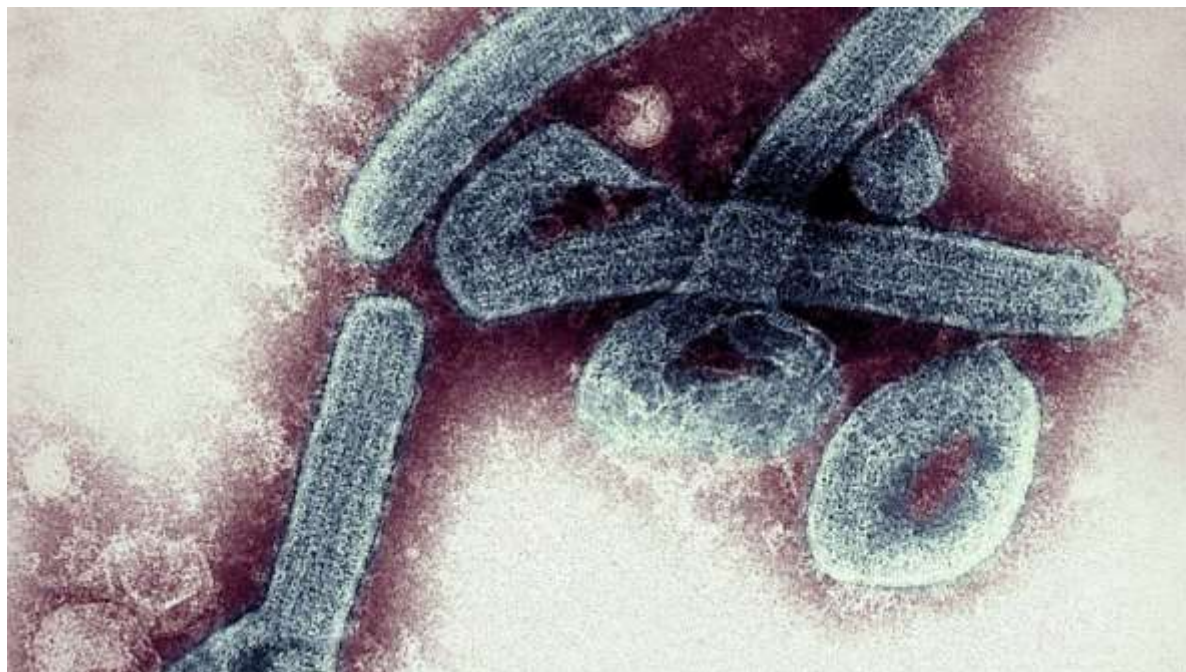


Mass Murder

By Sovereign State Sanctioned Syringe Needle!
Part 76

Ghana confirms first cases of deadly Marburg virus



The Marburg virus was first detected in the city of Marburg in Germany in 1967

Ghana has confirmed its first two cases of the deadly Marburg virus, a highly infectious disease in the same family as the virus that causes Ebola.

It says both patients died recently in hospital in the southern Ashanti region.

Their samples came back positive earlier this month and have now been verified by a laboratory in Senegal.

Health officials in the West African nation say 98 people are now under quarantine as suspected contact cases.

These include relatives, medics and mortuary workers who came into contact with the two patients.

This is the second time that Marburg has been identified in West Africa. [There was one confirmed case in Guinea last year](#), but that outbreak was declared over in September, five weeks after the case was discovered.

The World Health Organization (WHO), which is supporting Ghana's health authorities, has praised the country's swift response.

"This is good because without immediate and decisive action, Marburg can easily get out of hand," said Dr. Matshidiso Moeti, the WHO's Africa director.

"There's a whole multi-disciplinary team in the field trying to ensure that we are able to unearth the real source of this," Dr. Patrick Kumah-Aboagye, the head of Ghana's health service told BBC Focus on Africa radio.

Contact tracing and strict infection control measures have been introduced to prevent more fatalities.

Teams are also going into communities to make them aware of the symptoms and to ensure they alert health authorities if any suspected cases emerge.

No treatment yet exists for Marburg - but doctors say drinking plenty of water and treating specific symptoms [improves a patient's chances of survival](#).

The virus is transmitted to people from fruit bats and spreads between humans through the transmission of bodily fluids.

Those at highest risk of getting infected include family members and hospital staff caring for someone who is sick.

It is a severe, often fatal illness with symptoms including headache, fever, muscle pains, vomiting blood and bleeding.

Ghanaian officials are warning people to keep away from caves and to thoroughly cook all meat products before eating them.

Beyond West Africa, previous outbreaks and sporadic cases have been reported in Angola, the Democratic Republic of the Congo, Kenya, South Africa and Uganda, the WHO says.

The virus killed more than 200 people in Angola in 2005, the deadliest outbreak on record according to the global health body.

The first ever Marburg outbreak was in Germany in 1967 where seven people died.

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 reanalyzed 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 diarrhea, abdominal pain and cramping, nausea and vomiting can begin on the third day.

Diarrhea 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 hemorrhagic manifestations between 5 and 7 days, and fatal cases usually have some form of bleeding, often from multiple areas. Fresh blood in vomitus and feces is often accompanied by bleeding from the nose, gums, and vagina.*

Spontaneous bleeding at venipuncture 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. Monkeypox broke out in June, 2022 when homosexuals were celebrating gay month at raves in Belgium and Denmark.

Recently the outbreak of 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"*.

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 sub variant that is becoming dominant in the western world is ["the worst so far"](#)...

The latest sub variant 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 sub variant 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. (The truth is that the variants are simply Covid re-infections and the official narrative is being perpetuated by calling them variants. Remember, Covid-19 has never been proven to exist using decades-old "Gold Standard" for virology known as the Koch Postulates. This is a global genocidal plan to reduce the population. The DoD commissioned Pfizer and others to create diseases and vaxxes for a future battlefield. The military and the big pharma have a long history of weaponizing pathogens and using them to test and attack the public at large.)

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](#)... They continue to blame these outbreaks on the unvaxed resisters as a way of covering up their trails of lies.

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.

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 above is an important segment #75 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 issues. 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 further confirmation that Covid is a Genocidal Mass Murder event. Attorney Todd Callender also has done interviews with Dr. Lee Merrick, a retired Navy orthopedic surgeon. Todd Callender's report identifies the U.S. DoD as the culprit of the Covid-19 as a scare tactic that would frighten people into taking the "gene" therapy being called a vaccine. **THE REPORT BELOW IS A MUST READ FOR ALL PEOPLE. WHETHER YOU TOOK THE SHOTS OR NOT IT IS A MUST READ FOR YOUR INFORMATION ABOUT THESE CRIMES AGAINST HUMANITY!**

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 U.S. hospitals, midazolam, remdesivir, so-called vaccines and **5G** are playing in the genocide. He also refers to his lawsuits against the U.S. Department of Defense 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:

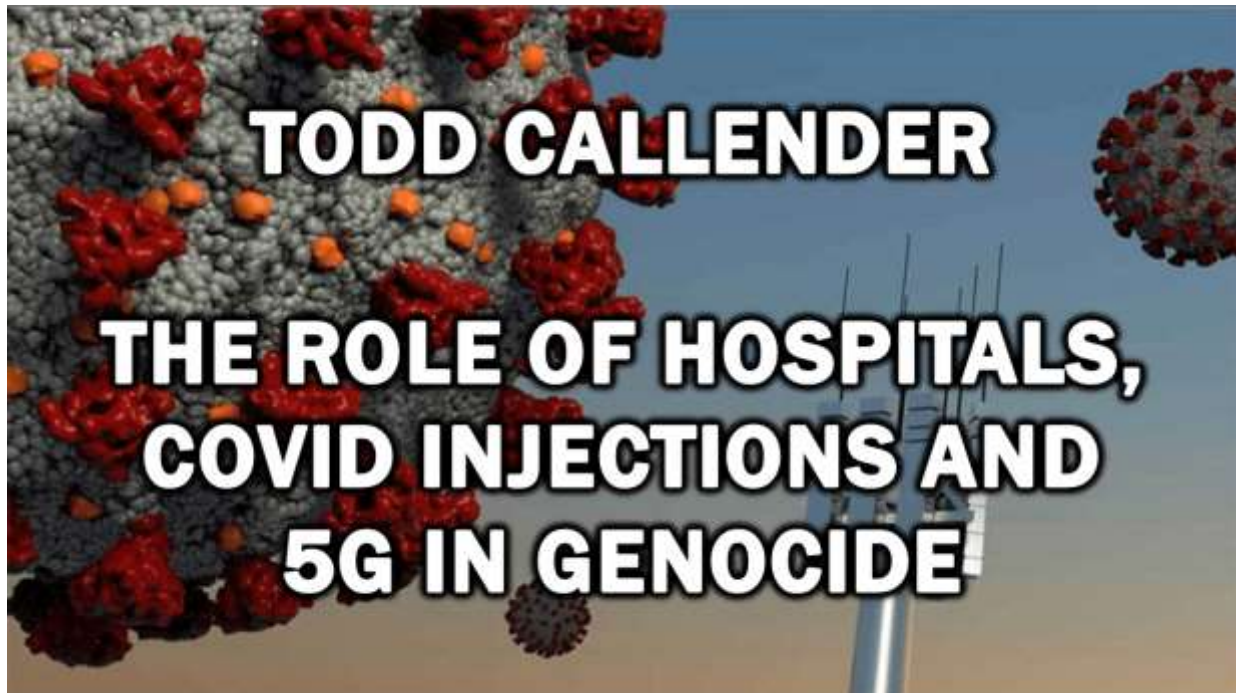
Corona Investigative Committee: Session 97: Open Secrets, Todd Callender, 25 March 2022 (13 mins)

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

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

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.*” Pfizer just reported profits/sales of \$83-billion dollars.

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 jobs 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 vaccines 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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Share this:

Where's The Virus? (Text and Videos)

Does SARS-CoV-2 even exist? Is this the greatest PSYOP ever? At least with "Where's Waldo?" you know he's there if you bother to look.

Virologist Poornima Wagh (2 PhDs in Virology and Immunology plus a 20-year career as a Lab researcher) part of a research team paid \$1.5 million by NIH to isolate the SARS-CoV-2 virus claims:

NO virus was ever isolated. no virus exists.

NO publication would accept their findings for peer review that says no virus exists or has ever been isolated.

The "in silico" genomic sequence "virus" from so-called patient zero in Wuhan was computer generated with only 40 base pairs compared to 30,000-40,000 for a real virus.

They requested the CDC send them one sample of the virus, but the CDC said they didn't have any.

When they spoke out about their findings, the FBI raided their lab in April 2021. There was a global coordinated effort (governments + international organizations + media) to orchestrate the real pandemic which was fear, so they can proceed with their real agenda which is depopulation.

Colds, cases of flu, cases of pneumonia were counted as positive covid cases, and deaths; false positives of cancer and other deaths were counted as covid deaths.

5G rollout is the most likely explanation for the collection of symptoms known as "covid-19" happening in certain cities during that 2020 timeline and continuing today.

130,000 5G towers went operational in Wuhan at the time of the "outbreak" deaths were intentionally inflated (or people were intentionally killed with drugs and deadly procedures) to create panic and hysteria.

by Good Citizen

<https://earthnewspaper.com/2022/07/21/wheres-the-virus-by-good-citizen-text-and-videos>

Good Citizen Archive

<https://earthnewspaper.com/category/good-citizen>

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.

Scamdemic: NY Gov Hochul Awards Megadonor With \$637 Million In No-Bid Covid Contracts

Worse than Cuomo?

For the average New Yorker, the economy is in shambles. However, if you happen to be connected to the New York political elite, business is booming. Governor Kathy Hochul's health department has awarded a stunning \$637 million in no-bid contracts to a company led by one of her major donors, for the supply of junk COVID products like tests, masks, and other "medical" devices. Hochul megadonor Charlie Tebele, who has contributed some \$300,000 to her campaign, has scored major business from COVID Mania, securing some hundreds of millions of dollars in taxpayer funds. Before securing the money from offices controlled by his sponsored politicians, Tebele transformed his electronic device outfit (a company called Digital Gadgets) into a COVID-19 business.

The *'Albany Times Union'* reports that Tebel received "\$637 million in taxpayer funds to provide the state Department of Health - an agency controlled by Hochul - with at-home COVID-19 test kits," adding, "the huge expenditure was made without the agency conducting competitive bidding."

by Jordan Schachtel

<https://dossier.substack.com/p/scamdemic-ny-gov-hochul-awards-megadonor>

Fully Vaccinated Hospital Faces Staff Shortages Due To COVID-19 Infections

July 21, 2022

Houston Methodist, a hospital system with around 28,000 employees, was the first in the US to require the COVID-19 immunization for all of its staff members. Now, the [fully vaccinated hospital is facing staff shortages due to COVID-19 infections](#).

Due to positive COVID-19 viral tests, hundreds of staff at Houston's Methodist Hospital are currently out of work. In 2021, 153 employees who declined to get immunized at the same facility [left or were fired](#). The Methodist hierarchy is currently working to prevent a crisis.

"What is worrisome is the climbing number of our employees who cannot work because they are home sick with COVID-19. Almost 400 employees tested positive last week," Dr. Robert Phillips, Houston Methodist's executive vice president and chief physician executive, wrote in an internal email on July 12.

"While most of these employees are getting COVID-19 from the community, it is vital that we don't face a situation where too many employees are out sick and we find ourselves with a staffing shortage," he added.

Houston Methodist, a hospital system with around 28,000 employees, was the first in the US to require the COVID-19 immunization for all of its staff members. Additionally, it was the first medical staff system in the country to impose a vaccination requirement on

its licensed private health care practitioners. Later, the hospital mandated that all staff members have a booster vaccination by March 1st.



Due to an increase in infections, the first hospital in the United States to require COVID-19 vaccination for all employees is currently experiencing a staffing crisis.

While the majority of workers received vaccinations and remained in their jobs, the system is having problems staffing because to the vaccines' declining effectiveness at preventing infection as new SARS-CoV-2 (the virus that causes COVID-19) variants appear.

"The spike in cases is happening all over the country and is likely attributed to the highly contagious and more vaccine-resistant omicron sub variant," Phillips wrote. "BA.5 is now the most infectious variant so far and is thought to be four times more vaccine evasive than the last dominant variant."

Omicron has a sub variant called BA.5. According to data provided by the government, it just took over as the dominant strain in the country.

Phillips nodded, stating that BA.5 is four times more "vaccine-evasive" than BA2.12.1, the previous dominant strain, and that the vaccines offer little protection against infection.

Despite the fact that many staff are ill, Houston Methodist only had 290 COVID-19 patients in the system as of July 12, therefore Phillips claimed the jump is *"not yet correlating with a large surge in hospitalizations."*

Stefanie Asin, a spokeswoman for Methodist, claims that none of the patients are Methodist staff members. Asin responded that she did not know how many of the hospitalized COVID patients are immunized. In late 2021, vaccination rates among patients in the system were close to 50%.

Problem With Mandates

“The problem with vaccine mandates is that they are immunologically ignorant by ignoring the powerful effect of natural immunity,” stated Dr. Marty Makary, a Johns Hopkins surgeon and professor. *“Natural immunity has been formally studied in over 200 studies and has been found to be more effective than vaccinated immunity.”*

Although fewer studies suggest the reverse, those who survived COVID-19 had better protection than those who had received vaccinations, according to research from scientists [in Qatar, the US](#), and other nations.

Methodist fired nurse Jennifer Bridges in June 2021 because she objected to the vaccination.

“This only proves our point that the vaccine doesn’t work. A true vaccine would prevent you from catching the virus. It’s time Methodist owns up to its mistakes,” Bridges said after reviewing Phillips’s memo.

“That is absolutely a false premise,” Asin responded. *“The vaccines were never intended to stop you from getting it. The point of the vaccines is to keep you from severe illness and being hospitalized. The mandates and the vaccines are absolutely working.”*

Bridges is currently employed by the Dr. Mary Talley Bowden-owned COVID-19 clinic BreatheMD, which is based in Houston.

“I had COVID two years ago and have never gotten sick again—even though all I do is care for COVID patients,” she said.

Bridges and several other former Houston Methodist employees filed a lawsuit against their employer over the mandate’s refusal to recognize natural immunity as well as other issues, but the case was dismissed and the appeal was denied.

The naturally immune should have been kept, according to Makary, a member of the National Academy of Medicine.

“When Methodist fired nurses who had natural immunity for not being vaccinated, they fired those least likely to spread the infection at the workplace,” he said. *“Many nurses have circulating antibodies that neutralize the COVID virus, but they are not antibodies that Methodist hospital recognizes.”*

Bridges said, *“The patients are suffering in the hospitals, and the little staff they have are overworked due to these shortages. It’s sad that they would rather keep away very healthy, unvaccinated nurses with natural immunity when they need us so badly.”*

“What does natural immunity actually mean?” Asin responded. *“We required the vaccines for our employees to keep the patients safe.”* She said that there are no staffing shortages at the moment.

The vaccinations were promoted as providing excellent protection by vaccine manufacturers and several health experts, and were approved by federal regulators to prevent symptomatic illness.

Authorities emphasize the protection the immunizations offer against serious disease in light of the waning of that protection.

According to correspondence, Methodist Hospital’s executives did not initially claim that the vaccinations were meant to shield their personnel against serious sickness. Any hospital employee who received two doses of the immunizations was offered a \$500 bonus in an email from the hospital in February 2021. The email says, *“The Hope Bonus is a reward for setting the right example and doing our part to stop the spread.”*

On April 15, 2021, Houston Methodist’s president and CEO, Dr. Marc Boom, sent an email to the company’s staff informing them of the mandate’s goal of preventing illness and its transmission to patients.

“We’re seeing positive results as the number of employee infections has dropped inversely with the number of employees receiving the vaccine. It appears we’ve successfully created herd immunity at Houston Methodist.”

Herd immunity refers to a high enough level of immunity from vaccinations, prior illness, or both that the transmission of a disease is no longer a concern.

“COVID vaccines were originally thought to reduce COVID transmission, but that understanding quickly changed, rendering policies for unvaccinated people obsolete,” Makary said. *“If someone who does not have natural immunity chooses not to get vaccinated, they do so at their own individual risk, but they pose no public health threat now that population immunity is high.”*

When Bridges’s new employer, Bowden, declared that she would only serve unvaccinated patients who could not access care elsewhere, Houston Methodist revoked Bowden’s privileges. According to the hospital, Bowden was disseminating *“misinformation.”* Bowden was placed on suspension before quitting.

Bowden asserted that Houston Methodist officials owe an answer *“to those of us who were persecuted for questioning the mandates,”* because of the proportion of immunized workers who are absent from work due to illness.

"We have 400 employees out sick with COVID. They are out sick without severe illness. We stand by the effectiveness of the vaccine," Asin said.

Phillips instructed his staff to avoid illness as much as possible.

"Our patients need us to stay healthy, so I strongly encourage our employees to be as vigilant as possible," he said. "Please use good judgment in your personal lives as community spread ... is high right now."

**IMPORTANT ARTICLES YOU NEED TO BE AWARE OF FROM
AROUND THE WORLD**

XX

Covid/5G:

Judge Blocks Air Force from Expelling Unvaccinated Service Members and Enforcing Vaccine Mandate

<https://www.thegatewaypundit.com/2022/07/trump-appointed-judge-blocks-air-force-expelling-unvaccinated-service-members-enforcing-vaccine-mandate/>

Dr. Harvey Risch: Why Are Vaccinated People Getting COVID at Higher Rates Than the Unvaccinated? <https://www.theepochtimes.com/dr-harvey-risch-why-are-vaccinated-people-getting-covid-at-higher-rates-than-the-unvaccinated-4602409.html>

Dr. Birx 'Bombshell': She Would 'Hide' Data in Reports, Rig Covid Mortality Rates <https://beckernews.com/dr-birx-bombshell-she-would-hide-data-in-reports-rig-covid-mortality-rates->

Vaccine Hesitancy in Haiti Has Led to the Lowest COVID-19 Cases and Death Rates in the Western Hemisphere - Global Research

<https://www.globalresearch.ca/vaccine-hesitancy-haiti-led-lowest-covid-19-cases-death-rates-western-hemisphere/5786933>

Bacterial and fungal isolation from face masks under the COVID-19 pandemic <https://www.nature.com/articles/s41598-022-15409-x>

Amended vaccines - they can now insert anything into these injections

<https://rumble.com/v1cmts5-amended-vaccines-they-can-now-insert-anything-into-these-injections-they-li.html>

42% of Women Report Heavier Menstrual Bleeding After COVID Vaccines

<https://childrenshealthdefense.org/defender/women-menstrual-bleeding-covid-vaccines/>

Pfizer Crimes against our children: cardiac arrest of 2-month-old baby an hour after experimental vaccine

<https://healthimpactnews.com/2022/pfizer-crimes-against-our-children-cardiac-arrest-of-two-month-old-baby-an-hour-after-experimental-vaccine/>

Attorney Todd Callender: Marburg will be activated in the vaccinated via 5G - FEMA camps and mandatory shots for the unvaccinated.

<https://dontspeaknews.com/2022/05/29/attny-todd-callendar-marburg-will-be-activated-in-the-vaccinated-via-5g-fema-camps-and-mandatory-shots-for-the-unvaccinated/comment-page-1/>

Vaccines Are Destroying People's Immunity Through 'Immune Imprinting': Dr. Robert Malone https://www.theepochtimes.com/vaccines-are-destroying-peoples-immunity-through-immune-imprinting-dr-robert-malone_4610641.html

Former Offensive Lineman for Notre Dame Dies at 35 Due to Cardiac Arrest While on a Run

<https://www.thegatewaypundit.com/2022/07/former-offensive-lineman-notre-dame-dies-35-due-cardiac-arrest-run/>

Unvaccinated Wimbledon Champ Novak Djokovic Out of US Open

<https://www.newsmax.com/newsfront/djokovic-tennis-us/2022/07/20/id/1079677/>

Health:

SILENT WEAPONS FOR QUIET GENOCIDE -- Todd Callender & Dr. Lee Vliet

<https://www.bitchute.com/video/rtJ6ids7LpFM/>

What is mental health

<https://www.verywellmind.com/what-is-mental-health-2330755>

The Universal Antidote - The science and story of Chlorine Dioxide

<https://rumble.com/vdey7t-the-universal-antidote.html>

Aloe vera: 9 health benefits

https://www.medicalnewstoday.com/articles/318591#_noHeaderPrefixedContent

Building emotional wellness for kids

<https://www.strong4life.com/en/emotional-wellness/emotional-expression/building-emotional-wellness-in-kids-and-teens>

The never-ending medial emergency

<https://brownstone.org/articles/the-never-ending-medical-emergency/>

How to eliminate toxins from the body

<https://www.marsvenus.com/blog/toxins-in-body>

How to remove heavy metals from your body
<https://wellnessnova.com/how-to-remove-heavy-metals/>

28 inspiring mental health quotes
<https://positivepsychology.com/mental-health-quotes/>

11 simple ways to eat clean
<https://www.healthline.com/nutrition/11-ways-to-eat-clean>

5G Network: How it works and is it dangerous?
<https://www.livescience.com/65959-5g-network.html>

World News:

What the Netherlands Got Wrong About Nitrogen and Farmers
<https://childrenshealthdefense.org/defender/netherlands-nitrogen-emissions-farming/>

EXCLUSIVE: Billions Continue to Be Laundered Through the National Institutes of Health (NIH) to China's Biowarfare Program
<https://www.thegatewaypundit.com/2022/07/exclusive-billions-continue-laundered-national-institutes-health-nih-chinas-biowarfare-program/>

Skittles is sued over claims colorant in candies can cause BRAIN DAMAGE
<https://www.dailymail.co.uk/news/article-11018111/Skittles-toxic-U-S-lawsuit-claims.html>

A multitude of Austrians fight back against agenda 2030
<https://rumble.com/v1cn4wx-a-multitude-of-austrians-fight-back-against-agenda-2030.html>

Anak Krakatau back to life again after 3 eruptions within 12 hours
<https://strangesounds.org/2022/07/in-pictures-anak-krakatau-back-to-life-again-3-eruptions-within-12-hours.html>

Chinese corn mill near US Air Force base may carry national security
https://www.theepochtimes.com/chinese-corn-mill-near-us-air-force-base-may-carry-national-security-implications-senators_4604081.html

Ghana confirms first cases of deadly Marburg virus
<https://www.bbc.com/news/world-africa-62202240>

Boris Johnson warns of the threat of the 'deep state' to Brexit
<https://www.irishtimes.com/video/world/uk/2022/07/18/boris-johnson-warns-of-the-threat-of-the-deep-state-to-brexit/>

A Multitude of Austrians Fight Back Against Agenda 2030

<https://rumble.com/v1cn4wx-a-multitude-of-austrians-fight-back-against-agenda-2030.html>

Thousands of Illegals Storm the Mexican Border and Push Through National Guard Barricades on Way to US (VIDEO)

<https://www.thegatewaypundit.com/2022/07/bidens-border-thousands-illegals-storm-mexican-border-push-national-guard-barricades-way-us-video/>

Biden Climate Emergency Would Unleash Unconstitutional Actions

<https://thefederalist.com/2022/07/21/a-biden-climate-emergency-would-unleash-unconstitutional-actions/>

ICAN



LEGAL
UPDATE

New Challenge to FDA
on 12-15-Year-Old
Covid Injections



ICAN has filed a [Citizen Petition](#) with the FDA calling on the agency to reverse its reckless course on Covid-19 injections for teenagers. The Petition demands that the FDA revoke its emergency use authorization (EUA) for Pfizer's product in children aged 12 through 15 and deny Moderna any future EUA for children aged 12 through 17.

The document, submitted through ICAN's legal team, spans 20 pages, cites dozens of medical studies, and includes 94 footnotes and roughly [1,500 pages of sources](#), but it boils down to a few simple principles: There never was any emergency with this age group in the first place, rendering EUAs illegal under federal law; the clinical trials relied upon to authorize the vaccines were woefully deficient; almost all in the 12-15 age demographic currently have natural immunity to Covid-19; and the injury risks from injection are catastrophically higher than any purported benefit.

The Petition cites a [Lancet article of March 2021](#) that found Covid's death toll among children was a negligible 0.17 per 100,000 population. Since then, a large U.K. study posted in July 2021 found a Covid-19 fatality rate of just 0.005% among all those under 18. "Based on these facts, the current EUA for Pfizer's vaccine for this population is without legal foundation or necessity," the Petition observes, "because COVID-19 does not present a current emergency for children."

Furthermore, the population has been developing robust natural immunity against the disease. As of February 2022, according to [a study published on the CDC's website](#), 75% of children aged 12-17 had developed infection-induced antibodies. [NIH data](#) showed an even higher percentage of natural protection, at 89.4%, for all children under 18. And that percentage could only have increased since.

But the gaps in FDA logic do not begin and end with its misappropriation of the word "emergency," nor with its selective blindness on natural immunity. As our Petition reminds the agency, quoting international scientists in an [August 2008 PLOS Medicine paper](#), "inadequately powered studies should themselves be considered a breach of ethical standards."

The FDA's authorization for Pfizer's injection rests on a trial in which only 1,131 children received the experimental product. Yet, even among that small and statistically insignificant group, at least seven recipients "had at least one serious adverse event." Among them was [Maddie de Garay](#) who, at 12 years old, was paralyzed from the waist down after receiving her second shot. Among a multitude of horrific injuries, she became incontinent, and can now only receive nutrition through a feeding tube.

But Pfizer recorded her life-altering reaction as mere “[functional abdominal pain](#)” in the safety-evaluation data it turned over to the FDA and has since failed to ensure adequate medical care, including an appropriate diagnosis and treatment.

Nor has the safety profile for the mRNA shots improved since their problematic trials. As early as June 2021, the FDA’s Vaccines and Related Biological Products Advisory Committee (VRBPAC) [examined](#) the growing issue of vaccine-induced myocarditis, where the heart muscle becomes inflamed and thereby weakened, especially in individuals under 30 years old. Moreover, as the Petition points out, “Moderna’s vaccine presents an even higher risk profile to this age group than Pfizer’s vaccine.”

Meanwhile, the Vaccine Adverse Events Reporting System (VAERS), though vastly understating the full extent of injection injuries, had accumulated 31,549 reports of [adverse events](#) among children under 18 as of May 6, 2022. Of these, 1,812 were rated as [serious](#) and 44 were [deaths](#). This is to say nothing of the long-term [effects](#).

And, if the glaring safety signals were not enough for the FDA to revoke its EUA for minors, the Petition also points out that several studies now show there is virtually no benefit from these shots since their efficacy wanes dramatically within just months or even weeks after inoculation.

The FDA has played very fast and extremely loose with its EUA powers when it comes to children’s health, invoking an emergency that never existed and accepting data that was never adequate. Moreover, it has continued doubling down on its failed approach in spite of the overwhelming case against it. Numerous additional VRBPAC meetings are scheduled to discuss authorizations for additional vaccines and age groups and ICAN plans to file as many petitions as are necessary to address the concerns of each.

The FDA’s increasingly reckless actions have prompted ICAN to file several Petitions with the FDA. These include [demands](#) the agency adhere to federal law requiring promotional material for EUA vaccines to “clearly and conspicuously” state the product has not been approved or licensed by FDA, but only authorized for emergency use. We have also [called on the FDA](#) to publicly clarify an individual’s statutory right to refuse medical products without coercion, penalty, or retaliation of any kind, and we have demanded that it obtain proper data before vaccine approvals. On all counts, the FDA has failed miserably and ICAN will continue to hold its feet to the fire.

The Centers for Disease Control and Prevention (CDC) announced this week that it would be ending its monitoring program for COVID-19 cases on cruise ships.

In a brief statement published on its [COVID-19 guidance for cruise ship travel](#), the CDC said its *“COVID-19 Program for Cruise Ships is no longer in effect.”*

“CDC will continue to publish guidance to help cruise ships continue to provide a safer and healthier environment for passengers, crew and communities going forward,” the agency added.

The CDC acknowledged that cruise ships still *“pose some risk of COVID-19 transmission,”* but stated that ships now have *“access to guidance and tools to manage their own COVID-19 mitigation programs.”*

The Hill has reached out to the CDC for further comment on the decision to end its cruise ship program.

Throughout the coronavirus pandemic, cruise ships have garnered a high degree of scrutiny as health authorities warned the large vessels could harbor and spread the virus, especially as thousands of guests and workers shared cramped spaces.

Cruise ship companies and municipalities that depend on the tourism that the ships facilitate have continuously fought back against restrictions placed on cruise ships. The CDC’s authority over cruise ship guidance has been brought under legal question, with its power attenuated or halted by courts at various points.

Florida Gov. Ron DeSantis (R), who fought back against the enforcement of nearly all COVID-19 restrictions, vowed last year that he would take all legal measures he could to end the enforcement of the CDC’s guidelines.

The CDC maintained a Conditional Sailing Order (CSO) throughout much of the pandemic after having initially issued a no-sail order at the start of the outbreak. The CSO ended at the beginning of this year and in March the CDC [dropped its tiered COVID-19 warning system](#).

This statement by the CDC is really hypocritical since 100% of U.S. cruise ships are still operating in the “Orange” level, meaning all cruise ships in operation have tens of dozens of cases of “re-infection” and essentially a replay of the cruise season for 2020-2021. Two days ago the CDC said that all cruise ships had outbreaks of Covid-19. It is further proof that Covid is not a virus but an outbreak of wireless EMF/EMR radiation poisoning that exacerbates existing health issues of the elderly who are cruise passengers.

The cruise ship industry invested \$450-million to equip the entire fleet with 5G communications satellite transceivers a few months before Covid-19 was declared a pandemic.

The research is another crucial piece of the puzzle. We have known for a while now that [artificial EMF is causing great harm](#) to us. It has been reported in the NIH's own literature.

We have also known for a while that [5G is extremely dangerous](#) in many ways, including,

- hijacking our sweat duct antennae
- bombarding us with pulsed waves (more damaging than continuous wave radiation)
- amplifying DNA damage via VGCCs
- promoting deep EMF penetration
- having mutagenic and carcinogenic effects,

...being emitted from a phased array structure that has been used for crowd dispersal.

This research is more evidence that we are being [deliberately poisoned](#), and that *tales of species-jumping bat viruses from China are a [red herring](#)...*

The U.S. Food and Drug Administration has now Authorized a Fourth COVID-19 Vaccine for Adults.

On Wednesday, the agency issued an [emergency use authorization for the Novavax vaccine](#) for adults.

The vaccine will be given in two doses and administered 21 days apart. However, the decision will now go to the Centers for Disease Control and Prevention and its advisory committee for recommendation on how the shots should be used.

The U.S. has already secured 3.2 million doses of the vaccine, according to the Biden Administration.

USF Health's Dr. Michael Teng believes we need more vaccines, because we need a better way of vaccinating.

"If we're going to have really effective vaccination, it's always not the first generation that works, but the second generation vaccine," Teng said. "The whole idea is to have a wide array of vaccines out there that everybody feels confident in."

This latest vaccine comes as the BA.5 Omicron variant accounts for [65 percent of all COVID infections](#) in the U.S.

The sub variant also makes up [66.5 percent of infections in the Southeast](#) portion of the country, which includes Florida.

“You get progressively better at making a more effective vaccine over time,” Teng said. “Each generation of the vaccine gets better. It’s like software.”

Fully Vaxxed, Double-boosted Biden Tests Positive for Covid

by Veronika Kyrylenko July 21, 2022

Fully vaccinated and double boosted, President Joe Biden tested positive for Covid, [the White House announced](#) this morning. The 79-year-old Biden is experiencing “very mild symptoms” and will be isolating and working remotely until he *“tests negative.”*

White House Press Secretary Karine Jean-Pierre stated that the president *“continues to carry out the full duties of the office while in isolation,”* which is underlined twice in her announcement.

The president, as *“productive”* as he remains (per the spirit of the announcement), may not be seen publicly for quite some time, Jean-Pierre hinted. Since the White House protocol for positive Covid cases goes *“above and beyond CDC guidance,”* the president *“will continue to work in isolation until he tests negative,”* she said. According to the [CDC isolation guidelines](#) for both suspected and confirmed Covid cases, people should isolate for at least five full days (day 0 is the first day of symptoms or of the positive viral test). The CDC says that applies to both vaccinated and unvaccinated people, regardless of the scope of their symptoms.

The press secretary added that Biden has already *“been in contact with members of the White House staff by phone,”* and *“will participate in his planned meetings at the White House this morning via phone and Zoom from the residence.”*

Jean-Pierre also promised that *“out of an abundance of transparency, the White House will provide a daily update on the President’s status.”* Most likely, those *“transparent”* messages will be all optimistic and praiseful of the Covid vaccine that presumably protected the frail Biden from the most severe Covid outcomes.

The White House shared a [memorandum](#) from the president’s physician, Dr. Kevin O’Connor, that said Biden is experiencing a runny nose, fatigue, and an *“occasional dry cough”* that began on Wednesday evening.

It is not clear how the president, who has not been exactly energetic during the past couple of decades, can *“fully”* carry out the duties of office while experiencing Covid-related fatigue.

The president has started taking [Paxlovid](#), an oral antiviral pill manufactured by Pfizer and administered in the United States under emergency use authorization (EUA) since December 2021.

Dr. O'Connor said that because Biden is fully vaccinated and twice boosted, he expects the president to *“respond favorably”* to Paxlovid, *“as most maximally protected patients do.”*

Biden had gotten two doses of the Pfizer shot shortly before taking office in January 2021, a first booster in September 2021, and a second one on March 30, 2022, immediately after the FDA and CDC released their [ambiguous approval](#) and recommendation for those over the age of 50 to receive a fourth, and, in some cases, fifth dose of the Covid shot.

The news came hours before Biden [was scheduled](#) to go to Wilkes-Barre, Pennsylvania, to speak about *“gun violence prevention”* and attend a Democratic National Committee fundraiser.

Biden returned to Washington, D.C., from a four-day trip to the Middle East over the weekend, and visited Massachusetts on Wednesday to give a [climate hysteria-focused speech](#).

The [president's schedule](#) has been quite busy in recent weeks, as he has been hosting large gatherings and interacting with whatever supporters he still has.

Per [media reports](#), First Lady Jill Biden, *“up to date”* with her Covid shots, announced that she had tested negative. Doctor Jill is currently in Detroit as part of a *“summer learning tour”* with Education Secretary Miguel Cardona. Of her husband, she said, *“He's doing fine, he's feeling good.”* She added that she would proceed with her schedule, but would remain masked while around others, consistent with CDC guidance.

Biden joins a growing number of D.C. insiders who have contracted the virus, including Vice President Kamala Harris, who tested positive in April. Prior waves of Covid swept through heavily-vaccinated Washington's political class, infecting Cabinet members, White House staffers, and lawmakers, as [reported](#) by *The New American*. The majority of them expressed gratitude for being vaccinated, which they believed helped to prevent severe disease outcomes.

The most recent high-profile Covid cases include [Dr. Anthony Fauci](#), the president's chief medical advisor, who tested positive in mid-June, and Health and Human Services (HHS) Secretary [Xavier Becerra](#), who was unlucky enough to catch Covid twice in just one month. Both of the officials are fully vaccinated and boosted.

Notably, Fauci had also been prescribed Paxlovid, but experienced Covid rebound on his fourth day after finishing up the course. He then began a second course of Paxlovid when symptoms returned, which were “*much worse than the first go-around,*” he said during *Foreign Policy’s* [Global Health Forum](#) event held in late June.

Covid infections and reinfections in fully vaccinated and boosted individuals hardly surprise anyone anymore, even though in July 2021 President Biden [stated](#) during a CNN Town Hall that those who got the shot are immune from getting Covid.

The full quote from the president:

“One last thing that’s really important is, we’re not in the position where we think that any virus, including the Delta virus, which is much more transmissible and more deadly in terms of unvaccinated people, the — the various shots that people are getting now cover that. You’re OK. You’re not going to — you’re not going to get COVID if you have these vaccinations.”

On July 31, the Centers for Disease Control and Prevention (CDC) contradicted the president’s words in a [statement](#) that the viral load vaccinated and unvaccinated people carry when infected is “*similar.*” The vaccination was still recommended to everyone, though, since it was said to reduce the risk of severe Covid complications.

Since then, official healthcare advice for Americans has mutated into nearly universal recommendations to get vaccinated and then boosted, boosted, and boosted again. Test often. And wear a mask. As Dr. Fauci said during one of his [most recent appearances](#), those are “*doable, simple things.*” [Fauci argued](#) that all of it is needed because the new Covid strains “*substantially evade*” both natural and vaccine-induced immunity.

Pfizer Annual Revenue Doubled — to \$81.3 Billion — Thanks to COVID Vaccines

Not only did Pfizer’s COVID-19 vaccines double the company’s annual revenue, but they also gave the drug maker unique weight in determining U.S. health policy — something that concerns even staunch vaccine-pushers like Dr. Paul Offit.

By Dr. Joseph Mercola

Story at a glance:

- The COVID-19 pandemic has been a real boon to Pfizer. Not only has it doubled Pfizer’s annual revenue, but it has also given the drug maker

unique weight in determining U.S. health policy — something that concerns even staunch vaccine-pushers like Dr. Paul Offit.

- Pfizer’s revenue in 2021 was \$81.3 billion — approximately double that of 2020 — and the COVID shot accounted for \$36.78 billion of that.
- Pfizer’s COVID jab dominates 70% of the U.S. and European markets, and Paxlovid, its COVID drug, has become a standard treatment choice in hospitals. This despite findings showing the shot doesn’t prevent infection or transmission, and that Paxlovid causes severe rebound and supercharges mutations.
- The U.S. had thrown away 82.2 million expired COVID jab doses as of mid-May, yet the Biden administration ordered another 105 million doses at the end of June for a fall booster campaign that will cost taxpayers \$3.2 billion.
- Pfizer’s contracts are almost exclusively slanted in Pfizer’s favor. They’re guaranteed payment while having no financial liability for injuries and deaths, and it appears this indemnification applies even if they were to be found guilty of fraud.



According to [Kaiser Health News](#) (KHN), the COVID-19 pandemic has been a real boon to Pfizer. Not only has it yielded “outsize benefits” in terms of profits, but it has also “given the drug maker unusual weight in determining U.S. health policy.”

“Based on internal research, the company’s executives have frequently announced the next stage in the fight against the pandemic before government officials have had time to study the issue, annoying many experts in the medical field and leaving some patients unsure whom to trust,” KHN reporter [Arthur Allen writes](#), adding:

“When last year Bourla suggested that a booster shot would soon be needed, U.S. public health officials later followed, giving the impression that Pfizer was calling the tune.”

“Some public health experts and scientists worry these decisions were hasty, noting, for example, that although boosters with the mRNA shots produced by [Moderna](#) and [Pfizer-BioNTech](#) improve antibody protection initially, it generally doesn’t last.”

“Since January, Bourla has been saying that U.S. adults will probably all need annual booster shots, and senior FDA [U.S. Food and Drug Administration] officials have indicated since April that they agree. ...”

“The company’s power worries some vaccinologists, who see its growing influence in a realm of medical decision-making traditionally led by independent experts. ...”

“When President Biden in September 2021 offered boosters to Americans — not long after [Pfizer CEO Albert] Bourla had recommended them — [Dr. Paul Offit](#), director of the Vaccine Education Center at Children’s Hospital of Philadelphia ... wondered, ‘Where’s the evidence you are at risk of serious disease when confronted with [COVID](#) if you are vaccinated and under 50?’”

“Policies on booster recommendations for different groups are complex and shifting, Offit said, but the CDC [Centers for Disease Control and Prevention], rather than Bourla and Pfizer, should be making them.”

“‘We’re being pushed along,’ he said. ‘The pharmaceutical companies are acting like [public health agencies](#).’”

The fact that a vaccine-pusher like Offit — infamous for claiming a [baby can safely tolerate 10,000 vaccines](#) at once — is questioning and pushing back against Pfizer’s influence over health policy reveals just how brazen, unethical and potentially dangerous that is.

Massive profits made from useless products

According to Allen, [Pfizer’s revenue in 2021 was \\$81.3 billion](#) — approximately double that of 2020 — and the [COVID shot accounted for \\$36.78 billion](#) of that.

For comparison, Lipitor, Pfizer’s previous [top-selling statin](#), generates roughly \$2 billion a year, while their strep vaccine, [Pprevnar 13](#) rakes in \$6 billion a year.

Its mRNA gene transfer injection against COVID now dominates 70% of the U.S. and European markets, and Paxlovid, Pfizer’s COVID drug, has become a standard treatment choice in hospitals. This, despite researchers finding Paxlovid

(molnupiravir) causes severe rebound and [supercharges mutations](#). In a rational scenario, that finding would have put a stop to its use, but no.

In an official health advisory to the public, issued May 24, the CDC first warns that Paxlovid is associated with “recurrence of COVID-19 or ‘[COVID-19 rebound](#),’” and then in the very next sentence stresses in bold print a narrative supporting its use and enriching Pfizer with instructions saying:

“Paxlovid continues to be recommended for early-stage treatment of mild to moderate COVID-19 among persons at high risk for progression to severe disease.”

Allen also notes that, during an investor call, a Pfizer official highlighted reports of Paxlovid’s failure, but spun it into [“good news” for investors](#), as patients may require multiple courses!

Obviously, the objective has long ago shifted from helping humans to raping them for as much profit as possible.

Similarly, while [Pfizer’s COVID jab](#) clearly doesn’t prevent infection or spread, and Americans are rejecting the shots in growing numbers — [82.2 million doses had expired](#) and were chucked in the trash as of mid-May — the U.S. government still went ahead and ordered another 105 million doses at the end of June.

These are intended for a [fall booster campaign](#), at a [cost to taxpayers of \\$3.2 billion](#). The U.S. is actually paying about 50% more for each of these new jab boosters this time around — \$30.47 per dose compared to \$19.50 per dose paid for the first 100 million doses.

The U.S. government has also promised to purchase another 20 million courses of [Paxlovid](#), at an eye-watering cost of \$530 per five-day course.

Basically, Pfizer is being financially rewarded for producing products that are useless at best and dangerous at worst, and we’re all paying for it. In case you’re curious, that is another \$10.6 billion transferred from U.S. taxpayers to Pfizer.

Future boosters won’t undergo human clinical trials

After you likely thought it couldn’t ever get any worse, KHN also touches on, but doesn’t delve into, the fact that Pfizer suggested they skip human trials as they move forward with jabs that are reformulated for newer variants.

If this strikes you as crazy, you’d be right. It’s sheer madness, but the [FDA](#) — a captured agency — has already surreptitiously agreed to this egregious miscarriage of science.

How this wicked scheme, known as the “[Future Framework](#),” was [adopted by the FDA](#) without a formal vote is explained by Toby Rogers, Ph.D. — a political economist whose research focus is on regulatory capture and [Big Pharma](#) corruption — in the video below.

He also explained it in a June 29 [Substack article](#):

“Yesterday [June 28], the FDA’s Vaccines and Related Biological Products Advisory Committee [VRBPAC] approved a bivalent COVID-19 shot with the Wuhan strain and the Omicron variant. ... Wait, hold up, I thought the FDA was voting on the Future Framework yesterday?”

“The policy question was whether reformulated COVID-19 shots would be treated as new molecular entities (which they are) in which case they should be subject to formal review or whether reformulated shots would be treated as ‘biologically similar’ to existing COVID-19 shots and be allowed to skip clinical trials altogether.”

“Apparently the FDA did not have the votes to just pass this as a policy question. If you ask anyone whether reformulated mRNA represents a new molecular entity, well of course it is, so that would require formal regulatory review.”

“What the FDA did instead was to smuggle the policy question in disguised as a vote about reformulated ‘boosters’ for the fall.”

“In essence, the FDA just started doing the Future Framework (picking variants willy nilly, skipping clinical trials) and essentially dared the committee members to turn down a booster dose — knowing that all of the VRBPAC members are hand-picked because they’ve never met a vaccine they did not like.”

“So of course only two people on the committee had the courage to turn down a booster dose — even though it was based on this preposterous process (that was never formally adopted) where there was literally no data at all. ...”

“By stealth, the FDA replaced a system based on evidence with a system based entirely on belief.”

Countries held to ransom

In 2021, secret details of Pfizer’s contracts came to light, showing they are essentially [holding countries hostage](#) to non-negotiable demands for payment in full AND freedom from liability.

In late February 2021, The Bureau of Investigative Journalism reported that Pfizer was [demanding countries put up sovereign assets](#) as collateral for expected vaccine injury lawsuits resulting from its COVID-19 jab.

Several countries, including Brazil, Chile, Colombia, the Dominican Republic and Peru, agreed to this demand, putting up bank reserves, military bases and embassy buildings as collateral.

In short, these governments are guaranteeing Pfizer will be compensated for any expenses resulting from injury lawsuits against it, so the company won't lose a dime if its COVID shot injures people.

Shockingly, these terms are binding even if those injuries are the result of negligent company practices, fraud or malice!

In October of that same year, [Public Citizen published](#) the secret [contracts between Pfizer](#) and Albania, Brazil, Colombia, Chile, Dominican Republic, the European Commission, Peru, the U.S. and the U.K., further revealing the extent to which these countries handed power over to Pfizer.

In almost all scenarios, Pfizer's interests come first.

For example, government purchasers must acknowledge that the effectiveness and safety of the shots are completely unknown, all while indemnifying Pfizer against any and all financial liability.

This is the ultimate corporate maleficence, using their leverage to force the kill shot down these countries' throats and avoiding any personal responsibility for damages.

Even if Pfizer eventually is convicted of fraud in the U.S. and loses all its liability protection from the COVID jobs because of it, that judgment would not impact these foreign contracts. These countries sold their souls to Pfizer and have absolutely no recourse but to pay even if the shots kill everyone.

The contracts for at least four countries also secure Pfizer's intellectual property rights even if the company is found to have stolen the intellectual property (IP) rights of others. In such a case, the government purchaser becomes the liable party.

As explained by Public Citizen:

“For example, if another vaccine maker sued Pfizer for patent infringement in Colombia, the contract requires the Colombian government to foot the bill. Pfizer also explicitly says that it does not guarantee that its product does not violate third-party IP, or that it needs additional licenses.”

“[Pfizer takes no responsibility](#) in these contracts for its potential infringement of intellectual property. In a sense, Pfizer has secured an IP waiver for itself. But internationally, Pfizer is fighting similar efforts to waive IP barriers for all manufacturers.”

Equally shocking is that countries are forced to follow through on their [vaccine orders](#) even if other drugs or treatments emerge that can prevent, [treat or cure COVID-19](#).

Is it any wonder, then, that governments around the world have suppressed the use of safe and effective outpatient drugs like [hydroxychloroquine](#) and [ivermectin](#)?

If these drugs were allowed to be used and could be proven to work, the COVID injections would be completely unnecessary and their emergency use authorization would disappear, yet governments are on the hook for hundreds of millions of doses.

Pfizer has 'habitual offender' track record

The fact that Pfizer has behaved like a criminal who works out a cover story for a planned murder before committing it is not surprising, considering its history. Pfizer has been sued in multiple venues over unethical behavior, including unethical drug testing and [illegal marketing practices](#).

In his 2010 paper, "Tough on Crime? Pfizer and the CIHR," Robert G. Evans, Ph.D., emeritus professor at Vancouver School of Economics, described Pfizer as "a '[habitual offender](#),' persistently engaging in illegal and corrupt marketing practices, bribing physicians and suppressing adverse trial results."

Between 2002 and 2010 alone, Pfizer and its subsidiaries were fined \$3 billion in criminal convictions, civil penalties and jury awards. They are recurrent criminal felons. None of these convictions has deterred their nefarious behavior.

In 2011, Pfizer agreed to pay another \$14.5 million to settle [federal charges of illegal marketing](#), and in 2014 they settled federal charges relating to improper marketing of the kidney transplant [drug Rapamune](#) to the tune of \$35 million, as well as \$75 million to settle charges relating to its testing of a new broad-spectrum antibiotic on critically ill Nigerian children.

As reported by the Independent at the time, Pfizer sent a team of doctors into Nigeria during a meningitis epidemic.

For two weeks, the team set up right next to a medical station run by Doctors Without Borders and [began dispensing the experimental drug](#), Trovan. Of the 200 children picked, half got the experimental drug and the other half got the already licensed antibiotic Rocephin.

Eleven of the children treated by the Pfizer team died, and many others suffered side effects such as brain damage and organ failure. Pfizer denied wrongdoing. According to the company, only five of the children given Trovan died, compared to six who received Rocephin, so their drug was not to blame.

The problem was they never told the parents that their children were being given an experimental drug. What's more, while Pfizer produced a permission letter from a Nigerian ethics committee, the letter turned out to have been backdated.

The ethics committee itself wasn't set up until a year after the trial had already taken place. [Pfizer's rap sheet](#) also includes bribery, environmental violations, labor and worker safety violations and more.

Wolves in sheep's clothing

Now, despite Pfizer being one of the least ethical drug companies, we're told to trust them with our very lives, and the lives of our precious children.

They're going to put out booster shots this fall that have undergone no testing whatsoever, and we're to simply throw caution to the wind because Pfizer — which has no liability whatsoever — says so.

In 2014, Pfizer faced a surge of lawsuits that accused it of hiding known side effects of its [ant cholesterol drug Lipitor](#). They got off scot-free that time, as a federal judge dismissed [thousands of cases](#) alleging the [drug caused Type 2 diabetes](#). But at least they had liability and could be sued.

When it comes to the COVID jobs, injured patients and family members of those killed by it won't even have the ability to sue for damages, as governments around the world have indemnified them completely, and it looks as though they might not even be liable even if they're found guilty of fraud.

But we will have to see what the courts rule on that one. Still, that any nation would agree to a contract like that is just mindboggling.

Meanwhile, mounting evidence shows the [COVID shots destroy immune function](#) over time, and [Pfizer's own trial data](#) reveal deaths and serious adverse events numbering in the tens of thousands.

It's hard to tell who's more deserving of punishment — Pfizer or the equally captured federal agencies, the FDA and the CDC, that go along with them and do nothing to protect the lives of the youngest members of our society.

Clearly, it's up to us to protect ourselves and our loved ones, because wolves in sheep's clothing are ruling the roost — they're making all the decisions, and captured agencies are simply doing their bidding.

Blinded by Science! (Science news update: 21 July 2022)

CDC and FDA claim that the effects of the COVID mRNA vax on reproductive health are rare. They lied.

Robert W Malone MD, MS

The effect of BNT162b2 SARS-CoV-2 mRNA vaccine on menstrual cycle symptoms in healthy women.

Int J Gynaecol Obstet, 2022 Jul 20. doi: 10.1002/ijgo.14356. Online ahead of print.

[The Full Article PDF here](#)

Abstract

Objective: To investigate the impact of the SARS-CoV-2 mRNA BNT162b2 vaccine on women's menstrual cycle.

Methods: In this questionnaire-based cross-sectional study, we assessed menstrual pattern and changes of women who completed the SARS-CoV-2 mRNA BNT162b2 vaccine three months before and after receiving the vaccine. Included were women aged 18-50 without known gynecological comorbidities who regularly monitor their menstruation through electronic calendars. All participants completed a detailed questionnaire on their menstrual symptoms including information on any irregular bleeding. To minimize bias, each woman served as a self-control before and after vaccination. Primary outcome was rate of irregular bleeding following vaccination and secondary outcome was presence of any menstrual change, including irregular bleeding, mood changes or dysmenorrhea following the vaccine.

Results: A total of 219 women met the inclusion criteria. Of them, 23.3% (n=51) experienced irregular bleeding following the vaccine. Almost 40% (n=83) of study participants reported any menstrual change following vaccination. Parity was positively associated with irregular bleeding with 50% (n=26) of those suffering from irregular bleeding being multiparous as compared to only 31.5% (n=53) of women with no irregular bleeding (nulliparous 46% vs 60%, multiparous 50% vs 31%, rest 4% vs 8%, p=0.049). The presence of medical comorbidities was also significantly higher among patients who experienced irregular bleeding (20.0% vs 6.0%, p=0.003).

Conclusion: Our study shows relatively high rates of irregular bleeding and menstrual changes after receiving the SARS-CoV-2 mRNA BNT162b2 vaccine. Further research is needed to confirm our findings and to better characterize the magnitude of change and any possible long term implications.

Results from the Full Article:

All participants completed the two-dose series of the BNT161b2 mRNA vaccine with a mean interval of 22.1 ± 5.1 days between doses. Distribution of baseline menstrual characteristics is shown in Table 2.

The average menstrual cycle length before the vaccine was 29.4 ± 7.6 days with duration of menses of 5.0 ± 1.3 days.

Of the 219 women who participated in the study, 23.3 % (n=51) experienced irregular bleeding following the vaccine. Of them, 39.2% (n=20) and 60.8% (n=31)

reported irregular bleeding after the first and second dose of the SARS-CoV-2 BNT162b2 mRNA vaccine, respectively.

Of the 51 women who experienced irregular bleeding, 66.7% (n=34) reported irregular bleeding that preceded their estimated menstrual date (mean 9.9 ± 3.0 days) and 33.3% (n=17) reported a delay in their expected menstrual date (mean 12.3 ± 6.3 days). Irregular bleeding was reported as light in its severity in 47% (n=24), moderate in 21.6% (n=11) and heavy in 31.4% (n=16). Among those who reported irregular bleeding, 31.4% (n=16) reported persisted irregular bleeding during the three-month period following vaccination, whereas 68.6% (n=35) reported a transient change which did not continue throughout the study period. Thirty-seven percent (n=83) of study participants reported any menstrual change (including irregular bleeding, mood changes or dysmenorrhea) following vaccination.

Nearly 68% (n=55) of study participants reported dysmenorrhea following vaccination. Amongst them, 47.3% (n=26) reported new-onset dysmenorrhea or increase in the severity of pre-existing dysmenorrhea.

Other menstrual symptoms were reported by 55.5% (n=45) of study participants after receiving the vaccine, including: abdominal pain (n=24); pelvic pain (n=11); appearance of new acne (n=11); breast tenderness (n=4); hot flushes (n=1).

Mood changes associated with menstruation after the vaccine (that were not reported before the vaccine) were reported by 9.6% (n=21) of women.

[Covid-19 vaccination BNT162b2 temporarily impairs semen concentration and total motile count among semen donors](#)

Andrology, 17 June 2022

In a retrospective, longitudinal, multicenter study published in *Andrology*, the effects of the COVID-19 BNT162b2 vaccine on semen parameters were assessed in 37 semen donors at different time points before and after vaccination. A selective decrease in sperm concentration and total motile count was reported 75–125 days after vaccination ($P=0.01$ and $P=0.007$, respectively) compared with pre-vaccination levels. Normal levels of these parameters were recovered ≥ 145 days post-vaccination.

(My note: This issue is critical, as sperm counts in "[western "countries have decreased 52% from 1973 to 2011](#)").

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Menstrual cycle disturbances after COVID-19 vaccination

Women's Health (Lond) 2022 Jan DOI: [10.1177/17455057221109375](https://doi.org/10.1177/17455057221109375)

Abstract

Introduction: After COVID-19 vaccination, women of reproductive age reported changes in their menstrual cycle.

Materials and methods: A retrospective study was carried out after a survey on social networks that included women aged 18-41 years with normal cycles according to International Federation of Gynecology and Obstetrics and who were vaccinated (complete schedule for two doses, except J&J/Janssen or incomplete with a single dose). Women with following conditions were excluded: pregnant or lactating women; history of diseases that cause menstrual irregularities or early menopause: anorexia, bulimia, polycystic ovary syndrome, hypothyroidism, obesity, or low weight; hysterectomized or oophorectomized patients; and high performance athletes.

Results: Overall, 950 women completed the survey between July and September 2021. In total, 408 women met the inclusion criteria, and 184 reported the following characteristics: frequency (normal 43.47%, infrequent 25%, and frequent 31.53%), regularity (regular 51.08%, irregular 42.93%, and absent/amenorrhea 5.97%), duration (normal 65.21%, prolonged 26.08%, absent/amenorrhea 8.69%), and volume (heavy 41.84%, light 20.65%, and absent/amenorrhea 6.52%).

Conclusions: SARS-CoV-2 infection and COVID-19 vaccination can influence the menstrual cycle and cause alterations.

Bad news for Paxlovid? Coronavirus can find multiple ways to evade COVID-19 drug

Lab studies identify resistance mutations in SARS-CoV-2's protease, and some circulating variants have them

29 JUNE 2022

A bevy of new lab studies shows the coronavirus can mutate in ways that make it less susceptible to the drug, by far the most widely used of the two oral antiviral drugs authorized to treat COVID-19 in the United States. Researchers have found some of those mutations in variants already circulating in infected people, raising fresh concerns that physicians could soon lose one of their best therapies for fighting COVID-19.

Taken together, the studies show that “when you put pressure on the virus it escapes,” says David Ho, a virologist at Columbia University who was among the first to document drug resistance mutations in HIV some 3 decades ago. Ho was not involved with the new studies but is conducting similar work on SARS-CoV-2. Although the newly identified mutations have yet to become widespread, Ho and many other scientists think it’s only a matter of time. “Given the amount of infections out there, it’s going to come,” Ho says.

The resistance studies come on the heels of other recent concerns about Paxlovid, which in the United States remains restricted to use in people with risk factors making them more likely to develop severe COVID-19. Confirming anecdotal reports widely reported by media, several studies have found a small percentage of infected people who receive the normal 5-day course initially feel better, only to have their symptoms rebound. And questions have grown about whether Paxlovid helps those who aren't at high risk of serious disease—Pfizer earlier this month [halted a large trial of the drug](#) in standard risk COVID-19 patients because it was failing to show statistically significant protection against death or hospitalization.

[Pfizer Reports Additional Data on PAXLOVID™ Supporting Upcoming New Drug Application Submission to U.S. FDA](#)

Tuesday, June 14, 2022 - 04:30pm

- *In the EPIC-SR study of PAXLOVID™ (nirmatrelvir [PF-07321332] tablets and ritonavir tablets), the novel primary endpoint of self-reported, sustained alleviation of all symptoms for four consecutive days was not met, as previously reported*
- *Data from standard-risk patients, both vaccinated and unvaccinated, while not all statistically significant, are supportive of efficacy data observed in EPIC-HR study and will be included in upcoming NDA submission to U.S. FDA for high-risk patients*
- *Pre-specified secondary endpoint resulted in a nominally significant 62% decrease in COVID-19-related medical visits per day across all patients, relative to placebo*
- *In a sub-group analysis, non-significant 57% reduction in hospitalizations and death observed in PAXLOVID-treated vaccinated patients with at least one risk factor for severe COVID-19*
- *Pfizer to cease enrollment into the EPIC-SR trial due to low rate of hospitalization or death in the standard-risk population; will continue to evaluate treatment in populations with high unmet need.*

ERGO: Paxlovid trial stopped for lack of efficacy in standard risk patients. For the POTUS, that means the use of Paxlovid is probably unwarranted.

The data was in: Nov 2020. The Cochrane Database Syst Rev - the gold standard of meta-analysis was and is clear.

None of this mask wearing was science based. What our public health service has done to us, our children is obscene. There needs to be accountability.

[Physical interventions to interrupt or reduce the spread of respiratory viruses](#)

Meta-Analysis: Cochrane Database Syst Rev

.020 Nov 20;11(11):CD006207. doi: 10.1002/14651858.CD006207.pub5.

Authors' conclusions: The high risk of bias in the trials, variation in outcome measurement, and relatively low compliance with the interventions during the studies hamper drawing firm conclusions and generalizing the findings to the

current COVID-19 pandemic. There is uncertainty about the effects of face masks. The low-moderate certainty of the evidence means our confidence in the effect estimate is limited, and that the true effect may be different from the observed estimate of the effect. The pooled results of randomized trials did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks during seasonal influenza. There were no clear differences between the use of medical/surgical masks compared with N95/P2 respirators in healthcare workers when used in routine care to reduce respiratory viral infection. Hand hygiene is likely to modestly reduce the burden of respiratory illness. Harms associated with physical interventions were under-investigated. There is a need for large, well-designed RCTs addressing the effectiveness of many of these interventions in multiple settings and populations, especially in those most at risk of ARIs.

Here are conclusions regarding-
Medical/surgical masks compared to no masks

We included nine trials (of which eight were cluster-RCTs) comparing medical/surgical masks versus no masks to prevent the spread of viral respiratory illness (two trials with healthcare workers and seven in the community). There is low certainty evidence from nine trials (3507 participants) that wearing a mask may make little or no difference to the outcome of influenza-like illness (ILI) compared to not wearing a mask (risk ratio (RR) 0.99, 95% confidence interval (CI) 0.82 to 1.18). There is moderate certainty evidence that wearing a mask probably makes little or no difference to the outcome of laboratory-confirmed influenza compared to not wearing a mask (RR 0.91, 95% CI 0.66 to 1.26; 6 trials; 3005 participants). Harms were rarely measured and poorly reported. Two studies during COVID-19 plan to recruit a total of 72,000 people. One evaluates medical/surgical masks (N = 6000) (published *Annals of Internal Medicine*, 18 Nov 2020), and one evaluates cloth masks (N = 66,000).

The data and randomized clinical trials are extensive. Please read the full conclusions in the link to the PDF below. My literature review conducted today turned up no new studies that change the Cochrane meta analysis conclusions.

[Full Text Article](#)

One can only conclude that we have a major problem with group think at the CDC. There are no real randomized clinical trials or data to support the use of surgical or cloth masks. How come the CDC did not know this in 2020? How come they do not know this now?

What have “we” done to our children?

You think this is over?

[Why is the Headstart STILL masking our toddlers and children?](#)

[Why is Los Angeles putting an indoor mask policy back in place?](#)

[Why does the CDC still want face masks worn in areas of COVID high incidence?](#)

The CDC lists 35% of the US population in a high incidence area.

Health experts are quitting the NIH & CDC in droves because they're embarrassed by 'bad science' - including vaccinating children under 5 to 'make their advice palatable to the White House,' drs claim

No, they are not embarrassed by the Crimes Against Humanity junk science, they are acutely cognizant that if they do not quit, then they may one day be liable for premeditated manslaughter, or worse.

From the [Daily Mail](#):

- The NIH and CDC are reportedly facing staffing shortages as low morale drives away employees
- Decisions like the closure of schools and then requiring face masks once they reopened led to many questioning leadership
- Lately, the authorization of COVID-19 vaccines for children four years old or younger has confused some in America's top medical agencies
- Bari Weiss' 'Common Sense' Substack reports that data from both Pfizer and Moderna's clinical trials for jabs in under-5s show limited effectiveness

PSYOP-19 is a depopulation and control program.

The DEATHVAX™ is a slow kill bioweapon.

The MK Ultra masking and lockdowns are slower kill components of this technocratic eugenics power grab en route to the 4th Industrial Posthuman Revolution.

CDC failed to balance the risks of COVID with other risks that come from closing schools,' an anonymous CDC scientist told Common Sense.

'Learning loss, mental health exacerbations were obvious early on and those worsened as the guidance insisted on keeping schools virtual. CDC guidance worsened racial equity for generations to come. It failed this generation of children.'

A mentally damaged, worn out and mass formation hypochondria-spellbound populace has a far greater propensity for uptake of the DEATHVAX™ slow kill bioweapon injection.

Of course, if the natural instinct to not trust the scientism and subject oneself to the injection were to express itself, then the virtue signal "protecting others" ploy has too been exceedingly effective at getting the experimental gene therapy subjects to participate in their very own ritualistic slow suicide.

But there is hope for the future:

[Marty Makary MD, MPH @MartyMakary](#)

[There's a reason why only 2% of children under 5 have received the Covid vaccine, after nearly a month of the CDC pushing it hard.](#)

[July 15th 2022](#)

And now the staff working at the captured FDA and CDC are not only quitting, but [speaking out](#):

"It's like a horror movie I'm being forced to watch and I can't close my eyes," one senior FDA official lamented. *"People are getting bad advice and we can't say anything."*

The CDC has experienced a similar exodus. *"There's been a large amount of turnover. Morale is low,"* one high level official at the CDC told us. *"Things have become so political, so what are we there for?"* Another CDC scientist told us: *"I used to be proud to tell people I work at the CDC. Now I'm embarrassed."*

Culpable is more like it.

But what drives these cowards and criminals to hang around these One World Government and CIA-handled agencies where their decisions and *"rulings"* directly result in all-cause mortality surges and seemingly innumerable adverse events you might ask?

An official at the FDA put it this way: *"I can't tell you how many people at the FDA have told me, 'I don't like any of this, but I just need to make it to my retirement.'"* Aiding and abetting the democide, or collecting a pension?

Decisions, decisions...

Horror movie indeed. Do NOT comply.

Man-lady HHS "Admiral" Levine Wants "Trans" Kids to Chemically Castrate, Mutilate Themselves

"Admiral" Rachel Levine, the cross-dressing man-lady and No. 2 health official in the country, unbosomed another big lie on MSNBC on Monday.

"Transgender" kids aren't mentally ill because they are "trans," he said, they are mentally ill because they are bullied, and cannot find acceptance.

Levine, whose real name is Richard, wants to *"empower"* those tortured young souls by permitting them to persist in the false belief that they are the *"wrong"* gender, and, of course, get *"gender-affirming"* treatment. That means the *"right"* to neuter themselves with *"sex reassignment surgery,"*

the medical term for the mutilation of their sex organs.

Bullying the Problem

Ever since Joe Biden hired the cross-dressing pretend woman as the assistant secretary of Health and Human Services, he — Levine — has been pushing the idea that kids can be “*trans*.”

HHS, for instance, has declared that denying “gender-affirming treatment” to a kid with “*gender dysphoria*” — the term that describes the false belief that one is the “*wrong*” gender — is illegal, as The New American reported in April.



Rachel Levine

Levine, who was married for almost 30 years when he declared himself a woman, reinforced science-denying “*transgender*” ideology when he spoke with MSNBC’s Andrea Mitchell.

He claimed that trans kids are going crazy because they’re bullied.

“Well, you know, trans youth are vulnerable, and they suffer significant harassment and bullying, sometimes in schools or their community,”

Levine said. “They have more mental health issues, but there’s nothing inherent with being transgender or gender diverse, which would predispose youth to depression or anxiety.”

That, of course, is utterly false, as renowned psychiatrist Dr. Paul McHugh has repeatedly warned.

Continued Levine:

It’s that harassment and bullying. Now they are suffering politically motivated attacks through state actions against these vulnerable transgender youth. This is not based upon data. These actions are politically motivated. And so we really want to base our treatment and affirm and to support and empower these youth, not to limit their participation activities in sports and even limit their ability to get gender-affirmation treatment in their state.

Levine advocates chemically castrating boys and sterilizing girls with puberty blockers, and says that “trans” kids must be stopped before going through the “wrong puberty.”

“The first phase at the young adolescent age is to give what is called a pubertal blocker, to give a medicine to block the progression of puberty, so you don’t go through the wrong puberty,” he said in 2017.

Between 14 and 16 years of age, kids would get “cross-gender hormones.” Even worse, though, if Levine gets his mitts on your kids, “they never go through the wrong puberty,” he continued:

That way, for a transgender woman, male to female, their voice doesn’t drop, they don’t have hair, they don’t have to have electrolysis. For a transgender man, they don’t have breast development that will need surgery, they don’t have periods, etc.

So you block puberty ... and then at the appropriate time send them through the puberty consistent with their gender identity.

Levine, and Biden himself, actually call that “gender-affirming” healthcare.

Psychiatrist Needed

Levine’s claims are as wrong as they are dangerous, McHugh has observed.

McHugh says that some men — perhaps Levine is one of them, like Bruce Jenner, who calls himself Caitlyn — dress as women because it arouses them sexually. But most kids with “*gender dysphoria*” don’t have that problem. Instead, they have “*psychosocial*” problems.

“*Gender dysphoria — the official psychiatric term for feeling oneself to be of the opposite sex — belongs in the family of similarly disordered assumptions about the body, such as anorexia nervosa and body dysmorphic disorder,*” McHugh wrote in 2015:

Its treatment should not be directed at the body as with surgery and hormones any more than one treats obesity-fearing anorexic patients with liposuction. The treatment should strive to correct the false, problematic nature of the assumption and to resolve the psychosocial conflicts provoking it. With youngsters, this is best done in family therapy.

But that isn’t happening, he said, because tranny ideologues such as Levine rule the leftist media and the government.

“*The larger issue is the meme itself,*” [McHugh continued](#):

The idea that one’s sex is fluid and a matter open to choice runs unquestioned through our culture and is reflected everywhere in the media, the theater, the classroom, and in many medical clinics. It has taken on cult-like features: its own special lingo, internet chat rooms providing slick answers to new recruits, and clubs for easy access to dresses and styles supporting the sex change. It is doing much damage to families, adolescents, and children and should be confronted as an opinion without biological foundation wherever it emerges.

That truth won’t stop Levine or Biden from pushing “trans” ideology on the country, as the appointment of a sex freak [who enjoys](#) “*pup play*” well shows.

What Biden didn’t know is that Sam Brinton, who runs the nation’s nuclear waste disposal bureau at the Energy Department, [has defended](#) underage prostitution.

Martial Law alert: Alex Jones exposes HR 4350 amendment that will give Joe Biden dictatorial powers

07/19/2022 / By Belle Carter

During the July 17 emergency transmission of “InfoWars,” Alex Jones exposed that amendment to HR 4350, or the National Defense Authorization Act (NDAA),

will [let President Joe Biden become a dictator](#) who can launch land, sea and air operations against the American people.

Jones laid out the “[hands-down most powerful and horrible information](#)” his team has ever covered in 28 years. *“And if they are able to execute it, it is 1,000 times worse than anything we’ve ever covered. It is HR 4350, in which Biden [or] whoever else the president is will be the dictator,”* he said.



He noted that the Democrat leadership has the votes in the House and Senate. And when turned into law, HR 4350 will allow the president to [use the military for domestic operations](#), which Jones described as unbelievably illegal.

“It says the president will have the sole power over the military domestically and Congress will have no oversight. It also says in section 529A, this is absolutely the key, [countering extremism in the armed forces](#) – a purge of the military – of anybody that supports populism or America,” Jones commented while reading the bill’s amendment printout.

“The big takeaway is that there will be no congressional oversight of what the military does. Anything that violates our rights or basic freedoms or the 10th Amendment is null and void.”

The said legislation has been added to the new spending bill last week by Representative Adam B. Schiff, chairman of the House Permanent Select Committee on Intelligence. The amendment is set to be added to the act, which the House plans to take up this week. (Related: [No longer a conspiracy theory: Biden announces US involvement in realigning New World Order.](#))

“This [un-American amendment](#) will fundamentally and irreparably erode Congress’ constitutional oversight responsibility,” said New York Representative Elise Stefanik, a member of the Armed Services Committee and chairwoman of the House Republican Conference.

She added that House Democrats led by Schiff are attempting to cover up for the national security crises of the weakest commander-in-chief in U.S. history.

“Schiff got no attention until over the weekend. The Democratic Party controls the House and Senate to say no oversight over the U.S. military and domestic operations. But more importantly, only the president is in charge of the military. So that’s martial law, that is dictatorial powers right there,” Jones stated.

Jones: The New World Order has a Deeper Agenda

Jones reminded his audience of what happened 600 years ago with Henry IV, who orchestrated false flags in England so he could go to war with France. He also mentioned that what is happening now could be a repeat of Hitler’s acts in the Reichstag during World War II.

He said that this is domestically against the American people with the backdrop of the worldwide collapse, inflation and a doddering president.

The [Democrats will purge the military](#) and defund the cops, Jones said. They will have the mainstream media to back them up, as well as the courts, House, Senate and the presidency through fraud.

“And they’re not going to let us take the country back from them without staging massive false flags as the pretext for this to happen. And I believe the main false flag will be the assassination of Biden, which I’m totally against happening. And they’ve got Governor Gavin Newsom ready to come in,” he further exposed.

“Biden gets assassinated or he dies in his sleep. So a savior comes in, someone that will be given dictatorial power handed by Congress.”

Jones went on to say that this could be the *“end of America.”* And this is not just in the U.S. as governments worldwide are also collapsing and food is basically non-existent in many countries.

“I said three years ago when the United Nation came out and said there’s food shortages, and [I said] look out they’ve been running their operation. They’ve done that now,” he said.

Watch this emergency transmission of “InfoWars” as Alex Jones exposed the [House bill that will make Joe Biden a military dictator](#).

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

More related stories:

[Alex Jones: New World Order's main agenda is clearly DEPOPULATION.](#)
[A NEW "MEDICAL HITLER" – Biden declares himself medical DICTATOR, threatens to nullify states' rights and coerce the entire population into taking deadly vaccine jabs against their will.](#)

[Joe Biden pledges allegiance to the New World Order in 1992 article.](#)
[Militarization of America's health care infrastructure is rapidly accelerating in preparation for medical martial law.](#)

Scopolamine Found in Child Covid Vaccines

By Michael Baxter

July 21, 2022

The U.S. military has found the drug scopolamine in Covid-19 vaccines destined to reach the arms of children, sources in Gen. David H. Berger's office told Real Raw News.

Scopolamine is known by several names, most notably hyoscine, burandanga, "Devil's Breath," and "the Zombie Drug." Derived from nightshade plants, it gained notoriety in Columbia where the criminal element uses it to drug naïve, careless tourists. On the internet stories abound of bar-hopping tourists chatting up local ladies, passing out, and waking up 3 days later—only to find they were robbed, and their bank accounts drained. Some never regain consciousness.

The drug, soluble, odorless, and tasteless, is said to deprive a person of free-will—zombify them. So potent is the effect that scopolamine victims have aided their attackers before falling unconscious. They willingly surrender their wallets, credit cards and pin codes, and have even helped assailants empty their apartments or hotel rooms of valuable items.

The drug's potency didn't escape the attention of American intelligence agencies: the CIA reportedly adds scopolamine to various "truth serum" formulations.

It's incomprehensibly frightening to believe pharmaceutical manufacturers would include this mixture in vaccines tailored for especially young children, but the military claims it's true.

After the FDA gifted Pfizer and Moderna permission to inject kids, and mass vaccination sites for children began springing up in liberal strongholds, the U.S. military started surreptitiously infiltrating these locations to collect vials for chemical analysis. But it wasn't looking for scopolamine. In May, Real Raw News reported that White Hats found and destroyed a Moderna warehouse; vaccine ampules obtained from the warehouse had pesticides.

"Big Pharma has hundreds of warehouses discretely hidden across the country. Finding them all was impossible. When we found pyrethroids in vials at the one spot, we knew it wasn't an isolated incident. They wanted to poison children. Now it's obvious the plot is deeper. I can't say how exactly we got the tainted vaccines—we found them in New York and California."

He said White Hats had confiscated a dozen Moderna vials at a mass child vaccination site in Massapequa, New York, and more from a similar spot in San Bernadino, California. The vials were shipped to White Hat allies at U.S. Army Medical Research. Fifty percent had appreciable amounts of scopolamine.

In San Bernadino, 25% of vaccines held significant quantities of the drug. *“This is horrible information,”* our source said. *“We really have no way of knowing how many kids have been injected with this shit.”*

The White Hats, he said, fear that scopolamine, when given to young, impressionable, malleable kids, will either outright kill them or coerce them into obeying orders.

“We’re not talking here of infants, right. But if a five-year-old is dosed and told by a pedophile to take of his or her clothes—you get the picture? It’s possible thousands or tens or hundreds of thousands of kids may have been hit with this stuff. We don’t yet know the scope,” our source said.

UK Government confirms the Triple / Quadruple Vaccinated account for 91% of all COVID Deaths since the beginning of 2022

by THE EXPOSÉ

The British public has been distracted for the past few weeks with non-stop news of Boris Johnson’s resignation as Prime Minister of the UK, speculation over who will replace him, and doomsday scenarios over a two-day heatwave that has now been and gone.

But while the mainstream media had the public attention focused on the above, the UK Government quietly published a report on Covid-19 deaths.

That report reveals that since the beginning of 2022, the vaccinated population have accounted for over 9 in every 10 Covid-19 deaths in England, and a shocking 91% of those deaths have been among the triple/quadruple vaccinated.

A UK Government agency, known as the Office for National Statistics (ONS), has just published data on deaths by vaccination status in England up to 31st May 2022.

The latest dataset from the ONS is titled ‘Deaths by Vaccination Status, England, 1 January 2021 to 31 May 2022’, and it can be accessed on the ONS site [here](#), and downloaded [here](#).

Source

Table 1 of the latest dataset contains figures on the mortality rates by vaccination status for all-cause deaths, deaths involving Covid-19, and deaths not involving Covid-19. And it is here that we are able to ascertain the vaccination status of everyone who has died of Covid-19 since the beginning of 2022.

Here's how the ONS presents the figures for the month of January 2022 –

We've taken the figures provided by the ONS for each month in 2022, and produced the following chart showing Covid-19 deaths per month by vaccination status in England between 1st January and 31st May 2022 –

January saw the most deaths among both the vaccinated and unvaccinated population in England, with 3,914 deaths among the vaccinated, and 693 deaths among the unvaccinated. However, this is where the similarities end because we can see that except for the month of May, deaths rose among the vaccinated from February onward, whilst falling among the unvaccinated.

The following chart shows the percentage of Covid-19 deaths by vaccination status per month in England between 1st January and 31st May 2022, according to the latest ONS dataset –

The above chart illustrates perfectly how things have worsened for the vaccinated month on month, whilst they have improved for the unvaccinated month on month.

In January, the vaccinated accounted for 85% of Covid-19 deaths, whilst the unvaccinated accounted for 15%. By March, the vaccinated accounted for 93% of Covid-19 deaths, whilst the unvaccinated accounted for just 7%. And by May, the vaccinated accounted for 94% of Covid-19 deaths, whilst the unvaccinated accounted for just 6%.

Many people may believe that this is simply because, according to data published by the UK Health Security Agency, 50% of the population of England refused the third jab, and those vaccinated deaths are among the double vaccinated and partly vaccinated. But unfortunately, those people are wrong.

Source

Source Data – Page 65

The following chart shows the overall number of deaths by vaccination status in England between 1st Jan and 31st May 2022, and it includes the number among the triple/quadruple vaccinated –

Overall, there were 15,113 Covid-19 deaths by 31st May 2022, and a shocking 13,666 of those deaths were among the vaccinated population. But what's even

more shocking than this is that 12,442 of those deaths were among the triple/quadruple vaccinated population.

This means the triple/quadruple vaccinated population have accounted for a frightening 91% of all Covid-19 deaths among the vaccinated since the beginning of 2022.

Whilst the vaccinated population as a whole has accounted for a shocking 90% of all Covid-19 deaths since the beginning of 2022.

However, as we demonstrated above, the vaccinated are accounting for a larger percentage of Covid-19 deaths as each month passes, and whilst they may have dropped all-round in May, we are now being told that they are rising significantly again with the mainstream media publicizing idiotic calls for Covid-19 restrictions to return.

Source – The Guardian

Which can only mean one thing, based on the data that was quietly published by the UK Government whilst you were distracted by Boris Johnson's resignation and doomsday sunshine, thousands and thousands of triple/quadruple vaccinated people are still dying of Covid-19.

With data showing daily deaths are now nearly matching the alleged first wave to hit the UK in March/April 2020, it certainly looks like this is the case –

Source – The Independent

The definition of insanity is doing the same thing over and over again and expecting a different outcome. Judging by the latest calls for a 5th jab to be administered by the autumn, it looks like “experts” in the UK really have lost their marbles and we're going to be seeing thousands of deaths among the triple/quadruple and quintuple vaccinated.

Oh no, this is anything but insanity, this is premeditated global genocide by slow kill bioweapon injection.

The majority of doctors were sufficiently indoctrinated by their schooling, and were mass formation brainwashed by the PSYOP-19 scheme: their livelihoods depend on it.

Do NOT comply.

NEW: Japan — Leading In Mask Wearing & Over 62% Of The Population "Boosted" — Suffers VAIDS, Reporting 195,161 New COVID Cases, The Highest Single-Day Increase On Record

What's wrong with this picture reported by Japanese media? It was President Joe Biden who told the American public a year ago that if you take these shots you will not catch Covid-19. He lied and cannot be trusted. We cannot trust, I emphasize the word "Trust", of the politicians, healthcare and its regulatory agencies when it comes to your well-being. I am on record since January, 2020 that Covid-19 is an euphemism for **5G** radiation sickness / poisoning.

Virology Journal paper confirms covid jabs deplete immune function over time

07/21/2022 / By Ethan Huff

A cardiovascular surgeon at Okamura Memorial Hospital's Center for Varicose Veins (Japan) authored [a study](#) published in the *Virology Journal* that reiterates the fact that Wuhan coronavirus (Covid-19) "vaccines" are an immune *destroyer*. Kenji Yamamoto, commenting on another recent study published in the journal *The Lancet*, says that eight months after receiving two doses of a Fauci Flu shot, a "fully vaccinated" person's immune system is *lower* than that of an unvaccinated person.

Getting "boosted" with a so-called booster shot will not help, either. The European Medicines Agency (EMA), doing something that the U.S. Food and Drug Administration (FDA) would *never* do, says that boosting only further damages the immune system and is not a smart, or even scientific, approach.

"The decrease in immunity can be caused by several factors such as N1-methylpseudouridine, the spike protein, lipid nanoparticles, antibody-dependent enhancement, and the original antigenic stimulus," Yamamoto writes.

"These clinical alterations may explain the association reported between COVID-19 vaccination and shingles." (Related: Covid injections also [cause AIDS](#).)

Covid jab spike proteins "do not immediately decay" following injection.

Some doctors are taking a different approach with their patients, urging them to avoid certain medications that, when combined with the shots, can increase their risk of causing harm.

"These include limiting the use of non-steroidal anti-inflammatory drugs, including acetaminophen to maintain deep body temperature, appropriate use of antibiotics, smoking cessation, stress control, and limiting the use of lipid emulsions, including propofol, which may cause perioperative immune-suppression," Yamamoto explains.

Those with pre-existing health conditions should also avoid getting injected, despite claims from government agencies that the immunocompromised should be first in line for the shots.

Another thing *The Lancet* study revealed is the fact that the spike proteins in covid injections do not immediately decay as claimed. These spike proteins present on exosomes and circulate throughout the body for at least four months.

“In addition,” Yamamoto further explains, “in vivo studies have shown that lipid nanoparticles (LNPs) accumulate in the liver, spleen, adrenal glands, and ovaries, and that LNP-encapsulated mRNA is highly inflammatory.”

“Newly generated antibodies of the spike protein damage the cells and tissues that are primed to produce spike proteins, and vascular endothelial cells are damaged by spike proteins in the bloodstream; this may damage the immune system organs such as the adrenal gland.”

The risk of antibody-dependent enhancement (ADE) is also pronounced post-injection, particularly because infection-enhancing antibodies attenuate the impact of neutralizing antibodies, the job of which is to prevent infection.

Put a different way, covid injection contents damage the body’s ability to prevent infection, which is the *opposite* of what is desired and supposedly accomplished by getting “vaccinated.”

“The original antigenic sin, that is, the residual immune memory of the Wuhan-type vaccine may prevent the vaccine from being sufficiently effective against variant strains,” Yamamoto adds.

“These mechanisms may also be involved in the exacerbation of COVID-19.”

Yamamoto further unpacks the shingles link to the jabs, as well as vaccine-acquired immunodeficiency syndrome (VAIDS).

“Since December 2021, besides COVID-19, Department of Cardiovascular Surgery, Okamura Memorial Hospital, Shizuoka, Japan (hereinafter referred to as ‘the institute’) has encountered cases of infections that are difficult to control,” he writes.

“For example, there were several cases of suspected infections due to inflammation after open-heart surgery, which could not be controlled even after several weeks of use of multiple antibiotics. The patients showed signs of being immunocompromised, and there were a few deaths. The risk of infection may increase.”

In conclusion, the booster shot program absolutely needs to *stop*, unless people want to further degrade their already strained and damaged immune systems because of the first two injections.

29,635 Deaths After COVID Vaccines Reported to VAERS, as CDC Adds Novavax to the Mix

VAERS data released Friday by the Centers for Disease Control and Prevention show **1,350,950 reports of adverse events** from all age groups following COVID-19 vaccines, including **29,635 deaths** and **246,676 serious injuries** between Dec. 14, 2020, and July 15, 2022.

By Megan Redshaw

The Centers for Disease Control and Prevention (CDC) today released new data showing a total of [1,350,950 reports of adverse events](#) following [COVID-19](#) vaccines were submitted between Dec. 14, 2020, and July 15, 2022, to the Vaccine Adverse Event Reporting System (VAERS). That's an increase of 9,342 adverse events over the previous week.

VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S.

The data included a total of [29,635 reports of deaths](#) — an increase of 175 over the previous week — and [246,676 serious injuries](#), including deaths, during the same time period — up 3,210 compared with the previous week.

Of the 29,635 reported deaths, [19,150 cases](#) are attributed to Pfizer's COVID-19 vaccine, [7,850 cases](#) to Moderna and [2,577 cases](#) to Johnson & Johnson (J&J).

Excluding "[foreign reports](#)" to VAERS, [845,611 adverse events](#), including [13,705 deaths](#) and [86,131 serious injuries](#), were reported in the U.S. between Dec. 14, 2020, and July 15, 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 13,705 U.S. [deaths reported](#) as of July 15, 7% occurred within 24 hours of vaccination, 15% occurred within 48 hours of vaccination and 54% occurred in people who experienced an [onset of symptoms](#) within 48 hours of being vaccinated.

In the U.S., 599 million COVID-19 vaccine doses had been administered as of July 13, [including](#) 354 million doses of Pfizer, 226 million doses of Moderna and 19 million doses of Johnson & Johnson (J&J).

Every Friday, [VAERS](#) publishes vaccine injury reports received as of a specified date. Reports submitted to VAERS require further investigation before a causal relationship can be confirmed.

Historically, VAERS has been shown to report only [1% of actual vaccine adverse events](#).

U.S. VAERS data from Dec. 14, 2020, to July 15, 2022, for 6-month-olds to 5-year-olds show:

- [2,252 adverse events](#), including [76 cases rated as serious](#) and [3 reported deaths](#).
- [4 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.

- [14 reports](#) of blood clotting disorders.
- [20 reports](#) of seizures.

U.S. VAERS data from Dec. 14, 2020, to July 15, 2022, for 5- to 11-year-olds show:

- [12,112 adverse events](#), including [309 rated as serious](#) and [8 reported deaths](#).
- [24 reports](#) of myocarditis and pericarditis.
- [47 reports](#) of blood clotting disorders.
- [100 reports](#) of seizures.

Search Results

From the 7/15/2022 release of VAERS data:

Found 1,350,950 cases where Vaccine is COVID19

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

Table

Event Outcome	Count	Percent
Death	29,835	2.19%
Permanent Disability	55,540	4.11%
Office Visit	199,645	14.78%
Emergency Room	121	0.01%
Emergency Doctor/Room	132,157	9.78%
Hospitalized	169,006	12.51%
Hospitalized, Prolonged	420	0.03%
Recovered	351,030	25.98%
Birth Defect	1,127	0.08%
Life Threatening	33,009	2.44%
Not Serious	628,324	46.51%
TOTAL	† 1,600,014	† 118.44%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is why the Total Count is greater than 1,350,950 (the number of cases found), and the Total Percent is greater than 100.

U.S. VAERS data from Dec. 14, 2020, to July 15, 2022, for 12- to 17-year-olds show:

- [32,734 adverse events](#), including [1,844 rated as serious](#) and [44 reported deaths](#).
- [62 reports](#) of anaphylaxis among 12- to 17-year-olds where the reaction was life-threatening, required treatment or resulted in death — with 97% of cases attributed to [Pfizer's vaccine](#).
- [656 reports](#) of myocarditis and pericarditis with [644 cases](#) attributed to Pfizer's vaccine.
- [164 reports](#) of blood clotting disorders with all cases attributed to Pfizer.
- [20 cases](#) of postural orthostatic tachycardia syndrome (POTS) with [all cases](#) attributed to Pfizer's vaccine.

U.S. VAERS data from Dec. 14, 2020, to July 15, 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 July 15, [5,657 pregnant women](#) reported adverse events related to COVID-19 vaccines, including [1,766 reports of miscarriage or premature birth](#).
- Of the [3,625 cases of Bell's Palsy](#) reported, 51% were attributed to [Pfizer](#) vaccinations, 40% to [Moderna](#) and 8% to [J&J](#).
- [901 reports of Guillain-Barré syndrome](#), with 42% of cases [attributed to Pfizer](#), 30% to [Moderna](#) and 27% to [J&J](#).
- [2,290 reports](#) of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- [1,738 reports](#) of myocardial infarction.
- [14,223 reports](#) of blood-clotting disorders in the U.S. Of those, [6,360 reports](#) were attributed to Pfizer, [5,108 reports](#) to Moderna and [2,719 reports](#) to J&J.
- [4,266 cases](#) of myocarditis and pericarditis with [2,615 cases](#) attributed to Pfizer, [1,448 cases](#) to Moderna and [187 cases](#) to J&J.
- [14 cases](#) of Creutzfeldt-Jakob disease with [8 cases](#) attributed to Pfizer, [5 cases](#) to Moderna and [1 case](#) to J&J.
- [269 cases](#) of POTS with [164 cases](#) attributed to Pfizer, [87 cases](#) to Moderna and [17 cases](#) to J&J.

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

Biden: 'You're not going to get COVID if you have these vaccinations'

The White House on Thursday [announced](#) President Joe Biden tested positive for COVID-19 despite having received two primary series vaccine doses and two booster shots.

White House Press Secretary Karine Jean-Pierre said Biden's symptoms are "mild" and he has begun taking Pfizer's Paxlovid, which is authorized for the treatment of "mild-to-moderate COVID-19" and is associated with [rebound COVID-19](#).

Clinical trials for the drug [did not include](#) people who, like Biden, received a COVID-19 vaccine.

When [asked](#) during the press briefing where Biden contracted COVID-19, Jean-Pierre said it doesn't matter — the most important thing is that he was fully vaccinated and double boosted.

After the announcement, a video quickly resurfaced with previous remarks Biden made [during a CNN town hall](#) a year ago to the day he was diagnosed with COVID-19.

“You’re not going to get COVID if you have these vaccinations,” Biden said during the event.

1 in 5,000 affected by severe adverse reaction to COVID shots in Germany.

The German Federal Ministry of Health on Wednesday [admitted](#) 1 of every 5,000 COVID-19 vaccinations cause “serious side effects.”

Although likely an “underestimation” [due to voluntary reporting](#), the admission implies almost 300,000 Americans and Europeans have [experienced](#) a severe adverse event after receiving a Pfizer-BioNTech or Moderna vaccine.

The figure came from a [Paul Ehrlich Institute](#) (PEI) [safety report](#) summarizing suspected cases of side effects and vaccination complications between Dec. 27, 2020, when Germany launched its vaccination campaign, and March 31, 2022.

During that time, 172,062,925 vaccinations were administered in Germany — of those, 17.1% were [Spikevax](#), 7.4% were AstraZeneca, 2.1% were Janssen (Johnson & Johnson) and 0.1% were [Novavax](#).

During the same time period, PEI received 296,233 reports of suspected side effects. The reporting rate was 1.7 per 1,000 vaccine doses for all vaccines combined and 0.2 serious reaction reports per 1,000 doses.

According to [PEI](#), the reported rate of frequent adverse reactions include [myocarditis](#) (1.3 cases per 100,000 people), tachycardia (8.19 cases) and lymphadenopathy (11.52 cases).

Approximately 1% (2,810) of cases [resulted in death](#), and 4% of cases reported permanent damage. A total of 5,862 suspected adverse reactions were reported in children and adolescents.

Cardiologist supports Djokovic’s stance against COVID vaccine.

Cardiologist [Dr. Peter McCullough](#) defended tennis player [Novak Djokovic’s stance](#) against receiving a COVID-19 vaccine amid claims mRNA vaccines can cause heart damage, reported [Tennis World USA](#).

Per U.S. vaccine laws, foreigners must show proof of vaccination upon entering the country. Djokovic, 35, hasn’t been vaccinated against COVID-19 and may miss out on the US Open because of his vaccination status.

“The COVID-19 vaccines, all of them, in the medical literature, there are over 200 papers, they all cause heart damage and that is the last thing that an athlete can possibly risk,” McCullough said.

“Heart damage can lead to heart failure or tragically, sudden death. He has clearly made the right choice and the vaccine injuries extend beyond the heart. There can be damage to the skeletal muscle, the nerves, the brain, so much of what an elite tennis player is, is at risk when they take a COVID-19 vaccine.”

Djokovic, who recently won Wimbledon, confirmed he does not plan on getting a COVID-19 vaccine before the U.S. Open, nor will he force his entry into the U.S. CDC signs off on Novavax despite concerning side effects.

Advisors to the CDC on Tuesday [unanimously recommended](#) Novavax’s COVID-19 vaccine, despite a problematic surfactant [polysorbate 80](#) and never-before-approved nanoparticulate adjuvant contained in the vaccine called [Matrix-M](#).

The media [portrays](#) the Novavax injection as a “game changer” in comparison to the mRNA and adenovirus-vectored gene therapy shots, claiming it should be “reassuring to those who are hesitant.”

To further entice the unvaccinated to receive COVID-19 vaccines, headlines feature the misleading claim that Novavax’s jab is “free of side effects.”

Yet, a day after the FDA issued Emergency Use Authorization for Novavax, the European Medicines Agency (EMA) made its own announcement, stating it was updating its product information for the Novavax COVID-19 shot to disclose “new” side effects.

The EMA’s list of side effects included “severe allergic reaction [anaphylaxis] and unusual or decreased feeling in the skin” (called paresthesia and hypoesthesia, respectively).

The EMA also said it is [assessing](#) myocarditis and pericarditis as Novavax side effects — safety signals that also were on display in the FDA’s briefing [document](#). 42% of women report heavier menstrual bleeding after COVID shots. In the [largest study](#) of its kind to date, 42% of women who were menstruating regularly [reported](#) breakthrough bleeding after receiving a COVID-19 vaccine.

The survey [sample](#) included 39,129 currently and formerly menstruating participants between the ages of 18 and 80 years old who were [fully vaccinated](#) with Pfizer-BioNTech, Moderna, J&J, Novavax or AstraZeneca vaccines and had not previously had COVID-19.

Among participants who typically do not menstruate, 71% of people on long-acting contraceptives, 39% of people on gender-affirming hormones and 66% of postmenopausal women reported breakthrough bleeding.

Among nonmenstruating, premenopausal women on hormonal treatments, 65.7% experienced breakthrough bleeding after receiving a COVID-19 vaccine and 66.0% of postmenopausal respondents reported breakthrough bleeding.

Researchers said the combination of a reproductive history that includes being pregnant but not giving birth in the past is associated with the highest risk of heavier flow, although having been pregnant and giving birth was also associated with a heavier flow.

I have just posted an article that unequivocally identified **5G** wireless energy EMF/EMR as the true cause of the Covid virus. It is by Mark Steele, a UK expert in **5G** weapons systems. Mark Steele's article more than confirms that Covid is an euphemism for 5G wireless energy radiation poisoning. Click on the title below:

[Fifth Generation \(5G\) Directed Energy Radiation Emissions In the Context of Contaminated Nanometal Covid-19 Vaccines with Graphite Ferrous Oxide Antennas](#)

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 6th, 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
www.pastorbobreid.com
<http://jesusisthewaythetruththelife.com/node/22>