit ([Judicial Watch v. U.S. Department of Health and Human Services](#) (No. 1:21-cv-02418)) filed by Judicial Watch after the Food and Drug Administration, the Centers for Disease Control and Prevention, and the National Institute for Allergy and Infectious Disease failed to respond to a June 8, 2021, FOIA request for:

[A]ccess to biodistribution studies and related data for the Pfizer, Moderna, and Johnson & Johnson vaccines used to treat and/or prevent SARS-CoV-2 and/or COVID-19.

In a section titled "*Safety Pharmacology*," the report notes, "*No safety pharmacology studies were conducted with BNT162b2 [the BioNTech vaccine] as they are not considered necessary for the development of vaccines according to the WHO guideline (WHO, 2005).*"

The Pfizer records also include a [report](#) approved in February 2021 on the animal trials on the distribution of the Pfizer COVID vaccine in rat subjects. "*Nonclinical studies evaluating pharmacodynamic drug interactions with BNT162b2 were not conducted as they are generally not considered necessary to support the development and licensure*

of vaccine products for infectious diseases (WHO, 2005),” it says under “Pharmacodynamic Drug Interactions.”

When lipid nanoparticles (LNPs) “with a comparable composition” to those used in in the Pfizer COVID vaccine were injected into rats, “total recovery (% of injected dose) of LNP outside the injection site was greatest in the liver and was much less in the spleen, adrenal glands, and ovaries,” according to this Pfizer report.

“In summary” ... “the LNP distributes to the liver .” “Over 48 hours, the LNP distributed mainly to liver, adrenal glands, spleen and ovaries, with maximum concentrations observed at 8-48 hours post-dose,” the research stated in its extensive analysis.” “Total recovery (% of injected dose) of LNP, for combined male and female animals, outside of the injection site was greatest in the liver (up to 18%) ...”

“No genotoxicity studies are planned for BNT162b2 [the Pfizer/BioNTech COVID vaccine] as the components of the vaccine constructs are lipids and RNA and are not expected to have genotoxic potential (WHO, 2005),” according to the same Pfizer/BioNTech study. Similarly, “Carcinogenicity studies with BNT162b2 have not been conducted as the components of the vaccine construct are lipids and RNA and are not expected to have carcinogenic or tumorigenic potential.”

“The nonclinical program demonstrates that BNT162b2 is immunogenic in mice, rats, and nonhuman primates, and the toxicity studies support the licensure of this vaccine,” says the study’s conclusion. “Boost immunizations” were also tested on the animals in the trial, according to the report. “Vaccine-related microscopic findings at the end of dosing for BNT162b2 were evident in injection sites and surrounding tissues, in the draining iliac lymph nodes, bone marrow, spleen, and liver,” the researchers added.

A report titled “[Pharmacokinetics Tabulated Summary](#),” which was approved in January 2021, is also contained in the Pfizer report. The biodistribution of lipid nanoparticles containing mRNA employed in the vaccination employing rats as clinical trial participants is shown in a table in the study, with LNPs accumulating after 48 hours, particularly in lymph nodes, ovaries, small intestine, and spleen.

“Justification for the absence of studies in CTD Module 4 (part of 2.4),” a September 2020 “Confidential” appendix to the [clinical trial studies](#) submitted for the Pfizer/BioNTech COVID vaccine (BNT162b2), notes under “Safety Pharmacology” that “No safety pharmacology studies were conducted as they are not considered necessary according to the WHO guideline (WHO, 2005).”

“Nonclinical studies evaluating pharmacodynamic drug interactions were not conducted as they are not generally considered necessary to support development and licensure of vaccine products for infectious diseases (WHO, 2005),” it says under “Pharmacodynamic Drug Interactions.”

Pfizer investigated a vaccine with an RNA strand “that self-amplifies upon entering the cell” in a “Confidential” [study](#) approved in April 2020 that looked at four COVID vaccine variations. It “encodes the Venezuelan equine encephalitis (VEE) virus RNA-dependent RNA polymerase (RDRP or replicase).”

“Although liver function tests will be carefully monitored during the clinical development of these vaccines, BioNTech’s prior clinical experience indicates that distribution to the liver does not pose a safety concern,” the authors write in the same Pfizer paper.

The Johnson & Johnson COVID-19 vaccines’ [“Pharmacokinetics Written Summary”](#) from June 2020 states:

Ad26COVS1 (also known as VAC31518 or JNJ-78436735) is a monovalent, recombinant replication-incompetent adenovirus type 26 (Ad26) vectored vaccine encoding a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) Spike protein.... No specific pharmacokinetic studies have been performed with Ad26COVS1. However, to assess distribution, persistence, and clearance of the Ad26 vector (platform), biodistribution studies were conducted in rabbits using two other Ad26-based vaccines encoding [redacted] and [redacted] antigens.... [T]he available biodistribution results are considered sufficient to inform on the biodistribution profile of Ad26COVS1, for which the same Ad26 vector backbone is used.

“These documents show why many Americans have concerns about whether the novel COVID vaccines that were developed at such an accelerated pace were tested properly and thoroughly,” said Tom Fitton, president of Judicial Watch.

Globalists have been planning to starve the world with food scarcity since at least 2015

05/05/2022 / By Arsenio Toledo



The globalists have been planning [a global famine](#) that would collapse American society as early as 2015.

This is according to Edward Szall, an investigative reporter who spoke to Stew Peters on “The Stew Peters Show” about a crisis simulation conducted in November 2015. This simulation was called the “[Food Chain Reaction: A Global Food Security Game](#)” and was conducted over the course of two days in Washington, D.C.

Present in the simulation was an international group of policymakers, academics and business leaders. The group includes representatives from the countries that produce the largest amount of food, including Brazil, China and Ukraine. (Related: [Merritt Medical Hour: Starvation and famine will be weaponized to control people – Brighteon.TV.](#))

Also present were representatives from the World Wildlife Foundation, the Center for American Progress and the Center for Naval Analyses, a federally funded research and development center for the Navy and the Marine Corps.

The simulation takes place between 2020 and 2030. According to the projections made during the simulation, the decade brought about two major [food crises which saw prices surging](#) by nearly 400 percent.

The crisis simulation also predicted extreme weather events supposedly caused by climate change, several famines and refugee crises in Bangladesh, Chad, Myanmar and Sudan, and the toppling of the governments of Pakistan and Ukraine.

Some of these predictions ended up becoming a reality, especially regarding Ukraine and Pakistan. The ongoing war in Ukraine is already well known. But in Pakistan, former Prime Minister Imran Khan was recently overthrown and a new, more Western-friendly government has taken over.

Khan alleged that his ouster from power was organized by “foreign elements,” who used many members of Pakistan’s parliament [to further their own goals](#).

Globalists preparing to institute global carbon taxes on food

The simulation also predicted that the world would experience “a steep price spike with looming global food shortages” in 2022. In response to these food shortages, the European Union in the simulation introduced a carbon tax on meat products which would only be reversed in 2025 when harvests return to normal.

“We’ve learned that a carbon tax is a possibility in years ahead,” said Joe Stone, at the time the corporate vice president of Cargill and the company’s representative in the simulation.

Szall remarked that it was very weird that the only response the crisis simulation had to famine was a global carbon tax.

“The global response should be [to] plant more food, get back to the hyper localization of farming, prepare,” said Szall. “Their response was ‘We’re going to make your burger, your Big Mac, cost \$20. And guess what ... if you have any problem with it, you’re a terrorist, you’re a problem to the government, you’re someone who should be monitored.’”

During the crisis simulation, Szall said, several participants raised the point that people will have problems with being forced to pay more for food because of carbon taxes. The simulation’s solution to this, according to Szall, was for governments to “build out some kind of network to watch them.”

Szall pointed out that Cargill, one of the simulation’s main participants, is connected to Bill Gates through their initiatives to [replace natural meat with lab-grown meat](#). Furthermore, the investigative reporter said the keynote speaker of the crisis simulation is John Podesta, the former manager of Hillary Clinton’s failed 2016 presidential campaign.

“I can’t say that I’m surprised at all,” said Peters. “John Podesta, directly tied to Hillary Clinton, all of them in bed with Bill Gates. All of them, key components in this Luciferian global cabal, all a part of the Deep State.”

Learn more about the global food crisis and how it may have been engineered by globalists at [Globalism.news](#).

Watch this clip from “The Stew Peters Show” as host Stew Peters and investigative reporter Edward Szall talk in detail about the premeditated plan [to plunge America into a famine](#).

This video is from the channel [The Prisoner on Brighteon.com](#).

COVID-19 Vaccine Can Trigger Acute Hepatitis: Case Report

May 6, 2022

Within the T cells that were discovered in the liver, scientists found an enrichment of T cells that are reactive to SARS-CoV-2. A case report revealing that the COVID-19 vaccine can trigger acute hepatitis discloses information previously unknown.

EXCLUSIVE: According to a recent case report of a man who obtained an mRNA-based COVID-19 vaccine, the vaccine “may trigger immune-mediated hepatitis,” researchers noted.

The case report doesn’t really say how prevalent such a situation would be, but researchers say it is acknowledged as a *“rare adverse event not identified in early trials.”*

The study, released in the *‘Journal of Hepatology’* (read below) in late April, presents the example of a 52-year-old man from Germany who experienced acute hepatitis (liver inflammation) two to three weeks after receiving an mRNA-based COVID-19 vaccination from Pfizer-BioNTech (the BNT163b2 vaccine).

Researchers discovered that after taking the COVID-19 vaccination and developing acute hepatitis, highly-activated T cells *“accumulate and are evenly distributed in the different areas”* of the man’s liver. T cells are a type of white blood cell that play an important role in the immune system. These cells concentrate on combating new infections.

The patient complained of nausea and weariness around 10 days after receiving his first dosage of the vaccination, and he was later diagnosed with severe hepatitis. After about three days, the hepatitis cleared up on its own. He received a second dosage of the vaccine 41 days following the first. After 20 days, the nausea and exhaustion reappeared; he was administered an oral steroid prescription and initially improved. He relapsed 39 days later, but was promptly treated with systemic immunosuppressive medication, which comprised steroids. The man’s liver function tests *“subsequently normalized within 8 weeks.”*

The man’s immune reaction to the COVID-19 vaccine, according to the investigators, may have led to his liver inflammation. The Pfizer COVID-19 vaccine *“may trigger immune-mediated hepatitis by mechanisms linked to vaccine-induced cellular immunity,”* according to the case report.

Within the T cells that were discovered in the liver, the scientists found *“an enrichment of T cells that are reactive to SARS-CoV-2, suggesting that these vaccine-induced cells can contribute to the liver inflammation in this context.”*

D8 T cells, in particular, *“represented the most abundant immune cell subset”* found in the liver. *“Our analysis highlights that activated cytotoxic CD8 T cells including vaccine-induced spike-specific CD8 T cells could contribute to disease pathogenesis,”* the researchers stated.

“Based on their strong enrichment ... we speculated that CD8 T cells could be drivers of the hepatic inflammation.”

The case was described as one that appeared to be autoimmune hepatitis but was not. *“Autoimmune-hepatitis-like disease after vaccination against SARS-CoV-2 is now recognized as a rare adverse event not identified in early trials,”* they wrote. *“The widespread use of the vaccine with administration of hundreds of million doses worldwide raises also questions of causality vs. coincidence.”*

It is critical to distinguish autoimmune hepatitis from hepatitis produced by immunological reactions after COVID-19 vaccination, according to the authors; the

former necessitates lifelong immunosuppressive medication in many individuals, whilst the latter is likely transient.

Month	Image	Text
May		95% Protection
Jun		70% Protection
Jul		50% Protection
Aug		No protection, but reduces the spread
Sep		Doesn't reduce the spread, but reduces severity
Oct		Doesn't reduce severity, but reduces hospitalizations
Nov		Doesn't reduce hospitalizations, but you aren't going to die
Dec		You die, but you go to heaven

World Health Organization

TaxpayerFundedCrackpipes.com

5 Disturbing Facts About Dr. Tedros Adhanom, Director-General Of World Health Organization

by K. Walker

The Director-General of the World Health Organization(WHO) is facing calls to resign over the bungled response to COVID-19. But who exactly is the doctor leading the WHO? Dr. Tedros Adhanom Ghebreyesus has a background that raises a lot of

questions. **What is most shocking is that in another two weeks this man will be in a position to over-rule your U.S. Constitutional liberties and rights. Over the past year he has flipped flopped more than Dr. Anthony Fauci of the NIAID, his own monthly comment about the Covid-19 virus!**

There are some disturbing things about the 57-year old who was selected for the top job at the WHO in May 2017 that seem to have been skipped by the Media.

The more mundane facts about Dr. Tedros are that he was born in 1965 in Asmara, which was part of Ethiopia at the time but is now in Eritrea. He is married and has five children. When he was a child himself, he watched as his younger brother die from what he believes to have been the measles. The preventable death of his brother is what he says spurred him to work on health and health policy.



1. He Is Not Actually A Medical Doctor

Dr. Tedros is the first African Director-General to be appointed to the WHO, and the first in its 72-year history to not be a medical doctor. He has never practiced as a medical doctor. His doctorate degree is in philosophy in community health and he holds a master of science in the immunology of infectious diseases.

Dr. Tedros left Ethiopia and came to the UK where he studied at the London School of Hygiene & Tropical Medicine, graduating with Masters of Science in Immunology of Infectious Diseases in 1992.

He then went on to study at the University of Nottingham, where he received a PhD in community health in 2000.

Source: [Daily Mail](#)

2. He Is A Far-Left Politician Who Was Part Of A Brutal Regime

During his bid for the \$260,000 a year job as the head of the WHO, Dr. Tedros was serving as Ethiopia's health minister and had served as foreign minister.

He vowed to make universal healthcare his central priority if he managed to become the World Health Organization's Director-General. Dr. Tedros hired a public relations firm to help him clinch the top job at the WHO.

In the mid-1980s, Dr. Tedros graduated from university and went to work for a Marxist dictator as Health Minister.

Later, after the dictatorship was overthrown, he joined the Tigray People's Liberation Front, which was listed as a terrorist organization by the U.S. government in the 1990s.

He graduated from university in Ethiopia in 1986 with a degree in biology and went to work as a health official in the regime of Marxist dictator Mengistu Haile Mariam, while the country was ruled by the Derg military junta.

According to the [BBC](#), Dr. Tedros then joined the hard-left TPLF – which started life as a Communist party and played a major role in overthrowing Mariam in 1991. It later became part of the EPRDF, a coalition of left-wing parties that ruled Ethiopia until last year.

Source: [Daily Mail](#)

In 2010, Dr. Tedros served as the Number 3 in executive leadership in the Ethiopian Peoples' Revolutionary Democratic Front. During the election that year, the EPRDF won all but 1 of the 547 seats in the legislature.

As foreign minister from 2012 and 2016, Tedros became the face of a government that human rights groups accused of systematic torture, disappearances and repression of the media and civil society. In Ethiopia's controversial 2015 general elections, Tedros' ruling [EPRDF declared that it won all 547 seats](#) of legislature amid [reports](#) of continued repression.

Source: [Quartz Africa](#)

In 2016, while Dr. Tedros was the Foreign Minister, he got into a public fight with Human Rights Watch for reporting on the EPRDF's brutal attacks on their own citizens.

3. He Has Exhibited Very Poor Judgment

That has been made very clear in the way that the WHO has bungled the COVID-19 response and continues to cover for China and push Chinese propaganda.

In October 2017, Dr. Tedros tried to appoint Robert Mugabe as a "goodwill ambassador" for the WHO—which should tell you all that you need to know. He's apparently not a great judge of character and is completely tone-deaf.

The plan by World Health Organization (WHO) director-general to appoint Zimbabwe president Robert Mugabe as a goodwill ambassador has backfired and [been rescinded](#) after an international outcry...

...Mugabe, 93, one of the longest serving leaders in the world, seems a particularly unusual appointment for goodwill ambassador, given his high profile as the leader of a government with a poor record of democratic freedoms.

Critics were particularly offended at the idea that Mugabe was appointed because of his contributions to public health given the collapse of Zimbabwe's healthcare system under his watch, along with the country's economy in recent years. Mugabe, [along with several others African leaders](#), has long trips abroad for medical treatment.

Source: [Quartz Africa](#)

The [Times UK](#) reported that the appointment of Mugabe as goodwill ambassador was to appease China, a long-time supporter of Mugabe, for using its influence to have Dr. Tedros elected Director-General.

The [Times](#) also notes, "*China has praised the authoritarian development model of Ethiopia's regime, which rules under emergency powers and has put down pro-democracy protests.*"

Which brings us to...

4. The China Connection

While Dr. Tedros was Foreign Minister, he managed to assist in the negotiation to boost U.N. funding to Ethiopia as part of the Addis Ababa Action Agenda. [United Nations funding records show](#) that Ethiopia received millions of dollars in funding—including from China who had previously contributed very little to the country.

In 2015 and 2016 China gave some \$16million to Ethiopia in spending commitments and cash contributions, largely in support of food or refugee programmes.

In 2011, just before Dr. Tedros took up the role, and in 2017, just after he left, China handed over another \$44million in commitments and contributions.

Its total contributions outside of this period, dating back to the year 2000, were just \$345,000.

Source: [Daily Mail](#)

At the time of Dr. Tedros's appointment to the WHO, [Frida Ghitis of the Washington Post](#) noted that China "worked tirelessly behind the scenes to help Tedros defeat the United Kingdom candidate for the WHO job, David Nabarro. **Tedros's victory was also a victory for Beijing**, whose leader Xi Jinping has made public his goal of flexing China's muscle in the world." (Emphasis added)

5. Dr. Tedros Was An Awful Health Minister

He is accused of covering up several cholera epidemics in Ethiopia while he was Health Minister.

[According to the BBC](#), while he was Health Minister, “his ministry was known to discourage journalists from reporting about suspected cholera cases in the country.”

During the 2017 election itself, several groups within Ethiopia [opposed](#) Dr Tedros’s appointment due to his links with the TPLF and allegations that they stifled journalists and repressed minorities.

Dr Tedros was also [accused](#) of covering up three separate cholera outbreaks in 2006, 2008 and 2011 by mis-reporting it as ‘watery diarrhea’, allegations he dismissed as a ‘smear campaign’ by his British rival.

Source: [Daily Mail](#)

In one scathing [Letter to the Editor of the Addis Standard](#), a Ph.D. candidate wrote:

Dr. Tedros left the Ethiopian health sector very much politicized and crippled, which has to be yet depoliticized if it has to function properly. The more than 35,000 female health extension workers trained for six months and deployed across Ethiopia during his tenure, which many praise him for, are more of political cadres who are deployed in rural household families to serve the TPLF than helping health workers. This has been verified by their own internal memos and reports on various occasions.

[An article in Madote](#) describes the conditions that doctors were working in Ethiopia under Dr. Tedros’s term as Health Minister—no access to water for handwashing, and delivering babies at night using flashlights from a smartphone were particularly jarring examples cited.

Even though he was a political appointee with no experience in health care, Dr. Tedros was lucky to have the international community pouring millions of dollars of donation to support the Ethiopian health care system from the AIDS and Malaria crises that engulfed the nation in the mid-90s.

Thousands of primary health care centers were built all over Ethiopia, and Addis Ababa particularly. Most of these buildings were built by contactors owned by the political party that Dr. Adhanom was representing. I will not go into the details of how these substandard two and three floor buildings were built to show how the government was investing in health care. The devil is in the detail. As a young health care practitioner with ambition to help the public, I was enthusiastic to give my best knowledge in to practice. The two-story building that housed about 25 health care providers, has no the bare necessities a health care office should have. In the very small room I was assigned to see patients, consumable health care items such as sterile gloves, paper exam gowns and covers for exam tables, cotton swabs, gauze, tongue depressors, alcohol prep pads, sample containers, chemical test strips, suturing equipment, syringes,

disposable instruments, stethoscope, water sink, and restroom supplies were non-existent. This is a fact in most health care centers in Ethiopia.

Yes, this is the legacy of the man that has been running interference for China regarding the Wuhan coronavirus.

Rebel Media's Kean Bexte covered lots of this and some more interesting tidbits in the following video.

That John Martin quote cited by Bexte really does sum it all up:

In a sane world, instead of leading a global organization, Tedros and his cronies would be put on trial at the International Criminal Court, tried for his crimes, and if found guilty, should spend the rest of his life in prison.

More Than 8,000 New COVID Vaccine Injuries Reported to VAERS, CDC Data Show

VAERS data released Friday by the Centers for Disease Control and Prevention included a total of **1,255,355 reports of adverse events** from all age groups following COVID-19 vaccines, including **27,758 deaths** and **226,703 serious injuries** between Dec. 14, 2020, and April 29, 2022.

By Megan Redshaw


The Centers for Disease Control and Prevention (CDC) today released new data showing a total of [1,255,355 reports of adverse events](#) following COVID-19 vaccines were submitted between Dec. 14, 2020, and April 29, 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 [27,758 reports of deaths](#) — an increase of 226 over the previous week — and [226,703 serious injuries](#), including deaths, during the same time period — up 1,937 compared with the previous week. There were [8,224 additional total adverse events reported](#) to VAERS over the previous week.

Excluding “[foreign reports](#)” to VAERS, [813,021 adverse events](#), including [12,779 deaths](#) and [81,271 serious injuries](#), were reported in the U.S. between Dec. 14, 2020, and April 29, 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 12,779 U.S. [deaths reported](#) as of April 29, 16% occurred within 24 hours of vaccination, 20% occurred within 48 hours of vaccination and 59% occurred in people who experienced an [onset of symptoms](#) within 48 hours of being vaccinated. In the U.S., 575 million COVID-19 vaccine doses had been administered as of April 29, [including](#) 339 million doses of Pfizer, 217 million doses of Moderna and 19 million doses of Johnson & Johnson (J&J).



Search Results

From the 4/29/2022 release of VAERS data:

Found 1,255,355 cases where Vaccine is COVID19

[Government Disclaimer on use of this data](#)

Table

↓ Event Outcome	↑ ↓ Count	Percent
Death	27,758	2.21%
Permanent Disability	51,800	4.11%
Office Visit	190,951	15.21%
Emergency Room	120	0.01%
Emergency Doctor/Room	128,418	10.23%
Hospitalized	153,967	12.28%
Hospitalized, Prolonged	374	0.03%
Recovered	339,044	27.01%
Birth Defect	1,063	0.08%
Life Threatening	30,956	2.47%
Not Serious	566,749	45.15%
TOTAL	† 1,491,000	† 118.77%

† 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 1255355 (the number of cases found), and the Total Percentage is greater than 100.

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 April 29, 2022, for 5- to 11-year-olds show:

- [10,444 adverse events](#), including [261 rated as serious](#) and [5 reported deaths](#).
- [19 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. The Defender has noticed over previous weeks that several reports of myocarditis and pericarditis have been removed by the CDC from the VAERS system in this age group. No explanation was provided.

- [43 reports](#) of blood clotting disorders.

U.S. VAERS data from Dec. 14, 2020, to April 29, 2022, for 12- to 17-year-olds show:

- [31,504 adverse events](#), including [1,808 rated as serious](#) and [44 reported deaths](#). The most recent reported death involves a 14-year-old girl from Tennessee (VAERS I.D. [2238618](#)) who died after receiving her second dose of Pfizer's COVID-19 vaccine. According to the VAERS report, the girl had a previous history of cancer but was hospitalized 29 days after receiving her second dose of Pfizer with severe COVID-19 and COVID pneumonia. She became "critically ill," developed respiratory failure and bradycardia and later died.
- [65 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](#).
- [650 reports](#) of myocarditis and pericarditis — two fewer than last week — with [638 cases](#) attributed to Pfizer's vaccine.
- [166 reports](#) of blood clotting disorders — 1 fewer than last week — with all cases attributed to Pfizer.

U.S. VAERS data from Dec. 14, 2020, to April 29, 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 **73**.
- As of April 29, [5,480 pregnant women](#) reported adverse events related to COVID-19 vaccines, including 1,711 reports of [miscarriage or premature birth](#).
- Of the [3,626 cases of Bell's Palsy](#) reported — seven fewer cases than what was reported two weeks ago — 51% were attributed to [Pfizer](#) vaccinations, 40% to [Moderna](#) and 8% to [J&J](#).
- 872 reports of [Guillain-Barré syndrome](#), with 42% of cases [attributed to Pfizer](#), 30% to [Moderna](#) and 29% to [J&J](#).
- [2,331 reports](#) of anaphylaxis — 24 fewer reports than was what recorded two weeks ago — where the reaction was life-threatening, required treatment or resulted in death.
- [1,692 reports](#) of myocardial infarction.
- [13,873 reports](#) of blood-clotting disorders in the U.S. Of those, [6,227 reports](#) were attributed to Pfizer, [4,943 reports](#) to Moderna and [2,662 reports](#) to J&J.
- [4,164 cases](#) of myocarditis and pericarditis with [2,552 cases](#) attributed to Pfizer's, [1,420 cases](#) to Moderna's and [180 cases](#) to J&J's COVID-19 vaccine.

FDA limits use of J&J shot over rare blood clotting disorder

The FDA on Thursday [put strict limits](#) on the use of the Johnson & Johnson (J&J) [COVID-19](#) vaccine, citing the risk of a blood-clotting condition the agency [described](#) as “rare and potentially life-threatening.” In [a statement](#) Thursday, the FDA said the risk of vaccine recipients developing [thrombosis with thrombocytopenia syndrome](#) (TTS) after receiving the vaccine “warrants limiting the authorized use of the vaccine.”

The agency described TTS as “a syndrome of rare and potentially life-threatening blood clots in combination with low levels of blood platelets with onset of symptoms approximately one to two weeks following administration of the Janssen [J&J] COVID-19 vaccine.”

Peter Marks, M.D., Ph.D., director of the FDA’s Center for Biologics Evaluation and Research, [said](#) limiting the authorized use of the Janssen vaccine “demonstrates the robustness of our safety surveillance systems and our commitment to ensuring that science and data guide our decisions.”

However, Brian Hooker, Ph.D., P.E., [Children’s Health Defense](#) chief scientific officer and professor of biology at Simpson University, had a different take on the news.

“It seems like the FDA pays lip service to the fact that the spike protein can cause clotting, and to the widespread reports of clotting, by punishing Janssen, who has become the ‘whipping boy’ of the COVID-19 vaccine manufacturers through the pandemic,” Hooker said.

The [decision](#) comes about five months after the CDC [recommended](#) mRNA vaccines Moderna and Pfizer over J&J for booster doses.

In April 2021, federal health agencies paused distribution of J&J’s vaccine to investigate reported cases of blood clotting disorders occurring in those who received the shot. But regulators lifted the pause 10 days later and added a warning to instructions for its use.

Recipients of Moderna vaccine may be more likely to suffer repeated infections

A new [study](#) suggests recipients of [Moderna’s COVID-19 vaccine](#) may be more likely to suffer repeated infections, perhaps indefinitely.

The preprint study found participants in Moderna’s [adult trial](#) who received the vaccine and later were exposed to the virus, did not generate antibodies to a key component of the virus as often as those in the placebo group.

The authors’ findings, corroborated by U.K. data that demonstrate the rates of infection are significantly higher in the vaccinated, suggest Moderna knew of this safety signal in 2020 when the vaccine maker was conducting its trials.

The study implies that reduced ability of a vaccinated individual to produce antibodies to other portions of the virus may lead to a greater risk of future infections in the vaccinated compared to the unvaccinated.

Evidence suggests that even after a vaccinated person has a [breakthrough](#) infection, that individual still does not acquire the same level of protection against subsequent exposures that an unvaccinated person acquires.

Study of 23 million people shows increased risk of myocarditis after COVID vaccines

A [study](#) published in JAMA Cardiology on April 20 [involving 23 million](#) people shows a COVID-19 vaccine side effect once labeled as “misinformation” is real.

According to the study, “both first and second doses of mRNA vaccines were associated with increased risk of [myocarditis](#) and pericarditis. For individuals receiving 2 doses of the same vaccine, risk of myocarditis was highest among young males (aged 16-24 years) after the second dose.”

Myocarditis is inflammation of the heart muscle that can lead to cardiac arrhythmia and death. [Pericarditis](#) is inflammation of the tissue surrounding the heart that can cause sharp chest pain and other symptoms.

Specifically, among young men receiving two doses of the same vaccine, between four and seven excess myocarditis and pericarditis events occurred in 28 days per 100,000 vaccinees after the second dose of the Pfizer vaccine, and between nine and 28 excess myocarditis and pericarditis events occurred per 100,000 vaccinees after the second dose of the Moderna vaccine.

The study concluded, “The risk of myocarditis in this large cohort study was highest in young men after the second SARS-CoV-2 vaccine dose” and recommended, “this risk should be balanced against the benefits of protecting against severe COVID-19 disease.”

CHD California secures two big wins against public school vaccine mandates

[Children’s Health Defense, California Chapter](#) (CHD-CA) and Protection of the Educational Rights of Kids (PERK), a California-based child advocacy group, last week scored two important medical freedom victories for California schoolchildren and their parents.

One of those victories involved the Los Angeles Unified School District (LAUSD), the second-largest school district in the U.S., which on April 28 announced it is [recommending and will vote](#) on May 10 to delay the requirement for [COVID-19](#) vaccines for students until July 1, 2023.

The announcement followed an [April 25 ruling](#) by Judge Mitchell L. Beckloff overruling the district’s motion to dismiss a [lawsuit](#) brought in by CHD-CA and PERK against

LAUSD alleging the district lacked the legal authority to impose a COVID-19 vaccine requirement on its students aged 12 years and older.

Judge Beckloff also overruled the district's motion to dismiss other claims, recognizing that CHD-CA and PERK had presented legitimate claims that could proceed in court.

On Jan. 14, LAUSD voted to delay implementation of the mandate and removal of students until the fall of 2022. CHD-CA will hold a rally on May 10, when the LAUSD board votes to delay implementation of the mandate until July 2023.

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

World governments have launched a silent war upon their own people, using quiet weapons, lies and propaganda. The mainstream media is enabling this deception and genocide. Our mission in this war it to bring you the truth.

Because I am not a scientist, I cannot prove my contention that Covid-19 was genetically engineered through the use of CRISPR-Cas9 "gene" engineering methods. I have done my homework and diligence on this premise. Even the article below that I have retained the past three or four segments provides circumstantial evidence (if not causal) that the spike protein as a vector was manipulated in an infinite number of ways to confuse the medical and scientific community.

It was Pfizer's CEO, Albert Borla who said that "We cracked the Code of Life". He called his vaxx a "Delivery System" which in itself infers that it was delivering more than a vaccine. Dozens of articles shared in this series have confirmed human manipulation of what people were injected with is not therapeutic but toxic and potentially fatal!

The Many Ways The Spike Protein Annihilates Human Life

'The Spike Protein Is What The 'Vaccine' Is Supposed To Make In Your Body...The Spike Protein Is One Of The Most Contrived Toxins or Poisons That Man Has Ever

Made...And The Aim Of This Toxin Is To KILL Billions Without Anyone Noticing It.' - Dr. Shankara Chetty

The diabolical pathways the spike protein uses to destroy the human body are many. As Dr. Chetty makes clear, there has never been anything more deadly in human history than the spike protein. Below are just some of the methods its creators built into it to make 100% certain billions will die. The techniques the spike protein uses are often referred to as 'cascades'. Whatever term you use, from avalanche to tsunami, once the spike protein has entered your body it is just a matter of time for it to do its demonic work...

AIDS - Total Immunological Collapse And Failure
...This includes widespread auto-immune diseases

Explosion Of Cancer In The Body
...Cancers of all types, including reactivated and brand new cancers...even cancers never seen before

Sterilization
...Destruction of male and female reproductive organs and system

Clotting And Hemorrhaging
...Clotting from the spike protein is abnormal and resistant to degradation

Systemic Fibrosis
...Extensive scarring throughout the entire body

Neuro Degenerative Diseases
...Prions (CJD), Amyloid Deposits (Alzheimers, Parkinsons, ALS, etc.)

Cytokine Storm And ADE (Antibody Dependent Enhancement)
...Hypersensitivity to the Spike Protein

The creators of this "Gene Therapy" are likely to have known the harm the "Spike Protein" would do over time. With more than two years to document the results of the Vaxx since administering the first shots in December of 2020, the VAERS reporting system has documented 1.2+ million adverse reactions among the population.

In the late summer of 2020, Dr. Sherri Tenpenny and Dr. Carrie Madej were calling out those pushing the new "Gene Therapy". It was known that from early animal test studies the animals all died from this experimental treatment and the animal studies were abruptly canceled. The accumulating evidence to date leaves one to conclude that his experiment was criminal and that responsible need to be indicted and prosecuted for criminal negligence, manslaughter, and pre-meditated murder.

Blackrock's Edward Dowd Tells Steve Bannon: "Millennials experienced a Vietnam War in the second half of 2021"

The millennial generation experienced 61,000 excess deaths in the second half of 2021. CDC data shows the Millennial generation suffered a ["Vietnam War event,"](#) with more than 61,000 excess deaths in that age group in the second half of 2021, according to an analysis by a former Wall Street executive who made a career of crunching numbers at BlackRock.

Millennials, about ages 25 to 40, experienced an 84% increase in excess mortality in the fall, he said, describing it as the ["worst-ever excess mortality, I think, in history."](#) It was the highest increase in excess deaths of any age group last year, seven times higher than the Silent Generation, those who are older than 85.

The increase coincided with the vaccine mandates and the approval of the booster shots.

He said the insurance expert with whom he worked is presenting the data to a financial group and will reveal his identity. ["If you're on Wall Street and you still think Pfizer and Moderna are good buys, I've got news for you: There's some catalysts coming that are probably not going to be good for holding those stocks."](#) he said.

Dowd said he also had examined the Pfizer clinical trial data provided by whistleblower Brook Jackson, concluding it, and the fact that Pfizer has tried to hide it, point to "clinical fraud."

He also posted tables showing excess mortality for Gen X — about age 41 to 56 — since August 2021 was 101,000. The Baby Boomers saw 306,000 excess deaths during the same period.

Watch:

- [Edward Dowd Explains How Thousands Of People Have Died From COVID Vaccines \(rumble.com\)](#)
- [Edward Dowd on Future Recession, Shocking Findings in the CDC Covid Data, and Democide \(rumble.com\)](#)

Insane news item #1: US government to cede control to WHO for future pandemics. This is not a joke.

OK, now the insane news. The U.S. government is about to hand over the keys to the pandemic response to the goofballs at the WHO. The WHO, as we all remember, did not spend a dime on the fastest, safest, and cheapest way to end the pandemic: using repurposed drugs. Even today, they can't seem to figure out that there are dozens of proven early treatment protocols that save lives. They are corrupt. So why would world governments want to give them the power to exclusively coordinate the pandemic

response for the next pandemic? **194 Nations will vote at a meeting between May 22 and May 28, 2022 that will result in the Biden administration to cede U.S. Constitutional rule to the United Nations and the WHO of the Chinese Communist installed Director of the World Health Organization. The Agenda-30 is being stepped up to override Sovereign government authority!**

It's a mad idea, but since certain individuals & nations have pretty much taken over the WHO, *I think it's a certainty that, if this new treaty gets signed, within a few years at most, a "public health emergency of International concern" will be declared, and all currently sovereign nations will become controlled subsidiaries of WHO.*

No government should even have the power to throw their country over to a third party. If that happened, they'd never give it back.

U.K. parliament signed up to emergency powers on the occasion of the first lockdown over two years ago. That temporary bill has never been repealed. We have no rights whatsoever if they decide we don't. This is the main reason we emigrated.

Here's the best practical reason *not* to sign such a treaty, aside from its anti-democratic central problem:

Imagine there's a new pathogen spreading across the world. Nobody, anywhere, knows what the best response should be. By definition it's not known.

History teaches us that we alight most rapidly upon probable best courses of action, not from modeling, but from empirical evidence. Running a large number of experiments, based on the smartest public health, medical & scientific brains, will quickly tell us what kinds of responses are helpful & which are not. Maintaining very good communication makes sure lessons learned are shared quickly.

The worst conceivable response would be to place the decision making power in the hands of a single body. They'll likely run one experiment. We'll never learn the counterfactual.

On this basis, I don't even understand why anyone would fall for the idiotic notion that letting WHO have the controls would be a great idea. Even if they were honest & competent.

Please let me know if I can help in any way.

Best wishes
Mike

Here's the amazing substack article that describes what is going on. You won't find this anywhere in the mainstream media. It's a long article, but really well done.

James Roguski

[WAKE UP and Smell the Burning of Our Constitution](#)

This is the fourth article in this series. Pandemic Treaty The People's Treaty Speaking Truth To Power WAKE UP and Smell the Burning of Our Constitution Abolish the WHO Pandemic Mitigation Project...

[Read more](#) (Click on to the left)!

This is very alarming. Our government has sold the American public out to the World Health Organization.

The CDC's own data defies common sense but explains their agenda to cede political power to the UN/WHO.



**Government wants you DEAD!
This includes the CDC, NIH, NIAID,
and the World Health Organization!!
The “Depopulation” agenda began
Shortly after the 1968 publication of**

“The Population Bomb”

by Dr. Paul Ehrlich and his wife Anne.

“Depopulation has been the World’s #1 Issue since 1968!” It underlies every global issue since. Whether it is climate change or the Global Reset, “depopulation**” is at the core of everything!! It’s all about Sustainable Development!**

Here’s the SMOKING GUN PROOF that COVID and the plandemic are all about population control

<https://www.naturalnews.com/2022-04-28-smoking-gun-proof-covid-plandemic-population-control.html#>

The NIH now knows that the COVID vaccines can cause death 1 year from the vaccination date

<https://stevekirsch.substack.com/p/the-nih-now-knows-that-the-covid?s=r>

Girls are developing GENITAL ULCERS after getting the Pfizer COVID-19 vaccine

<https://strangesounds.org/2022/04/girls-are-developing-genital-ulcers-after-getting-the-pfizer-covid-19-vaccine.html>

Physicians Threatened with Revocation of License for Disclosing Injuries & Deaths they See from Covid Vaxxes

<https://www.thegms.co/medical-ethics/medethics-rw-22021403.pdf>

Tanzania: 60 Million Follow ‘Murdered’ President’s Independent Spirit and Reject COVID Vax and Policies

<https://needtoknow.news/2022/04/tanzania-60-million-follow-murdered-presidents-independent-spirit-and-reject-covid-vax-and-policies/>

Is there any EVIDENCE that old people should get the shot?

Some people claim that if you are old with multiple comorbidities, you should get the shot. But where is the evidence? Apparently, it doesn't exist. [The data shows it is the exact opposite.]



[Steve Kirsch](#)

Overview

1. Some people claim that elderly people with multiple comorbidities should take the COVID vaccines and boosters.
2. The all-cause mortality data required to make such claims should be readily available to the public but isn't.
3. Nobody I know has seen any data that would justify these claims.
4. It is unethical to recommend vaccination in any age group without clear and compelling data of an all-cause risk-benefit. Where is the risk-benefit analysis?
5. If there was all-cause mortality data that supported the "safe and effective" narrative, it's highly likely we'd all know about it.
6. This is more evidence of a very corrupt system that no one in the mainstream medical community or media finds objectionable.

Introduction

Nursing home: too deadly

4 dead/7 hospitalized after Pfizer Booster
Potential benefit: Save <1 life from COVID

Death:Life = 4:1

Assumptions:

1. [3% IFR for elderly](#) and 30% get COVID in a year
2. Booster lasts for 6 months



[Sunnycrest nursing home](#)
Whitby, Ontario, Canada
136 beds

54

Slide 54 from "[All you need to know](#)" showing unfavorable risk-benefit ratio for vaccination of the elderly and a 3% death rate per dose.

Among people who believe the vaccines are unsafe, there are still a few people who still believe it is recommended for older people.

Arguments that claim the vaccines are safe either mix timeframes or they ignore deaths from the vaccine

One doctor told me a story like the following, "*I know of nursing homes where 30% of the residents died from COVID before the vaccines came out. And since we all know that the vaccines are 90% effective, even if the kill rate from the vaccine is 25% for the elderly, there is still a positive risk-benefit.*"

Nope, that's not convincing at all. There's a lot of survivor bias here. If the first wave of COVID wiped out 30% of the elderly, then many of the people who remain are already immune from the virus. So giving them the shot at that point has likely no benefit at all, only downsides. For a fair comparison, we must compare the vaccinated vs. unvaccinated groups from the time the vaccines were first made available.

Other people just look at the death rates from COVID and claim that the per capita death rates are lower in people who have been boosted. Even if that were true, it's irrelevant because it ignores the possibility the vaccine can kill people.

The VAERS data showed nobody should take the vaccine

[When I looked at the VAERS data](#) in October 2021, I found that the vaccines couldn't be justified for any age group. Even if the vaccines worked as promised, they killed more people than they might have theoretically saved.

I'm open to being convinced I got it wrong, but nobody wants to show me any real-world data.

Here's a comment from one of my readers (bold part is my emphasis):

At the very beginning of the injection campaigns which started in German nursing homes at the start of 2021, in some cases **there were 25-35% deceased soon after each 'vaccination' campaign.** Acu2020 (Reiner Fuellmich) interviewed a few whistleblowers from those places, it was really heartbreaking to listen to this. Elderly were dying alone, and families were not allowed to be with them. How long can we all stand for this, but most importantly, allow it to happen?

So we should not be ignoring the deaths caused by the vaccines. We need to be looking at what's known as "all-cause mortality" which would factor in any deaths caused by the vaccine itself.

This is the data everyone needs to see: just two numbers

I'm not asking for a randomized trial. I'm just asking for the two numbers that are required to support the claims being made:

1. What is the rate of all-cause mortality of the elderly who got the booster?
2. What is the rate of all-cause mortality of the elderly who didn't get vaccinated at all?

To obtain the two numbers, you're basically following 1,000 matched elderly patients in both groups from December 19, 2020 forward, and counting the total all-cause mortality deaths from the day before they got their very first shot to 3 months after their third shot with the total # of deaths in the matched group who got no shots (over a matched timeframe). You'd match patients in each group so you are tracking patients over the same time range in each group (starting at when they got the shot). That's the proper way to do the risk-benefit assessment.

Any person with a working brain would want to see these two numbers to justify recommending the vaccines.

Doctors aren't asking for the data required for a proper risk-benefit analysis; they are recommending the vaccine based on the patently false assumption that the vaccines don't kill anyone.

So it is astonishing to me that:

1. The risk-benefit study using all-cause mortality data has never been done. If it had been done and the result was positive, they'd be publicizing this widely. I suspect they've done the analysis, saw the results, and killed the study so nobody would know.
2. No member of the mainstream medical community is demanding to see this data before making a recommendation to patients. There is no excuse for this. It's completely irresponsible and reprehensible. Even President Obama, who is a [self-proclaimed expert on COVID-19 misinformation](#), has not called for this data. You should always be very suspicious when nobody is calling for the data that is required to justify their beliefs.

Am I the only guy in the world who is publicly calling for these critical all-cause mortality statistics?

I think so.

This just goes to show you how totally screwed up our medical system is today. Doctors are recommending the vaccine, not based on the data and science, but based on the political science. They don't even want to see the data. That's why nobody is publicly calling for it.

It also shows you how corrupt the mainstream media is because, even after my article is published pointing this out, they are still never going to mention this or ask about it.

We are mandating this vaccine for people and nobody wants to see the risk-benefit for the elderly where the benefits are supposed to be the most compelling. Makes you wonder, doesn't it?

I'm reaching out to Professor Andrew Noymer since he's an expert relied upon by the Washington Post

This Washington Post article entitled [Covid deaths no longer overwhelmingly among unvaccinated as toll on elderly grows](#) says:

"It's still absolutely more dangerous to be unvaccinated than vaccinated," said Andrew Noymer, a public health professor at the University of California at Irvine who studies covid-19 mortality.

Surely the good professor would have evidence to back up his claim. I'll let you know if he responds.

I have also reached out to California State Epidemiologist Erica Pan who said: "Vaccines are one of the most important and longest-lasting tools we have to protect ourselves," said California State Epidemiologist Erica Pan, citing state estimates showing vaccines have shown to be 85 percent effective in preventing death.

Summary

I'm skeptical that the elderly with (or without) multiple comorbidities will benefit from the vaccine because nobody I know has seen the evidence that this is true. If it was true, our good friend O'Looney and other funeral directors would be seeing deaths plummet. And if it was true, [embalmers wouldn't be seeing massive blood clots in up to 93% of their cases.](#)

If there is evidence that the vaccines are beneficial for the elderly, can we see it? Please? And if not, at least tell us why we can't.



Blessings,

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