

# **Wuhan Was a Test Run for Weaponized 5G**

## **5G + Coronavirus + Vaccinations + Chemtrails = Depopulation Event**

**Part 9 – Puzzle Piece 9**

## **Say What? The White House Wants Healthcare PATRIOT Act?**

According to a story in Politico, the White House Coronavirus Task Force is considering creating a national surveillance system to track Americans' health information. Supporters of this initiative claim it would enable the federal government to quickly identify areas in need of additional medical supplies and other assistance because the areas are coronavirus "hot spots." Of course, it is unlikely that this system would be limited to only tracking coronavirus patients. The government may eventually keep track of every hospital admission — or even all visits to doctors' offices — in the United States. This system could, and likely would, be used to violate privacy and harass and intimidate those challenging existing government policies. Anyone who doubts this should ask themselves what J. Edgar Hoover or Lois Lerner would have done with access to every American's medical history. No wonder some have described this as a healthcare PATRIOT Act.

Despite official denial that the White House is considering a new tracking program, the coronavirus panic may be used to justify giving the federal government access to our medical records.

Politicians, bureaucrats, and special interests have for years been trying to create a database of all Americans' medical records that could be accessed by federal bureaucrats and government-favored special interests. The 2008 "stimulus" bill included federal funding to develop a system to store healthcare records electronically. This was a step toward creating a federally controlled database of all Americans' healthcare records.

[RELATED: Steven Brill's "NewsGuard" & The "Fact-Checking" Scam](#)

A major part of the plan to give government access to and control of our medical records is assigning every American a "unique patient identifier." Fortunately, in 1998 an appropriations "rider" I drafted forbidding the use of federal funds to develop a unique patient identifier passed Congress and has been renewed ever since. However, last year the House of Representatives voted to lift the prohibition. After my Campaign for Liberty and other health freedom advocates pressured Congress, the funding ban was restored. Those favoring this Orwellian scheme will no doubt use the coronavirus panic as an excuse to seek to repeal the funding ban. —Dr. Ron Paul

The same law that sought to create the uniform patient identifier also authorized creation of misnamed federal medical privacy regulations that allow government officials and certain private interests to access medical records without patients' consent.

Federally mandated healthcare IDs and databases will weaken healthcare. Patients must provide details regarding their personal lives and habits so their physicians can make diagnoses. How comfortable would people be sharing this information if they knew it would be stored in a federal "health tracking" database?

Bill Gates has suggested that when a coronavirus vaccine is developed individuals should be issued digital certificates proving they received the vaccine. Similarly, coronavirus fear-monger-in-chief Dr. Anthony Fauci has floated the idea that Americans who have been vaccinated for coronavirus or have in the past contracted the virus be issued "coronavirus immunity cards."

Implementing Gates' or Fauci's suggestions could lead to people being forced to receive a coronavirus vaccine or suffer legal penalties. The power to force individuals to receive medical treatment would likely be expanded to apply to other communicable diseases as well as behaviors and conditions such as smoking or obesity. Those who value liberty must do all they can to ensure authoritarians like Gates and Fauci do not make respect for our right to control our healthcare a casualty of the coronavirus panic.

The President Trump administration can deny all they want about such ideas, but the fact is that **President Trump signed an Executive Order on September 19, 2019** which does that and much more. The Executive Order is titled: **"Executive Order on Modernizing Influenza Vaccines in the United States to Promote National Security and Public Health"**. President Trump has again shown his loyalty to his Zionist Chabad handlers by endorsing what will be the Gates Foundation ID2020. In the next segment, I will share the wording of this Executive Order and what it is suggesting.

What follows is the wording of this Executive Order. I do remember well the Medical Reform Act of former President Barack Hussein Obama, which also contained language that masked the personal implantable device each citizen would receive. As to my recollection, that aspect of the Obama Health Care Reform Bill was never revoked, rescinded, repealed, or cancelled.

By the authority vested in me as President by the Constitution and the laws of the United States of America, including section 301 of title 3, United States Code, it is hereby ordered as follows:

Section 1. Findings. (a) Influenza viruses are constantly changing as they circulate globally in humans and animals. Relatively minor changes in these viruses cause annual seasonal influenza outbreaks, which result in millions of illnesses, hundreds of thousands of hospitalizations, and tens of thousands of deaths each year in the United States. Periodically, new influenza A viruses emerge from animals, including birds and pigs, that can spread efficiently and have sustained transmission among

humans. This situation is called an influenza pandemic (pandemic). Unlike seasonal influenza, a pandemic has the potential to spread rapidly around the globe, infect higher numbers of people, and cause high rates of illness and death in populations that lack prior immunity. While it is not possible to predict when or how frequently a pandemic may occur, there have been 4 pandemics in the last 100 years. The most devastating pandemic occurred in 1918-1919 and is estimated to have killed more than 50 million people worldwide, including 675,000 Americans.

(b) Vaccination is the most effective defense against influenza. Despite recommendations by the Centers for Disease Control and Prevention (CDC) that nearly every American should receive the influenza vaccine annually, however, seasonal influenza vaccination levels in the United States have currently reached only about 45 percent of CDC goals.

(c) All influenza vaccines presently in use have been developed for circulating or anticipated influenza viruses. These vaccines must be reformulated for each influenza season as well as in the event of a pandemic. Additional research is needed to develop influenza vaccines that provide more effective and longer-lasting protection against many or all influenza viruses.

(d) The current domestic enterprise for manufacturing influenza vaccines has critical shortcomings. Most influenza vaccines are made in chicken eggs, using a 70-year-old process that requires months-long production timelines, limiting their utility for pandemic control; rely on a potentially vulnerable supply chain of eggs; require the use of vaccine viruses adapted for growth in eggs, which could introduce mutations of the influenza vaccine virus that may render the final product less effective; and are unsuitable for efficient and scalable continuous manufacturing platforms.

(e) The seasonal influenza vaccine market rewards manufacturers that deliver vaccines in time for the influenza season, without consideration of the speed or scale of these manufacturers' production processes. This approach is insufficient to meet the response needs in the event of a pandemic, which can emerge rapidly and with little warning. Because the market does not sufficiently reward speed, and because a pandemic has the potential to overwhelm or compromise essential government functions, including defense and homeland security, the Government must take action to promote faster and more scalable manufacturing platforms.

Sec. 2. Policy. It is the policy of the United States to modernize the domestic influenza vaccine enterprise to be highly responsive, flexible, scalable, and more effective at preventing the spread of influenza viruses. This is a public health and national security priority, as influenza has the potential to significantly harm the United States and our interests, including through large-scale illness and death, disruption to military operations, and damage to the economy. This order directs actions to reduce the United States' reliance on egg-based influenza vaccine production; to expand domestic capacity of alternative methods that allow more agile and rapid responses to emerging influenza viruses; to advance the development of new, broadly protective vaccine candidates that provide more effective and longer lasting immunities; and to support the promotion of increased influenza vaccine immunization across recommended populations.

Sec. 3. National Influenza Vaccine Task Force. (a) There is hereby established a National Influenza Vaccine Task Force (Task Force). The Task Force shall identify actions to achieve the objectives identified in section 2 of this order and monitor and report on the implementation and results of those actions. The Task Force shall be co-chaired by the Secretary of Defense and the Secretary of Health and Human Services, or their designees.

(b) In addition to the Co-Chairs, the Task Force shall consist of a senior official from the following executive branch departments, agencies, and offices:

- (i) the Department of Defense (DOD);
- (ii) the Department of Justice;
- (iii) the Department of Agriculture;
- (iv) the Department of Veterans Affairs (VA);
- (v) the Department of Homeland Security;
- (vi) the United States Food and Drug Administration;
- (vii) the Centers for Disease Control and Prevention;
- (viii) the National Institutes of Health (NIH);
- (ix) the Centers for Medicare and Medicaid Services (CMS); and
- (x) the Biomedical Advanced Research and Development Authority (BARDA).

(c) The Co-Chairs may jointly invite additional Federal Government representatives, with the consent of the applicable executive department, agency, or office head, to attend meetings of the Task Force or to become members of the Task Force, as appropriate.

(d) The staffs of the Department of State, the Office of Management and Budget (OMB), the National Security Council, the Council of Economic Advisers, the Domestic Policy Council, the National Economic Council, and the Office of Science and Technology Policy (OSTP) may attend and participate in any Task Force meetings or discussions.

(e) The Task Force may consult with State, local, tribal, and territorial government officials and private sector representatives, as appropriate and consistent with applicable law.

(f) Within 120 days of the date of this order, the Task Force shall submit a report to the President, through the Assistant to the President for National Security Affairs, the Assistant to the President for Domestic Policy, the Director of the Office of Management and Budget, and the Director of the Office of Science and Technology Policy. The report shall include:

- (i) a 5-year national plan (Plan) to promote the use of more agile and scalable vaccine manufacturing technologies and to accelerate development of vaccines that protect against many or all influenza viruses;
  - (ii) recommendations for encouraging non-profit, academic, and private-sector influenza vaccine innovation; and
  - (iii) recommendations for increasing influenza vaccination among the populations recommended by the CDC and for improving public understanding of influenza risk and informed influenza vaccine decision-making.
- (g) Not later than June 1 of each of the 5 years following submission of the report described in subsection (f) of this section, the Task Force shall submit an update on implementation of the Plan and, as appropriate, new recommendations for achieving the policy objectives set forth in section 2 of this order.

Sec. 4. Agency Implementation. The heads of executive departments and agencies shall also implement the policy objectives defined in section 2 of this order, consistent with existing authorities and appropriations, as follows:

(a) The Secretary of HHS shall:

(i) through the Assistant Secretary for Preparedness and Response and BARDA:

- (A) estimate the cost of expanding and diversifying domestic vaccine-manufacturing capacity to use innovative, faster, and more scalable technologies, including cell-based and recombinant vaccine manufacturing, through cost-sharing agreements with the private sector, which shall include an agreed-upon pricing strategy during a pandemic;
- (B) estimate the cost of expanding domestic production capacity of adjuvants in order to combine such adjuvants with both seasonal and pandemic influenza vaccines;
- (C) estimate the cost of expanding domestic fill-and-finish capacity to rapidly fulfill antigen and adjuvant needs for pandemic response;
- (D) estimate the cost of developing, evaluating, and implementing delivery systems to augment limited supplies of needles and syringes and to enable the rapid and large-scale administration of pandemic influenza vaccines;
- (E) evaluate incentives for the development and production of vaccines by private manufacturers and public-private partnerships, including, in emergency situations, the transfer of technology to public-private partnerships — such as the HHS Centers for Innovation and Advanced Development and Manufacturing or other domestic manufacturing facilities — in advance of a pandemic, in order to be able to ensure adequate domestic pandemic manufacturing capacity and capability;

(F) support, in coordination with the DOD, NIH, and VA, a suite of clinical studies featuring different adjuvants to support development of improved vaccines and further expand vaccine supply by reducing the dose of antigen required; and

(G) update, in coordination with other relevant public health agencies, the research agenda to dramatically improve the effectiveness, efficiency, and reliability of influenza vaccine production;

(ii) through the Director of NIH, provide to the Task Force estimated timelines for implementing NIH's strategic plan and research agenda for developing influenza vaccines that can protect individuals over many years against multiple types of influenza viruses;

(iii) through the Commissioner of Food and Drugs:

(A) further implement vaccine production process improvements to reduce the time required for vaccine production (e.g., through the use of novel technologies for vaccine seed virus development and through implementation of improved potency and sterility assays);

(B) develop, in conjunction with the CDC, proposed alternatives for the timing of vaccine virus selection to account for potentially shorter timeframes associated with non egg based manufacturing and to facilitate vaccines optimally matched to the circulating strains;

(C) further support the conduct, in collaboration with the DOD, BARDA, and CDC, of applied scientific research regarding developing cell lines and expression systems that markedly increase the yield of cell-based and recombinant influenza vaccine manufacturing processes; and

(D) assess, in coordination with BARDA and relevant vaccine manufacturers, the use and potential effects of using advanced manufacturing platforms for influenza vaccines;

(iv) through the Director of the CDC:

(A) expand vaccine effectiveness studies to more rapidly evaluate the effectiveness of cell based and recombinant influenza vaccines relative to egg-based vaccines;

(B) explore options to expand the production capacity of cell-based vaccine candidates used by industry;

(C) develop a plan to expand domestic capacity for whole genome characterization of influenza viruses;

(D) increase influenza vaccine use through enhanced communication and by removing barriers to vaccination; and

(E) enhance communication to healthcare providers about the performance of influenza vaccines, in order to assist them in promoting the most effective vaccines for their patient populations; and

(v) through the Administrator of CMS, examine the current legal, regulatory, and policy framework surrounding payment for influenza vaccines and assess adoption of domestically manufactured vaccines that have positive attributes for pandemic response (such as scalability and speed of manufacturing).

(b) The Secretary of Defense shall:

(i) provide OMB with a cost estimate for transitioning DOD's annual procurement of influenza vaccines to vaccines manufactured both domestically and through faster, more scalable, and innovative technologies;

(ii) direct, in coordination with the VA, CDC, and other components of HHS, the conduct of epidemiological studies of vaccine effectiveness to improve knowledge of the clinical effect of the currently licensed influenza vaccines;

(iii) use DOD's network of clinical research sites to evaluate the effectiveness of licensed influenza vaccines, including methods of boosting their effectiveness;

(iv) identify opportunities to use DOD's vaccine research and development enterprise, in collaboration with HHS, to include both early discovery and design of influenza vaccines as well as later-stage evaluation of candidate influenza vaccines;

(v) investigate, in collaboration with HHS, alternative correlates of immune protection that could facilitate development of next-generation influenza vaccines;

(vi) direct the conduct of a study to assess the feasibility of using DOD's advanced manufacturing facility for manufacturing cell-based or recombinant influenza vaccines during a pandemic; and

(vii) accelerate, in collaboration with HHS, research regarding rapidly scalable prophylactic influenza antibody approaches to complement a universal vaccine initiative and address gaps in current vaccine coverage.

(c) The Secretary of VA shall provide OMB with a cost estimate for transitioning its annual procurement of influenza vaccines to vaccines manufactured both domestically and with faster, more scalable, and innovative technologies.

Sec. 5. Termination. The Task Force shall terminate upon direction from the President or, with the approval of the President, upon direction from the Task Force Co-Chairs.

Sec. 6. General Provisions. (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

DONALD J. TRUMP

THE WHITE HOUSE,  
September 19, 2019.



American health care, as we call it today, and for all its high-tech miracles, has evolved into one of the most atrocious rackets the world has ever seen. By racket, I mean an enterprise organized explicitly to make money dishonestly.

What Every American sees coming out of the Trump Administration is his ability to yoke the American people, Everything he promised to protect us from, He has forced upon the Christian, Conservative with lies and deceit, which is what a good businessman generally is made of in America Today. Trump Is a fraudster, a liar, and cannot be trusted.

What results from the Presidential Executive Order remains to be seen, and I have to say that I do not have much faith in the President. He has too many enemies of the people surrounding him in the White House. The assassination of President John F. Kennedy is still a vivid memory after all these decades. The CIA, FBI, and other agencies continue to keep evidence secret for secrecy purposes. Until that picture changes I will consider the U.S. government as an enemy of the people.

Before I was ready to close out this segment, I was working on several other articles that show we are on an accelerated pace to bring in the New World Order, the cashless economy, the "Mark" of the Beast, the lock down test to see if the American public are controllable, to transition to a U.N. form of government. Things are moving at a breath-taking pace. I was reviewing files and articles ready to post on my web page, when almost out the blue came an email that President Trump had announced a Bill Gates plan to vaccinate the entire nation by the end of 2020! Read on....

**Trump Announces 'Operation Warp Speed' To Rush  
Coronavirus Vaccine Into Production In Unprecedented Move  
To Vaccinate Every American**



It is called “Operation Warp Speed,” a program that will pull together private pharmaceutical companies, government agencies and the military to try to cut the development time for a vaccine by as much as eight months, according to two people familiar with the matter. As part of the arrangement, taxpayers like you will shoulder much of the financial risk that vaccine candidates may fail, instead of drug companies. The project’s goal is to have 300 million doses of vaccine available by January, according to one administration official. There is no precedent for such rapid development of a vaccine.



**The Trump administration is organizing ‘Operation Warp Speed’ a Manhattan Project-style effort to drastically cut the time needed to develop a coronavirus vaccine, with a goal of making enough doses for most Americans by year’s end.**

**As the lockdown progresses**, it is becoming harder and harder to see who the good guys are because everyone is acting like a bad guy. Case in point is President Donald Trump who has a long and well-known history of [being an anti-vaxxer](#). The President is well-known as a germaphobe. Trump has said repeatedly that he believes that autism is caused in part by vaccinations, and has tweeted very bold anti-vaxx statements. Not only that, he has often spoke proudly of never having had a flu shot, either. It does not make sense. His young son has autism, which today is found 1 in 24 male boys. It virtually did not exist prior to 1989. The continued increasing rate went from 1 in 10,000 in 1989.

Healthy young child goes to doctor, gets pumped with a massive schedule of shots of many vaccines. **In 2015**, Trump was interviewed about flu shots and this is what he said: *“I’ve never had one... I don’t like the idea of injecting bad stuff into my body. I have friends that religiously get the flu shot and then they get the flu... I’ve seen a lot of reports that the last flu shot is virtually totally ineffective.”* He went on to add, *“I’ve passed on it, but that doesn’t mean [other] people should.”* [READ MORE](#)

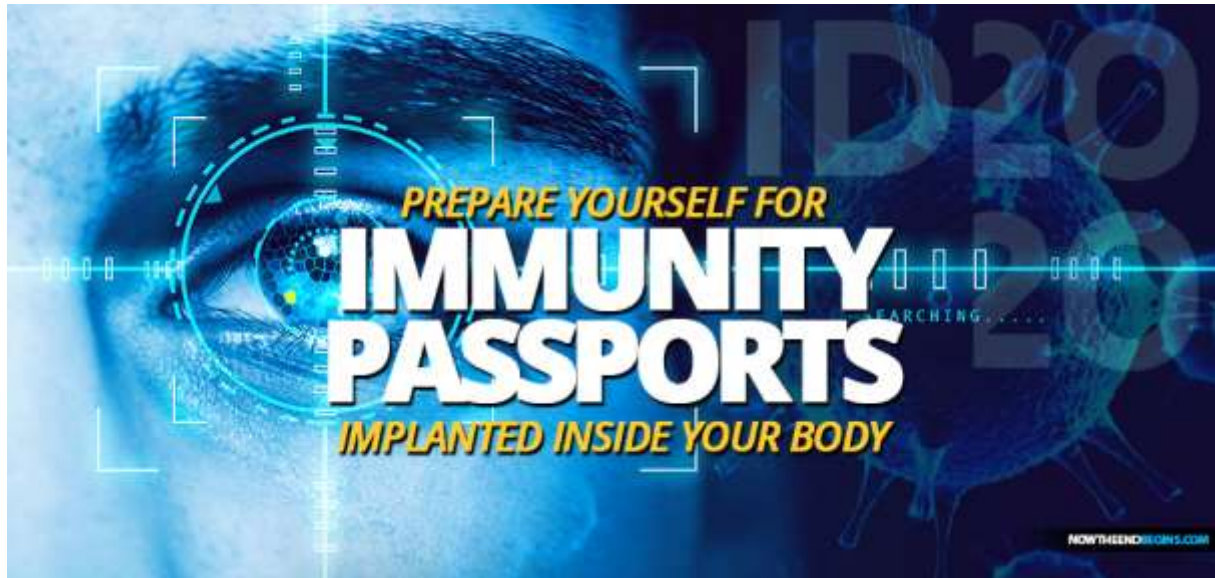
It is easy to see why President Trump would be so against the flu shot, as he rightly understands that [flu shots contain aborted baby parts](#), antifreeze, mercury, thimerosal, formaldehyde and other ingredients in this veritable witch's brew of poison. What is not so easy to see or understand is why Donald Trump, a very enlightened person about the truth of vaccinations, is now conducting the largest effort in world history to rush a coronavirus vaccine through trials.

You know as well as I do, that any effort like 'Operation Warp Speed' to create a coronavirus vaccine leads you to the CDC, which leads you to [Anthony Fauci](#), which leads you to [the WHO](#), which [leads you to Bill Gates](#), which leads you to the "Mark" of The Beast style [global vaccination](#) and [digital identification program](#) we have been fervently warning you about.



**BLOOMBERG News:** Called "Operation Warp Speed," the program will pull together private pharmaceutical companies, government agencies and the military to try to cut the development time for a vaccine by as much as eight months, according to two people familiar with the matter.

As part of the arrangement, taxpayers will shoulder much of the financial risk that vaccine candidates may fail, instead of drug companies. The project's goal is to have 300 million doses of vaccine available by January, according to one administration official. There is no precedent for such rapid development of a vaccine.



***PREPARE YOURSELF FOR THE ID2020 COVID-19 'IMMUNITY PASSPORT' THAT COMBINES DIGITAL IDENTITY WITH VACCINATIONS, BLOCKCHAIN AND NANOTECHNOLOGY***

**President Donald Trump's** top medical advisers, led by the infectious disease expert and criminal, Dr. Anthony Fauci, have repeatedly said that a coronavirus vaccine won't be ready for 12 to 18 months at best. Until then, White House guidelines envision some economically damaging social-distancing practices maintained even as the U.S. begins to resume a more normal social and business life.

Last month, Trump directed Health and Human Services Secretary Alex Azar to speed development of a vaccine, and administration officials have been meeting on the effort for three to four weeks, one of the people said. A meeting on the project was scheduled at the White House on Wednesday.

**The people familiar** with the project and the administration officials asked not to be identified because it hasn't yet been publicly announced. A spokesman for the Department of Health and Human Services, Michael Caputo, said the president refused to accept the timeline for standard vaccine development and encouraged a breakthrough process.

**Speeding Up**

Vaccine development is typically slow and high risk. The project's goal is to cut out the slow part, the people said. Operation Warp Speed will use government resources to quickly test the world's most promising experimental vaccines in animals, then launch coordinated human clinical trials to winnow down the candidates. The best prospective vaccines would go into wider trials at the same time mass production ramps up.

**The project will** cost billions of dollars, one of the people said. And it will almost certainly result in significant waste by making inoculations at scale before knowing if they'll be safe and

effective — meaning that vaccines that fail will be useless. But it could mean having doses of vaccine available for the American public by the end of this year, instead of by next summer.

# CORONAVIRUS, FLU, COLD?

As the number of coronavirus cases rise, some key differences set coronavirus apart from the seasonal flu and the common cold — mainly the intensity of the symptoms and the recovery period. A guide at identifying the differences in the three conditions  
**All three, however, are spread by air-borne respiratory droplets and contaminated surfaces**

<b>CORONAVIRUS</b>	<b>SEASONAL FLU</b>	<b>COMMON COLD</b>
<b>Onset:</b> Sudden	<b>Onset:</b> Abrupt	<b>Onset:</b> Gradual
<b>Symptoms</b> <ul style="list-style-type: none"> <li>■ Fever</li> <li>■ Dry cough</li> <li>■ Muscle ache</li> <li>■ Fatigue</li> </ul>	<b>Symptoms</b> <ul style="list-style-type: none"> <li>■ Fever</li> <li>■ Dry cough</li> <li>■ Muscle ache</li> <li>■ Fatigue</li> <li>■ Headache</li> <li>■ Sore throat</li> <li>■ Runny or stuffy nose</li> </ul>	<b>Symptoms</b> <ul style="list-style-type: none"> <li>● Runny or stuffy nose</li> <li>● Sneezing</li> <li>● Sore throat</li> </ul>
<b>Less common symptoms</b> <ul style="list-style-type: none"> <li>■ Headache</li> <li>■ Coughing up blood (haemoptysis)</li> <li>■ Diarrhoea</li> </ul>	<b>Less common symptoms</b> <ul style="list-style-type: none"> <li>■ Diarrhoea</li> <li>■ Vomiting</li> </ul>	<b>Less common symptoms</b> <ul style="list-style-type: none"> <li>■ Low grade fever</li> <li>■ Muscle or body ache</li> <li>■ Headache</li> <li>■ Fatigue</li> </ul>
<b>WHAT THIS MEANS</b> If you have a stuffy/runny nose or are sneezing, you likely <b>DO NOT</b> to have coronavirus		

The tactics of fear-mongering along with panic scare tactics at all turns has scattered the sheep of the Christian community. This has been the easiest takeover of a country from within that anyone could imagine. The USA is dead! It's been a 240+ year takeover by Jesuit/Masonic forces orchestrated by the Zionist Rothschild's.

***BIG PHARMA AND MICROSOFT ARE TEAMING UP IN SOMETHING CALLED THE 'ID2020 ALLIANCE' THAT WILL COMBINE VACCINATIONS WITH IMPLANTABLE MICROCHIPS TO CREATE YOUR DIGITAL ID***

**The group is discussing** which Americans might be vaccinated first, as the medicines would likely roll off production lines in batches, sources said. The project would be funded from money already available to the government and won't require new authority from Congress, one of the people said. The Rothschild-owned Fed will not mind making a few billions available to foot the bill.

**There are at least 70** different coronavirus vaccines in development by drug-makers and research groups, according to the World Health Organization. But drug-makers have not coordinated their efforts to the extent they could through the Warp Speed project, one of the people said.



Under the effort, the Defense Department would make its animal research resources available for pre-clinical work on vaccines.

The group is also discussing the use of what's known as a master protocol to test the vaccines. Instead of multiple clinical trials run by each drugmaker, competing for patients and resources, the government would organize one large trial to test several vaccines at once and advance the most promising ones.

It's not clear how much of Operation Warp Speed is new and how much will involve ongoing projects, such as investments made by BARDA, the [Biomedical Advanced Research and Development Authority](#).

**BARDA has already** handed out hundreds of millions of dollars to Big Pharma including [Moderna Inc.](#) and [Johnson & Johnson](#). The money is meant to fund both research and large-scale manufacturing at the same time, hopefully to accelerate vaccine production.

The public has not been told there are two patented vaccines for the COVID-19 virus. The CDC owns one of the patents for a vaccine, and Bill Gates holds the other with partner Pirbright Institute of Surrey, UK. The Trump administration along with all the other government agencies have deceived the people by intentionally and deliberately keep from them the knowledge that the COVID-19 was bio-engineered into a bio-weapon, by inserting into the gene sequence process by inserting elements of SARS, EBOLA, and HIV. We know enough at this point that we cannot trust the government. Evidence known suggests that the major world leaders

collaborated in pulling of the Wuhan, China release of the bio-weapon, and at this point it does not really matter who released it, they all have built into the scam-demic plausible deniability.

Consider all of the following reasons for not trusting our own government:

- The deep state have been dishonest from the get go! We are routinely lied to and
- How Homeland Security And The FBI Are Spreading Fake News
- The story about how DHS fans the flames of fear is nearly as old as the terror attacks of 9/11.
- In 2014, an article in The Council on Foreign Relations revealed how DHS told a scared public that Al Qaida could weaponize Ebola and spread the virus across the country.
- "At present, we have no credible information that ISIL is planning to attack the homeland of the United States, but that is not by any means the end of the story," Homeland Security Secretary Jeh Johnson said. Fast forward 16 years and that same scenario is being played out again, except this time it is with the coronavirus.
- A New UNHCR Report Titled, "UNHCR Cash Assistance and COVID 19: Emerging Field Practices" Recommends Governments Use Iris Recognition
- An EU approach for efficient contact-tracing apps to support gradual lifting of confinement measures
- Facial Recognition Door Locks Exploit Our Fears A new company based in Europe takes the cake when it comes to profiting from our fears. A German company called Nuki Io has created a touchless door lock that uses facial recognition to unlock and lock doors because you cannot spread COVID-19 if you don't touch a door knob.
- Documents Reveal Feds Are Excited To Create A Mass Surveillance Network
- A FOIA request by the Electronic Privacy Information Center revealed how excited the National Security Commission on Artificial Intelligence (NSCAI) is about using CCTV cameras to create a national surveillance network.
- An NSCAI presentation titled "Chinese Tech Landscape Overview" discusses China's facial recognition CCTV camera network in glowing terms.
- Weekly Privacy/Civil Rights News Stories (4/13)
- WHO Official: 'We May Have To Enter Homes And Remove Family Members
- How the Coronavirus Is Driving New Surveillance Programs Around the World:
- "At least 28 countries are ramping up surveillance to combat the coronavirus."
- White House Uses COVID-19 As A Reason To Create A Real-Time National Coronavirus Surveillance System

Credit: Reuters has reported on all of the above. When is enough, enough? How many national surveillance systems does America need? President Trump's son-in-law Jared Kushner has created a task force that wants to create a real-time national coronavirus surveillance system. An article in Politico.com revealed how the national coronavirus surveillance system would

allow federal authorities to see why someone is visiting their doctor and why they are in the hospital.

States Use "Purge" Sirens, Fines And Arrests To Force People To Comply With Stay-At-Home Orders. Historically speaking, it is hard for American's to see how their liberties have been taken away. With the COVID-19 pandemic spreading across the country, hopefully that will no longer be the case. In Crowley, Louisiana police are using "Purge" sirens to warn people to stay indoors during the COVID-19 pandemic.

The World Economic Forum's "Known Traveller Digital Identity" Facial Recognition Program Is More Dystopian Than Anything We Have Seen Before:

*"Portions of the idea are being worked on in the pilot being run by the World Economic Forum, government agencies of Canada and the Netherlands, KLM Royal Dutch Airlines, Air Canada, Amsterdam Airport Schiphol, the Greater Toronto Airport Authority, Aéroports de Montréal, Accenture Plc., which helped build the pilot project, Vision-Box and Idemia."*

Police App Encourages People To Report Neighbors Who Violate Stay At Home Orders. How do you encourage people to turn against each other during the COVID-19 pandemic? The answer is not that complicated, especially if you live in the City of Bellevue, Washington. Four years ago, when the city created the MyBellvue app, it was touted as being a quick and easy way to report things like downed street signs, potholes, street light issues and noise complaints.

What's Next, Mandatory Coronavirus Checkpoints? At present, National Guard coronavirus testing is voluntary; however, will that still be the case in a few weeks?

It was a mere four years ago when public outrage forced police in Missouri, Ohio and Colorado to stop intrusive DNA and drug checkpoints. Currently, there are at least thirty-three different types of police checkpoints going on at any given time across the country.

Police to use TSA-Style scanners to spy on people...

TSA-style body scanners are coming to public spaces, and that should scare the hell out of everyone. Home Depot And Lowe's Accused Of Scanning Millions...

Home improvement stores like Home Depot and Lowe's have become partners in Big Brother's ever expanding public surveillance program

There is a 14 Billion Police License Plate Database, Knows Where you live

Forget everything you have ever heard about police license plate readers and public safety, because it is all a lie.

Folks, there is no normal to go back to, it will not happen. The global elite are moving so fast, we have no guarantee there will be a tomorrow. I still am optimistic for "The Blessed Hope"

Blessings,

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[www.pastorbobreid.com](http://www.pastorbobreid.com)