

# Mass Murder

By Sovereign State Sanctioned Syringe Needle!  
Part 75

## Now An Outbreak Of The Marburg Virus Has Begun

*Published on July 15, 2022*

Written by investmentwatchblog.com



**Why are so many unusual outbreaks of disease suddenly happening all over the planet?**

**We were already dealing with a seemingly endless global pandemic coming into 2022, and so far this year a bird flu pandemic has resulted in the deaths of tens of millions of our chickens and turkeys, the worst monkeypox outbreak in history has spread like wildfire in the western world, and now it is being reported that there is an outbreak of the Marburg Virus in Africa.**

We have already lost our opportunity to contain monkeypox, and that is [really bad news](#). But if authorities are not able to successfully contain this new Marburg outbreak, we could potentially be facing a scenario that is downright apocalyptic.

The new outbreak of the Marburg Virus is happening in Ghana. The two victims that have died so far did not know each other, and officials believe that this is evidence that [“the disease is spreading more widely”](#)...

*Two people are believed to have died from the extremely deadly Marburg virus in Ghana as officials gear up for a potential outbreak.*

*The patients, from the country’s southern Ashanti region, were not known to each other, suggesting the disease is spreading more widely.*

*Initial tests came back positive for the virus and the samples are being reanalysed by the World Health Organization (WHO).*

Global health authorities have always warned that the Marburg virus is a good candidate for a horrifying global pandemic because it can have a very long incubation period. The following information comes from [the World Health Organization](#)...

*The incubation period (interval from infection to onset of symptoms) varies from 2 to 21 days.*

*Illness caused by Marburg virus begins abruptly, with high fever, severe headache and severe malaise. Muscle aches and pains are a common feature. Severe watery diarrhoea, abdominal pain and cramping, nausea and vomiting can begin on the third day.*

*Diarrhoea can persist for a week. The appearance of patients at this phase has been described as showing “ghost-like” drawn features, deep-set eyes, expressionless faces, and extreme lethargy.*

All of that sounds terrible, but the next stage of the disease [is truly nightmarish](#)... *Many patients develop severe haemorrhagic manifestations between 5 and 7 days, and fatal cases usually have some form of bleeding, often from multiple areas. Fresh blood in vomitus and faeces is often accompanied by bleeding from the nose, gums, and vagina.*

*Spontaneous bleeding at venepuncture sites (where intravenous access is obtained to give fluids or obtain blood samples) can be particularly troublesome. During the severe phase of illness, patients have sustained high fevers. Involvement of the central nervous system can result in confusion, irritability, and aggression.*

***Orchitis (inflammation of one or both testicles) has been reported occasionally in the late phase of disease (15 days).***

***In fatal cases, death occurs most often between 8 and 9 days after symptom onset, usually preceded by severe blood loss and shock.***

**The largest previous outbreak of the disease was in 2005.**

**During that outbreak, [88 percent](#) of the victims died...**

***The largest outbreak to date was in Angola in 2005, when 374 caught the virus and 329 died – a fatality rate of 88 percent.***

**A disease that has a death rate of way less than one percent ended up paralyzing much of the planet for months on end.**

**So what do you think will happen if the Marburg Virus becomes a true global pandemic?**

**Needless to say, the panic would be off the charts, and there is [no cure and no vaccine](#)...**

***The Marburg virus is a top concern for public health officials who are worried about the next pandemic. It has the potential to cause serious public health emergencies but there are currently no vaccines or antiviral treatments approved to treat the virus.***

**Meanwhile, the number of monkeypox cases continues to rise at an exponential rate.**

**When I wrote about monkeypox a week or so ago there were 7,534 global cases. Unfortunately, Friday was the worst day for this outbreak so far by a very wide margin, and now there are [9,109 global cases](#).**

**I had been hoping that this outbreak would fade after the initial spike of cases, but instead it seems to be rapidly picking up momentum.**

**Here in the United States, it has already spread to 39 different states and the total number of cases has now risen to 790.**

**If the number of cases continues to double at a very fast pace, it won't be too long before we have a major national crisis on our hands.**

**Let us hope that doesn't happen, because this is a disease that you definitely do not want to get.**

This highly mutated version of monkeypox causes [extremely intense pain](#). In fact, one victim that was interviewed by NBC News said that it was “the worst pain in my life”.

Since monkeypox causes very ugly sores on the skin, many have suggested that this sounds eerily similar to a future scenario that I described [in my books](#).

But we don't know if monkeypox will become a true global pandemic yet. We will just have to wait and see what happens.

Of course COVID has been a global pandemic for a long time, and now it is being reported that a new subvariant that is becoming dominant in the western world is [“the worst so far”](#)...

*The latest subvariant of the novel coronavirus to become dominant in Europe, the United States, and other places is also, in many ways, the worst so far.*

*The BA.5 subvariant of the basic Omicron variant appears to be more contagious than any previous form of the virus. It's apparently better at dodging our antibodies, too—meaning it might be more likely to cause breakthrough and repeat infections.*

Despite everything that they have tried, authorities have failed to stop this pandemic. Our planet has been hit by wave after wave, and now hospitalizations in the U.S. [are spiking once again](#)...

*Eighteen states reported more cases in the week of June 30-July 7 than in the week before, according to a USA TODAY analysis of Johns Hopkins University data.*

*That has also led to a rise in hospitalizations, with hospitals in 40 states reporting more COVID-19 patients than a week earlier. Thirty-eight states had more patients in intensive care beds, and 17 states reported more deaths than a week earlier.*

Personally, I am far, far more concerned about monkeypox.

If the number of monkeypox cases continues to explode like it has been, it won't be too long before there is widespread panic among the general public.

And if the Marburg Virus starts getting loose in the western world we will be facing a scenario that is absolutely unthinkable.

So hopefully authorities in Africa are on top of this, because the death toll from a full-blown global Marburg pandemic would be off the charts.

Relative to the first report in this segment of Mass Murder is a post that first appeared in late March, 2022. I missed the first interview Todd Callender did with Rick Wiles of TruNews in February. It was aired right about the time I was taken to the hospital ER with life-threatening issue. He also appeared with Jeffrey Prather of the Prather Point in April. Todd Callender provided most of the information to Attorney Reiner Fuellmich who is heading the International Criminal lawsuit. The report is confirmation that Covid is a Genocidal Mass Murder event.

## **Todd Callender: The Role of Hospitals, Covid Injections And 5G In Genocide**

BY RHODA WILSON ON MARCH 31, 2022

Last week, during Session 97 of the Corona Investigative Committee, Todd Callender discussed the role US hospitals, midazolam, remdesivir, so-called vaccines and **5G** are playing in the genocide. He also refers to his lawsuits against the US Department of Defence and much more. It is a real eye opener and a wake-up call, not to only Americans but, to the world.

[Todd Callender](#) is an American lawyer. He has worked in the disability, health and life insurance industry for more than 20 years and focuses on the international convergence of biomedical, morbidity and mortality risks in the global legal context. He is currently serving as lead plaintiff's counsel in the ongoing federal litigation relating to the compulsory Covid vaccination of members in the US Armed Services.

Todd told the Corona Investigative Committee:

“The short answer to this whole thing is that everybody that got the [Covid injections] was given some form or level of AIDS, autoimmune deficiency syndrome.”

“The ones that got the one shot, it seems that they have about 30% of their natural immunity destroyed. By the time they get three shots, all their natural immunity is completely gone. And we're seeing that with our doctors, experts who are testifying, in their practices.”

“The real epidemic is, now ... based on what it is we are seeing the rates right now: excess mortality, 84%; excess, every kind of disease at 1,100%. We are expecting a 5,000% or so increase in excess mortality for this year. An enormous number.”

“Almost worse than that ... experts have figured out that there's an electro-magnetic connection to all of this ... **5G** is like a butcher knife. It's a dual use item. You can use it to communicate, but at the same time, you can use it to kill ...

a lot of the tests that we looked at in the scientific world focused on the 18-GHz signal and this interplays with the lipid nanoparticle [in the Covid injection].”

“The pathogens inside of the lipid nanoparticles, the ones that were created and are inside of the nanoparticles, inside of vaccinated people right now, are also chimeric. In some cases, they are Marburg mixed with E. Coli. They are Ebola mixed with staphylococcus. When those lipid nanoparticles are exposed to an 18-GHz signal, they swell and become porous, which means that they will literally pour out those illegal nucleotides, the proteins that cause people’s bodies to produce these pathogens. That was the whole point of the messenger RNA technology was to genetically modify people for the purpose of having them produce synthetic proteins. In the case of Covid, it was synthetic S proteins. After the 18-GHz signal, it will be other proteins, perhaps M proteins. They also produce, of course, the same HIV proteins.”

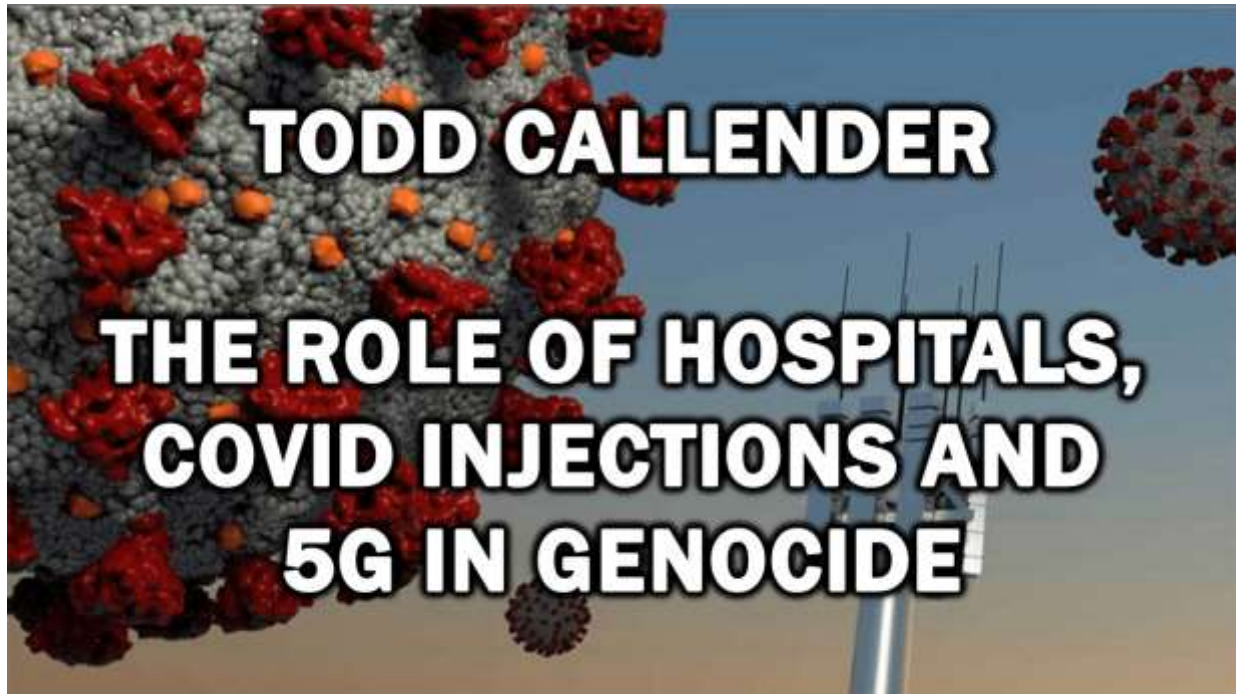
And that is just a glimpse of the first 17 minutes of what Todd exposed! We fully recommend you can watch Callender’s 72-minute discussion with the Corona Investigative Committee, which you can do [HERE](#). Below is an extract:

Corona Investigative Committee: Session 97: Open Secrets, Todd Callender, 25 March 2022 (13 mins)

You can watch the full five and a half hour [Corona Investigative Committee](#) ‘Session 97: Open Secrets’ [HERE](#) or [HERE](#) (with chapters and timestamps). Session 97 includes:

- Vaccination deaths: Observations of a German funeral director in 2020-22 – Funerals increased only after vaccination started
- Vaccination deaths: Extreme excess mortality among 18 to 40-year-olds in the US military
- Politics: so-called Quarantine Camps in Australia – why are more camps being built?
- Geopolitics: The end of the unipolar world order?
- Economics: The role of public-private partnerships
- NGO’s: Origins of the World Economic Forum (WEF) and Klaus Schwab’s CIA connection
- New World Order: The Great Carbon Reset and Agenda 21

This is all extremely important to understand for a couple of reasons. First, Jeffrey Prather carefully vets his guests, so this isn’t some hare-brained fringe theory from an unknown source. Secondly, Callender’s claims have a basis in fact, found in CDC documents and even terms of service contracts from Amazon, among other companies. While the claims may sound outlandish, they are *plausible* and need to be considered.



#### CHIMERIC MARBURG “PAYLOADS” TO BE UNLEASHED BY 5G SIGNALS?

In his interview with Prather, Callender states that he believes people injected with mRNA “vaccines” (which aren’t really vaccines) were actually installed with nanotechnology carrying chimeric virus payloads that may include elements of Marburg virus. According to Callender, a broadcast from 5G cell towers at 18-GHz, for a specific duration and sequence, will cause affected cells to rupture, unleashing Marburg payload bioweapons into the blood of those who took the mRNA injections.

This, in turn, would instantly unleash a Marburg pandemic and produce a sudden rush of symptoms including bleeding out (hemorrhagic fever isn’t pretty), cardiovascular deaths, seizures and more.

Some of the symptoms that could appear would even resemble classic “zombies” as depicted in pop culture: Biting, loss of cognitive function, aggression, confusion and extreme alterations in the appearance of skin and eyes, among other similarities. (Such symptoms may also appear to be Libs of TikTok, so don’t be confused...)

Callender’s claim that the CDC has produced “zombie apocalypse” warning documents is confirmed and true. Mike Adams covered the [CDC zombie story a decade ago](#), and since then, similar zombie apocalypse warnings have shown up in terms of service documents from companies like Amazon. See this real headline, “[Kansas governor declares October Zombie Preparedness Month; urges citizens to prepare for zombie apocalypse.](#)”

If this theory pans out, the obvious timeframe for the powers that be to release the binary weapon would be before the mid-term elections taking place later this year. With a whole new pandemic hitting the scene — with far more serious symptoms and a higher death rate compared to covid — the elections could either be cancelled or altered into a universal vote-from-home format which would favor the highly organized vote rigging and ballot counterfeiting of the Democrats (who are only in power because they stole the last election, of course).

Critics might say this all smacks of science fiction. But we are living through a science fiction dystopian scenario right now, with extreme censorship, an Orwellian global cabal trying to exterminate the human race, the rise of the robots and the mass injection of billions of people with exotic nanotechnology that seems to have a rather nefarious purpose, far from merely offering “immunity.”

#### **THE USE OF EXTERNAL SIGNALS TO CONTROL NEURAL IMPLANTS USING NANOTECHNOLOGY IS WELL DESCRIBED IN PATENTS AND THE MEDICAL LITERATURE**

It is also easily confirmed that modern medical science has run many medical experiments on using external electromagnetic fields to control nanowire neurological implants in mammals. Look up the research on Super Paramagnetic Iron-Oxide Nanoparticles (SPIONs), or “Magneto” nanoparticles used in mice experiments. See this story from 2021: [Graphene-based “neuromodulation” technology is REAL: Press release from INBRAIN Neuroelectronics describes brain controlling biocircuits using AI-powered graphene.](#)

Or check out the numerous patents from Dr. Charles Lieber, and you’ll discover a deep rabbit hole of exotic technology that describes nanostructure neurological implants with self-assembling circuitry that can interface with human biology. See my article and podcast, [“Harvard scientist Dr. Charles Lieber, nanowires, DoD, CCP, Wuhan, covid, 5G, carbon nanotubes \(CNT\), military vaccines, SpFN Spike Ferritin Nanoparticles and more.”](#)

None of that is science fiction. It’s all science FACT, as evidenced by the USPTO (patent office) records. Here’s a partial list of patents from Dr. Charles Lieber, starting with the USPTO patent number, then the title for each patent:

- 10,436,747 Nanopore sensing by local electrical potential measurement
- 10,435,817 Controlled growth of nanoscale wires
- 10,369,255 Scaffolds comprising nanoelectronic components for cells, tissues, and other applications
- 10,355,229 Methods and systems for scaffolds comprising nanoelectronic components
- 10,119,955 High-resolution molecular sensor
- 10,049,871 Anisotropic deposition in nanoscale wires
- 9,903,862 Nanosensors and related technologies
- 9,786,850 Methods and systems for scaffolds comprising nanoelectronic



**components**

**9,702,849 Nanopore sensing by local electrical potential measurement**  
**9,638,717 Nanoscale sensors for intracellular and other applications**  
**9,595,685 Nanoscale wires, nanoscale wire FET devices, and nanotube-electronic hybrid devices for sensing and other applications**  
**9,541,522 Nanoscale field-effect transistors for biomolecular sensors and other applications**  
**9,535,063 High-sensitivity nanoscale wire sensors**  
**9,457,128 Scaffolds comprising nanoelectronic components for cells, tissues, and other applications**  
**9,297,796 Bent nanowires and related probing of species**  
**9,252,214 Apparatus, method and computer program product providing radial addressing of nanowires**  
**9,102,521 Nanosensors and related technologies**  
**9,029,836 Controlled synthesis of monolithically-integrated graphene structure**  
**8,883,568 Method providing radial addressing of nanowires**  
**8,698,481 High-resolution molecular sensor**  
**8,586,131 Liquid films containing nanostructured materials**  
**8,575,663 High-sensitivity nanoscale wire sensors**  
**8,471,298 Nanoscopic wire-based devices and arrays**  
**8,399,339 Nanosensors**  
**8,232,584 Nanoscale sensors**  
**8,178,907 Nanoscopic wire-based electrical crossbar memory-devices and arrays**  
**8,154,002 Nanoscale wire-based data storage**  
**8,153,470 Doped elongated semiconductors, growing such semiconductors, devices including such semiconductors, and fabricating such devices**  
**8,072,005 Apparatus, method and computer program product providing radial addressing of nanowires**  
**8,058,640 Branched nanoscale wires**  
**7,956,427 Nanosensors**  
**7,918,935 Transition metal oxide nanowires**  
**7,915,151 Doped elongated semiconductors, growing such semiconductors, devices including such semiconductors and fabricating such devices**  
**7,911,009 Nanosensors**  
**7,858,965 Nanowire heterostructures**  
**7,772,543 System and method for processing nanowires with holographic optical tweezers**  
**7,666,708 Doped elongated semiconductors, growing such semiconductors, devices including such semiconductors, and fabricating such devices**  
**7,619,290 Nanosensors**  
**7,595,260 Doped elongated semiconductors, growing such semiconductors, devices including such semiconductors, and fabricating such devices**  
**7,500,213 Array-based architecture for molecular electronics**  
**7,476,596 Doped elongated semiconductors, growing such semiconductors, devices including such semiconductors, and fabricating such devices**

7,399,691 Methods of forming nanoscopic wire-based devices and arrays  
7,385,267 Nanosensors  
7,301,199 Nanoscale wires and related devices  
7,274,208 Nanoscale wire-based sublithographic programmable logic arrays  
7,256,466 Nanosensors  
7,254,151 Nanoscale coherent optical components  
7,211,464 Doped elongated semiconductors, growing such semiconductors,  
devices including such semiconductors and fabricating such devices  
7,172,953 Methods of forming nanoscopic wire-based devices and arrays

## ANALYZING THE RISK OF A 5G-ACTIVATED BIOWEAPONS RELEASE

### A ‘Vaccine-Palooza’ Is Underway, Thanks to COVID — But Will Public Accept Endless Jabs?

*The Defender* | July 12, 2022

Two-and-a-half years ago, the Grand Poobahs of global vaccinology admitted — in behind-closed-door confessions [caught on camera](#) at the World Health Organization (WHO) — that public and professional confidence in vaccines was “wobbly,” and deservedly so.

As the gathered experts [conceded](#), the glaring inadequacies of vaccine safety science and the dysfunctional safety monitoring systems that permit routine “obfuscation” of serious [adverse events](#) were understandable reasons for public distrust.

At the time, it seemed as though such momentous disclosures would presage a death knell for vaccine “business as usual” — but then along came [COVID-19](#), and with it, the instant memory-holing of the WHO’s stunning admissions.

Rather than finally address the [self-confessed](#) vaccine disaster, public health officials and global leaders — ranging from [presidents](#) to private-sector [employers](#) to top [military brass](#) to [central bankers](#) — used COVID-19 as an opportunity to double down in the opposite direction, forcibly stuffing the “[vaccine hesitancy](#)” genie back in the bottle with ethically untenable [vaccine mandates](#).

After 18 months of force-feeding the COVID-19 jabs, however, manufacturers are now [discarding](#) tens of millions of doses “*amid sagging demand.*”

In some respects, this could be construed as evidence of policy failure, but the fact is that the COVID-19 shots accomplished a significant goal for the parties that pushed them, launching a renewed vaccine gold rush that — with growing emphasis on vogueish, biotech-reliant [biopharmaceuticals](#) — seems likely to extend well beyond the COVID-19 era.

As the head of Bayer's [pharmaceuticals](#) division observed in late 2021, mRNA vaccine technology and other forms of [cell and gene therapy](#) — for all of their by now [well-documented](#) and even [species-threatening](#) dangers — have crossed over both the regulatory and public palatability threshold.

[Pfizer](#), [Johnson & Johnson](#) (J&J), [AstraZeneca](#), [Sanofi](#) and [Eli Lilly](#) — some of major players in the biopharma space — are actively prioritizing “strategic alliances” and “collaborations to [expand](#) their [biopharmaceutical] product portfolios.”

Meanwhile, the U.S. Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) are poised to roll out, at breakneck speed, [approvals](#) and [recommendations](#) for whatever new childhood and adult vaccines are sent their way.

In short, using technologies both “conventional” and new, a multipronged effort is afoot to jump-start and ensure a frenzied vaccine-palooza.

#### The mRNA pipeline

Having succeeded in foisting COVID-19 mRNA injections on an initially unsuspecting public, manufacturers and government agencies like the National Institutes of Health (NIH) are now salivating at the prospect of an endless series of mRNA vaccines.

It is no coincidence that the mRNA jabs in the works target some of the very conditions being reported as [COVID-19 vaccine adverse events](#), a neat “create-a-problem, develop-a-drug-to-manage-the problem” trick that accounts for many other drugs already on the market.

In the pipeline are mRNA vaccines for the following:

- **Cancer:** Researchers are conducting [dozens](#) of clinical trials to test “*mRNA treatment vaccines in people with various types of cancers.*” Dr. Ryan Cole, a pathologist, described the [dramatic surge](#) in endometrial and other cancers following the rollout of COVID-19 shots.
- **Shingles:** [Cole](#) and [others](#) also noted the uptick of shingles in COVID-19 vaccine recipients. Moderna in March announced its development of an [mRNA shingles vaccine](#), as well as mRNA vaccines for herpes and cancer.
- **Other forms of immune suppression:** With numerous indications that COVID-19 shots are [reprogramming](#) the immune response, officials and manufacturers are dusting off HIV as the supposed bogeyman. Moderna and NIH are partnering in mRNA vaccine clinical trials for [HIV](#). This would represent a particular coup for [Dr. Anthony Fauci](#), who over four decades has found development of an HIV vaccine to be “a [daunting scientific challenge.](#)”

- Heart attacks: [Cardiac problems](#) are among the few COVID-19-vaccine-related adverse events grudgingly acknowledged by manufacturers and the FDA. In the U.K., researchers are investigating the use of *“exactly the same technology as the Pfizer and Moderna vaccines to inject micro RNAs to the heart,”* claiming they can get whatever heart cells survive after a heart attack to proliferate.
- COVID and influenza: Manufacturers also are gearing up for a new generation of mRNA-based flu shots and mRNA [combination vaccines](#) which, they promise, will *“protect against several different infections at the same time, such as influenza, COVID-19 and other respiratory infections.”* In the meantime, CDC just recommended that [seniors](#) (aged 65 years or older) receive *“enhanced” flu shots — either high-dose, adjuvanted or recombinant — in lieu of “standard-dose unadjuvanted, inactivated vaccines.”* Adjuvanted influenza vaccines feature a new generation of “smart” vaccine [adjuvants](#) designed to ensure even the most mediocre vaccine sends recipients’ immune systems into overdrive.

For babies — something old, something new

In June, the FDA reaffirmed its long-standing allegiance to an agenda of guaranteed harm when it [authorized](#) emergency use COVID-19 shots for infants as young as 6 months old.

After the [conflict-of-interest-riddled](#) FDA advisors’ 21-0 vote, Rep. Louie Gohmert (R-Texas) [commented](#), *“[I]n balancing the risk to rewards here, all the risks are to the innocent children and all of the billion-dollar rewards go to the government-protected pharmaceuticals.”*

[Seizures](#) and [psychosis](#) are already being reported as adverse events in the under-5 age group.

In decrying FDA’s decision to give COVID-19 shots to tots, some dissenters waxed nostalgic about the perceived *“rigor”* of the pre-COVID-19 vaccine approval process, seemingly amnesiac about the FDA’s [lengthy history](#) of regulatory capture and business-friendly shortcuts.

As a reminder, at least two-thirds of the vaccines approved by the FDA from 2006 through late 2020 benefited from *“flexibility in the evidence required for approval,”* resulting in [accelerated approvals](#).

This *“turn-a-blind-eye”* pattern also held sway in the FDA’s and CDC’s recent decisions to pile on two more options to the childhood schedule, options that will do nothing to improve the safety of measles-mumps-rubella (MMR) and pneumococcal conjugate vaccines (PCV) that have been injuring children for decades.

First, on June 3, the FDA [approved](#) GlaxoSmithKline's (GSK's) Priorix, an MMR vaccine initially launched in Europe in the late 1990s.

GSK developed Priorix using the [MRC-5 cell line](#) (derived from the lung tissue of a male fetus aborted at 14 weeks).

A 2020 analysis by the Italian association [CORVELVA](#) of a version of Priorix that also contains a [varicella component](#) found that the amount of DNA in the vaccine was *“well above the allowed threshold,”* and that continuous use of the cell line over time resulted in *“vaccines containing progressively more and more modified human genetic material, that is dangerous for the health of the vaccinees themselves.”*

The FDA's go-ahead for Priorix shatters Merck's position as the sole U.S. purveyor of MMR vaccines. Previously, FDA showed no sign of being troubled by Merck's monopoly, despite the pharmaceutical behemoth being dogged by *“a slew of [controversies](#)”* that included [whistleblower allegations](#) of MMR-related fraud and undeniable evidence of a link with [autism](#).

Moreover, as [Children's Health Defense](#) Chairman Robert F. Kennedy, Jr. [pointed out](#) in late 2019, when the FDA belatedly began to *“tee up”* Priorix as a replacement for Merck's scandal-ridden MMR-II, rather than use an inert placebo to test Priorix, the FDA allowed GSK to use MMR-II as the comparator!

Even these sham clinical trials, Kennedy noted, had *“horrifying”* results. Within 42 days, nearly 50% of recipients of both manufacturers' formulations experienced adverse events, with over 10% ending up in the emergency room. By six months, almost 4% of recipients had been diagnosed with a *“new onset chronic disease.”*

To date, the European Medicines Agency (EMA) has [received](#) more than 37,000 adverse event reports for Priorix and another 11,000-plus for the varicella-containing version — with 58% and 79% of adverse events, respectively, occurring in the under-two age group that will now receive the jabs in the U.S.

Following the nominal slap on the wrist for Merck's MMR-II, the FDA and CDC also offered Merck some good news, approving on June 17 and then recommending — for routine use in infants and children 6 weeks to 2 years of age — the company's [15-valent](#) PCV15 (brand name *“Vaxneuvance”*) as an interchangeable alternative to Pfizer's Prevnar 13 (PCV13).

The CDC [stopped short](#) of issuing a *“preferential recommendation”* for PCV15, however. Admitting to *“certain uncertainties, including concerns related to potentially higher reactogenicity”* — with *“[reactogenicity](#)”* defined as the *“state of being able to produce adverse reactions”* — the CDC leaves it up to the

hapless infants who receive Vaxneuvance to discover the shots' *"higher reactogenicity"* for themselves.

Even without the addition of Vaxneuvance to the schedule, pneumococcal conjugate vaccines — with [ingredients](#) like aluminum and polysorbate 80 — have shown themselves plenty capable of [wreaking havoc](#) on the health of the infants expected to get [four doses](#) by the time they are 12 to 15 months old.

Eager to add even more injections to the childhood vaccine schedule, the industry is also eyeing as a potential cash cow a pediatric (and adult) mRNA vaccine against [respiratory syncytial virus](#) (RSV).

In 2019, 30 candidate RSV vaccines were in the pipeline, and in 2021, the FDA [fast-tracked](#) an mRNA-based RSV vaccine developed by Moderna.

HPV downsizing — getting HPV shots into young people by any means necessary. The competition between Merck and GSK is also fierce where human papillomavirus (HPV) vaccines are concerned.

In the U.S., Merck's Gardasil (and later, Gardasil 9) handily beat out GSK's Cervarix, which is no longer available to American youth — but with [100 or more countries](#) having added HPV jabs to their national vaccination schedules, much more than the U.S. market is in play.

Data suggest HPV vaccine coverage in the U.S. starts out relatively high, with an estimated 66% of 13- to 17-year-olds getting a first dose, but the percentage completing the series (an additional one to two doses) [drops off](#) to 49%.

Worldwide, acceptance of HPV vaccines is even [lower](#) — for girls, global coverage is estimated at about [15%](#) of those in the target age range.

Undoubtedly, one of the reasons for the global public's lukewarm stance on HPV vaccination is the occurrence of serious adverse autoimmune reactions that have left many recipients, both female and male, disabled for life.

Merck is mired in lawsuits (with attorneys, including Kennedy) alleging it [knowingly concealed](#) Gardasil-associated adverse events.

Rather than re-evaluate — as some researchers have strongly [urged](#) — the adverse event profile that, until COVID-19 shots, made HPV vaccines some of the most dangerous on the market, agencies like the National Cancer Institute (NCI) are instead beginning to argue in favor of [single-dose](#) HPV vaccination (either Cervarix or Gardasil 9).

Punting to a one-dose regimen would, [NCI officials disingenuously say](#), *“simplify the logistics of vaccination, which could allow more girls [and boys] worldwide to be vaccinated.”*

### **Monkeypox profiteering**

As Rob Verkerk, Ph.D., [reported](#) last month, the suspected case definition of monkeypox is broad enough to include anyone with a common cold — or with post-COVID-19-vaccine immune suppression — who has a shingles rash.

Verkerk’s counsel is to worry about “what the WHO and collaborating institutions, governments and corporations are up to,” rather than succumb to fear-mongering about monkeypox itself.

In the U.S., what the government is “up to” is ordering more than 4 million doses of [monkeypox vaccine](#) — a whitewashed smallpox vaccine linked to heart inflammation — and formulating a *“national monkeypox vaccine strategy,”* including a protocol aimed at the vaccine’s use in children.

In other words, with a *“COVID-19 corporatocracy playbook”* that, in Verkerk’s words, *“is now well and truly oiled,”* corporate and government leaders of ill intent appear to believe they can continue to play the vaccine game indefinitely, using *“fear and manipulated science to engender support for the global control of health.”*

It is up to us to prove them wrong.

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### **New Documentary Exposes WHO’s ‘Diabolical’ Plan to Use Vaccines to Reduce Global Population**

*“Infertility: A Diabolical Agenda” details the World Health Organization’s intentions to produce an anti-fertility vaccine in response to perceived overpopulation, and how such vaccines have been used — without people’s knowledge or consent — since the mid-'90s.*

By [Dr. Joseph Mercola](#)

Story at a glance:

- *“Infertility: A Diabolical Agenda,”* produced by Dr. Andrew Wakefield and Children’s Health Defense, details the World Health Organization’s (WHO) intentions to produce an anti-fertility vaccine in response to perceived

overpopulation, and how such vaccines have been used — without people’s knowledge or consent — since the mid-’90s.

- The WHO has been caught more than once deliberately deceiving women into thinking they were vaccinated against tetanus, when in fact they were being sterilized.
- The film clearly illustrates the depopulation agenda is not a conspiracy theory. It’s reality, and it’s happening worldwide. The human papillomavirus (HPV) vaccine and the COVID-19 shots also have adverse impacts on fertility that are being ignored.
- In the decade after the rollout of the HPV vaccine, the teen pregnancy rate dropped by 50%.
- While the Vaccine Adverse Event Reporting System (VAERS) is the only publicly available system to assess COVID jab injuries, the U.S. government has at least 10 other reporting systems they’re not sharing data from. Children’s Health Defense is filing Freedom of Information Act (FOIA) requests for the other systems to get a better idea of the scale of harm, but VAERS and anecdotal reports alone suggest the scale of injuries and deaths is enormous. Data from insurance companies around the world also confirm this.

In the interview below, Dr. Andrew Wakefield and [Mary Holland](#), president and chief legal counsel for [Children’s Health Defense](#), discuss their new documentary film, [“Infertility: A Diabolical Agenda.”](#)

“Infertility: A Diabolical Agenda” is Wakefield’s fourth film. The first was “*Who Killed Alex Spourdalakis?*” followed by “*Vaxxed*” and “*1986: The Act.*”

This latest film details the WHO’s intentions to produce an anti-fertility vaccine in response to perceived overpopulation, and how such vaccines have been used without people’s knowledge or consent since the mid-’90s.

*“It’s a very important story, and it’s a story that I’d been aware of for some years,”* Wakefield says. *“I think a lot of people heard about this intentional infertility vaccine program being conducted, primarily in women in developing countries such as Africa. But it had gone into abeyance so I hadn’t paid due attention.”*

*“I should have paid more attention to it, because people had asked me over the years, ‘Do you think there is a population control agenda?’ ...”*

*“The allegation had been that the World Health Organization, under the guise of a neonatal tetanus prevention program, had been deliberately sterilizing women [in Kenya] — either using a vaccine to abort existing pregnancies or to prevent future pregnancies. They had done this under the guise of protecting children rather than actually reducing the population.”*



As explained by Wakefield, it was no secret that the WHO had been working on an anti-fertility vaccine since the 1970s. [Papers were published](#), and the WHO itself even admitted it. The real issue here is that of informed consent.

The WHO has been caught more than once deliberately deceiving women into thinking they were vaccinated against tetanus, when in fact they were being sterilized. This is an ethical and moral low that is hard to beat.

**Covert sterilization campaign in the Philippines revealed.**

The story detailed in this film begins in 1995 when the Kenyan government launched a WHO vaccination campaign against tetanus among women of childbearing age.

Dr. Stephen K. Karanja, former chairman of the Kenya Catholic Doctors Association, became suspicious of the program when he learned that involuntary sterilization programs posing as tetanus programs had occurred.

That same year, 1995, the Catholic Women's League of the Philippines actually won a court order [halting a UNICEF tetanus program](#) that was using tetanus vaccine laced with hCG. Anti-hCG-laced vaccines had also been found in at least four other countries.

This anti-hCG-laced tetanus vaccine perfectly matched the anti-fertility vaccine the WHO had announced in 1993.

The paper trail reveals that by 1976, WHO researchers had successfully conjugated, meaning combined or attached, human chorionic gonadotropin (hCG) onto tetanus toxoid, used in the tetanus vaccine.

As a result, when given to a woman, she develops antibodies against both tetanus and hCG.

HCG is a hormone that is produced as soon as the sperm enters the egg and the embryo begins to form. In response to this signal, the woman's ovaries then produce progesterone, which maintains the pregnancy to term.

The conjugated vaccine effectively ends and prevents pregnancy as her own immune system will immediately attack and destroy the hCG as soon as it forms. At the time, Karanja, who passed away in 2021, convinced leaders of the Catholic Church — one of the largest health care providers in Kenya — to test the tetanus vaccine being given, to make sure there was no foul play.

Without explanation, the WHO abandoned the 1995 campaign, but in 2014, they were back with a neonatal tetanus program.

### **A diabolical agenda**

Girls and women, 15 to 49 years of age, were instructed to get vaccinated with a series of five injections, six months apart. Suspiciously, this is the exact schedule required for the anti-fertility vaccine to produce sterility.

Regular tetanus prevention requires only one injection every five to 10 years, and under no circumstance would you need five of them.

The Catholic Church decided to test the vaccines and collected three sample vials directly from clinics during the 2014 campaign.

The samples were tested by three independent laboratories and, as feared, they contained hCG. Another six vials were then collected and tested. This time, half were found to contain hCG.

When the Catholic Church went public with the findings, urging girls and women to not comply with the vaccination campaign, the Kenyan government went on the defensive, insisting there was nothing wrong with the vaccine.

Wakefield says:

*“They used the media to demonize the Catholic Church and insinuate there had been deliberate contamination of these samples with hCG to produce the result they wanted.”*

*“That’s where it remained until — and this is where it gets really interesting and where the film really comes into its own — our cameras were invited back into the laboratory where these tests were done ... [and] the truth was revealed.”*

*“It came down to a resolution of this key question of who was lying and who was being honest? Who was cheating, who was not? It’s really an extraordinary story that woke me up to the importance of this issue. There is an extraordinary prophetic statement at the end from the late Dr. Karanja, OBGYN from Africa. who was at the heart of all of this.”*

*“He said, ‘When they are finished with Africa they’re coming for you’ ... That’s probably a pertinent place to hand over to Mary, because never could a prophecy have been more apt, more true.”*

### **Depopulation agenda is now a conspiracy fact**

Holland continues:

*“It’s been very hard to answer ... when people would ask us, ‘Is there a depopulation agenda?’ People would point to things Bill Gates said, like how vaccines would reduce the population. There was an interpretation that it was going to make people healthier, and therefore they would choose not to have more children.”*

***“It was murky. I think this film really helps us understand that this is not a conspiracy theory. It’s an absolute reality ... The film makes that 100% clear. There’s just no question about it. And you see the deceit and deception. Just to point out, the Rome statute for the International Criminal Court that most countries of the world have signed onto ... makes forced sterilization a war crime.”***

***“This is not a trivial thing, to deprive people of informed consent and to sterilize them. That’s exactly what happened. One of the interviews in the film that is so poignant is of a woman who cannot carry a pregnancy to term. She comes to realize that she has antibodies to hCG, and she realizes that somebody, somewhere, made her infertile. It is, as she calls it, a diabolical agenda ...”***

***“We can now look back at what happened with the HPV vaccine, which I co-wrote a book about in 2018. One of the things we saw was that ... the teen pregnancy rate dropped 50% from 2007 to 2018 — 50%! Now, whatever one wants to think about unplanned pregnancies, that is a staggering drop over 10 years.”***

***“People were reporting extreme reproductive effects from the HPV vaccine. Now we’re hearing the same thing, only much more so, with respect to COVID shots. We’re hearing that women are having miscarriages, babies are literally dying from breastfeeding mothers who have been recently vaccinated.”***

***“Congenital deformities are being reported to the Vaccine Adverse Event Reporting System. It’s now, I think, beyond the realm of conspiracy theory to say it is very plausible that these vaccines that are being pushed on the world — particularly the COVID shots — have strong anti-fertility effects.”***

**Is there such a thing as vaccine safety?**

**It’s important to realize that no study has ever proven that any of the vaccines on the [childhood vaccination schedule](#) are safe, especially when given in various combinations. As noted by Wakefield, vaccine manufacturers and people like [Dr. Anthony Fauci](#) present “an almost kindergarten-like approach” to safety.**

**The blanket statement given is that vaccines in general, and the [COVID](#) shots in particular, are “safe and effective,” and that they have no adverse effects on [reproduction and fertility](#). This, despite the fact they’ve done no reproductive studies at all.**

**Women who hear such assurances will assume the necessary studies HAVE been done when, in fact, that’s a complete lie. The reality is, that you cannot find evidence of harm if you’re not looking for it.**

**Another reality is that assumptions and guesses about science are not the same as scientific evidence. One major assumption that has now turned out to be**

completely wrong is that the [mRNA injection](#) stays in the deltoid muscle, the site of injection.

*“No one has ever sought to determine whether they remain at the site of injection or not, or whether they disseminate throughout the body, which of course they do,” Wakefield says. “So, it’s a naive and completely inappropriate assumption.”*

*“The other assumption that was completely inappropriate was making any assumption at all. You’re going to give this [shot] to seven billion people ... and you’re going to assume something about its safety? Then you discover, after giving it to the majority of that seven billion population, that you were completely wrong.”*

*“In fact, it goes throughout the body. The spike protein can be found in tissues throughout the body, including and in particular in the ovaries. There it can set up an inflammatory reaction, autoimmunity, damage and infertility. There is no question that is biologically plausible.”*

*“So here you have the mentality of these people, that after the horse has bolted, they are trying to shut the gate. If there is going to be damage, then the damage is done and it is too late. That is totally irresponsible and people need to know that.”*

Wakefield further points out that no clinical trial for any of the vaccines on the childhood vaccination schedule has ever been tested against a true placebo. All have used active placebos, such as an aluminum injection or another vaccine, which effectively hides most of the adverse effects.

Interestingly, in some of the [COVID jab trials](#), they actually used a completely inert placebo (although some vaccine makers used another vaccine). But then note what happened.

Before the trial was over, they unblinded everyone and offered the jab to everyone in the placebo group, effectively eradicating the control group altogether! Then, they tried to bury the data under red tape for 75 years. Thankfully, a sensible judge didn’t let them get away with it.

Wakefield says:

*“They [Pfizer] knew there were problems. They had identified the problems doing the appropriate study, at least to start with, until they gave the crossover group the vaccine. Then they tried to hide the data because they knew it revealed the seriousness of the adverse reactions to their vaccine. The court overruled them and now those data are being analyzed, and they are terrifying.”*

### **Stunning abdication of science**

What’s worse, the government has incentivized ignorance under the law. They have incentivized not knowing what the long-term effects are.

Holland adds:

***“What’s particularly stunning, in terms of the absolute abdication from science, is that the Centers for Disease Control and Prevention has said it’s perfectly fine to co-administer the COVID shots with everything else on the childhood schedule. That is going to have untold horrific likely effects ...”***

***“Most pediatricians will say ‘Hey, the CDC says it’s fine’ ... They are going to be co-administering these shots with other things, and there is no science to back that up. None.”***

Unfortunately, the future looks grim in this regard, as the U.S. Food and Drug Administration (FDA) is now considering a ***“Future Framework”*** in which vaccine makers will be allowed to reformulate and release future COVID shots without any additional testing.

Clinical trials are easy to rig, to begin with, but now they won’t even have to go through the trouble of fabricating desired results.

***“And, of course there will be harmful effects on fertility,” Holland says. “I think it’s becoming very clear that we just have to reject all of this. It is corrupted to its core. It’s anti-human, I mean it’s truly anti-human. I think the reality that we’re in is becoming clearer.”***

A hopeful note

Wakefield adds:

***“To follow-up on that, a note of hope ... People coming to this anew may think that we’re in a terribly dark time. I see it differently, having been in this now for 30 years. When I started out, a handful of people around the world were prepared to debate the thorny issue of vaccine safety.”***

***“Now I read the other day that 70% of American adults have rejected the CDC’s recommended protocol for the COVID vaccine. They either didn’t get the first dose, they didn’t get the second dose, or they have refused to get the boosters, saying this is neither necessary nor is it safe.”***

***“Those people — 70% of American adults — according to mainstream media are anti-vaxxers. So, whether they know it or not, they’ve joined our team and the other side has lost.”***

***“This is a desperate, desperate measure; one hail Mary pass after another, and it’s failing very, very badly. For those of you who have not seen it from a historical perspective, take heart, because the world really is waking up in an extraordinary way ...”***

***“The silver lining of the dark cloud of COVID is that it has woken so many people ... There is an inevitability to what is happening here, and they will not get away with it for very much longer.”***

**We've allowed the creation of an anti-human world**

As for those who insist they have no objections to childhood vaccines, only the COVID jab, Wakefield warns just about every vaccine safety advocate began by objecting to a single vaccine or single ingredient before realizing it isn't that simple:

***“We all came to the collective realization that this was far more complex than we had previously imagined. They were making it more and more complex by the year, adding more vaccines into the schedule, lumping them all together. As Mary said, the idea of these vaccines being safe in combination was one they'd never tested but merely assumed to be safe ...”***

***“We came to the realization that it is some cumulative toxicity, some interactive effect, some potentiation that is leading to this massive increase in, for example, neurodevelopmental or immunological disorders.”***

***“Had we been allowed to continue the research, any of us, all of us, we would have answers now. But we don't have answers because the work was sabotaged at every turn, and now we are living in a state of greater ignorance than we were before.”***

***“We're now living in a world of man-made diseases. It's absolutely staggering. None of this need ever have happened, and yet here we are with all of these new conditions or new variants on an old theme, like regressive autism, that we did not see before. That is something that man has created.”***

***“Just as easily man could get rid of it if we took the initiative. That's what, collectively, we have to do, and that's what Children's Health Defense is doing. They're alerting people to this, waking them up, and it's working.”***

In addition to learning about the dangers of vaccines, people are also starting to learn more about other environmental toxins — [pesticides](#), genetically modified organisms ([GMOs](#)), [air pollution](#), water pollution, [artificial foods](#), [hormone-mimicking plastic chemicals](#) and more, all of which have adverse effects on health and reproductive capacity.

***“I think most humans want to live in a pro-human environment,”*** Holland says. ***“And I think the corporate government world we're in right now is genuinely anti-human.”***

The scale of harm is staggering

While [VAERS](#) is the only publicly available database collecting adverse vaccine reactions, the U.S. government has at least 10 other adverse event reporting systems that they're not sharing data from.

Children's Health Defense is filing FOIA requests for the other systems to get a better idea of the scale of harm, but VAERS and anecdotal reports alone suggest the scale of injuries and deaths is enormous. Data from insurance companies around the world also confirm this.

Holland notes:

*"In 2021, from one life insurance company in the United States, an Indiana company, we know that 18 to 64-year-olds suffer a 40% excess death rate. They said a 10% shift would be a 1 in 200-year occurrence. A 40% shift is beyond catastrophic, and that's what we're looking at. These are secrets that can't be hidden."*

### **Panafrican Congress is pushing back**

Another piece of positive news is that a Panafrican Congress that was recently convened is starting to push back against the WHO. And, if the WHO were to be banned from a continent like Africa, it would be game over for them.

Holland explains:

*"The WHO is following a two-track course to get to what they say, in 2024, will be a new international treaty, which basically will put the WHO at the center of global health and governance de facto. One track was through U.S.-proposed international health regulations."*

*"The U.S. proposed 12 regulations in December 2021 that would put the WHO at the center of these things and put in place very draconian regulations that would allow the WHO to supersede any decisions at the national government level. In a vote on those new international health regulation amendments, 47 African countries rejected all of them."*

*"Africa really led the way in saying 'No, we don't trust the WHO, we don't want the WHO in this role.' That's very exciting because Africa absolutely has been exploited in every which way by the WHO and their pharmaceutical industry partners. I don't think the WHO agenda is dead. We still have a lot of work to do."*

*"But clearly, we did have on Saturday an African sovereignty coalition launch, which you can see on the Children's Health Defense TV website. There were activists, advocates, physicians, scientists from all over Africa, and then supporters from around the world. It's very exciting. I think Africa is sending a message loud and clear we will not put up with this ..."*

*"We'll take it one day at a time, but I believe the WHO and its backers will fail, and certainly many people around the world, Children's Health Defense included, are*

***working on lawsuits to prove there's fraud going on here, this is criminal activity. Certainly, the authorization for [young] children [is a criminal act]."***

***"We're going to amend the lawsuit we have, which is to contest the jabs for 5 to 11-year-olds that the FDA authorized. We'll just amend that for these younger children. This is devastating, this is a crime against humanity. There is no justification for young children getting these shots. They are not at risk of serious injury or death from COVID, but they certainly are at risk from these shots."***

### **Can the judicial system be trusted?**

Speaking of [lawsuits](#), many legal actions over the past two years have failed, but Holland, who is the chief legal counsel for Children's Health Defense, is optimistic because courts tend to shift with public opinion.

She's noticed courts are becoming increasingly receptive to the notion that there may be fraud going on with the COVID jabs, and that conflicts of interest play a role.

For example, two judges in New York who were assigned to cases she was representing were recently forced to recuse themselves, after it became known they owned between \$50,000 and \$500,000 in [Pfizer stock](#).

***"I think we're likely to see many more successful lawsuits going forward in the next two years than in the last two years," she says. "I think the population is coming to understand that there are conflicts of interest that prevent these people from being unbiased."***

***"I think it's a question of time, and I think we're in a race against time, but I do believe that lawsuits are likely to be more successful as time goes on and I think we're already seeing that. We struck down the OSHA mandate, we struck down the mask mandates in airline transportation, we got access to the Pfizer documents. I think there's more good news coming from the courts, I really do."***

The home run, judicially speaking, would be if we could prove vaccine makers committed fraud or *"willful misconduct,"* as that would eliminate all of their protections against prosecution and liability. The COVID jabs are authorized for emergency use under the [2005 PREP Act](#) — which Holland believes is unconstitutional — and under that law, willful misconduct must be proven by *"clear and convincing evidence."*

***"I believe that at this point we're getting very, very close to that threshold where we can prove willful misconduct by clear and convincing evidence," she says.***

***"At that point, I think it will be clear to the whole population that it's the liability protection on the back end and the mandates at the front end that makes this***



***whole enterprise possible. I think there are serious attacks on both of those, and by the time the whole truth comes out, the whole vaccine paradigm disappears.”***

***“I think it’s in our sights, I really do. I think the health of the unvaccinated is overwhelmingly superior to the health of the vaccinated, and that story’s coming out. Children’s Health Defense is coming out with a book this fall by Dr. Brian Hooker and Robert F. Kennedy Jr., about the science showing how much healthier unvaccinated people are.”***

***“I think the truth is coming out, and I think the stakes are very high for the next couple years. But I really do believe that at the end of these couple years we will be in a whole new paradigm of vaccines and health. People have seen enough about the bad side of COVID shots that they are now open to this. I think we’re likely to see a sea change.”***

**In closing, if you didn’t watch the film yesterday, set aside 30 minutes to do it now. And, be sure to watch it all the way to the end.**

**The final 10 minutes include an update on the Kenya story, a review of what happened with the [HPV vaccine](#), and an overview of what we know about the COVID shots’ potential impacts on fertility.**

**It’s important to realize that this depopulation agenda didn’t begin and end in Kenya. It’s happening worldwide.**

### **More movies are coming**

**Wakefield’s fifth film is already in preproduction and should be ready for release next year. This one will be a full-length narrative feature about the childhood vaccination schedule.**

**It was co-written by Terry Rossio, who also wrote “Shrek,” “Pirates of the Caribbean,” “Aladdin” and other well-known movie productions.**

***“It’s a very powerful film, it will really move the mindset,” Wakefield says. “It will take those who have been awoken by the issue of COVID vaccines across the bridge from the adult vaccine schedule to the realization that this has been happening in the childhood vaccine schedule since the very beginning. It’s a very, very important film.”***

**Children’s Health Defense will also be coming out with a film version of Robert F. Kennedy Jr.’s book, [“The Real Anthony Fauci.”](#) That will be coming out later this year for which I was interviewed.**

World governments at Agenda 21 in 1992 at Rio di Janeiro, Brazil 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 is to bring you the truth.

Because I am not recognized as a trained scientist, I AM NOT CONSIDERED TO BE A CREDITABLE to 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. The growing data and various studies provide more than just a 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. With the VAERS reporting system showing almost 30,000 deaths to the vaxxes is ample evidence to validate my original premise that this is not about a hoaxed virus but is about Genocide by State sanction! Never in the history of the pharmaceutical industry has there been such ignoring the death numbers caused by the “gene” therapy. The swine flu vaccine was suspended after 27 deaths were reported in the initial phase of vaccinating the American public. This is premediated murder by the big pharma/health agencies/government!

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. We know with total certainty that it is delivering a spike Protein that continues to replicate itself once injected into the human body. 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! It is the use of CRISPR-Cas9 “gene” editing that can be used for good but can also be used for evil nefarious applications!

**Our 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!

Anyone who is a skeptic of my statement should Google search the term “Georgia Guidestones” and read their goal engraved in granite stone back in 1980. The stone structure calls for the eradication of 93% of the world’s population. This is both an unsigned confession as well as a “Projection” of what they planned to do in their global genocidal plan.

At 4:00 AM, Wednesday, July 6<sup>th</sup>, 2022, unknown parties blew up the Georgia Guidestones. The following day an excavator was brought in to demolish the standing portion. Investigative journalist Jim Stone stated surveillance video tape taken from two different directions showed no one approaching the monument before the detonation, and suggested that it may have been an inside job.



Blessings,

Pastor Bob, [EvanTeachr@aol.com](mailto:EvanTeachr@aol.com)  
[www.pastorbobreid.com](http://www.pastorbobreid.com)  
<http://jesusisthewaythetruththelife.com/node/22>